

Full Length Research Paper

Assessment of the implementation of the national policy on orphans and vulnerable children in Benin City, Edo State, Nigeria

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Nigeria has one of the largest burdens of Orphans and Vulnerable Children (OVC) in the world. In response to these challenges, the Federal Government in Nigeria initiated and adopted the Child Rights Act (CRA) and the National Guideline and Standard of Practice (NGSP) for OVC. However, there is very limited rigorous research evidence and data on the implementation of these intervention policies. It is important for the policy makers and program leaders to make well-informed decisions about the way forward. The study assessed the knowledge about the relevant documents and legislation for the protection of OVC in Nigeria and identified the challenges with its implementation among stakeholders in Benin City. Using a cross-sectional study design with both quantitative and qualitative methods of data collection, a pretested self administered questionnaire and Key Informants Interview were used to collect data from 11 heads of Orphanages and 33 stakeholders such as heads of the support institutions, policy decision makers and regulators of the orphanages. All (100.0%) of the policy makers had good knowledge of the policy, followed by the heads of orphanages (45.5%) and heads of support institutions (36.0%). The Child Rights' Act was the most common National policy on OVC mentioned by 57.8% of them. A high proportion (45.0%) was of the opinion that the policies have in no way been implemented in Benin City. Major challenges with the implementation of the policies mentioned were inadequate funds, defective monitoring of the activities of the OVC, no adequate budget line and shortage of staff. Training and retraining of the heads of orphanages and support institutions on the relevant policies on OVC and allocation of more funds and services to the orphanages are recommended.

Key words: Child Rights Act, National Guideline and Standard of Practice, OVC, policy makers, stakeholders.

INTRODUCTION

The number of OVC is consistently on the increase in the world with the advent of HIV/AIDS especially in sub-Saharan Africa which is the most highly affected region (Beelen, 2007). Eight out of every 10 children who have

lost parents to HIV/AIDS live in sub-Saharan Africa (Federal Ministry of Women Affairs and Social Development, 2007). In 2005, about 12 million children ages 0-17 lost one or both parents to AIDS and the total

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number of children orphaned from all causes was 48.3 million at the end of the year (UNAIDS and UNICEF, 2006).

Problem statement

Nigeria has one of the largest burdens of Orphans and Vulnerable Children (OVC) in the world and is facing an orphaning and vulnerability crisis of potentially catastrophic proportions (United Nations Children's Fund and Policy Project, 2004). The number of adults and children living with HIV (a major cause of orphanhood) in Nigeria was 2.8 million in 2008 and this is one of the highest in the world (UNICEF and Policy Project, 2004). The 2008 Situation Assessment and Analysis (SAA) on OVC revealed that 17.5 million (24.5%) of Nigerian children are OVC (Federal Ministry of Women Affairs and Social Development, 2008). The survey further showed that 7.3 million were orphaned from various causes while the national prevalence of OVC is 24.5% and that of Edo State is 15%.

Evidence also exists to show that OVC in Nigeria live in deplorable conditions and are exposed to neglect, exploitation, abuse and deprived of basic human rights and needs (UNICEF, 2002). Thus, Nigeria is facing an emergency situation in which millions of children are in dire need of care and special protection measures (McKenna, 2010). The burden of poverty makes families and communities unable to cope with the increased number of orphans (McKenna, 2010). Orphanages or other group residential facilities may seem a logical response to growing orphan populations but it can however, impede the development of national solutions for orphans and other vulnerable children. In the worst cases, orphanages can be dangerous and unregulated places where children are subject to abuse and neglect (Feranil et al., 2010).

In most countries in sub-Saharan Africa especially in Nigeria, traditional residential institutions usually have too few caregivers and are therefore limited in their capacity to provide children the affection, attention, personal identity, and social connections that families and communities can offer (UNCF, JUNP on HIV/AIDS and USAID, 2004). Developmental risks can thus be substantially heightened in institutional settings. Institutional care tends to segregate children and adolescents by age and sex and from other young people and adults in their communities, instead of encouraging independence and creative thinking, institutional life tends to promote dependency and discourage autonomy. For many adolescents, the transition from life in an institution to positive integration and self-support as a young adult in the community is difficult. They lack essential social and cultural skills and a network of connections in the community (UNCF, JUNP on HIV/AIDS and USAID, 2004).

