The Situation analysis of Orphans and Vulnerable Children in Jos North Local Government Area of Plateau State. A Research Work by Mashiah Foundation 2018

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Abstract

Background: In recent years, HIV/AIDS, tuberculosis, malaria, conflicts, accidents and other associated causes of deaths have made millions of children vulnerable all over the world. During the 30 years of the global HIV epidemic, an estimated 17 million children lost one or both parents due to AIDS. Ninety percent of these children live in sub-Saharan Africa (*USAID 2016*). An estimated 36.7 million people are living with HIV; 25.5 million of these are in sub Saharan Africa out of which 1.8 Million are children, with West and Central Africa contributing 6.1 million to the global number (*Global HIV Statistics, 2016*). In 2016, 2.1 million children were living with HIV/AIDS and less than half had access to antiretroviral treatment (PEPFAR fact sheet 2017). The aim of this study is to understand the baseline situation of Orphans and Vulnerable Children (OVC) in Jos North LGA of Plateau so as to strengthen existing approaches aimed at tackling OVC -related necessities in communities.
Methods: A house to house cross-sectional survey of households was employed through a multistage sampling technique assessing the six OVC thematic areas using the Child Status Index (CSI) for the OVC and Baseline Household Vulnerability Assessment tool (HVA) for the household. Data collation was done using the National OVC Management Information System (NOMIS), while Minitab and SPSS were used for data analysis.
Results: A total of 2000 households were surveyed from which 7,153 OVC ages ranging from 0-17 years with mean age of (8.5, 8.7) years (Mean=8.6 and Standard Deviation (SD) =4.8) were studied. 49.4% (3,534) of the children were male while 50.6% (3619) were female. Also, 2,000 household heads with an average of (3.5, 3.7) (Mean=3.6 and SD=1.9) children per household were studied across 23 communities. Out of this number 7% (148) of households were most vulnerable, 77% (1534) were more vulnerable while 16% (318) of households were vulnerable with 8% (571), 77% (5511) and 15% (1071) of OVC respectively in those households. Similarly 36.5% (730) of the households were headed by women while 63.5% (1270) are headed by men. 76% of household heads were involved in one Income Generating Activities (IGA)/Occupation or the other such as petty traders, farmers, menial jobs, tailoring services, bean cake sellers, commercial drivers, security guards, photographers, mechanics, carpenters, etc. while the remaining 24% constituted retirees, applicants and housewives etc. The survey further revealed that double orphans made up 1%, 9% paternal orphans, 12% maternal orphans, other vulnerabilities such as child living with chronically ill parent and child laborer was 67%. Out of the total number of children surveyed 11% were living with a HIV positive Caregiver/Household member(s). Also 0.2% (16) and 10.6% (212) of the children and Caregivers respectively were HIV positive. It was observed that each household had an average of four (4) children across communities, with (75 and 25) % of households having between 1-4 and 5-12 children respectively. 2622(63%) children between the ages of 6 to 17 were enrolled in school of this

population 33.06% were male and 31.24% female . 46% of children frequently had less food to eat than needed, and complains of hunger, 47.3% of children had no access to any legal protection services and may be at risk of exploitation and abuse. There is a 26.6% indication that children may be neglected, over worked, not treated well or otherwise maltreated in households.

Conclusion: This survey revealed the needs identified with OVC in various households in Jos North LGA of Plateau State, showing that there is a need to empower Caregivers with various skills and knowledge in other to reposition them as frontline service providers to their wards. The Minitab output for Chi-square test of association shows that there is relationship among the household vulnerability assessment domains with alpha set at 0.05, DF =18, P-Value=0.00. Also the correlation coefficient for household vulnerability assessment domains shows a positive association among domains except for household income & food security & nutrition as well as household income and health with -0.05 and -0.24 correlation coefficients respectively. This supports the fact that 55.65% of households surveyed have a monthly income below ₦18,000 ($66.67) which happens to be the minimum wage as at this time of the research while 30.15% of households had no monthly income earned.

INTRODUCTION

HIV/AIDS, Malaria and Tuberculosis are the most concerned public health infections which have orphaned many children with other causative agents such as conflicts, road traffic accidents and other related causes of death that has made millions of families vulnerable. HIV crossed from chimps to humans in the 1920s in what is now the Democratic Republic of Congo. This was probably as a result of chimps carrying the Simian Immunodeficiency Virus (SIV), a virus closely related to HIV, being hunted and eaten by people living in the area (Origin of HIV & AIDS, May 2018). In 1981, the disease Acquired Immune Deficiency Syndrome was identified among homosexual men in the United States (*CDC MMWR Weekly 2001*). By 1987, six years after the first reported case the number had risen to six infected individuals (*Nasidi and Harry, 2016*). Two cases of this syndrome were identified in Nigeria in 1985, and reported at the International AIDS Conference in 1986. According to Global HIV Statistics, 2016 an estimated 36.7 million people are living with HIV; 25.5 million of these are in sub Saharan Africa out of which 1.8 million are children, with West and Central Africa contributing 6.1 million to the global number. In 2016, 2.1 million children were living with HIV/AIDS and less than half had access to antiretroviral treatment. (*PEPFAR fact sheet 2017*)

National Prevalence rate in Nigeria is 3.4% with Plateau State at 2.3% Rivers State with the highest of 15.2% and Ekiti with the least prevalence rate of 0.2% (*NACA 2012*). Statistics from UNAID data of 2017 showed that 3.2 million people are living with HIV in Nigeria, of this population, adult HIV prevalence is 2.9%, new HIV infection is 220,000, of this number 37,000 are children and AIDS related deaths is 160,000. There are wide variations across regions and communities in the prevalence and burden of Orphans and Vulnerable Children (OVC). Studies in various African countries have demonstrated that OVC are unevenly distributed across communities (*Nyangara, 2004*). In Nigeria, 17.5 million children are orphans or vulnerable children; 2.5 million of these children are AIDS orphan. Although it is

customary in Nigeria for extended family and community members to care for OVC, the capacity and resources of these individuals and households have been overextended by the growing number of OVC and the complexity of their needs (*Management Sciences for Health, 2014*).

