CRS SUN/OVC End-of-Project Evaluation Report

By

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ACKNOWLEDGEMENT

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**ACRONYMS**

| 7D | Seven Dioceses Community-Based Care & Support Project |
| AB | Abstinence and Be Faithful |
| AIDS | Acquired Immune Deficiency Syndrome |
| CRS | Catholic Relief Services |
| CSI | Child Status Index |
| CSN | Catholic Secretariat of Nigeria |
| CWO | Catholic Women Organization |
| DACA | Diocesan Action Committee on AIDS |
| DHS | Diocesan Health Services |
| FBO | Faith Based Organization |
| FGD | Focused Group Discussion |
| FMoWA | Federal Ministry of Women Affairs |
| FMoH | Federal Ministry of Health |
| GoN | Government of Nigeria |
| HIV/AIDS | Human Immune Virus/Acquired Immune Deficiency Syndrome |
| HIV | Human Immune Virus |
| IGA | Income Generating Activities |
| JDPC | Justice Development and Peace Commission |
| KII | Key Informant Interviews |
| MDAs | Ministries, Departments, and Agencies |
| M&E | Monitoring & Evaluation |
| NACA | National Agency for the Control of AIDS |
| OVC | Orphan & Vulnerable Children |
| PACA | Parish Action Committee on AIDS |
| PAVs | Parish Action Volunteers |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PSS | Probability Proportionate to Size |
| SA | Situation Analysis |
| SACA | State Action Committee on AIDS |
| SILC | Saving & Internal Lending Communities |
| SMoH | State Ministry of Health |
| SMoWA | State Ministry of Women Affairs |
| SUN | Capacity for Scaling Up the Nigerian Faith-Based Response to HIV/AIDS |
| USAID | United States Agency for International Development |
TABLE OF CONTENTS

ACKNOWLEDGEMENT .................................................................................................................. 2
ACRONYMS .................................................................................................................................. 3
TABLE OF CONTENTS .................................................................................................................. 4
LIST OF TABLES .......................................................................................................................... 6
LIST OF FIGURES ......................................................................................................................... 8
EXECUTIVE SUMMARY ............................................................................................................... 9
Highlights of Findings .................................................................................................................. 9
INTRODUCTION ............................................................................................................................ 11
Background ..................................................................................................................................... 11
Project Objectives ....................................................................................................................... 11
Implementation Strategies ........................................................................................................... 11
Evaluation Objectives .................................................................................................................. 12
EVALUATION METHODOLOGY .................................................................................................. 12
Documents Review ...................................................................................................................... 12
Quantitative Methods ................................................................................................................ 13
Qualitative Methods .................................................................................................................. 14
Team Composition & Fieldwork ................................................................................................. 14
Limitations of Methodology ........................................................................................................ 14
Background Characteristics of Respondents (OVC, caregivers, and partner Staff).................... 16
Background Characteristics of OVC and Caregivers .................................................................. 16
ACHIEVEMENTS .......................................................................................................................... 18
Access to Support Services ........................................................................................................ 18
OVC Access to Education & Vocational Training ...................................................................... 19
OVC Strengthened Livelihood through Education/Vocational Skills ........................................... 20
OVC Access to Health Care ......................................................................................................... 21
OVC Health Conditions .............................................................................................................. 22
Other Indicators of Health Awareness & Behavior ...................................................................... 23
OVC Access to Rights & Protection Services .............................................................................. 24
OVC Rights & Protection Condition ........................................................................................... 25
OVC Access to Psychosocial Care ............................................................................................... 26
OVC Psychosocial Condition ....................................................................................................... 26
OVC Satisfaction about Services ................................................................................................. 28
Perceived Wellbeing of OVC aged 13-17..........................29
Perceived Wellbeing by Key Background Characteristics..........................29
Caregivers & SILC Involvement..............................................30
Key Success Stories...............................................................32
IMPLEMENTATION & MANAGEMENT STRATEGIES ......................33
Project Saturation vs. Non-Saturation ........................................33
Capacity Building of CRS & Partner Staff ..................................33
Perception about Work Experience ...........................................34
Program Coordination & Management Performance ................................35
Rating on Key Areas of Project Performance ..................................37
Sustainability of the Project Implementation ..................................38
Collaboration with Other Stakeholders..........................................39
The Block Grant Strategy .........................................................40
The SILC Strategy ....................................................................40
Financial Aspects of Implementation .............................................41
Key Project Challenges .............................................................42
CONCLUSIONS........................................................................44
Increased Access to Services ......................................................44
Highlights on Management and Implementation Strategies ..................45
LESSONS LEARNT....................................................................47
RECOMMENDATIONS..............................................................48
REFERENCES............................................................................50
APPENDIX A: ADDITIONAL TABLES ..........................................51
APPENDIX B: Sample Distribution of OVC by Selected Dioceses and Parishes ....60
APPENDIX C: LIST OF CONTACTED PERSONS...............................61
LIST OF TABLES

Table 1: Percentage sample distribution of OVC and partners staff by dioceses………..13
Table 2: Percentage distribution of OVC and caregivers by selected basic characteristics….16
Table 3: Percentage distribution of partner staff according to selected key background characteristics…………………………………………………………………………………………..17
Table 4: Percentage of OVC by types of services received from people or organizations outside of family member………………………………………………………………………………………..18
Table 5: Percentage of OVC according to who provided the support received………………………………………………………………………………………………………………………18
Table 6: Percentage OVC aged 6-17 who received educational support by source of external support…………………………………………………………………………………………………19
Table 7: Percentage of OVC aged 6-17 according to types of support received……………………………………………………………………………………………………………………………19
Table 8: Percentage of OVC aged 6-17 according to conditions on education/vocational skills most applicable to their Situation…………………………………………………………………………………………21
Table 9: Percentage of OVC according to indicators of access to health services………..22
Table 10: Percentage of OVC according to indicators of health conditions most applicable to their situation………………………………………………………………………………………………22
Table 11: Percentage of OVC 13-17 according to other indicators of health awareness and behavior……………………………………………………………………………………………………23
Table 12: Percentage of OVC according to indicators of access to child right and protection services………………………………………………………………………………………………24
Table 13: Percentage of OVC aged 0-5 with respect to safety from abuse, neglect, or exploitation………………………………………………………………………………………………………..25
Table 14: Percentage of OVC according to indicators of access to psychosocial support…..26
Table 15: Percentage of OVC aged 0-5 according to indicators of psychosocial conditions that best describes their situation…………………………………………………………………………………………26
Table 16: Percentage of OVC aged 6-17 according to indicators of benefits of support groups…………………………………………………………………………………………………………………………27
Table 17: Showing percentage of OVC by levels of satisfaction on services received………28
Table 18: Showing percentage of OVC aged 13-17 by index of wellbeing according to background characteristics………………………………………………………………………………………29
Table 19: Percentage of caregivers by indicators of involvement in SILC economic activities

Table 20: Percentage of partner staff by types of trainings received

Table 21: Percentage of staff by rating on their experience working for their organization

Table 22: Percentage distribution of partner staff according to types of support received

Table 23: Percentage distribution of partner staff who reported improvement in services provided since involvement in the project

Table 24: Percentage of partner/CSN staff by indicators of areas that need more attention

Table 25: Percentage of partner staff satisfaction rating according to key indicators of project performance

Table 26: Percentage distribution of funds obligated between COP 06 and COP 10 as at 14th December, 2010

Table 27: Percentage distribution of expenditure by items implemented
LIST OF FIGURES

Figure 1: Perceived wellbeing of OVC aged 13-17....................................................29

Figure 2: Rating on quality of trainings received.......................................................34

Figure 3: Rating on quality of overall support received from main partner.....................37
EXECUTIVE SUMMARY

The SUN (Capacity for Scaling Up the Nigerian Faith-Based Response to HIV/AIDS) project’s overarching objective was to improve the quality of life of orphans and children that were made vulnerable by HIV/AIDS in 11 dioceses in eight selected states in Nigeria. The project was implemented between March 2006 and March, 2011 funded by President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID/Nigeria.

This report presents findings on the evaluation conducted between November 2010 and March 2011. It examined the extent to which the project achieved its stated objectives, the appropriateness and effectiveness of project design, how the project has improved the lives of the people, and it enabled CRS and partners with information for better programming in the future. The evaluation adopted participatory approach involving stakeholders at different levels of project implementation, and beneficiaries. Quantitative data from a total of 1356 sub-sample of OVC aged 6-17, and 243 of OVC aged 0-5 were analysed. Also, quantitative data included a total of 71 partner staff from six dioceses. The evaluation also employed other methods of data collection including focus group discussion and key informant interviews.

Highlights of Findings

- Results suggest improved access to education, health, psychosocial support, right and protection services and these varied significantly across selected background characteristics. OVC who participated in this evaluation fared better on schooling, access to birth certificate, and knowledge about HIV/AIDS than those in the 2008 national data or 2007 CRS data on situation analysis.

- Findings showed that the majority of OVC rated the services that they received very satisfactory/satisfactory. Also, the majority reported best condition possible on education, health, psychosocial, and rights and protection. The general wellbeing of most OVC aged 13-17 was either high or medium, thus reinforcing the findings that OVC were in better conditions than they use to be. These are factors indicating better livelihood for OVC who participated in the program.

- The majority of CRS and partner staff benefited from trainings and technical assistance on regular bases which showed in their work performance, and confidence. Partners’ capacity may have been strengthened but findings suggest that further trainings and technical assistance is desired in the future. Future programming should explore more platforms for training and equipping partners to be more proactive in soliciting for funding on their own.

- The block grant, SILC, and saturation vs. non-saturation strategies contributed to the success of the SUN project, and these should continue and possibly scale-up to maximize outcomes. The SILC is catching on slowly but surely, but needs time to mature. If it had been introduced much earlier in the life of the project, it would have probably had more desired results.

- In general, partners rated themselves well on program performance characteristics such as management structure, timeliness in meeting targets, monitoring and evaluation (M&E), active volunteerism, internal collaboration, technical competence, timeliness of reporting, but not well on sustainability which is a key issue that needs
to be addressed in future programming. Findings suggest that some dioceses had better sustainability plans than others, but in general this was handled with a piecemeal attitude.

- Closely linked to sustainability is collaboration with MDAs and other stakeholders. Findings suggest weak synergy between the project and other stakeholders working on OVC issues in the country. This is an area that should be explored in the future with a view to using collaboration and relationships with platforms to leverage on sustainability of services for OVC.

- Management of funds was fairly evenly spread across the life of the project but it may be necessary to review allocation to specific duties like M&E which was quite insignificant compared to others. With the growing importance of accountability and judicious utilization of funds, it may be necessary to give more prominence to M&E in future programming.

- Key challenges that need to be addressed in future programs on OVC using the Catholic Church structure are: remuneration for PAVs, the seeming disconnect between some parish priests and PACA, and dependency syndrome of beneficiaries.

In general, the SUN project performed well in increasing access of OVC to needed services, which translated to improved wellbeing and livelihood of the beneficiaries. Future programming should aim at scaling up using tested strategies that have produced desired results, and making concerted efforts to incorporate sustainability plans at both the partner and the beneficiary levels.
INTRODUCTION

Background

The SUN (Capacity for Scaling Up the Nigerian Faith-Based Response to HIV/AIDS) project was initiated to increase Faith-Based response to HIV/AIDS mitigation in Nigeria. The overarching objective of the project is to improve the quality of life of orphans and children that were made vulnerable by HIV/AIDS in eight selected states in the country.

The project was initially intended for three years duration from March 2006 to March 2009, but was extended for another two years to March, 2011 making five years in total. The SUN project was implemented by CRS/Nigeria through a partnership with Catholic Secretariat of Nigeria (CSN) and 11 Catholic (arch) dioceses (Abuja, Benin, Idah, Jos, Kaduna, Kafanchan, Lafia, Makurdi, Minna, Otukpo, and Shendam) spread across Benue, Edo, FCT, Kaduna, Kogi, Nasarawa, Niger, and Plateau states.

The project was funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID/Nigeria. Programming and implementation of the project cut across the different Catholic Church structures right from Catholic Secretariat of Nigeria (CSN) to the Diocesan Action Committee on AIDS (DACA), and Parish Action Committee on AIDS (PACA) at the community. Throughout this report both CSN and DACA staff are referred to as partners.

Project Objectives

The SUN project was designed to achieve the following strategic objectives:

- To improve capacity of partners to manage resources and support their local chapters in response to the HIV/AIDS epidemic.
- To improve capacity of communities to provide comprehensive care for OVC and support systems for their families.

Implementation Strategies

The following six principles guided the implementation of the SUN project.