In order to support the orphans and vulnerable children in Nigeria, the Federal Government of Nigeria initiated and adopted a number of policy frameworks. These include the Child Rights Act (CRA) (2003), which incorporates the UN conventions on the Rights of a Child, and the National Guideline and Standard of Practice (NGSP) for OVC, in Nigeria (National Population Commission and ICF Macro, 2009). Twenty one of the thirty six states (including Edo state) of the Federation and the Federal Capital Territory have domesticated the law, and a vigorous advocacy campaign is currently being undertaken by the Ministry of Women Affairs for other states to follow suit (Federal Ministry of Women Affairs and Social Development Nigeria, 2006; 2008). The goal of the NGSP for OVC in Nigeria is to provide comprehensive, efficient and effective care, support and protection of orphans and vulnerable children in Nigeria (Federal Ministry of Women Affairs and Social Development, 2007). The objectives of the National Guideline are to provide guidance for the development and implementation of interventions for the care, support and protection of orphans and vulnerable children in Nigeria, to provide minimum standards in quality of services and activities related to all areas of care, support and protection of orphans and vulnerable children that are socially and culturally acceptable, in accordance with the Federal Government of Nigeria policies, international instruments and internationally accepted best practices. This document also specifies the minimum services to be provided by any programme involved in the care and support of OVC.

Addressing the needs of OVC and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe that recognizes this as an issue with social, economic, and human rights dimensions. In Nigeria however, there is very limited rigorous research evidence and data on OVC and interventions to inform policies and programs. While most studies carried out on OVC in Nigeria did not highlight the knowledge of stakeholders (involved in the care and support of OVC) about the national guidelines and standard of practice on OVC, a study carried out in Botswana, which is one of the countries in sub-Saharan Africa that has a great burden of OVC revealed that stakeholders lack information about OVC policies and that the OVC policies are not fully operationalized (Feranil et al., 2010). Assessing the level of knowledge of stakeholders on the National Guideline and Standard of Practice on OVC will aid in highlighting the challenges stakeholders and policy makers experience with the implementation of National guideline and standard of practice on OVC.

Many barriers were highlighted with the implementation of the relevant legal documents for the protection of the OVC in different countries. In Botswana and Kenya, the challenges identified included: Lack of coordination amongst the Non Governmental Associations (NGOs)

and support institutions for the OVC, lack of finance to implement the projects, problems in identifying who the real orphans and vulnerable children are (Morantz et al., 2009; Pfeleiderer and Kantai, 2010). The situation analysis on OVC cross-sectional study conducted in the thirty-six states in Nigeria in 2008 aimed at improving the available knowledge for OVC programming with special focus on policy makers and program managers revealed some challenges with the implementation of the legal document for the OVC, which included; Lack of adequate funds, corruption, unqualified staff, lack of manpower and the lack of adequate and functional educational services (Beelen, 2007). This study assessed the knowledge about the relevant documents and legislation for the protection of OVC in Nigeria and identified the challenges with its implementation among stakeholders in Benin City.

MATERIALS AND METHODS

Study area

This study was conducted in Benin City, the capital of Edo State which spans across three Local Government Areas, namely: Oredo, Egor and Ikpoba-Okha. It is located at latitude 6° 19' 43" N (latitude in decimal degrees) and longitude 5° 36' 14" E. It has a population of 1, 085, 676 persons with Benin being the predominant tribe (Federal Republic of Nigeria, Official Gazette, 2007). The proportion of people living below poverty line in various parts of Edo State is high and ranges between 40 and 83% (Edo State Government, 2011). Poverty incidence is highest among women, children, youths, unemployed and people living with HIV/AIDS. The Benin indigenous society operates a patrilineal system in which there is a strong preference for male children and this also tends to limit in the long term, the contributions of women to the socio-economic and political life in the city (Smart, 2003).

There are 15 government approved and registered orphanage homes (all privately owned) and 46 support institutions in Benin City. Eleven of these orphanages are in Oredo Local Government; three are in Egor Local Government and the remaining one in Ikpoba Okha Local Government. The orphanages in Benin City provide either the residential or non-residential care to OVC and some provide both. Some of the orphanages also have institutions which are Non-Governmental Organizations, Faith Based Organizations and Community Based Organizations supporting the services they render to the OVC. The Department of Child Development in the State Ministry of Women Affairs and Social Development is directly in charge of the registration of the orphanage homes and it is headed by a Director.

Study design

This research was conducted using a descriptive cross-sectional study design with a mixed method triangulation concurrent multilevel research approach involving qualitative and quantitative methods of data collection.

Eleven heads of orphanages and 33 stake holders such as heads of the support institutions (support institutions are the NGOs and religious bodies supporting the orphanages), policy decision makers and regulators of the orphanage (Permanent Secretary and the Director of the Department of Child Development in the Ministry of Women Affairs) were interviewed. Policy/decision makers who

are major actors in policy making or program direction and budget allocation as it relates to OVC program were included in the study, while those that refused to participate in the study were excluded. The heads of support institutions/orphanage were purposively selected based on their position and the type of organization they have, while the policy makers were selected based on their positions.

