

## **Efforts at meeting the needs of Orphans and Vulnerable children in Vulnerable households in selected communities of Nasarawa Eggon LGA of Nasarawa State (An Assessment of Centre for Women Youth and Community Action (NACWYCA-NGOs)**

Stephen S. Ojo and Sofela Afolasade Olayinka

*Department of Sociology Federal University Gashua, P.M.B. 1005, Gashua, Yobe State Nigeria*  
*Department of Social Development Nasarawa State Polytechnic, P.M.B. 109, Lafia. Nigeria*

---

**ABSTRACT:** The number of Orphans and Vulnerable children in Nigeria is on the increase. This has placed many children in precarious situations and challenges. These challenges can have an adverse impact on children's psychological and physical well-being. Many non-governmental organizations (NGOs) are running programs in the state that supply wide-ranging services to OVC and their families. While the programs have similar objectives, the improvement of OVC well-being differs substantially in the types of services they provide. The general objective of this study is to assess the response strategies of NGOs in meeting the needs of vulnerable children in vulnerable households in selected communities of Nasarawa Eggon LGA of Nasarawa state. The study adopted survey design while the target population consists of OVC aged between 0-17 years living in the area under study. Through clustered and systematic sampling, 100 households were selected from four selected communities representing 25 households per community under study. One OVC under each of the 100 selected households was randomly sampled for the study. In-depth interviews with children, caregivers and local key informants such as village chiefs and community leaders were conducted to know the effective responses to the challenges of the vulnerable children; of families and also in meeting their needs. The survey revealed several challenges facing OVC in areas of education, shelter, health, protection and nutrition. The study concludes that there are still challenges confronting the OVC despite the services provided by the NGOs. It therefore recommends that, efforts to care, support and protect vulnerable children should not only focus on their immediate survival needs such as food, education, water, shelter and clothing, but also on long-term developmental needs that helps in reducing children's vulnerability such as life skills, child protection, vocational training, food security, and household economic strengthening.

**Keywords:** Assessment, NGOs, Strategies, Needs, Orphans and Vulnerable children, Vulnerable households

Date of Submission: 17-10-2019

Date of Acceptance: 02-11-2019

---

### **I. INTRODUCTION**

The number of Orphans and Vulnerable children in Nigeria is on the increase. According to the 2008 Situation Assessment and Analysis of Orphans and Vulnerable Children (OVC) 17.5 million or 24.5% of children in Nigeria are vulnerable, with 17% classified as highly vulnerable. Similarly, the UNICEF (2007) reports that up to 10.7 million of the estimated 69 million Nigerian children may be categorized as vulnerable. The sudden increase in OVC in Nigeria could be attributed to factors related to death of parents from HIV/AIDS, poverty and other preventable diseases. This has placed many children in precarious situations and challenges, which may include the responsibility of caring for sick and dying parents, lack of resources to meet basic needs such as food, clothing, shelter, as well as education and health care. These challenges can have an adverse impact on children's psychological and physical well-being, school attendance and educational achievement, and development of knowledge, skills and values for constructive participation in society including finding money for school fees, food, clothing, and access to basic healthcare. Their desperation makes them more vulnerable to abuse and exploitation, ultimately making them more susceptible to contracting HIV. Less than 15 percent of OVC receive any kind of international support - the majority of the support they receive comes from their own communities. Likewise, many Faith based organizations (FBOs) and non-governmental organizations (NGOs) are running programs in the state that supply wide-ranging services to OVC and their families. While the programs have similar objectives, the improvement of OVC well-being differs substantially in the types of services they provide. Such as educational support, vocational training, or other income generating skills, food aid, support groups for guardians, home visiting that includes basic psychosocial support

or assistance with anti-retroviral therapy, HIV education, recreational opportunities, and individual counseling for children. These activities of FBOs and NGOs are significantly visible compared to the government interventions. However, they suffer from resource constraints and their outreach is significantly limited compared to the need of OVC. This study seeks to fill the existing gaps as identified above. The general objective of this study is to assess the response strategies of NGOs in meeting the needs of vulnerable children in vulnerable households in selected communities of Nasarawa Eggon LGA of Nasarawa state.