- Through household approach, programming emphasised saturation of services to OVC and their families;
- Key focus was building capacity within the Catholic Church, the targeted communities and other FBOs;
- Promote the opportunities available in the Catholic Church including mobilizing groups such as Parish AIDS Volunteers;
- Improve the program coordination capacity of the Partner/CSN;
- Emphasize effective monitoring and evaluation, and communication systems;
- Promote the leadership of the Catholic Church in responding to the HIV/AIDS situation in Nigeria.
**Evaluation Objectives**

This evaluation was commissioned on November 18th, 2010 to ascertain the following objectives:

- To determine the extent to which the project achieved its stated goals and objectives;
- To assess the appropriateness and effectiveness of the design and implementation of the project;
- To examine how the project has improved the quality of life of the OVC;
- And to enable CRS, and its partners take shock of achievements that may be attributed to the project and learning experience for the future.

**EVALUATION METHODOLOGY**

The evaluation adopted participatory approach involving key stakeholders at CRS Abuja office, Partners/CSN and other key stakeholders. It employed ex-post comparison design combining both quantitative and qualitative methods in data collection, analysis, and reports. The quantitative data collection included structured questionnaires, and the qualitative data collection employed focus group discussion (FGD), group interviews, and key informant interviews (KII). Key aspects of the evaluation included planning and preparation, fieldwork, and analysis and report.

The evaluation of the SUN project was conducted simultaneously with that of the Seven Diocese (7D), a sister project integrated with the SUN to cater for the needs of People Living with HIV (PLHIV) who in many cases were parents and caregivers of the OVC.

**Documents Review:**

The preparation for this evaluation involved review of relevant SUN project documents and literature including; evaluation terms of reference, project proposals, monitoring guides and reports, project activities manuals, and other documents. Also, it involved meetings and discussions with key CRS staff on the evaluation methodology, review of survey questionnaires, and focus group discussion (FGD) and key informant interview (KII) guidelines, and logistics of the fieldwork.

**Selection of Dioceses:** The evaluation employed two-staged sampling design which involved purposive selection of dioceses, and systematic selection of parishes. Using CRS definition of northern and southern dioceses, as the reference point, the 11 dioceses were grouped accordingly with Minna, Jos, Kaduna, Kafanchan, and Shendam classified as northern dioceses, and Abuja, Makurdi, Otukpo, Idah, Benin, and Lafia classified as southern dioceses. Key CRS program and M&E staff identified program characteristics which were used to classify the dioceses into two main groups based on performance. Program characteristics included good management structure, meeting of targets as at when sue, good record keeping and monitoring and evaluation (M&E), active volunteers in place, potentials for sustainability, level of internal collaboration, technical competence of program staff, and timely regular reporting. Other characteristics are; duration of program intervention, quality of service providers, functional block grant performance, staff retention/attrition, and
capacity for accessing funding/collaboration. Based on a combination of northern vs. southern grouping of dioceses, and program characteristics six dioceses, three from the north (Minna, Jos, and Kafanchan), and three from the south (Makurdi, Idah, and Benin) were purposively selected for the evaluation.

Selection of Parishes: Parishes in each of the selected diocese were classified into urban and rural, and saturated and non-saturated parishes. Saturated parishes are those where services were “concentrated within reasonable geographical space for desired impact,” while non-saturated parishes were those with less concentrated services. In each of the six selected dioceses, four parishes were selected systematically. Systematic sampling was conducted using a sampling fraction k (N/n) with the starting point determined by the tables of random numbers. In total, 24 parishes, 12 from the north vs. 12 from the south, i.e. four from each diocese were selected, and visited by the evaluation team. The 24 parishes visited included 11 urban saturated, three urban non-saturated, four rural saturated, and six rural non-saturated. Details of selected parishes are listed in Appendix B of this report.

Quantitative Methods

Quantitative method was used to elicit information directly from OVC aged 6-17, and indirectly from OVC aged 0-5 through their caregivers using structured questionnaires. Also, structured questionnaire was used to elicit information from partner staff. Each of the parishes selected was taken as a cluster of beneficiaries, and all OVC and caregivers who participated in the project were mobilized by PACA to a predetermined convenient location such as a church premises, or a school compound where questionnaire was administered through a face-to-face interview.

Table 1: Percentage sample distribution of OVC and partners staff by dioceses

<table>
<thead>
<tr>
<th>Diocese</th>
<th>OVC aged 6-17 (%)</th>
<th>OVC aged 0-5 (%)</th>
<th>Partner/CSN Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual (N)</td>
<td>Expected (%)</td>
<td>Actual (%)</td>
</tr>
<tr>
<td>Total</td>
<td>1356</td>
<td>2500</td>
<td>243</td>
</tr>
<tr>
<td>Minna</td>
<td>192 14%</td>
<td>409 16%</td>
<td>21 9%</td>
</tr>
<tr>
<td>Jos</td>
<td>249 18%</td>
<td>245 10%</td>
<td>54 22%</td>
</tr>
<tr>
<td>Kafanchan</td>
<td>324 24%</td>
<td>268 11%</td>
<td>54 22%</td>
</tr>
<tr>
<td>Idah</td>
<td>230 17%</td>
<td>527 21%</td>
<td>32 13%</td>
</tr>
<tr>
<td>Benin</td>
<td>135 10%</td>
<td>588 24%</td>
<td>70 29%</td>
</tr>
<tr>
<td>Makurdi</td>
<td>226 17%</td>
<td>463 18%</td>
<td>12 5%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: * = Five respondents appeared as missing values during analysis.

Table 1 shows that the total samples of OVC aged 6-17 was 1356 (expected 2500), and for those aged 0-5 it was 243 (expected 1600). While some dioceses were able to meet their set sample target, the majority did not reach the expected sample size. The difference between the actual and expected samples may be due to inability to mobilize enough OVC aged 6-17 and caregivers of OVC aged 0-5 at the parishes visited during the fieldwork, mix-up in interviews days reported by some interviewee, and the timing of the fieldwork which falls mostly on school or work days. A review of the actual sample distribution for the OVC aged 6-17, and those aged 0-5 did not suggest any consistent pattern that could have introduced bias in the evaluation results.
Qualitative Methods

A selected number of beneficiaries who participated in the surveys were identified for the qualitative data collection involving focus group interviews (FGD), group interviews (mainly for fact finding among CRS and partner staff), and key informant interviews (KII). Also, KII and group interviews were employed to elicit information from community leaders, school headmasters/principals, health care providers, federal and state ministry officials, partners’ staff, CRS staff, and USAID key focal persons.

In general, the evaluation team obtained more qualitative information for the SUN project than planned. Total expected FGDs was 48 and total actual was 79, while total expected KII was 48 while actual was 78. A reason for the success in the qualitative data collection may be due to the interest showed for the qualitative data collection by most beneficiaries who participated in the quantitative survey, and the need to conduct KII for headmasters/principals of schools, and SILC participants who were not included at the evaluation planning stage.

Team Composition & Fieldwork

*Pre-test*: Before fieldwork commenced, both qualitative and quantitative instruments were pre-tested with beneficiaries at the Abuja diocese. Observations and comments from the pre-test were incorporated in the instruments after due consultations with CRS program and M&E staff.

Since the 7D sister project was being evaluated at the same period, two groups (of evaluators) were formed comprising a mix of both SUN and 7D evaluation consultants for the purpose of fieldwork. A team comprising two consultants (one SUN and one 7D) collected data in the selected northern dioceses, while a second team (one SUN and two 7D) collected data in the southern dioceses. Each team moved from one diocese to the other, ensuring that data collection was completed at a diocese before moving to another. At the diocese level, each consultant led a team that included interviewers, partner project staff, and observers to selected parishes were data collection was implemented. Each team collected data for both the SUN and 7D sister project, and some of the qualitative guidelines (like those for community leader, priest, bishop, and partner staff) were the same for both projects.

Limitations of Methodology

- For retrospective questions, there is the issue of memory loss with respect to questions dating back in time on changes that may have occurred during the course of beneficiaries’ involvement in the project.

- Beneficiaries were not mobilized with the same amount of effort across the parishes visited. Thus, parishes that reported far below expected samples may have been selective of more enthusiastic and outgoing beneficiaries or those whose residence were close to the data collection locations than those who lived farther away. This limitation did not seem to have any significant effect on the results of this evaluation.

- Another possible constraint on the evaluation is the lack of inclusion of beneficiaries that may have moved away to other dioceses or parishes that were not included in the
SUN project. Available information at the time of the fieldwork did not suggest that motility was a serious or substantial issue that any selected DACA or PACA experienced during program implementation.

- An important argument in the literature is that caregivers may not adequately represent the true situation of OVC aged 0-5 especially on psychosocial and happiness issues. There is no significant indication from the data to suggest that this situation may have affected findings of this evaluation. Aside, caregiver’s responses are likely to be more accurate in a household/family typed OVC programming than in an institution based approach.
Background Characteristics of Respondents (OVC, caregivers, and partner Staff)

This section presents the basic characteristics of OVC aged 6-17; those aged 0-5 and their caregivers, and partner staff.

Background Characteristics of OVC and Caregivers

Table 2: Percentage distribution of OVC and caregivers by selected basic characteristics

<table>
<thead>
<tr>
<th></th>
<th>OVC aged 6--17</th>
<th>OVC aged 0-5</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>800 (59%)</td>
<td>190 (78%)</td>
<td>190 (78%)</td>
</tr>
<tr>
<td>Rural</td>
<td>556 (41%)</td>
<td>53 (22%)</td>
<td>53 (22%)</td>
</tr>
<tr>
<td><strong>Program strategy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated</td>
<td>883 (65%)</td>
<td>198 (82%)</td>
<td>198 (82%)</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>473 (35%)</td>
<td>45 (18%)</td>
<td>45 (18%)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>718 (54%)</td>
<td>107 (51%)</td>
<td>54 (23%)</td>
</tr>
<tr>
<td>Female</td>
<td>613 (46%)</td>
<td>105 (49%)</td>
<td>183 (77%)</td>
</tr>
<tr>
<td><strong>OVC age 6-17</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 or younger</td>
<td>267 (20%)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>10 to 14</td>
<td>684 (52%)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>15 or older</td>
<td>374 (28%)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>OVC aged 0-5</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2</td>
<td>n/a**</td>
<td>47 (24%)</td>
<td>n/a</td>
</tr>
<tr>
<td>3 to 4</td>
<td>n/a</td>
<td>72 (37%)</td>
<td>n/a</td>
</tr>
<tr>
<td>4 or older</td>
<td>n/a</td>
<td>77 (39%)</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Caregiver age group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 or younger</td>
<td>n/a</td>
<td>n/a</td>
<td>54 (24%)</td>
</tr>
<tr>
<td>25 to 34</td>
<td>n/a</td>
<td>n/a</td>
<td>83 (36%)</td>
</tr>
<tr>
<td>35 to 44</td>
<td>n/a</td>
<td>n/a</td>
<td>58 (25%)</td>
</tr>
<tr>
<td>45 or older</td>
<td>n/a</td>
<td>n/a</td>
<td>33 (15%)</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trad./Islam/others</td>
<td>81 (6%)</td>
<td>15 (6%)</td>
<td>13 (5%)</td>
</tr>
<tr>
<td>Catholic</td>
<td>855 (63%)</td>
<td>122 (50%)</td>
<td>120 (49%)</td>
</tr>
<tr>
<td>Protestant</td>
<td>403 (30%)</td>
<td>79 (33%)</td>
<td>81 (33%)</td>
</tr>
<tr>
<td>None/no response</td>
<td>16 (1%)</td>
<td>27 (11%)</td>
<td>29 (12%)</td>
</tr>
<tr>
<td><strong>Status of Parents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>213 (16%)</td>
<td>18 (7%)</td>
<td>n/a</td>
</tr>
<tr>
<td>Father alive</td>
<td>120 (9%)</td>
<td>13 (5%)</td>
<td>n/a</td>
</tr>
<tr>
<td>Mother alive</td>
<td>752 (56%)</td>
<td>80 (33%)</td>
<td>n/a</td>
</tr>
<tr>
<td>Both alive</td>
<td>235 (17%)</td>
<td>98 (40%)</td>
<td>n/a</td>
</tr>
<tr>
<td>No response</td>
<td>34 (2%)</td>
<td>34 (14%)</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None/no response</td>
<td>n/a</td>
<td>n/a</td>
<td>31 (13%)</td>
</tr>
<tr>
<td>Primary</td>
<td>n/a</td>
<td>n/a</td>
<td>114 (47%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>n/a</td>
<td>n/a</td>
<td>73 (30%)</td>
</tr>
<tr>
<td>Post-secondary</td>
<td>n/a</td>
<td>n/a</td>
<td>23 (10%)</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>1356</td>
<td>243</td>
<td>243</td>
</tr>
</tbody>
</table>

Note: * = absolute numbers may not add-up to total N in cases of missing values, ** = n/a refers to not applicable.

