Texila International Journal of Academic Research
Special Edition Apr 2022
DOI: 10.21522/TIJAR.2014.SE.22.01.Art005

Investigating the Effectiveness of Case Management among Orphans and Vulnerable Children at Household Level in Enugu State, Nigeria

Prince O. Ezekiel
Department of Community Health and Primary Care, Texila American University, Zambia

Abstract

In sub-Saharan Africa, a large proportion of children lack basic necessity and support for optimum development. In Nigeria, the estimated number of children who are orphans and vulnerable and in need of essential care is 17.5 million as of 2008. Major causes of orphaning and vulnerability include poverty, conflicts, HIV/AIDS, road accidents, communicable and non-communicable diseases, and harmful cultural practices. Hence, the Case management approach has been adopted as a community service delivery strategy for addressing the needs of orphans and vulnerable children at the household level. This study investigated vulnerable households in Enugu State who have been ever enrolled into Orphans and Vulnerable Children (OVC) donor-funded programs and received services that are geared toward enhancing their socio-economic stability. The standard OVC custom indicators were used in measuring the results and outcomes of services provided to OVC and their caregivers. The results show significant effect and impact of the case management approach in OVC program service delivery as over 50,000 beneficiaries from over 14,000 households were served from four domains of Healthy, Safe, Schooled and Stable. Households received these services after enrolment and were moved from a state of vulnerability to self-resiliency. Also, results show strong collaboration between OVC implementing NGOs and government stakeholders in terms of capacity building and systems strengthening in addressing the need of OVC and their caregivers. Conversely, results indicated a week synergy between local and state government OVC officials – hampering on their oversight capabilities of OVC programs. This can be improved with increased funding and coordination.

Keywords: *Case Management, Caregiver, Household, HIV/AIDS, Non-Governmental Organization, Orphans Programs, Services, Vulnerable Children.*

Introduction

Nigeria is facing an unprecedented increase in the number of Orphans and Vulnerable. In Nigeria, 17.5 million children were estimated to be orphans and vulnerable in 2008 [1] and in dire need of social services and essential care. In the context of this research, Orphans, and Vulnerable Children, OVC, and Vulnerable children shall be used interchangeably. Apart from poverty, road accidents, conflict, and diseases - HIV/AIDs has been identified as a major cause of orphaning and vulnerability. Stigma and discrimination have been reported from HIV/AIDS affected households in all aspects of their lives [2]. They are socially ostracized within their communities and stripped off their rights and dignity. They are required to work the extra harder and surpass the social hurdles to provide for basic household needs such as food, school fees and basic health care. The Objective of orphans and vulnerable children (OVC) programming is to build the resiliency of families and children affected by HIV and AIDS so that they can meet their health, economic, education, and

Received: 24.02.2022 ***Accepted: 13.03.2022*** ***Published on: 13.04.2022***
Corresponding Author: prince4ezekiel@gmail.com

social development needs. With regards to Lantos-Hyde Act, 10% of PEPFAR funding is to be allocated to children affected by HIV and AIDS [3]. Over time, case management has been adopted as a strategic approach of addressing the needs of vulnerable children and their households, especially those infected or affected by HIV/AIDS [4]. Case Management is a process adopted by social service delivery providers usually targeted at vulnerable children and families. The goal of case management is to enable children and households to achieve a state of well-being in which they are stable and secure enough to meet their needs which includes social, financial, protection, emotional, health and education needs. This will make them resilient to withstand modest shocks [4]. This research examines the services provided to identified vulnerable households enrolled into OVC programs using a case management approach as well as investigating the impact and effectiveness of the OVC Program in Enugu State.

Problem Statement

It cannot be overemphasized that children and families in Nigeria and sub-Saharan Africa, by extension, lack basic necessities and support for optimum development. The estimated number of children in Nigeria who are orphans, vulnerable and in need of essential care was 17.5 million [1]. Major causes of orphaning and vulnerability include poverty, conflicts, HIV/AIDS, road accidents, communicable and non-communicable diseases, harmful cultural practices etc. Hence, the need to adopt best practices and a cost-effective approach to addressing the basic need of orphans & vulnerable children and households affected or infected by HIV/AIDS. In recent times, international donors, especially The US President's Emergency Plan for AIDS Relief (PEPFAR), have adopted case management as the most productive approach to addressing the basic needs of vulnerable children and their caregivers while achieving the HIV epidemic control and enabling beneficiaries to attain self-resiliency. It is therefore imperative to investigate the effectiveness of the case management approach, highlighting challenges, bottles necks and appropriate solutions while identifying valuable lessons in achieving the sustainable development goals.

General Objective

To investigate the effectiveness of the case management approach of Orphans and Vulnerable Children (OVC) Programs.

Specific Objectives

1. To investigate the effectiveness of OVC case management.
2. To Evaluate the outcomes of OVC Case management interventions.
3. To ascertain the limitations of case management in OVC programs.

Research Question

1. How effective is the OVC case management approach?
2. What are the outcomes of OVC case management interventions?
3. What are the limitations of case management processes?

Justification

Due to the is challenges of OVC and their households, donor agencies such as United States Agency for International Development (USAID) and the Center for Disease Control and Prevention (CDC), through Non-Governmental Organizations (NGOs) such as Catholic Relief Services, Catholic Caritas Foundation of Nigeria and Pro-Health International came on board to help mitigate/management the challenges faced by the OVC in the country, though projects such as Global Action for the Control of HIV/AIDS Epidemics in Sub National Units (4GATES).

In recent times, the case management approach has been adopted as a viable strategy for identifying and addressing the basic needs

of vulnerable children and their caregivers. It is therefore pertinent to investigate the effectiveness of this approach using data have driven and evidence base methods.

Definition of Concepts

AIDS- Acquired Immune Deficiency Syndrome.

HIV- Human Immunodeficiency Virus.

UNAID- 95:95:95, this is a United Nations goal that states that 95% of the population should know their HIV status and 95% of those who are HIV positive should be on ARVs, and 95% of those on ARVs should be virally suppressed. This is the goal to achieve HIV epidemic control.

Vulnerability is the degree to which the child is exposed to danger, abuse, exploitation, or deprivation of Rights.

A vulnerable child is defined as a child less than 18 years of age living in high-risk circumstances and whose prospects for continued growth and development are seriously impaired.

A vulnerable child is exposed to abuse and too young to fight for his/her Rights (e.g., dis-inheritance, education).

Orphans and Vulnerable Children (OVC)

The term *orphans and vulnerable children* refer to children under the age of eighteen who are affected by and made vulnerable to HIV/AIDS. This includes both orphans and non-orphans whose well-being or development is threatened because they live in HIV-affected households and communities. This includes children under the age of 18 years who have lost one or both parents due to HIV/AIDS.