A pretested self administered questionnaire was used to assess the socio-demographic status and knowledge of the relevant documents and legislation for the protection of OVC in Nigeria among the respondents. Key Informants Interview (KII) was used to identify the challenges with implementation of the National Guideline and Standard of Practice for OVC in Nigeria. The KII guide was adapted from a validated tool used in Botswana and Kenya (Feranil et al., 2010; Pfeleiderer and Kantai, 2010) which are two developing countries that have similar socio-economic status like Nigeria. The questionnaire was pretested in Goodwill orphanage home in Auchi which is 150km from Benin and corrections were effected prior to the commencement of the study.

Data management

All the questions assessing knowledge were scored to give a total of 30 points and converted to percentile with scores <50th percentile representing poor knowledge, scores equal to 50th percentile as fair knowledge and scores >50th percentile as good knowledge. Data from the questionnaire were coded and entered into a computer spread sheet. Analysis was done with the aid of the SPSS version 16.0 software, and presented as diagrams, frequency distribution. Data from qualitative tools were analysed using thematic and content analyses.

Ethical approval

Ethical approval to conduct the study was obtained from the University of Benin Teaching Hospital Research Ethics Committee and Ministry of Women Affairs, Benin City.

RESULTS

Socio-demographic characteristics of respondents in Benin-City

Thirty six support institutions out of 46 could be traced. Two policy makers i.e. the Director of the Child Development Department in the Ministry of Women Affairs and the OVC Desk officer participated in this study. Seven key informants comprising two (28.6%) policy makers and five (71.4%) program managers/heads of support institutions were interviewed. There were three (42.9%) males and four (57.1%) females among them. The support institutions included three Faith Based Organization (FBO) of which two were Catholic based organizations and the third one was a Pentecostal based organizations. The other two were a Community Based Non-Organization.

The heads of orphanage between 50-59 years constituted the highest proportion of respondents 4(36.4%), followed by those between 40-49 years with mean age of 56.4 ± 16.0 years. A greater proportion of them were females 8(72.7%) and 72.7% were married

Table 1. Socio-demographic characteristics of heads of orphanages in Benin-City.

Demographic characteristics	Frequency(%)N=11
Age (yrs)	
30-39	1(9.1)
40-49	3(27.3)
50-59	4(36.4)
≥60	3(27.3)
Range	36-89
Mean ± SD	56.4 ± 16.0
Sex	
Male	3(27.3)
Female	8(72.7)
Marital Status	
Married	8(72.7)
Separated	1(1.5)
Widowed	2(18.2)
Level of Education	
Primary	1(9.1)
Tertiary	10(90.9)
Religion	
Christianity	11(100.0)
Occupation	
Business	1(9.1)
Computer Scientist	1(9.1)
Nursing	5(45.5)
Pastor	2(18.2)
Teacher	1(9.1)
No response	1(9.1)
Ethnic group	
Esan	3(27.3)
Benin	5(45.5)
Ghanaian	1(9.1)
Owan	2(18.2)

and all (100%) of the respondents were Christians. Majority (90.9%) of the respondents had tertiary level of education while only 9.1% had primary level of education. Nursing was the predominant profession among the respondents 5(45.5%), and so also Benin tribe was the predominant ethnic group among them 5(45.5%) (Table 1).

Knowledge of the National policy on OVC among stake holders in Benin-City

Figure 1 shows that all (100.0%) of the policy makers had

good knowledge of the policy, followed by the heads of orphanages constituting 5(45.5%) and lastly the heads of support institutions constituting 9(36.0%).

Most (93.9%) of the respondents were aware of the National policies on OVC through seminars followed by newspaper (9.1%) and TV/Radio (9.1%) (Table 2).

National policies on OVC mentioned by stakeholders and suggestive ways of effective dissemination

The Child Right Act was the National policy on OVC commonly mentioned by 19(57.8%) of the respondents. Others mentioned by a lower percentage of them were the National Guideline and Standard of Practice for OVC (15.2%), and the National action plan (NAP) for OVC (9.1%) respectively. A higher proportion of stakeholders 23(61.1%) were not satisfied with the dissemination of the policies on OVC. The stakeholders who were not satisfied with the dissemination of the policies suggested a number of ways by which the policies could be better disseminated. Nine (39.1%) stakeholders suggested that the government should have monitoring teams to check the efficiency and effectiveness of the dissemination methods (Table 3).

