

**HIFASS-LOPIN-3 EMPOWERMENT PROGRAMMES AND
THE WELLBEING OF ORPHANS AND VULNERABLE
CHILDREN IN SOUTHERN SENATORIAL DISTRICT,
CROSS RIVER STATE, NIGERIA**

BY

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**A DOCTORAL DEGREE DISSERTATION CARRIED OUT IN THE
DEPARTMENT OF SOCIOLOGY
UNIVERSITY OF CALABAR
CALABAR**

SUBMITTED TO

**POSTGRADUATE SCHOOL
UNIVERSITY OF CALABAR,
CALABAR, NIGERIA**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
AWARD OF DOCTOR OF PHILOSOPHY DEGREE (Ph.D) IN
SOCIOLOGY (DEVELOPMENT SOCIOLOGY)**

MAY, 2021

DECLARATION

I, **Okon Goodness Joseph** with registration number **SOC/Ph.D/17/017**, hereby declare that this thesis on “HIFASS-LOPIN-3 Empowerment Programmes and the Wellbeing of Orphans and Vulnerable Children in Southern Senatorial District of Cross River State, Nigeria”, is an original work written by me. It is a record of my research work and has not been presented before in my previous publication.

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CERTIFICATION

This is to certify that this dissertation titled "HIFASS-LOPIN-3 empowerment programmes and the wellbeing of orphans and vulnerable children in Southern Senatorial District, Cross River State, Nigeria" and carried out by Okon, Goodness Joseph with Registration Number SOC/Ph.D/17/017, has been examined and found worthy for the award of Doctorate (Ph.D.) Degree in Sociology (Development).

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ACKNOWLEDGEMENTS

There would have been no success without the contribution, support, and encouragement of certain significant individuals. At first instance, I totally give thanks to the Almighty God for His all-embracing endowment which has engendered my achievements. I utmostly appreciate my supervisors Prof E. Ushie and Assoc. Prof (Mrs) Judith Otu for their painstaking and valuable contributions which has enhanced the success of this research work. My profound gratitude goes to Assoc. Prof. Agba Ogaboh the Head of Department for his fatherly advice, assistance and encouragement throughout my study period. Sincerely, I acknowledge the efforts of my lecturers Prof. S. Ering. Prof. R. Abia, Prof. T. Ojua, Prof. E. Enang, Assoc. Prof. Grace Etuk, Assoc. Prof. O. Osonwa, and Dr. Antigha Bassey, among others, all of whom impact has aided my goal attainment.

My heartfelt gratitude goes to my precious husband whose strong determination, courage, guidance and provision has brought me to this height. I also acknowledge the management and staff of HIFASS-LOPIN 3 organization for their assistance in this research work. With inestimable joy, I recognize the role played by Sis. Ekaette Ukoh and the psychological support of my children God's Temple, Praise, Gospel, and Justus Joseph Okon. I love you all. I appreciate the workers and members of Believers' Redemption Evangelical Church for their persistent prayers. Appreciation also goes to all the authors whose work have been consulted and used in this research work. I am as well thankful to Hannah and Idongesit for editing and arranging this work. God bless you all.

ABSTRACT

This study examined the various empowerment programmes carried out by Health Initiatives for Safety and Stability in Africa – Local OVC Partner in Nigeria – Region 3 (HIFASS-LOPIN-3) as they affect the wellbeing of orphans and vulnerable children. The variables under study were educational empowerment and OVC school enrolment; food/nutrition empowerment and OVC nutritional wellbeing; provision of health services and OVC accessibility to quality health facilities; as well as skill acquisition training/financial empowerment and OVC income level. The study was carried out in Southern Senatorial District of Cross River State. This study was necessitated by observation of alarming rate of children roaming the streets of Calabar South Local Government Area, Cross River State without meaningful living. Four research questions were outlined which enhanced the formation of four research hypotheses to guide this study. Relevant literature were reviewed and four theoretical approaches were adopted to set foundation for this research work. Ex-post facto research design was employed in this study and a sample size of three hundred and eighty (380) respondents was drawn from a population of 29661 using multi-stage, simple random, stratified and snowball sampling techniques. The reliability test of the instrument was done using Cronbach's Alpha reliability test. Primary data was obtained using questionnaire and in-depth interview schedule, while secondary data was sourced from journals, texts, newspapers, internet, unpublished papers and lecture notes. The hypotheses were tested using Pearson's Product-Moment Correlation Coefficient (r) and Chi-Square statistical techniques, together with the frequency/percentage analysis. The study revealed among others that HIFASS-LOPIN-3 educational empowerment has significantly improved OVC's school enrolment in Southern Senatorial District of Cross River State but the enrollees maintained irregular attendance; HIFASS-LOPIN-3 food/nutrition empowerment programme has not significantly enhanced the nutritional wellbeing of the OVC; HIFASS-LOPIN 3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District of Cross River State, but in terms of HIV/AIDS and STDs awareness, about half of the respondents had no knowledge on ways of prevention; HIFASS-LOPIN 3 skills acquisition training/financial empowerment programme has significantly improved the income level of OVC/caregivers in Southern Senatorial District of Cross River State, but almost all the OVC who reported having income generating skills experienced challenges in various ways like lack of/insufficient start-up capital, insecurity, poor infrastructures and crippling economic policies. It was recommended that HIFASS-LOPIN 3 organization, NGOs, private sectors and government should initiate sustainable programmes where OVC's school enrolment and attendance could be fully promoted; HIFASS-LOPIN 3, other NGOs and government should treat OVC's food/nutrition very important; Effective orientation exercise on HIV/AIDS and STDs should be carried out where both the younger and older OVC would be properly informed on how to prevent HIV/AIDS and STDs; through a well regulated body where orphans can be easily recognised, government should make provision for OVC's subsidized medical bills; and adequate provision for start-up capital/equipment or materials should be made for older OVC/caregivers who receive skills acquisition training.

(Word count: 485).

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CHAPTER ONE

INTRODUCTION

Background to the study

In African traditional society, children whose parents died were incorporated into their relatives' family and properly taken care of (Kanjanda, 2014). Now due to weakened family ties, orphans are finding it difficult to be integrated into the extended family's care. An orphan is being defined by the United Nations Agency for International Development (UNAID) as a child under eighteen years, whose father, mother or both parents died. A child can be double orphan, paternal or maternal orphan, otherwise regarded as half orphan. Vulnerable children are those who experience unfavourable conditions such as morbidity, malnutrition and loss of education. Disability, living in undeserved areas and minority status can equally make a child vulnerable (UNAIDS, 2011). The death of parents impacts negatively on the development of a growing child. The loss of mother, father or both parents can lead to malnutrition, poor health, non-enrolment in school or school drop-out, stigmatization, abuse and loss of shelter. In the event of a parent's death, the older children may unavoidably engage in menial jobs in order to provide for their siblings.

A study carried out in Malawi and Uganda revealed that orphans' absenteeism rate in school was higher than that of non-orphans (Bennell, Hyde & Swainson, 2012). Another study carried out in Zimbabwe showed that orphans were more likely to be stunted, suffered from acute respiratory infections and diarrheal disease than non-orphans (Watts, Gregson, Saito, Lopman, Beasley & Monasch, 2016). It was equally shown that girls were more susceptible to sexually transmitted diseases than male orphans.

According to a report published by the Federal Ministry of Women Affairs and Social Development, Nigeria has about 17.5 million orphans and vulnerable children

(Federal Ministry of Women Affairs and Social Development, 2012). The human development indices concerning the growing number of orphans and vulnerable children create a social concern. Increasing number of orphans and vulnerable children (OVC) in Nigeria has inhibited the achievement of Millennium Development Goals (MDGs). Some of the orphanages and motherless babies' homes have been abandoned due to mismanagement or lack of resources. Most operators of these orphanages depend on donations from goodhearted Nigerians and in the absence of such donations they resort to ill activities just to keep running the orphanages. Except those ones operated by religious bodies, some orphanage operators seldom indulge in activities which degrades the existence of these orphans. The current insurgency and HIV/AIDS epidemic has worsened the issue. The outcome is alarming rate of increase in the number of orphans and vulnerable children whose rights are being dishonoured due to conflicts, gender inequality, poverty and terrorism. These children are abandoned to experience innumerable economic hardship, withdrawal from school, lack of attention and love, poor health, emotional and psychological challenges.

The government in collaboration with some community-based organizations, non-governmental organizations and corporate bodies have been tackling this issue of the wellbeing of orphans and vulnerable children (OVC) in Nigeria. In 2008, the Federal Government in collaboration with President's Emergency Plan for Aids Relief (PEPFAR) launched a project called "the children of hope". This project was being implemented in Abia State, Edo State, Oyo State, Ebonyi State, and the Federal capital territory in partnership with the European Co-operative for Rural Development and Widows and Orphans Empowerment Organization. The main aim of this project was to meet the psychological, nutrition, education and protection needs of orphans and vulnerable

Available record shows that HIFASS through LOPIN-3 project has been mobilizing resources and community members through various empowerment programmes to improve accessibility of quality health care services, proper education, good nutrition and better living standard for orphans and vulnerable children (OVC) in Cross River and Ebonyi States. HIFASS-LOPIN-3 effects positive change in OVC through the use of peer education strategy. In 2016, vocational trainings and seed grants were given to adolescent girls and young women. HIFASS-LOPIN-3 engages in awareness campaign regarding HIV/AIDS, condom usage, tuberculosis, and other health related diseases. Hygiene education and nutritional support are also given to OVC and their caregivers, especially the malnourished ones. Report shows that most OVC and caregivers have benefited from these programmes, yet the rate of OVC suffering from educational, health, financial and nutritional constraints in Cross River State is still alarming (HIFASS, 2016).

1.2 **Statement of the problem**

Despite the acknowledgement of the plight of orphans and vulnerable children by the Federal Government of Nigeria, and the efforts to ameliorate their problems, studies have revealed that there is a growing increase in the number of OVC in the country (Tagurum, Chirdan, Bello, Afolaranmi, Hassan, Iyaji & Idoko, 2015; Catholic Relief Services, 2016; SPRING, 2017). This increase is majorly attributed to poverty and poor socioeconomic condition within the country. The orphaned children are subjected to several economic challenges such as loss of household income, funeral expenses and treatment costs for HIV/AIDS related infections. Most caregivers lack the economic capacity to cater for these vulnerable children. Financial challenges engender all other problems. It becomes increasingly difficult for caregivers to satisfy the basic needs of orphans and vulnerable children, such as education, nutrition, shelter and health needs. The economic challenge promotes child labour. Most vulnerable children engage

themselves in menial jobs just to earn a living. The study conducted by the International Labour Organization on the working children's situation revealed that orphans are more likely to work in commercial agriculture, commercial sex, domestic service and as street vendors (ILO, 2010).

Several intervention programmes have been initiated by the Federal Government, international organizations, Non-Governmental Organizations (NGOs) and well-meaning Nigerians to ameliorate the developmental challenges of orphans and vulnerable children in Nigeria. In some states, there is free and compulsory education at primary and secondary levels, free medical services for children under 5 years as well as the aged ones. Research has shown that community-based organizations and NGOs funded by USAID and UNICEF are being coordinated by the Ministry of Women Affairs and Poverty Alleviation (WAPA) to support the developmental needs of orphans and vulnerable children in Nigeria generally and Cross River State specifically.

It is observed that the extent of national response to OVC problems is not commensurable with the magnitude of these problems. The evidence of the national provision of care, protection and support for these vulnerable children is limited in scope and size. Most vulnerable children are still roaming the streets, begging to feed themselves and their poor caregivers. Only few orphans who find their way to orphanages receive little care (United Nations Children's Fund, 2016). Of recent, a growing number of children are seen roaming the streets of Calabar South Local Government Area without significant care, support or meaningful living. HIFASS-LOPIN-3 is one of the NGOs saddled with the responsibility of addressing the needs of orphans and vulnerable children in Cross River State. HIFASS-LOPIN-3 have been initiating several empowerment exercises for vulnerable groups which include caregivers, under 5 children, pregnant women, young

women and adolescent girls, malnourished children, internally displaced persons, OVC and victims of natural disaster.

More studies have been carried out on the situation of orphans and vulnerable children as well as the empowerment strategies adopted by the government, NGOs, international organizations and private companies to address the basic needs of these children. For instance, SPRING (2017) carried out a study on the various empowerment programmes for orphans and vulnerable children in Nigeria; CRS (2018) studied on the various strategies adopted in helping orphans and vulnerable children in Nigeria; Tagurum et al. (2015) researched on the situation analysis of orphans and vulnerable children in urban and rural communities of Plateau State; and CRS/CSN (2008) studied on the situational analysis of orphans and vulnerable children in eight states of Nigeria. However, no research work has been done on the effect of empowerment strategies initiated by HIFASS-LOPIN-3 on OVC's wellbeing in Southern Senatorial District of Cross River State, Nigeria. The lack of clarity and sufficient knowledge on the strengths or weaknesses of the existing empowerment strategies has inhibited the development of effective policies and programmes to address the basic needs of OVC in Southern Senatorial District, Cross River State and in Nigeria as a whole. Hence, this study is set to bridge this knowledge gap by providing empirical evidence which would unearth the effect of HIFASS-LOPIN-3 empowerment strategies on the well-being of OVC in Southern Senatorial District, Cross River State.

1.3 Research questions

The following research questions guide the study:

- (i) To what extent does HIFASS-LOPIN-3 educational empowerment programme improve the school enrolment of orphans and vulnerable children (OVC) in Southern Senatorial District, Cross River State?

- (ii) How does HIFASS-LOPIN-3 food security and nutrition programme enhance the nutritional wellbeing of orphans and vulnerable children (OVC) in Southern Senatorial District, Cross River State?
- (iii) To what extent does the provision of health services by HIFASS-LOPIN-3 increase OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State?
- (iv) How does HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme improve the income level of OVC/caregivers in Southern Senatorial District, Cross River State?

1.4 Objectives of the study

The study has the main objective of examining the relationship between HIFASS-LOPIN-3 empowerment programmes and the wellbeing of orphans and vulnerable children in Southern Senatorial District, Cross River State, Nigeria. This broad objective is specifically stated as follows:

- (i) To investigate the extent to which HIFASS-LOPIN-3 educational empowerment programme improve school enrolment of OVC in Southern Senatorial District, Cross River State.
- (ii) To examine how HIFASS-LOPIN-3 food security and nutrition programme enhance OVC's nutritional wellbeing in Southern Senatorial District, Cross River State.
- (iii) To ascertain the extent to which HIFASS-LOPIN-3 provision of health services increase OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

- (iv) To investigate how HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme improve the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

1.5 **Research hypotheses**

The following research hypotheses are presented in null form (Ho):

- (i) HIFASS-LOPIN-3 educational empowerment programme has no significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State.
- (ii) HIFASS-LOPIN-3 food security and nutrition programme has not significantly enhanced the nutritional wellbeing of OVC in Southern Senatorial District, Cross River State.
- (iii) HIFASS-LOPIN-3 provision of health services has not significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.
- (iv) HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme is not significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

1.6 **Significance of the study**

The findings of this research work would assist different categories of people enormously, such as the management and staff of HIFASS-LOPIN-3, NGOs within and outside Nigeria, Government and her agencies, national and international development experts, donors, caregivers, orphans and vulnerable children, policy makers, sociologists, researchers and students. The study assesses the effect of HIFASS-LOPIN-3 empowerment programmes on the wellbeing of orphans and vulnerable children (OVC) in Southern Senatorial District, Cross River State. The findings of this study would reveal

the strengths and weaknesses of the empowerment strategies adopted by HIFASS-LOPIN-3 on OVC within this area. This knowledge would help the management of HIFASS-LOPIN-3 in developing better strategies to address the needs of OVC.

Similarly, this study would benefit NGOs immensely as it exposes the gap needed to be filled in the development of OVC in Southern Senatorial District, Cross River State. Through this study, NGOs would know what plan of action to make so as to assist in the human development of OVC in Southern Senatorial District of Cross River State, and Nigeria as a whole. It is also expected that the findings of this study would disclose the developmental challenges of OVC within the study area and the nation. In a bid to meet the Millennium Development Goals (MDGs), Government and her agencies would design a more active policy and programme to address the developmental needs of OVC.

Donors, development experts like UNAID, USAID, World Bank, UNICEF, among others, would appreciate the findings of this study. The study would show the extent to which their resources have helped in meeting the human development needs in Southern Senatorial District of Cross River State and Nigeria. The findings would also reveal the efficiency and effectiveness of development agencies in carrying out their programmes as well as the resource gap. More so, the findings of this study would encourage development experts/organizations to design measures of monitoring programme implementation in order to ensure agreement between programme objectives and the outcome. Awareness of the programmes carried out by HIFASS-LOPIN-3 in Southern Senatorial District of Cross River State and Nigeria would be created through this study. Through this awareness, OVC and caregivers would be encouraged to avail themselves the opportunity to benefit from these programmes.

The study would add to the existing literature on the wellbeing of orphans and vulnerable children and equally extend knowledge as it would divulge the interconnection between empowerment programmes and wellbeing of OVC. Furthermore, the study would bridge the knowledge gap which exists due to dearth of literature as well as empirical evidence on the relationship between HIFASS-LOPIN-3 empowerment programmes and the wellbeing of OVC in Southern Senatorial District, Cross River State. The study findings would equally benefit the general public as it would expose the role of HIFASS-LOPIN-3 in improving the wellbeing of orphans and vulnerable children within Nigeria.

1.7 Scope of the study

The content scope of this study would be constrained to examine the effect of HIFASS-LOPIN-3 empowerment programmes on the wellbeing of orphans and vulnerable children in Southern Senatorial District, Cross River State, Nigeria. The study will be specifically limited to indices of wellbeing such as school enrolment, nutritional wellbeing, accessibility to quality healthcare facilities and income level of OVC caregivers. The elements of HIFASS-LOPIN-3 empowerment programmes are educational empowerment, food security and nutrition programme, provision of health services, skills acquisition training and financial empowerment programme. The geographical scope of the study is delimited to Southern Senatorial District of Cross River State, Nigeria, while the institutional scope of the study includes HIFASS-LOPIN-3 Organization in Southern Senatorial District of Cross River State, Nigeria.

1.8 Definition of terms

The basic terms to be used in this work which need little clarification are operationally defined as follows;

- (i) Educational empowerment: It is seen as the measures adopted by HIFASS-LOPIN-3 and other development agencies to improve the OVC's access to knowledge in academic setting.
- (ii) Empowerment programmes: This refer to the strategies adopted by HIFASS-LOPIN-3, other NGOs, Government agencies, community-based organizations and private establishments to address the problems of orphans and vulnerable children.
- (iii) Empowerment: This is considered as a process where the situation of orphans and vulnerable children as well as their caregivers is addressed and actions taken to improve their accessibility to resources and change their perception through their attitudes, values and beliefs.
- (iv) Financial empowerment: This is the act of giving caregivers and trainees money to invest in business ventures.
- (v) Food security and nutrition programme: This is a strategy implemented by HIFASS-LOPIN-3 to ensure that orphans and vulnerable children access sufficient and nutritious food.
- (vi) Healthcare facilities: This is seen as places where healthcare is provided such as hospitals, primary healthcare centres, pharmacies, medical laboratories, etc.
- (vii) Wellbeing: In this context, wellbeing is synonymous to development. It refers to the improved physical, social, mental and economic condition of an individual or a group of persons.
- (viii) Income level: This is considered as the amount of money available for OVC caregivers to spend on consumer goods.
- (ix) Medical services: These are those services rendered by HIFASS-LOPIN-3 which address the health conditions of orphans and vulnerable children.

- (x) Non-Governmental Organizations (NGOs): These are non – profit organizations, independent of governments and are active in provision of educational, healthcare, social, economic, environmental, humanitarian support and protection of human rights.
- (xi) Nutritional wellbeing: This is referred to the situation where orphans and vulnerable children eat balanced and sufficient food daily.
- (xii) Orphans and vulnerable children (OVC): Orphans are children under 18 years of age whose father, mother or both parents are dead while vulnerable children are those under 18 years who are facing a high risk of deficient care and protection.
- (xiii) School enrolment: Is a process where orphans and vulnerable children are registered and equally attending classes in schools.
- (xiv) Skills acquisition training: This refers to trainings offered by HIFASS-LOPIN-3 on vocational skills such as hairdressing, tailoring, soap making, etc.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Literature review

2.1.1 The concept of empowerment

Empowerment as a concept is shared by various disciplines such as education, community development, psychology, economics, studies of organizations and social movements. Research has shown that there is no particular definition of the word 'empowerment'. Adams (2012) indicated the limitations of a single definition of the term 'empowerment' and danger of taking away the word and connected practices from the very people it was meant for through several attempt at academic definitions of the concept. While, Zimmerman (2010) asserted that attempt at a particular definition of 'empowerment' may try to achieve its formulaic explanation, thereby contradicting the very concept of empowerment. However, in its general sense, empowerment is considered as the capacity of persons, groups or communities to exercise control over their circumstances, demonstrate power and take necessary actions to achieve their own goals and improve their standard of living (Israel, Checkoway, Schultz & Zimmerman, 2014). Based on this view, empowerment exists in three categories, at individual category where empowerment is seen as the act of gaining increasing control and influence in daily life community participation (Keiffer, 2014); at the group level, empowerment is concerned with shared experience, analysis and groups' influence on their own efforts (Wandersman, Presby, Rich, Chavis & Florin, 2000); and at community category, empowerment revolves around the utilization of resources and strategies to enhance community control (Labonte, 2009).

Empowerment refers to the process of obtaining basic opportunities for people who are marginalized. These opportunities can be obtained directly by the marginalized persons

or through the assistance of non-marginalized others who commonly share access to such opportunities (Solomon, 2016). Rappaport (2009) argues that empowerment is a concept which connects personal abilities and competencies, proactive behaviours and helping systems to social policy and change. Empowerment is increasingly seen as a change process (Cornell Empowerment Group, 2009). It is noted by McClelland (2013) that for individuals to take power, they must obtain information concerning themselves and their environment as well as have the willingness to identify and work with other people for change. Likewise, Whitmore (2008) views empowerment as an interactive process through which people undergo social and personal change that enables them to take action to influence institutions and organizations which impact on their lives and their communities.

In most literatures, empowerment is associated with individuals' control over their situations. Rappaport (2009) posits that empowerment should aim at enhancing people's possibilities to take control of their own lives. Cochran (2015) opines that individuals understand their needs better than anyone else and as such should possess power to define as well as act on them. Similarly, Ottawa charter for Health Promotion states that it is difficult for people to achieve the fullest potentials of their health except they are able to control those factors which determine their health (World Health Organization, Health and Welfare Canada, and Canadian Public Health Organization, 2006). Czuba (2016) on the other hand suggests that there are three basic components to the understanding of empowerment concept: empowerment is social, multi-dimensional and a process. It is a social process because it occurs in relation to others. Empowerment is multi-dimensional since it occurs within economic, psychological, sociological, and other dimensions. It also occurs at several levels, such as individual, group and community levels. Empowerment is a process because it takes place in stages and involves series of activities.

expansion of poor people's capabilities and assets to negotiate with, participate in, control, influence and hold responsible those institutions which affect their lives. This definition can be further explained by the following sub-headings:

(i) Capabilities and assets of poor people:

Poor children, men and women require series of capabilities and assets to improve their security, wellbeing and self-confidence. "Assets" in this perspective involve both financial and physical assets such as housing, land, savings, livestock, jewellery, etc. The possession of such assets expand people's horizon of choices and enable them to withstand shocks. Poor people's ability to negotiate for themselves fair deals and increase their limitation of financial and physical assets (Dasgupta, 2008). Capabilities are integral part of individuals and allow them to make proper utilization of their assets in various ways to improve their wellbeing. Capabilities of human include education, production (or possession of other life-enhancing skills) and good health (Dasgupta, 2008). Social capabilities comprise leadership, a sense of identity, social belonging, relations of trust, capacity to organize and values that engender meaningful living. Political capabilities include the capacity to form associations, access information, represent oneself/others, and partake in a country's or community's political life (Narayan, 2012).

Roemer (2008) notes that capabilities and assets can be collective or individual. Often, poor people lack the power and voice to take advantage of opportunities to exercise their personal rights or to invest in their assets. For the poor, capacity to mobilize and organize to offer solution to problems is critically collective capability which assists them in overcoming challenges of limited resources and societal marginalization. The networks, norms and social capital which enhance collective actions, allows poor ones to increase their access to economic

...and obtain basic

opportunities and resources, participate in local governance and obtain basic services (Roemer, 2008). There is a strong bonding, high level of trust and close ties among poor people. These enable them to collectively cope with their state of poverty.

(ii) Relationship between individual assets, collective assets and capabilities:

A reciprocal relationship exists between individual capabilities and assets as well as collective capability. Educated, healthy and well secured poor people can effectively contribute to collective action on the action; on the other hand, collective action can increase the accessibility of poor people to health facilities and quality schools; this is a two-way relationship. This can lead to an expansion in the freedom of choice and action of poor people. Investments in education, life skills and health are of great value and can equally improve economic earnings to individual. Security can be increased through individual's access to wage employment. However, this is a process and not automatic, considering the communication, power and social barriers encountered by people (Albee, 2011).

Networks, groups and organizations of poor people can engage in resource mobilization for the improvement of individual's education, health and assets security. It is easier for poor people to exercise voice, express their preferences and hold government institutions accountable for the provision of quality services, when working through representative organizations. Poor people's collective action through their membership in organizations can increase their access to financial services, new markets and business development (Dasgupta, 2008).

(iii) Institutional reform and empowerment:

Empowerment in the context of an institution is concerned with changing imbalanced institutional relationships. Institutions in this perspective are norms, patterned behaviour and rules that may take the form of organization. Both formal and informal institutions affect poor people's lives. Formal and informal institutions are rules and laws entrenched in private sector, state and civil organizations at local, national and universal planes, and international organizations. Informal institutions may include expectation of bribes, norms of superior or inferior status, networks of kin, neighbours and friends, various practices concerning treatment of widows, or informal constraints placed on women inheriting property (Roemer, 2008).

State institutions' culture and policies of the state shape the actions of every actor in the society including poor men, women and children. Good programmes and policies may fail to reduce poverty or increase investment in states dominated by corruption, discrimination, exclusion and clientism culture. Therefore, it becomes pertinent to address the values, ethics and culture of institutions to enhance effective formal rules. Findings from the study carried out by Behrendt and Mbaye (2013) revealed that poor people desire institutions that can listen and treat them with dignity and respect, even when their problems are not solved.

The poor are often excluded from participating in state institutions which make decision and administer the resources that affect their lives. The process of system reformation requires a change of such unequal institutional relations which reflect the culture of inequality. This change depends partially on top down measures to improve governance, that is, change in procedures, laws, ethics, values, incentives and regulations that guide the actions of private and public officials. It equally

depends on the existence of well informed and organized citizens. This involves establishment of laws and rules, and investment of private and public resources to empower the poor ones (Roemer, 2008).

The role of civil society organizations cannot be undermined in supporting the capabilities of poor people. The cultural and social context of a society is very essential for empowerment strategies. Hence, struggles to establish the assets of poor people and organizational capability as well as state reform should take shapes which reflect local values, behaviours and norms (Narayan, 2012).

2.1.2 Empowerment programmes in Nigeria

Several attempts have been made by Nigerian governments, well-meaning Nigerians and non-governmental organizations to improve the living standard of poor people. Some of these empowerment programmes are:

- (i) **Future Assured Women and Youth Empowerment Programme:** This programme was initiated by the first lady of Nigeria, Hajia Aisha Muhammadu Buhari to contribute to poverty reduction among youths and women through skill acquisition training, start-off financial support after training, expansion support for existing small scale businesses and provision of some materials as grinding machines, Keke-NAPEPs (National Poverty Eradication Programme tricycles), spaghetti spiralizers, sewing machines, fish tanks, etc (Ogar, 2018).
- (ii) **Women Empowerment Programme Scheme Synergy (WEPSS):** This programme was instituted by oil and gas logistics giant, Intels Nigeria Limited in 2013 with the main objective of empowering 5,000 rural women within twenty years through training in tailoring and fashion design. In 2017 about two hundred women graduated from this training exercise.

- (iii) **The Widow Support Initiative:** This was initiated by Professor Pat Utomi in 1992 with the aim of supporting widows to fight against poverty. This programme equally fights against injustice and barbaric cultural practices against widows by educating them on their rights, addressing these acts of injustice in the law court and effecting laws to protect the Nigerian widow.
- (iv) **Women for Women International:** This initiative is led and directed by Bukola Adeola as an international non-profit organization. WFWI was established in the year 2000 with the aim of assisting Nigerian women to harness their skills in the fields of knitting, poultry, agriculture, animal husbandry, petty trading, and small scale business (Nwuzoh, 2018).
- (v) **Kudirat Abiola Initiative for Democracy:** This initiative was founded by Hasfat Abiola Costello in 2006. It embraces projects which aim at removing barrier to women public participation and bringing to end violence against women to enable them participate fully in political, social and economic development of the nation. It also engages in empowerment programme for youths in entertainment, hospitality and tourism, health care, construction, garment making and manufacturing.
- (vi) **Women Empowerment and Enlightenment Programme:** This programme addresses the issues of poverty, gender inequality and other issues which limit the Nigerian women especially at rural areas. The main aim is to bridge the existing gap between the rural and urban women as well as promote women who are successful in various spheres of life.
- (vii) **Girls Power Initiative:** Was established by Grace Osakue and Bene Madunagu in 1993 in Cross River State to support adolescent girls in Nigeria by equipping them

with skills, opportunities and information necessary to enable them grow into fulfilled women through education, research and action (Ogar, 2018).