Review of Literature

Synopsis of Orphan and Vulnerable Children Program in Nigeria

An orphan is defined as a child under the age of 18 years whose mother (maternal orphan), father (paternal orphan), or both (double orphan) are dead [5]. A vulnerable child is defined as a child less than 18 years of age living in high-risk circumstances and whose prospects for continued growth and development are seriously impaired. A vulnerable child is exposed to abuse and too young to fight for his/her Rights (e.g., dis-inheritance, education). A child is defined as a boy or girl under the age of 18 years, according to the National Plan of Action on Orphans and Vulnerable Children in Nigeria (2007). Conversely, an orphan is a child (below the age of 18) who has lost one or both parents, regardless of the cause of death. Those who lost both parents are commonly referred to as "double orphaned". The definition of vulnerability differs from society to society; therefore, definitions are community-specific. However, the Federal Ministry of Women Affairs (2007) provides some key indicators defining children's vulnerability including children that are:

1. Children from broken homes.
2. Neglected children.
3. Child beggars, destitute children, and scavengers.
4. Children with physical and material disabilities.
5. Internally displaced children.
6. Abandoned children.
7. School-age children that are out of school

These characteristics form the category of children who require care and support services even though the list is not exhaustive. A major criteria of defining and conceptualizing child vulnerability and orphanhood as utilized in this study, considers children that fit into the above categories whose household are receiving OVC care and supported services via the 4GATES OVC project [5].

As defined in the National Guidelines and Standard of Practice on OVC (2007), OVC care and support services include tangible and non-support to meet basic physical, cognitive and psychological needs of OVC, their care-givers and communities on a sustainable long term

base, including services such as household economic strengthening(HES), clothing, shelter, emotional and psycho-social support, water sanitation and hygiene(WASH), recreation as well as life building skills which from some of the basic needs of OVC [2].

More so, the objective of orphans and vulnerable children (OVC) programming is to build the resiliency of families and children affected by HIV and AIDS so that they can meet their health, economic, education, and social development needs. With regards to Lantos-Hyde Act, 10% of President's Emergency Plan for AIDS Relief (PEPFAR) funding is allocated to children affected by HIV/AIDS [3]. Globally and especially in sub-Saharan Africa, a large proportion of children lack basic necessities and support for optimum development. In Nigeria, the estimated number of children who are orphans, vulnerable and in need of essential care was 17.5 million [1]. Major causes of orphaning and vulnerability include poverty, conflicts, HIV/AIDS, road accidents, communicable and non-communicable diseases, and harmful cultural practices. Over time, case management has been adopted as a strategic approach to addressing the needs of vulnerable children and their households, especially those infected or affected by HIV/AIDS (4Children, 2017). Case Management is a process adopted by social service delivery providers usually targeted at vulnerable children and families. The goal of case management is to ensure that children and their caregivers achieve a state of well-being in which they are stable and secure enough to meet their needs, including social, financial, protection, emotional, health, and education needs. This will make them resilient to withstand modest shocks [4]. Due to limited resources, the goal of case management in the context of OVC programming differs slightly depending on the unique parameters and resources of each program. More so, the needs of children and households differ.

Case Management Processes in OVC Programs

In OVC intervention, case management is referred to as the process of identifying vulnerable children and families; assessing their needs and resources; working together to establish definite, realistic objectives and goals; actionable plans to achieve set objectives and goals; implementing plans through completing specific actions and receiving services; monitoring both the completion of actions (individualized, context sensitive, in a timely and family-centered manner) and progress toward achievement of objectives/goals (e.g., child protection and well-being, including HIV prevention, treatment, and adherence). Implementing agencies and organizations usually recruit and train case workers sometimes called community volunteers or case managers to execute the implementation of OVC Program interventions [6].

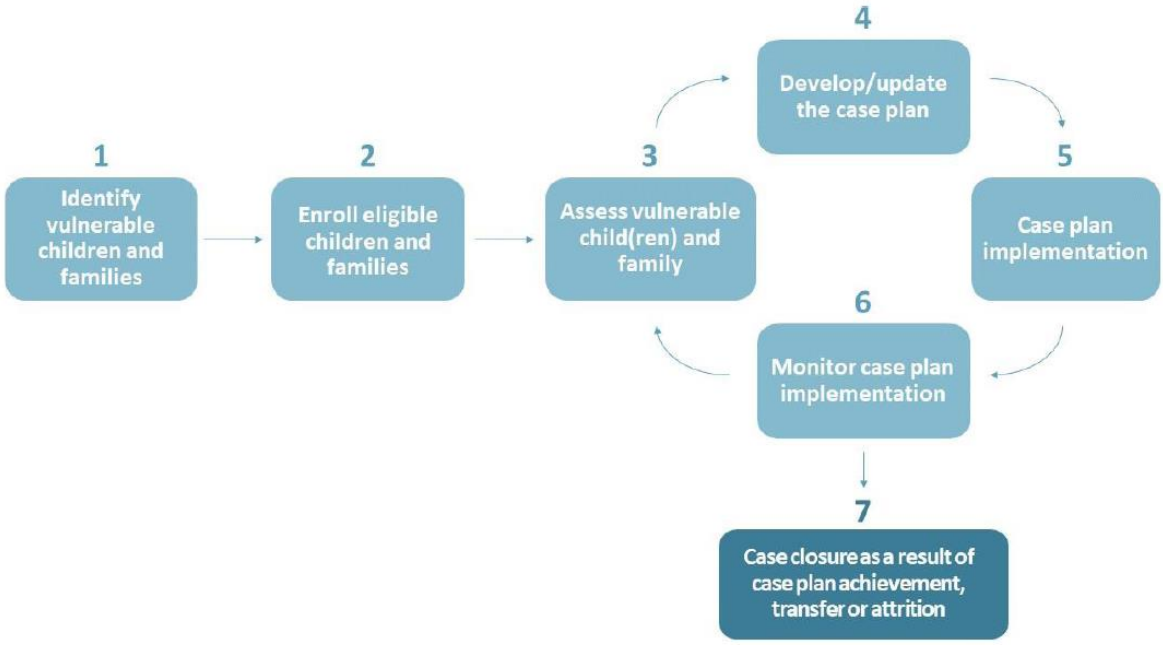

Figure1. Case Management Critical Steps

There are seven steps in the case management process which are highlighted in Figure 1.

Critical Steps of Case Management

There are seven steps in the case management process which are highlighted in Figure 1.

Source: Graphic informed by Center for International Social Work at Rutgers University's School of Social Work and International Social Service-USA for USAID (2014).

Identification of Eligible Households

This is a process of identifying children orphaned, affected, or made vulnerable by HIV/AIDS and other adversities and their caregivers, and referring them for further eligibility verification and assessment. Community Based Organizations establish and document procedures for identifying orphans and vulnerable children through multiple entry points and referring them for screening and program enrolment [7]. Potential and eligible beneficiaries usually exceed those who can receive OVC services based on the availability of resources. PEPFAR anticipate its programs to reach "children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in high HIV prevalence areas and may be vulnerable to the disease or its socio-economic effects" [8]. Thus table 1 below shows entry points of OVC subpopulations that are eligible for program enrolment following needs assessment. These processes of identification and referrals of children and their caregivers to OVC programs through these entry points are usually documented through fair, transparent and functional processes understood and agreed by all involved, including other key stakeholders in the identification and referral processes and followed consistently. A standard procedure, intake tools and forms will ensure fair and unbiased criteria are adopted to identify appropriate clients, rapidly assess their vulnerabilities, and determine their eligibility to benefit from enrolment in an OVC program [9].