Challenges with the implementation of the National policies on OVC in Benin-City

The policy, laws, guidelines and strategic plans that have influenced the OVC response in Benin City

The policies and law mentioned were the NGSP for OVC, the NAP for the OVC 2006-2010 and the Child Right Law (CRL). The CRL was more popular among those interviewed in the organizations as most of them could speak and discuss issues in it when compared with the other National policies mentioned. A strategic plan that has influenced the OVC response in Edo state is the Child Protection Network which was inaugurated by the current Governor of Edo State, His Excellency Adams Oshiomhole. It is said to be a structure at the community level that every community must have to protect the right of a child and provide care for the OVC.

One of the policy makers responded thus;

'The Child Protection Network (CPN) was formed in Edo State in order to harness the activities of all the various sectorial caregivers. This network was set up in 2011. It was formally inaugurated by His Excellency Adams Oshiomhole. It has been set up too in other states. It is composed of Civil Society organizations, FBO, NGO, CBO and key members of the community (community leaders, youth leaders, women leaders, religious bodies, heads of schools and the legal department) all working in the state in the field of child protection'

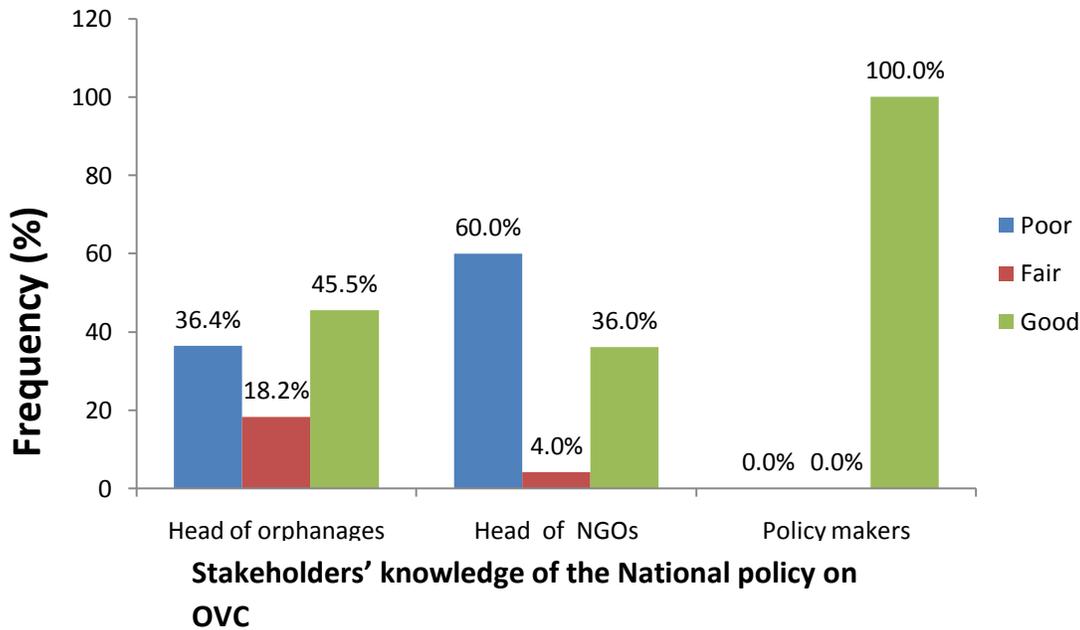


Figure 1. Knowledge of the National policies for OVC among the relevant stakeholders in Benin City.

Table 2: Stakeholders' sources of information of the National policies on OVC*.

Sources of information	Frequency (%) n=33
Newspaper	3(9.1)
TV/Radio	3(9.1)
Seminars	31(93.9)
Internet	2(6.1)
Friend	2(6.1)
NGOs(USAID, Global Fund, FHI, IHVN and GHAIN)	4(12.1)

*Multiple response. Note: n=33 because the data were obtained from the stakeholders with awareness of the existence of the policies.

Prioritization of the situation of orphans and vulnerable children (OVC) in relation to other developmental challenges

All the key informants attested to the fact that the situation of OVC in Edo state is not given the required priority when compared with the great burden posed by this group in the state. It was said that the issue of the vulnerable ones in Nigeria is still the least in rating of priority as this is reflected in the budget line of 2% for the OVC in the country. With daily increase in number of OVC, the budget line was said to be too small to meet their needs even if it is judiciously spent on them. Many of the organizations reiterated that there is lack of government support in the care and support of OVC and that it's only the Universal Basic Education of free education for all children (not only the vulnerable ones) that is made available to them. No other services from

the Minimum package of services and rights was said to be free for the OVC.