- (viii) Well Being Foundation: The wellbeing foundation was founded by Mrs. Toyin Saraki, a Nigerian senate president's wife. The focus is to equip Nigerian women on health information regarding new-born babies, maternal care, and other children, with the objective of reducing infant mortality rate and ensuring the safety of Nigerian pregnant women (Ajulo, 2017).
- (ix) NPower: NPower was introduced in the year 2000 by the Federal Government of Nigeria to reduce youth unemployment. The programme engages in massive deployment of 500,000 trained graduates and the development of skills among youths (Nwuzoh, 2018).
- (x) African Youth Empowerment Nigeria (AYEN): AYEN is an empowerment programme which engages youngster in vocational programmes, workshops, seminars, etc., to enhance their development in such a way that would make them functional in the society. AYEN provides educational and financial aid to youths and equally ensure that children are enrolled in schools.
- (xi) Youth Empowerment and Development Initiative (YEDI): YEDI was instituted in 2011 with the aim of inspiring the Nigerian youths in such a way that reduces the rate of HIV and stigma in young lives. This programme creates more opportunities for the youths and equally addresses the challenges they encounter (Ajulo, 2017).
- (xii) Young Entrepreneurs of Nigeria (YEN): YEN offers widespread leadership training and programmes. The importance of this programme is to enable youths

develop their personal attributes. This organization has rendered assistance to youths in various areas and made them self-developed.

- (xiii) Subsidy Reinvestment and Empowerment Programme (SURE-P): This scheme was initiated in 2012 by the Federal Government of Nigeria during the era of President Goodluck Ebele Jonathan. The essence of this programme is to reinvest the savings of Federal Government from fuel subsidy removal on certain infrastructural projects and social safety net programmes which have direct effect on Nigerians (Ogar, 2018).
- (xiv) Youth Enterprise with Innovation in Nigeria (YouWin): YouWin was launched in 2011 by the administration of Goodluck Jonathan. It functions in partnership with the Ministry of Communication Technology and Ministry of Youth Development, to inspire young entrepreneurs in Nigeria. They engage in programmes which inspire enterprise development among Nigerian youths and therefore enhance more jobs creation.
- (xv) Youth Initiative for Sustainable Agriculture in Nigeria (YISA): YISA was incorporated in 2012. It comprises both graduates and non-graduate youths of agricultural discipline. The purpose of YISA is to educate, correct, inspire, support, train and encourage young ones to invest their time, energy and resources in agriculture, not only as a development project but as an enterprise (Nwuzoh, 2018).
- (xvi) New Era Foundation: The incorporation of this organization was on 17th January, 2000 with Senator Oluremi Tinubu as the founder and president. The aim of this programme is to develop youths within their family circle. It is the believe of this organization that children encouraged and supported by their families perform better. The community, role models and guardians are involved in this process. The

programmes of this organization include the provision of centre for youth development, contests organization with physical and mental scope in order to promote academic and social performance.

- (xvii) Diamond-Crest for Youth Education Foundation: This organization functions to promote quality education for the youths and also enhance ideals for international and national unity through education. They provide seminars and workshops to increase professionalism and efficiency among educators and teachers. Good social relationship among youth is also encouraged through regular educational activities. This organization provides scholarship and sponsorship, vocational education and skills acquisition, reproductive health and mental health education for youths as well as encourage academic excellence through seasonal contests (Ayulo, 2017).
- (xviii) Graduate Internship Scheme (GIS): The aim of GIS is to create opportunity for mobilization of 5000 eligible youth graduates as interns in functional and effective private and public sector organizations to enhance building of manpower requirement in Nigeria.
- (xix) National Youth Service Corps (NYSC): This programme is for university graduates and it lasts for one year. The youth graduates are exposed to various vocational activities which promote their skill development as they render services to different organizations.
- (xx) Youth Entrepreneur Support Programme (YES-P): The aim of this programme is to address the issue of youth unemployment in Nigeria by encouraging youths' capacity development and funding their enterprise ideas. The focus of YES-P is on

equipment of youths with appropriate knowledge and skills to be self-employed (Nwuzoh, 2018).

2.1.3 The concept of wellbeing and human development

The progress of a society depends on improvement in the wellbeing of individuals constituting members of such society. Wellbeing entails the living condition of people. According to Dahl (2012), addressing wellbeing as a concept requires an examination of the human nature, who we are and what our main purpose in life is. Wellbeing is not a static concept, but is expressed at multiple levels and in different ways throughout a lifetime. Also, it is relative both in relation to the person's previous status and in comparison with others. During the course of the human life cycle, people achieve and develop wellbeing in different ways, including health, education, physical growth, work and financial security, human rights and freedoms, justice and fairness, security and safety, spiritual and cultural identity, and a place in the society. The ultimate aim of development is to promote wellbeing (Dahl, 2012). The UNDP (1990) measures human development in terms of achieved wellbeing of the people.

Human development as a concept has been defined differently by various scholars. In the field of psychology, human development is considered as the scientific study of progressive psychological changes, which exist in human beings as they advance in age. Biological science sees human development as the mental and physical process of growing from one-celled zygote to adult human being (Edewor, 2014). In relation to the above definitions are Lerner (2008) two conceptions of human development: as the process of unfolding capacities and characteristics as a person grows; and as patterns of behaviours, skills and attitudes that emerge during the course of life. Obayan (2013) on the other hand sees human development as the ability of exercising continuous control over a person's

life, being responsible for one's actions, fulfilling individual potentials and being self-reliant.

Human development Report (HDR) as published by UNDP (1990) gives fundamental and clear definition of human development concept as the “process of enlarging people's choices”. The important choices as identified are to be educated, to lead along and healthy life, and to enjoy a decent living standard. Other choices include self-respect, political freedom and guaranteed human rights. The paragraph in this report views human development as it involves a ‘process’ and the “level of achieved well-being”, which can be referred to as “outcomes”. Another feature of this definition is the distinction between the two sides of human development: the formation of human capabilities, like increased knowledge and health; and the use of acquired capabilities by people, for leisure or work. The third paragraph added that human development involves not only the satisfaction of basic needs but it is also considered as a dynamic and participatory process.

The 1991 HDR argues that the main aim of development is to increase the choices of people. The report adds that to improve human development, growth must be participatory, sustainable and well distributed. It also proposes that development must be of the people, by the people, and for the people (UNDP, 1991). The 1993 HDR focuses on ‘people's participation’. Human development is seen by this report as a widening of people's choices and promotion of greater participation which enables people to gain access to a wider range of opportunities. The important aspect of this participation is for people to have continuous access to power and decision making (UNDP, 1993). The focus of 1994 HDR is on human security. This report introduced sustainability to human development. The aim of development here is to create enabling environment for people to enlarge their capabilities and expand opportunities both for present and future generations (UNDP, 1994).

Four essential principles of human development are identified by the 1995 HDR thus: equity, productivity, sustainability and empowerment (UNDP, 1995). The 2001 report views human development as the process of creating a favourable environment for people to fully develop their potentials and lead creative, productive and responsible lives. People should be able to address their needs and represent their interests in a responsible way. This report sees people as the major wealth of the nations and as much, their choices should be enlarged to enable them lead lives which they value (UNDP, 2001). 2002 report also emphasizes more on expanding people's choices to lead valuable lives. Its focus is on deepening democracy. The report recognizes the agency aspect of development and argues that people are agents of social and economic progress, and not just the beneficiaries (UNDP, 2002). In 2005, the HDR focused on human development as it concerns freedom as well as building of human capabilities. Subsequent HDRs revolve around these basic themes: expansion of people's freedom; widening of people choices; building of human capabilities; realization of human potentials; fulfilment of human rights; equity and participation.

The HDR of 2016 is of greater significance to this study. It raises two important questions: who has been left out in the process of human development? And why and how did that happen? The report emphasizes that the poor, marginalized and vulnerable groups are being left behind. It identifies the mutually reinforcing gender barriers that deny most women the opportunities and empowerment necessary to realize their full potentials, and the barriers to universal human development which include, among others, discrimination and exclusion, deprivations and inequalities, prejudice and intolerance, and social norms and values (UNDP, 2016).

In order to ensure human development for everyone, the 2016 HDR asserts that merely identifying the nature of and the deprivation of those left out is not enough. Certain

aspects of the human development analytical framework and assessment perspectives must be brought forward to address issues that prevent universal human development. For instance, human rights and human security, voice and autonomy, collective capabilities and interdependence of choices are key for the human development of those currently left out. Similarly, quality of human development outcomes and not just quantity, going beyond the averages and disaggregating statistics (especially gender-disaggregation), must be considered to assess and ensure that human development benefits reach everyone. The report also argues that caring for those left out requires a four-pronged policy strategy at the national level: reaching those left out using universal policies (for example, inclusive growth, not mere growth), pursuing measures for groups with special needs (example, the vulnerable groups), making human development resilient and empowering those left out (UNDP, 2016).

The basic aim of development is to enhance the flourishing of people in different and creative ways. This is seldom overlooked by various governments while pursuing financial wealth and economic growth. The welfare of people is central to human development. Human development aims at building human capabilities through various empowerment programmes to enable them participate actively in the processes of development. And it determines to accomplish the aim in such a way that increases efficiency, equity, sustainability and justice. Some public policies favour the elites, dismiss freedom of association or information. Human development anticipates the likely effects of policy options on the marginalized and poor people/communities as well as the future generations. This is achieved through evaluation of policy options in line with such principles as equity, sustainability and efficiency. The main principles of human development as identified by 1995 report are further explained below:

(i) Productivity:

This aspect of human development is mostly referred to as human capital investment. It involves the employment of both material and financial resources to the development of human capital. Improvement in human resources quality yields increase productivity of other resources. Labonte (2009) noted that the determinant production factors which could improve poor people's welfare are not energy, land or space; rather, it is improvement in the quality of population.

(ii) Sustainability:

Sustainability involves three aspects: environment, institution and capacity (UNDP, 1995). The assumption here is that environment is an important factor of production. Kyari (2017) defines sustainable development as such which do not compromise the ability of the future generations to meet their needs in the process of meeting the basic needs of the present society. Sustainability therefore focuses on creating a balance between environmental quality and future economic growth. For any development to be sustained, its process must create institutions which fully support human rights. Emphasis is laid on the strengthening of both civil and government institutions for internal sustainability of the development process. Sustainability is also concerned with capacity building which has to do with human empowerment (Alkire, 2010).

(iii) Equity:

Another element of human development is that people must have equal access to resources and opportunities. Every barrier to political and economic opportunities must be eliminated so that individuals can equally enjoy these opportunities. Human development also promotes gender equality. Development cannot be complete if women are being

excluded from the process. Socio-economic barriers to development can also be removed if people access equal opportunities to quality education (Kuma, 2018).

(iv) **Empowerment:**

Women and youth empowerment is another essential element of human development. This implies political democracy, where people are allowed to make decisions which affect their lives. Empowerment in this sense involves greater civil and political liberties as well as freedom from excessive regulations and control. It is concerned with power decentralization such that everyone reaps the benefits of governance. Empowerment focuses on grassroots participation which encourage democracy through enfranchisement of the marginalized ones. Participation here involves 'bottom-up' strategy of development and not 'top-down' strategy. Participation (Kuma, 2018).

2.1.4 **Indices of wellbeing**

Development experience of most developing countries exposed the inefficiency of Gross National Product (GNP) in measuring wellbeing. The growth of GNP did not reveal the socio-economic deprivation of a greater segment of the society. The GNP neither revealed the composition of growth nor equity. In recognition of the inadequacy of GNP as a scale for measuring development among countries, it became imperative for an alternative measuring tool to be adopted.

The UNDP developed what is generally accepted now as the most effective and appropriate scale for measuring human wellbeing in 1990s. This measurement scale is known as the Human Development Index (HDI) and was developed by Mahbub UIHaq, the Pakistani economist (UNDP, 2016). The HDI measures life expectancy, education, literacy and living standard of people. Life expectancy at birth is used to measure the health dimension of human development; adult literacy rate, primary, secondary and tertiary

school's enrolment ratio are used to measure knowledge; and Gross Domestic Product (GDP) per capita is used to measure a decent living standard (Edewor, 2014). Access to knowledge, a long and healthy life and a decent standard of living comprise the basic components of well-being.

(i) *Access to knowledge*

This is an important determinant of a long term well-being and is essential to individual's freedom, self-sufficiency and self-determination. Education is very essential to individual's freedom to make critical decisions like who to be and what to do. The knowledge acquired by people through education confers status and dignity, broadens their horizons, builds self-confidence and allow for credentials and skills acquisition. Two indicators are used in measuring access to knowledge, thus; educational degree attainment for people aged 25 and above, and school enrolment for people age 3 and above (Nayak, 2008).

(ii) *A long and healthy life*

Being alive is the most important capability possessed by people. To increase human development, it requires expanding real opportunities which people possess to escape premature death by injury or disease, to live in a healthy environment, to enjoy protection from arbitrary denial of life, to attain the highest possible standard of mental and physical health, to receive quality medical care, to enjoy proper nutrition, and to maintain a healthy lifestyle.

American Human Development Index measures life expectancy at birth as the yardstick for the ability to live a long and healthy life. The average number of years which a new-born baby is expected to live if the current mortality patterns continue throughout his/her lifetime is known as life expectancy at birth. A child's accessibility to quality health

care facility and good nutrition can also determine the child's long and healthy living (Nayak, 2008).

(iii) *A decent standard of living*

Individual's income is a necessary factor for meeting basic human needs such as food, clothing and shelter. It is also essential for advancing beyond these basic needs to a life of freedom and choice. Income enhances valuable alternatives and options, the absence of income can restrict people's access to opportunities and limit their life chances. Income is the means to achieve most important ends, including quality education, safe and clear environment, security in old age and illness, and decisions making affecting one's life. The income level is used in measuring a person's standard of living (Nayak, 2008).

2.1.5 HIFASS-LOPIN-3 empowerment programmes and the wellbeing of orphans and vulnerable children

(i) *Educational empowerment and wellbeing of orphans and vulnerable children*

UNICEF, CASS & GOZ (2011) noted that most orphans live in extremely poor households and are unable to gain access to health care, basic clothing, shelter or attend school. Studies have shown that education gives the OVC hope for better chances in life; it leads to reduced fatality, improved labour productivity, increased health outcomes, and also enhances their full participation in the development of their communities and the economy (UNADS, UNICEF and USAID, 2014). But in reality, OVC often encounter difficulties in accessing education. Access to learning and education can also be considered as a 'social vaccine' for HIV. However, studies conducted by Pridmore (2014) reveals that in areas where HIV is highly prevalence, OVC are frequently absent from school and as such cannot access the very knowledge necessary for their protection from infection. In their studies, Gundersen, Kell and Jemison (2014) found that the rate of school

attendance for orphaned girls is lower than that of entire orphans and the school attendance rate for orphans is lower than that of non-orphans.

Similarly, the studies carried out by Catholic Relief Services (CRS) and Catholic Secretariat of Nigeria (CSN), (2008) shows that non-orphans have more access to education than orphans. Some OVC were reported to have dropped out of school due to inability to pay school fees or get the required school materials. Those OVC who were reportedly attending school said they often miss school due to some reasons which include: farming in the morning before attending school, hawking to support the family, being regularly sick, and taking care of siblings.

HIFASS – LOPION 3 project adopts peer education strategy as a means to inspire positive change of behaviour among Adolescent Girls and Young Women (AGYW) with regard to HIV/AIDS, Sexually Transmitted Infections (STIs), gender norms and other related issues. Based on this, HIFASS-LOPIN-3 adopted a Peer Educator Plus (PEP) manual and organized orientation programme on its usage. This programme was held at HIFASS-LOPIN-3 conference room in Calabar, Cross River State. Trainings were given to participants on how to use the PEP manual, meaning of peer education, skills needed for peer education, roles of peer educator and life building skills to enhance self-esteem. In compliance with HIFASS-LOPIN-3 strategic objective, MTN intervened and provided 100 set of chairs and desks for primary school pupils in Uwhobikpam, Obudu (HIFASS, 2017).

For orphans and vulnerable children to access education, it is needful to overcome several barriers which inhibit them from attaining their goals. In most countries, the presence of primary school fees poses a serious challenge, which restrains caregivers and families from sending children to school. Sequel to this challenge, most countries have

abolished primary school fees, which has led to dramatic increase in children's school enrolment. Studies carried out by Olanrewaju and Jeffery, (2015) reveal that Uganda's abolition of primary school fees in 1996 engendered 70 per cent increase in children's school enrolment. Davids and Skinner (2013) demonstrated in their study that the abolition of primary school fees in the United Republic of Tanzania in 2001 raised the net primary school enrolment rate from 57 per cent to 85 per cent within a particular year.

The concern of international leaders in the provision of free primary school education have been significant. In 1990, delegates from 155 nations adopted a world declaration on Education for All in Jomtien, Thailand, the aim of which was to provide accessibility of primary school education to all children as well as reducing the rate of illiteracy before the end of the decade. After ten years, international community members gathered in Dakar, Senegal to re-ensure their commitment to obtaining Education for All by 2015. This commitment was further demonstrated through the creation of Millennium Development Goals (MDGs) (World Bank, 2002).

Subbarao, Maltimore and Plangemann (2010) discloses in their study that the Kenya's introduction of Free Primary Education consequentially led to the sudden appearance of thousands of additional children. Among those who came were children who had never been to school and others who were dropped out of school. The study revealed that a significant proportion of those children were orphans and vulnerable children. The school enrolment in Kenya leapt overnight from 5.9 million to 7.2 million. However, the study later discovered that even with the introduction of free primary education, most orphans and vulnerable children were not still in school. The rate of female non-orphans to female orphans attending school in Kenya was 0.9, while the rate of male non-orphans to female orphans was 0.93. The probability that both female and male orphans would attend school in Kenya was seen as being significantly lower than those of

their non-orphan counterparts. Several factors were considered as contributing to the orphans' inaccessibility to schooling, even with implementation of Free Primary Education. Some of these factors are:

- Lack of educational capacity: This is a situation where orphans and vulnerable children cannot participate in school competitions, like sports, due to inability to acquire the necessary materials.
- Additional cost of education: Exception of school fees, money is equally needed for the purchase of books, uniforms, and other school materials.
- Low quality of education: If the education received by orphans and vulnerable children are less attractive and rewarding, they may prefer engaging in other more interesting activities to attending schools.
- Inability to attend school on full time basis: The demands to earn a living, care for sick parents or sibling, may inhibit orphans and vulnerable children from attending school regularly on fulltime basis.

To address these challenges, Subbarao, Mattimore and Plangemann (2010) recommends that the Kenya government should development ways for increasing education supply and should provide quality education that would be accessed even by the most resource-poor. These could be achieved through extremely thrifty and highly creative efforts to improve the capacity and quality of existing schools, as well as utilizing the skills, capacity and efforts of civil society through enhanced support to non-formal education.

In Rwanda, a study was carried out by Oulai and Carr-Hill (2009) on the effect of Community Child Mentoring Programme and Community Harnessed Initiatives for

Children's Learning and Development (CHILD) programme on orphan and vulnerable children. It was seen that the lingering effects of 1994 genocide and the toll of HIV/AIDS epidemic has severely diminished the ability of Rwanda's children to obtain quality education. The major effect of HIV/AIDS epidemic and genocide in Rwanda was the alarming increase in the number child headed households. The two programmes studied approach educational empowerment of orphans and vulnerable children in varied ways: The Community Child Mentoring Programme provides support to children in child-headed households by matching them with mentors who can advise, guide, advocate for them, with the expectation that these services would have positive impact on the capacity of these children to attend and remain in school. The Community Harnessed Initiatives for Children's Learning and Development (CHILD) programme renders a combination of vocational and literacy training to educate older children who have never attended or have dropped out of formal schooling. CHILD also offers business skills development which enables those orphans and valuable children without formal education to make long term investment in their human capacity. The study discloses that about 90 per cent of CHILD programme beneficiaries are children of fifteen (15) years old and above, implying that children under 15 years enjoyed formal education opportunities.

Davids and Skinner (2013) also reveal in their studies that OVC's access to education in Swaziland has been seriously hindered by some factors which include; compelling needs of the family, lack of national universal primary education policy, need to pay school fees, levies and to acquire educational materials. Faced with these challenges, the community initiated 'All Children Safe in School programme to address the specific needs of OVC through provision of school grants. The programme equally improved the school environment for every child by providing food and health services as well as increase educational capacity. The community Education for All (EFA) grants

were used for the payment of OVC's schools' fees, eighty schools were equipped to organize a main meal and mid-morning snacks for OVC, there were provision for farming opportunities in schools and significant improvement was made on water and sanitation. All these services were rendered through All Children Safe in school programme with the aim of increasing OVC's access to quality education and reduce the effect of poverty and HIV/AIDs on children's school attendance. *The studies showed that this programme eliminated school dropout, increased school enrolment and enhanced children's timely arrival in schools.*

Global fund grant is used in Nigeria to provide educational support to orphans and vulnerable children. This is done through 'block granting model' which entails provision of mutually agreed school facilities in lieu of cash payments for school fees and levies of orphans and vulnerable children enrolled in such schools. In Bauchi State, Central Primary School of Misua Local Government Area (LGA) was provided with twenty-six (26) triple desks and chairs in exchange for three academic sessions' school fees and levies of twenty (20) OVC. The intervention was carried out by the Pioneer Reproductive Health & Youth Association, a sub-grantee to CISHA with the Global Fund Support through Association for Reproductive and Family Health (ARFH). Through such intervention, Central Primary School has sustained an increased rate of students' enrolment in school (ARFH, 2015).

In Kano state, two classrooms of Wudil Special Primary School of Wudil LGA were renovated and fifty (50) triple desks were repaired. This was done by Wazobia International Women and Children Foundation, a sub-grantee to Civil Society for HIV and AIDS in Nigeria (CISHAN) under Global fund grant, through ARFH. This exercise was carried out in exchange for 54 OVC's school fees and levies. After this intervention, the school recorded an improved academic performance of the fifty-four OVC enrolled in the school (ARFH, 2015).

Fogel (2014) opines that people respond to malnutrition and wide spread hunger by decreasing in body size which is known as stunted growth. This process begins from the mother's uterus, if she is malnourished. Malnutrition leads to high rate of infant and child mortality, and a child who is stunted finds it difficult to recover even when improved *nutritional intake is administered to later in life. It is further argued that severe infant/child* malnutrition often cause defects in cognitive development. A baby who lacks enough protein and calories at his final intra-uterine weeks and first month on earth would be mentally damaged. This is because the brain cells which should have multiplied during this period cannot do so due to insufficient food intake. This is confirmed in a study carried out by Ajao, Adebayo and Ofalabi (2011), where 500 middle-class and 500 poor children were sampled. Among the 500 middle-class children, only one per cent (1%) had an IQ lower than 80, others IQ were from 80 and above. But out of the 500 poor children who suffered severe calories/protein malnutrition in their first months, sixty-two per cent (62%) had IQs lower than 80. These persons cannot hold productive jobs and their individual under-development will be inherited by their children, thereby socially perpetuating such under-development.

In a study carried out by Gillespie, Norman and Finley (2015), it was observed that children made vulnerable by HIV/AIDS are more susceptible to malnutrition than their non-vulnerable counterparts. The immune system is weakened by HIV and this may reduce their appetite to eat. The body's intake and absorption of nutrients are equally affected. More so, Foord and Paine (2012) disclosed in their studies that adolescent girls are at higher nutritional risk than boys, and a particularly higher nutritional risk is faced by pregnant adolescents. Generally, malnutrition hinders children from attaining their full developmental potential. It weakens children's immune system and may lead to pneumonia, diarrhea, malaria and other health conditions (WHO, 2010).

- On-site feeding for school-going children – This is designed to improve OVC’s access to education through the provision of meals for in-school children living in areas of high level of food insecurity, low school enrolment rate, and high HIV prevalence. This study unearths the role of school feeding in preventing OVC from dropping out of school.
- Take-home rations (THR) – This involves providing take-home meals to children known to be vulnerable to food insecurity. This programme is equally seen as having positive influence on OVC’s attendance in schools (Greenbolt & Greenaway, 2007).
- Home-based care (HBC) networks – HBC networks involves caring for vulnerable children in their different homes. This programme enhances the identification of OVC in need of treatment for HIV and other related infections. Proper treatment is given to such children and referrals for those OVC in special needs. Food is always added to HBC programming in the form of supplementary or household rations. It was found that this strategy improves the health condition of OVC who are not yet in school (Greenbolt & Greenaway, 2007).

Several NGOs in Nigeria engage in promoting food security and nutrition for orphans and vulnerable children. Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) works with Nigeria’s Federal Ministry of Health to employ the United Nations Children Funds (UNICEF) to address the nutritional needs of OVC in Nigeria. SPRING partners with STEER, SMILE, WEWE, HIFASS and ARFH to promote Infant and Young Child Feeding (IYCF) practices (SPRING, 2017). Facility-based Infant and Young Child Feeding (F-IYCF) was developed to link nutrition services to HIV treatment. Caregivers are provided with nutrition information and counselling on IYCF.

and also trained to enhance access to good food. SPRING designed training package of Nutrition and Hygiene for OVC in Nigeria to provide basic technical knowledge on nutrition and hygiene needs of OVC, and specifically those infected by HIV and AIDS (SPRING, 2017).

PEPFAR engages in OVC programming to improve access to nutritional services and health through the following ways:

- Effective integration with existing child-focused home and community-based activities, including treatment of HIV/AIDS, prevention of mother-to-child transmission (PMTCT), malaria prevention and child survival;
- Establishment of referral systems and linkage between clinic and community-based programmes;
- Utilizing a child-focused and family-centred approach to health and nutrition through school-based and early childhood development programmes (ECD).
- Reduction of access barriers to health services through household economic strengthening (HES) and social protection schemes such as health insurance opportunities (SPRING, 2017).

In Kenya, CARE established linkages to a national food mobilization consortium known as food fund. This fund unites some private sectors and civil society organizations to enhance mobilization and distribution of food donations to OVC in marginalized communities. Improvement on food storage and sanitation was also given by CARE and linkages were created with health care providers to enhance sustained supply of multivitamins to OVC. Caregivers were trained on safe food handling and nutrition, they were also allowed to participate in community ownership of ECD centres (CARE, 2016).

Through the support of Catholic Relief Services (CRS), Kejie Health Foundation engages in child nutrition protection designed to reach 500,000 OVC and 125,000 caregivers in Nigeria. The report shows that 93,200 OVC and 25,700 caregivers have been supported through this programme (CRS, 2018). Kejie Health Foundation operates a foodbank for those caregivers without farm or with poor harvest. Through the training and support of this programme, the health of several malnourished OVC has improved (CRS, 2018). HIFASS-OPIN 3 educates caregivers on ways of preparing healthy meals using vegetables from their garden. Caregivers are also provided with nutrition support and basic hygiene education. On March 2015, during an outreach at Ebonyi state, Nigeria, HIFASS-LOPIN-3 assisted some OVC who were suffering from severe acute malnutrition, looking pale, weak and underweight. These children were referred to Federal Teaching Hospital, Ebonyi State for urgent medical attention. Their caregivers were provided with food, clothing, nutrition and hygiene education. After five months, these OVC were reported to have recovered from malnutrition, healthy-looking and strong (HIFASS, 2016).

(iii) *Provision of health services and wellbeing of orphans and vulnerable children*

Orphans and vulnerable children encounter serious health challenges due to inability to access medical services. Children living with HIV are susceptible to other diseases such as tuberculosis, hepatitis B, diabetes, kidney failure, cancer of the blood vessel walls, pneumonia, etc. People with HIV need to take their medications on daily basis. Oftentimes, OVC cannot afford such medications and this compounds their health issues, leading to high rate of infant/child mortality among OVC (SMAIF, 2018). Most of the orphans infected with HIV/AIDS find it difficult to understand and cope with their situation.

The study carried out by Watts, Gregson, Saito, Lopman, Beasley and Monasch (2016) on health and nutritional outcomes of OVC shows that per cent of under-5-years

olds suffered from diarrheal disease, per cent of under 2 years olds equally experienced diarrhoea, OVC were seen to be more susceptible to diarrheal disease than non-OVC. (Smart & Rose, 2012) observed in their studies that impoverished orphans face higher risk of HIV infection, abuse, malnutrition and illness, and they are less likely to access the needed medical care. A study conducted by Gillespie, Norman and Finley (2015) found that mortality rate for orphans and foster children is higher than that of other children. CRS (2008) disclosed in their studies that non-orphans were seen to be of better health status than orphans. The report shows that per cent of the non-orphans fell sick likened to per cent of the orphans; per cent of non-orphans were of good health compared to per cent of orphans; and per cent of non-orphans were poor in health against per cent of the orphans. It was further observed that paternal orphans were more likely to have issue of poor health status, more likely to fall sick and less likely to access health care services than maternal orphans.

Through PEPFAR's support, One Community Intervention Programme was initiated in Malawi to address the basic needs of OVC, including access to health services (One Community, 2016). Such health services include screening as well as promotion of HIV testing among orphans and vulnerable children using risk assessment tool, providing symptomatic screening for major depression, TB and STI, and providing risk reduction counselling for OVC with older HIV. This programme equally includes OVC's nutritional assessment, counselling and referral for malnutrition. Safe drinking water, hygiene, malaria prevention and nutrition are encouraged at household level. The use and distribution of condom is promoted among older HIV-positive OVC, as well as HIV counsels and referrals for family planning. Similarly, children are referred to health facilities for diagnosis and treatment of STI, TB, acute malnutrition and major depression. Linkage is provided for ITN, Anti-Retroviral Treatment (ART) initiation and follow up,

ART adherence and monitoring as well as counselling by health care providers (One Community, 2016).