As Table 2 above shows, the majority of OVC aged 6-17 interviewed lived in the urban area (59%), were males (54%), and were 10 years or older (80%). Also, the majority were
Catholic (63%), had their mother still alive (56%), and were mostly in the saturated program (65%). The majority of OVC aged 0-5 were urban residents (78%), with fairly equal proportion of male and female (51% vs. 49%), and were aged 3 years or older (76%). Half (50%) of OVC aged 0-5 were Catholic followed by Protestant (33%), and in terms of whether their parents were alive, most responses were; both alive (40%), and only mother alive (33%).

Table 2 also shows that most caregivers were females (77%), urban (78%) residents, mostly between 25 and 44 years old (61%). They were either Catholic (49%) or Protestant (33%), and had either primary (47%) or secondary (30%) level education.

Table 3: Percentage distribution of Partner staff according to selected key background characteristics

<table>
<thead>
<tr>
<th>Background Characteristics</th>
<th>Number*</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>61%</td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>39%</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>52</td>
<td>27%</td>
</tr>
<tr>
<td>Urban</td>
<td>19</td>
<td>73%</td>
</tr>
<tr>
<td>Level of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Secondary</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Higher</td>
<td>67</td>
<td>94%</td>
</tr>
<tr>
<td>% paid staff member</td>
<td>69</td>
<td>99%</td>
</tr>
<tr>
<td>% involved in both SUN/7D projects</td>
<td>69</td>
<td>99%</td>
</tr>
<tr>
<td>Level of involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diocese</td>
<td>11</td>
<td>16%</td>
</tr>
<tr>
<td>DACA</td>
<td>55</td>
<td>82%</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>71</td>
<td></td>
</tr>
</tbody>
</table>

Note: * = absolute numbers does not include missing values during analysis.

As Table 3 shows, the majority of partner staff who participated in the evaluation were male (61%), located in urban areas (73%), with a higher (above secondary school) level of education (94%). They were mostly paid staff (99%), in the DACA office (82%), and were involved in the two sister projects SUN and 7D (99%).
ACHIEVEMENTS

Access to Support Services

This section describes the support received by OVC and caregivers on specific services outside of their families; including education, health, rights and protection, psychosocial support and livelihood opportunities.

Table 4: Percentage of OVC by types of services received from people or organizations outside of family member

<table>
<thead>
<tr>
<th>Types of Services Indicators</th>
<th>OVC aged 6-17 (%)</th>
<th>OVC Aged 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (N)</td>
<td>Percent (%)</td>
</tr>
<tr>
<td>% who did not received any support</td>
<td>32</td>
<td>2%</td>
</tr>
<tr>
<td>% received health care services</td>
<td>927</td>
<td>71%</td>
</tr>
<tr>
<td>% received educational support</td>
<td>1109</td>
<td>86%</td>
</tr>
<tr>
<td>% received vocational support</td>
<td>186</td>
<td>14%</td>
</tr>
<tr>
<td>% received rights and protection services</td>
<td>346</td>
<td>27%</td>
</tr>
<tr>
<td>% received psychosocial support</td>
<td>571</td>
<td>44%</td>
</tr>
<tr>
<td>% received livelihood opportunities</td>
<td>299</td>
<td>23%</td>
</tr>
</tbody>
</table>

As Table 4 above shows the key support that the majority of OVC aged 6-17 received outside of their family were on education (86%), and health (71%). Other types of support received by OVC aged 6-17 were psychosocial support (44%), rights and protection services (27%), livelihood opportunities (23%), and vocational support (14%). The percents on psychosocial support reported may have been affected by errors in data entry or recoding as other indicators elsewhere in this report showed higher percents.

For OVC aged 0-5, the main supports received were on health services (77%), and education support (67%), and others were rights and protection support (30%), and livelihood support (21%).

Table 5: Percentage of OVC according to who provided the support received

<table>
<thead>
<tr>
<th>Who provided the support received</th>
<th>OVC aged 6-17 (%)</th>
<th>OVC Aged 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>% received support from neighbor</td>
<td>39</td>
<td>3%</td>
</tr>
<tr>
<td>% received support from religious community</td>
<td>262</td>
<td>20%</td>
</tr>
<tr>
<td>% received support from community group/assoc.</td>
<td>53</td>
<td>4%</td>
</tr>
<tr>
<td>% received support from community volunteer</td>
<td>58</td>
<td>5%</td>
</tr>
<tr>
<td>% received support from relatives (uncles, aunties etc)</td>
<td>171</td>
<td>13%</td>
</tr>
<tr>
<td>% received support from parish volunteers (PAVs)</td>
<td>1006</td>
<td>78%</td>
</tr>
</tbody>
</table>

Total (N) 1356 243

Note: n/a = not applicable

Table 5 above showed that OVC reported multiple sources of support. The majority of OVC aged 6-17 (78%), and those aged 0-5 (82%) reported that they received support from PAVs who were the direct implementers of the SUN project. Other sources of support reported by OVC aged 6-17 and those aged 0-5 respectively were; religious community (20% vs. 17%), and relatives (13% vs. 11%).
Further analysis of data showed that the proportion of OVC aged 6-17 who reported that they received support outside of family varied significantly by dioceses, region, and parent living status. Those who received support from parish volunteers varied significantly by dioceses, and by age, and those who reported that they received support from religious community varied significantly by dioceses, program strategy, religion, and parent living status (Appendix A1). Also, significant results were obtained for specific indicators of education, health, rights and protection, and psychosocial support across background characteristics for OVC aged 6-17, and those aged 0-5 (Appendixes A2 and A3).

## OVC Access to Education & Vocational Training

This section discusses types of support and specific support received on education and vocational support. It compares findings with that of national and CRS situation analysis (SA).

### Table 6: Percentage of OVC aged 6-17 who received educational support by source of external support

<table>
<thead>
<tr>
<th>Source of educational support</th>
<th>2008 National SA (%)</th>
<th>2008 CRS SA (%)</th>
<th>Number (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% ever been to school</td>
<td>86%</td>
<td>n/a</td>
<td>1262</td>
<td>97%</td>
</tr>
<tr>
<td>% currently in school</td>
<td>24%</td>
<td>86%</td>
<td>1169</td>
<td>91%</td>
</tr>
<tr>
<td>% received support from neighbor/s</td>
<td>n/a</td>
<td>n/a</td>
<td>26</td>
<td>2%</td>
</tr>
<tr>
<td>% received support from religious community</td>
<td>n/a</td>
<td>n/a</td>
<td>203</td>
<td>17%</td>
</tr>
<tr>
<td>% received support from community group/assoc.</td>
<td>n/a</td>
<td>n/a</td>
<td>64</td>
<td>5%</td>
</tr>
<tr>
<td>% received support from relatives (uncles, aunties etc)</td>
<td>n/a</td>
<td>n/a</td>
<td>167</td>
<td>13%</td>
</tr>
<tr>
<td>% received support from parish volunteers (PAVs)</td>
<td>n/a</td>
<td>n/a</td>
<td>991</td>
<td>80%</td>
</tr>
<tr>
<td>Total (N)</td>
<td></td>
<td></td>
<td>1235</td>
<td></td>
</tr>
</tbody>
</table>

Note: n/a = not applicable; SA = Situation Analysis on OVC

Table 6 showed that more OVC aged 6-17 had ever been to school (96%) compared to national average (86%). And more of those in this evaluation (91%), than in the CRS SA (86%), and national statistics (24%) were in school at the time of this evaluation. Most OVC aged 6-17 who participated in the evaluation received support from PAVs (80%).

### Table 7: Percentage of OVC aged 6-17 according to types of support received

<table>
<thead>
<tr>
<th>Types of support and other indicators</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>% received school fees</td>
<td>1048</td>
<td>85%</td>
</tr>
<tr>
<td>% received school materials (books, pens, pencils etc)</td>
<td>926</td>
<td>75%</td>
</tr>
<tr>
<td>% received uniforms</td>
<td>725</td>
<td>59%</td>
</tr>
<tr>
<td>% attended block grant school</td>
<td>450</td>
<td>37%</td>
</tr>
<tr>
<td>% have time to do school homework</td>
<td>1186</td>
<td>95%</td>
</tr>
<tr>
<td>% Ever received a vocational training</td>
<td>233</td>
<td>18%</td>
</tr>
<tr>
<td>% completed vocational training</td>
<td>89</td>
<td>16%</td>
</tr>
<tr>
<td>% would like to receive vocational training</td>
<td>710</td>
<td>58%</td>
</tr>
</tbody>
</table>
Table 7 showed that the types of support that OVC aged 6-17 received were on school fees (85%), school materials (75%), and uniforms (59%). Some of the OVC were in block grant school (37%), and the majority reported that they had time to do their homework (95%). On vocational training, only a few (18%) of the sampled population had ever received vocational training, of which only a few (16%) completed the training at the time of the evaluation.

Findings from qualitative data suggest that most OVC aged 6-17 who participated in FGD reported that before joining the SUN project, they used to be worried about school fees, and schooling materials but these were catered for by the SUN project. Aside access to educational facilities, reports from qualitative data also suggest improvement in the performance of OVC who attended school. Excerpt from interviews with three key stakeholders from three dioceses below corroborated improved reading and verbal skills, and graduation to vocational school of some OVC.

They learnt to associate freely, they learnt to express themselves. Some of them it was not easy when they came, they were not trying to come out but the school wants everybody to participate, it helped many of them to come out of their shell, and speak out and also their reading, the verbal communication of some of them greatly improved…… and even their written communication too as far as the class work of some of them is concerned, it is good. Principal, Jos Diocese

We were able to graduate some OVC who are above the age of 16 and doing well some of them are into computer and sewing. Those that have good result and with the help of their people were link up into higher education and 17 were register for vocational training out of which 9 have graduated and they are on their own we settled some of them with computer and sewing machine, one is repairing hand set in Abuja and is taking care of his younger one, one is into Japanes mechanic last year we even provide him tools for him to stays alone. Staff, Minna Diocese

When I was three years old, my mother was taking care of me and my brother. A year after, my brother died remaining me and my mother. One week after her WAEC, exam, she died and left me alone. I was living with my brother. My auntie took me after nursery one and two. My Auntie began to maltreat me. I was no longer going to school as I should. ………………. I was praying to God to give me the person that will help me. One of my Aunties was one of the people collecting dues from Grimmard hospital. She came and told me that she heard an announcement which said, if you were an orphan with nobody to help you, you should give your name. I wrote the entrance examination and was waiting for the result. I wrote the entrance and got 52. They said I should start coming to school. I prayed to my God. I am happy. I am no longer alone. I play with my mates. God will surely reward those who are helping us. OVC, Idah Diocese

**OVC Strengthened Livelihood through Education/Vocational Skills**

This section discusses how conditions of OVC have been improved as a result of involvement in the SUN project through access to the services provided. Four conditions each suggesting a better state than the other were read to OVC aged 6-17, and caregivers of OVC aged 0-5, and they were asked to choose the most appropriate with respect to education/vocational skills.
Table 8: Percentage of OVC aged 6-17 according to conditions on education/vocational skills most applicable to their situation

<table>
<thead>
<tr>
<th>Educational/vocational skills conditions</th>
<th>Number (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not enrolled in school, not attending training, or involved in age-appropriate productive activity or job</td>
<td>121</td>
<td>9%</td>
</tr>
<tr>
<td>2. Enrolled in school or has a job but he/she rarely attends</td>
<td>76</td>
<td>6%</td>
</tr>
<tr>
<td>3. Enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job</td>
<td>95</td>
<td>7%</td>
</tr>
<tr>
<td>4. Enrolled in and attending school/training regularly; older child has appropriate job</td>
<td>816</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td><strong>1299</strong></td>
<td></td>
</tr>
</tbody>
</table>

Results in Table 8 above showed that the majority of OVC aged 6-17 (63%) had improved livelihood with respect to their educational/vocational skills; they were enrolled in and attending school/training regularly, or had jobs commensurate with their training. Excerpts from qualitative data obtained from two dioceses below corroborated improved OVC situation after getting the support that they received through the SUN project.

"...It has changed my life educationally. It has made us to be focused. We can now stand boldly and speak. It has given us hope and assurance and we now know there is a brighter future. The advice has made me to abstain from sexual intercourse and to avoid its consequences. OVC aged 6-17, Idah Diocese"

"As a graduate, I now apply the things they taught us and I still share the training with my friends..... I am learning computer graphics now hoping that when I graduate, I will look for a vacant place and work. OVC Graduate, Benin Diocese"

OVC Access to Health Care

This section discusses access to health care by OVC with respect to key indicators of services.