Screening and Enrolment of Eligible Households

Eligibility criteria for screening and prioritizing children and caregivers for

enrolment into OVC programs are usually HIV bias, based on contextual appropriate and available data or information identifying children who are most vulnerable, empirically verifiable, and infected or affected by HIV as agreed upon by stakeholders. These may include community members, program implementers and government officials [10]. It is important to use a standardized tool to establish eligibility criteria, expectations and thresholds for well-being and protection (e.g., HIV exposed Infants (HEI) or a Child living with HIV) and screen to prioritize children and families who meet the threshold or eligibility criteria. These thresholds may elicit emergency procedures intended to provide quick response and enrolment into the OVC program (e.g., children living in abusive situations or experiencing life-threatening health conditions). Criteria for enrolment into the OVC program mostly includes children living with HIV, children living with and HIV positive adult, adolescent female at risk of transactional sex, children at heightened risk of HIV infection, children made orphans by AIDS and children who experience any form of violence or abuse [11]. Eligibility criteria may also include child-headed households, a household where child has gone an entire day without eating or household with a child of school age who is not enrolled in school [12]. Additional criteria may include other vulnerability criteria such as, chronic illness, loss one or both parents, living in a household with poor nutritional status or someone with chronic illness, irregular school attendance, poor psycho-social well-being, poor shelter, or lack of access to safe drinking water or lack of economic strengthen activities [13].

Household Assessment

This step of case management involves the identification of specific needs and resources required by children and their respective households. Tools are usually developed to guide the assessment of the priority needs of enrolled children and their families and the resources available to address these needs. Comprehensive assessments are executed for children and households that have been screened and enrolled in the OVC program. The assessment typically involves issues related to social and economic status, health, nutrition, HIV status, shelter, psycho-social well-being, education, and protection (gender-based violence and domestic violence) that affect children and caregivers in the communities where OVC program aims to improve household vulnerability status [11].

It is quintessential to assess children, including conditions affecting the family, and the ability of the family to care for children. Assessment should involve discrete, measurable indicators such as weight, height, and upper arm circumference. Also, qualitative information should be collected from a range of sources, including individual interviews with children with children (where appropriate), caregivers, extended family and friends, health service providers, teachers or others educational staff, and other service providers (e.g., Women affairs and social development ministry, the police and judiciary). Sources may also consist of reviews of medical records, education records, police, and court records, as well as observation during home visits [14].

Household Care/Case Plan Development

This is a process of identifying goals for a child and family and specific actions to achieve those goals. Priority action would involve developing a written plan, including goals, actions, responsibilities for actions, timeframe for executing actions and indicators for measuring accomplishments of actions [15].

Within the context of the President's Emergency Plan for AIDS Relief (PEPFAR) OVC programs, a case plan tends to focus on an entire family (sometimes referred to as a household but recognized as including the primary caregiver(s) and all children); however, the family care plan can include individual sub-plans focusing on individual child and

caregivers.

Household Care Plan Implementation

This is a process of completing the developed care plan actions in an appropriate and timely fashion. The priority actions involve direct specific service provision or support to children and caregivers to carry out action by themselves. It also involves referring a child or caregiver to a specific service to assist in completing actions outlined in the care plan.

Priority actions could be completed by children and caregivers themselves, such as regularly attending school or taking the medication without missing doses. Actions may also be accomplished with assistance from the caseworker/manager and/or through receipt of specific services, such as nutrition assessment, parenting skills training, financial skills training, or enrollment in a savings group [16]. Services may be provided by the case worker organization or provided by another organization to which children and caregivers are referred by the caseworker, such as statutory services provided by government bodies or HIV testing and health services provided by clinics. Programs do not naturally have the resources or expertise to provide all services that a client might require. Making referrals to other organizations can ensure that clients receive high-quality services that are not available within the case manager's organization but require additional coordination and follow-up to ensure that services are received, are of utmost quality, and have the desired outcome [17].

Monitoring of Household Care Plan Implementation

This Process of case management involves routing meetings with the child and caregiver, including other members of the household, service providers, others who regularly interact with the child or caregiver to determine progress of how the case plan is been implemented to determine the likelihood of achieving set goals and objectives [7].The Priority action at this stage involves conducting regular home visits with the child and caregiver and other critical relevant stakeholders to ascertain progress or challenges in care plan implementation.

Household Care Plan Achievement and Case Closure

This is the final step of the case management processes, and it involves the closing of case files within digital and/or physical file storage systems as a result of exiting of a child or household from the OVC program through case/care plan achievement, transfer, or the loss of a child or household to attrition. The priority action would include documenting the process through which a child and caregiver exits the OVC program. Normally, children and their households exit OVC programs through three main pathways – case plan achievement, transfer, and attrition. Programs should normally have standard procedures for facilitating the exit of children and families via pathways [4].

Case plan achievement

In OVC programs, care plan achievement is commonly understood as the point at which all recommended activities/interventions within a case plan have been accomplished, and the household has achieved both the goals and objectives of the OVC program, as well as their own goals within the limits of the services provided under a particular program. Case or care plan achievement is at times be referred to as "graduation", a term usually utilized in poverty reduction programs to reflect a state of improved economic stability. Case plan achievement does not necessarily indicate that households no longer need support but rather that the OVC program and members of the household agree that caregivers in the household have exhibited the ability to meet the needs of children in their care (e.g., regular school attendance,adherence to HIV treatment, or good parent-child relationships) to a reasonable extent, or children are able to meet their own needs, and the

interventions/support offered by the OVC program are no longer required. Processes associated with this pathway may include assessing readiness for case plan achievement, planning for case plan achievement with the child and/ or household, routine monitoring for readiness, and conducting a final case review and case achievement ceremony for the child and/or household.

Transfer

Sometimes it may not be possible for a child or household to achieve their case plans and graduate from an OVC program or accomplish the recommended interventions outlined in their case plan. In such cases, OVC programs would transfer children and/or households to another source of support. "Transfer" within the context of OVC programs is usually understood as the shift of responsibility for case management and services to a child and/or household from one program to another program (e.g., a program supported by the national or local government, community-supported programs, another PEPFAR-supported program, or a program supported by another donor). Transfer occurs at the case level and should not be confused with "transition," which is defined as the shift of responsibility for an overall OVC response within a community from donor support to local support and ownership.

Attrition: In OVC programs, attrition could be regarded as the premature termination of support or interventions to a child and/or household due to circumstances beyond the control of the program. Attrition could arise as a result of the death of a child, voluntary withdrawal of child or caregiver from the OVC program, or the child and/or caregiver's inability to abide by participation agreements. This also occurs when efforts to locate the child and/or household fail (lost to follow-up), and the project is no longer able to provide services or case management.

OVC Service Areas

The core services provided using the case management approach include:

1. Health.
2. Nutrition.
3. Education.
4. Shelter and care.
5. Psycho-social Support.
6. Child Protection.
7. Household Economic Strengthening (HES).

In recent times, these core service areas have been divided into four domains such as:

1. Healthy – Known HIV Status, virally suppressed, Knowledgeable about HIV prevention and not malnourished.
2. Safe - No violence, not in a child-headed household.
3. Schooled - Children in school.
4. Stable - Improved financial stability.

Indicators for measuring progress of OVC programs

Some indicators have been standardizing by the federal government and donor agencies for measuring the impact and progress of OVC programs in Nigeria.

Two of these indicators are called "Monitoring Evaluation and Reporting (MER) Indicators- OVC_SERV and OVC_HIV STAT -and the others are called Custom Indicators. These indicators have been reviewed and revised over time and there are elaborated with corresponding figures in the result section. (PEPFAR MER Indicator Reference Guide 2.6).

Methodology

The study employs a mixed-method study design. Mixed methods research combines quantitative and qualitative research in other to answer research questions [18]. Tegan further purpose that the mixed methods were implied to help researchers gain more insight and a complete picture than a standalone quantitative or qualitative study. This enabled the integration of the benefits of both methods.