CARE developed 5 x 5 model to address the critical needs of OVC through community-based child-care centres in various countries around the world. Five levels of intervention are identified, thus: the individual child, the caregiver/family, child care settings, the community and wider policy environment (CARE, 2016). This model addresses five different aspect of OVC: food and nutrition, child development, economic strengthening health and child protection. In the area of health, CARE addresses the common illnesses suffered by OVC such as, anaemia, diarrhoea, malnutrition, respiratory infections and malaria. Guardians/caregivers were educated on how to access free medical treatment available in health centres and some hospitals for OVC. Two health centres were identified in Kibera for the purpose of collaborating with CARE in the provision of medical services to OVC in early childhood development (ECD) centres. Subsequently, a memorandum of understanding (MOU) was signed by CARE and the two health centres, which spell out the responsibilities and roles of each party in the provision of preventive and curative medical services, including Anti-Retroviral Treatment (ART) for HIV infected children. The report reveals that about 1,084 OVC received several health services including deworming, immunization, vitamin supplements, growth monitoring and minor illnesses treatment, such as ringworm and respiratory infections (CARE, 2016).

Through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), ARFH in 2015, provided 15, 554 OVC with education, nutritional and medical services across the twelve states in Nigeria including Benue, Gombe, Kaduna, Bauchi, Anambra, FCT, Bayelsa, Abia, Akwa Ibom, Lagos, Kano and Anambra states (AFRH, 2015). Some of the medical services rendered were screening and HIV/malaria test, health counselling,

free drugs for the treatment of minor diseases like diarrhoea, malaria, worm, etc (ARFH, 2015).

HIFASS-LOPIN-3 promotes quality health care services in Nigeria through health education, clinical and operational research. In 2015, support was given to Women Acquisition Development Centre (WADC) to embark on community outreach on prevention and control of HIV/AIDS and malaria in Nyanya, FCT. Report shows that 222 persons (including OVC) were reached with counselling, health talks, tests on malaria, HIV, blood sugar and blood pressure checks. Teachings were given on the use and importance of condoms, and malaria drugs were equally administered to people who were tested malaria-positive (HIFASS, 2016). In Kwali LGA, FCT, HIFASS organized a road show to raise individuals' awareness on HIV/AIDS in the community. This show was associated with free HIV counselling and testing, distribution of condom and other health materials (HIFASS, 2016). At Wannune market in Taarka LGA, Benue state, HIFASS created community awareness on HIV, HIV counselling and testing (HCT) as well as condom usage demonstration. Gifts were presented to pregnant women and nursing mothers who gave peer sessions. Report shows that about 633 people benefited from the exercise (HIFASS, 2016). Through the activities of community OVC improvement Team (COIT), HIFASS-LOPIN-3 has been able to reach out to OVC in various households. During routine home visits, COIT members identify some sick OVC and take them to health facilities for diagnosis and treatment (HIFASS, 2017).

(iv) *Skill acquisition training/financial empowerment and wellbeing of orphans and vulnerable children*

Studies have shown that most caregivers experience serious difficulties in securing basic needs to OVC on daily basis. It was reported that caregivers are over-burdened and economically incapable of providing for orphans and vulnerable children (Nsagha, Bissek

& Nyamshi, 2012; UNICEF, 2008). The inability to provide their basic needs exposes the OVC to exploitation, social exclusion and child abuse (CRS, 2016). The study published by Rapid Assessment Analysis Action Planning (RAAAP, 2004) reveals that vulnerable children are more likely to experience risky sexual behaviour, more likely to participate in substance abuse, and less likely to enrol in school. Oritz (2007) found in his studies that economic situation of OVC household is significantly related with access to education, healthcare services and other basic needs of OVC. Nsagha, et al. (2012) also reported that much financial pressures send orphan girls to early marriage or transactional sex, to obtain financial assistance in offsetting their families' burden.

Several measures have been carried out by NGOs, governments, donors and international actors to ameliorate the impact of poverty on OVC and promote their access to essential services. CRS engages in household economic strengthening activities for OVC and their caregivers. This project is carried out through community savings and lending groups, cash transfers to OVC, micro-insurance and financial education (CRS, 2018). The CRS initiated savings groups known as Savings and Internal Lending Communities (SILC), pool their financial resources together and provide loans to group members. It has been observed that vulnerable and poor individuals can save little amount of money each week, and when these little amounts are grouped together, they yield greater rewards (CRS, 2018). Caregivers and older OVC are educated on effective use of SILC micro-savings for business establishment, thereby promoting family's well-being. In Zimbabwe, Manicaland Cash Transfer Pilot Programme provides cash to OVC households. Research shows that more than 80% of OVC households are beneficiaries of this programme. The CRS provides technical and vocational training to OVC, especially adolescent girls (CRS, 2018).

In Uganda, WORTH plays a significant role in empowering of OVC. WORTH is a micro-finance and empowerment programme which creates avenue for women to learn how to read and write, generate savings and gain access to loans and training for small businesses. Through this innovation, extremely poor women form savings and loan groups of 15 to 25 members. They assemble on weekly basis to practice numeracy and literacy skills, to deposit their savings, take loans and to participate in workshops on issues bothering on HIV/AIDS, children's right and family health. OVC caregivers benefit a lot from this initiative (WORTH, 2010). Report discloses that WORTH programme has significantly strengthened economic capacity of OVC households and improve the wellbeing of OVC. It was also found that increasing savings, business income, literacy and self-confidence improves caregivers' capacity to provide for their OVC (WORTH, 2010). WORTH, in Tanzania and Uganda focuses on caregivers' empowerment to enhance the caregivers' provision of quality care for OVC in their households. Report shows that over 22, 093 women have been supported by WORTH initiative in these countries. The unique feature of WORTH is its ability to serve the 'hard-to-reach' children and women in rural areas who are not covered by other programmes (WORTH, 2010).

The Salvation Army Church in Chikankata initiated the Community Based Orphans Support Programme (CBOSP) in 1995 with the aim of enhancing community response to OVC situation through community-based support system which utilities community's resources. Later-on, UNICEF agreed with CBOSP to train OVC caregivers in various parts of the country. Reports show that a good number of OVC benefited from such training, which include entrepreneur and life skills acquisition (Mudenda, 2009).

Studies reveal that CARE's economic strengthening programmes have prevailed in most sub-Saharan African nations by improving household assets and income and providing direct benefits to OVC inform of increased healthcare, school attendance and

better nutrition. In Kenya, OVC caregivers were trained on small-scale business and finance management. These caregivers were further divided into small groups, then each group was given bags of maize and charcoal as start-up capital. The various groups designed their operational and management structure and were registered with local authorities. They saved their profits at a local bank while collectively discussing how to re-invest such money at weekly meetings. Peer-to-peer support mechanisms were established by group members to enable them contribute specified amount of money to another member. This support encourages members who receive the money to purchase books, furniture and other household items. These groups also give loans to members at low interest rates for business investment (CARE, 2016). Research has shown that microcredit strategy is very effective with OVC households to engage in sustained income generating activities (Nyamakuru, 2011).

Gede Foundation, Nigeria enrolls older OVC into various skills acquisition classes which provide them with sustainable skills for income generating activities like knitting, computer engineering, soap making, hair dressing, bed making, catering, tailoring, auto mechanics, metal work and laundry. In 2014, about 90 older OVC from various communities were trained and provided with materials and equipment to start their individual businesses (Gede Foundation, 2016). It is reported that the Community Based Support for OVC (CUBS) project in Nigeria has supported more than 1,000 caregivers with household economic skills across the country. At the Delta State Ministry of Women Affairs Skill Acquisition Centre, seed grants were given to about 150 women to expand or start-up small businesses. Report shows that most of the beneficiaries were successful in their businesses, thereby increasing household income (CUBS, 2013).

In 2016, HIFASS-LOPIN-3 project empowered young women and adolescent girls by linking them to people who could train them in various skills. The trainers were issued

with cheques to cover full training costs for skills in decoration, confectionery, hair dressing, computer science, and others. Some young women were given seed grants to start up petty trades. The beneficiaries were reported to be successful in their income generating activities which enhanced their financial support and improved wellbeing (HIFASS, 2016).

During HIFASS-LOPIN-3 home visit, some caregivers who were financially incapacitated were identified and supported in various ways. Some were provided with seed grants to engage in farm business in order to generate income, and monthly stipends were given to some households. Some child-headed households were equally identified and enrolled in HIFASS–LOPIN-3 project for proper support and care. In Ebonyi State, a training workshop was organized for household empowerment and OVC’s graduation. This exercise yielded positive impact on OVC and their financial support (HIFASS, 2016).

The federal, state and local governments in Nigeria have developed various strategies to empower women/caregivers, such as increasing access to credits, skills training, income generation, adult literacy, seed grants provision and other related activities. These interventions help to reduce economic vulnerability of OVC households and empower the care givers to provide the basic needs of OVC instead of relying completely on external assistance.

2.2 Theoretical framework

2.2.1 Sen’s capability approach

Before now, development was viewed in terms of increase in the growth of Gross Domestic Product (GDP) alone. Countries were so much concerned with increasing their economy’s production level, since development revolved around the production of goods and services. The aspect of ‘people’ who are the major factor of production, was

completely ignored. Countries were seen to achieve high level of GDP yet, people living within the country were increasingly poor. So, Amartya Sen emerged with the assumption that development should revolve around the well-being of people, and not just economic expansion (Clark, 2005).

In his *Development as Freedom* (1999), Sen posits that human development is about expansion of capabilities. His capability approach to development focuses on expanding the real freedoms enjoyed by people. It is a people-centred model of development which involves the process of acquiring capabilities and enjoying opportunities to function in those capabilities. With sufficient capabilities and opportunities, people possess more choices, expanding people's choices is the anchor point of Sen's capability approach (Sen, 1999).

According to Sen's capability approach, poverty is seen as "unfreedom" or a "deprivation of choices" on the poor people's capability to access a quality and valuable life (Sen, 1999). Poverty is concerned with inability to exercise capabilities, due to civil and human rights, intolerance and repression, poor economic opportunities and neglect of public facilities (Sen, 1999). Here, poverty is seen as "shortfall of basic capabilities". Meeting basic needs alone does not imply the absence of poverty. A person can be well fed but still poor (Clark, 2005). Sen (1999) argues that, though income is an important factor to understanding poverty, it should not be seen as the major indicator of poverty.

In Sen's view, development means removing these "unfreedoms" that leave people with little choice and opportunities of exercising their reasoned agency (Clark, 2003). Development should be concerned with increasing people's choice and freedom to achieve results which they value. Freedom implies having ability to make decisions as well as opportunities to choose from various alternatives (Sen, 1999).

The core concepts of Sen's capability approach to human development are functioning, capabilities and agency. Functioning are those things an individual value doing and being, such as being literate, being happy, able to work, adequately nourished, able to rest, being in good health, having self-respect, as well as participating in political and social activities (Sen, 1999). Achieving a functioning with available facilities and resources depends on social and personal factors such as gender, age, health, activity levels, climatic conditions, nutritional knowledge, access to medical services and education (Sen, 1999). Therefore, functioning refers to a person's utilization of what is at her/his command.

Capabilities can be viewed in two dimensions: functioning and the freedom to choose from them. Capabilities entail individual's opportunity and the ability to achieve desired results, considering all intrinsic and extrinsic factors. Thus, the capability approach is basically concerned with freedom of choice, which is of direct importance to an individual's quality of life (Selwyn, 2011).

Agent is defined by Sen (1999) as person who brings about change. In this context, agency refers to individuals' interactive role in the society, such as, freedom to participate in political, economic and social activities. For people to be agent of their lives, they need environment where they can speak in public without fear, participate in making decision which affects them and exercise autonomy.

Within the context of this study, Sen's theory implies that the human development of OVC should include the removal of different kinds of "unfreedoms" that leave the OVC and their caregivers with little choice and little opportunities. The poverty situation of OVC is seen by Sen (1999) as deprivation of capabilities, which limits their freedom to pursue goals in life. Studies have shown that OVC in various communities are in abject

poverty. Most households are headed by children. The young girls assume parenting responsibilities for their siblings (Hossain, 2013). Most children are withdrawn from school because of inability to purchase school materials, pay school fees and other charges, some dropout due to hunger, ill health, or to assist in household responsibilities. Thus, death of parents compromises children's rights to opportunities necessary for improvement of their life chances (Davids & Skinner, 2013). Such condition exposes the OVC to various kinds of exploitation and abuse, such as, defilement, physical abuse, sexual exploitation, early marriages and child labour. This situation denies the OVC's chance of accessing their basic needs: education, health care, nutrition and shelter. Most caregivers lack the financial capacity to cater for these OVC, thereby, increasing the level of their vulnerability.

In Sen's view, poverty which is seen as "unfreedom" should be taken away from orphans and vulnerable children. The capabilities of OVC should be expanded to enable them achieve their goals and live the kind of life they value. Therefore, the human development of OVC in Sen's perspective entails capacity building, such as, skills acquisition training, provision of seed grants for business investment, enrolment in school for acquisition of basic knowledge and mentoring to ensure they live a productive life style. These would enlarge their capabilities and expose them to various alternatives from which they can choose, thereby, enhancing their freedom of choice. Development of OVC in Sen's view also involve agency, meaning the OVC should be encouraged to participate in economic, social and political actions.

Some activities of governments, NGOs, donors, and international actors have contributed a lot in developing and expanding the capacities of OVC in Nigeria. In collaboration with NGOs, government has supported OVC through community-based programmes, sustained access to government grants and promotion of OVC rights through legislation. Diverse methods of intervention are deployed in responding to the situation of

OVC in Nigeria. Some of these strategies are conducting census of OVC in communities, giving medications and picking medical bills of OVC, their caregivers, and other related members, sponsoring the OVC to certain educational level, visiting orphanage with food stuffs, providing clothing and shelter, and creating sufficient awareness through advocacy and several mobilization. HIFASS-LOPIN-3 partners with PPHFN, CAACA, and SUCCDEV to improve the structures and systems of communities, local and state governments, to provision of support services, quality care and protection of OVC and their households. Their intervention activities include provision of minimum package, household economic strengthening, vocational trainings, OVC care and referrals, social protection, legal protection, health and nutrition, care and shelter (HIFASS, 2015). The beneficiaries from these activities experience increased level income, widened capabilities, enjoy freedom of choice, and participate in community meetings where they make decision on issues affecting them and their families. According to Sen (1999), such improvement is seen as “development”.

Sen’s theory has been criticized for placing so much emphasis on individualism, making individual’s freedom the focal concern of capability approach. Sen’s account is seen as lacking interest in communal values and patterns of life because of his excessive focus on individuals (Gore, 2007). Nussbaum (2003) argues that Sen’s emphasis on people’s freedom is vague and it ignores how a person’s freedom may affect others. This is on the basis that a just society demands balancing, and even limiting certain freedoms. Gasper (2002) criticizes that the structure and content of Sen’s capability approach is under-theorized. Sen has not stated which capabilities are important and method of distributing them, but rather maintains that those are political decisions for the society to make. Sen (1999) is further criticized for making people’s ability to achieve the kind of lives they have reason to value the focus of his capability approach. Pogge (2002) notes

that this idea is problematic since it appears to advocate an external valuation of 'good life' - whatever individuals like to value.

Notwithstanding, Sen's capability approach is very significant to the understanding of development. It shifts the focus of development from 'products' to 'people'. Instead of focusing on increased production, Sen maintains that development should focus on people's wellbeing, thereby providing dignity to human race. Sen's capability approach recognizes the differences among people and equally accepts that individuals' abilities are influenced by external factors emerging from interaction with people, access to infrastructure and public services, social arrangements, discriminations, freedom to speak and influence state policies, opportunities to participate in political and social activities, etc. Sen's approach to development is well celebrated, more comprehensive and fundamental in nature, since it puts 'people' at the centre of development.

2.2.2 Longwe women's empowerment framework

This framework was developed by Sara Longwe in 1990, (Sahay, 1998). Sara Hlupekile Longwe is a female activist based in Lusaka, Zambia. She began her struggle for gender justice in the 1970s, when she was denied maternity leave, as a secondary school teacher. This made her organize a lobbying group which successfully pressed the government to introduce at the national level, a provision for paid maternity leave, in mid 70s. Being a founding member of the Zambia Association for Research and Development (ZARD), she was able to influence the government to ratify the 1979 UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW). Sara has co-founded several other civil society organizations and networks (Longwe, 2015). Longwe maintains that poverty arises from exploitation and oppression, and not from lack of productivity. She argues that women's development can be assessed in terms of five progressive levels of equality, thus:

- Control – This involves utilizing women’s participation in decision – making process to achieve balance of powers between men and women, over production factors without one dominating another(ILO, 1998).
- Participation – This entails equal participation of women in decision-making process, planning, administration and policy– making. In carrying out development projects, it embraces women’s involvement in needs assessment process, project design process, project implementation and evaluation.
- Conscientisation – Concerns a proper understanding of the difference between gender roles and sex roles, and the belief that gender division of labour and gender relations should be equal and fair to both sides, without one being in dominance position (ILO, 1998).
- Access – This involves women’s access to factors of production: land, credit, marketing facilities, training, labour, and all available public services and benefits; on the basis of equality with men. Equal access to means of production can be achieved by securing equality of opportunity through legal reforms, removing discriminatory provisions.
- Welfare – This has to do with the level of women’s material welfare, in relation to men, with respect to income, food supply, medical care, and education (Longwe, 2003; ILO,1998).

An assessment of the OVC’s situation shows that orphan girls are more vulnerable than orphan boys. They are exposed to various forms of abuse, such as sexual exploitation and early marriage (Ortiz, 2007). A study conducted by Watts, et al (2016) found that older male HIV/AIDS patients believe that they can get rid of such epidemic when having sex

with virgins. With such believe, they engage in sexual relationship with orphan girls, in exchange for financial or material support, thereby subjecting them to higher level of vulnerability. Furthermore, the OVC caregivers (usually women) are also at a disadvantage end, since they lack access to opportunities and resources to address their basic needs and that of their OVC. In view of the above, Longwe argues that women should be developed through the level of control, participation, conscientisation, access and welfare. The empowerment programmes carried out by various NGOs generally, and HIFASS- LOPIN-3 specifically, impact greatly on the development of OVC – girls and their caregivers. For instance, on 25th October, 2016, HIFASS-LOPIN-3 empowered adolescent girls and young women in Calabar South and Municipality LGAs of Cross River State. The girls were affiliated to people who could train them on vocational skills such as tailoring, hair dressing, decoration, computer science, etc. Seed grants were given to the young women to start-up businesses.

CARE International organization, which sees poverty as girls and women's lack of control over their lives, have been partnering with communities, NGOs, governments and individuals to invest their time and resources in girls' education, promote women's voices through sensitization and economic strengthening, advocates at the state, national and global levels to improve the commitment to ending child marriage, through passing and implementing laws to protect girls and prohibit child marriage, as well as promote strategies to ending gender – based violence (CARE, 2018). Bridge, an international organization, promotes girls' education in most marginalized communities across the world, through establishment of schools, promotion of teachers' training, provision of school materials and sensitization of community members. In Borno State, Nigeria, Bridge partner with Nigerian Stock Exchange to provide a positive and safe teaching and learning environment for girls, who are the major target of Boko Haram.

Bridge also create a programme called 'Super Mama', where women involved in planning and making decisions in their communities, support other women to start new businesses, protect and provide essential materials to the girls (Bridge, 2018). Through these empowerment programmes, the marginalized women and girls, such as, OVC and their caregivers, gain access to opportunities where they control the affairs of their lives, participate in decision-making process, and take ownership of production factors.

Longwe's framework has been criticized for assuming levels of equality as strictly hierarchical and also for ignoring other forms of inequality. It is also criticized for being static and taking no account of situation changes over time, and for examining gender relations only from equality points of view, excluding interrelationship which exist between rights and responsibilities. However, Longwe women's empowerment framework has made immense contribution to human development. It seeks to eradicate discrimination, demonstrates that empowerment is an important element of development and enhances assessment of interventions along this criterion.

2.2.3 Right-Based Approach (RBA)

Human right was brought into global discourse following the United Nations' Universal Declaration of Human Rights in 1948. A world conference on human right was held in 1993 by the United Nations (UN) in Vienna. In this conference, the Vienna Declaration and programme of Action was developed, where a linkage was established between human rights, democracy, development and sustainability (Hamm, 2001). This equally led to a linkage between human rights and development, which enabled developers and policy makers to incorporate the right-based approach into their policies. In 1977, the Secretary General to UN made a call to mainstream human rights into all works of the UN. Therefore, various agencies and organizations met in 2003 to develop a "Common Understanding" of a human rights-based approach, listing the basic principles to include:

universality and inalienability, indivisibility, inter-dependence and inter-relatedness, equality and non-discrimination, participation and inclusion, as well as accountability and rule of law (UNDP, 2006).

This approach seeks to make analysis of inequalities which situate at the centre of development problems and decry discriminatory practices and unfair distributions of power which inhibit the progress of development. The rights-based approach to development does not involve simple economic development or charity, but a process which enables and empowers the marginalized group to claim their rights. Its focus is on such group within the society who are not given the opportunity to enjoy their social, economic, and cultural rights (Raine, 2006).

In their statement of “Common Understanding”, the UN explained that in rights-based approach, human rights determine the relationship between individuals, groups and the state (UNDP, 2006). Rights-based approach exhumes economic, social and cultural (ESC) human rights while focusing on housing, health care, food, labour, access to credit and education (UNDP, 2006). Nyamu-Musembi, Celestine and Cornwall (2004) note that rights-based approach prioritises agency for people living in poverty to drive the process of development, integrates human rights within the heart of decision-making, and focuses on underlying power relations as it deals with social injustice and poverty.

RBA shifts the initiatives of development from focusing on the needs of people living in poverty, to recognition of their equal rights in order to access resources necessary for their social inclusion and well-being. It equally focuses on the underlying causes of exclusion and empowers the poor to renegotiate their relationship with the state and other group, to effect meaningful changes in their own lives and to influence their future (Equal in Rights, 2007). Equal in Rights explains some key elements of RBS, thus:

- Accountability – This is concerned with the relationship between rights-holders and duty-bearers, as well as the ability to hold duty-bearers accountable for fulfilling or not fulfilling their obligations to the rights-holders (Equal in Rights, 2007).
- Empowerment – The focus of empowerment is on how individuals and groups strengthen their capacity to renegotiate their relationship with the state and other groups, to take control of their circumstances and achieve their personal goals, in order to improve the quality of their lives and to influence their future. Empowerment helps poor people to develop capabilities, power and access to resources in order to challenge inequality and injustice. Empowerment views people as right-holders and not beneficiaries (Equal in Rights, 2007).
- Participation – The argument here is that every person has a right to active, free and meaningful participation in all stages of the development process. Duty-bearers must ensure that there exist possibilities to participate in decision-making, and influence the design, process and implementation of development. This is a crucial part of ensuring accountability of duty-bearers (Equal in Rights, 2007).
- Non-discrimination and attention to most affected groups – This principle is based on the right of non-discrimination. It implies that development workers need to prioritize the impoverished and most marginalized groups, such as, minorities, women, migrants, orphans and vulnerable children. It is also the duty of states and NGOs to identify groups that may suffer discriminatory practices or outcomes, and discourage such (Equal in Rights, 2007).

Rights-based approach to development has been adopted by several international donors and NGOs, such as DFID, CARE, Oxfam, and Save the Children in addressing the

issues of OVC globally. The adoption of the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the child has made adults, programmes, services and policies more responsive to the best interest of the child. An indication of this development is inclusion of child rights into the goals of the New Programme for Africa's Development (NEPAD) and the Millennium Development Goals (MDGs). As highlighted by CRC, the four major principles of rights-based programming are universality, indivisibility, responsibility and participation (Nyamu-Musembi, et al., 2004).

There is increased realization that the challenges of OVC extend beyond feeding, educational and health problems. It involves the non-realization of children's political, civil, social, cultural and economic rights. Factors such as illness, loss of parent, financial difficulties, separation from family, etc., increase children's vulnerability and reduce their ability to access resources and support mechanisms. Lack of protection puts children at risk of exploitation, discrimination and sexual abuse. The OVC are often denied many rights. Lanchman (2012) identifies three specific constraints to child protection in Nigeria, namely, HIV/AIDS infection, poverty and war. Evans and Murray (2008) argue that vulnerable children deserve to be treated with dignity and respect as enshrined in the Nigerian constitution. Unfortunately, most OVC suffer dehumanizing conditions, exposed to social, economic, health, psychological, educational and cultural challenges, without proper attention.

Nonetheless, most NGOs invest so much time and resources to help OVC recognize their rights, through the provision of basic primary/secondary education, caregivers' empowerment and affiliation to bodies who can defend and protect OVC's rights. CARE intervenes on child rights and protection through trainings on child rights, capacity building and links with pre-existing resources. CARE OVC programmes in

Nigeria, Kenya and Rwanda protect and promote child rights through trainings and advocacy initiatives aimed at advancing awareness among local government authorities. Judges, police officers, child welfare officers and magistrates are important advocates for vulnerable children. CARE organizes awareness campaigns to promote communities' understanding of child rights with special focus on community members who are in vital positions to the well-being of children. This usually entails sensitizing local law makers, local law enforcers and traditional village leaders about child rights declarations endorsed by their own government (CARE, 2018).

HIFASS-LOPIN-3 in partnership with other NGOs, campaigns against child trafficking, harmful forms of child labour and domestic child abuse. In Adamawa state, the perpetrators of 'Almajiris' were held accountable and discouraged from such practices stating that they expose children to economic and social risks, and deprive them of life-changing opportunities. However, it was reported that OVC and children from poor, rural, northern Nigeria are more likely to work or beg to sustain their families (Jones, 2011). The government has made significant efforts to improve social equity measures related to child protection. The Trafficking in Persons (Prohibition) Law Enforcement and Administration Act was passed in 2003, leading to significant progress, especially in terms of prosecution and awareness raising. The process was directed by the National Agency for the Prohibition of Traffic in persons in partnership with UN agencies and other government institutions at both federal and state levels. However, awareness, enforcement and prosecution remain a serious challenge (Jones, 2011).

In the aspect of child labour, although education is free in Nigeria, cost associated with it often prove prohibitive for poor families/OVC, meaning children are still forced to work, either to attend part-time school or to fully support the family. The Nigerian Federal Ministry of Employment, Labour and Productivity Inspectorate Department, which

includes the Child Labour Unit, demonstrate effort to combat child labour, through awareness raising, training and inspections in high-risk areas, like mining and agriculture. However, inspection is highly ineffective, primarily due to capacity and resource constraints (Jones, 2011).

While high-level policy indicates a commitment to preventing domestic child abuse, public awareness and enforcement leave much to be desired. However, small-scale efforts have been initiated: the police and other law enforcement agencies now have units to deal exclusively with violence against children, and the Federal Ministry of Women's Affairs and Social Development operates a number of shelters for female victims of abuse, offering them counselling, basic medical care and access to legal assistance. Additionally, the ministry works with the police, making effort to shift the perception that domestic abuse is a private affair and to instil an understanding that legal action is urgently needed. Federal and state governments work through the local communities, media, churches and mosques to sensitive parents/caregivers on their responsibilities regarding their children (Federal Ministry of Women Affairs and Social Development, 2007).

Rights-based approach to development is criticized by Taylor & Francis (2014) as being more pragmatic and less ambitious, due to the fact that they envisage not the fundamental changes to human rights framework. It is also stated that rights-based leads to a situation where 'right holders' (citizens) issue an endless list of demands to the 'duty bearers' (governments). This can lead to a highly polarized and oppositionalist approach (Green, 2014). Nelson (2007) argues that incorporating the language of human rights with development is just a change of terminology and does not change the programmes being implemented. Development practices have been effective even without combining them with human rights. The ability of the state to implement public policies has been hampered by the need to comply with economic, social and cultural rights (ESC rights). Therefore,

it is unnecessary to combine human rights with development for the beneficiaries, as this will not increase the state's effectiveness nor NGOs' productivity. Furthermore, rights-based approach is viewed as a vague term which does not clearly represent a set of ideas. There are various explanations about rights-based approach which pose challenges when discussing how UN programmes, donor agencies and NGOs will implement these ideas into their programmes (Tsikata, 2009).

Despite the above criticisms, rights-based approach is still considered fundamental to development practices. It focuses on the most marginalized group in society and emphasizes that development should not base on charitable goodwill to meet the basic needs of the poor, but on a recognition of the citizens' equal rights to the resources needed for social inclusion and material well-being.

2.2.4 Sustainable Livelihood Approach (SLA)

The concept of sustainable livelihoods was first introduced by the Brundtland Commission on Environment and Development, and expanded by the 1992 United Nations Conference on Environment and Development, to include achievement of sustainable livelihoods as a broad objective for poverty eradication. In 1992, Robert Chambers and Gordon proposed a definition of sustainable rural livelihood, which is mostly applied at the household level: a livelihood comprises the capabilities, assets (stores, resources, claims and access) and activities required for a means of living; a livelihood is sustainable when it can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation, and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term (Chambers & Cornwall, 1992).

Recently, the Institute for Development Studies (IDS) and the British Department for International Development (DFID) have been adopting the sustainable livelihood approach, leading to a modified definition of sustainable livelihood by Ian Scoones: 'A livelihood comprises the capabilities, assets (including material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks, enhance or maintain its capabilities and assets, while not undermining the natural resource base' (Chambers & Cornwall, 1992). This new definition excludes the requirement that for livelihoods to be considered sustainable, they should equally contribute net benefits to other livelihoods. The IDS outlined three elements of SLA: livelihood resources, livelihood strategies, as well as institutional processes and organizational structures.