Table 9: Percentage of OVC according to indicators of access to health services

<table>
<thead>
<tr>
<th>Indicators of access to health services</th>
<th>OVC aged 6-17</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% received health services in the last six months</td>
<td>942</td>
<td>73%</td>
</tr>
<tr>
<td>% had treatment on sickness in the last six months</td>
<td>638</td>
<td>62%</td>
</tr>
<tr>
<td>% received mosquito nets in the last six months</td>
<td>740</td>
<td>72%</td>
</tr>
<tr>
<td>% received water guard in the last six months</td>
<td>690</td>
<td>67%</td>
</tr>
<tr>
<td>% received treatment from hospital/clinic for last sickness</td>
<td>608</td>
<td>61%</td>
</tr>
<tr>
<td>% got the treatment that they needed</td>
<td>823</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td><strong>1034</strong></td>
<td></td>
</tr>
</tbody>
</table>

OVC aged 0-5

% receiving health care services | 179 | 82% |
| % received mosquito net | 144 | 71% |
| % received water guard | 158 | 78% |
| % received clinical services | 115 | 57% |
| **Total (N)** | **218** |

Results in Table 9 above suggest that in the last six months most OVC aged 6-17 received health services (73%), had treatment when sick (62%), most of them received treatment from the hospital/clinic (61%), and they got the treatment that they sought (82%). Also, the majority of the OVC received mosquito nets (72%), and water guard (67%) during the same period.

Also, Table 9 shows that most OVC aged 0-5 received health care services (82%), mosquito nets (71%), and water guard (78%), and received clinical services (57%).

Findings from qualitative data suggest that access to health care (like other services) was difficult for OVC and their families. A caregiver and health facility personnel from two dioceses corroborated this finding in the statements below.

*The situation is much better now. This group is helping so much, before there was nobody to help. All the things like clothes, school fees, and healthcare are supported. This has reduced our burden immensely.*  
**Caregiver, Makurdi Diocese**

*We have the OVC, and the PLH, the OVC, we basically provide them medical services when they come to us with medical condition their list are with us, PLH medical services and we have also extended our services to those who come on admission.*  
**Health Block Grant hospital, Jos Diocese**

**OVC Health Conditions**

**Table 10: Percentage of OVC according to indicators of health conditions most applicable to their situation**

<table>
<thead>
<tr>
<th>Indicators of health conditions</th>
<th>OVC aged 6-17</th>
<th>OVC aged 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (N)</td>
<td>Percent (%)</td>
</tr>
<tr>
<td>1. Rarely or never receives the necessary health care services</td>
<td>131</td>
<td>10%</td>
</tr>
<tr>
<td>2. Sometimes or inconsistently receives needed health care services (treatment or preventive)</td>
<td>207</td>
<td>16%</td>
</tr>
<tr>
<td>3. Received medical treatment when ill, but some health care services are/were not received</td>
<td>246</td>
<td>19%</td>
</tr>
<tr>
<td>4. Received all or almost all necessary health care treatment and preventive services</td>
<td>902</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td><strong>1297</strong></td>
<td></td>
</tr>
</tbody>
</table>
Condition number 4 in Table 10 above describes the best health condition attainable by OVC. Findings showed that the majority of OVC aged 6-17 (70%), and the majority of those aged 0-5 (81%) received all necessary health care treatment and preventive services. This suggests that the majority received the best health care treatment available in their community.

Other Indicators of Health Awareness & Behavior

This section discusses sexual behavior and knowledge of HIV/AIDS of OVC aged 13-17. For ethical reasons, OVC in other age groups were not asked these questions. Evaluation statistics were compared with that of national and CRS SA where applicable.

Table 11: Percentage of OVC 13-17 according to other indicators of health awareness and behavior

<table>
<thead>
<tr>
<th>Indicators of sexual behavior and health</th>
<th>2008 National SA</th>
<th>2008 CRS SA</th>
<th>Percent (%)</th>
<th>Percent (%)</th>
<th>Number (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% ever had sex</td>
<td>13%</td>
<td>16%</td>
<td>81</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ever heard about HIV/AIDS</td>
<td>50%</td>
<td>67%</td>
<td>597</td>
<td>86%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reported that modes of HIV transmission is sexual intercourse</td>
<td>61%</td>
<td>32%</td>
<td>558</td>
<td>81%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reported way of reducing HIV transmission is abstain from sex</td>
<td>55%</td>
<td>29%</td>
<td>523</td>
<td>76%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reported way of reducing HIV transmission is condom use</td>
<td>26%</td>
<td>12%</td>
<td>336</td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reported way of reducing HIV transmission is avoid sharing sharp objects</td>
<td>45%</td>
<td>19%</td>
<td>339</td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% who strongly agree that they are capable of abstaining from sex</td>
<td>n/a</td>
<td>n/a</td>
<td>548</td>
<td>79%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ever participated in AB prevention organized by your parish</td>
<td>n/a</td>
<td>n/a</td>
<td>57</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ever tested for HIV</td>
<td>n/a</td>
<td>n/a</td>
<td>461</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% obtained the result of HIV test</td>
<td>n/a</td>
<td>n/a</td>
<td>398</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% HIV positive</td>
<td>n/a</td>
<td>n/a</td>
<td>77</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% HIV negative</td>
<td>n/a</td>
<td>n/a</td>
<td>332</td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (N)</td>
<td></td>
<td></td>
<td>490</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: n/a = not applicable; SA = Situation Analysis

Table 11 above shows that less proportion of OVC aged 13-17 (12%) compared to national SA (13%), and CRS SA (16%) reported ever had sex. In terms of knowledge about HIV, more of OVC aged 13-17 in this evaluation (86%) compared to national SA (50%) and CRS SA (67%) reported ever heard about HIV/AIDS. More of OVC aged 13-17 (81%) compared to national SA (61%) and CRS SA (32%) reported that a mode of transmitting HIV was through sexual intercourse. More OVC aged 13-17 in this evaluation compared to those who participated in national SA, and CRS SA reported that the ways of reducing HIV transmission were abstinence from sex (76% vs. 55% vs. 29%), condom use (49% vs. 26% vs. 19%), and avoid sharing sharp objects (49% vs. 45% vs. 19% respectively). It is important to note that these statistics may have been influenced by differences in age groups, and study design in the three studies compared.

The majority (79%) of OVC aged 13-17 strongly agreed that they were capable of abstaining from sex. Only a few (9%) reported participation in the abstinence and be faithful (AB)
activities organized by their parish. Only about a third (36%) reported ever tested for HIV; 38% obtained their results of which 7% were positive and 30% negative.

OVC Access to Rights & Protection Services

This section discusses OVC access to issues of inheritance rights and protection from possible abuse.

Table 12: Percentage of OVC according to indicators of access to child rights and protection services

<table>
<thead>
<tr>
<th>Indicators of child rights and protection</th>
<th>2008 National SA (%)</th>
<th>2008 CRS SA (%)</th>
<th>Number (N)</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVC aged 6-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ever looked for help because of family matters</td>
<td>n/a</td>
<td>n/a</td>
<td>417</td>
<td>32%</td>
</tr>
<tr>
<td>% received help from community/parish volunteers</td>
<td>n/a</td>
<td>n/a</td>
<td>166</td>
<td>26%</td>
</tr>
<tr>
<td>% has a birth certificate</td>
<td>24%</td>
<td>27%</td>
<td>865</td>
<td>67%</td>
</tr>
<tr>
<td>% received help on legal Aid/support</td>
<td>n/a</td>
<td>n/a</td>
<td>138</td>
<td>22%</td>
</tr>
<tr>
<td>% received help from community justice system</td>
<td>n/a</td>
<td>n/a</td>
<td>40</td>
<td>6%</td>
</tr>
<tr>
<td>% received help on will writing and succession</td>
<td>n/a</td>
<td>n/a</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td></td>
<td></td>
<td>1356</td>
<td></td>
</tr>
<tr>
<td>OVC aged 0-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ever received any rights/protection services</td>
<td>n/a</td>
<td>n/a</td>
<td>145</td>
<td>60%</td>
</tr>
<tr>
<td>% currently receiving rights/protection support</td>
<td>n/a</td>
<td>n/a</td>
<td>113</td>
<td>63%</td>
</tr>
<tr>
<td>% received help on birth certificate</td>
<td>n/a</td>
<td>n/a</td>
<td>137</td>
<td>87%</td>
</tr>
<tr>
<td>% received or is receiving legal aid support</td>
<td>n/a</td>
<td>n/a</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>% received or currently receiving help through the community justice system</td>
<td>n/a</td>
<td>n/a</td>
<td>10</td>
<td>6%</td>
</tr>
<tr>
<td>% received help with Will writing/succession</td>
<td>n/a</td>
<td>n/a</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>% has a birth certificate</td>
<td>n/a</td>
<td>n/a</td>
<td>173</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td></td>
<td></td>
<td>243</td>
<td></td>
</tr>
</tbody>
</table>

Findings in Table 12 shows that about a third (32%) of OVC aged 6-17 sought help on family matters, and close to half (48%) of these OVC received help on family matters from PAVs. Findings from qualitative data suggest that help on family matters were mainly with respect to worry about school fees, schooling materials, and thought about the lost parent/s. The majority of OVC aged 6-17 (67%) national SA (24%) and CRS SA (27%) had birth certificate. And OVC aged 6-17 reported that the key help received were on birth certificate (26%), and legal aid/support (22%).

The majority of OVC aged 0-5 (63%) reported that they received rights and protection services, and help on birth certificate (87%), and the majority (71%) had a birth certificate. Other help received by a few proportion of OVC aged 0-5 were; legal aid and support (12%), community justice system mediation efforts (6%), and will writing/succession (5%).

The importance of birth certificate and access to legal aids to OVC and their families came out clear in qualitative data analysis as two JDPC staff from two dioceses alluded to below.
**OVC Rights & Protection Condition**

Table 13: Percentage of OVC aged 0-5 with respect to safety from abuse, neglect, or exploitation

<table>
<thead>
<tr>
<th>Indicators on Rights &amp; Protection</th>
<th>Aged 0-5 (%)</th>
<th>Aged 6-17 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse &amp; exploitation: abuse, neglect, or exploitation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (N)</td>
<td>Percent (%)</td>
<td>Number (N)</td>
</tr>
<tr>
<td>1. % of children who were abused, sexually or physically, and/or were subjected to child labor or otherwise exploited</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>2. % of children neglected, given inappropriate work for their age, or were clearly not treated well in household or institution</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>3. % of children that may have been neglected, over worked, not treated well or otherwise maltreated</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>4. % of children who did not seem to have been abused, neglected, did inappropriate work, or exploited in other ways</td>
<td>186</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>217</td>
<td>1306</td>
</tr>
<tr>
<td><strong>Legal protection: Access to legal protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (N)</td>
<td>Percent (%)</td>
<td>Number (N)</td>
</tr>
<tr>
<td>1. % of children that did not have access to any legal protection services and is being legally exploited</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>2. % of children that had no access to any legal protection services and may be at risk of exploitation</td>
<td>28</td>
<td>19%</td>
</tr>
<tr>
<td>3. % of children who had no access to any legal protection services, but no protection is needed at this time</td>
<td>56</td>
<td>36%</td>
</tr>
<tr>
<td>4. % of children who has access to legal protection services as needed</td>
<td>156</td>
<td>76%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>203</td>
<td>1306</td>
</tr>
</tbody>
</table>

Table 13 above shows interesting findings on rights and protection conditions of OVC. The majority of OVC aged 0-5 (86%) and those aged 6-17 (71%) reported the best condition that suggests they had not been abused or neglected, did not do inappropriate work, nor were they exploited in other ways. The results also showed that the majority of OVC aged 0-5 (76%), and those aged 6-17 (61%) had access to legal protection services when necessary.
OVC Access to Psychosocial Care

In this section, access to psychosocial support was examined with respect to indicators of worry, training in life skills, involvement in support groups, and participation in recreational activities.