Quantitative research methodology underscore's objective measurement and mathematical, statistical, and numerical

analysis of data collected through questionnaires, polls, and survey or by manipulating pre-existing statistical data using computational techniques [19]. Quantitative research is deductive and focuses on collecting numerical data and generalizing it across groups of people or to explain a particular phenomenon [20]. For the quantitative aspect of this study, the researcher utilized pre-existing data, collected with National OVC Management Information System tools to evaluate real time progress of OVC Programs and to investigate the effectiveness of the case management approach used in the service delivery of OVC interventions. The researcher evaluated the 14 standard OVC indicators to measure the achievement and progress of OVC intervention across the state. [21].

Conversely, the researcher also adopted qualitative research design to provide a robust explanation for quantitative data. Usually, qualitative research designs are more flexible than quantitative ones as they promote a close relationship between the researcher and the respondents and are generally bottom-up and inductive [22]. Qualitative researchers collect data in the form of written or spoken language or observations that are recorded in language, and they analyze the data by identifying and categorizing themes [23].

Since this study investigates the OVC programme at household level, as well as how the programme affects OVC's family wellbeing, this research is naturalistic and holistic. This study thus investigates the effectiveness of the OVC programme at the household level by engaging various actors involved in the realization of its objectives using a semi-structured open-ended questionnaire. The investigation took the form of a case study, with seven Community Based Organization (CBOs) and NGOs dealing with HIV/AIDS implementing OVC programmes across Enugu state [24].

Sampling Procedure and Data Analysis

The target population for this study was vulnerable households. The researcher utilized convenient quantitative sampling methods to aggregate data of vulnerable households who are enrolled and receiving OVC services between July 2020–September 2021. Community-Based Organizations' (CBOs) through community caseworkers/managers enrolled vulnerable children and their caregivers and provided need-based services using national tools and standards as approved by OVC donor Agencies and the government of Nigeria. The researcher being part of the OVC community worked with seven Community Based Organizations using case study approach to administer standard Household OVC questionnaires used in monitoring, evaluating, and reporting OVC program interventions. According to [25], "convenient sampling is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in the study". He further opines that; convenience sampling is a kind of sampling where the first available primary data source will be utilized for the research without additional requirements. In other words, this sampling method involves getting participants wherever they can be found and naturally wherever is convenient (https://lib-guides.letu.edu/quantresearch**)**. This research administered standard OVC questionnaires on vulnerable children and caregivers via case workers at the household level. Excel spreadsheet and Epi info software were used to analyze the quantitative data using 95% confidence interval and a p-value of 0.05. Advantages of convenience sampling include – uncomplicatedness of sampling and the ease of research, helpful for pilot studies and for generation of hypothesis, facilitation of data collection in a short period of time and cheap to implement as compared to other sampling methods [25].

Conversely, the researcher also adopted a qualitative research design to further explain quantitative data. The researcher utilized observation method and semi structured interviews to collect data on progress and challenges, including recommendations of OVC interventions. Data was collected via semi-structured interviewed from ten (10) respondents who are key stakeholders of OVC intervention ranging from program managers of community-based organizations (CBOs), OVC caseworkers, state, and local government OVC desk officers and caregivers.

Ethical Consideration

Ethical approval would be sought from the Department of Ethics and planning, Enugu State Ministry of Gender and social affairs for the purpose of this study. Ethical approval would also be received from Texila American university's ethical committee. Consent would also be sought from Community Based Organization's conducting OVC Programs in the Enugu state who have hitherto received consent from their beneficiaries. Participant privacy would be protected. This study would respect human dignity in the cause of its activity and analysis and would endeavor to do no harm.

Results

Evaluation of the outcomes of achievement of OVC Custom Indicators for services provided to vulnerable households in Enugu State between July 2021-September 2021.

Table 1. OVC_SERV - Number of Beneficiaries Served by PEPFAR OVC Programs for Children and Families Affected by HIV by LGAs in Enugu State

Enugu	Vulnerable Children Served	Caregivers Served	Total Beneficiaries Served (OVC_SERV)
Grand Total	38802	14037	52839

Table 2. OVC_HIV STAT- Percentage of Orphans and Vulnerable Children (<18 years old) with HIV Status Reported to Implementing Partner Disaggregated by Sex

Enugu	HIV Status Reported				Total
	Negative	Positive	Test not required	Unknown	
Grand Total	36493	1564	235	510	38802

Table3. OVC_HIVRISKASS - #OVC <18 Years who were of Unknown HIV Status or HIV-Negative, Risk Assessed using a HIV Risk Assessment Tool

Enugu	HIV Status/Sex						Grand Total
	Negative		Negative Total	Unknown		Unknown Total	
	Female	Male		Female	Male		
Grand Total	7994	6966	14960	66	66	132	15092

Table 4. OVC_HTSLINK- % (#) of OVC with Unknown or Negative HIV status Referred for Testing who got Tested and Received Result

Enugu	Sex		Total OVC Referred for HIV Testing Services
	Female	Male	
Grand Total	4688	4130	8818

Table 5. OVC_ARTSUPP-'% self- or Caregiver-Reporting Adherent to Treatment for the Last Six Months within the Reporting Period

Enugu	# Of OVC HIV+ beneficiaries (<18 years) on ART program currently served in the reporting period	# self- or caregiver-reporting adherent to treatment for the last six months within the reporting period	% self- or caregiver-reporting adherent to treatment for the last six months within the reporting period
Grand Total	1564	1418	91%

Table 6. OVC_OFFER- Number of Children and Adolescents on ART in PEPFAR Clinical Settings Offered Enrolment into the OVC Program

Enugu	Sex		Total
	Female	Male	
Grand Total	**775**	**789**	**1564**

Table 7. OVC_ART_ENROLL- 'Number of HIV Positive Children and Adolescents on ART at a PEPFAR Clinical Setting who are Enrolled in the OVC Comprehensive Program after having been Offered Enrolment

Enugu	Sex		Total
	Female	Male	
Grand Total	775	789	1564

Table 8. OVC_PREV - % OVC (aged 9-17) that Received Adolescent HIV Prevention and Sexual Reproductive Health Services

Enugu	Female	Male	Grand Total	Total OVC (>9Years)	% Of Adolescent Female who received HIV Prevention messages	% Of Adolescent male who received HIV Prevention messages	% Of Adolescent enrolled who received HIV Prevention messages
Grand Total	10400	9294	19694	21195	49%	44%	93%

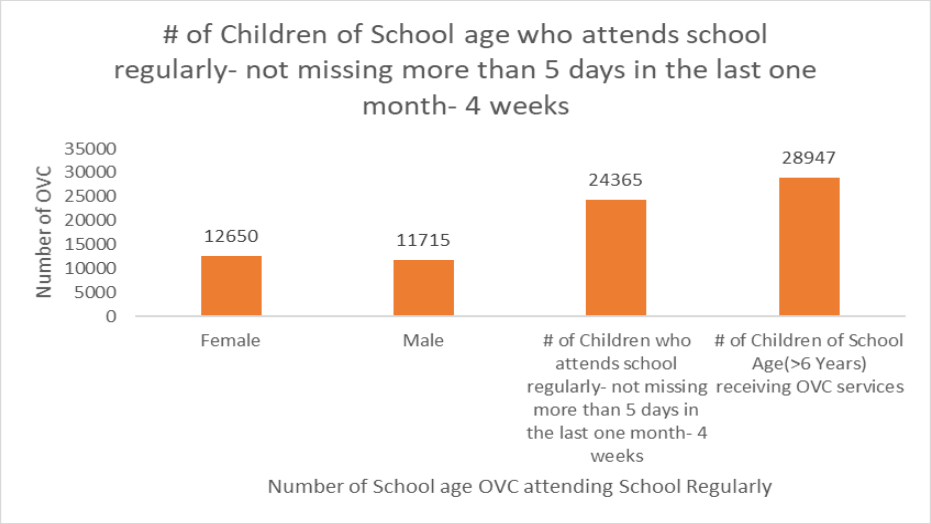

Figure 2. Number of Children of School age who attends school regularly- not missing more than 5 days in the last one month- 4 weeks