An estimated 54% of Nigeria's population live below the poverty line (43% urban, 64% rural), and 90% of the poorest people live in the north. Households in the north are in the lowest income quintiles and have substantially less access to services. Of the urban population, 27% is food insecure, compared to 44% of the rural population. Socio-cultural barriers still impede many healthy household practices; the rate of exclusive breastfeeding is just 15 per cent, and only 49% of babies are delivered by skilled attendants (*UNICEF Country Programme Document 2014-2017*).

METHODOLOGY

The Population

This research work is based on the situation analysis of OVC and their families in Plateau State, North central Nigeria focused on 2000 household across Jos North LGA. The study was focused on children between the ages of 0 to 17 years and household heads from 23 communities of Jos North L.G.A of Plateau State namely: Alheri, Alikazaure, Angwan Lambu, Apata, Angwan Soya, Angwan Rogo, Rukuba Road, Angwan Rukuba, Busa-buji, Rikkos, Bauchi Road, Farin Gada, Jenta Makeri, Jenta Adamu, Jenta Mangoro, Lamingo, Laranto/Katako, Malam Gambo, Nassarawa/Congo Russia, Tudun Wada and Utan communities

Study Design

This study is a descriptive survey with emphasis on assessing the food and nutrition, shelter and care, protection, health, psychosocial, education and skills of OVC within the research communities. The research also focused on household headship, health, education level (of household head), shelter and housing, food security and nutrition, means of livelihood and household income in the research communities.

Study Population

OVC between the ages of 0 to 17 years are the focus of this study. Based on this research, an orphan is a child whose father, mother, both parents or primary caregiver has died while a vulnerable child is a child between the ages of 0 to 17 years living in a household where one or both parents are chronically ill or living with HIV/AIDS, living in a house headed by a child, a child without the care and attention of a family. OVC may include children who have lost one or both parents, HIV-affected children, and children vulnerable to HIV because of various risk factors, such as poverty or work status.

Vulnerability Pointers in a Child

Vulnerability is indicated in children:

- from poor households

- with inadequate access to educational, health and other social support
- which have chronically ill parents (regardless of whether the parents live in the same household as the child)
- who live in a household with terminally or chronically ill parent(s) or caregiver(s)
- who live with old/ frail grandparent(s) or caregiver(s)
- who live outside of family care, i.e. live with extended family, in an institution or on the streets
- who are infected with HIV
- who are neglected and are left to cater for themselves(child headed household)
- under bondage, which compels them to carry out certain duties and responsibilities that mortgage their childhood by implication
- engaged directly or indirectly in works of any form that are abusive of their rights and exploitative of their status as children
- in homes/families where moral decadence, indiscipline and indecency are tolerated or overlooked

Source: National Plan of Action (NPA), 2006-2010

List of Extremely Vulnerable Children in communities

- Children with physical or mental disabilities
- Sexually abused children
- Neglected children
- Children in conflict with the law
- Exploited "Almajiri"
- Child beggars, destitute children and scavengers
- Children from broken homes
- Child labourers, including domestic child workers
- Children in child-headed homes
- Internally displaced children
- Children hawkers
- Trafficked children
- Children of migrant workers such as fishermen and nomad
- Children living with HIV
- Children living with aged/frail grandparents
- Child sex workers
- Children whose parents have disability
- Children who marry before age 18
- Children who have dropped out of school
- Abandoned children
- Children living with terminally or chronically ill parent(s) or caregiver(s)

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

Source: National Plan of Action (NPA) 2006-2010

Sample Size Determination

A total of 2,700 households were systematically surveyed in 2014 and 2015 out of which 2,000 households were selected for this research based on their vulnerability status and score (i.e. most vulnerable 21-28, more vulnerable 14-20 and vulnerable 7-13 respectively).

Sampling Technique

A multi-stage sampling technique was used to select the respondents. Below are the various stages used for this survey:

Stage One

Jos North L.G.A of Plateau State is made up of 22 districts with about 50 communities and a population of 429,300 as at the 2006 census. Latitude: 9° 56' 21.7" (9.9394°) north Longitude: 8° 54' 8" (8.9022°) east Elevation: 1,200 meters (3,937 feet). (*Please click on the link to view Jos North's location on the map and get directions* https://goo.gl/maps/mBHz1cz7vxQ2.) These communities were stratified into rural, sub-urban and urban settlements. 23 communities were selected through simple random sampling for the purpose of the research.

Stage Two

From the 23 communities, 2,000 households were randomly selected out 2700 initially surveyed households for this research, based on their vulnerability status and score of most vulnerable (21-28), more vulnerable (14-20) and vulnerable (7-13).

Stage Three

A total number of 80 Project Community Volunteers (PCVs) were selected out of 120 PCVs that were trained and each assigned 25 households from where 7,153 OVC were identified and enrolled from the 2,000 households.