### **Research questions**

The following research questions will guide the study.

- i. Who are the Orphan and Vulnerable Children in Nasarawa state?
- ii. What are the needs and conditions facing Orphan and Vulnerable Children?
- iii. What are the services provided for the Orphan and Vulnerable Children by the NGOs?
- iv. Are there effective responses to the challenges of orphans and vulnerable children by the NGOs in the State?

### **Objectives of the study**

The general objective of this study is to examine the condition of orphans and vulnerable children (OVC) in Nasarawa State. The specific objectives are to:

- i. Identify Orphan and Vulnerable Children in vulnerable homes
- ii. To assess the needs and conditions of vulnerable children in the vulnerable homes.
- iii. Examine the services provided for the Orphan and Vulnerable Children
- iv. Examine the effective responses to the challenges facing orphans and vulnerable children

## **II. LITERATURE REVIEW**

### **2.1 Orphans and Vulnerable Children (OVC) in Nigeria**

The situation of the world's children (UNICEF, 2006) reflects the deepening and widening exclusion and invisibility of children in Nigeria. The scanty data available paints a desperate picture of neglect, exploitation and abuse facing a large percentage of children in Nigeria today. 39% of children aged between 5 – 14 years are engaged in child labour, 43% of women aged 20 – 24 were married or in union before they were 18 years old between 1986 and 2004. Out of estimated population of 50 million children (below 18 years), it is children from the poorest areas, children with disabilities, children from certain ethnic groups and children affected by HIV and AIDS that are most discriminated against forms of discrimination (Vanguard, 2016).

Globally, more than 16 million children have been made orphans as a result of AIDS with more than 2.5 million of them living in Nigeria (UNAIDS, 2010). It is reported that approximately 25% of an estimated 70 million children in Nigeria can be characterized as vulnerable (Federal Ministry of Women Affairs & Social Development, 2008). This burden of OVC is higher than countries facing war, such as Sudan, Somalia, Democratic Republic of the Congo, Libya, and Syria. One in every 10 households in the country is also estimated to be providing care for an orphan. Estimates also indicate that out of the over 1.3 million children in Plateau State, about 160,000 (12.3%) are orphans, 40,000 of which are due to AIDS (CENCHIC, 2014). These children are more prone to ill health than children in more secure circumstances, have less access to health care and miss meals more frequently, and are more likely to skip school, or not go to school at all.

Parental death can affect various aspects of a growing child's development. The loss of a father or mother can result in loss of shelter, school drop-out or non-enrolment in school, poor health outcomes, malnutrition, abuse and stigmatization. When a parent dies, older children may be expected to take up paid employment and care for younger siblings. The ability of bereaved children to continue in school depends on households' resources and the public support for education (Boler & Carroll, 2003). Surveys carried out among orphans in Uganda and Malawi showed that they were more likely to have higher school absenteeism rates than non-orphans (Bennell, Hyde & Swainson, 2002). In a study carried out among children in Zimbabwe, OVC were found to be more likely than non-orphans to have recently suffered from diarrheal disease and acute respiratory infections and they were also more likely to be stunted (Watts; Gregson; Saito; Lopman; Beasley; & Monasch, 2007). Girls were found to be especially vulnerable to sexually transmitted infections, including through greater physiological susceptibility (Blackett-Dibinga, Anah, & Matinhure, 2006). Loss of parent(s) can affect the psychological and physical development of a child and older children above 15 years may experience sexual and economic exploitation (Foster and Williamson, 2000).

All children have a right to protection. Evans and Murvay (2008) argued that vulnerable children deserve to be treated with dignity and respect as stipulated in the Article 19 of the African Charter on Human and People's Rights (ACHPR). The Article says "all peoples (OVC inclusive) shall be equal; they shall enjoy the same respect and shall have the same rights ...". The above is enshrined in Nigeria's constitution but unfortunately, many of these children are left unattended to and live in filthy conditions, exposed to many

problems concerning health, education, moral, psychological development and others with varying degrees of harm to both the children and society. In addition, Jasen (2000) argues that deteriorating environmental conditions have had profound impact on infants and children. He further asserts that "all children are exposed from the pre-natal phase, to a barrage of environmental threats to their health and survival. It costs millions of children their lives and impedes the growth and progress of countless others. This means, if all children are exposed to environmental threats, then OVC are more exposed because among many other disadvantages, they lack care and support. Despite the efforts of the government at various levels, the existing family values were not recognized.