One of the heads of a faith based organization responded thus;

'If our children do not have the basic things they need, who is going to use the roads we are building in another six years? The children we are building the roads for will be in prison by then. Development has to first of all capture the human beings who will use the resources that you are building. A development that is not human focused is not development.' There is no shelter in Edo State. We only have a juvenile centre where we have child criminals, street children and other vulnerable children all put together. How do we rehabilitate a street child when he is living with a child offender? We should go beyond scoring political points and face the real developmental issues.'

Table 3. National policies on OVC mentioned by stakeholders and suggestive ways of effective dissemination.

	Frequency (%) n=33
* Policies mentioned	
National guideline and SOP for OVC	5 (15.2)
Child Right Act	19 (57.8)
National action plan for OVC	3 (9.1)
Non Response	10 (30.3%)
Suggested ways of effective dissemination (n=23)	
More sensitization of the public	3 (13.0)
Printing of abridged/summarized version in local languages	2 (8.7)
More regular meetings of stakeholders for distribution of the documents and to passing across of information	2 (8.7)
The government should have monitoring teams to check the efficiency and effectiveness of dissemination methods	9(39.1)
Law enforcement	2 (8.7)
Jingles, advert, campaigns and seminar	2 (8.7)
Involvement of National Orientation Agency (NOA)	1 (4.3)
Establishment of a family court	1 (4.3)

*Multiple response. NB: n is 33 because data were obtained from stakeholders with awareness of the existence of the national policies.

The strengths and weaknesses of the OVC response in Benin City

Strengths: The strengths of the OVC response in Benin City was attributed by the key informants to the activities of some NGOs that have been working to alleviate the problems of OVC in the state though their effort is not sufficient to meet the huge burden. The Child Protection Network was also noted to be a strength of the OVC response and also that the donor agencies are bridging the gap.

The program officer of a community based organization said;

'The NGOs have been able to do something but they are limited because of funding. They are therefore unable to reach the children who really need their services. I work in five LGAS and have about 2,000 children under my care, this number is so small though we are making significant progress but this doesn't address the needs of the children.'

Weaknesses: So many weaknesses of the OVC response were mentioned by all the key informants among which are lack of adequate funds, defective monitoring of the activities of the OVC in the state by the Ministry of Women Affairs because of lack of logistic vehicle, no adequate budget line, shortage of staff, no computers made available in the offices and no data bank. Other weaknesses highlighted were lack of political will, corruption, lack of public enlightenment about the policies, ineffective dissemination of the policies, laws and guidelines, defective intersectoral collaboration, lack

of community participation, lack of proper coordination of all the activities by the Ministry. Over-dependency of the OVC on the support services was also mentioned as a weakness and lack of involvement of the private sectors like telecommunication companies and banks and lastly, worthy of note was also the lack of sustainability plans by most NGOs.

Two of the key informants; the program officers of one of the faith based organization and a non-governmental organization responded thus;

'The African factor of over-dependency on the support services by the OVC is an issue, the children feel you have to provide them with everything and when you have even empowered them economically, they are still not contented. They keep coming back and they become over-dependent on the providers.'

'Another weakness is that many NGOs don't have sustainability plans. We have not received funding from any donor agency since last year March because the donor agencies have started withdrawing their services and they will completely actualise this in 2015 but we are still functioning. The only thing is that we have pegged the children we cater for to 1,500 from 3,200. We have a farm on which there is a poultry and we have a candle factory from which we get funds. That is why we can sustain ourselves despite the withdrawal of the funds.'

'Another key informant said "Ignorance of the people is one of the weaknesses with the OVC response. Illiteracy rate is high in Nigeria. How many people read newspaper every day? The radio stations have been censored in such a way that you hear only what they want you to hear. If the government want to work, they should

subsidize the price of newspaper to be selling at #20.00 for people to be able to have access to it. At least 50% of people will be reading the newspaper and by this Child Rights Law may be known to more people than what obtains now.'

The government policies focusing on children's rights and addressing the care and support of OVC

The key informants interviewed had the opinion that the CRL is all encompassing when placed side by side with other earlier laws relating to various issues on children's welfare. It was regarded as a composite law that handles all issues relating to all children not just the vulnerable children alone and also that it was well written but there was a clause of a limited number of citizens of Edo State having access to the law. A key informant also pointed out that the law didn't make provision for children over 18 years who have to exit the orphanage at this time.

One of the policy makers responded thus;

'The Child Rights' Law was passed in Edo State in 2007 and gazetted in 2008. The law is an amendment of the Child Rights' Act and a fall out of United Nations Children Right and Convention of the children and welfare of children. The law is holistic and handles every issue relating to the total support of child survival, developmental stages of a child, protection of the rights of the less privileged and participation rights of a child. The Law gave birth to children parliament which is a part of their participatory right. The Child Rights' Law goes into each and every aspect of child's right.'

How the new Children Rights' Law and the OVC guideline have been implemented in Edo State.