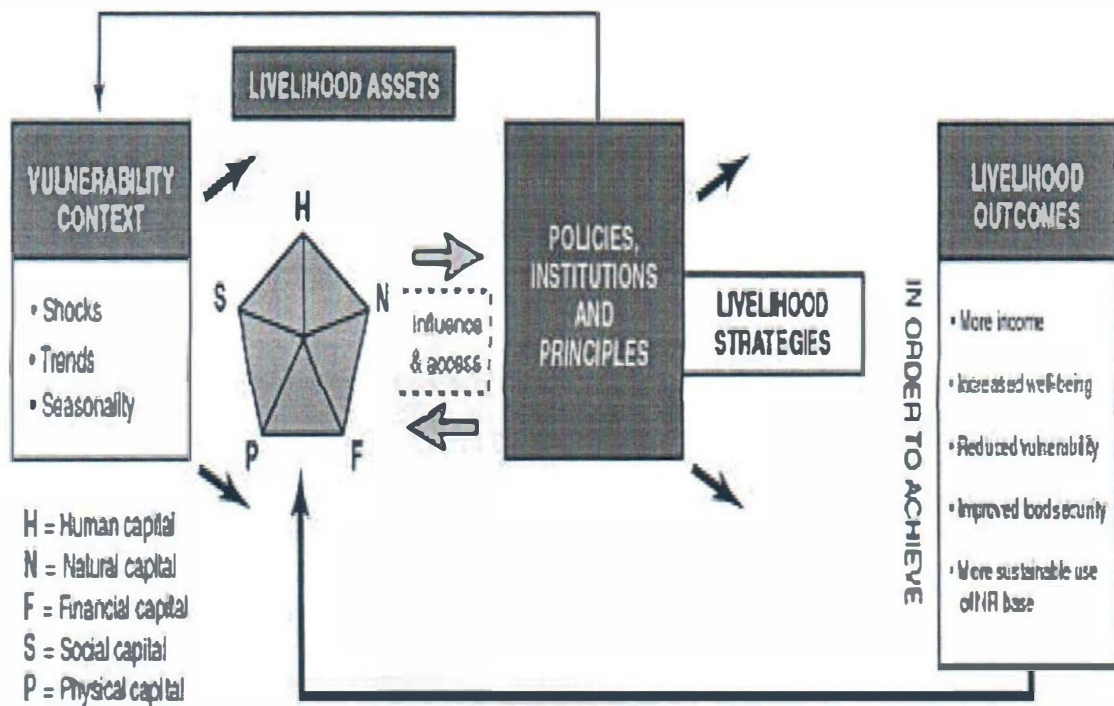


Figure 1
DFID Sustainable Rural Livelihood Framework

(i) Livelihood resources – The basic material and social, tangible and intangible assets that people use for constructing their livelihoods are conceptualized as different types of capital. Four types of capital are identified in the IDS framework:

- *Natural capital*– The natural resource stocks (water, soil, air, genetic resources, etc.) and environmental services (pollution sinks, hydrological cycle, etc.) from which resource flows and services useful for livelihoods are derived.
- *Economic or financial capital*– The capital base (cash, credit, savings, basic infrastructures, production equipment and technologies) which are essential for the pursuit of any livelihood strategy.
- *Human capital*– The skills, knowledge, ability to labour, good health and physical capability important for the successful pursuit of different livelihood strategies
- *Social capital* – The social resources (networks, social relations, social claims, associations, affiliations) upon which people draw when pursuing different livelihood strategies requiring coordinated actions. Distinguishing various kinds of ‘capital assets’ draws attention to the variety of resources which are often used in combination, that people rely on for making a living (DFID, 2000).

(ii) Livelihood strategies consist of combinations of activities which Scoones calls ‘livelihood portfolios’. A portfolio may be highly specialized and concentrate on one or few activities, or it may be quite diverse, therefore unravelling the factors behind a strategy combination are important. Livelihood strategies aim to achieve livelihood outcomes. Decisions on livelihood strategies may invoke natural resource-based activities, off-farm activities and non-natural resource based, remittances and migration, intensification versus diversification, pensions and

grants, and short term versus long term outcomes. Livelihood strategies frequently vary between individuals and households depending on differences in income levels, asset ownership, gender, caste, age, and political or social status. Thus, a socially differentiated analytical approach to livelihood strategies is necessary (DFID, 2000).

(iii) Institutional processes and organizational structure – Scoones define institutions as regularized practices or patterns of behaviour structured by rules and norms of society which have persistent and widespread use. Institutions may be either formal or informal, they are often fluid and ambiguous, and are always imbued with power. Such institutions, directly or indirectly, mediate access to livelihood resources which in turn affect livelihood strategy options and, majorly, the scope for sustainable livelihood outcomes. Livelihood strategies and outcomes are not just dependent on access to capital assets or constrained by the vulnerability context; they are also transformed by the environment of structures and processes. Structures are the private and public sector organizations that set and implement policy and legislation, deliver services, and purchase, trade, and perform all manner of other functions that affect livelihoods.

Processes embrace the laws, policies, regulations, agreements, operational arrangements, societal norms and practice that, in turn, determine the way in which structures operate. Policy-determining structures cannot be effective in the absence of appropriate institutions and processes through which policies can be implemented. Processes provide incentives that stimulate people to make better choices, they grant or deny access to assets, and enable people to transform one type of asset into another through markets. It is important to understand these institutions, their underlying social relationships, and embedded power dynamics

(DFID, 2000). Institutional processes have strong influence on interpersonal relations. Major problem faced by OVC is that the institutional processes which frame their livelihoods may systematically restrict them unless the government adopts pro-poor policies that, in turn, filter down to legislation and even less formal processes.

(iv) Vulnerability context – vulnerability is considered as insecurity in the well-being of people, households, and communities in the face of changes in their external environment. Vulnerability has two facets: seasonality, an external side of shocks, and critical trends; as well as an internal side of defencelessness caused by lack of ability and means to cope with these. The vulnerability context includes: shocks (conflict, floods, illnesses, storms, pests, drought, and diseases), seasonality (prices and employment opportunities), and critical trends (demographic, economic, environmental, governance and technological trends (Ashley & Caroline, 2000).

Generally, SLA focuses on the livelihoods of poor people, the complexity of those livelihoods, and the associated opportunities and constraints. It offers framework for analysing livelihoods and identifying entry points for development interventions by donors, NGOs and governments. SLA provides a way of conceptualizing key influences on the livelihoods of poor people, including their vulnerability, their access to assets and various factors that influence what they can achieve with these assets.

During the global OVC Partners Forum in 2003, a decision was made to undertake joint rapid assessment, analysis and action planning (RAAAP) to act as a basis for OVC national responses. The need for coordination and leadership on OVC issues was acknowledged and expressed by the Southern African Development Community (SADC) ministers in 2004 through the Cape Town Declaration, and further by the

intergovernmental conference in 2006 through what is known as the Livingstone Call for Action. Various countries have made positive responses, following such appeals for greater commitment, cooperation and action to provide social protection to OVC. By mid-2005, sixteen countries in Southern and Eastern Africa completed the first RAAAP phase which resulted in the design of the Southern African Development Community (SADC) National Plan of Action (NPA) for OVC. The UN and Partners Alliance for livelihood-based social protection for OVC was formed in early 2006 between UN agencies (Food and Agricultural Organization (FAO)), UNICEF and World Food Programme (WFP), governments, and civil society organizations such as CARE and Oxfam (FAO, 2010). In Malawi, the United Nations (UN) and Partners Alliance for livelihood-based social protection for OVC initiate a programme known as the agricultural and livelihood-based social protection for orphans and other vulnerable children (OVC).

With the support from Global Fund, this programme has helped in strengthening production, such as, increasing accessibility to land, livestock and farm inputs, promoting small-scale irrigation, supporting more diversified, sustainable and drought-resilient farming systems, and building in measures to adapt to climate change, especially in small-scale agriculture; supporting markets, especially in food and agriculture; enhancing off-farm employment opportunities; building infrastructure and assets; improving basic services, such as health and education services, including those aimed at curbing HIV and AIDS, tuberculosis and malaria; reducing social marginalization and exclusion; strengthening governance institutions and policy processes; and expanding public revenue (FAO, 2010). It is acknowledged that, this programme has improved the living condition of OVC, thereby securing their personal development (FAO, 2010).

The SMILE programme, being an outcome of collaboration between USAID, CRS, Government of Nigeria, and various NGOs, including HIFASS-LOPIN-3, assist in

strengthening the capacity of social service systems by working close with the state government to identify gaps that impact the lives of vulnerable children, providing technical support to help ministries function more efficiently and effectively, and filling such gaps with technical support, improved systems and equipment; supporting civil society organizations; improving children's health by educating caregivers about nutrition; boosting household income by helping families learn how to save money and earn profit through small businesses; protecting vulnerable children by promoting information about their right, strengthening family and community care; enabling more kids to go to school by mobilizing communities to enrol vulnerable children and get them the supplies they need; and lessening the burden of illness by increasing access to tuberculosis and HIV prevention and care services. Report has shown that more than 60% of OVC and their caregivers in Nigeria are beneficiaries of the SMILE programme (Synder, Martension & Akor, 2015).

The sustainable approach to development has been criticized for not dealing with the issue of how to identifying the poor as a necessary prerequisite for targeting of interventions (Krantz, 2001). It is argued that SLA tends to take the household as the basic unit of analysis. Most of the attention is on how different categories of households relate to different types of assets, to the vulnerability context, to markets, organizations, policies and legislations. The intra-household inequalities in economic control, interests, opportunities, and decision-making power, which often have gender as a basis, are not given sufficient attention. Thus, women may figure among the poor only when they are heads of households, and not when they are vulnerable, socially and economically subordinate members of prosperous households (Ashley, Caroline &Carney, 1999). Another critique is that there are too many components to address in SLA, which make it

impossible to go into depth with any of these, therefore making the framework too broad and superficial to actually help in designing and analysing issue (Clark &Carney, 2008).

Despite the critiques levelled against this approach, the SLA has demonstrated to be a potent framework in analysing development. It produces a more holistic view on what resources, or combination of resources, are important to the poor, including not only physical and natural resources, but also their social and human capital. It also facilitates an understanding of the underlying causes of poverty by focusing on the variety of factors, at various levels, that directly or indirectly determine or constrain poor people's access to resources/assets of different kinds, and thus their livelihoods. By focusing on the manner in which people develop their livelihood strategies, to achieve certain outcomes in response to a particular 'vulnerability context', the SLA makes it possible to see how even the 'poorest of the poor' are active decision-makers, not passive victims, in shaping their own livelihoods. This is vital for designing support activities that build on the strengths of the poor.

2.2.5 Theoretical synthesis

The four theories discussed above revolve around 'people', especially the marginalized ones within the society. Sen's capability approach considers 'people' at the heart of development, arguing that development means an expansion of people's freedoms. It is concerned with the process of acquiring more capabilities and enjoying more opportunities to use those capabilities. With more capabilities and opportunities, people have more choices. Expanding choices is at the core of capability approach. Poverty is seen here as a situation where people lack the basic capabilities to lead a good and valuable life.

Longwe women's empowerment framework is gender-based. This approach sees women and girls as marginalized group in the society, and so, views development in terms of five levels of equality: welfare, access, conscientization, participation and control. Longwe maintains that poverty arises not from lack of productivity but from oppression and exploitation, hence, aims to achieve women's empowerment by enabling them to achieve equal control over the factors of production and participate equally in the development process.

Right-based approach focuses on the inalienable rights of human beings, including the poor and vulnerable ones. It analyses inequalities and redress discriminatory practices and unjust distributions of power militating against the progress of development. In this framework, mere charity is not enough, development plans, policies, and programmes must be formulated to fulfil human rights. Rights-based approach identifies rights holders and their entitlements and corresponding duty-bearers and their obligations, and works towards strengthening the capacities of rights-holders to make their claims and of duty-bearers to meet their obligations. Thus, empowering the most marginalized to claim their rights.

Sustainable livelihood approach focuses on the livelihoods of the poor, the complexity of those livelihoods, and the associated opportunities and constraints. It recognizes that every person has abilities and assets that can be developed to help them improve their lives. SLA is related to Sen's capability approach due to the emphasis on 'people's capability'. Both Sen's capability approach and sustainable livelihood approach put people at the centre of development. However, SLA lays much emphasis on the sustainability of environment in the process of human development.

Though with different approaches, the above frameworks focus on people, especially the poor, vulnerable and marginalized in the process of development. According to these approaches, development process must start and end with people, in this context, the orphans and vulnerable children, and their caregivers. Policies, programmes and plans of government, NGOs, international actors, donors and development workers should seek to address the situation of OVC, so as to improve their living standards.

CHAPTER THREE

METHODOLOGY

3.1 Research design

This study aimed to study facts that have already occurred; hence, ex post facto research design was adopted. Survey method was used for obtaining data from the field. The choice of this data collection method was based on the fact that surveys provide high level of capability in representing a larger population. Data gathered through survey usually possess a better description of the relative characteristics of the population being studied, due to its ability to accommodate huge number of persons in the study and the flexibility of using varied data collection techniques (Osuala, 2005).

3.2 Study area

The study was conducted in Southern Senatorial District of Cross River State, Nigeria. The choice of the study area was largely attributed to the presence of vulnerable children in the state; particularly in the Southern Senatorial District popularly known as Skolumbo. Cross River State lies in the south-eastern axis of Nigeria and was created on 27th May, 1967 from the former Eastern region of Nigeria by General Yakubu Gowon's regime. Its location is on longitudes 7°50' and 9°28'E, and latitudes 4°30' and 7°00'N. In 1987, Akwa Ibom State was created from the former Cross River State. The Cross River State shares common borders with Abia, Ebonyi and Akwa Ibom States to the west, Republic of Cameroon to the east, Benue State to the north and Atlantic Ocean to the south. Cross River State is part of the Niger Delta region and occupies an area of about 20,156km². The state has Calabar as its headquarter. The 2006 National Population Census puts the population of Cross River State at 2.8 million people.

The most prominent ethnic groups are Efik, Bekwara and Ejagham. The economy of the state is predominantly agricultural and is sub-divided into two sectors: the public

and the private sectors. The private sector is dominated by local subsistence farmers while the public sector is run by the Government and features large plantations and demonstration farms. The main crops are cassava, plantain, yams, rice, banana, maize, cocoyam, cocoa, groundnut, palm produce and rubber. The major livestock are cattle, sheep and goats. Cross River State comprises of eighteen (18) local government areas (LGAs), which are being grouped under three senatorial districts: the northern senatorial district, central senatorial district and southern senatorial district. The Efik-speaking people reside mainly in the southern senatorial district and are made up of seven Local Government Areas including Calabar Municipality, Calabar South, Biase, Akamkpa, Akpabuyo, Bakassi and Odukpani. The researcher intends to carry out this study in the southern senatorial district of Cross River State.

TABLE 3.1

Population of Cross River Southern Senatorial District

LGA	Population as at 2006 census	Population projection as at 2016
Calabar Municipal	183,681	245,500
Calabar South	191,515	255,900
Akamkpa	149,705	200,100
Bakassi	31,641	42,300
Odukpani	192,884	257,800
Akpabuyo	272,262	363,900
Biase	168,113	224,700
Total	1,189,801	1,590,200

Source: NPC & NBS (2017)

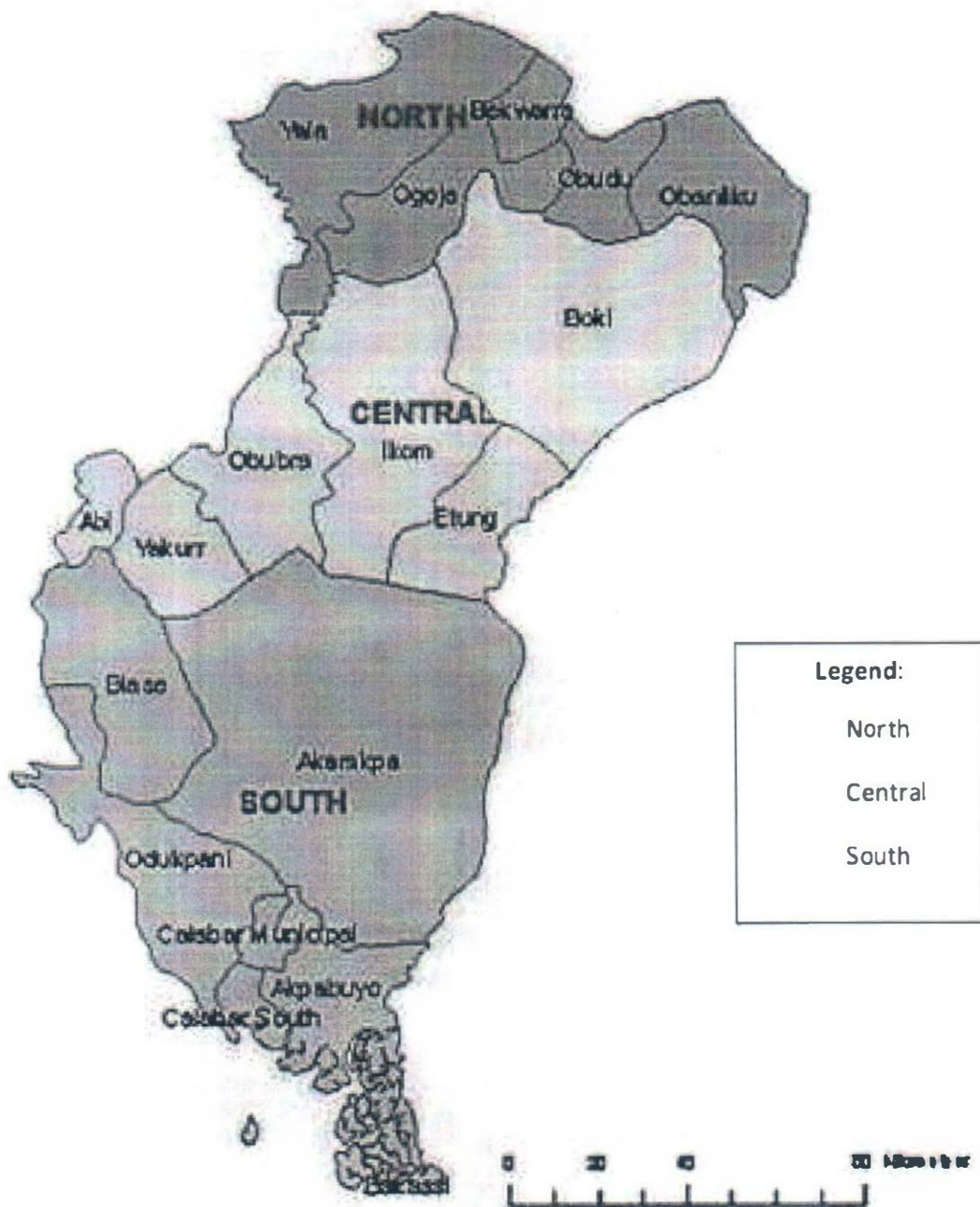


FIGURE 2

Cross River State Map, showing the three Senatorial Districts

Source: Cross River – PLAC (2015)

TABLE 3.2

HIFASS Enrolled Beneficiaries in Cross River Southern Senatorial District

LGA	No. Ever Enrolled
Calabar Municipal	7071
Calabar South	12990
Akamkpa	5846
Bakassi	-
Odukpani	564
Akpabuyo	3754
Biase	4190
Total	34415

Source: Field Work(2019)

3.3 Population of the study

The study population comprises children below 18 years of age and their caregivers who are enrolled in HIFASS-LOPIN-3 empowerment programmes in Cross River Southern Senatorial District, Nigeria. For this study, the population of the study is made up of 34,415 HIFASS enrolled beneficiaries in Cross River Southern Senatorial District (see Table 3.2). Only children found in households with a competent household head or any designated respondent were included in the survey. This was done to avoid the risk of 'perceived' child insecurity with the researchers. Household heads are adults from 18 years and above or minors between 14 and 17 years. Orphans here include children below 18 years of age who had lost one or/and both parents, while vulnerable children include those below 18 years whose parent are chronically ill, or live outside family care, or are living with HIV/AIDS. Caregivers (usually women) also formed part of the study population.

3.4 Sampling procedure and sample

A representative sample was selected using multi-stage, simple random, stratified and snowball sampling techniques. The study area is made up of seven Local Government Areas. At the first stage of selection, a simple random sampling technique (balloting method) was used to select four Local Government Areas from Southern Senatorial District. By this method, the researcher wrote down the local governments in the district each on a piece of paper, after which they were hand-picked into two separate containers. The local governments cast into the first container was retrieved. Thus, Calabar Municipal, Calabar South, Akamkpa and Akpabuyo Local Government Areas were selected. At the next selection stage, stratified sampling technique was used to select 380 respondents from the four LGAs using the proportion to sample (see Table 3.3). Thirdly, survey monkey calculator was used to obtain the sample size and a snowball sampling technique was lastly used to select respondents for the survey.

TABLE 3.3
Stratified Sampling Procedure

LGA	Population	Proportion to sample
Calabar Municipal	7071	91
Calabar South	12990	166
Akamkpa	5846	75
Akpabuyo	3754	48
Total	29661	380

3.5 Sources of data collection

Data was collected through primary and secondary sources. The primary source of data collection is the first-hand information which was obtained from respondents in the fieldwork process. In this study, the primary source includes: Semi-structured questionnaire for children aged 0-18 and In-depth interview for their caregivers; It is important to note that questionnaire for children between 0 and 8 years were filled by their caregivers who also took part in the survey. Secondary source of data collection comprises reviews of both theoretical and empirical scholarly works, including journal, articles, internet source, newspapers, magazines, etc.

3.6 Instrumentation

In this study, the following instruments were used to obtain both qualitative and quantitative information from the respondents: Semi-structured questionnaire for children (0-18 years) and in-depth interview schedule for caregivers. The questionnaire was divided into two sections; section A contains questions on the demographic characteristics of the respondents. Section B is designed to elicit information on the sub-variables used in this study and is sub-divided into four parts with twenty (20) questions. The sub-variables are: Educational empowerment and school enrolment of OVC; food security/nutrition programme and nutritional wellbeing of OVC; provision of health services and accessibility to quality health care facilities; and skills acquisition training/financial empowerment and income level of OVC/caregivers. The questionnaire is designed on Nominal scale with 'YES' or 'NO' options. A coding key is developed to aid the quantitative analysis of data. A nominal value of 1 was assigned to 'YES' option while 2 was assigned to 'NO' option. For items on demographic characteristics, nominal value was assigned using descending order of magnitude. In-depth interview schedule for caregivers with 20 questions based on the variables under study was equally developed. Both English

language and local dialect was used to obtain the qualitative data and it was tape recorded to enhance proper analysis.

3.6.1 **Validity of the instrument**

The study instrument was subjected to two types of validity: face and content validity. To ascertain face validity of the instrument, four copies of the research instruments (questionnaire and interview schedule) were distributed to the two supervisors of this research and two Test and Measurement Experts for their criticism and thorough scrutiny. In terms of relevance, difficulty levels, appropriateness of words, and representativeness of the items to content area. They were requested to help the researcher improve on the content coverage of the instrument by including additional appropriate items for each variable contained in the various sections of the instrument. The topic of the study, statement of the problem, purpose of the study with its specific objectives, research questions and hypotheses, were attached to the copies of the instrument given to the experts. The practice helped to guide the experts in whatever contributions or inputs they made towards increasing the constituent items of the instruments.

3.6.2 **Reliability of the instrument**

The reliability of the instrument was established using the test-retest method of reliability check. This was derived from a trial study carried out by the researcher, with the use of 27 respondents who were not part of the real study. The questionnaire were administered, retrieved, and scored; and the codes of the items were subjected to Cronbach alpha reliability test. The outcome showed a coefficient of 0.80, which is reliable enough for the instrument. Again, the interview schedule was also administered to selected individuals and their responses were reviewed to ascertain the reliability of the instrument.

Reliability Statistics

Cronbach's Alpha	N of Items
.803	27

3.6.3 Administration of the instrument

The fieldwork for this study was carried out by the researcher with the help of four Community Based Organizations' (CBOs) workers from the four selected LGAs, and two research assistants. The research assistants were recruited and trained on how to administer questionnaire and conduct interviews. Local assistants were used for the sake of language simplification and clarification. Literate respondents were given questionnaire to fill on their own while the non-literate ones were guided by the research assistants.

3.6.4 Ethical consideration

The research team undertook all necessary measures to fulfil ethical requirements including seeking informed consent, ensuring voluntary participation, respecting the participants' privacy, ensuring anonymity and confidentiality, as well as obtaining ethical clearance from Ministry of Health, Cross River State. Consent forms were administered to the respondents before conducting the survey. Questionnaire administration and interview proceeded only after the respondent had agreed and signed the consent form. Moreover, permission was sought from the Local Government Area Chairmen before conducting study in areas under their jurisdiction.

3.7 Method of data analysis

Frequencies, simple percentages, pie charts, frequency polygons and bar charts were used to describe the respondents' demographic characteristics and also display their opinions from the quantitative instrument. Completed questionnaire were collated, entered into the computer and analysed using the Statistical Package for Social Sciences (SPSS) computer software. The test statistic used for analysing hypotheses one and four is Pearson's Correlation while Chi-square was used to analyse hypotheses two and three. The choice of these test statistics is based on the fact that the study hypotheses seek to reveal the relationship between two variables.

The study findings are statistically significant when the calculated value is greater than the table value at 0.05 significance level. In other words, the decision rule holds that the null hypothesis be rejected if the calculated value is greater than the table value at 0.05 significance level. The formula for Chi-square statistical test is given thus:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where O = Observed frequency

E = Expected frequency

Σ = Sum of

The formula for Pearson Product Moment Correlation is given below:

$$r = \frac{\Sigma(X - \bar{X})(Y - \bar{Y})}{\sqrt{\Sigma(X - \bar{X})^2} \sqrt{\Sigma(Y - \bar{Y})^2}}$$

Where, \bar{X} - mean of X variable

\bar{Y} - mean of Y variable

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

This chapter focuses on data presentation, analysis and discussion of findings. The questionnaire retrieved from the respondents were subjected to an in-house thorough review by the researcher to ensure that it was filled properly by respondents. No copy of the questionnaire was found missing or incomplete. The data were coded into the computer with precision and accuracy.

4.1 Data presentation

Tables 4.1 show the demographic characteristics of respondents; as shown in Table 4.1, younger children (0-9 years) were 181(47.6%) while the older ones (10-18 years) were 199(52.4%) (see FIG. 4.1). Distribution of respondents by sex show a lesser number of male respondents 150(39.5%) as compared to female respondents 230(60.5%) (see FIG. 4.2). Responses on vulnerability indicates that 133 respondents representing 35.0% were orphans, 96 respondents representing 25.3% were non-orphans, 31 respondents representing 8.2% lived with disability, 60 respondents representing 15.7% lived with old weak guardian, 29 respondents representing 7.6% lived with chronically ill parent and 31 respondents representing 8.2% lived in household with recent death of an adult (see FIG. 4.3). Distribution on OVC status demonstrate that out of the 380 respondents, 68(17.9%) were paternal orphan, 111(29.2%) were vulnerable, 108(28.4%) were double orphan while 93(24.5%) were maternal orphan (see FIG 4.4).

Responses on marital status show that the marital status of household (HH) head of 130(34.5%) respondents were widowed; that of 111(29.2%) were married; for 31(8.2%) respondents, single; and for the remaining 108(28.4%), separated/divorced (see FIG 4.5). Distribution by occupation of head of household demonstrates that 122(32.0%) lived with

household head who were farmers; 82(21.6%) respondents lived with HH head who were housewives; occupation of HH of 71(18.7%) respondents was trading, that of 31(8.2%) respondents was schooling and for 74(19.5%) respondents, civil servant (see FIG 4.6). Responses on HIV status revealed that the HIV status of 31(8.2%) respondents was positive; 213(56.0%) respondents were negative and the status for 136(35.8%) respondents was unknown (see FIG 4.7).