Data Collection Instrument

The Baseline Household Vulnerability Assessment Categorization Form (HVA) was used to collect data from the households and Caregivers. It was administered by the Project Community Volunteers (PCV) who is also the interviewer to collect socio-demographic data of the household. The Household Vulnerability Assessment Categorization Form (HVA) is a nationally developed tool for the purpose of collecting vulnerability data on household headship, health, education level (household head), shelter & housing, food security & nutrition, means of livelihood and household income.

The Child Status Index (CSI) a national tool developed for OVC programing was used to collect information from the OVC. The CSI assess the child's vulnerability in the domains of food & nutrition, shelter & care, protection, health, psychosocial support and education & skills.

Data Collection Protocol

For efficient and proper data collection, the PCVs were intensively trained on the use and administration of the various data collection tools: Baseline Household Vulnerability Assessment Categorization Form (HVA), Vulnerable Children Enrollment Form, Child Status Index Card (CSI) and Nutrition Assessment Form among other data collection tools.

The process of data collection emanated from the respondents of the various communities under study. The interviewer (i.e. PCV) under close supervision of the Project Supervisor administered the various questionnaires (HVA, CSI, etc.) to the respondents for the purpose of obtaining information about the respondents' household. These forms were hereafter brought to the office where they were vetted by various Project Staff before entry into the National OVC Management Information System (NOMIS) for evaluation and analysis by the Monitoring and Evaluation (M&E) Officers in line with Standard Operating Procedures (SOPs). This database provides information on OVC (Client and Aggregate level data) and reduces the level of error obtained from solely relying on paper based documentation alone for analysis.

Ethical Considerations

In carrying out this research, advocacy was carried out to the following stakeholders such as the Plateau State Ministry of Women Affairs and Social Development (MWASD), Ministry of Health, Plateau State Agency for the Control of Aids (PLACA), Ministry of Education, Ministry of Justice, Ministry of Commerce and Industry, Bank of Agriculture, Micro finance Banks, Plateau State Agricultural Development Programme (PADP), Plateau State Community and Social Development Agency (CSDA), National Directorate of Employment (NDE), National Human Rights Commission, Jos North L.G.A Social Welfare Department, Health Department, Agriculture Department, Local Agency for Control of AIDS (LACA), Community and Religious Leaders, Household Heads and Caregivers.

In carrying out this research MF followed its developed policies and standard operating procedures based on international best practice to ensure quality in the course of this research work. To ensure that the right of every child is respected and protected, Project Staff, Project Community Volunteers (PCVs) and all associated staff, who have contact with children signed the child safeguarding policy.

Consent of household heads and Caregivers to participate in the research was sought through a written consent which was signed.

Data Analysis

The data collected from respondents were analyzed using the National OVC Management Information System (NOMIS), Microsoft Office Excel, Minitab and Statistical Package for Social Sciences (SPSS) version20.

Scoring

The Household Vulnerability Assessment Form with severity level of 1 to 4 where 4 is the worst case scenario. The Child Status Index is disaggregated by service areas (domains) on a scale of 1 to 4 where 4 means "Good", 3 means "Fair", 2 means "Bad" and 1 means "Very Bad". It is based on this coding the research findings are based.

Results: A total of 2000 households were surveyed from which 7,153 OVC with age range of 0-17 years where the mean age is (8.5, 8.7) years (Mean=8.6 and SD=4.8). 49.4% (3,534) of the children were male and 50.6% (3619) were female. Also, 2,000 household heads with an average of (3.5, 3.7) (Mean=3.6 and SD=1.9) children per household were studied across 23 communities. Out of which 7% (148) of households were most vulnerable, 77% (1534) more vulnerable and 16% (318) of households vulnerable with 8% (571), 77% (5511) and 15% (1071) of OVC respectively in the households.

Similarly 36.5% (730) of the households were headed by women with an average of 37years of age, 63.5% (1270) headed by men while 3.50% (70) of households were headed by grandparents. Analysis shows that 9.05% (181) of heads of households had no level education, in terms of nutrition, 29.25% (585) of households occasionally had insufficient and/or not regular food, 3.95% (79) of households had no sufficient or regular food most times of the year, 46% of children frequently have less food to eat than needed, and often complains of hunger. In relation to access to healthcare services the survey revealed that 20.90% (418) of households had one or more members who were frequently sick without access to healthcare services. The survey also revealed that, 30.1% of children were ill and less active for a few days (1 to 3 days), 27% of children received medical treatment when ill, but some health care services (e.g. immunizations) are not received. In terms of household income, 76% of household heads were involved in one Income Generating Activities (IGA)/occupation such as petty traders, farmers, menial jobs, tailoring services, bean cake sellers, commercial drivers, security guards, photographers, mechanics, carpenters while the remaining 24% constituted retirees, applicants, housewives etc. 37.80% (756) of households had structurally defective shelters while 39% (780) of households were overcrowded. 71% of children live in a dilapidated structure that needs major repairs, is over- crowded, inadequate, and/or exposes him/her to weather. It was observed that each household had an average of four (4) children across communities, with (75 and 25) % of households having between 1-4 and 5-12 children respectively increasing the rate of transmission of communicable diseases such as Tuberculosis.

The Minitab output for chi-square test for association shows that there is relationship among the household vulnerability assessment domains. Out of the total children surveyed 1% were double orphans, 9% paternal orphans, 12% maternal orphans while 67% made up other vulnerabilities such as child living with chronically ill parent and child laborer. 11% of the children were living with HIV positive Caregiver/Household member. Also 0.2% (16) and 10.6% (212) of the children and Caregivers respectively were HIV positive. School enrollment for children between the ages of 6-17 was 2622(63%), 33.06% were male and 31.24% female.