## **2.2. The risks and conditions of an Orphan and Vulnerable Children**

Orphans and vulnerable children (OVC) face a number of challenges in their lives. They have to take care of themselves, they drop out of school, work at an early age to earn money to have food, clothing, shelter and access to healthcare. Orphans is a child who has lost one or both parents because of death and is under the age of 18 and a "vulnerable child" is "a child who needs care and protection, due to the incapacity of their parents to take care of them – due to lack of livelihood opportunity, sickness, and moral problems. The OVCs weakness, poverty and desperation makes them more vulnerable to abuse and exploitation, ultimately making them more susceptible to engage in criminality and sexual abuse and thereby contracting sexually transmitted disease, HIV/AIDS. OVC's receive less international support - the majority of the support they receive comes from their own communities even less from their government. Effective responses to the challenges facing these children must strengthen the capacity of families and communities to continue providing care, protection, and assistance to them in, at minimum, meeting their basic needs (Christian Fellowship and Care Foundation CHRIFACAF, 2009).

## **2.3. The needs of Orphans and Vulnerable Children**

The needs of OVC vary according to age, gender, socioeconomic status, and geography. Various studies and research tools have recently contributed to the development of more effective and targeted strategies for specific sub-sets of the OVC population. President Emergency Plan for AIDs Relief (PEPFAR) is working with partner countries to ensure that the diverse needs of OVC are included in efforts to identify, map, and plan to address overall HIV/AIDS needs in a given country. In its next phase, PEPFAR is also coordinating with other United State Government (USG) and donor efforts to expand country-led initiatives intended to identify and address the needs of several previously neglected sub-sets. For example: To better address the needs of newborns, infants, and toddlers, PEPFAR is strengthening linkages with food and nutrition programming, prevention of Mother-to-Child transmission of HIV (PMTCT) and adult and pediatric treatment sites. It will also improve training for community health workers and home visitors to monitor child growth and development. To better address the needs of young school-age children, PEPFAR is linking programs to basic education initiatives, enabling OVC to stay in school. To better address the needs of adolescents, who comprise the largest number of OVC, PEPFAR will increase efforts in youth livelihood development initiatives, focusing on higher levels of skill development. PEPFAR will also work to support adolescents and young adults as they transition from OVC programs into society and careers. PEPFAR is also working with countries to prioritize programming for most vulnerable children, including children living outside of family-based care; abused, exploited and neglected children; and children and adolescents who meet the criteria for other most-at-risk categories. Although these children account for only a small percentage of the total OVC population, they are often at higher risk for HIV infection, and less able to access traditional social service channels.

## **2.4 Frameworks for Responding to the Issue of OVC**

A number of model frameworks for responding to OVC have been developed, three of which are summarized below. Family Health International (2001a), developed a set of activities to achieve the objective of improving the wellbeing and protection of OVC and families and reducing the burden of HIV/AIDS on these children and their families. The activities suggest a useful framework that could be used by countries, ministries, and donors. UNAIDS, UNICEF, and USAID (2002), presents five strategies for intervention, which have been widely accepted. These are: Strengthening and supporting the capacity of families to protect and care for their children;

Mobilizing and strengthening community-based responses; strengthening the capacity of children and young people to meet their own needs; Ensuring that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children; and Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

Like the FHI framework, the strategies recognize the need to raise awareness, mobilize responses (at different levels), and then strengthen those responses within an enabling legal, policy, and programmatic framework.

## 2.5 Theoretical framework: Poverty as restriction of opportunities

The environment of poverty is one marked with unstable conditions and a lack of capital (both social and economical) which together create the vulnerability characteristic of poverty. Because a person's daily life is lived within the person's environment, a person's environment determines daily decisions and actions based on what is present and what is not. Chakravarti (2006) argues that the poor's daily practice of navigating the world of poverty generates a fluency in the poverty environment but a near illiteracy in the environment of the larger society. Thus, when a poor person enters into transactions and interactions with the social norm, that person's understanding of it is limited, and thus decisions revert to decisions most effective in the poverty environment. Through this a sort of cycle is born in which the "dimensions of poverty are not merely additive, but are interacting and reinforcing in nature."