Table 14: Percentage of OVC according to indicators of access to psychosocial support

<table>
<thead>
<tr>
<th>Indicators of psychosocial support</th>
<th>OVC aged 6-17</th>
<th>Number (N)</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who received help from anyone when had problems or worry</td>
<td></td>
<td>924</td>
<td>71%</td>
</tr>
<tr>
<td>% discussed the last problem or worry with guardian/caregiver/father/mother</td>
<td></td>
<td>378</td>
<td>36%</td>
</tr>
<tr>
<td>% discussed the last problem or worry with brothers/sisters/relatives/friends</td>
<td></td>
<td>117</td>
<td>11%</td>
</tr>
<tr>
<td>% discussed the last problem or worry with parish volunteer/faith leader</td>
<td></td>
<td>376</td>
<td>36%</td>
</tr>
<tr>
<td>% received training in life skills</td>
<td></td>
<td>770</td>
<td>59%</td>
</tr>
<tr>
<td>% member of OVC support group</td>
<td></td>
<td>1153</td>
<td>89%</td>
</tr>
<tr>
<td>% who reported been visited by outside person to discuss worry and solutions</td>
<td></td>
<td>978</td>
<td>75%</td>
</tr>
<tr>
<td>% who reported been visited by parish volunteers/religious group to discuss worry and solutions</td>
<td></td>
<td>923</td>
<td>87%</td>
</tr>
<tr>
<td>% who reported that the visit was useful</td>
<td></td>
<td>969</td>
<td>91%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td></td>
<td>1302</td>
<td></td>
</tr>
</tbody>
</table>

| OVC aged 0-5                                                           |               |            |              |
| % ever received psychosocial support                                   | 174           | 72%        |
| % currently receiving psychosocial support                            | 165           | 84%        |
| % received OVC support group services                                 | 139           | 77%        |
| % participated in recreational activities                              | 30            | 17%        |
| **Total (N)**                                                          | 243           |            |              |

As Table 14 above suggest, the majority of OVC aged 6-17 (71%) received help on problems or worry. Of these, over a third (36%) discussed the last problem or worry (before the evaluation visit) with parish volunteer/parish priest, and the same proportion (36%) discussed problems or worry with guardian/caregiver/father/mother. Most of the visits made to OVC aged 6-17 on problems and worry were done by parish volunteers/religious groups (87%), and the majority of OVC visited found it useful (91%). Results showed that most OVC aged 6-17 (86%) were members of OVC support groups.

Most OVC aged 0-5 (84%) received psychosocial support as at the time of interview, received OVC support group services (77%), and a few participated in recreational activities (17%).

OVC Psychosocial Condition

Table 15: Percentage of OVC aged 0-5 according to indicators of psychosocial conditions that best describes their situation

<table>
<thead>
<tr>
<th>Indicators of psychosocial conditions</th>
<th>OVC aged 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social behavior: Child’s Participation in social activities</strong></td>
<td></td>
</tr>
<tr>
<td>Number (N)</td>
<td>Percent (%)</td>
</tr>
<tr>
<td>1. % has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior</td>
<td>5</td>
</tr>
<tr>
<td>Number (N)</td>
<td>Percents (%)</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>212</td>
<td>94%</td>
</tr>
<tr>
<td>1153</td>
<td>89%</td>
</tr>
<tr>
<td>1127</td>
<td>94%</td>
</tr>
<tr>
<td>938</td>
<td>78%</td>
</tr>
<tr>
<td>646</td>
<td>54%</td>
</tr>
<tr>
<td>616</td>
<td>51%</td>
</tr>
<tr>
<td>564</td>
<td>47%</td>
</tr>
<tr>
<td>370</td>
<td>31%</td>
</tr>
<tr>
<td>1302</td>
<td></td>
</tr>
</tbody>
</table>

2. % Is disobedient to adult and frequently does not interact well with peers, guardian, or others at home or school
3. Child has minor problems getting along with others and argues, or gets into fights sometimes
4. % likes to play with peers and participates in group or family activities

Total (N) 226

Emotional health: Child looks happy and hopeful
1. % seems hopeless, sad, withdrawn, wants to be left alone (refuse to eat, sleep poorly, or cry a lot)
2. % Is often withdrawn, irritable, anxious, unhappy or sad. Infant may cry frequently or often be inactive
3. % Mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, or not sleeping well
4. % Child seems happy, hopeful, and content

Total (N) 220

As Table 15 above shows, the majority of OVC aged 0-5 (94%) reported that they had the best condition on social behavior: liked to play with their peers, and participated in group or family activities. Likewise, the majority (91%) had the best condition on emotional health.

Table 16: Percentage of OVC aged 6-17 according to indicators of benefits of support groups

<table>
<thead>
<tr>
<th>Indicators of benefits of support group</th>
<th>Number (N)</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% member of OVC support group</td>
<td>1153</td>
<td>89%</td>
</tr>
<tr>
<td>% who found the support group useful</td>
<td>1127</td>
<td>94%</td>
</tr>
<tr>
<td>% who reported that it makes them feel good about themselves</td>
<td>938</td>
<td>78%</td>
</tr>
<tr>
<td>% who reported that it is fun place to meet with friends</td>
<td>646</td>
<td>54%</td>
</tr>
<tr>
<td>% who reported that it allows for discussion of common problems</td>
<td>616</td>
<td>51%</td>
</tr>
<tr>
<td>% who reported that it gives ideas on how to deal with problems</td>
<td>564</td>
<td>47%</td>
</tr>
<tr>
<td>% who reported that it creates avenue for making decision in group which get more attention</td>
<td>370</td>
<td>31%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>1302</td>
<td></td>
</tr>
</tbody>
</table>

OVC aged 6-17 were asked series of questions on their membership of support group and benefits from this. Results in Table 16 showed that the majority (89%) were members of a support group, and they found the support group useful (94%). Key benefits of support groups reported were: (1) makes them feel good about themselves (78%), it is fun place to meet friends (54%), and it is a place to discuss common problems (51%).

Further analysis showed that the proportion of OVC aged 6-17 who had the best conditions i.e. enrolled in and attended school/training regularly varied significantly by dioceses, residence, program strategy, and religion. The proportion of those who received all or almost all necessary health care treatment and preventive services differed significantly by dioceses, and sex of OVC; while those who reported that they were not abused or neglected nor did inappropriate work varied by dioceses, and by age. OVC who reported that they had access to legal protection when necessary differed significantly across dioceses, program strategy, and religion (Appendix A4). Similar significant variations were obtained for the best indicators of OVC conditions on health, psychosocial support, rights and protection and background characteristics of caregivers of OVC aged 0-5 (Appendix A5).
OVC Satisfaction about Services

This section discusses OVC satisfaction about services received captured through four levels of measures of satisfaction namely; not satisfactory, fairly satisfactory, satisfactory, and very satisfactory.

Table 17: Showing percentage of OVC by levels of satisfaction on services received

<table>
<thead>
<tr>
<th>Levels of satisfaction about services</th>
<th>% rating on educational/Vocational skills</th>
<th>% rating on health care services</th>
<th>% rating on rights &amp; protection</th>
<th>% rating on psychosocial support</th>
<th>% overall rating of all services and support received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (N)</td>
<td>1300</td>
<td>1299</td>
<td>1304</td>
<td>1292</td>
<td>-</td>
</tr>
<tr>
<td>OVC aged 6-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not satisfactory</td>
<td>2%</td>
<td>2%</td>
<td>6%</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>Fairly satisfactory</td>
<td>7%</td>
<td>10%</td>
<td>9%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>37%</td>
<td>42%</td>
<td>41%</td>
<td>47%</td>
<td>-</td>
</tr>
<tr>
<td>Very satisfactory</td>
<td>36%</td>
<td>36%</td>
<td>25%</td>
<td>37%</td>
<td>-</td>
</tr>
<tr>
<td>Don’t know/no response</td>
<td>19%</td>
<td>9%</td>
<td>18%</td>
<td>8%</td>
<td>-</td>
</tr>
<tr>
<td>OVC aged 0-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (N)</td>
<td>243</td>
<td>243</td>
<td>243</td>
<td>243</td>
<td>243</td>
</tr>
<tr>
<td>Not satisfactory</td>
<td>n/a</td>
<td>3%</td>
<td>-</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Fairly satisfactory</td>
<td>n/a</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>n/a</td>
<td>38%</td>
<td>32%</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td>Very satisfactory</td>
<td>n/a</td>
<td>44%</td>
<td>30%</td>
<td>46%</td>
<td>48%</td>
</tr>
<tr>
<td>Don’t know/no response</td>
<td>n/a</td>
<td>10%</td>
<td>33%</td>
<td>13%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Note: n/a = not applicable.

The majority of OVC aged 6-17 in Table 17 reported educational/vocational skills support received were satisfactory/very satisfactory (73%). Also, the majority of OVC aged 6-17 reported health care, rights and protection, and psychosocial support services received were satisfactory/very satisfactory (78%, 66%, and 84%, respectively). Also, findings from qualitative data suggest that OVC were very happy with all the services that they received. Below is a quote from a beneficiary who expressed happiness for the opportunity to attend school.

I was an orphan. I attended community school. We were not being taught well. We heard that someone can find help in SS Peter and Paul academy. Help in terms of payment of school fees. We started JS one. We then became comfortable, we were given mosquito nets. I now feel happy because I am now receiving full lectures in SS Peter and Paul. I am now better and I feel happy. OVC, Idah Diocese

Similarly, the majority OVC aged 0-5 (Table 17) rated educational/vocational skills, health care, rights and protection, and psychosocial support services that they received as satisfactory/very satisfactory (82%, 63%, and 83%, respectively). And the majority of OVC aged 0-5 (68%) rated all services that they received as satisfactory/very satisfactory.
Perceived Wellbeing of OVC aged 13-17

This section discusses the wellbeing of OVC aged 13-17 using an index derived by collapsing 36 key indicators into three categories (low, average, and high). Low represents OVC aged 13-17 who reported “yes” on 15 or less of the 36 key indicators contributing to positive wellbeing, average represent those who reported “yes” on 16 to 25 indicators of wellbeing, and high represent those who reported “yes” on 26 or more indicators of wellbeing (response code of some indicators were reversed to ensure similar direction of effect). Low is regarded as the least status of wellbeing, average represents the mid-point while high represent maximum wellbeing. Detailed description of each indicator and the percentage distribution for each indicator are in Appendix A9.

Figure 1: Perceived Wellbeing of OVC aged 13-17

Figure 1 shows that a quarter (33%) of OVC aged 13-17 can be classified as having high level of wellbeing (33%), and substantial proportion (44%) can be classified as having average wellbeing, while the rest (23%) may be referred to as having low wellbeing.

Perceived Wellbeing by Key Background Characteristics

This section provides insight on index of wellbeing with respect to background characteristics. Low index represents OVC aged 13-17 who had the least wellbeing, average are those who had middle level wellbeing, and high represents those with the maximum level of wellbeing.

Table 18: Showing percentage of OVC aged 13-17 by index of wellbeing according to background characteristics

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (N)</td>
<td>605</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diocese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minna</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
</tr>
<tr>
<td>Jos</td>
<td>8%</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Kafanchan</td>
<td>23%</td>
<td>41%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>47%</td>
<td>33%</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>22%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>Rural</td>
<td>25%</td>
<td>48%</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Program Strategy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated</td>
<td>20%</td>
<td>42%</td>
<td>48%</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>30%</td>
<td>38%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Sex of OVC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23%</td>
<td>43%</td>
<td>34%</td>
</tr>
<tr>
<td>Female</td>
<td>23%</td>
<td>45%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Age at last birthday</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 or less</td>
<td>50%</td>
<td>50%</td>
<td>-</td>
</tr>
<tr>
<td>10 to 14</td>
<td>24%</td>
<td>41%</td>
<td>35%</td>
</tr>
<tr>
<td>15 or older</td>
<td>23%</td>
<td>47%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional/Muslim/others</td>
<td>24%</td>
<td>42%</td>
<td>33%</td>
</tr>
<tr>
<td>Catholic</td>
<td>24%</td>
<td>43%</td>
<td>33%</td>
</tr>
<tr>
<td>Protestant</td>
<td>21%</td>
<td>48%</td>
<td>31%</td>
</tr>
<tr>
<td>None/no response</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Parent Alive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>27%</td>
<td>42%</td>
<td>31%</td>
</tr>
<tr>
<td>Father</td>
<td>22%</td>
<td>45%</td>
<td>33%</td>
</tr>
<tr>
<td>Mother</td>
<td>22%</td>
<td>45%</td>
<td>33%</td>
</tr>
<tr>
<td>Both</td>
<td>24%</td>
<td>39%</td>
<td>37%</td>
</tr>
<tr>
<td>No response</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels

Table 18 showed that the wellbeing indicator varied significantly by diocese (p-value = 0.000), and by program strategy (p-value = 0.000). OVC aged 13-17 in the saturated parishes recorded high wellbeing index (48%) than their counterpart in the non-saturated category (22%), (p-value = 0.000).

**Caregivers & SILC Involvement**

This section discusses participation of caregivers in income generating activities (IGA) through the savings and internal lending communities (SILC) scheme towards enabling them to better take care of their family and strengthened their livelihood.
Table 19: Percentage of Caregivers by indicators of involvement in SILC economic activities

<table>
<thead>
<tr>
<th>Indicators of SILC involvement</th>
<th>Number</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who reported membership of SILC group</td>
<td>111</td>
<td>46%</td>
</tr>
<tr>
<td>Benefits from participation in SILC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td>32</td>
<td>13%</td>
</tr>
<tr>
<td>Loans</td>
<td>41</td>
<td>17%</td>
</tr>
<tr>
<td>Small scale business</td>
<td>19</td>
<td>8%</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know/no response</td>
<td>144</td>
<td>59%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>242</td>
<td></td>
</tr>
</tbody>
</table>

Table 19 shows that 46% of caregivers in the sampled population were involved in SILC, and some stated the benefits of the scheme as savings (13%), loans (17%), and small scale business (8%). Findings from the qualitative data showed that the SILC is a new model of IGA that is gradually gaining momentum despite initial resistance. The SILC is a key initiative geared towards enhancing livelihoods of families.