The result showed that 47.3% of children may be at risk of abuse and exploitation and may have no access to legal protection services while there is an indication that 26.6% of the children may be neglected, over worked and maltreated in households.

DISCUSSIONS:

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe who recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers *(Nigeria Research Situation Analysis on Orphans and Other Vulnerable Children 2009)*.Since available resources are limited to split between program implementation and research, concerted effort should be made to provide solutions to gaps identified without depriving support for essential services, thus increasing impact at a cost effective manner. With available data on OVC in households, streets, Internally Displaced Persons (IDP) camps and community in general, stakeholders such as government, non-governmental organizations and foreign agencies are better equipped with the information needed to effectively plan for OVC and as well track alternative care services.

This survey exposes the various needs of Vulnerable Children in communities and households hence there is need for Psychosocial support to households affected by ethno-religious violence and diseases such as HIV/AIDS. Community Based Organizations and Primary Health Care Board should work towards building and equipping Primary Healthcare Centres which is closer to community members for easy health access and services. The survey also revealed that 55.7% of these households earned below N18, 000 a month. It is pertinent to note here that an increase in household income could result to meeting the needs of the OVC hence the need to economically empower these households for self-sustainability. To increase household food security among these vulnerable groups there is need for nutrition education, provision of food supplements to curtail issues of malnutrition and establishment food banks in communities. School enrolment, retention and completion can be increased through education awareness creation, counselling and empowerment of Caregivers for improved school attendance and completion. More awareness needs to be created in communities in assisting vulnerable groups with safe and decent shelters through communal efforts. To reduce and prevent issues of child abuse and gender based violence in communities, local mechanism such as Community Child Protection Committees who will work closely with community leaders, Civil Society Organizations and other government agencies that will facilitate the education of communities and prosecution of offenders of child/gender based violence.

There is some evidence that rural OVC have less access to all forms of care, including health, compared to those in urban areas. Data on factors leading to the inequities will help policy makers design strategies to address them more effectively. Data on numbers and characteristics of Caregivers and their capacities, proportion of needy families currently being supported, numbers of OVC under various care placements, current coping strategies at household level, will all go a long way in the planning process for scale up of family centered care through the household approach. *(Nigeria Research Situation Analysis on Orphans and Other Vulnerable Children 2009)*

CONCLUSION

The Minitab output for Chi-square test of association shows that there is relationship among the household vulnerability assessment domains with alpha set at 0.05, DF =18, P-Value=0.00. Also the correlation coefficient for household vulnerability assessment domains shows a positive association among domains except for household income & food security & nutrition as well as household income and health with -0.05 and -0.24 correlation coefficients respectively. This is evident to the fact that 55.65% of households surveyed have a monthly income below ₦18,000 ($66.67) which happens to be the minimum wage as at this time of the research while 30.15% of households had no monthly income earned. These figures also suggest that these households have not acquired health education as well as food security & nutrition education, and as such do not make use of mosquito nets or Water Sanitation & Hygiene (WASH) practices. To this effect there is an urgent need for Caregivers to be trained and exposed to financial management skills, WASH practices, health education, nutrition education & other key household practices to help them take better care of their families.

ANALYSIS

Table 1

Distribution of Household heads by Gender among Vulnerable Households in Jos North LGA of Plateau State			
Ward/Community	Female	Male	Grand Total
ALHERI	18	2	20
ALIKAZAURE	53	112	165
ANGWAN LAMBU	30	143	173
ANGWAN ROGO	10	39	49
ANGWAN RUKUBA	23	26	49
ANGWAN SOYA	26	18	44
APATA	51	27	78
BAUCHI ROAD	45	20	65
BUSA BUJI	13	18	31
FARIN GADA	33	71	104
GANGARE	11	29	40
JENTA ADAMU	33	29	62
JENTA MAKERI	9	6	15
JENTA MANGORO	16	10	26
KABONG	11	22	33
LAMINGO	19	172	191
LARANTO/KATAKO	28	17	45
MALLAM GAMBO	2	44	46
NASSARAWA/CONGO RUSSIA	15	19	34
RIKKOS	61	26	87
RUKUBA ROAD	93	45	138

TUDUN WADA	103	216	319
UTAN	27	159	186
Grand Total	730	1270	2000

Table 2

Percentage Distribution of Household heads by Gender among Vulnerable Households in Jos North LGA of Plateau State			
Ward/Community	Female	Male	Grand Total
ALHERI	90.00%	10.00%	100.00%
ALIKAZAURE	32.12%	67.88%	100.00%
ANGWAN LAMBU	17.34%	82.66%	100.00%
ANGWAN ROGO	20.41%	79.59%	100.00%
ANGWAN RUKUBA	46.94%	53.06%	100.00%
ANGWAN SOYA	59.09%	40.91%	100.00%
APATA	65.38%	34.62%	100.00%
BAUCHI ROAD	69.23%	30.77%	100.00%
BUSA BUJI	41.94%	58.06%	100.00%
FARIN GADA	31.73%	68.27%	100.00%
GANGARE	27.50%	72.50%	100.00%
JENTA ADAMU	53.23%	46.77%	100.00%
JENTA MAKERI	60.00%	40.00%	100.00%
JENTA MANGORO	61.54%	38.46%	100.00%
KABONG	33.33%	66.67%	100.00%
LAMINGO	9.95%	90.05%	100.00%
LARANTO/KATAKO	62.22%	37.78%	100.00%
MALLAM GAMBO	4.35%	95.65%	100.00%
NASSARAWA/CONGO RUSSIA	44.12%	55.88%	100.00%
RIKKOS	70.11%	29.89%	100.00%
RUKUBA ROAD	67.39%	32.61%	100.00%
TUDUN WADA	32.29%	67.71%	100.00%
UTAN	14.52%	85.48%	100.00%
Grand Total	36.50%	63.50%	100.00%