Table 9. OVC_EDU - %of School Aged Children Enrolled in the OVC Program who are Regularly (Defined as not Missing more than 2 days in a Month of Uninterrupted Academic or Vocational Training Session) Attending School or Vocational Training

Enugu	Female	Male	# Of Children who attends school regularly- not missing more than 5 days in the last one month- 4 weeks	# Of Children of School Age (>6 Years) receiving OVC services	% Of Female Children of School Age who attends school regularly- not missing more than 5 days in the last one month- 4 weeks	% Of Male Children of School Age who attends school regularly- not missing more than 5 days in the last one month- 4 weeks	% Of Children of School Age who attends school regularly- not missing more than 5 days in the last one month- 4 weeks
Grand Total	**12650**	**11715**	**24365**	**28947**	**44%**	**40%**	**84%**

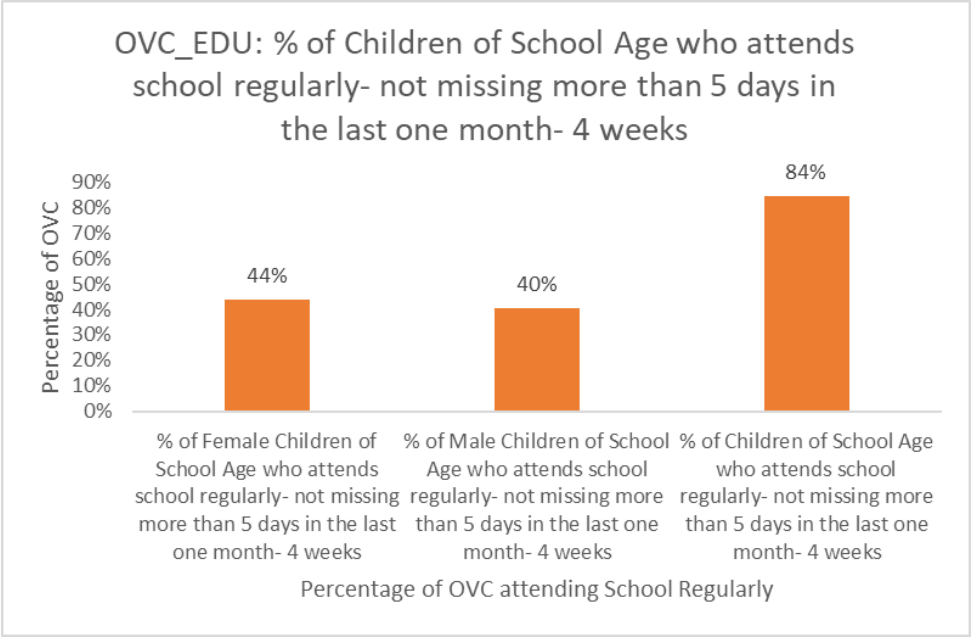

Figure 3. OVC_EDU - % of Children of School age who Attends School Regularly- not Missing more than 5 days in the Last one Month- 4 Weeks

Table 10. OVC_Nutrition - % of Malnourished OVC linked to Appropriate Nutrition Services (disaggregated by Type: Clinical; Counseling; Others)

LGA	Female	Male	Total
Total	336	334	670

Table 11. OVC_Birth Cert - % OVC (<18) with a Birth Certificate

Enugu	Child Has Birth Certificate (Yes/No)		Female Total	Child Has Birth Certificate (Yes/No)		Male Total	Total OVC served	Number Of OVC with Birth Certificate	% Of OVC with Birth Certificate (OVC_BIRTH CERT)
	Female			Male					
	No	Yes		No	Yes				
Grand Total	586	19479	20065	461	18276	18737	38802	37755	97%

Table 12. OVC_ECONS - % of Active Beneficiary Households (HHs) who have access to at least one Source of Income (asset generating income, autonomous income, Remittances, etc.) and able to Meet all Households needs/expenses

Enugu	Female	Male	Number Of active beneficiary households (HHs) who have access to at least one source of income and able to meet all households needs/expenses.	Total number of HH accessed	% Of active beneficiary households (HHs) who have access to at least one source of income and able to meet all households needs/expenses.
Grand Total	878	146	1024	10341	10%