According to Appadurai (2004), the key to the environment of poverty, which causes the poor to enter into this cycle, is the poor's lack of capacities. Thus, a person in poverty lacks adequate voice and exit (capacities) with which they can change their position. Appadurai (2004) specifically deals with the capacity to aspire and its role in the continuation of poverty and its environment. Aspirations are formed through social life and its interactions. Thus, it can be said, that one's aspirations are influenced by one's environment. According to Appadurai (2004), the better off one is, the more chances one has to not only reach aspirations but to also see the pathways which lead to the fulfillment of aspirations. Because the capacity to aspire (or lack thereof) reinforces and perpetuates the cycle of poverty, expanding the poor's aspiration horizon will help the poor to find both voice and exit. Ways of doing this include changing the terms of recognition and/or creating programs which provide the poor with an arena in which to practice capacities. An example of one such arena may be a housing development built for the poor, by the poor; government interventions and Non-Governmental Organizations activities in creating awareness and building capacities. Through this, the poor are able to not only show their abilities but to also gain practice dealing with governmental agencies, NGOs and society at large. Through collaborative projects, the poor are able to expand their aspiration level above and beyond tomorrow's meal to the cultivation of skills and the entrance into the larger market.

### III. METHODOLOGY

The study was carried out in four selected communities of Nasarawa Eggon local government areas (LGAs) of Nasarawa State. Namely, Tawa Galle; Moyi; Alogani North and AloganiSouth. The targeted population for this study will be 4,188 OVC from the area. The study adopted survey design while the target population consists of OVC aged between 0-17 years living in the area under study. Through clustered and systematic sampling, 100 households were selected from four selected communities representing 25 households per community under study. One OVC under each of the 100 selected households was randomly sampled for the study.

In the research work, a cross-sectional descriptive survey was adopted, using modified designed instruments. The first instrument was Household Vulnerability Assessment Form which was used for assessing and measuring household vulnerability, while the second instrument, the vulnerable children Enrolment Form was used for enrolling the vulnerable children, know their vulnerability condition and also in assessing their socio-demographic characteristics and the needs of OVC in the selected communities.

Community participatory approach was used in the selection and training of five volunteers per community to identify, select and enroll OVC. Community volunteers used home visits to identify and list the orphans and other vulnerable children. Furthermore, In-depth interviews with local key informants such as village chiefs and community leaders to know the effective responses to the challenges of the vulnerable children; in addition, in-depth interviews with children and their caregivers to investigate the areas to strengthen the capacity of families and also in meeting their needs. Data collected was analyzed using a Statistical Package for Social Sciences (SPSS). SPSS is software and one of the most popular statistical packages which can perform highly complex data manipulation and analysis with simple instructions.

#### 4.1 Data Analysis

##### Socio- Demographic Characteristics of Respondents

This section shows the demographics characteristics of household head/caregivers as to gender, Age of caregivers, Number of children in the household and Relationship with child.

**Table 4.1.1:** Demographic characteristics of household head/care giver

Variables	Frequency	Percentage (%)
<b>Gender</b>		
Male	7	7.0
Female	89	89.0
No response	4	4.0
<b>No. Of children in the household</b>		

1-2	33	33.0
2-4	36	36.0
>4	28	28.0
No response	3	3.3
<b>Age care giver</b>		
≤30	26	26.0
31-40	48	48.0
41-50	11	11.0
>50	8	8.0
No response	7	7.0
<b>Relationship with child</b>		
Mother	23	23.0
Father	6	6.0
Grand mother	5	5.0
Aunt	2	2.0
Family members	24	24.0
Parents	28	28.0
Uncle's wife	1	1.0
Brother	4	4.0
Guardian	4	4.0
No response	3	3.0

Source: Field work, 2016

**Table 4.2:** Identification of Orphan and Vulnerable Children base on the levels of Vulnerability status

This section examined the Vulnerability status of a child. It was used to identify a vulnerable Child and also to determine their level of their vulnerability whether they are at Most Vulnerable, More Vulnerable and Vulnerable.