Table 3

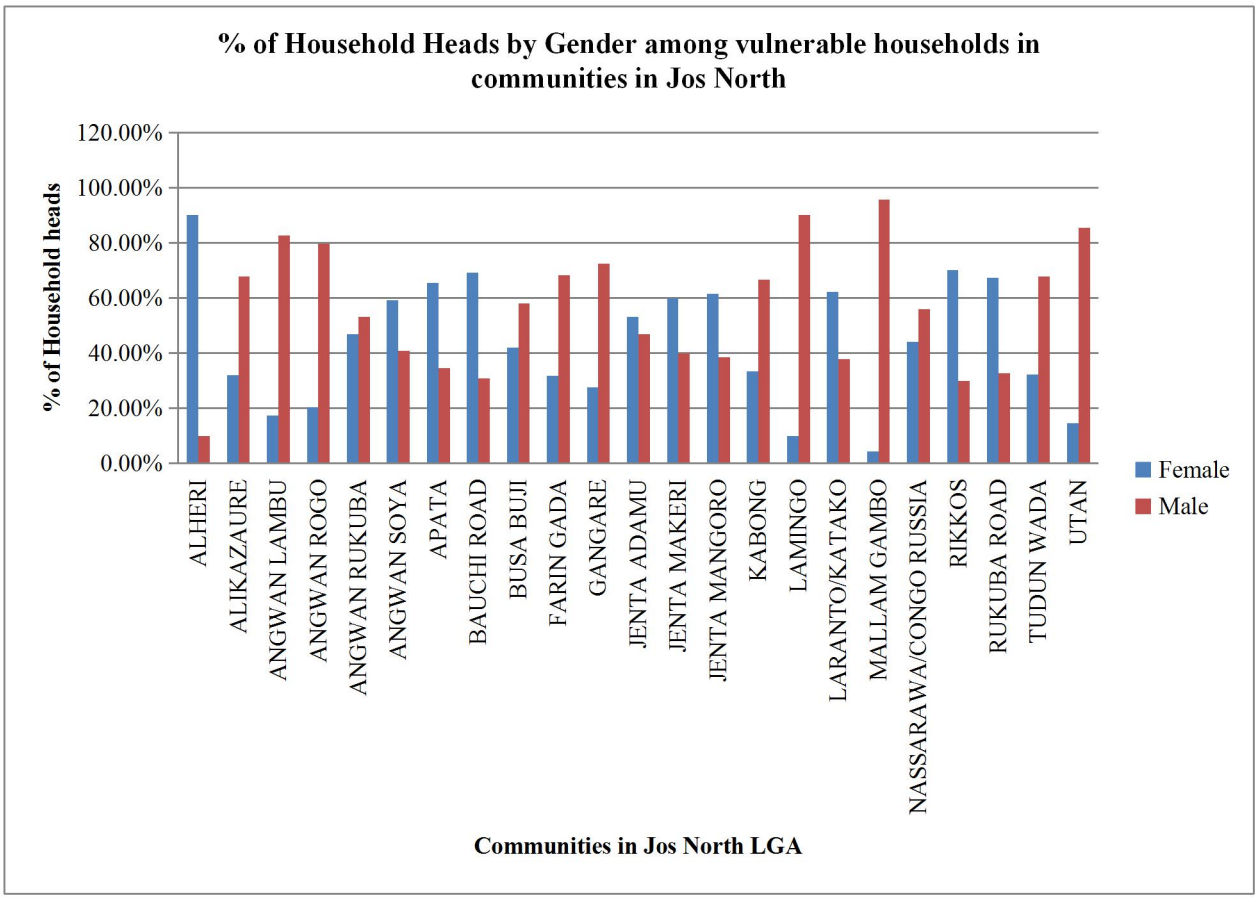
% of Household Heads by Gender among vulnerable households in communities in Jos North
% of Household heads
120.00%
100.00%
80.00%
60.00%
40.00%
0.00%
ALHERI
ALIKAZAURE
ANGWAN LAMBU
ANGWAN ROGO
ANGWAN RUKUBA
ANGWAN SOYA
APATA
BAUCHI ROAD
BUSA BUJI
FARIN GADA
GANGARE
JENTA ADAMU
JENTA MAKERI
JENTA MANGORO
KABONG
LAMINGO
LARANTO/KATAKO
MALLAM GAMBO
NASSARAWA/CONGO RUSSIA
RIKKOS
RUKUBA ROAD
TUDUN WADA
UTAN
Female
Male
Communities in Jos North LGA

Table 4

Vulnerability among OVC households in Jos North LGA of Plateau State

Vulnerability Status	**Range of scores**	**Number of Households**	**Number of OVC**	**% of Households**	**% of OVC**
Vulnerable	7-13	318	1071	16%	15%
More Vulnerable	14-20	1534	5511	77%	77%
Most Vulnerable	21-28	148	571	7%	8%
	Total	**2000**	**7153**	**100%**	**100%**