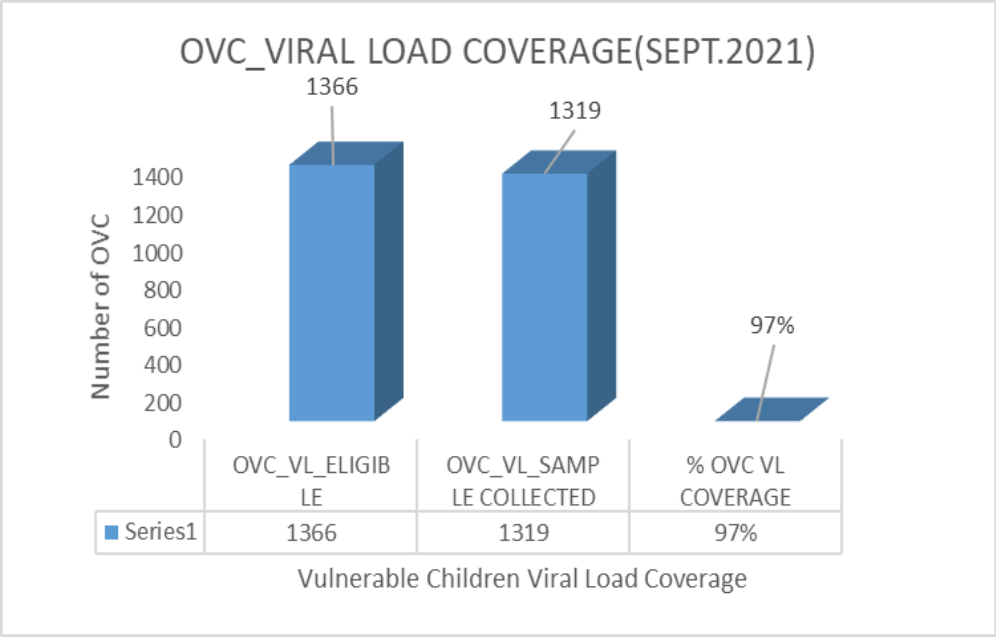

Figure 4. % OVC Viral Load Coverage as of September 2021

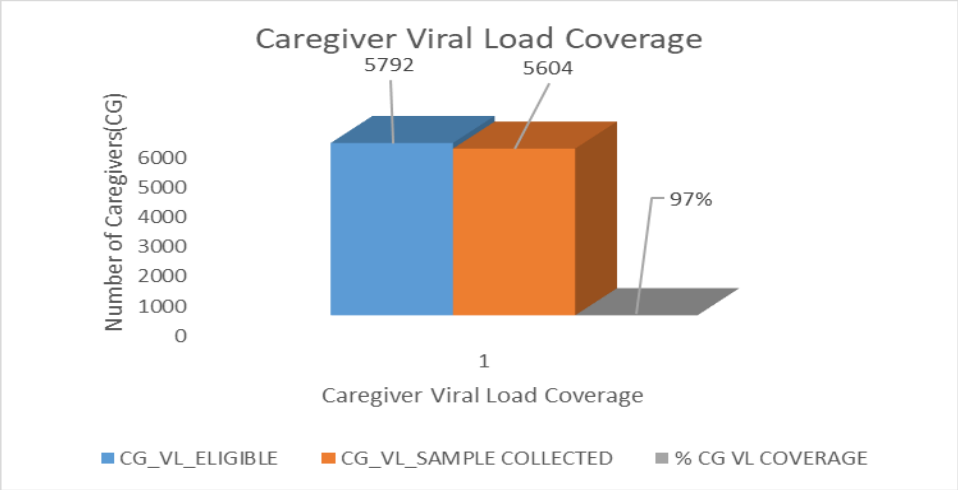

Figure 5. % Caregivers Viral Load Coverage as of September 2021

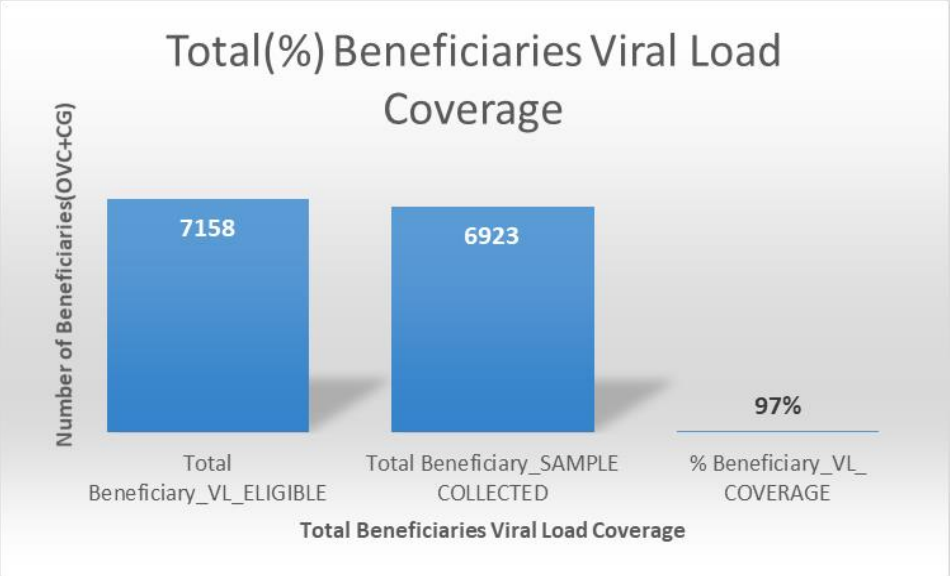

Figure 6. % Total OVC and Caregivers Viral Load Coverage as of September 2021

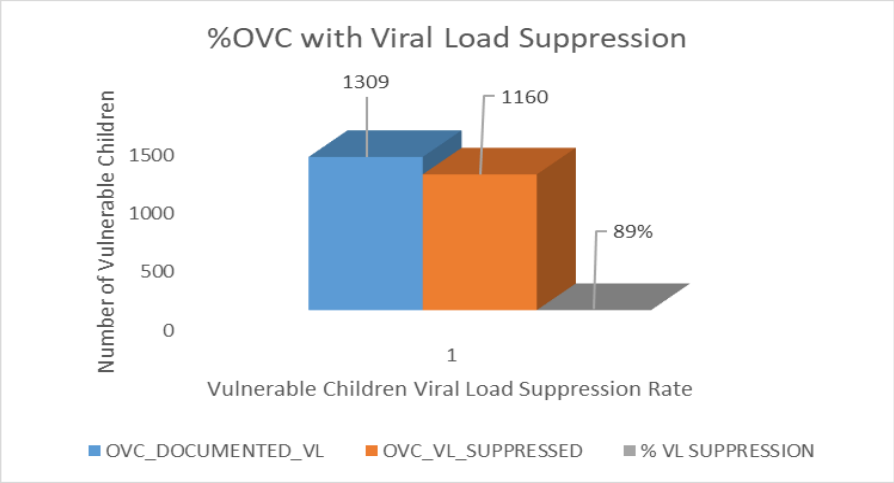

Figure 7. % Total OVC with Suppressed Viral Load as of September 2021.

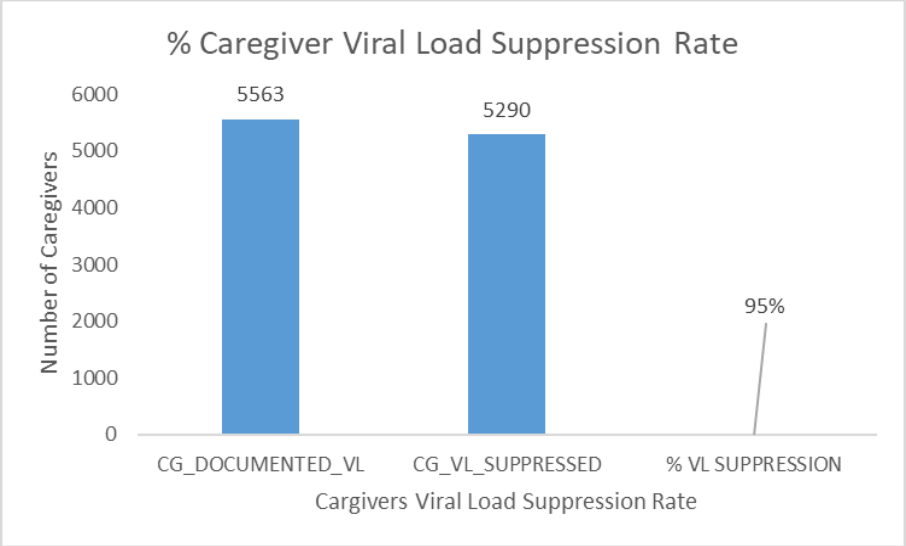

Figure 8. % Total Caregivers with Suppressed Viral Load as of September 2021.