Vulnerability status	Frequency	Percentage (%)
Most vulnerable	-	-
More vulnerable	56	56.0
Vulnerable	44	44.0
Total	100	100.0

Source: Field work, 2016

For this period of study no child is found to be most Vulnerable, but more than half (56%) of the OVC studied was identified to be more vulnerable and 44% were Vulnerable. This revealed that the situation of the OVC are not worst to the level of most vulnerable because at the level of most Vulnerable many OVC live their lives destitute and their level of dependency is high. To be more vulnerable it means that they are less dependable. Because they can still provide little for their daily living which is still encouraging compare to all the situation of the most Vulnerable OVC. And at the vulnerable stage all the OVC needs is little assistance either from family member, NGOs or the Government. This also determines the kind of services to be channelled to the appropriate level of vulnerability. PEPFAR (2009).

#### 4.3 Assessment of the condition of vulnerable children in vulnerable homes

The table below assessed the condition of vulnerable children in vulnerable homes as to types of Vulnerability.

**Table 4.3:** Percentage distribution of children according to types (conditions) of vulnerability

Types of vulnerability	Frequency	Percentage (%)
Maternal orphan	12	9.4
Paternal orphan	21	16.5
Double orphan	4	3.1
Child lives in a child headed household	2	1.6
Child labour	43	33.9
Child with disability	3	2.4
Child lives with a chronically ill parent	7	5.5
Low income	32	25.2
HIV parents	2	1.6
Child with HIV	1	0.5
Total*	127	100.0

\*Due to multiple status

Source: Field work, 2016

Table 4.3 revealed that one of the main conditions of OVC was child labour which made up 43(33%) of the OVC compare to other conditions. Most of the OVC were also constrained by low income, as 32 (25%) of them live in low income families. A household characterized by low income may likely engage the children in child labour just for survival or to earn a living. And once the children gets involve in child labour they are at risk of exploitation and sexual abuse. As some of them especially girls will be recruited for prostitutions, house-holds, human trafficking/illegal migration to the cities. This agrees with challenges faced by households in caring for Orphans and Vulnerable Children (research update, 2014).

**Table 4.4.1: Assessment of the needs of Orphans and Vulnerable children in Vulnerable home**

This section assessed the needs of orphan and Vulnerable children in Vulnerable homes as to Health, Education, Shelter and care, Food security and nutrition and Means of livelihood.

Index	Frequency	Percentage
<b>Health</b>		
No health constraints in family	9	9.0
Members are occasion sick with access to health care	83	83.0
One or more members are occasion sick without access to health care	8	8.0
Member(s) of household is/are chronically ill and living with HIV positive	-	-
<b>Educational level of household head</b>		
Tertiary	9	9.3
Secondary/trade/artisan	33	34.0
Primary/vocational skill	43	44.3
No education attended	12	12.4
<b>Shelter and care</b>		
Household has good shelter	11	11.0
Household has good shelter but over crowded	37	37.0
Household has defective shelter	51	51.0
Household has no shelter	1	1.0
<b>Food security and nutrition</b>		
Household has sufficient and regular food all through the year	6	6.0
Household has sufficient but not regular food	58	58.0
Household has insufficient and not regular food	36	36.0
Household has no regular food	-	-
<b>Means of livelihood</b>		
More than one household member is employed or own business/farming	3	3.0
At least one member of household is employed or own business/farming	16	16.0
No member of household is employed but has business/farming	81	81.0
No member of household is employed or have any business/farming	-	-

Source: Field work, 2016

#### 4.5.1 What are the services provided for the Orphans and Vulnerable children

This section examined the services provided to the Orphans and Vulnerable children in the thematic areas of their needs. These services were provided using PEPPFER guidelines in meeting the needs of vulnerable children.