Table 5

Analysis of the 2000 households covering the 7 domains of the Baseline Household Vulnerability Assessment tool					
Count of Household unique Id	Education level of Head of Household				
	Tertiary (degree/diploma)	Secondary/trade test/artisan	Primary/vocational skill	No education attained	Grand Total
Total	135	877	807	181	2000
%	6.75%	43.85%	40.35%	9.05%	100.00%
Count of Household unique Id	Food security and nutrition				
	HH has sufficient and regular food all through the year	HH has sufficient food but this is not regular	HH occasionally has insufficient and/or not regular food	HH has no sufficient regular food for most times of the year	Grand Total
Total	272	1064	585	79	2000
%	13.60%	53.20%	29.25%	3.95%	100.00%
Count of Household unique Id	Health				
	No health constraint in household	Members are occasionally sick with access to healthcare	One or more members are frequently sick without access to healthcare	Member(s) of HH is chronically ill and /or living with AIDS/HIV positive	Grand Total
Total	294	1060	418	228	2000
%	14.70%	53.00%	20.90%	11.40%	100.00%
Count of	HH headship				

Household unique Id	Both parents headed household	Single parent headed household	Grandparent headed household	Child headed household	Grand Total
Total	1360	570	70	0	2000
%	68.00%	28.50%	3.50%	0.00%	100.00%
Count of Household unique Id	HH income				
	HH income above N25,000 a month	HH income between N18,000-N25,000 a month	HH income below N18,000 a month	HH has no monthly income earned	Grand Total
Total	41	243	1113	603	2000
%	2.05%	12.15%	55.65%	30.15%	100.00%
Count of Household unique Id	Means of livelihood				
	More than one member of HH is employed /or HH owns at least one business or farming livestock	At least one member of HH is employed or has business or farming/livestock	No member is employed but HH has business or farming/livestock	No member of HH is employed nor have any business nor own farming assets for livelihood	Grand Total
Total	99	730	918	253	2000
%	4.95%	36.50%	45.90%	12.65%	100.00%
Count of Household unique Id	Shelter and housing				
	HH has good shelter, not overcrowded	HH has good shelter but overcrowded	HH has structurally defective shelter	HH has no shelter	Grand Total
Total	464	780	756	0	2000
%	23.20%	39.00%	37.80%	0.00%	100.00%

Table 6

Minitab output for Chi-Square Test for Association

Education level of Head of Household	Food security and nutrition	Health	Household headship	HH income	Means of livelihood	Shelter and housing	Total

1	135	272	294	1360	41	99	464	2665
	380.7	380.7	380.7	380.7	380.7	380.7	380.7	
2	877	1064	1060	570	243	730	780	5324
	760.6	760.6	760.6	760.6	760.6	760.6	760.6	
3	807	585	418	70	1113	918	756	4667
	666.7	666.7	666.7	666.7	666.7	666.7	666.7	
4	181	79	228	0	603	253	0	1344
	192.0	192.0	192.0	192.0	192.0	192.0	192.0	
	2000	2000	2000	2000	2000	2000	2000	14000

Cell Contents

Count

Expected count

Chi-Square Test

	Chi-Square	DF	P-Value
Pearson	6345.422	18	0.000
Likelihood Ratio	6150.332	18	0.000

The Minitab output also gives the same result as the manual computation done above where alpha is set at 0.05, DF =18, P-Value=0.00 .Since the P-Value=0.00, we can reject the null hypothesis and accept the alternative hypothesis which says there is relationship among the household vulnerability assessment domains.

Table 7

CORRELATION ANALYSIS OF ASSESSMENT DOMAINS

ASSESSMENT DOMAINS	CORRELATION COEFFICIENT (r)	COEFFICIENT OF DETERMINATION (R^2)
Education level of Head of Household and Food security and nutrition	0.89	80%
Education level of Head of Household and health	0.77	59%
Food security and nutrition and health	0.96	91%
HH income and food security and nutrition	-0.05	0.3%
HH income and health	-0.24	6%
Means of livelihood and nutrition	0.72	52%
Means of livelihood and health	0.55	30%

Table 8

	BASELINE CHILD STATUS INDEX SUMMARY TABLE	4(Good)	3(Fair)	2(Bad)	1(Very bad)	Grand Total
1	Psychosocial					
		Child is happy, hopeful, and content.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child is often withdrawn, irritable, anxious, unhappy or sad. Infant may cry frequently or often be inactive.	Child is hopeless, sad, withdrawn, wishes could die or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	
a	Emotional health	132	1615	5406	0	7153
	%	2%	23%	76%	0%	100.0%
		Child likes to play with peers and participates in group or family activities.	Child has minor problems getting along with others and can be aggressive.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	
b	Social behavior	220	1591	5342	0	7153

	%	3.1%	22.2%	74.7%	0.0%	100.0%
2	Food and Nutrition					
		Child is well fed, eats regularly.	Child has enough to eat most of the time, depending on season or food supply.	Child frequently has less food to eat than needed, and complains of hunger.	Child has no food to eat and goes to bed hungry most nights.	
a	Food security	304	1740	3291	1818	7153
	%	4.2%	24.3%	46.0%	25.4%	100.00 %
		Child is well grown with good height, weight, and energy level for his/her age.	Child seems to be growing well but is less active compared to others of same age in community.	Child has lower weight, looks shorter, and/or is less energetic compared to others of same age in community .	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	
b	Nutrition and growth	187	1675	3795	1496	7153
	%	2.6%	23.4%	53.1%	20.9%	100.00 %
3	Health					

		In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	In past month, child was ill and less active for a few days (1 to 3 days) but he/she participated in some activities.	In past month, child was often (more than 3 days) too ill for school, work, or play.	In past month, child has been ill most of the time (chronically ill).	
a	Wellness	231	2151	3347	1424	7153
	%	3.2%	30.1%	46.8%	19.9%	100.00 %
		Child has received all necessary health care services (treatment and preventive).	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child sometimes or inconsistently receives needed health care services (treatment or preventive).	Child never receives the necessary health care services (treatment or preventive).	
b	Health care services	197	1931	3355	1670	7153
	%	2.8%	27.0%	46.9%	23.3%	100.00 %
4	Education and skills					

		Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child has serious problems with learning and performing in life or developmental skills.	
a	Development and performance	125	1585	3647	1796	7153
	%	1.7%	22.2%	51.0%	25.1%	100.00 %
		Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.	Child enrolled in school or has a job but he/she rarely attends. Infant or preschool child is rarely played with.	Child is not enrolled, not attending training, or involved in age-appropriate productive activity or job. Infant or preschooler is not played with.	
b	Education and work	159	1507	3373	2114	7153

	%	2.2%	21.1%	47.2%	29.6%	100.00 %
5	Protection					
		Child does not seem to be abused, neglected, do inappropriat e work, or be exploited in other ways.	There is some indication that child may be neglected, over worked, not treated well or otherwise maltreated.	Child is neglected, given inappropria te work for his or her age, or is clearly not treated well in household or institution.	Child is abused sexually or physically, emotionally, and/or is being subjected to child labor or otherwise exploited.	
a	Abuse and Exploitation	163	1900	3541	1549	7153
	%	2.3%	26.6%	49.5%	21.7%	100.00 %
		Child has access to legal protection services as needed.	Child has inadequate access to legal protection services, but no protection is needed at this time.	Child has no access to any legal protection services and may be at risk of exploitatio n.	Child has no access to any legal protection services and is being legally exploited.	
b	Legal Protection	184	1666	3383	1920	7153
	%	2.6%	23.3%	47.3%	26.8%	100.00 %

6	Shelter and Care					
		Child lives in a place that is adequate, dry, and safe.	Child lives in a place that needs minor repairs but is fairly adequate, dry, and safe.	Child lives in a dilapidated structure that needs major repairs, is over-crowded, inadequate, and/or exposes him/her to weather.	Child has no stable, adequate, or safe place to live (homeless).	
a	Shelter	212	1860	5081	0	7153
	%	3.0%	26.0%	71.0%	0.0%	100.00 %
		Child has a primary adult caregiver who is involved in his/her life, and who protects and nurtures him/her.	Child has an adult who provides care but who is limited by illness, age, resources, or seems indifferent to this child.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is completely without the care of an adult and must fend for him- or herself or lives in child headed household.	

b	Care	257	1813	5083	0	7153
	%	3.6%	25.3%	71.1%	0.0%	100.00 %

Table 9

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
VC_BASELINE_AGE	7153	8.6178	4.75768	.05625

One-Sample Test

	Test Value = 0					
	t	DF	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
VC_BASELINE_AGE	153.195	7152	.000	8.61778	8.5075	8.7281

Household Vulnerability Assessment Categorization Form

State: **LGA:** **Ward:**

DEMOGRAPHICS		
Name of household head (Surname first)		HH Unique ID No ____ / _____/_____/_____ (State/LGA code/ Org code/ HH serial No
Address :		Date of assessment (dd / mm/ yyyy):
Phone No:	Age :	Sex: Male ☐ Female ☐
Number of Children (0 – 17 yrs) in household	Marital Status Married ☐ Single ☐ Widow(er) ☐ Divorced ☐	Occupation
Number of people in household		

HOUSEHOLD HEADSHIP					**Score**
Rating	1	2	3	4	
Index	Both parents headed household	Single parent headed household	Grandparent headed household	Child headed household	

HEALTH					**Score**
Rating	1	2	3	4	
Index	No health constraint in household	Members are occasionally sick with access to healthcare	One or more members are frequently sick without access to healthcare	Member(s) of HH is chronically ill and /or living with AIDS/HIV positive	

EDUCATION LEVEL (HOUSEHOLD HEAD)					**Score**
Rating	1	2	3	4	
Index	Tertiary (degree/diploma)	Secondary/trade test/artisan	Primary/vocational skill	No education attained	

SHELTER & HOUSING					**Score**
Rating	1	2	3	4	
Index	HH has good shelter, not overcrowded	HH has good shelter but overcrowded	HH has structurally defective shelter	HH has no shelter	

FOOD SECURITY & NUTRITION					Score
Rating	1	2	3	4	
Index	HH has sufficient and regular food all through the year	HH has sufficient food but this is not regular	HH occasionally has insufficient and/or not regular food	HH has no sufficient regular food for most times of the year	

MEANS OF LIVELIHOOD					Score
Rating	1	2	3	4	
Index	More than one member of HH is employed /or HH owns at least one business or farming livestock	At least one member of HH is employed or has business or farming/livestock	No member is employed but HH has business or farming/livestock	No member of HH is employed nor have any business nor own farming assets for livelihood	

Household Income					Score
	1	2	3	4	
Index	HH income above N25,000 a month	HH income between N18,000-N25,000 a month	HH income below N18,000 a month	HH has no monthly income earned	

Total Score = _____	HH is eligible for enrolment Yes ☐ No ☐

Vulnerability Status	Grade	Tick applicable to the household
Most vulnerable	21-28	
More vulnerable	14-20	
Vulnerable	7-13	

Household withdraw from program? Yes ☐ No ☐ if yes tick reason household is withdrawn. ☐ Known Death, ☐ Graduated, ☐ Migrated, ☐ Loss to follow up (after 3 months)

Name of Assessor_____ Designation: _____ _____Sign /Date (dd/mm/yyyy) _____

Affix Child's Passport

VULNERABLE CHILDREN ENROLMENT CARD

State: **LGA:** **Ward:**

Date of enrolment:_____OVC Unique ID No._____/_____/_____/_____
(DD/MM/YYYY) (State code / LGA code / Org code/ OVC serial No)