TABLE 4.1

Demographic Characteristics of Respondents

Demographic variable	Options	Frequency	Percent
Distribution of respondents' responses based on Age	0-9 years	181	47.6
	10-18 years	199	52.4
	Total	380	100.0
Distribution of respondents' responses based on Sex	Male	150	39.5
	Female	230	60.5
	Total	380	100.0
Distribution of respondents' responses based on Vulnerability	Orphan	133	35.0
	Non-orphan	96	25.3
	Living with disability	31	8.2
	Living with old weak guardian	60	15.7
	Living with chronically ill parent	29	7.6
	Living in HH with recent death of an adult	31	8.2
	Total	380	100.0
Distribution of respondents' responses based on OVC Status	Paternal orphan	68	17.9
	Vulnerable	111	29.2
	Double orphan	108	28.4
	Maternal orphan	93	24.5
Distribution of respondents' responses based on Marital Status	Total	380	100.0
	Widowed	130	34.2
	Married	111	29.2
	Single	31	8.2
	Separated/divorced	108	28.4
Distribution of respondents' responses based on Occupation of Household Head	Total	380	100.0
	Farming	122	32.0
	Housewife	82	21.6
	Trading	71	18.7
	Schooling	31	8.2
	Civil servant	74	19.5
Distribution of respondents' responses based on HIV Status	Total	380	100.0
	Positive	31	8.2
	Negative	213	56.0
	Unknown	136	35.8
	Total	380	100.0

Source: Fieldwork, 2019

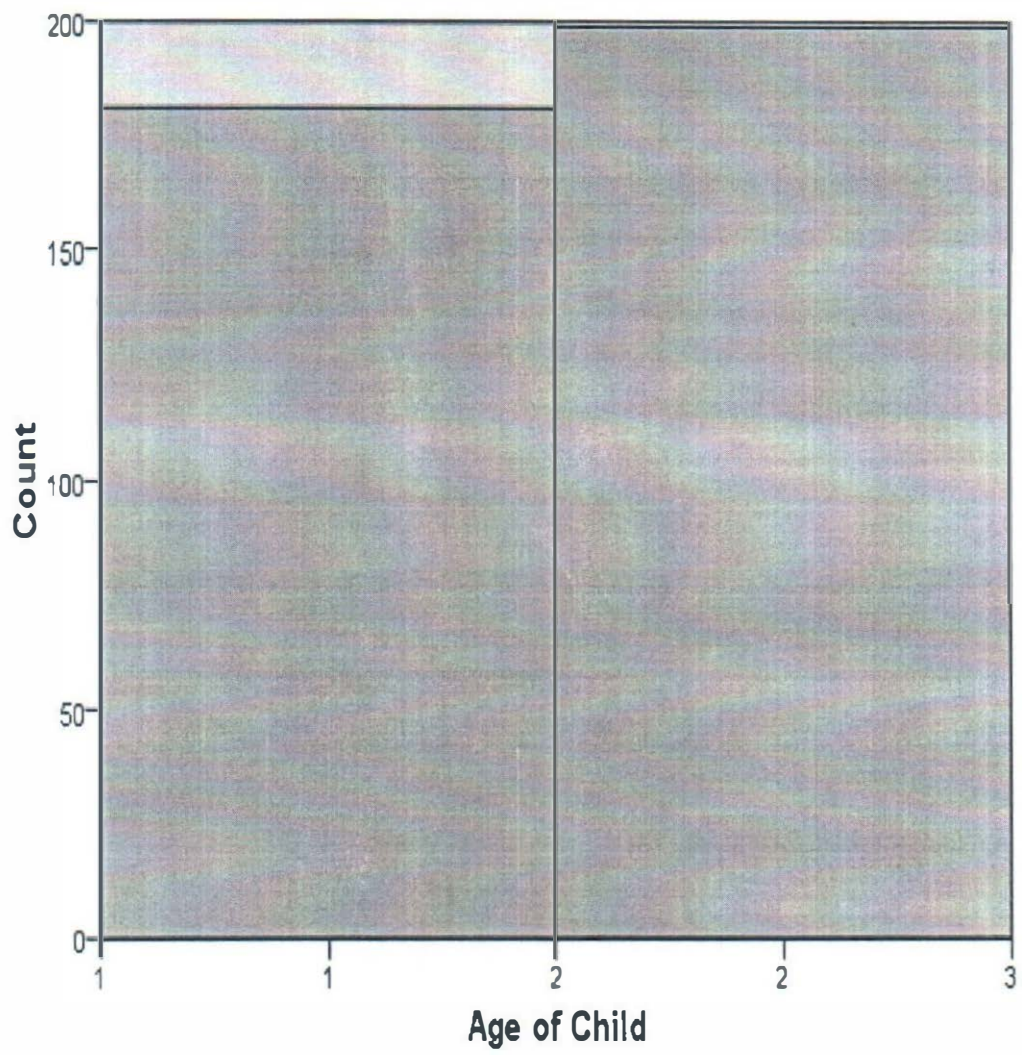


FIG 4.1: Distribution of respondents' responses based on Age

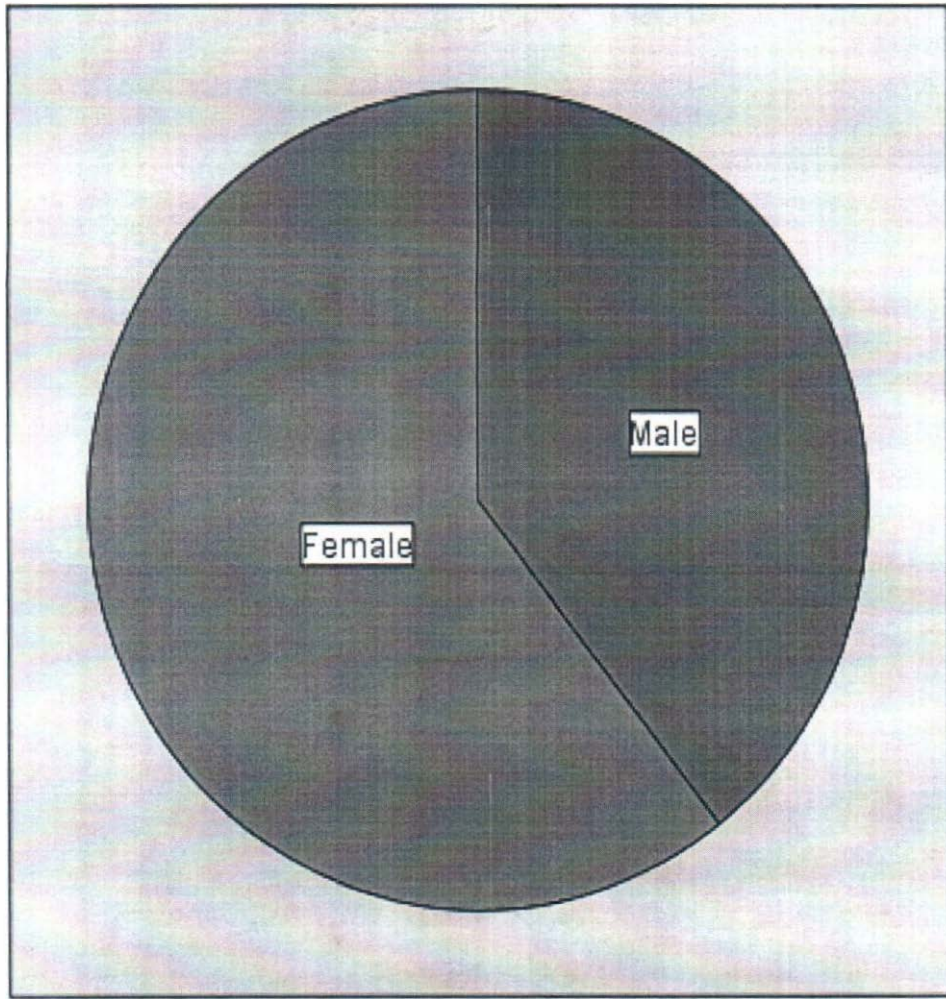


FIG. 4.2: Distribution of respondents' responses based on Sex

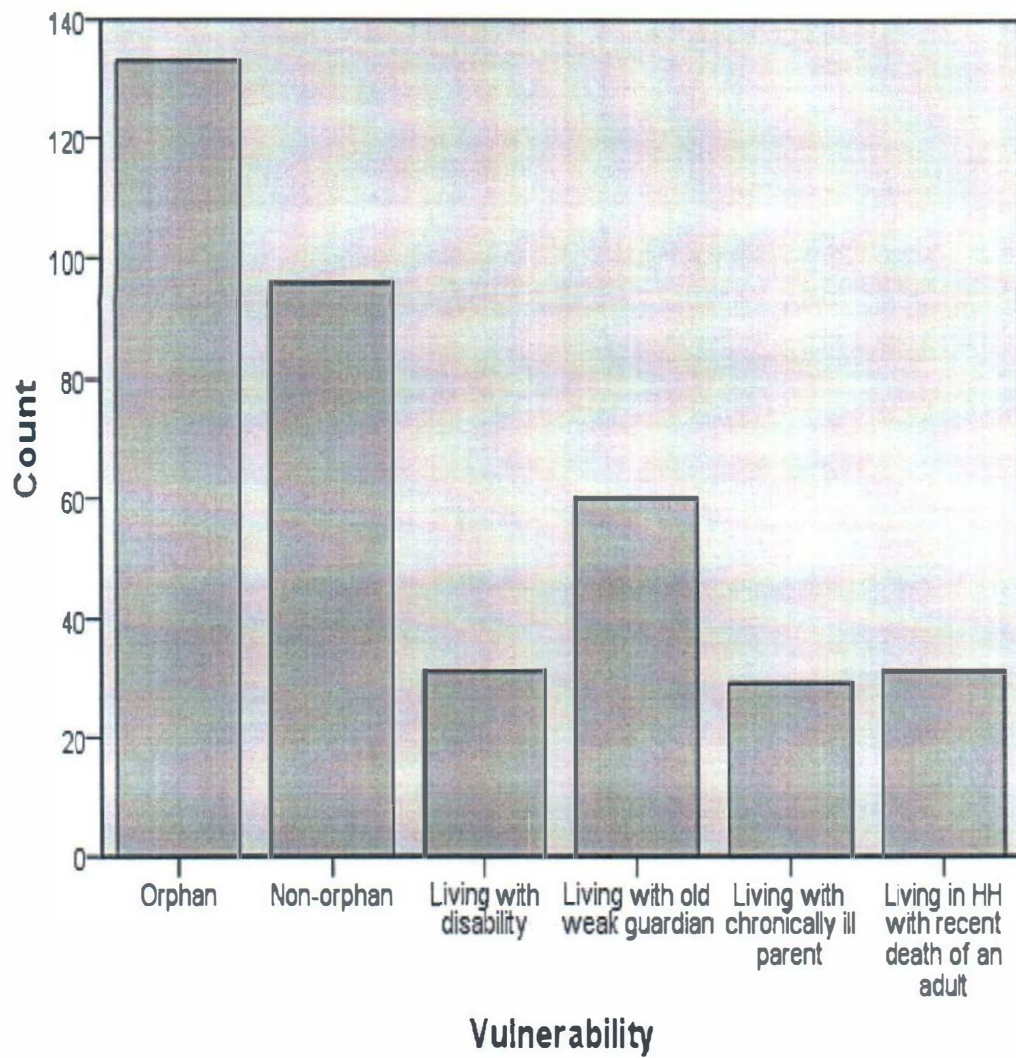


FIG. 4.3: Distribution of respondents' responses based on Vulnerability

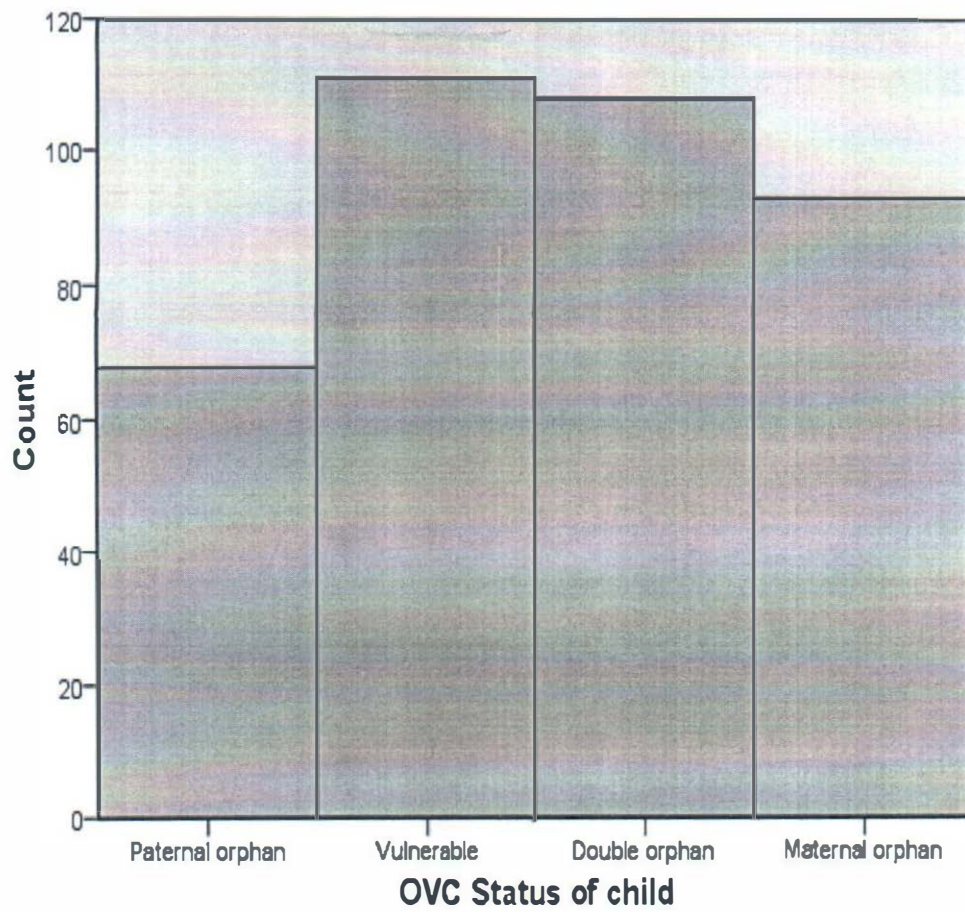


FIG. 4.4: Distribution of respondents' responses based on OVC status

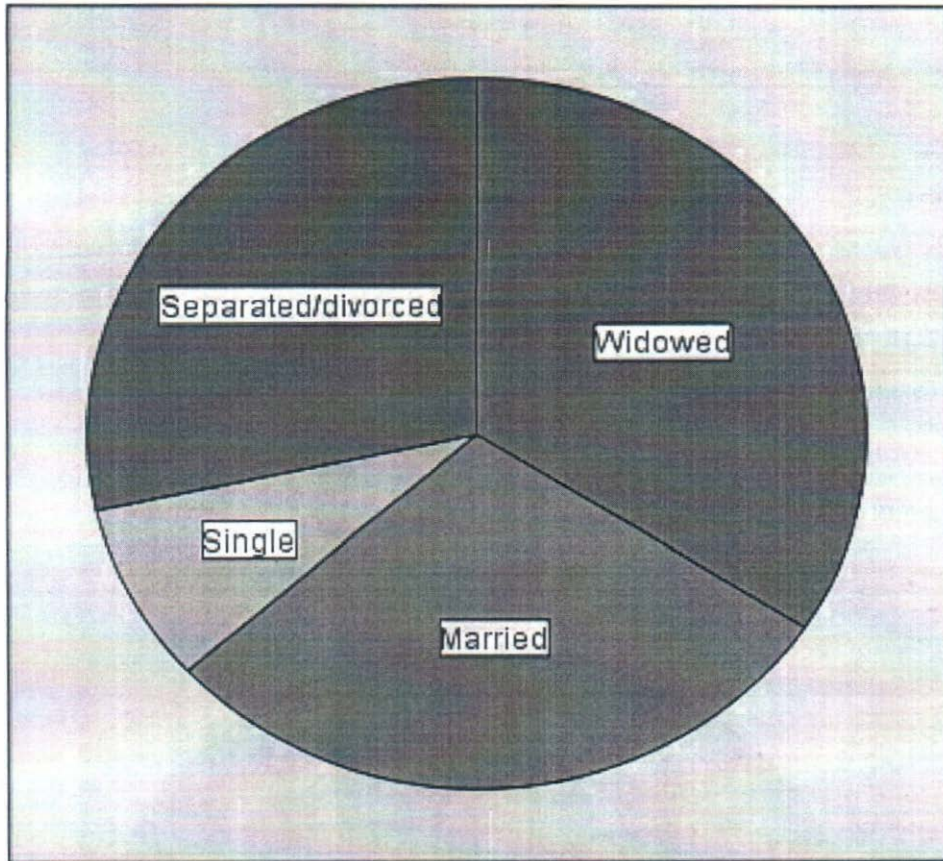


FIG. 4.5: Distribution of respondents' responses based on Marital status

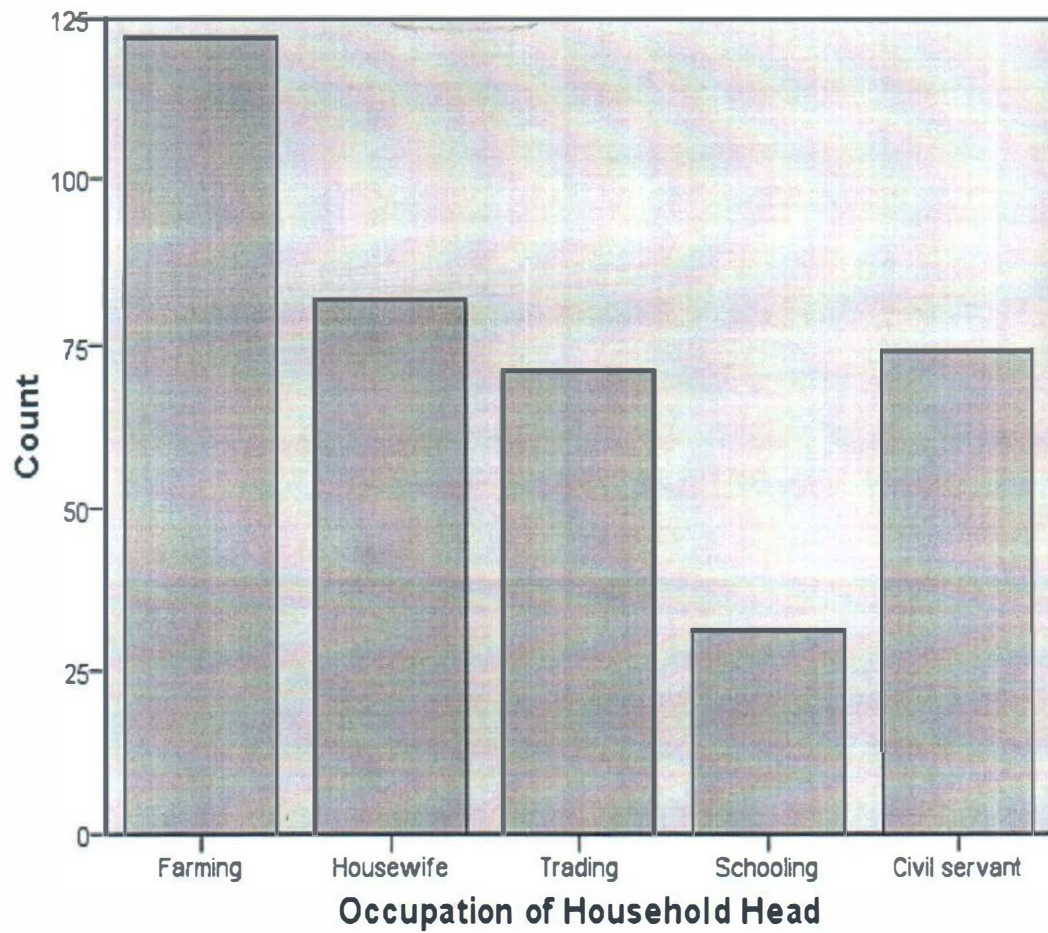


FIG. 4.6: Distribution of respondents' responses based on Occupation

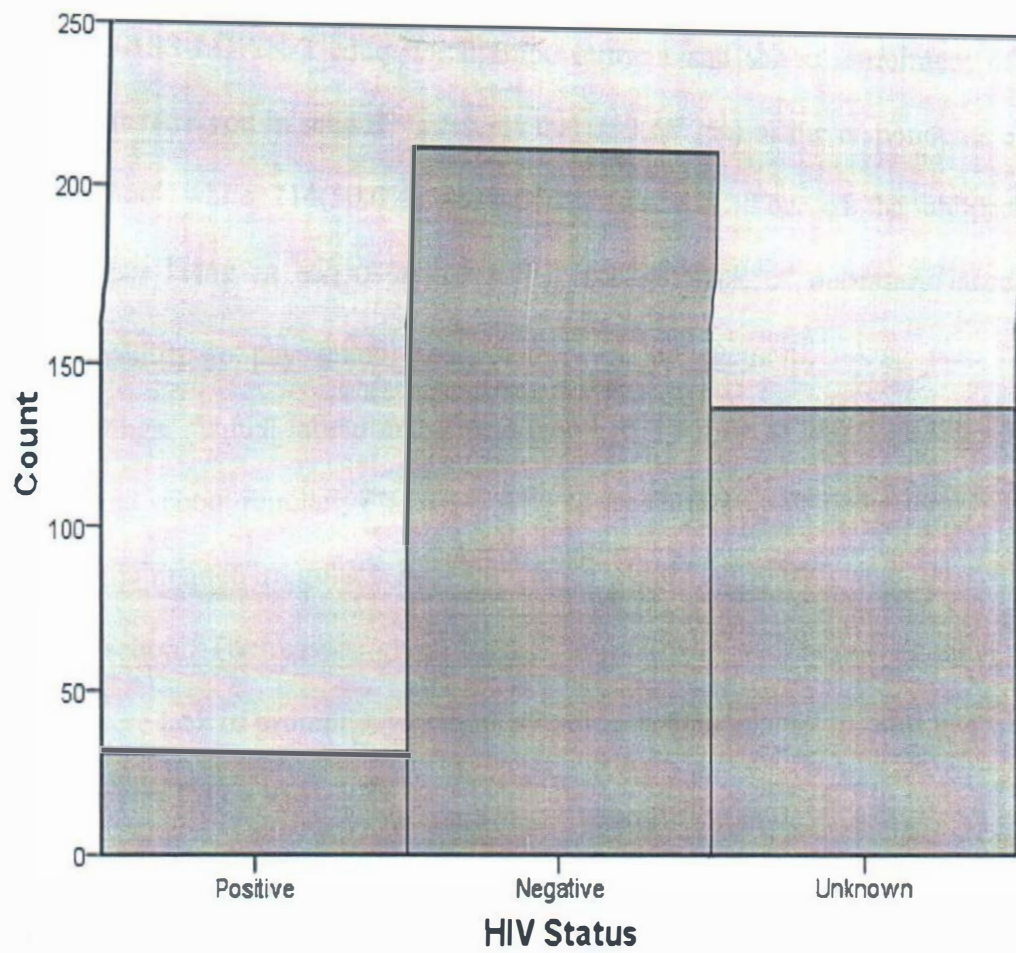


FIG. 4.7: Distribution of respondents' responses based on HIV status

the 214(56.3%) respondents, the educational support were in areas like free exercise books, school uniforms, pens and pencil; payment of school fees for some children as well as orientation on the importance of education (see FIG 4.12).

TABLE 4.2

Distribution of respondents' responses on the relationship between HIFASS-LOPIN-3 educational empowerment and school enrolment of OVC

S/N	Statement	Option	Frequency	Percent
1	Are you in school?	Yes	266	70.0
		No	114	30.0
		Total	380	100.0
2	Do you attend school regularly?	Yes	161	42.4
		No	105	27.6
		No response	114	30.0
3	Do you have the necessary educational materials?	Total	380	100.0
		Yes	144	37.9
		No	122	32.1
4	Have you ever missed school for one or more term?	No response	114	30.0
		Total	380	100.0
		Yes	68	17.9
5	Have you received any educational support from HIFASS-LOPIN-3?	No	198	52.1
		No response	114	30.0
		Total	380	100.0
5	Have you received any educational support from HIFASS-LOPIN-3?	Yes	214	56.3
		No	166	43.7
		Total	380	100.0

Source: Fieldwork, 2019

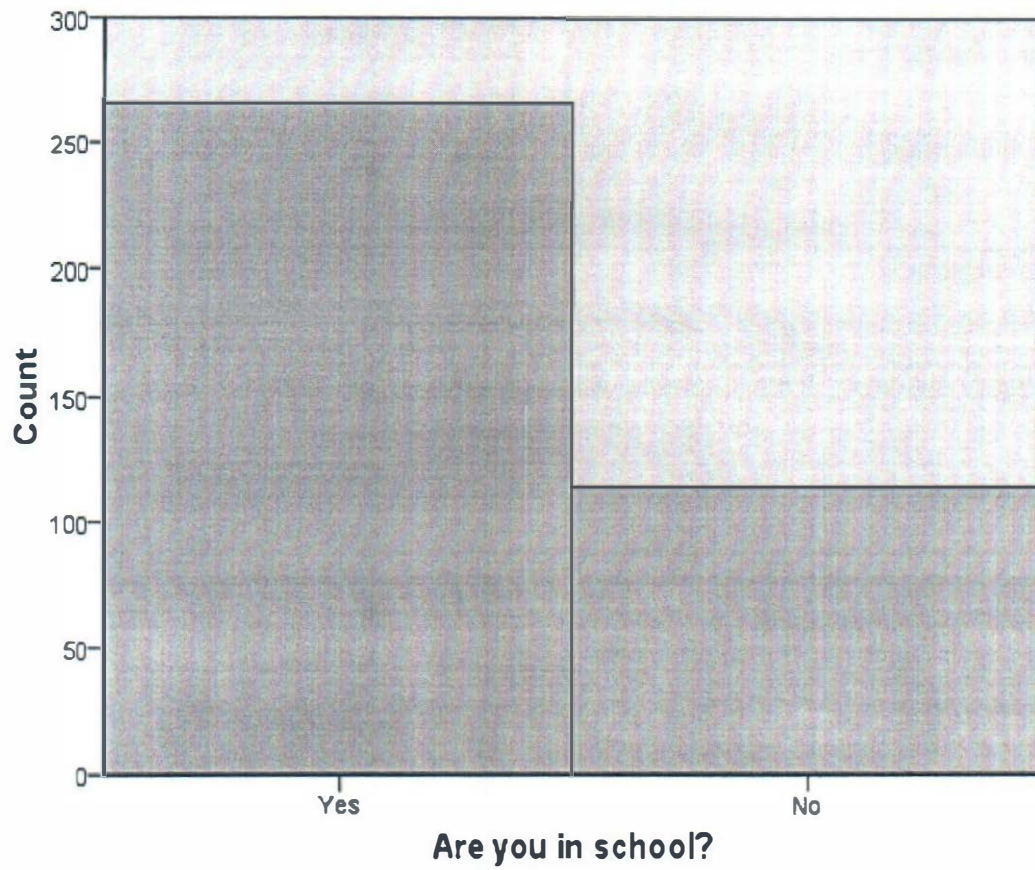


FIG. 4.8: Distribution of respondents' responses to the question: Are you in school?

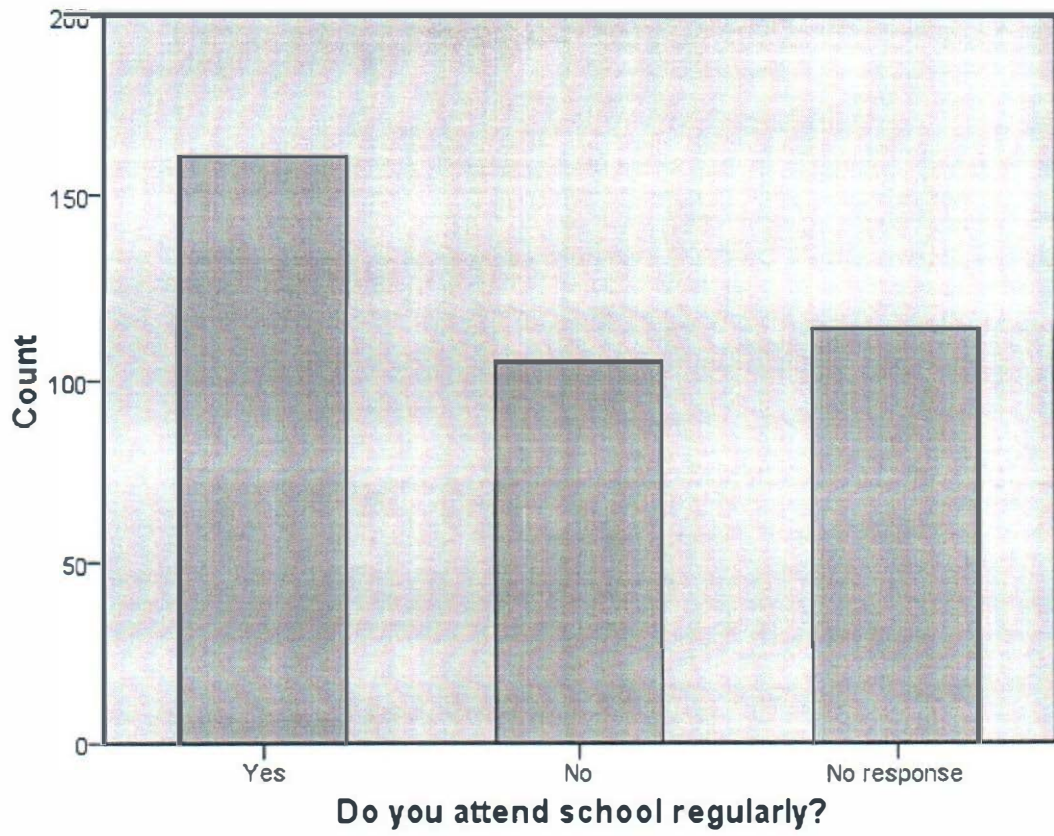


FIG. 4.9: Distribution of respondents' responses to the question: Do you attend school regularly?