The key informants had conflicting opinions in their responses to this question. About 45% of them had the opinion that the policies have in no way been implemented in Benin City, Edo State, 40% said one or two things have been implemented in the policies and very few things have not been implemented while the remaining 15% said all the contents in the law have been implemented.

The head of a faith based organization said:

'No aspect of the policy has been implemented. Let's take examples from the policy, the policy says children should leave in families, but we still have orphanages all around, children are still hawking on the street during school hours, children are raped, the parents are ashamed to speak out for the fear of discrimination. I worked in one community where primary 1 and 2 pupils were put in a class, 3 and 4 were in one class and 5 and 6 were in one class, yet children have the right for their

education to be protected but this is not being implemented.'

A program officer of a Non-governmental organisation said:

'There is nothing that has not been implemented in the documents in Edo state especially in the area of child protection against sexual abuse and inheritance right. The question however is how many people know about the policies, how many know how to use it and how many know where to obtain it. Aside from the development workers, the Ministry should collaborate with National Orientation Agency to be able to educate the people on these policies. They might have been doing something in the past but this is not enough. There should be posters everywhere, jingles on the air and information on bill boards. The government is not doing well in that area. The Ministry should be the flag bearer of the Child Rights' Law. Let it sink into everybody both men and women because knowledge is the only thing that can change our attitude.'

How the different levels of government and local community organisation can help strengthen implementation of OVC programs

The key informants made different points on what the different levels of government can do to strengthen the implementation of the OVC program of which are that the Federal Government should be ready to commit our money into the care and support of the OVC programs and to become less dependent on donors should in case they withdraw their services. Another point made was that more sensitization should be carried out especially at the grass root level; officers in the Ministries should do away with personal idiosyncrasies in carrying out their duties; the bottle necks in the Ministry should also be addressed. Lastly, that the budget line though small should be properly targeted to the target population because if the 2% is judiciously used, there would indeed be significant impact on the lives of the children.

The head of a faith based organisation responded thus;

'The capacity training we do every time should result in a change so that the old practice can be discarded. We go for trainings and we still keep doing what we have been doing because there is no adequate supervision and monitoring of our activities.'

'National bureau of statistics have no data for children which is to be used for planning. How can you plan for them when a lot of births are not registered? We can't also plan children hospital or plan their educational needs and have a standard program for children if there is no data and that is why we have 90,000 children looking for admission in two universities. In essence, more

researches should be carried out.'

The key informants also advised that the local community organizations should intensify their effort in supporting OVC programming in Edo State. Sincerity and honesty of the local community organizations was also advocated.

A policy maker said;

"The Local community organizations should be sincere in the sense that when they access the support services, they should send those materials accessed to the recipients. There are many NGOs that are actually Non-government individuals; this is because one individual parades himself as everything in the organization.

The head of a faith based organisation also stated that "If we forget our pocket, and make noise together, we shall achieve"

DISCUSSION

A greater proportion of the heads of orphanages were nurses followed by the pastors, this is expected because the people in this occupation tend to provide humanitarian services. Nursing and pastoring are professions/occupation of loving and caring for people and this might have spurred the interest of the heads of orphanages in this profession in the establishment of the orphanages. This finding was also similar to the findings among caregivers in Ukraine where about 48% of the caregivers were nurses (Vashchenko et al., 2010).

Half (50%) of the major stakeholders for OVC lacked the knowledge of the national OVC policy. This finding is in consonant with the findings carried out among the stakeholders in Kenya and Botswana (Feranil et al., 2010; Pfliederer et al., 2010). This finding is similar because of inadequate dissemination of the policies among the stakeholders and the public and also that the OVC policies are not fully operationalized in Edo state. It is however not surprising that the 100% of the policy makers had good knowledge of the policy. This is because they are directly in charge and the custodian of the policies and so therefore have first-hand information on the contents of the policies. This was a similar finding to the findings in the study conducted in Botswana where only decision makers were conversant with the national policies on OVC of the country (Feranil et al., 2010). It is however not good enough for the contents of the OVC policies to be known by the policy makers alone; the major stakeholders on the field working directly with these OVC are expected to be kept abreast of the policies and it should also be ensured that it translates into improvement in the quality of service they render to the children. Interestingly, the Ministry constituted the greatest percentage (93.9%) of the source of information of the stakeholders. This translates to the fact that the Ministry is making effort to educate the other stakeholder's i.e. the heads of orphanages and support

institutions but perhaps the effort is not sufficient to ensure a good knowledge in majority of them.