Child's Name:_____ Sex: _____ Age: _____years _____ months
(Surname in block letters, first and middle name) (Enter month if child is below 1 year)

Address: _____
(Descriptive address should include street name, house number & significant landmark)

Vulnerability Status

Mark all that applies to the Child

Maternal Orphan		Paternal Orphan	
Double Orphan		Child Labourer	
Street Child		Child with disability	
Child is HIV positive		Child lives with a chronically ill parent	
Child lives in a child headed household		Almajiri	
Child living in Institution		Other vulnerable types please specify	

CHILD'S HIV STATUS

HIV status unknown ☐	HIV negative ☐	HIV positive ☐

BIRTH REGISTRATION & EDUCATION

Does the child have a birth registration certificate	No ☐	Yes ☐	Is the child in school	No ☐	Yes ☐

Name of school: Class:

HOUSEHOLD HEAD & CAREGIVER INFORMATION

Name of Household head:_____Sex: _____Age: _____years
(Surname in block letters, first and middle name)
Name of Caregiver:_____ Sex: _____Age: _____years
(Surname in block letters, first and middle name)
Address:_____
(Enter address of care giver if different from child's address above)
Tel:_____ Occupation: _____

Number of Children 0 -17 years in the Household		Number of vulnerable children in the household	

Relationship to child	Nuclear family member		Neighbour/Friend	
	Social worker		Extended family member Please specify……..…	

BASELINE/INITIAL CHILD STATUS INDEX ASSESSMENT

DOMAIN	**Score** *(Mark **X** as appropriate)*				***DOMAIN***	**Score** *(Mark **X** as appropriate)*			
	4 Good	**3** Fair	**2** Bad	**1** Very Bad		**4** Good	**3** Fair	**2** Bad	**1** Very Bad
FOOD AND NUTRITION					**HEALTH**				
Food Security					Wellness				
Nutrition and Growth					Health Care Services				
SHELTER AND CARE					**PSYCHOSOCIAL**				
Shelter					Emotional Health				
Care					Social Behaviour				
PROTECTION					**EDUCATION & SKILLS**				
Abuse and Exploitation					Development & performance				
Legal protection					Education & Work				

Source of information: Child ☐ Parent/Guardian ☐ Relative ☐ Neighbour ☐ Social Worker ☐ Others Specify ……☐

Comments/Plan of Action:

Completed by: Name_____ Designation: _____Organisation_____Sign/Date: _____

The Baseline/Initial Child Status Index (CSI) scores were obtained from the enrollment form for the purpose of this research.

LIST OF ACRONYMS

1. AIDS-Acquired Immune Deficiency Syndrome
2. CDC MMWR- Centers for Disease Control Morbidity and Mortality Weekly Report
3. CSDA- Community and Social Development Agency
4. CSI-Child Status Index
5. DF- Degree of Freedom
6. HH-Household
7. HIV- Human Immunodeficiency Virus
8. HVA-Household Vulnerability Assessment
9. IDP- Internally Displaced Persons
10. IGA- Income Generating Activities
11. LACA- Local Agency for Control of AIDS
12. M&E-Monitoring & Evaluation
13. MF-Mashiah Foundation
14. MWASD - Ministry of Women Affairs and Social Development
15. NACA- National Agency for the Control of AIDS
16. NDE-National Directorate of Employment
17. NOMIS- National OVC Management Information System

18. NPA- National Plan of Action
19. OVC-Orphans and Vulnerable Children
20. PADP- Plateau State Agricultural Development Programme
21. PCVs- Project Community Volunteers
22. PLACA- Plateau State Agency for the Control of Aids
23. SD-Standard Deviation
24. SOPs-Standard Operating Procedure
25. SPSS- Statistical Package for Social Sciences
26. UNAID- Joint United Nations Programme on HIV/AIDS.
27. UNICEF- United Nations International Children's Emergency Fund
28. USAID- United States Agency for International Development
29. VSLA- Village Savings and Loans Association
30. WASH- Water Sanitation & Hygiene

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REFERENCES

UNAIDS data (2017) http://www.unaids.org/en/resources/documents/2017/2017_data_book

USAID (2016) https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/orphans-and-vulnerable-children-affected-hiv

Global HIV Statistics (2016)https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics#gref

PEPFAR fact sheet (2017) https://www.pepfar.gov

Origin of HIV & AIDS (May, 2018) https://www.avert.org/professionals/history-hiv-aids/origin

Centre For Disease Control and Prevention (2001) CDC Morbidity and Mortality Weekly Report Weekly 2001

National Agency for the Control of AIDS (2012) https://naca.gov.ng/nigeria-prevalence-rate/

UNICEF Country Programme Document 2014-2017

Mashiah Foundation (2014-2015) Orphans and Vulnerable Children Assessment Records.

Nyangara, (2004) Sub-National Distribution and situation of orphans: An analysis of the President's Emergency plans for AIDS Relief Focus Countries

Management Sciences for Health (2014)http://www.msh.org/news-events/stories/supporting-orphans-and-vulnerable-children-in-nigeria

Federal Ministry of Women Affairs and Social Development, Child Development Department (2006-2010). National Plan of Action (NPA).

Boston University Center for Global Health and Development in collaboration with Initiative for Integrated Community Welfare in Nigeria. (August,2009) Nigeria Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief 2009.

Adeniyi, et al (2008). A Situational Analysis of Orphans and Vulnerable Children in Eight States of Nigeria by Catholic Relief Services and Catholic Secretariat of Nigeria