Substantial successes were reported based on the FGD and KII conducted among caregivers and other stakeholders. Members reported multiple uses of the loan received to improve their livelihood such as setting up their businesses on long-term bases, payment of children school fees, food for household and other family needs. Quotes from two dioceses share more light on the general opinions about the SILC by key stakeholders.

We are well organized. We have set our rules and we save regularly. We have a treasurer and he is doing a good job. We have a box where the money is stored. We give loans with 10% interest. ‘I used the loan to pay my daughter’s school fees’; ‘I used it to complete my shop’. ‘I started business with the loan’. ‘I used it to assist my husband’. **SILC Group, Jos, Diocese**

The success story I am aware of now, the groups have started sharing their contribution and they have even started organizing another one, and more people from the community have seen the improvement for those who have participated are coming to join them. Some have said their businesses have improved. They were able to set their businesses on a long term basis, before, they will do and stop but they know that there are funds there, when it is exhausted, they can always go back. It has improved their businesses and that is why they are able to now get more people who want to join the second step. **JDPC, Jos Diocese**

It was not easy to start, but the benefits they have gotten from what they have started. For example, from here in Madakia, their economic status is high now than before when they find it hard in settling their children school fees and buying food for their households. From the report I get from them, there is great change in their lives. Before, for them to come together as a group is very difficult, but through this now, they know the importance of coming together for meetings, for anything. They know now that coming together as one body will help to pick up anything, any challenge. Due to the achievements in these groups, others have shown interest in joining them. **Partners Staff, JDPC, Kafachan**
Key Success Stories

Two success case studies are presented below; one on OVC and the other on block grant school. Many such success stories were reported during the fieldwork on the evaluation.

SUCCESS STORY ONE

- 19 years old double-orphan, Minna Diocese

Situation before intervention: he became the household head at age 14 when his mother died and left him with two other siblings. He just finished his Junior Secondary School three (JSS3) exam and had no hope of furthering his education.

Specific intervention activities: Through the project, he got admission into Army Day Secondary School, Minna. The program paid his school fees from Senior Secondary School One (SS1) to Senior Secondary School Three (SS3), and also paid for his Senior School Certificate Examination (SSCE) where he obtained five credits in subjects including English and Mathematics.

Strategies for success: Decided to learn a trade in order to cater for his grandmother and two siblings. He took computer engineering (repairs) training for one year and half, graduated in 2009 and was retained by the training institute because of his exceptional performance.

Current situation: He presently gives computer lessons at Divine Royal School, Army Day Secondary School and Day Secondary School, Minna (two of which are block-grantees). He visits these schools thrice a week to teach students including other OVC. He assisted his brother (17 years) in gaining admission into Bida Polytechnic and also his sister (15 years).

SUCCESS STORY TWO

- Block-Grant School, Jos, Diocese

Situation before intervention: A technical school of 500 students (including 60 OVC) with only five computers and few workshop tools. The school lacks adequate fund to carry out capital projects like setting up a standard computer laboratory or workshop. Few students had access to available computers and tools. Photocopying of documents was done outside the school.

Specific intervention activities: Received block grant to procure 23 additional computers and photocopy machine for the school in the first year, and purchased various workshop tools with the second tranche of fund received.

Challenges before intervention: Delay in payment of school fees at the beginning of term makes it very difficult for the school to raise bulk fund for capital projects. But with the block grant, this was eliminated.

Current situation: All the OVC students benefited from improved learning from better and more equipped environment, access to all school facilities like other children, and practical learning and use of the computers, and workshop tools.
IMPLEMENTATION & MANAGEMENT STRATEGIES

Project Saturation vs. Non-Saturation

The project placed emphasize on saturation of services in selected parishes to maximize effectiveness of reach and resources. This evaluation examined the effects of saturation on the implementation process especially with respect to beneficiaries’ satisfaction on services received.

This evaluation produced a mixed bag of results from OVC aged 6-17. OVC aged 6-17 gave non-saturated parishes higher ratings (very satisfactory/satisfactory) than saturated parishes on both educational/vocational services, and health care services. On rights and protection, and psychosocial support, OVC aged 6-17 rated saturated parishes higher than non-saturated parishes (Appendix A6).

OVC aged 0-5 showed more consistent results, and in favour of saturated parishes compared to non-saturated parishes. OVC aged 0-5 reported higher satisfaction ratings for saturated parishes than non-saturated parishes for health care services, psychosocial support, and rights and protection (Appendix A7).

Also, overall rating of OVC aged 0-5 on all services received was statistically significant and in favour of saturated parishes compared to non-saturated ones.

Another tool employed for assessing saturated vs. non-saturated parishes is the index of wellbeing. Table 21 shows that the proportion of OVC aged 13-17 in the high and average wellbeing categories were more and statistically significant for those in the saturated parishes compared to non-saturated parishes. These results suggest that the saturated strategy produced more satisfaction among beneficiaries and thus, should be encouraged in the future.

Capacity Building of CRS & Partner Staff

Another key strategy of the SUN project is capacity building of staff within and outside the Catholic Church. This evaluation examines how the project fared in this regard.

Findings of this evaluation suggest that training is one of the benefits that CRS staff and partner staff gained from working with the organization. Staff reported that they attended several trainings including management training (MANGO), SILC training of trainers, M&E training, advocacy training, HCT training, and Nutrition training. Others trainings were on project management, palliative care, OVC care, supply chain, and other certificate trainings with universities abroad. These trainings may have enhanced their ability to strengthen partner human capacity through formal workshops and technical assistance.

<table>
<thead>
<tr>
<th>Types of trainings</th>
<th>Number</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who reported receiving training in program management</td>
<td>49</td>
<td>74%</td>
</tr>
<tr>
<td>% who reported receiving training in financial management</td>
<td>26</td>
<td>39%</td>
</tr>
<tr>
<td>% who reported receiving training in grants development and management</td>
<td>11</td>
<td>17%</td>
</tr>
</tbody>
</table>
% who reported receiving training in M&E | 44 | 67%
---|---|---
% who reported receiving training in other areas | 3 | 5%

Total (N) | 66

% who reported training enhanced performance | 64 | 93%

Total (N) | 69

Capacity building of partner staff is a key success story of this project. Table 20 above shows that the majority of partner staff received training in project management (74%), and in monitoring and evaluation (M&E) (67%). Some received training in financial management (39%), grants development and management (17%), and in other areas (5%). Most partner staff (93%) reported that the training that they received enhance their performance on the job.

Routine monitoring data from CRS office suggest that as of December 2010, 559 individuals were trained in strategic information (including M&E, surveillance/health management information system (HMIS). These trainings were aside several technical assistances in financial management, program management, and M&E provided on a continuous bases throughout the life time of the project.

![Figure 2: Rating on quality of trainings received](image)

The results in Figure 2 show that partner staff rated the trainings received as satisfactory/very satisfactory (97%). Findings from qualitative data suggest that most partner staff were empowered by their exposure to different types of trainings and were able to perform their duties better.

**Perception about Work Experience**

This section discusses partner staff perception about their experience working in their respective organization.
Table 21: Percentage of staff by rating on their experience working for their organization

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Not satisfactory</th>
<th>Fairly satisfactory</th>
<th>Satisfactory</th>
<th>Very satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who reported receiving tools to feel confident &amp; competent</td>
<td>(N)</td>
<td>(%)</td>
<td>(N)</td>
<td>(%)</td>
</tr>
<tr>
<td>% who reported feeling adequately equipped for tasks</td>
<td>2</td>
<td>4%</td>
<td>31</td>
<td>67%</td>
</tr>
<tr>
<td>% who reported receiving tokens of appreciation</td>
<td>4</td>
<td>7%</td>
<td>18</td>
<td>29%</td>
</tr>
<tr>
<td>% who reported receiving clarity regarding incentives</td>
<td>1</td>
<td>2%</td>
<td>10</td>
<td>18%</td>
</tr>
<tr>
<td>% who reported participating in transparent recruiting</td>
<td>1</td>
<td>1%</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>% who reported agreeing to a specified time frame</td>
<td>1</td>
<td>2%</td>
<td>13</td>
<td>21%</td>
</tr>
<tr>
<td>% who reported adequate support/supervision of volunteers</td>
<td>1</td>
<td>1%</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>% who reported receiving recognition from the community</td>
<td>3</td>
<td>5%</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In general, the results in Table 21 above show that the majority of partner staff rated their experience working with their organization as satisfactory/very satisfactory. Most of the partner staff reported that they received tools to feel confident and competent (91%), felt adequately equipped to carry out tasks (89%), received token of appreciation for work done (64%), received clarity regarding incentives (80%), participated in transparent recruiting (93%), agreed to a specific time frame on job (77%), had adequate support/supervision of volunteers (83%), and received more recognition from the community where they worked (84%).

Program Coordination & Management Performance

This section discusses responses on system building assistance received from CRS to improve project management and performance over the period of project life. Routine monitoring data from CRS suggest that 12 partners were provided with technical assistance on strategic information between inception and December, 2010.

Table 22: Percentage distribution of partner staff according to types of support received

<table>
<thead>
<tr>
<th>Type of support received</th>
<th>Number</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% received technical expertise</td>
<td>56</td>
<td>79%</td>
</tr>
<tr>
<td>% received training</td>
<td>63</td>
<td>89%</td>
</tr>
<tr>
<td>% received financial resources</td>
<td>65</td>
<td>92%</td>
</tr>
<tr>
<td>% received physical infrastructure</td>
<td>56</td>
<td>79%</td>
</tr>
<tr>
<td>% received other</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>71</td>
<td></td>
</tr>
</tbody>
</table>

The project made considerable effort to provide institutional framework for the local partners. Aside technical assistance and other types of trainings received by the majority of partner staff (79% vs. 89% respectively), Table 22 also showed that the staff interviewed reported...
that they received financial resources (92%), and physical infrastructure (79%) from CRS to enable project performance.

Table 23: Percentage distribution of partner staff who reported improvement in services provided since Involvement in the project

<table>
<thead>
<tr>
<th>Indicator of Services</th>
<th>Number</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who reported improvement in education services</td>
<td>43</td>
<td>61%</td>
</tr>
<tr>
<td>% who reported improvement in health care services</td>
<td>43</td>
<td>61%</td>
</tr>
<tr>
<td>% who reported improvement in vocational support services</td>
<td>15</td>
<td>21%</td>
</tr>
<tr>
<td>% who reported improvement in protection services</td>
<td>12</td>
<td>17%</td>
</tr>
<tr>
<td>% who reported improvement in psychosocial support services</td>
<td>39</td>
<td>55%</td>
</tr>
<tr>
<td>% who reported improvement in prevention services</td>
<td>24</td>
<td>34%</td>
</tr>
<tr>
<td>% who reported improvement in other services</td>
<td>39</td>
<td>55%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>71</td>
<td></td>
</tr>
</tbody>
</table>

Aspects of this evaluation examined outcomes of the support to providing services received from CRS. The majority of partner staff reported improvement in the provision of; educational, and health services (both 61%), psychosocial support services (55%), prevention services (34%), vocational services (21%), and protection services (17%).

Table 24: Percentage of partner/CSN staff by indicators of areas that need more attention

<table>
<thead>
<tr>
<th>Indicators on areas that need attention</th>
<th>Number</th>
<th>Percents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% who reported that all organization’s expectation have been met</td>
<td>35</td>
<td>86%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Technical expertise</td>
<td>21</td>
<td>37%</td>
</tr>
<tr>
<td>Training</td>
<td>25</td>
<td>44%</td>
</tr>
<tr>
<td>Financial resources</td>
<td>51</td>
<td>90%</td>
</tr>
<tr>
<td>Physical infrastructure</td>
<td>26</td>
<td>46%</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

This evaluation explored areas in the project management that needed more improvement. Although most partner staff reported that their expectations regarding the project were met (86%), key aspects that needed more attention were; technical expertise (37%), training (44%), financial resources (90%), physical infrastructure (46%), and other areas (7%).
Figure 3 shows that the majority of the partner staff rated the support received through the SUN project as satisfactory/very satisfactory (87%). Satisfaction about the support received is a key component of project success.

**Rating on Key Areas of Project Performance**

This section discusses partner staff assessment of project performance using selected key indicators.