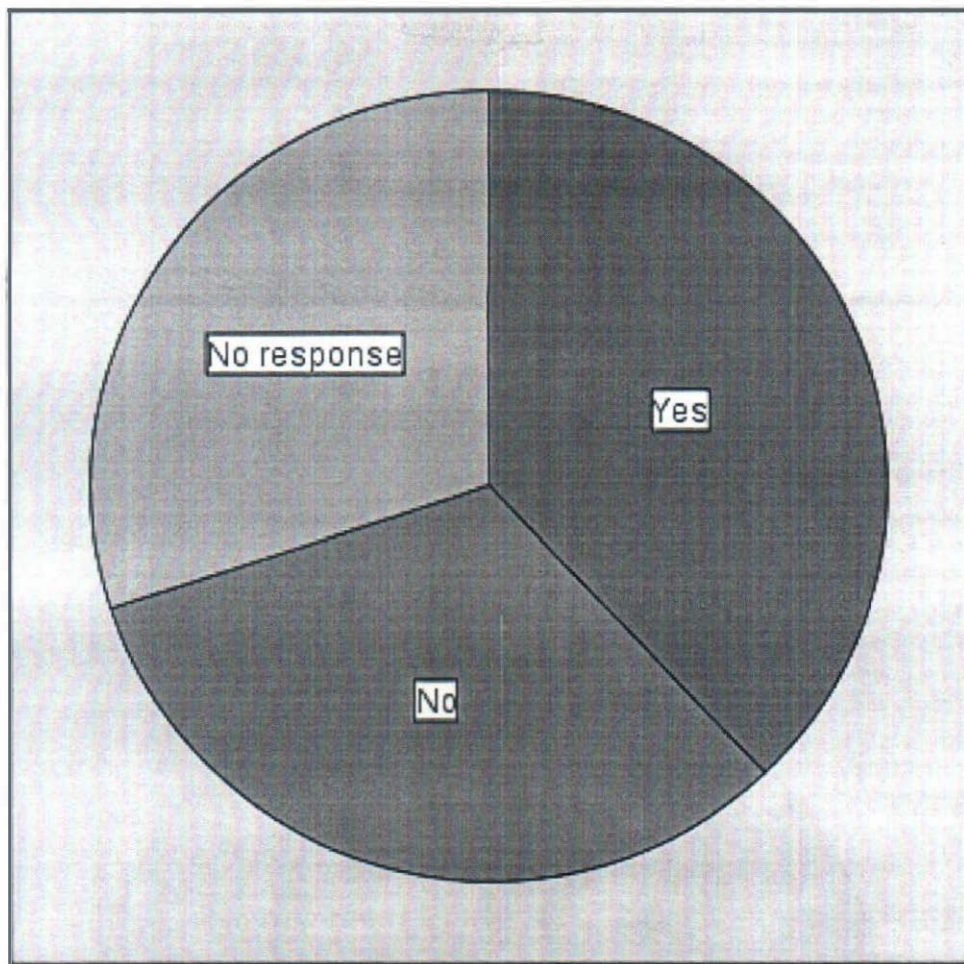


FIG. 4.10: Distribution of respondents' responses to the question: Do you have the necessary educational materials?

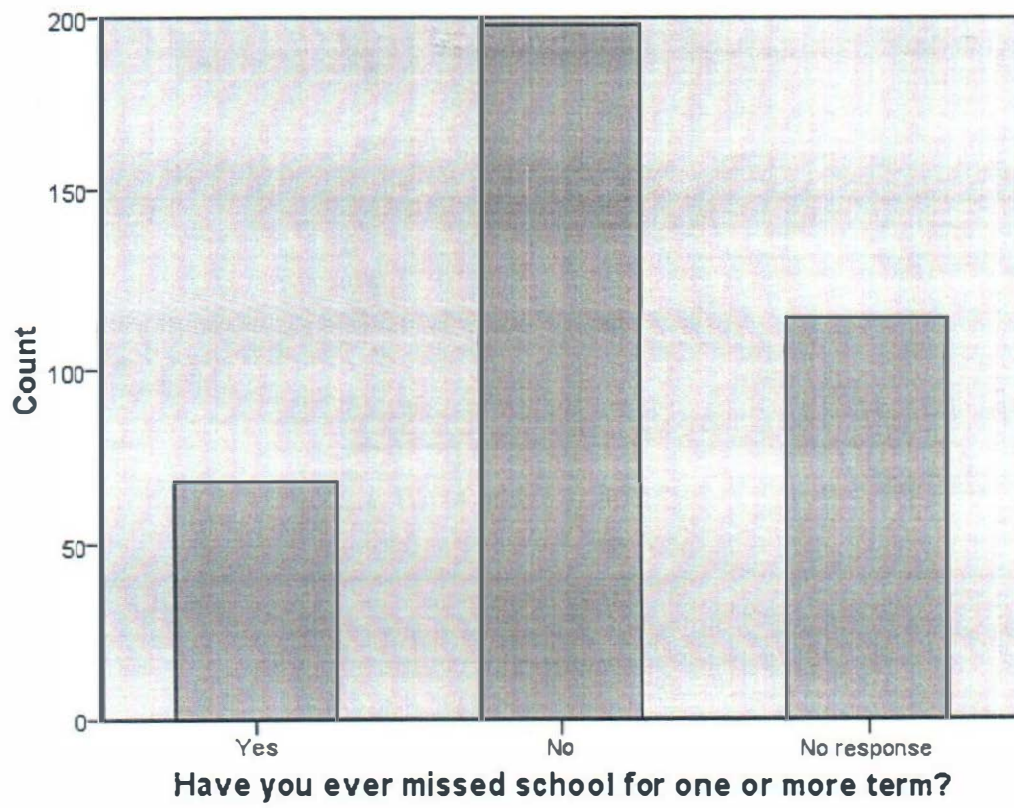


FIG. 4.11: Distribution of respondents' responses to the question: Have you ever missed school for one or more term?

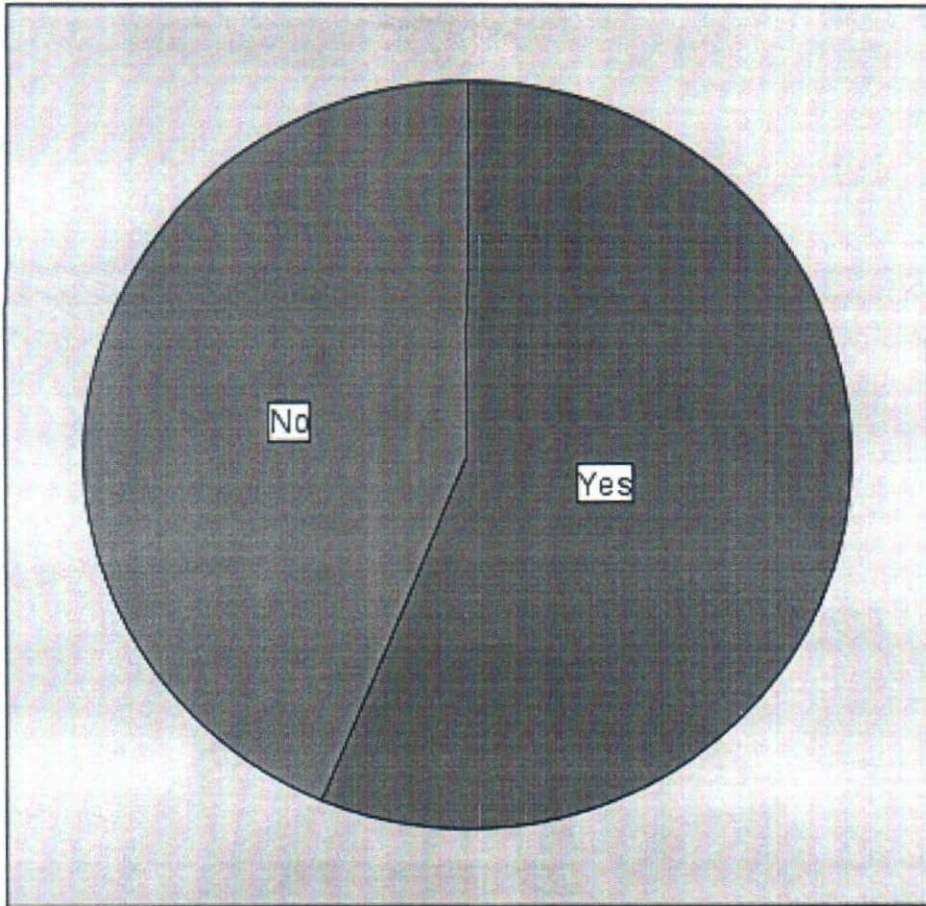


FIG. 4.12: Distribution of respondents' responses to the question: Have you received any educational support from HIFASS-LOPIN-3?

Table 4.3 displays the respondents' responses on the relationship between HIFASS-LOPIN-3 food security/nutrition programme and nutritional wellbeing of OVC. The data presented on Table 4.3 on item 1 "Do you eat up to three square meals per day?" indicates that only 164(43.2%) respondents maintained eating up to three square meals per day while 216(56.8%) respondents did not eat up to three square meals per day. Some of the reasons for not eating up to three square meals as stated by the respondents include insufficient food and lack of money (see FIG 4.13). It was observed further on item 2 on "Do you often take fish, meat and/or egg with your meal?", that a greater number of respondents 250(65.8%) reported taking fish, meat and egg with meals whereas 130(34.2%) respondents reported not taking fish, meat and egg with meals. Some of the reasons for not eating fish, meat and egg as given by the respondents include vegetarianism as well as inability to purchase fish, meat and egg (see FIG 4.14).

As observed in the Table on "Do you eat/drink fruit regularly?", 162(42.6%) respondents reported eating or drinking fruit regularly while 218(57.4%) respondents maintained not eating or drinking fruit regularly. For some of the respondents, the reason for not eating/drinking fruit regularly was just dislike or lack of interest in fruits while for others, inability to afford them (see FIG 4.15). Responses on "Have you been eating food to your satisfaction?" explain that 204(53.7%) respondents maintained eating food to their satisfaction whereas 176(46.3%) reported not eating to satisfaction. The major reason for not eating to satisfaction as reported by the respondents was inability to acquire sufficient food stuff (see FIG 4.16). responses on Have you received food/nutrition support from HIFASS-LOPIN-3?, portray 153(40.3%) respondents who have received food/nutrition support from HIFASS-LOPIN-3 organization in areas like nutritional advice and free food stuff; whereas 227(59.7%) respondents had not received any food/nutrition support from HIFASS-LOPIN-3 organization (see FIG 4.17).

TABLE 4.3

responses on the relationship between HIFASS-LOPIN-3 food security/nutrition programme and nutritional wellbeing of OVC.

S/N	Statement	Option	Frequency	Percent
1	Do you eat up to three square meals per day?	Yes	164	43.2
		No	216	56.8
		Total	380	100.0
2	Do you often take fish, meat and/or egg with your meal?	Yes	250	65.8
		No	130	34.2
		Total	380	100.0
3	Do you eat/drink fruit regularly?	Yes	162	42.6
		No	218	57.4
		Total	380	100.0
4	Have you been eating food to your satisfaction?	Yes	204	53.7
		No	176	46.3
		Total	380	100.0
5	Have you received food/nutrition support from HIFASS-LOPIN-3?	Yes	153	40.3
		No	227	59.7
		Total	380	100.0

Source: Fieldwork, 2019

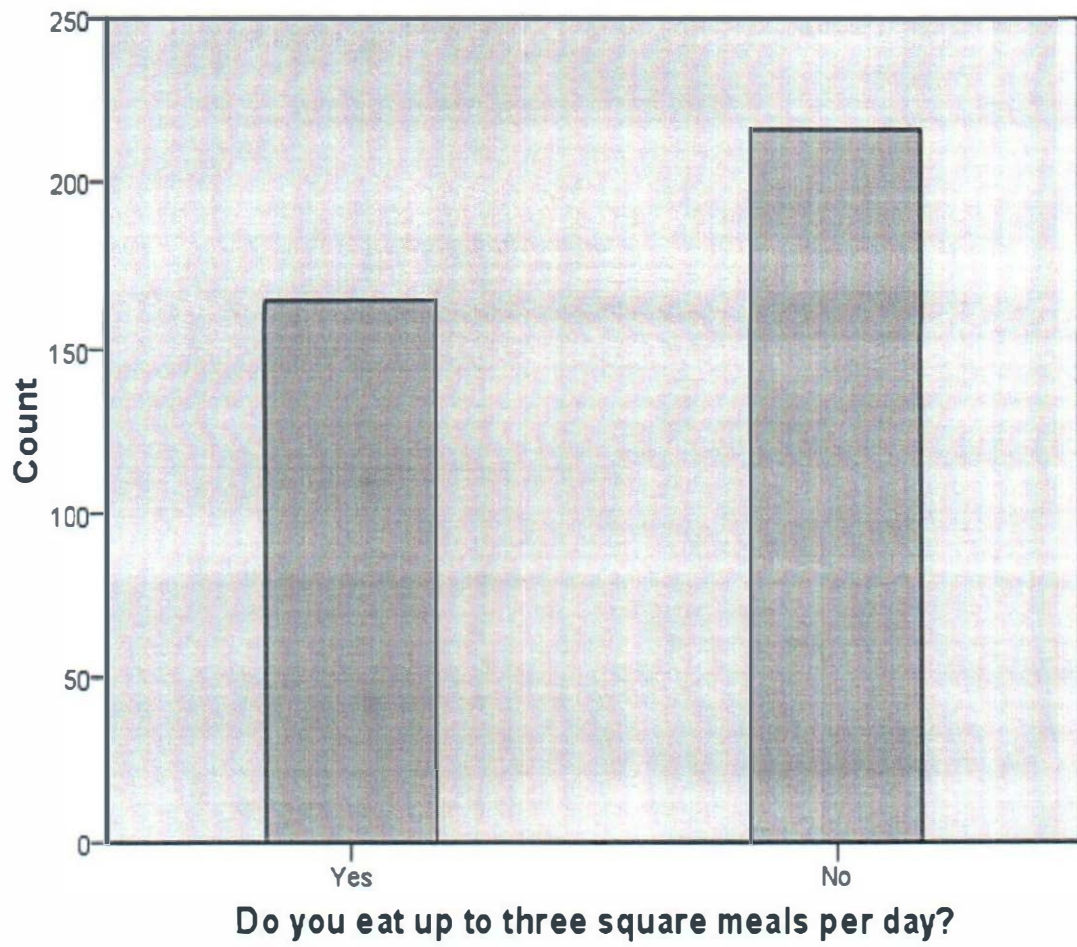


FIG. 4.13: Distribution of respondents' responses to the question: Do you eat up to three square meals per day?

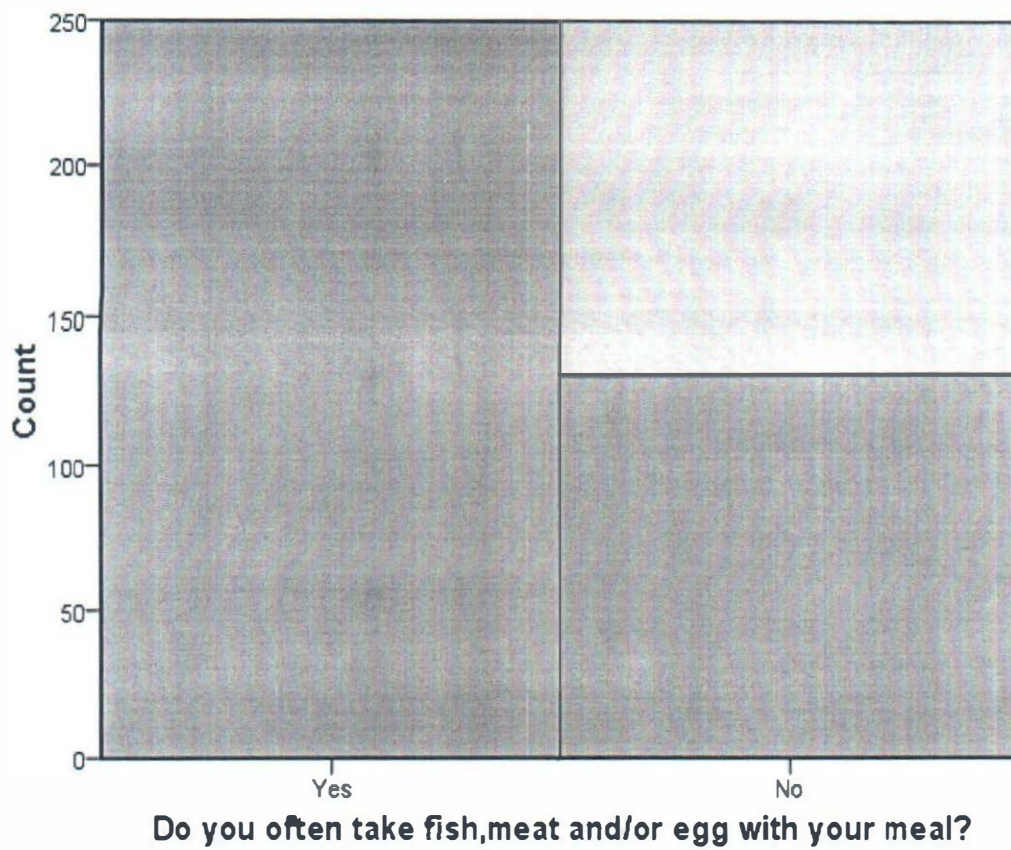


FIG. 4.14: Distribution of respondents' responses to the question: Do you often take fish, meat and/or egg with your meal?

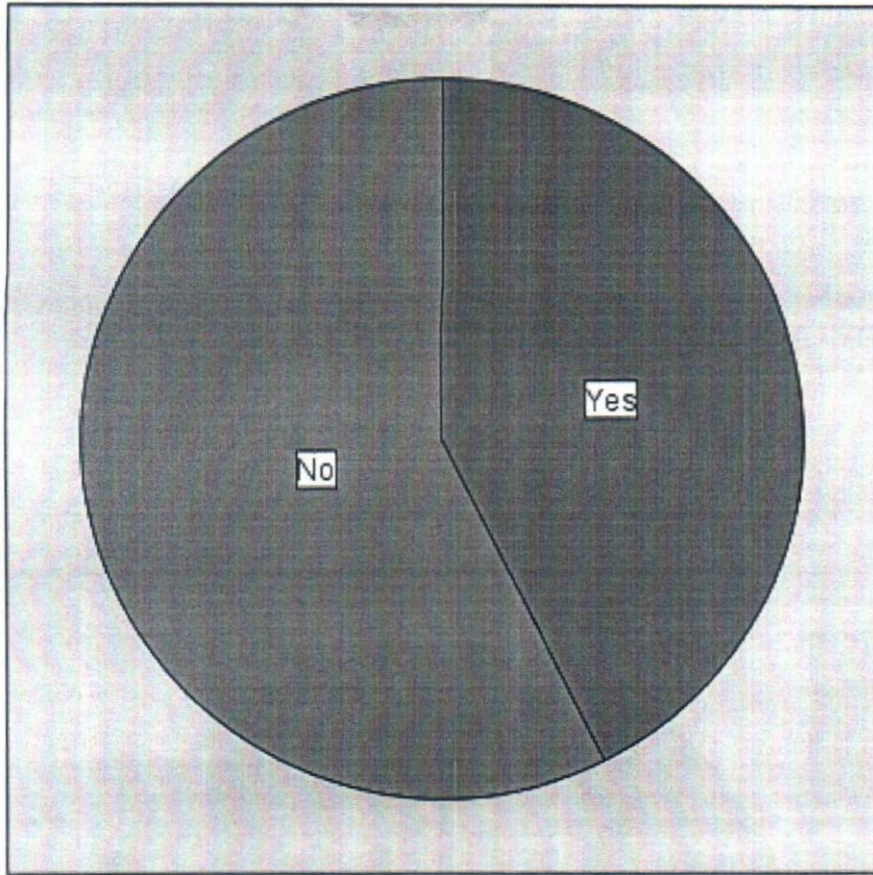


FIG. 4.15: Distribution of respondents' responses to the question: Do you eat/drink fruit regularly?

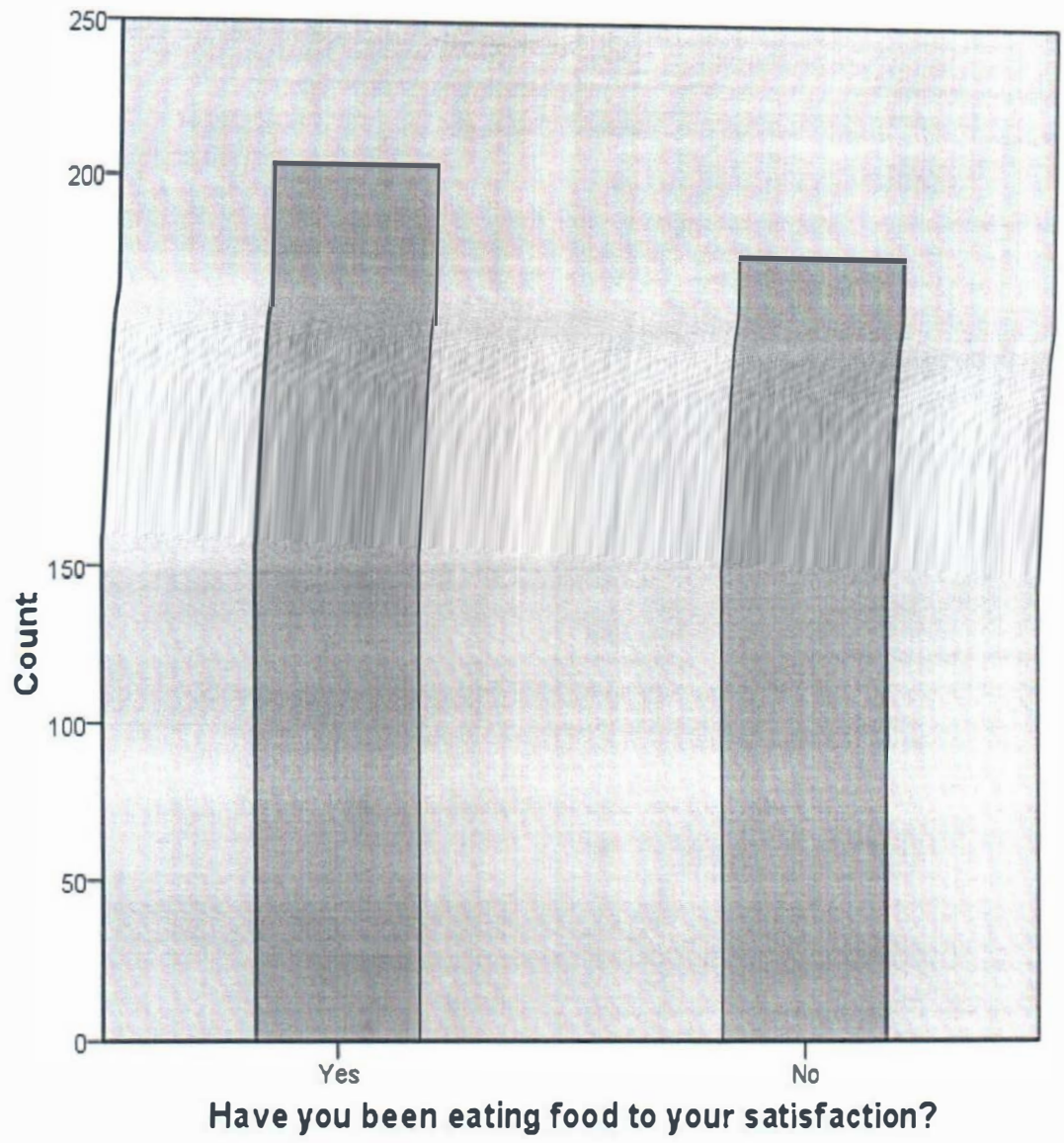


FIG. 4.16: Respondents' responses to the question: Have you been eating food to your satisfaction?

HIFASS-LOPIN-3 organization, while 168(43.2%) respondents did not receive such benefit. Some of the health services received by beneficiaries comprise: free blood pressure and HIV test, free condom, free mosquito nets, settlement of some hospital bills and purchase of drugs, as well as free health information (see FIG 4.22).

TABLE 4.4

Responses on the relationship between HIFASS-LOPIN-3 provision of health services and accessibility to quality health care facilities of OVC

S/N	Statement	Option	Frequency	Percent
1	Are you frequently sick?	Yes	111	29.2
		No	269	70.8
		Total	380	100.0
2	Do you go to hospital when you are sick?	Yes	219	57.6
		No	161	42.4
		Total	380	100.0
3	Apart from hospital, which other place do you go for treatment?	Traditional healer	85	22.4
		Patent medicine shop	227	59.7
		Spiritual homes	68	17.9
		Total	380	100.0
4	Do you have any idea on how to prevent HIV/AIDS and other sexually transmitted infections?	Yes	148	38.9
		No	232	61.1
		Total	380	100.0
5	Have you received any free health service from HIFASS-LOPIN-3?	Yes	216	56.8
		No	164	43.2
		Total	380	100.0

Source: Fieldwork, 2019

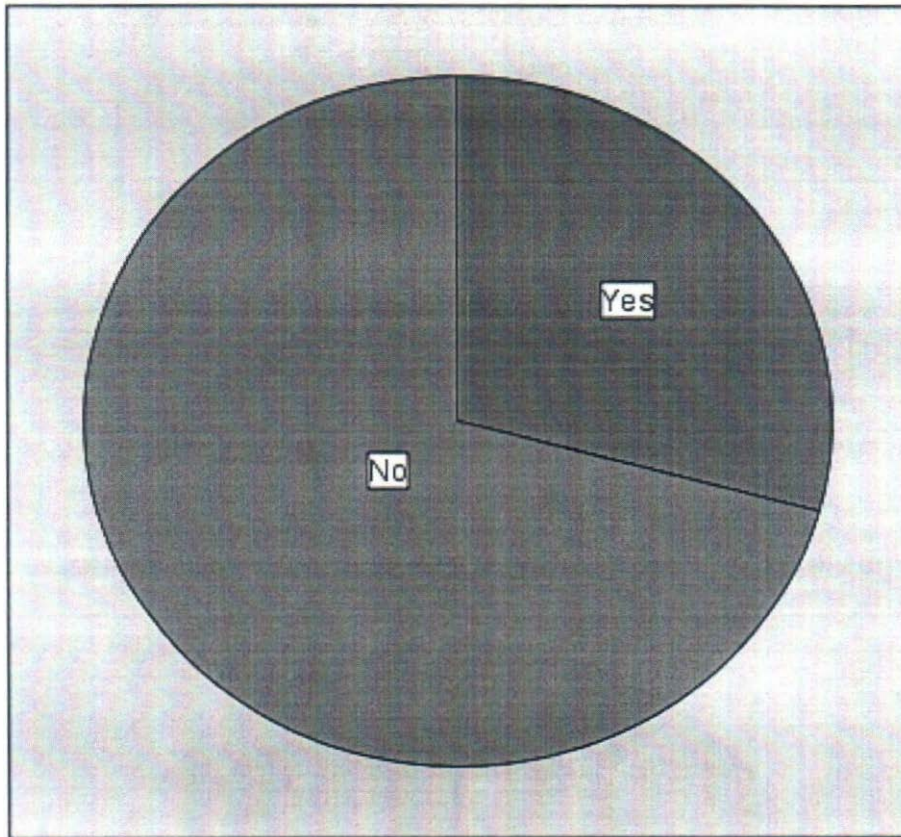


FIG. 4.18: Distribution of respondents' responses to the question: Are you frequently sick?

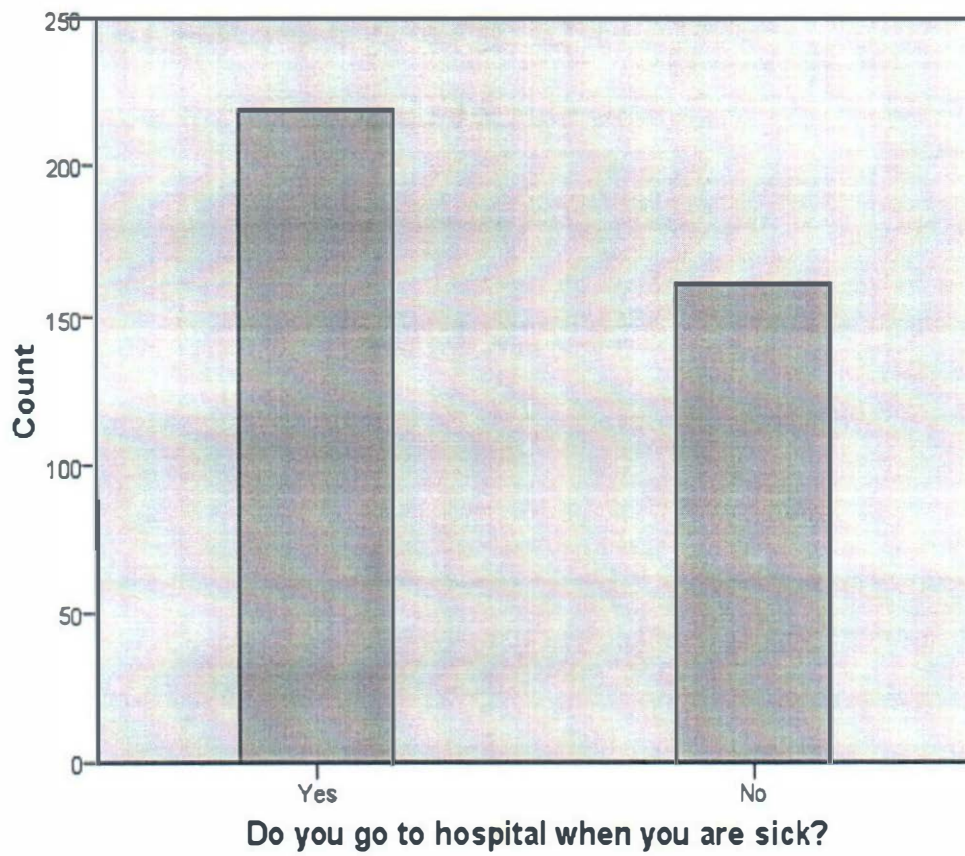


FIG. 4.19: Distribution of respondents' responses to the question: Do you go to hospital when you are sick?