The CRL was the most popular policy among the stakeholders; it was mentioned by a greater proportion of the respondent. This could be attributed to the fact that when the law was adopted and domesticated in Edo State in 2007, there was some form of public enlightenment to create awareness about it though the publicity seemed not to be enough and it probably was short lived. This was also the situation in the study conducted in Botswana (Feranil et al., 2010). The CRL is not a specific policy for the OVC but for all children. It is however surprising that the national OVC policies specific for these group of children were not known by the relevant stakeholders. These OVC policies though were introduced after the CRL into the state but not withstanding would have been known to the public and mostly the relevant stakeholders if the necessary publicity had been made to enlighten them about their existence. This fact can be further corroborated by the responses made by some of the key informants that the dissemination of the policies lacked the required publicity like jingles in the air, advertisement in the media and also the lack of involvement of the National Orientation Agency (NOA), which is an agency saddled with the responsibility of awareness creation of any government's policies, laws or strategies. Furthermore, a greater percentage (35%) of stakeholders suggested that the OVC policies could be effectively disseminated if the government can have a monitoring team to ensure the efficiency and effectiveness of service. This suggestion also corroborates the finding from the key informant interview which reported that the monitoring of the OVC programming in Edo state is defective because of so many bottle necks and the bureaucracy of government. This finding is also in consonant with the findings from the study conducted in Botswana (Feranil et al., 2010).

The key informant interviews revealed that the issues related to orphans and vulnerable children are not being given the required priority despite the huge burden posed by this group. This is reflected in the small budget line for the OVC and also for the fact that there is no shelter for street children in Edo state as they are being housed together with child offenders. Children are an important component of any society or country but unfortunately they are vulnerable as they are completely dependent and they tend to be moulded whichever way they are shaped. If issues involving them are not critically handled, the resultant situation may be likened to a disaster that will inevitably occur. Political commitment and community participation are important principles required for the existence and sustainability of any programme but unfortunately in Edo state they were both highlighted as the challenges to the OVC programming. For any programme to be sustained and for the extended family system not to collapse completely, the community has to be made to own these OVC programmes. Interestingly, the community protection network is in existence already

in Edo state geared to ensure community participation. Though this new initiative is still at the infancy period and will naturally experience the normal teething problems but it should be nurtured very well so that it doesn't collapse like other programmes.

Over dependency on the OVC programmes was also stated by a key informant as a weakness of the OVC programming in Edo state. This may be due to the fact that many individuals are lazy to work and perpetually see themselves as dependents and incapable of earning a living by themselves. The current high rate of unemployment in Nigeria will further aggravate the situation. This development is however very dangerous as it will increase the dependency ratio of the country which will in turn reduce their productivity and invariably the socioeconomic status and on a long term affects the gross domestic product (GDP) of the country.

The findings of the key informant interviews were also similar to the findings in studies conducted in two of the African countries with similar socio-economic settings in Botswana and Kenya (Feranil et al., 2010; Pfleiderer et al., 2010; USAID, 2009). Summarily, it can therefore be said that lack of political commitment, high level of ignorance and poverty operating in these African countries of which Nigeria is a part might be responsible for the current state of OVC programming in Benin City, Edo state.

Conclusion

There is a gap in knowledge of the National policy on OVC among the heads of orphanages and heads of support institutions, with just few of them knowing the National Guideline and Standard of Practice and National Action Plan for OVC as the National policies on OVC in Nigeria. Major challenges with the implementation of the national policies for the OVC were highlighted by the key informants. The challenges stated included lack of political commitments, lack of community participation, defective monitoring of the OVC programming, lack of finance, Inadequate trained manpower, lack of government support, very small budget line for the OVC, ignorance as there is no public enlightenment about the policies and so many others that synergistically contribute to the current situation of OVC programming in Benin City

RECOMMENDATIONS

There is need for training and retraining of the heads of orphanages and heads of support institutions on the relevant policies on OVC, and intensifying policies propagation particularly the National Guideline and Standard of Practice and National Action Plan for OVC among the stake holders. National Orientation Agency should be co-opted into producing jingles and

announcement in the media in order to educate the public on the National OVC policies. The governments should be more committed to the OVC programme and more deliberate steps ought to be taken by them to ensure that programme models and resource flows match community needs and support the effective community-led responses already taking place. Community participation in the OVC programme should be encouraged, and they should also be involved in planning, designing and implementing initiatives in collaboration with the government and civil society organisations that are aimed at improving the social, economic, physical, emotional and psychological status of the OVC wellbeing. The budget line for the OVC by the policy makers should be reviewed upwards considering the huge cost required for their care and upkeep and the allocated funds for the OVC should be judiciously used only for their purpose and not diverted to other projects and lastly, effective monitoring of the OVC program is required to ensure successful implementation.