**Table 25: Percentage of partner staff satisfaction rating according to key indicators of project performance**

<table>
<thead>
<tr>
<th>Indicators of service</th>
<th>Not satisfactory</th>
<th>Fairly satisfactory</th>
<th>Satisfactory</th>
<th>Very satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(%)</td>
<td>(N)</td>
<td>(%)</td>
</tr>
<tr>
<td>Management structure</td>
<td>1</td>
<td>1%</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Timeliness of meeting targets</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Monitoring &amp; Evaluation</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Active volunteers</td>
<td>1</td>
<td>1%</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Sustainability</td>
<td>5</td>
<td>8%</td>
<td>28</td>
<td>42%</td>
</tr>
<tr>
<td>Internal collaboration</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>Staff technical competence</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Timeliness of reporting activities</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>11%</td>
</tr>
<tr>
<td>Quality of services provided</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Block grant</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>16%</td>
</tr>
<tr>
<td>Staff retention/attrition</td>
<td>4</td>
<td>6%</td>
<td>14</td>
<td>21%</td>
</tr>
<tr>
<td>Capacity to access funding/collaboration</td>
<td>4</td>
<td>6%</td>
<td>17</td>
<td>27%</td>
</tr>
<tr>
<td>Overall FBO support/contributions to beneficiaries</td>
<td>1</td>
<td>1%</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>Overall project performance</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

Results of accumulated years of training and experience reflected in the responses of partner staff to key indicators of service performance. Table 25 shows that most partner staff rated their management structure, timeliness of meeting targets, monitoring and evaluation, active
volunteers, and internal collaboration satisfactory/very satisfactory (93%, 96%, 95%, 93%, and 91%, respectively). Other indicators of project performance that were high on satisfactory/very satisfactory rating are; staff technical competence (100%), timeliness of reporting (89%), quality of services provided (94%), block grant (83%), staff retention/attrition (73%), and capacity to access funding/collaboration (67%). Only sustainability of the project was rated the lowest (50%) on satisfaction.

Interestingly, the majority (90%) of partner staff rated their support and contributions to beneficiaries’ lives as satisfactory/very satisfactory, and most of them (97%) rated overall project performance as satisfactory/very satisfactory.

**Sustainability of the Project Implementation**

Statistics in Table 25 corroborated qualitative findings suggesting that the issue of sustainability was not as successful as others program areas though some dioceses made bold attempts. Only about half (50%) of partner staff rated their performance on sustainability of the project as satisfactory (47%), and very satisfactory (3%).

Findings from qualitative data showed that some dioceses reported diversified investment portfolios such as establishing large scale farms, grinding machine, supporting new school buildings to increase intake, and getting small grants from funding agencies. Other sustainability initiatives reported included support groups involvement in income generating activities like farms, sewing institute, and milling machine. Reports showed that some farm produce were for both commercial and consumption purposes, while the majority were mainly for OVC household consumption depending on the size of the farm.

While dioceses had plans that were yet to take-off like a borehole project to sell pure water, use of landed area for farm or other ventures, and capital projects like building a hospital or school. Others sources of support were from philanthropist organizations like Saint Vincent the Paul, friends of the poor from America, and private individuals. Some DACA took other steps like incorporating a non-governmental organization registered in a name to enable and ease sourcing for funds.

In general, across the dioceses, the main source of funding outside the SUN project was through special church collections mandated by the parish priest during special Sunday services. The general consensus was that the sustainability initiatives were by far less than the level of funding received from the SUN project. Also, in general, it seemed that the DACA offices had a more concrete and concerted effort at sustainability compared to most of the parishes visited.

The excerpts below provide different aspects and take on sustainability from three of the dioceses visited.
Collaboration with Other Stakeholders

Key stakeholders that the partners collaborated with during the life of the SUN project were SMoWA, SMoH, and SACA. Findings from qualitative data analysis suggest that collaboration were in the form of invitation to attend meetings, or activities, or sharing report on a concluded activity. Also, findings showed that been notified of an activity is one thing but more important perhaps, is the timing of such activity which may not properly align with stakeholders own schedules, and thus inability to participate or attend.

Findings also showed that collaboration with other stakeholders differed depending on the diocese, but the common denominator was the lack of synergy in programming in terms of jointly planning and implementing activities on OVC. This type of synergy would have been useful for strengthening sustainability of the project by using government platforms to elicit more government commitment and involvement. A statement by one of the key stakeholders in Jos diocese summarises this point.

One, they have good plans, but they always make us to know about it when we too must have planned our own and we would not be able to attend their own. There should be synergy between the two. We would love them to let us know well ahead maybe for us to plan together so that we make room for each other. And there are times that we plan our own and we want them to be in and they will say they have already organised a program. there is where we normally have a minor problem, sometimes we send even a junior person to go there on behalf of the ministry which they will see as if we are not appreciating what they are doing, but if we are told on time, we marry our programs /activities, we will be able to attend theirs and they attend ours. **Stakeholder, Jos Diocese**
The Block Grant Strategy

The block grant strategy was born out of lessons learnt from past experience on what worked and what did not work. As Table 27 above suggests, most partner staff rated the block grant strategy as satisfactory/very satisfactory. Qualitative findings suggest that the grants were beneficial to both parties. The participating school or health facility had the opportunity of engaging in capital projects like building more classrooms, acquiring computers, and library facilities in some cases, while the beneficiaries had access to most available facilities and schooling materials like other children. The challenges expressed in school block grant included spending above unit cost per child budgeted in some cases, and dealing with wayward OVC who did not pay much attention to their school work. For the health block grant, the major challenge was how to handle cost of treatment above the unit budgeted cost per child. These excerpts below summarise stakeholders’ impression of the block grant strategy in their own words.

That we are able to get money in bulk we are able to carry out this project because the money does not comes in piece meal and then it offers the hospital to execute whatever project they have at hand, then for the OVC and PLH, I think they enjoy those services that ordinarily because it goes beyond some time the agreement they would not have been able to afford, the relationship is to provide medical services to patient who are opportunistic infection at times you find a situation of those who come into the hospital critically ill they stay in the hospital at times more than two weeks ordinarily they would not have been able to afford. Block Grant Facility, Jos Diocese

This school was not like this. The fence was built by the school, the school was not painted and the drawings were not on the walls, we have started a block of three class rooms. We are praying that this support continues. We don’t touch what they pay but use it for development.………. If not this project the school would not have been the way it is. Even the computers we have are bought as a result of the projects support and they are working fine. I am thinking of buying a bus that can always take children to school and back. Children come to school with Okada. I have already written a memo to solicit for funds. Block Grant School, Idah Diocese.

The SILC Strategy

The SILC is a new and evolving strategy that came into being based on accumulated experience from program implementers. A core aspect of the SILC is a field agent who trains and share experience with prospective participants to ensure that standards that guarantee success are maintained. The SILC compose of a group of 20 or less people with like minds based on natural selection. The SILC is an economic empowerment strategy that is self sustaining and it generates capital that can be accessed by members. As mentioned earlier, reports from qualitative data analysis showed that the SILC strategy started slowly but is gradually gaining momentum as the benefits become noticeable among the members. The statements below from a key informant interviewee, and a group interview sum-up what the strategy is all about.
The major changes in the program strategies are: the provision of grant to beneficiaries; internal savings and lending among group members without external donations … The lessons learnt from previous economic strengthening programs led to the adoption of the SILC model, because the previous loan grant was not as effective as expected because of inability of the people to repay the loan. The SILC idea is to help the people solve their own problem themselves...most of the communities initially reject the program due to the belief or the mindset that they don’t have the money to start… The SILC model is not too alien to the Nigerian cultural settings. **CRS Staff, Abuja**

The major changes are: provision of grant to beneficiaries; internal savings and lending among group members without external donations. We adopted the CAE manual in the design of our SILC program. The lessons learnt from previous economic strengthening programs led to the adoption of the SILC model, because the previous loan grant was not as effective as expected because of inability of the people to repay the loan. The SILC idea is to help the people solve their own problem themselves. The program is self-selective, most of the communities initially reject the program due to the belief or the mindset that they don’t have the money to start. This particular model is from the Kenya program. **Focal Person, USAID**

**Financial Aspects of Implementation**

A crucial aspect of this evaluation is project financing and governance. Without regular flow and management of funds, it would have been difficult, if not impossible, to implement the SUN project. This evaluation reviews aggregate funds received since inception until December, 2010 (58 months into the project life), and key expenditures made as well.

<table>
<thead>
<tr>
<th>COP period</th>
<th>Amount in (USD)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COP 04/05</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>COP 06</td>
<td>2,880,303</td>
<td>23.26%</td>
</tr>
<tr>
<td>COP 07</td>
<td>2,390,000</td>
<td>19.30%</td>
</tr>
<tr>
<td>COP 08</td>
<td>2,500,000</td>
<td>20.2%</td>
</tr>
<tr>
<td>COP 09</td>
<td>3,010,000</td>
<td>24.31%</td>
</tr>
<tr>
<td>COP 10</td>
<td>1,600,000</td>
<td>12.92%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>12,380,303</td>
<td></td>
</tr>
</tbody>
</table>

Table 26 above shows aggregated obligated funds between COP 06 and COP 10 for CRS and their partners. Figures suggest that yearly obligations were about the same for all years except for COP 10 that was less than 15% of total obligations. This shows that funding was evenly spread and managed throughout the life of the project.
Table 27: Percentage distribution of expenditure by items implemented

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount in (USD)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>2,076,370</td>
<td>17.83%</td>
</tr>
<tr>
<td>Trainings</td>
<td>416,471</td>
<td>3.58%</td>
</tr>
<tr>
<td>Office</td>
<td>585,118</td>
<td>5.03%</td>
</tr>
<tr>
<td>Vehicle/travel</td>
<td>381,512</td>
<td>3.28%</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>66,330</td>
<td>0.57%</td>
</tr>
<tr>
<td>Partners/expenses/materials</td>
<td>6,456,598</td>
<td>55.45%</td>
</tr>
<tr>
<td>NICRA</td>
<td>1,660,669</td>
<td>14.26%</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td><strong>11,643,068</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 27: shows that partners/expenses/materials took the majority, more than half (55.45%) of the entire expenditure, followed by staff salaries (17.8%), and NICRA (14.26%). An item that was grossly underfunded was M&E (0.57%). Future programming will need to review and improve spending on M&E.

**Key Project Challenges**

- One of the project’s key challenges was the in-commensurate remuneration vs. work that PAVs put into the project. Series of focus group discussions findings clearly showed that the majority were well motivated to help people in their community, but limited resources placed a limit to what they were able to accomplish. A PACA member in one parish reported that only one motor bike was available to all PAVs in the parish who took turns to get access to it. And the motor bike was provided by the Father in that parish. Future programming will need to examine ways of reducing financial burden on PAVs especially those in non-saturated parishes.

- Another issue that was prominent in most parishes was a disconnection between some parish priests, and the PACA. The reason may be due to changes in the priest especially from non-program parishes to programmed one. A father who moved from non-program to a program parish and was not well informed by PACA may end up not providing adequate support and promotion of PACA activities. This situation was observed in some of the parishes that were visited during the evaluation. A comment from a priest on the disconnect issue is expressed below:

> According to the Priest, he has never seen PACA, PLHIV, and OVCs gather in his compound the way they did on evaluation day. In his view, “they have come now because they heard that evaluators are coming.” **Father, Minna Diocese**

- Some respondents have argued that the project may have indirectly encouraged dependency syndrome among beneficiaries. Qualitative findings suggest that the majority of beneficiaries felt that PAVs should have done more to help them and their families. To the extent that the PAVs felt it was their right to demand for transportation allowance when they attend group meetings etc. Future programming may need to promote more IGA like the SILC among caregivers and older OVC.
• The issue of sustainability was not well addressed, early enough in the implementation process. A few dioceses were able to set-up farms for large scale farming and other capital investments and were able to source funds from other donors but they were in the minority. Future programming will need to actively incorporate sustainability program in the project right from the start.

• Collaboration with other stakeholders such as MDAs and other USAID implementing partners could have been better but qualitative findings suggest that this was not the case in all dioceses. The level of synergy with respect to OVC programming and implementation need to be reviewed to enhance sustainability. One reason adduced may be because of the already well established structure of the Catholic Church (which is a strength) may also be seen as a weakness i.e. over reliance on a functioning and trusted system without making concrete efforts to reach out and build other new platforms and relationships.

• Financial challenges were in the areas of getting compliance on procurement procedures, and obtaining receipts for most transactions. Payments for procurements were supposed to be made by cheque but this was not strictly followed, likewise getting receipts for all items can be problematic.
CONCLUSIONS

This evaluation examined whether OVC had increased access to services such as education, health, psychosocial support, rights and protection, and whether livelihood of families improved as a result of exposure to, and involvement in the SILC income generating activities. The following conclusions were reached based on the findings of this evaluation.