**Table 4.5.1:** Services provided for the orphans and vulnerable children

Domain		Responses			
		Strongly agree	Agree	Strongly disagree	Disagree
<b>Food and nutrition</b>					
Food security	Child has sufficient food to eat at all times of the year including age appropriate diversity of food of high quality	4(4.0)	56(56.0)	23(23.0)	17(17.0)
Nutrition and growth	Child is growing well compared to other of his or her age in the community	5(5.0)	71(71.0)	10(10.0)	14(14.0)
<b>Shelter and care</b>					
Shelter	Child has stable shelter that is adequate, dry safe and secure	15(15.0)	34(34.0)	31(31.0)	20(20.0)
Care	Child has at least one adult who provides consistent care, attention and support	22(22.0)	44(44.0)	25(25.0)	9(9.0)

**Table 5.5.2;**Services provided for the orphans and vulnerable children

Domain		Responses			
		Strongly agree	Agree	Strongly disagree	Disagree
Legal protection	Child has access to legal protection services as needed	5(5.0)	85(85.0)	9(9.0)	1(1.0)
<b>Health</b>					
Wellness	Child is healthy (well and active)	20(20.0)	70(70.0)	7(7.0)	3(3.0)
Health care service	Child receives health care services, including medical treatment when ill and preventive care	11(11.0)	62(62.0)	2(2.0)	25(25.0)
<b>Psychosocial</b>					
Emotional health	Child is happy and content with a generally positive mood and hopeful outlook	3(3.0)	61(61.0)	11(11.0)	25(25.0)
Social behaviour	Child is cooperative and enjoys participating in activities with adults and other children	5(5.0)	61(61.0)	8(8.0)	26(26.0)

Source: Field work, 2016

#### 4.3 Findings from in-depth interview with the key informants and the caregivers

The community members have never gotten any assistance from the government but they are aware of the on-going project by the non-governmental organization Centre for Women Youth and Community Action (NACWYCA) in their community. The organization is supported by the USAID to meet the needs of the vulnerable households, most especially the vulnerable children and their caregivers. The NGO is supporting the needs of the OVC in the area of nutrition, health and care support, household economic strengthening, education, and issuing of birth certificate to the children. The activities of the NGO have improved their conditions since most of their activities are tailored to meet their pressing needs. In terms of enrolling the

younger VC in school, the Older VC into vocational training, empowering the household to reduce household resilience, and assessing the health condition of the VC through growth and monitoring.

The caregivers were also taught how to prepare varieties of food to nourish the malnourished children. And in the area of health, any severe case are been referred to nearby health facilities with little or no charges. In terms of strengthening the caregivers, the caregivers and the household heads were also empowered in the area of home garden, financial education, vocational skills enrollment, agricultural inputs, savings and internal lending communities and were also linked up with Micro-finance institutions.

Furthermore, the community leaders also comments on how one of the strategies put in place to meet their needs, Savings and Internal Lending Communities (SILC) has really helped the community, the programme has assisted the households to move from one level of vulnerability to another. According to a traditional leader, “poverty particularly affects their women and is primarily caused by low remuneration of income generating activities, limited income-generating opportunities for the people in the communities, and poor access to financial resources”. The community members have few opportunities to diversify their income generating activities and have limited access to financial services due to lending practices that fail to target the poorest of the poor. Women, who usually require the smallest loans, are especially excluded from entering the credit market.

#### **4.4 Conclusion**

From the findings, the study revealed the several challenges facing OVC in areas of education, shelter, health, protection and nutrition. The activities of the NGOs (Centre for Women Youth and Community Action (NACWYCA) has greatly helped in ameliorating the conditions of OVC in the communities under study. However, in spite of the efforts of the organization in services provided, much is needed to be done in the area of shelter. Government should also take responsibilities and create enabling environment for others to be involved in addressing challenges faced by OVC.