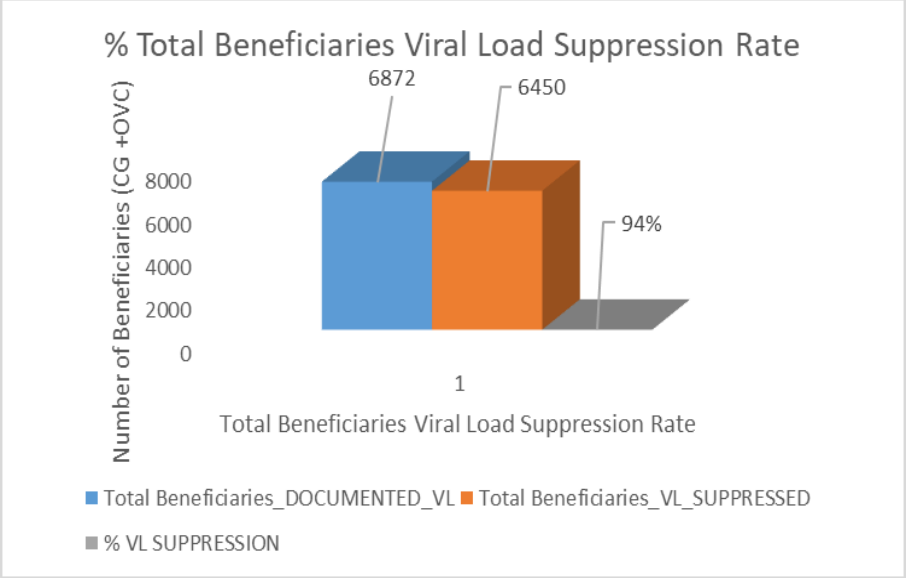

Figure 9. % Total Beneficiaries with Suppressed Viral Load as of September 2021.

Discussions

The emphasis on Orphans and Vulnerable Children (OVC) programming as a strategy of addressing socio-economic issues of vulnerable households that are infected or affected by HIV/AIDS has been unambiguously elucidated in this research. This is in consonance with the research of Ngozi Esther Ibeh in Enugu (2011), where the issues of OVC in the state was highlighted and measures put in place by NGOs and the government to address them using the skills and expertise of social workers. Case management has been adopted in recent times as a formidable strategy of providing need-based services to vulnerable households. This study investigated the effectiveness of the case management approach of OVC programs in Enugu State. The processes of case management in OVC programs as highlighted, include identification, enrolment, assessment, care plan development, service provision, monitoring and evaluation and care plan achievement/graduation.

The research understudied vulnerable households enrolled in the 4GATES Project

(Global Action towards Elimination of HIV/AIDS in Sub-National Units) in Enugu State, Southeast Nigeria. This is understood to be the only donor-funded OVC Program, funded by the Centre for Disease Control and Prevention (CDC), presently executed in the state with oversight supervision of the State Ministry of Gender Affairs and Social Development. This study analysed the outcomes of services provided to Orphans and Vulnerable Children and their caregivers using the standard OVC custom indicators to measure achievements and impact. The result of the study shows that 52,839 beneficiaries (38,802 vulnerable children and 14,037 caregivers) have received need-based services July and September 2021. These services include but not limited to health, food and nutrition, psycho-social support (PSS), child and social protection services, education, and household economic strengthening (HES). These services are divided into four broader domains: Healthy, Safe, Schooled and Stable. Among the children enrolled into the OVC program in Enugu state, the implementing partner, through its sub-grantee CBOs have ensured that the HIV status of all enrolled OVC is known. This resulted to HIV prevalence rate of 4% among enrolled vulnerable children. These two indicators, the former OVC_SERV and the later OVC_HIVSTAT, are usually regarded as Monitoring, Evaluation and Reporting (MER) indicators reported to PEPFAR donors as impact indicators. Vulnerable Children with negative and unknown HIV status are routinely risk assessed to ascertain risk of HIV Exposure. Within the study period, 15,092 OVC were risk assessed for exposure to HIV and 8,818 (58%) turned out to be at risk of HIV. They were subsequently referred for HIV testing and got tested and received their results out of which one vulnerable child turned out positive. Under the healthy service provision domain, care and support services are usually rendered to HIV Positive OVC and their caregivers. These services include ARV support, adherence counselling, transport support for drug pick-up, food, and nutrition, etc. In this project, 1564 OVC were positive to HIV and provided with adequate care and support services. Analysis shows that 91% of OVC on ARVs self-reported adherence to treatment. This shows a 4% shortfall of the UNAID 95:95:95 goal, which requires 95% adherence to ARVs and 95% suppression rate. However, the OVC program has immensely contributed to HIV epidemic control through its care and support services to OVC and their caregivers. HIV positive Vulnerable Children are usually offered enrolment into the OVC program, and consent of caregiver is sought before eligible beneficiaries are enrolled. Part of the services provided to vulnerable children is HIV prevention messages as a means of contributing to epidemic control measures. In the project under review, 19, 694 adolescents between the ages of 9 – 18 years received HIV prevention messages, among whom 10,400 were females, and 9294 were adolescent males. This amounted to 93% of 21,195 adolescents receiving OVC services across the state.

Under the schooled domain of OVC Services, education performance assessment is part of the services provided to vulnerable children of school age. During the home visit, the case managers assess the school performance of OVC using the Child Education Performance assessment form to assess the child's psych-social and academic well-being. The case manager assesses the academic progression of the child from on level to another so as to provide the needed service for individual vulnerable children. During the study period of this research, 24,365 children (12,650 female and 11,715) of school-age were assessed for their educational performance, and 84% (44% female and 40%male) of them attended school regularly and progressed from one class to another. Block granting is usually used as a cost-effective strategy of getting out of school children into school.

Challenges of OVC Programs in Enugu State

Covid-19 Pandemic: the Covid-19 pandemic seriously impacted OVC programs in Enugu State and Nigeria at large. Beneficiaries were not able to receive physical services due to lockdowns and Covid protocols. Virtual services replaced normal OVC services which affected the usual outcomes and results of the programs.

Beneficiaries' unmet expectations: some beneficiaries in the OVC program usually expect financial benefits. As vulnerable families enrolled into a program in that regard, it is not surprising for such people to expect some financial assistance in a developing African setting. Beneficiary's hopes are sometimes dashed as OVC project funds are limited and programs are not usually designed for money sharing purposes.

The paucity of Funds: developmental and humanitarian funds are limited as such not too many eligible beneficiaries are able to benefit from certain projects. International donors are major funders of OVC projects as the state and federal government contributes little or nothing to OVC projects. This has resulted to funding fatigue of OVC programs.

Stigma: some HIV positive individuals are unable to enroll into OVC programs due to fear of stigmatization. This in turn reduces the number of eligible vulnerable households who would ordinarily benefit from OVC services.

Conclusion

The overall objective of this study was to investigate the effectiveness of the case management approach in Orphans and Vulnerable Children programs in Nigeria using Enugu state as a case study. Considering this approach in OVC programming, eligible beneficiaries are identified and screened before being enrolled into the OVC program. Upon enrolment, these vulnerable households are assessed based on four domains: healthy, schooled, safe and stable. The outcome of the assessments based on identified strengths and weaknesses of individual households leads to the development of case or care plan containing issues and action plans to be executed by the caregiver with support from the community case managers/workers. These developed care plan actions are judiciously completed in an appropriate, timely fashion. As shown in the study, the care plan implementation is monitored through conducting a regular home visit to the child and caregiver and other critical relevant stakeholders to ascertain progress or challenges in care plan implementation. If monitoring and evaluation of care plan implementation shows that households have been able to address all identified issues in the four domains and have become independently resilient, they are graduated from the OVC program, and all household files both digital and physical would be closed and archived for record purposes. The Global Action for the Eradication of HIV in Sub-National Units OVC project in Enugu state shows the effectiveness of the case management process as thousands of vulnerable households received need-based services and many were moved from a state of vulnerability to resiliency. Analysis of the OVC indicators used in this study shows that vulnerable children and their caregivers benefited from several services in the state ranging from care and support services, educational and psycho-social services, nutrition and health services, child protection and household economic strengthening services. The study also shows that some of the outcomes and successes recorded in the OVC program in Enugu state culminate from coordinated response amongst key stakeholders. OVC programs are usually successful as a result of Ngo's ability to collaborate with government agencies, community, and religious structures in rendering OVC services. Adequate funding and government commitment will improve the outcomes of OVC programs in Enugu state and Nigeria at large.