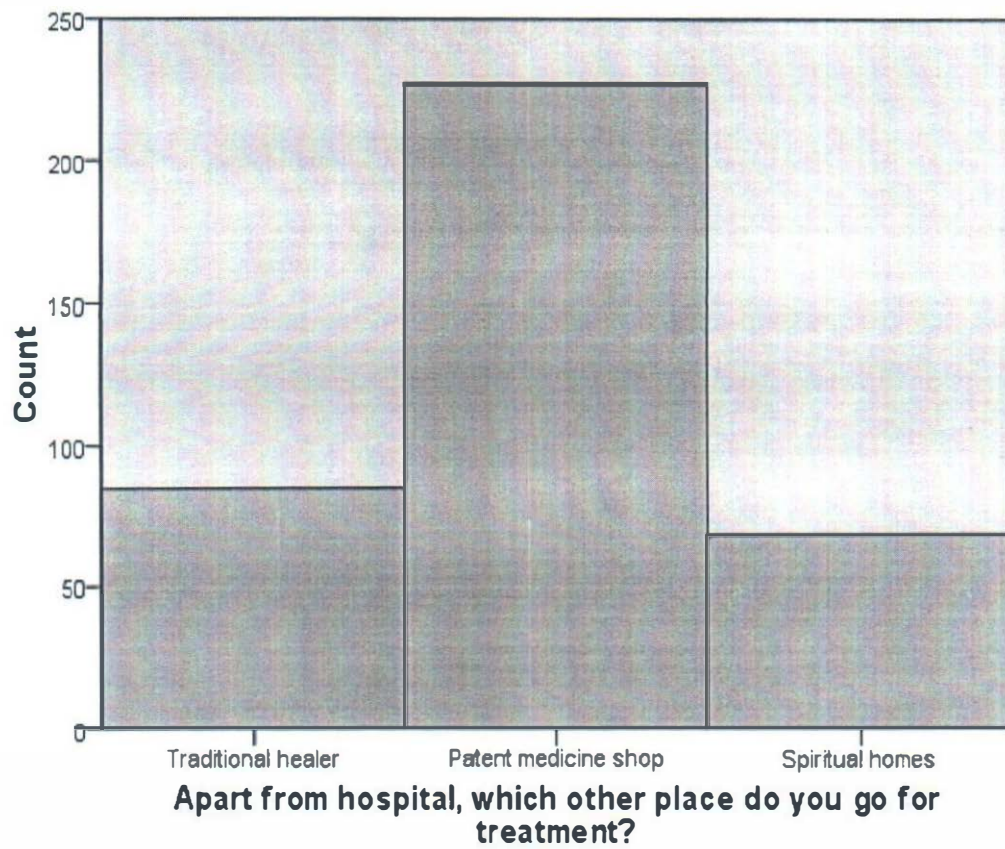


FIG. 4.20: Distribution of respondents' responses to the question: Apart from hospital, which other place do you go for treatment?

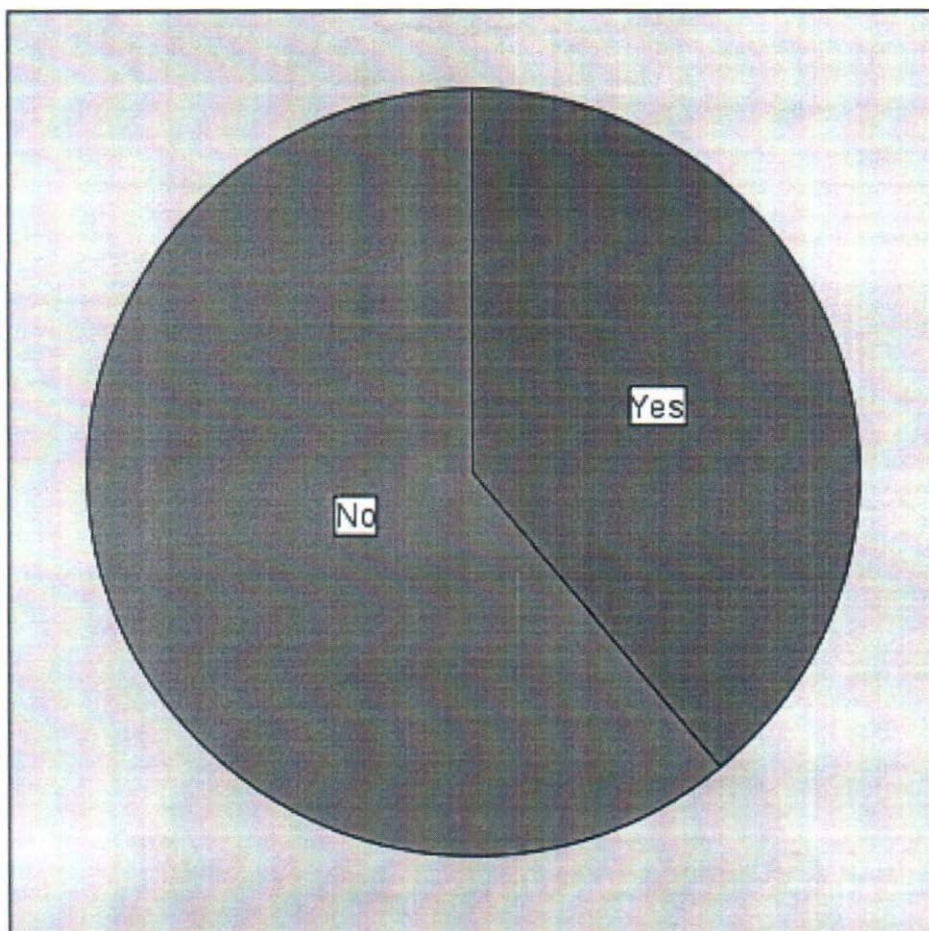


FIG. 4.21: Distribution of respondents' responses to the question: Do you have any idea on how to prevent HIV/AIDS and other sexually transmitted infections?

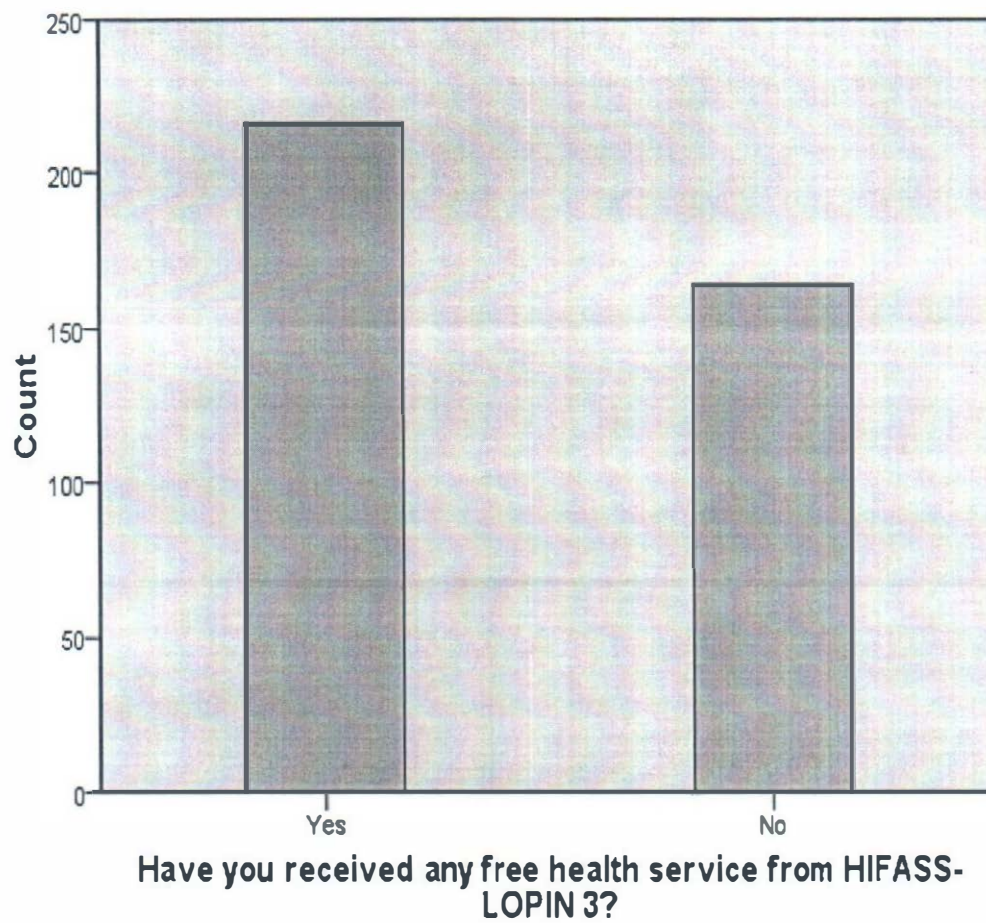


FIG. 4.22: Distribution of respondents' responses to the question: Have you received any free medical service from HIFASS-LOPIN-3?

TABLES 4.5 show the respondents' position on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers. It can be observed from the Table item on "Do you have any income generating skill?", that 165(43.4%) respondents reported having income generating skill, whereas 215(56.6%) had no skill. Some of the skills mentioned by the respondents include mechanical, tailoring, computer, painting, cobbling, marketing, masonry, carpentry, hair dressing, decorating and baking skills (see FIG 4.23). As seen on the Table item on "Are you engaged in any economic activity (business) or worked for money?", that 131(34.5%) respondents engaged in economic activity while 249(65.5%) had no such engagement. The kind of work/business stated by the respondents were manual labour, hawking, sewing and farming (see FIG 4.24).

Responses on "Do you encounter any challenge in practicing your skill(s)?" indicates that among the 380(100%) respondents, 162(42.6%) encountered challenges in practicing their skills, while 218(57.4%) respondents had no challenges. Those who maintained having challenges mentioned the challenges to include: lack of start-up capital, unsteady power supply, crippling economic policies such as high taxation on businesses, poor infrastructures, insecurity and inadequate money in circulation (see FIG 4.25).As displayed on the Table on "Have you received any vocational training/financial support from HIFASS-LOPIN-3?", 225(59.2%) respondents maintained receiving vocational training/financial support from HIFASS-LOPIN-3 while 155(40.8%) respondents reported not receiving vocational training/financial support from HIFASS-LOPIN-3. The respondents were trained in such areas as baking, hair dressing, tailoring and carpentry (see FIG 4.26).

Responses on "Has the vocational training/ financial support from HIFASS-LOPIN-3 improved your income level?" reveal that out of the 225(59.2%) respondents

who claimed to have received training/financial support from HIFASS-LOPIN-3, 171(45.0%) respondents reported that the vocational training/financial support has improved their income level, 54(14.2%) respondents maintained there is no significant improvement to their income level, while 155(40.8%) who maintained a “No response” were those who never obtain vocational training/financial support from HIFASS-LOPIN-3 organization (see FIG 4.27).

TABLE 4.5

respondents' position on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers

S/N	Statement	Option	Frequency	Percent
1	Do you have any income generating skill?	Yes	165	43.4
		No	215	56.6
		Total	380	100.0
2	Are you engaged in any economic activity (business) or worked for money?	Yes	131	34.5
		No	249	65.5
		Total	380	100.0
3	Do you encounter any challenge in practicing your skill(s)?	Yes	162	42.6
		No	218	57.4
		Total	380	100.0
4	Have you received any vocational training/financial support from HIFASS-LOPIN-3?	Yes	225	59.2
		No	155	40.8
		Total	380	100.0
5	Has the vocational training/ financial support from HIFASS-LOPIN-3 improved your income level?	Yes	171	45.0
		No	54	14.2
		No response	155	40.8
		Total	380	100.0

Source: Fieldwork, 2019

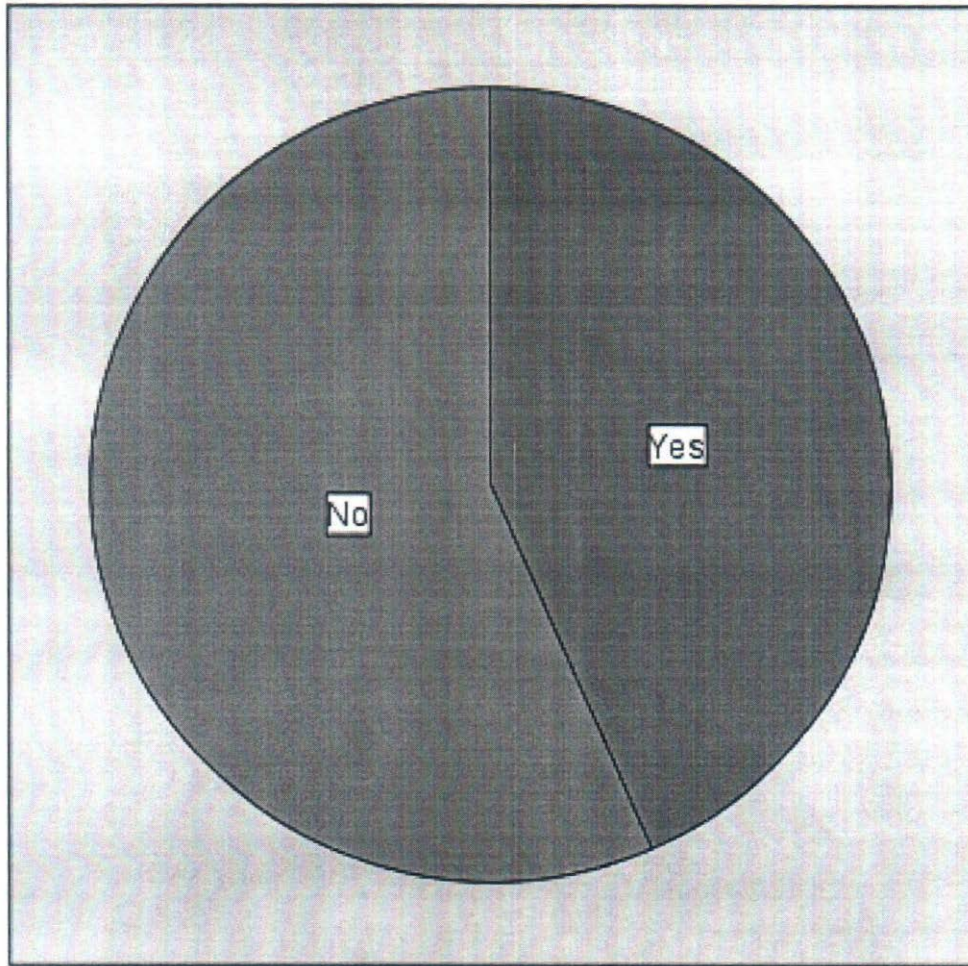


FIG. 4.23: Distribution of respondents' responses to the question: Do you have any income generating skill?

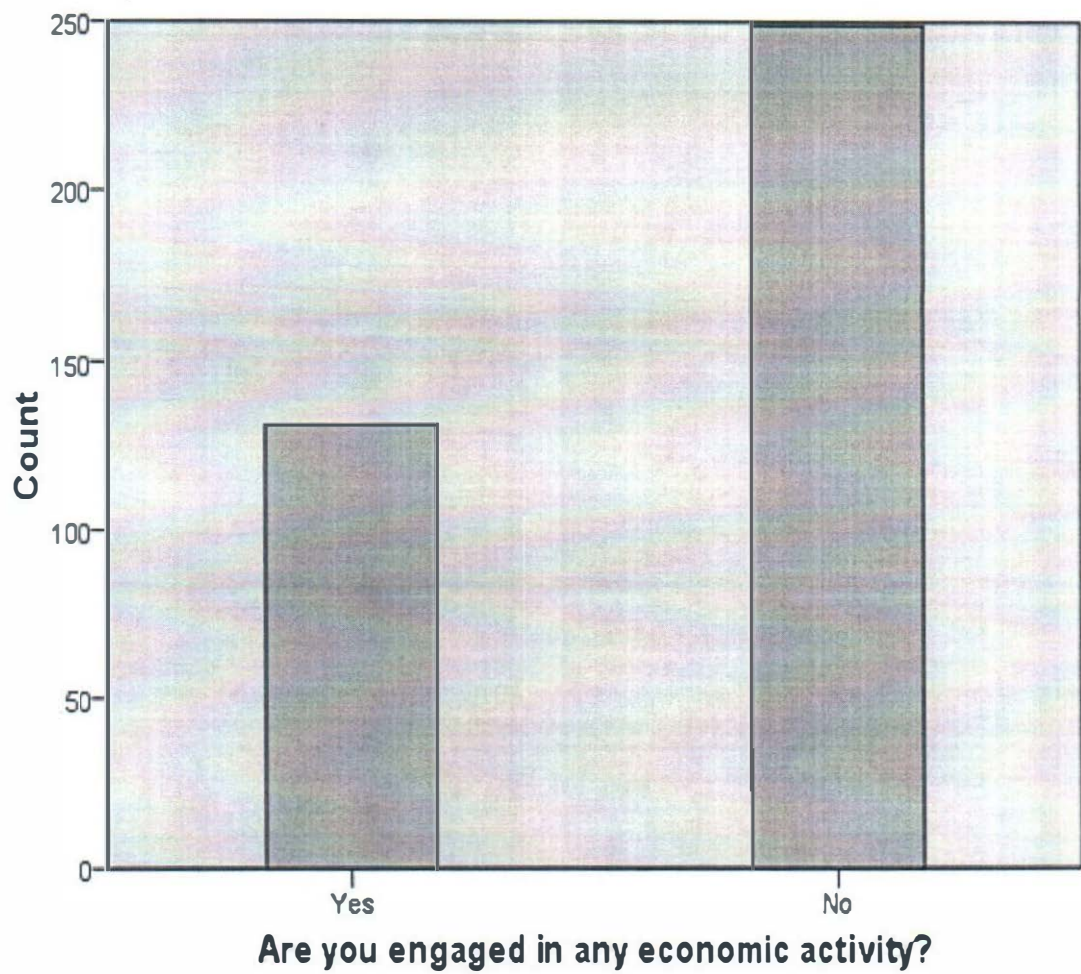


FIG. 4.24: Distribution of respondents' responses to the question: Are you engaged in any economic activity (business) or worked for money?

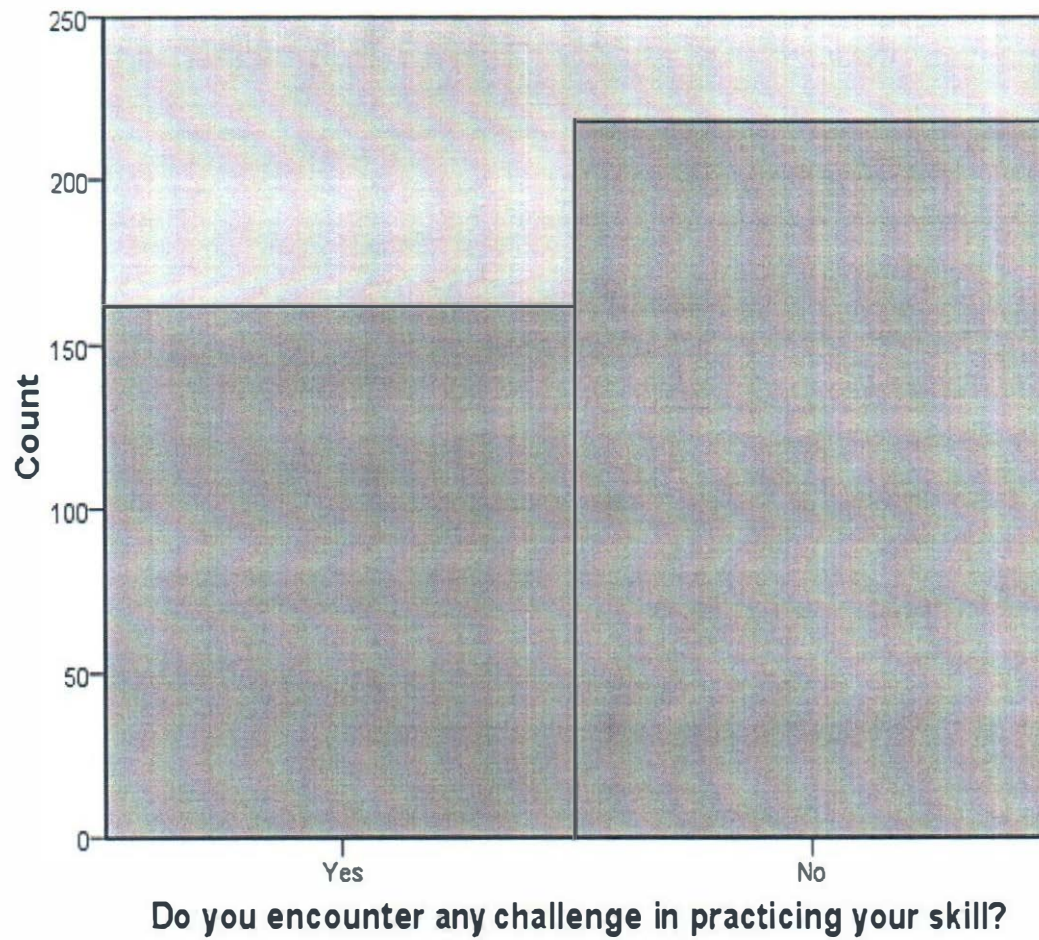


FIG. 4.25: Distribution of respondents' responses to the question: Do you encounter any challenge in practicing your skill(s)?

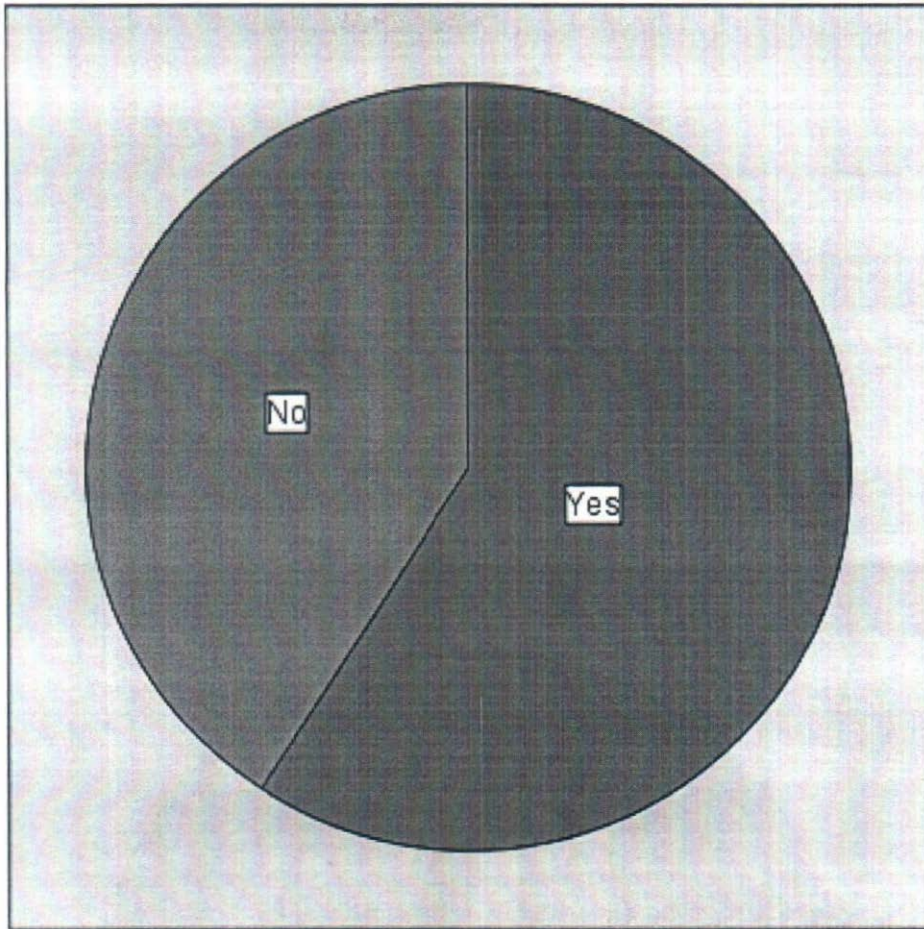


FIG. 4.26: Distribution of respondents' responses to the question: Have you received any vocational training/financial support from HIFASS-LOPIN-3?

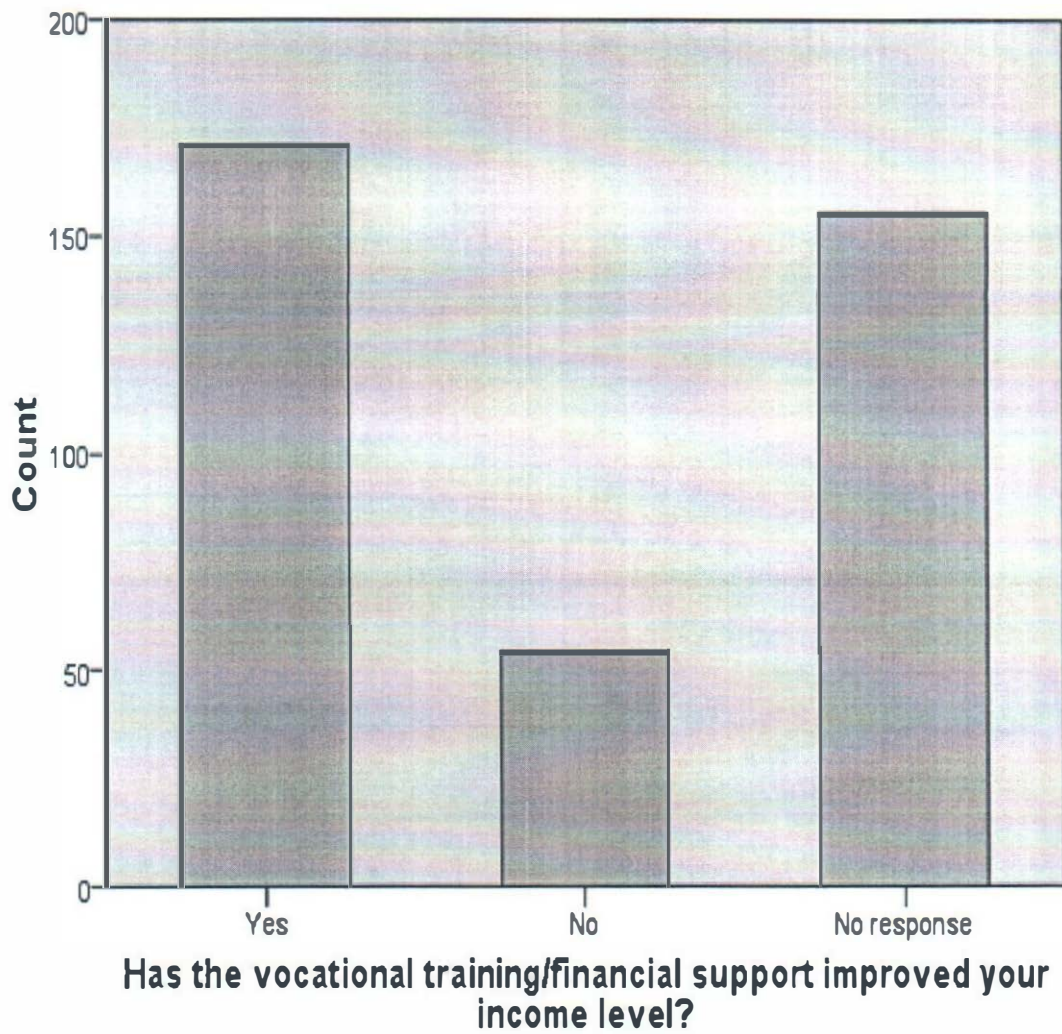


FIG. 4.27: Distribution of respondents' responses to the question: Has the vocational training/ financial support from HIFASS-LOPIN-3 improved your income level?

4.2 Data analysis (Test of hypotheses)

The four hypotheses which were formulated for this study were restated and tested to ascertain whether each should be accepted or rejected.

4.2.1 Hypothesis One

H₀: HIFASS-LOPIN-3 educational empowerment programme has no significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State.

H₁: HIFASS-LOPIN-3 educational empowerment programme has significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State.

The independent variable is HIFASS-LOPIN-3 educational empowerment programme while the dependent variable is OVC's school enrolment. To test the above hypothesis, responses on questions 8 to 12 in the questionnaire were collated, computed and analysed using SPSS. The statistic tool used was Pearson's Product-Moment Correlation Coefficient. The result of the analysis is as follows:

Calculated $r = 0.697$

Critical $r = 0.113$

$N = 380$, $df = 378$, significant at 0.05

The result of analysis of hypothesis one shows a correlation coefficient of 0.697 which indicates a strong linear relationship between HIFASS-LOPIN-3 educational empowerment programme and OVC's school enrolment. This implies that an increase in HIFASS-LOPIN-3 educational empowerment programme brings about a corresponding

TABLE 4.6

Pearson product moment correlation analysis of hypothesis one on HIFASS-LOPIN-3 educational empowerment programme and improved OVC's school enrolment in Southern Senatorial District

Correlations

		Are you in school?	Have you received any educational support from HIFASS-LOPIN-3 organization?
Are you in school?	Pearson Correlation	1	.697**
	Sig. (2-tailed)		.000
	N	380	380
Have you received any educational support from HIFASS-LOPIN-3 organization?	Pearson Correlation	.697**	1
	Sig. (2-tailed)	.000	
	N	380	380

** . Correlation is significant at the 0.01 level (2-tailed).

4.2.2 Hypothesis Two

H₀: HIFASS-LOPIN-3 food security and nutrition programme has not significantly enhanced the nutritional wellbeing of OVC in Southern Senatorial District, Cross River State.