#### **5.3. Recommendation**

Based on the findings of this study, the following recommendations are made:

1. efforts to care, support and protect vulnerable children should not only focus on their immediate survival needs such as food, education, water, shelter and clothing, but also on long-term developmental needs that helps in reducing children's vulnerability such as life skills, child protection, vocational training, food security, and household economic strengthening.
2. Government, NGOs and social workers should raise more awareness of orphan and vulnerable children at all levels through advocacy and social mobilization.
3. Government, NGOs and social workers should strengthen the capacity of families and communities to support, protect and care for orphan and vulnerable children. The government has to create favourable atmosphere for the parents or relatives to provide welfare for the OVC. It is therefore, a responsibility to be shared among the families, community, the government and NGOs.
3. NGOs, government agencies should increase the access of vulnerable children to essential services (health, education, nutrition, medical, shelter and psycho-social). Following the PEPFAR Guidelines for OVC.
5. Government and NGOs to build capacity of stakeholders at all levels to coordinate, plan and leverage resources for most vulnerable children's programmes.
6. Prioritizing the alleviation of poverty by Government and NGOs with a particular emphasis on fighting poverty from child's perspective.
7. Government to ensure the involvement of trained social workers in the affairs of orphans and vulnerable children's cases in the society.

### References

- [1]. Appadurai, A. (2004). The Capacity to Aspire: Culture and the Terms of Recognition, in Rao, V.; Walton, M, Culture and Public Action, Stanford, CA: Stanford University Press, pp. 59–84.
- [2]. A Rapid Assessment, Analysis and Action Planning Process (RAAAP) for Orphans and Vulnerable Children: Nigeria Country Report - August 2004
- [3]. Behrendt A, & Mbaye SM. (2008). The Psychosocial impact of parental loss and orphanhood on children in an area of high HIV prevalence: A cross section study in the North-West Region of Cameroon. USAID; Mar. Available from: [www.healthnettpo.org/files/705/study-report-cameroon](http://www.healthnettpo.org/files/705/study-report-cameroon)
- [4]. Bennell P, Hyde K, & Swainson N, (2002) The impact of the HIV/AIDS epidemic on the education sector in sub-Saharan Africa: A synthesis of the findings and recommendations of three country studies. Brighton: Centre for International Education, University of Sussex..
- [5]. Binagwaho A, & Noguchi J., (2008). Community-Centered Integrated Services for Orphans and Vulnerable Children in Rwanda. Joint Learning Initiative on Children and HIV/AIDS.
- [6]. Blackett-Dibinga K, Anah K, & Matinhure N. (2006). Innovations in Education: The role of the education sector in combating HIV/AIDS. Africare: Office of Health and HIV/AIDS;
- [7]. Boler, T. & K. Carroll (2003) Addressing the educational needs of orphans and vulnerable children, Policy & Research: issue 2, UK working group on education and HIV/AIDS, ActionAid International and Save the Children Fund: London.
- [8]. Chakravarti, D. (2006). Voices Unheard: The Psychology of Consumption in Poverty and Development, Journal of Consumer Psychology, **16** (4): 363–376,
- [9]. Christian Fellowship and Care Foundation (CHRIFACAF) (2009). Addressing the needs of orphans and vulnerable children: Strengthening ongoing community actions in Nyanza province, Kenya 10 October
- [10]. Federal Ministry of Women Affairs and Social Development, Child Development Department. Orphans and Vulnerable Children, National Plan of Action 2006-2010, Federal Ministry of Women Affairs and Social Development, Abuja Federal Ministry of Women Affairs and Social Development, Child Development Department.
- [11]. Orphans and Vulnerable Children National Guidelines and Standards of Practice on Orphans and Vulnerable Children. Federal Ministry of Women Affairs and Social Development Nigeria, January 2007.
- [12]. Foster G, & Williamson J. (2000) A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. AIDS 2000;14 suppl 3:S275-84.
- [13]. Vanguard Media Limited, Nigeria 2016.
- [14]. Watts, H; Gregson, S; Saito, S; Lopman, B; Beasley, M; & Monasch, R. (2007). Poorer Health and nutritional outcomes in orphans and vulnerable young children.

Stephen S. Ojo. " Efforts at meeting the needs of Orphans and Vulnerable children in Vulnerable households in selected communities of Nasarawa Eggon LGA of Nasarawa State (An Assessment of Centre for Women Youth and Community Action (NACWYCA-NGOs)." IOSR Journal of Humanities and Social Science (IOSR-JHSS). vol. 24 no. 10, 2019, pp. 39-47.