Recommendations

1. Government should consciously increase budgetary allocation for OVC program in the state and make deliberate efforts to monitor the utilization of these funds during project implantation.
2. Periodic meeting of OVC stakeholders such as state technical working group and coalition of civil society representatives to discuss critical issues affecting OVC and come up with communiqué and workable action plan to address the plight of OVC at the state and National level.
3. A robust policy and legal framework should be adopted to strengthen OVC services delivery at all tiers of government to improve the expected outcomes of OVC programs.
4. Resource mobilization and advocacy strategies should be revamped to improve awareness of OVC programs in the states. Civil society and government should incorporate the media in disseminating OVC related messages.
5. The capacity of religious and community leadership structures should be strengthened to enable society take ownership of OVC programs for enhanced sustainability of program achievements.
6. International donors should review grant allocation for OVC programs. It is observed that the number of beneficiaries and services are limited due to the paucity of funds, and the timeframe of OVC projects should also be extended if funds are still available.

Conflict of Interest

There was no conflict of interest in this study.

Acknowledgements

I am sincerely grateful to God for His loving kindness, grace and for enabling to finish this research. I also want to thank my friend Dr. Peekate, Lekiah Pedro, who obliged to guide me through this process. I appreciate my supervisor, Mr. Emmedy Sakala for his great role in making this a reality. Many thanks to the Enugu State Ministry of Gender Affairs and Social Development, including the OVC implementing CBOs in the state, for the great work they do towards alleviating the deplorable plight of Orphans and Vulnerable Children. Special thanks to the OVC Desk Officer of the Ministry – Mr. Uche Nwatu, who supported this research enormously.

References

[1] Federal Ministry of Women Affairs and Social Development, (2007). National Plan of Action on Orphans and Vulnerable Children in Nigeria.

[2] Ibeh, Esther Ngozi (2011), Services Available for Orphans and Vulnerable Children in Enugu State, Department of Social Work, University of Nigeria, Nsukka.

[3] Tom Lantos and Henry J. Hyde (2016), Civic Impulse H. R. 5501 –110th Congress: United States Global Leadership Against HIV and AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 Retrieved from *https://www.govtrack.us/congress/bills/110/hr5501.*

[4] Aften Beeler and Kelley Bunkers (2017),Pathways for Exiting Programs for Children Orphaned or Made Vulnerable by HIV, Coordinating Comprehensive Care for Children (4Children), Catholic Relief Services https://ovcsupport.org/resource/pathways-for-exiting-programs-for-children-orphaned-or-made-vulnerable-by-hiv-ovc/.

[5] The Report of the National Guidelines and Standards of Practice on Orphans and Vulnerable Children (2007). A Publication of the Federal Ministry of Women Affairs and Social Development, Abuja: The Child Development Unit.

[6] Catholic Relief Services, 2017, Good Practices in Case Management, 4 Children Project Site Improvement and Monitoring Systems;

https://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf.

[7] PEPFAR (2012). Guidance for Orphans and Vulnerable Children Programming: Section 3.2.1 Determining Program Beneficiaries. Retrieved from http://www.pepfar.gov/documents/organization/195702.pdf, pages 20-21.

[8] OVC Technical Working Group et al. (2017). Consensus Conference Technical Report on the Role of OVC Programs Supported by PEPFAR in Extending Access to HIV Testing Services: Rationale, General Considerations and Most Immediate Actions. Retrieved from: http://ovcsupport.org/wp-content/uploads/2017/03/2016-01-23-Consensus-conference-report-OVCHTS_Jan-23_FINALwformat.pdf.

[9] The Girl Roster Toolkit, Population Council; used within DREAMS programming(2015): http://www.popcouncil.org/uploads/pdfs/Girl_Roster_flyer.Popcouncil.2015.pdf.

[10] Orphans and Other Vulnerable Children Household Vulnerability Prioritization Toolkit (2017) - Republic of Uganda Ministry of Gender, Labour and Social Development / Measure Evaluation; https://www.measureevaluation.org/our-work/ovc/2022-orphans-and-other-vulnerable-children-household-vulnerability-prioritization-toolkit/identifying-households-needing-services-for-orphans-and-vulnerable-children-pdf/at_download/file.

[11] Vulnerability Assessment Methodologies: A Review of the Literature http://www.fhi360.org/sites/default/files/media/documents/Vulnerability%20Assessment%20Literature%20Review.pdf.

[12] Washington Group on Disability Statistics/UNICEF. Module on Child Functioning and Disability https://www.cdc.gov/nchs/data/washington_group/meeting13/wg13_unicef_child_disability_backgroun d. pdf.

[13] Anthony S.F., 2016, Operational Considerations for Strengthened Targeting in PEPFAR OVC Program. National Institute of Allergy and Infectious Diseases at the National Institutes of Health, https://differentiatedservicedelivery.org/Portals/0/adam/Content/Hdfg2kwHzEK8j343nxXI_A/File/252263.pdf.

[14] Catholic Relief Services, 2018, Good Practices in Case Management, 4 Children Project Site Improvement and Monitoring Systems; https://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf.

[15] Catholic Relief Services, 2018, 4Children Project. Referral Mechanisms within OVC Programming. https://ovcsupport.org/resource/referral-mechanisms-for-children-orphaned-or-made-vulnerable-by-hiv/.

[16] MEASURE Evaluation (2014). Strengthening the Monitoring and Evaluation of Referral Systems. https://www.measureevaluation.org/resources/publications/ fs-14-117.

[17] Institute of Development Studies (2012). Responding to the needs of vulnerable children in Eastern and Southern Africa; https://www.ids.ac.uk/files/dmfile/inf29.pdf.

[18] Tegan George, 2021, An Introduction to Mixed Method Research https://www.scribbr.com/methodology/mixed-methods-research/.

[19] Babbie, Earl R., 2010, The Practice of Social Research. Doing Quantitative Research in Education with SPSS, Belmont, CA: Wadsworth; London: Cengage Learning, London: *Sage Publications*. 12(2), https://www.worldcat.org/title/practice-of-social-research/oclc/662584565.

[20] Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approach. *Sage publications.*

[21] Allen, M. (2017). The SAGE encyclopedia of communication research methods (Vols. 1-4). Thousand Oaks, CA: *Sage Publications*, Inc doi: 10.4135/9781483381411.

[22] Collins K.J., du Plooy G.M., Globbelaar M.M., Puttergill C.H., Terre Blanche M.J., van Eeden R., van Rensburg G.H. and Wigston D.J., (2000).

Research in the Social Sciences, University of South Africa: RSA.

[23] Durrheim K. & Terre Blanche M. (1999). Research in Practice: Applied Methods for the Social Sciences. 2nd Edition. Cape Town. UCT Press.

[24] Zilungile Pearl Mbatha (2015), Investigating the effectiveness of orphans and vulnerable children (ovc) programmes in schools: a case of ntuzuma g-section in Durban, College of Humanities at the University of KwaZulu-Natal.

[25] John Dudovskiy,2018, The Ultimate Guide to Writing a Dissertation in Business Studies: A Step-by-Step Assistance.
https://www.researchmethodology.net/about-us/ebook/.