H₁: HIFASS-LOPIN-3 food security and nutrition programme has significantly enhanced the nutritional wellbeing of OVC in Southern Senatorial District, Cross River State.

The independent variable is HIFASS-LOPIN-3 food security and nutrition programme while the dependent variable is nutritional wellbeing of OVC. To test the second hypothesis, responses to questions 13 to 17 in the questionnaire were collated, computed and analysed using SPSS. The statistical tool used was Chi-Square. The result is given thus:

Calculated $\chi^2 = 1.10$

Table $\chi^2 = 3.84$

Decision: Since the calculated χ^2 (1.10) is less than the critical χ^2 (3.84), we reject the alternative hypothesis (H₁) and accept null hypothesis (H₀).

Conclusion: HIFASS-LOPIN-3 food security and nutrition programme has not significantly enhanced the nutritional wellbeing of OVC in Southern Senatorial District, Cross River State.

TABLE 4.7

Chi-square analysis of hypothesis two on HIFASS-LOPIN-3 food security and nutrition programme and enhanced the nutritional wellbeing of OVC in Southern Senatorial District

Cross-tabulation					
		Have you received food/nutrition support from HIFASS-LOPIN-3?		Total	
		Yes	No		
Do you eat up to three square meals per day?	Yes	71	93	164	
	No	82	134	216	
Total		153	227	380	
Chi-Square Tests					
	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	1.101 ^a	1	.294		
Continuity Correction ^b	.891	1	.345		
Likelihood Ratio	1.099	1	.294		
Fisher's Exact Test				.342	.173
Linear-by-Linear Association	1.098	1	.295		
N of Valid Cases	380				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 66.03.

b. Computed only for a 2x2 table

4.2.3 Hypothesis Three

H₀: HIFASS-LOPIN-3 provision of health services has not significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

H₁: HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

The independent variable is HIFASS-LOPIN-3 provision of health services while the dependent variable is OVC's accessibility to quality healthcare facilities. To test the third hypothesis, responses to questions 18 to 22 in the questionnaire were collated, computed and analysed using SPSS. The statistical tool used was Chi-Square. The result is as follows:

Calculated $\chi^2 = 61.8$

Table $\chi^2 = 3.84$

Decision: Since the calculated χ^2 (61.8) is greater than the critical χ^2 (3.84), we reject the null hypothesis (H_0) and accept alternative hypothesis (H_1).

Conclusion: HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

TABLE 4.8

Chi-square analysis of hypothesis three on HIFASS-LOPIN-3 provision of health services and increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District

Cross-tabulation					
		Have you received any free <i>health service from HIFASS- LOPIN-3?</i>		Total	
		Yes	No		
Do you go to hospital when you are sick?	Yes	162	57	219	
	No	54	107	161	
Total		216	164	380	
Chi-Square Tests					
	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	61.832 ^a	1	.000		
Continuity Correction ^b	60.195	1	.000		
Likelihood Ratio	63.113	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	61.669	1	.000		
N of Valid Cases	380				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 69.48.

b. Computed only for a 2x2 table

Decision: Since the calculated r-value (0.923) is greater than the critical r-value (0.113), we reject the null hypothesis (H_0) and accept alternative hypothesis (H_1).

Conclusion: HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme is significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

TABLE 4.9

Pearson product moment correlation analysis of hypothesis four on HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme and improved the income level of OVC/caregivers in Southern Senatorial District

Correlation

		Any vocational training/financial support from HIFASS-LOPIN-3?	Has the vocational training/financial support improved your income level?
Any vocational training/financial support from HIFASS-LOPIN-3?	Pearson Correlation	1	.923**
	Sig. (2-tailed)		.000
	N	380	380
Has the vocational training/financial support improved your income level?	Pearson Correlation	.923**	1
	Sig. (2-tailed)	.000	
	N	380	380

** . Correlation is significant at the 0.01 level (2-tailed).

4.3 Discussion of findings

4.3.1 HIFASS-LOPIN-3 Educational Empowerment and School Enrolment of OVC

The result of the analysis of 380 questionnaire revealed that 266(70%) respondents were in school while 114(30%) respondents were not in school. Among those who were in school, 161(42.4%) attended school regularly while 105(27.6%) respondents were irregular in school. 68(17.9%) respondents reported missing school for one or more term. The major reasons given by the respondents for not being in school and irregular school attendance include lack of the necessary educational materials and money to settle school fees. Some of the children were engaged in economic activities such as hawking, manual labour or farm work, just to make a living as well as provide for their sibling and elderly weak guardians. These activities left them with no opportunity for school as their time and energy were consumed. This point is equally buttressed by the work of Pridmore (2014) which showed the high frequency of OVC's school absenteeism thereby inhibiting their accessibility to knowledge. The work of Catholic Relief Services and Catholic Secretariat of Nigeria (CRS & CSN, 2008) confirms that non-orphans have more access to education than orphans.

The result of hypothesis one revealed that HIFASS-LOPIN-3 educational empowerment programme has significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State. This point is substantiated by the frequency/percentage of OVC (214/56.3%) who reported to have received educational support from HIFASS-LOPIN-3 organization.

Data on In-depth Interview

In the in-depth interview, a caregiver who reported having four children in her care said:

“I thank God for free primary education in our state today, at least three of my children are able to go to school using books given to them by HIFASS while the older one assists me to sell”.

In response to the question: Who pays the children’s school fees? One of the caregivers replied

“My children attend public schools; the government say primary school is free, but they keep sending my children home to bring money. The worst is with those in Secondary School. Though HIFASS has assisted me in paying part of their fees, there are still outstanding ones”.

Another respondent replied:

“I pay their fees through the small-small things I sell. HIFASS only gave me food stuff, but has not yet paid my children’s fees”.

Two other respondents reported being supported by other NGOs which they could not remember names. Another respondent who maintained being a civil servant said:

“I am a widow; the little salary I receive cannot take care of the five children under my custody, pay house rent and pay their fees, so I allow the younger ones to be enrolled in school while the older ones learn handwork”.

Still in response to this question, some caregivers reported being assisted by relatives, churches, friends and some private organizations.

In response to question 3 of the in-depth interview schedule: Please tell us the educational challenges encountered by these children? A respondent answered:

“HIFASS do not pay their fees every year. For the younger ones, primary education is said to be free, but the children are still asked to pay fees. Is the government not aware that we are still paying fees in Primary and Secondary schools for our children?”

A male caregiver who maintained being a farmer replied:

“Farming is my work! If all the children go to school, who will do the farm work? Where is the money to employ people? We all need to work hard in order to eat. They can still go to school at any time, maybe when there is money”.

An older caregiver responded:

“I have only two children in my care and all of them are in school. The only time they miss school is when I am sick and there is no one to take care of me”.

Still on this question, another caregiver replied:

“Thanks to HIFASS ooo! My child is now in school, but the only problem is that they do not always visit us to know how we are doing”.

A young caregiver who was an older OVC said:

“I am supposed to be in school now, but since my mother who was the bread winner died and my father is ill, I have to hustle to feed and train my younger ones. HIFASS came to our aid, but if all of us are in school, how are we going to eat? HIFASS can only assist; they cannot provide all our needs”.

Other caregivers mentioned frequent illness, poor educational infrastructures and poor quality of education as inhibiting factors. Only few respondents reported having children who have never been to school. The major reason given was chronic illness on the part of the children. About six caregivers reported having children who were school

drop-out. The reasons as reported by the caregivers include bad company, discouraging academic environment, lack of funds, indiscipline on the part of children and engagement in manual labour. A caregiver reported that:

“...the officials of HIFASS have been talking to my son each time they visit, he prefers to hang-out with friends than going to school. The younger ones are all in school through the help of HIFASS-LOPIN-3 organization. My first son is very stubborn”.

The findings of this study lend credence to the work of Subbarao et al (2010), who listed other factors that inhibit OVC’s school enrolment, despite the implementation of Free Primary Education, to include: lack of educational capacity, additional cost of education, low quality of education and inability to attend school on full time basis. In their studies, Davids and Skinner (2013) also maintain that some inhibiting factors to OVC’s accessibility to education are family needs, need to pay fees, school levies and acquire educational materials. The findings of this study is further reiterated by the work of Okon & Ojua (2018), which assessed the psychosocial support given to OVC in Cross River and Ebonyi States, by HIFASS-LOPIN-3 project. The result showed that 89.2% of the children (10-17yrs) were enrolled in school in Cross River State, and 76.0% in Ebonyi state as at the time of research. The study finding is also in consonance with the report given by ARFH (2015), on the intervention strategies adopted by Pioneer Reproductive Health & Youth Association, using Global Fund Support through Association for Reproductive and Health (ARFH). Such intervention which improved infrastructures in Bauchi and Kano States’ primary schools enhanced increased rate of pupils’ school enrolment.

4.3.2 HIFASS-LOPIN-3 Food Security/Nutrition Programme and Nutritional Wellbeing of OVC

The outcome of the analysis indicates that only 164(43.2%) children eat up to three square meals per day and 162(42.6%) eat fruit regularly. 176(46.3%) children reported not eating to their satisfaction. These show a low nutritional wellbeing of some of the OVC. Although 250(65.8%) reported taking fish, meat and egg with meals, and 204(53.7%) maintained eating to their satisfaction, yet their appearance did not explain regular satisfaction nor regular intake of such nutritious food items. As opined by Fogel (2014), people respond to malnutrition and hunger by decreasing in body size. This finding is reinforced by the work of Gillespie, et al (2015) which observed that vulnerable children are more susceptible to malnutrition than their non-vulnerable counterparts. To further buttress this point, the study carried out by Mrshra, et al (2009) discovered that orphans were more likely to be stunted than non-orphans.

The result of hypothesis two revealed that HIFASS-LOPIN-3 food security and nutrition programme has not significantly enhanced the nutritional wellbeing of OVC in Southern Senatorial District, Cross River State. It can be observed from the result of analysis that about 40% of the respondents claimed to have benefited from HIFASS-LOPIN-3 food/nutrition programme. It can also be seen that a little above this percentage of the children reported eating up to three square meals, eating fish, meat and egg; eating fruit as well as eating to their satisfaction. Deductively, it can be argued that HIFASS-LOPIN-3 food/nutrition programme has not improved the nutritional wellbeing of the children.

Data on In-depth Interview

While answering the question: How many meals do these children take in a day?

A caregiver said:

“I give them what I can afford in a day. If God bless me, they eat up to two times in a day, the day I don't have, they eat a least once”.
Another caregiver answered *“As farmers, we do not lack the basic food items like garri, yam, vegetables, etc, but as for fish, crayfish, meat or egg, there is no money to buy them”.*

Yet another caregiver responded:

“Our feeding pattern has improved since HIFASS came to our aid. They gave us rice and assisted me secure a farm land where I can plant and harvest food crops”.

In response to question 7 on in-depth interview guide: How frequent do the children eat/drink fruit? A caregiver said:

“...most fruits here are very cheap since we plant and harvest them. But we have less value for them and prefer selling them out to get money to solve our pressing needs”.

Another replied:

“...my children eat fruits like paw-paw, orange, quava, and such as we have around”.

A caregiver who lived in Calabar South responded:

“...fruits are expensive here in ton, the little money I have is reserved for garri”.

On the question: Do the children always eat food to their satisfaction? A respondent answered:

“...my ability is small; I do not have sufficient food stuff, so they rarely eat to their satisfaction”.

Another replied:

“...well, in some good days, my family eats enough. This does not happen always since I am just a poor widow”.

On the challenges encountered in feeding the children, the respondents highlighted insufficient food stuff or money to acquire them as the major setback. Some of the respondents who received food/nutrition assistance from HIFASS-LOPIN-3 reported few cases where free food and nutritional advice are given.

The various analyses on hypothesis two reveal a low percentage of food/nutritional support for OVC. This position is strengthened by the result obtained from the study carried out by Okon & Ojua (2018) which reported a lower food/nutrition support. The basic support obtained by the OVC in area of nutritional advice was 5.7% for Ebonyi and 5.6% for Cross River State. In terms of free food or vitamins, 8.8% and 5.8% for Ebonyi and Cross River States respectively. The percentage of households with food insecurity due to lack of resources were 80.4% and 73.6% for Cross River and Ebonyi States respectively (Okon & Ojua, 2018). The study finding is also similar to that of Tagurum, Chirdan, Bello, Afolaranmi, Hassan, Iyaji and Idoko (2015) in Plateau State, which exposed that more than one-quarter of the children portrayed symptoms of malnutrition such as loss of weight. Worse still, 66.7% of the children experienced household food insecurity. The study findings also lend credence to the work of Hossain (2013) who examined OVC experience in six South African countries and found that the OVC under study increasingly expressed fear of hunger and lack of food at homes. It is also supported by the findings of CRS & CSN (2008) which reported insufficient food as one of the major problems of OVC. It was found that, 20% of the children reported experiencing insufficient food. In Nassarawa State, 42% of the children reported food insecurity whereas 10% of the children reported food insufficiency in FCT and Kaduna State.

4.3.3 HIFASS-LOPIN-3 Provision of Health Service and OVC's Accessibility to Quality Health Care Facilities

From the result of analysis of questions 18 to 22 in the questionnaire, it is obvious that a greater number of the respondents 219(57.6%) maintained going to the hospital when ill, while only 161(42.4%) respondents reported not going to the hospital for fear of injection/drugs, lack of money to pay medical bills and lack of trust in the doctors/nurses. Most of the children 227(59.7%) reported receiving treatment from patent medicine shops (apart from hospital), 85(22.4%) received treatment from traditional healers while 68(17.9%) received from spiritual homes. The above result demonstrates a higher percentage of OVC's accessibility of quality health care facilities. Few respondents 148(38.9%) maintained having knowledge on how to prevent HIV/AIDS and other STDs, indicating a low HIV/AIDS prevention awareness. A greater number of respondents 216(56.8%) reported receiving free health service from HIFASS-LOPIN-3 in terms of HIV test, malaria prevention education, malaria tests, free malaria drugs and mosquito nets, blood sugar and blood pressure checks, etc. this result (216) also have a corresponding increase (219) in OVC's accessibility to hospital, implying a strong relationship between HIFASS-LOPIN-3 provision of health service and OVC's accessibility to quality health care facilities.

This position is further reinforced by the result of hypothesis three which affirms that HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

Data on In-depth Interview

In the in-depth interview, a caregiver with six children said:

“The major sickness which affects my children easily is malaria and diarrhea. I have mosquito net but cannot use it. There is so much heat especially in the night; as such neither me nor my children can sleep under mosquito net”.

Another responded:

“I don’t believe in hospital whenever my children get ill, I prepare herbs for them and they recover speedily. Hospital has killed so many around me”.

An elderly caregiver replied:

“...my children do not fall sick easily except one. She was tested HIV-positive after the mother died. HIFASS has been helping us with nutritional advice and payment for drugs. I believe God she will get better”.

While discussing on the last episode of illness, most of the caregivers mentioned malaria, diarrhea, cholera, typhoid and skin rashes as the commonest forms of illness. One of the caregivers purported that she has a chronic disease and do not have money to get her drugs. The support she received from HIFASS cannot be sustained and she is only left at the mercy of her three girls who either hawk around or get money from men to care for her. In response to the question: who pays for their treatment? A caregiver said:

“I spend so much in the hospital when any of my children get ill. The hospital bills are so expensive and the government has made no provision for orphans’ medical bills. This is why I give them herbs most times to prevent them from getting ill”.

Another exclaimed:

“...hospital is for the rich!! Last time I took my little baby there, they drained me completely. I can never forget that experience, God forbid hospital!”.

Some other caregiver explained why she is so much afraid of hospital:

“My last child was killed in the hospital. They used a wrong treatment for my child and before they could realize it, she had already given up. ‘Sorry’ was all they said but the pain is difficult to erase”.

Almost all the caregivers maintained having knowledge on how to prevent HIV/AIDS and other STDs. In line with the findings of this study, poor health was the least among the problems reported by the children in a study carried out by CRS % CSN (2008). Only 4% of the children reported having health challenges in FCT, 3% in Benue, 20% in Nassarawa, 13% in Niger, 6% in Kaduna, 10% in Plateau, 9% in Kogi and 6% in Edo States. The study findings are also supported by the work of Tagurum, et al (2015) which showed 26.2% of OVC experiencing frequent illness. However, the outcome of this study contradicts the findings of Okon & Ojua (2018) which showed high percentage of sick OVC who cannot participate in daily activities: 53.6% in Cross River State and 55.6% in Ebonyi State (0-9 yrs), 49.5% in Cross River State and 39.5% in Ebonyi State (10-17 yrs). Another finding of this study which reveals a greater percentage of respondents (56.8%) benefiting from HIFASS-LOPIN-3 health services, reconciles with the report published by HIFASS (2016) on their several health services in FCT and Benue State. Some of which include HIV/AIDS and malaria prevention education, malaria tests, health talks, HIV counselling and testing, distribution of condom, free malaria drugs, blood pressure and blood sugar checks.

4.3.4 HIFASS-LOPIN-3 Skills Acquisition Training/Financial Empowerment and Income Level of OVC/Caregivers

The result of analysis of questions 23 to 27 in the questionnaire reveals that 165(43.4%) respondents had income generating skill and almost all of these respondents 162(42.6%) experienced varied challenges in practicing their skills. The study found that

most of the challenging factors include lack of start-up capital, high taxation, unsteady power supply, poor infrastructures and low demand for goods. 225(59.2%) respondents maintained receiving vocational training/financial support from HIFASS-LOPIN-3 in such areas as cobbling, hair dressing, tailoring, seed grants, etc. Out of the 225 respondents who received this support, 171 reported improved income level engendered by the vocational training/financial support. 54 respondents experienced no significant improvement in income level. The major reasons as reported by the respondents were insufficient capital, poor business environment and family needs which exert much pressure on the business income. However, it can be deduced from the above that there is a strong relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and the income level of OVC/caregivers. This finding is further strengthened by the result obtained from testing hypothesis four, which reveals that HIFASS-LOPIN-3 skills acquisition training and financial empowerment programme is significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

Data on In-depth Interview

During the interview, a caregiver who portrayed herself as a trader said:

“I received a seed grant from HIFASS, though it was very little, I also obtained financial support from my relatives which enabled me start up small business (kiosk)”.

Another caregiver reported that her two children were trained in tailoring and decoration. Only one of them received a sewing machine from HIFASS and she is doing well. Another respondent said;

“...my son attended computer school, but could not complete it due to my ill health. He has to engage himself in farm work so we can eat”.

Some other respondent replied;

“I have four children, two of them have finished secondary school and I have no ability to send them to University. I am still expecting financial support so I can send them to learn handwork”.

About four respondents reported joining self-help groups where they can save and as well borrow to reinvest in businesses. A young OVC who happened to be a household head expressed thus:

“I am a beneficiary of HIFASS training and financial support programme. But the burden of taking care of my younger ones has left me with nothing to show”.

The major challenge as reported by some OVC caregivers was lack of sustainability caused by poor management of funds or too much pressure on the business income.

The study findings agree with the position of Nyamakuru (2011) who opines that microcredit strategy is an effective tool for enhancing sustained income generating activities in OVC households. The result also confirms the report given by Gede (2016), who maintains that older OVC in Nigeria are enrolled into several skills acquisition classes which equip them with skills like soap making, knitting, catering, computer engineering, tailoring, etc. The report shows that 90 OVC were trained and given materials/equipment in 2014. This study finding is also reinforced by the report published by HIFASS (2016). HIFASS report reveals that adolescent girls, young women and caregivers were trained in various skills while some obtained seed grants to engage in farm business and petty trades. It was further reported that the beneficiaries were seen to be successful in their income generating activities.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study which was undertaken to demonstrate statistically the effect of HIFASS-LOPIN-3 empowerment programmes on the wellbeing of orphans and vulnerable children has provided the following scientifically based, accurate and reliable findings:

- (i) HIFASS-LOPIN-3 educational empowerment has significant relationship with OVC's school enrolment in Southern Senatorial District of Cross River State. This finding was substantiated with a higher frequency of OVC school enrolment, although the enrolees did not maintain regular school attendance due to such reasons as farm work engagement, manual labour, taking care of siblings or elderly weak guardians, lack of food, educational materials and payment of school fees.
- (ii) HIFASS-LOPIN-3 food/nutrition empowerment programme has not significantly enhanced the nutritional wellbeing of the OVC. This result was supported by a greater number of OVC who reported not benefiting from HIFASS-LOPIN-3 food/nutrition empowerment programme.
- (iii) HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District of Cross River State. But in terms of HIV/AIDS awareness, the study revealed that about half of the sampled OVC had no knowledge on ways of preventing HIV/AIDS and other Sexually Transmitted Diseases (STDs). Also, the few OVC/caregivers who reported not accessing hospital in cases of illness presented their reasons to embrace: expensive medical bills, poor medical attention and inefficient treatment by the medical professionals.

- (iv) HIFASS-LOPIN-3 skills acquisition training/financial empowerment programme is significantly related to the income level of OVC/caregivers in Southern Senatorial District of Cross River State. Notwithstanding, almost all the OVC who reported having income generating skills experienced challenges in various ways like lack of/insufficient start-up capital, insecurity, poor infrastructures and crippling economic policies.

5.2 Conclusion

Based on the fascinating findings obtained from this study, some tenable conclusions are hereby drawn; the study concludes that registration of OVC in school alone cannot enhance consistency school attendance. Apart from school fees and educational materials, other inhibiting factors include: hunger, family pressure, poor and discouraging school environment. It can as well be deduced that HIFASS-LOPIN-3 educational empowerment programme improves OVC's school enrolment but cannot ensure sustained school attendance, therefore unable to promote their educational wellbeing.

It can also be submitted that not much has been done by HIFASS-LOPIN-3 in terms of food/nutrition empowerment programme. As such there is no significant improvement in the nutritional wellbeing of the OVC. More so, the OVC have not obtained sufficient awareness on how to prevent HIV/AIDS and other STDs. This can subject them to serious risk as 8.2% has already reported being tested positive. HIFASS-LOPIN-3 provision of health services has encouraged access to quality healthcare facilities among the OVC. Few who refused visiting hospital had reasons associated with their past experience.

Furthermore, the study concludes that most OVC had income generating skills but could not practice the skills due to national insecurity, poor infrastructures, high tax rate and lack of capital. Finally, it can be deduced that HIFASS-LOPIN-3 skills acquisition training/financial empowerment has improved the income of OVC/caregivers as more than three-quarter of the respondents attested to this.

5.3 Recommendations

The study recommends that:

- (i) HIFASS-LOPIN-3 organization, NGOs, private sectors and government should initiate sustainable programmes where OVC's school enrolment and attendance could be fully promoted. Also, measures should be taken to punish caregivers who engage children in farm work, trade or any kind of economic activity during school hours.
- (ii) HIFASS-LOPIN-3, other NGOs and government should treat OVC's food/nutrition very important since hunger has the potential of distracting them from career development thereby dwindling their chances of self-development.
- (iii) Effective orientation exercise on HIV/AIDS and STDs should be carried out where both the younger and older OVC would be properly informed on how to prevent HIV/AIDS and STDs. In addition, Government should establish and recognise a body where all orphans in different communities, senatorial districts and states can be identified and given free medical treatment.
- (iv) Adequate provision for start-up capital/equipment or materials should be made for older OVC/caregivers who receive skills acquisition training.
- (v) Generally, HIFASS-LOPIN-3 organization should set up follow-up activities to ensure sustained improvement on OVC's wellbeing.

5.4 **Suggestion for further study**

In the process of this study, some other issues which relate to the variables under study emerged. Therefore, I suggest these areas for further study:

- (i) Effect of Free and Compulsory Primary Education Policy on children's school attendance.
- (ii) Evaluation of medical services given to children in public hospitals.
- (iii) Inhibiting factors to effective HIFASS-LOPIN-3 empowerment programmes.

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APPENDICES

QUESTIONNAIRE FOR OVC

Information/Consent Form

This study is being conducted to examine the effect of HIFASS-LOPIN-3 empowerment programmes on the wellbeing of orphans and vulnerable children in Southern Senatorial District of Cross River State, Nigeria, and is being conducted by Okon Goodness Joseph of the department of Sociology, University of Calabar, Calabar.

As a participant in this study, you will be asked to fill out some questionnaire which will take approximately 30 minutes of your time. There are no anticipated adverse effects to you as a result of your participation in this study, you may refuse to participate and still receive the care you would receive if you were not in the study, and you may withdraw from the study after it has started with no repercussions whatsoever.

All information collected from participants in this study will be aggregated and all identifying information removed. Thus, your name will not appear in any report, publication or presentation resulting from this study, the date, with identifying information removed, will be kept for a period of two years and will be securely stored in a locked office at University of Calabar, after which it will be destroyed.

This thesis has been reviewed by, and received ethics clearance through Research Ethics Committee, Ministry of Health, Calabar, in the event you have any comments or concerns resulting from your participation in this study, please contact the chairman, CRSH-REC.

Consent Form

.....

I agree to participate in this study being conducted by Okon Goodness Joseph of University of Calabar. I have made this decision based on the information I have read in the information letter. As a participant in this study, I realized that I will be asked to complete several questionnaire and/or to take part in a brief interview. I may decline answering any questions if I so chose. All information which I provide will be held in confidence and I will not be identified in any way in the final report. I understand that I may withdraw this consent at any time by ceasing to fill out the questionnaire.

Participant's Signature.....

Date.....

RESEARCH QUESTIONNAIRE

Sociology Department
Faculty of Social Sciences
University of Calabar
Calabar

Dear Respondents,

I am a Ph. D student in the above named school currently undertaking a research on the topic: **HIFASS-LOPIN-3 EMPOWERMENT PROGRAMMES AND THE WELLBEING OF ORPHANS AND VULNERABLE CHILDREN IN SOUTHERN SENATORIAL DISTRICT, CROSS RIVER STATE.** This questionnaire is therefore intended to generate data that would help the researcher achieve the purpose of this research.

I sincerely solicit your cooperation by filling and completing this questionnaire with utmost sincerity. All information provided will be treated with all amount of confidentiality.

Thank you in anticipation.

Okon, Goodness Joseph

(Researcher)

SECTION A

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

INSTRUCTION: Please tick [√] appropriate answers

1. Age of child: 0-9 10-18
2. Sex of child: Male Female
3. Vulnerability
Orphan
Non-orphan
Living with disability
Living with old weak guardian
Living with chronically ill parent(s)
Living in HH with recent death of an adult
4. OVC status of child:
Paternal orphan
Vulnerable
Double orphan
Maternal orphan
5. Marital status of household head: Widowed Married Single
Separated/divorced
6. Occupation of household head:
Farming
Housewife
Trading
Schooling
Civil servant Please specify
- Others Please specify
7. HIV status: Positive Negative Unknown

HIFASS-LOPIN-3 food security/nutrition programme and nutritional wellbeing of OVC

13. Do you eat up to three square meals per day? YES [] NO []
If NO, how many meals do you have?

.....
.....

.....

(Probe for answers)

14. Do you often take fish, meat and/or egg with your meal? YES [] NO []
If NO, please state reason(s)

.....
.....
.....

15. Do you eat/drink fruit regularly? YES [] NO []
If NO, what could be the cause?

.....
.....
.....

16. Have you been eating food to your satisfaction? YES [] NO []
If NO, please state reasons

.....
.....
.....

17. Have you received food/nutrition support from HIFASS-LOPIN-3? YES [] NO []
If YES, please mention the kind of support

.....
.....
.....

IN-DEPTH INTERVIEW SCHEDULE FOR CAREGIVERS

Consent Form

Local Government Area.....

Date.....

Time.....

Hello!

I am and my partner is

We are here for research purpose and do obtain information from caregivers about the wellbeing of orphans and vulnerable children in their custody.

We would like to ask some questions concerning you and the children. The purpose is to enable us understand your situation and suggest better developmental strategies to the Government, NGOs, CBOs, private organizations and international bodies. The questions will take few minutes and the information given will be strictly confidential.

Are you willing to participate in this survey?

YES NO

Signature of Interviewer Date

Signature of Interviewee Date

Thank you

IN-DEPTH INTERVIEW SCHEDULE

1. How many of the children under your care are schooling?
2. Who pays the children's school fees?
3. Please tell us the educational challenges encountered by these children.
4. Do you have any child who has never been to school or is a school drop-out?
(Probe for reasons of not being in school).
5. How many meals do these children take in a day?
(Where the response is less than three meals per day, probe for reasons).
6. When was the last time these children eat meat, fish and/or egg with their meals?
7. How frequent do the children eat/drink fruit?
8. Do the children always eat food to their satisfaction?
(Where response is NO, probe for reasons).
9. What are the challenges encountered in feeding these children?
10. How often do the children under your care fall sick?
11. If they get ill, where do you take them to for treatment?
12. What was the cause of their last episode of illness?
(Probe for type of sickness)
13. Who pays for their treatment?
14. Do you have any knowledge on ways of preventing HIV/AIDS and other Sexually Transmitted Diseases (STDs)?
(Probe for methods of prevention).
15. What is your main source of income?
16. How many of the children under your care have vocational skills?
17. What are the financial difficulties you encounter in the course of caring of these children?
18. Have you received any support from HIFASS-LOPIN-3 in taking care of these children?
(Probe for type of support as it relates to education, nutrition, health, and vocational training/financial empowerment).
19. To what extent has this support improved the wellbeing of OVC in your custody in terms of school enrolment, nutrition, accessibility to medical facilities and skills acquisition?
20. Has the skill acquisition training/financial empowerment improved the income level of your household?