Conflict of Interests

The authors have not declared any conflict of interests.

REFERENCES

- Beelen N (2007). Exchange on HIV/AIDS, sexuality and gender. (newspaper online). (cited 2011 February,15) Available from <http://www.exchange-magazine.info>.
- Edo State Government (2005). Edo State Economic Empowerment and Development Strategy Report. Edo, Nigeria. 2005 (cited 2011 March 21) Available from <http://www.ng.undp.org/seeds.shtml>.
- Federal Ministry of Women Affairs and Social Development (2007). National Guidelines and Standard of Practice on Orphans and Vulnerable Children. Abuja, Nigeria. <http://www.crin.org/docs/NigeriaOVCNationalGuidelinesHV.pdf> (Accessed on 3/21/2015).
- Federal Ministry of Women Affairs and Social Development (2008). The Key findings of 2008 situation assessment and analysis on orphans and vulnerable children (OVC) in Nigeria. Abuja, Nigeria 2008.
- Federal Ministry of Women Affairs and Social Development Nigeria (2006). OVC National Plan of Action 2006-2010 Abuja, Nigeria.
- Federal Republic of Nigeria (2007). Official Gazette: Legal Notice on Publication of the Details of the Breakdown of the National and State Provisional Totals, 2006 Census. Lagos, Nigeria.
- Feranil I, Herstad B, Jallow W, Mbuja Brown R (2010). Assessing the implementation of Botswana program for orphans and vulnerable children. Washington DC: Futures group, Health Policy Initiative, Task Order 1. http://www.healthpolicyinitiative.com/Publications/Documents/1265_1_PIBA_Botswana_FINAL_acc.pdf (Accessed on 22/3/2015)
- McKenna C (2010). Orphans and Orphanages. The Catholic Encyclopaedia. Available from <http://www.newadvent.org/cathen/11322b.htm>. Last accessed on 29/7/2015.
- Morantz G, Jody, Heymann J (2009). Life in the Institutional care: the voices of children in a residential facility in Botswana. *AIDS Care*; 22(1):10-16.
- National Population Commission and ICF Macro (2009). Nigeria Demographic and Health Survey 2008. Abuja, Nigeria, 2009. http://www.unicef.org/nigeria/ng_publications_Nigeria_DHS_2008_Final_Report.pdf. Last accessed on 29/7/2015.

- Pfleiderer R and Kantai O (2010). Orphans and Vulnerable children programming in global funds HIV/AIDS grants in Kenya. Washington DC: Future group, Health policy Initiative, Task Order 1.2010. http://www.healthpolicyinitiative.com/Publications/Documents/1347_1_OVC_Global_Fund_Kenya_FINAL_Sept_2010_acc.pdf. Last accessed on 29/7/2015.
- Smart R (2003). Policies for orphans and vulnerable children: A framework for moving ahead. Future Group International, Washington DC, USA.2003. http://www.policyproject.com/pubs/generalreport/ovc_policies.pdf. Last accessed on 29/7/2015.
- United Nations Children's Fund (UNICEF) & Policy Project (2004). A Rapid Assessment, Analysis and Action Planning Process (RAAAP) for Orphans and Vulnerable Children: Nigeria Country Report. New York, USA. 2004.
- UNAIDS and UNICEF (2006). Africa's Orphaned and Vulnerable Generations Affected by AIDS. 2006. pp. 1–52. http://www.unicef.org/publications/files/Africas_Orphaned_and_Vulnerable_Generations_Children_Affected_by_AIDS.pdf. Last accessed on 29/7/2015.
- United Nations Children's Fund (UNICEF) (2002). Orphans and other children affected by HIV/AIDS (Fact sheet). New York, USA. http://www.unicef.org/aids/index_orphans.html. Last accessed on 22/3/2015.
- United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS and United States Agency for International Development (2004). Children on the Brink 2004. A joint report of new orphan estimates and a framework for action. 4thed. New York, USA. http://www.unicef.org/publications/cob_layout6-013.pdf. Last accessed on 29/7/2015.
- United States Agency International Development (USAID) (2009). Kenya research situation analysis on orphans and other vulnerable children, country brief. Boston University Centre for Global Health and Development, OVC-CARE Project. 2009. <http://www.bu.edu/cghd/files/2009/12/Kenya-Research-Situation-Analysis-Country-Brief.pdf>. Last accessed on 29/7/2015.
- Vashchenko M, Easterbrooks A, Miller L (2010). Becoming their mother: Knowledge, Attitudes and Practices of Orphanage Personnel in Ukraine. *Infant Ment. Health J.* 31(5):570-590. <http://onlinelibrary.wiley.com/doi/10.1002/imhj.20272/pdf>.