

## It Takes a Village: Mobilizing Communities to Support Nigeria's Most Vulnerable Children



### Waning Social Support Structures

Nigeria is home to more than 17 million orphans and vulnerable children (OVC) who struggle daily to access food, shelter, education, care, and support. In recent years, the community and family support networks that traditionally support these children have been eroded by the nation's high HIV prevalence, widespread poverty, and destructive political conflict. The existing social support systems are severely limited by insufficient funding and resources as well as inadequate staff capacity. Without family, community, or government support, one million Nigerian children die each year before their fifth birthday. Those that survive often do so in dire conditions.

### Recruiting and Training Community Leaders

In 2009, to strengthen support for Nigerian youth, PEPFAR began funding USAID's Community-Based Support for Orphans and Vulnerable Children (CUBS) project in Nigeria. Led by Management Sciences for Health (MSH) in partnership with Africare, the CUBS team spent five years building community support networks in 11 states.

CUBS worked with 38 civil society organizations (CSOs) to form child protection committees (CPCs), tasked with protecting and improving the well-being of vulnerable children in their communities. Each CSO recruited 10 to 15 leaders from traditional ruling councils, land-lord associations, religious groups, and market associations to form their committees. CUBS then trained these leaders in advocacy, leadership, community and resource mobilization, child protection, and OVC needs. Within a few weeks of their first meeting, CPC members began:

- Identifying vulnerable children in their communities,
- Conducting home visits to assess the children's well-being,
- Raising funds and donations for OVC from community members,
- Referring cases of child abuse to social workers and legal authorities, and
- Facilitating home renovations for impoverished families without adequate shelter.

*"CUBS is really taking care of our children. They are placing the children in school, giving them educational materials, and providing free medical treatment. This should not stop."*

*~ Village chief*

### CPCs in Action

In just five years, CUBS and the CSOs established 116 CPCs in the 11 states. These committees have raised funds to pay OVC's school tuition and advocated for health centers to waive service fees for vulnerable children. The committees have also facilitated and organized vocational skills training programs and secured small business start-up grants to enhance the earning capacity of more than 16,000 OVC caregivers and adolescent OVC.

### Child Abuse Solutions

In partnership with UNICEF and Nigeria's Child Protection Network, CUBS trained CPC members, CBO staff, law enforcement personnel, and judiciary members to effectively identify and address cases of physical and sexual abuse against children. Trainees learned how to provide timely support, make service referrals, and deal with cases in a manner that does not further victimize the child. All 116 CPCs now have partnerships with community-based law enforcement agents and are actively engaged in the early detection and mitigation of child abuse cases.

### CPC Members as Community Role Models

In Rivers, Bayelsa, Imo, and Gombe states, CPC members became role models for their communities by opening their homes to families with OVC that had been evicted from their residences or displaced due to floods in 2012. These acts of charity have increased community awareness about the needs of vulnerable children and their families and inspired other community members to participate in CPC activities.

*"The CUBS project was like a wake-up call to us. We now hold quarterly meetings to discuss the challenges of vulnerable children and how to tackle them. We take care of the vulnerable children when they are sick and buy medicine for them."*

*~ CPC secretary*

### Child Protection Committee Provides Children with Food, Education, Clothing, and Medicine



Dumbi\* community in Sokoto State, Nigeria is home to thousands of AIDS orphans and vulnerable children who struggle to access food, clothing, shelter, and healthcare. In recent years, a growing number of children from Dumbi have started begging for money along the roadside, desperate to earn a small income.

In 2012, CUBS began working in Dumbi to mobilize community support for OVC. The team educated the community about vulnerable children's needs and brainstormed ways to support them. CUBS also visited state and community leaders to create awareness about OVC's needs, risks, and ways to reduce those risks.

CUBS training inspired community members in Dumbi to form a CPC. This committee now works with local leaders to identify vulnerable children and address their needs. In December 2012, the CPC established a community food bank for vulnerable children and the village chief began setting aside a portion of the community's produce for OVC after every harvest.

More recently, the CPC solicited donations from wealthy community members and used these funds to purchase school materials and medicine for 150 vulnerable children. At the CPC's request, the Zonal Education Office and the State Ministry of Education waived school fees for the children.

"Before the CUBS intervention, we found it difficult to feed [the children and], at times, [they] went to bed without eating. But since the intervention, they have been giving us food and distributing clothes to the children during celebrations. They even bought medicine for my child when he was sick and check up on us all the time," said a caregiver in Dumbi.



## Impact Evaluation

CUBS tracked its CPC membership and achievements to ensure these groups were growing and actively contributing to improved OVC identification and care. Over the project lifetime, CUBS and the CSOs established 116 CPCs with over 2,000 members. To ensure the CSOs were meeting children’s needs, CUBS also used the Child Status Index, a tool developed by USAID’s Measure Evaluation project, to quantify children’s health and well-being and track their progress in six holistic areas: *food and nutrition; health; shelter and care; psychosocial care; protection; and education and skills*. CUBS measured each child’s progress biannually and tailored its interventions to ensure the children were progressing significantly and consistently in each of the six areas. Between 2010 and 2013, the CSOs documented an improved overall wellbeing among 32,000 of their OVC beneficiaries and 12,500 OVC caregivers.

State	No. of CPC	No. of CUBS-supported OVC in each state	Selected CPC Achievements
Akwa Ibom	10	6,383	<ul style="list-style-type: none"> <li>Helped more than 4,000 OVC obtain school tuition waivers</li> <li>Helped OVC receive free clinic services</li> <li>Prosecuted six people for sexual abuse of OVC</li> <li>Paid school examination fees</li> <li>Provided legal protection to OVC suffering from sexual or physical abuse</li> <li>Funded social gatherings for OVC</li> <li>Raised in-kind donations, such as clothes and educational materials</li> <li>Intervened in cases of child abuse and child labor</li> <li>Monitored OVC well-being by conducting school and home visits</li> <li>Provided nutritional support to OVC</li> <li>Successfully advocated for prevention of female genital mutilation</li> <li>Helped teachers form an OVC support committee, whose members make contributions to fund school materials for OVC</li> </ul>
Bayelsa	27	6,690	
Delta	13	5,633	
Ekiti	9	3,818	
Enugu	9	4,874	
Gombe	6	4,462	
Imo	11	3,917	
Kebbi	8	3,803	
Rivers	11	4,854	
Sokoto	1	1,351	
Taraba	11	5,417	
<b>TOTAL</b>	<b>116</b>	<b>51,202</b>	

## Maintaining Momentum

*Although CUBS is closing in 2014, the project will leave behind 38 CSOs, 116 child protection committees, and thousands of community members who are equipped and inspired to care for OVC. These leaders now know how to identify OVC, refer them for care, address cases of abuse, and increase the economic capacity of their caregivers. Community-based stakeholders also now have the motivation and skills needed to advocate for OVC support from state agents, corporate institutions, and philanthropists. In years to come, the CPCs will increase their membership and resources and refine their strategies so they are able to reach more children with live-saving services and support.*



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