*Increased Access to Services*

- There was increased access to education, more OVC who participated in this evaluation compared to the CRS SA or national average were in school during the time of the evaluation. The block grant strategy benefited the OVC by providing avenues for accessing school materials and facilities, while helping the block grant school to engage in capital ventures such as building additional classrooms, and acquiring computers. It is important to note that most OVC and caregivers rated the educational services received as very satisfactory/satisfactory. And the majority of OVC reported the best educational condition which included enrolled in a school/training and gainfully employed as older OVC.

- Results showed that most OVC had improved access to health services and treatments. With the block grant strategy in place, OVC were able to access all types of treatment that were sometimes beyond the limit partners agreed with on the health facility on contract. Most OVC rated the services received as very satisfactory and satisfactory. Most OVC who participated in this evaluation were in the best condition of health care which included receiving all or almost all health care treatment and preventive services.

- Results of this evaluation showed that OVC had increased knowledge about HIV/AIDS compared to their counterparts in earlier years. And fewer OVC compared to those in the CRS SA, and national SA ever had sex, and the majority felt strong that they can abstain from sex. This result was obtained despite that only a small proportion of OVC participated in the AB activities organized by the parish. Efforts need to be made to increase their participation in AB activities where they can obtain more accurate information about HIV/AIDS.

- OVC reported receiving child rights and protection services with the majority having a birth certificate compared to those in the CRS SA, and national SA. The majority rated the services received as very satisfactory/satisfactory, and were in the best conditions in terms of abuse and exploitation, and legal protection.

- Results of this evaluation suggest that the majority of OVC received psychosocial services, and most of the services were provided by PAVs. Considerable proportion also found the help from PAVs to be very useful and rated these services as very satisfactory/satisfactory. The majority of OVC were in support groups and found it useful.

- In addition, findings showed that access to services varied significantly by dioceses, residence, program strategy, age, religion, and parent living status in most situations. Differences in access with respect to key demographic characteristics may need to be considered and factored into future programming.
• The process improved the livelihood of OVC as the majority reported the best conditions attainable on education, health, psychosocial support, and on rights and protection issues. Also, the majority of OVC aged 13-17 reported high and average wellbeing (based on 36 indicators of wellbeing), which varied significantly by dioceses, and program strategy.

• Just below half of caregivers reported membership of SILC group and found it beneficial. The SILC would have been more beneficial to a larger proportion of caregivers and older OVC if it had been introduced earlier in the life of the project.

**Highlights on Management and Implementation Strategies**

• OVC overall rating of satisfaction on services received were in favour of saturated than non-saturated parishes. Likewise, significant majority of OVC aged 13-17 who had high and average wellbeing was from the saturated compared to non-saturated parishes. These results suggest that more saturated parishes should be created in future programming.

• CRS staff reported receiving training in diverse areas throughout the life of the project. Also, the majority of partner staff received training especially in project management and M&E. They reported that the trainings were useful and it enhanced their performance on the job and made them more confident. Training should be continuous and intensified in future programming since this is an area that partners reported still needs more attention.

• All aspects of project performance characteristics including management structure, timeliness in meeting targets, M&E, active volunteerism, internal collaboration, technical competence, timeliness of reporting among others were rated very satisfactory/satisfactory except sustainability. The majority of partner staff rated overall performance as very satisfactory/satisfactory. There is the need to examine ways to make the project more sustainable in the future.

• Some dioceses did better than others on initiatives to sustain the SUN project. Findings showed that some engaged in economic ventures such as mechanized farming, borehole for pure water, milling machines, and sewing institute to mention a few. It is interesting to note that at the parish level, some support groups were encouraged to participate in some of these economic ventures. Other sources of project sustainability explored were from church organizations, or individual effort. It seems that sustainability efforts were not concerted and taken with the same seriousness across dioceses and in most instances the approach was in piecemeal. Future programming will need to place more concerted effort on this aspect of the project.

• A key aspect of project implementation that could booster sustainability in some ways is collaboration with other stakeholders. The synergy with other key players i.e. MDAs were not well established during the life of this project, and should be examined with a view to using it to leverage sustainability in the future.
• Results on the block grant and SILC strategy were positive on beneficiaries and were rated as satisfactory. There is the need to scale-up these successful strategies in future programming effort.

• Financial administration was fairly evenly spread throughout the life of the project. An aspect that needs review is the allocation of funds especially with respect to M&E. Funds for M&E was not given enough prominence in this project and should be reviewed in the future.

• Key challenges include non-commensurate remuneration for PAVs, disconnect between parish priests and PACA activities, dependency syndrome of beneficiaries, sustainability issues, level of collaboration with MDAs and other USAID IPs and the difficulty experienced by some partners in following procurement standards and guidelines.

• In general, the SUN project was rated very satisfactory/satisfactory by the majority of beneficiaries and partners staff, who attested to the fact that the project made considerable positive impact in the lives of OVC and other people in their communities.
LESSONS LEARNT

Some key lessons learnt based on stakeholders experience and those of the evaluation team are presented below:

- OVC like other children can live a normal life and take advantage of opportunities available to them. Findings of this study showed that considerable number of OVC graduated from school/vocational training and some took up the responsibility of training and taking care for other needs of their siblings and other OVC in their community.

- Many of the private block grant school owners became more interested in the affairs of OVC, and some earmarked counterpart contributions and even sponsored additional OVC in their school.

- When visiting OVC and their families, be prepared to take on other challenges that you may meet which may be outside the scope and purpose for your visit. For example as a PAV, you may find yourself providing money for urgent needs; to food stuff, and other household needs like washing soap, or transport money to a family member, and on rare situation, participate in arranging for the burial rites of an OVC family member who died of HIV/AIDS.

- Caregivers can become empowered through small beginnings helping themselves. It was amazing to know (in an FGD) that a SILC group that started reluctantly with little or nothing was able to accumulate over one hundred thousand Naira within their first year.

- Some parish priest were very committed to the plight of the OVC to the extent of using their own resources to sponsor and support capital projects like schools, and hospitals, and farming to provide additional food for OVC.
RECOMMENDATIONS

Key recommendations provided below are based on key findings of this study.

- The services provided by the SUN project have made substantial difference in the lives of the community they served and should be continued. It may be necessary to scale-up the block grant funding to include more schools and health facilities. Also, future programming should include OVC that have graduated from the programme to take care of other OVC in their community. For those who have done vocational training, there should be funding for establishing them and a well planned arrangement for them to train other OVC. Also, an aspect of programming should focus on enabling those who have exceptional performance at the senior secondary school level to benefit from a higher level education.

- PAVs play a crucial role as the main interface between the project and the beneficiaries. More presence of PAVs in the community is important to improve access to right and protection, and psychosocial services. There is the need to increase PAVs strengths in terms of numbers, resources and transportation. Also, PAVs who are not employed should be encouraged to participate in income generating activities like the SILC so as to enhance their financial base. And there should be continuous training of PAV members to ensure that standards are maintained in the delivery of services to OVC.

- The saturated parish strategy has yielded positive results, and it should be continued in future programming. Likewise capacity building of partner staff (a key strength) of this project should be continued in the future. Key aspect of training should be sustainability strategy which should be incorporated into programming from the beginning.

- Sustainability a weak component of the SUN project should be addressed right from the start of future programming at three levels. 1. At the partner (DACA) level, effort should be made to obtain other sources of funding and effort should also be made to diversify portfolios in all dioceses to engage in economic ventures such as mechanised farming, poultry farm, and the likes. 2. Effort should be made by DACA to collaborate with PAVs and the parish priests to establish viable economic ventures at that level to take care of the needs of OVC and their families. 3. At the beneficiaries’ level, more caregivers, and older OVC should be encouraged to engage in IGA right from the beginning of the project life. This will help to reduce dependency syndrome and empower people to take charge of their own daily lives.

- Financial management and administration was well implemented during the project cycle. It seemed that for future programming it may be necessary to examine other models such as exponential increase of project budget and expense after the first year when the project must have gain substantial traction and inertia and then tapering off of expense in the last year of project life. The benefit of the suggested model is that it would enable more work to be done just after the mid-life of the project and perhaps, allow enough time for more impact to be felt at the project end.
It was observed that a considerably small amount was expended on M&E in the SUN project. This has to change especially with increased demand for accountability by funding agencies. Future programming should beef-up M&E funds at the CRS, DACA, and PACA levels so that quality follow-up visits can be made and quality data collected, and evaluated in a timely fashion.
REFERENCES


CRS/Nigeria. SUN Project Proposal. APS No. 620-05-007.

Federal Ministry of Women Affairs. The 2008 Situation Assessment and Analysis on OVC in Nigeria.

O’Donnell K., Nyangara F., Murphy R., & Nyberg B., 2008. CHILD STATUS INDEX (CSI). Developed by the support from the U.S. President’s emergency Fund for AIDS Relief through USAID to measure Evaluation & Duke University.

## APPENDIX A: ADDITIONAL TABLES

Table A1: Showing percentage of OVC aged 6-17 by key indicators of access to services according to background characteristics

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>% received support outside family</th>
<th>% received support from parish volunteers (PAVs)</th>
<th>% received support from religious community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (N)</td>
<td>1349</td>
<td>1298</td>
<td>1295</td>
</tr>
<tr>
<td>Diocese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minna</td>
<td>96%</td>
<td>68%</td>
<td>19%</td>
</tr>
<tr>
<td>Jos</td>
<td>85%</td>
<td>73%</td>
<td>7%</td>
</tr>
<tr>
<td>Kafanchan</td>
<td>95%</td>
<td>86%</td>
<td>5%</td>
</tr>
<tr>
<td>Idah</td>
<td>94%</td>
<td>92%</td>
<td>44%</td>
</tr>
<tr>
<td>Benin</td>
<td>95%</td>
<td>68%</td>
<td>16%</td>
</tr>
<tr>
<td>Makurdi</td>
<td>94%</td>
<td>70%</td>
<td>35%</td>
</tr>
<tr>
<td>P-value</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>94%</td>
<td>76%</td>
<td>20%</td>
</tr>
<tr>
<td>Rural</td>
<td>92%</td>
<td>79%</td>
<td>20%</td>
</tr>
<tr>
<td>P-value</td>
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<td>Program Strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated</td>
<td>92%</td>
<td>77%</td>
<td>16%</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>94%</td>
<td>79%</td>
<td>28%</td>
</tr>
<tr>
<td>P-value</td>
<td>0.287</td>
<td>0.232</td>
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<td>Sex of OVC</td>
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<td></td>
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<tr>
<td>Male</td>
<td>94%</td>
<td>79%</td>
<td>21%</td>
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<td>Female</td>
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<td>19%</td>
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<td>P-value</td>
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<td>Age at last birthday</td>
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<tr>
<td>6 or 9</td>
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<td>75%</td>
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</tr>
<tr>
<td>10 to 14</td>
<td>92%</td>
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<td>15 or older</td>
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<td>23%</td>
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<td>P-value</td>
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<td>Religion</td>
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<tr>
<td>Traditional/Muslim/others</td>
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<tr>
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<td>76%</td>
<td>13%</td>
</tr>
<tr>
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<td>69%</td>
<td>31%</td>
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<td>P-value</td>
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<td>0.079</td>
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</tr>
<tr>
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</tr>
<tr>
<td>None</td>
<td>93%</td>
<td>78%</td>
<td>28%</td>
</tr>
<tr>
<td>Father</td>
<td>93%</td>
<td>81%</td>
<td>21%</td>
</tr>
<tr>
<td>Mother</td>
<td>95%</td>
<td>76%</td>
<td>20%</td>
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<tr>
<td>Both</td>
<td>91%</td>
<td>76%</td>
<td>13%</td>
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<tr>
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</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels.
Table A2: Showing percentage of OVC aged 6-17 by indicators of access to support services according to background characteristics

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>% attended block grant school</th>
<th>% received treatment from block grant facility</th>
<th>% looked for help on family matters</th>
<th>% received help on family matters from parish volunteers</th>
<th>% received help when had problems or worry</th>
<th>% found help on problems or worry useful</th>
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</thead>
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<td>Total (N)</td>
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<td>1303</td>
<td>647</td>
<td>1304</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Minna</td>
<td>30%</td>
<td>30%</td>
<td>37%</td>
<td>60%</td>
<td>72%</td>
<td>97%</td>
</tr>
<tr>
<td>Jos</td>
<td>10%</td>
<td>5%</td>
<td>30%</td>
<td>47%</td>
<td>59%</td>
<td>95%</td>
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<td>96%</td>
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<td>69%</td>
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<td>28%</td>
<td>44%</td>
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<td>93%</td>
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<tr>
<td>Non-saturated</td>
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<td>37%</td>
<td>38%</td>
<td>57%</td>
<td>70%</td>
<td>95%</td>
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<td>36%</td>
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<td>Religion</td>
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<td></td>
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</tr>
<tr>
<td>Traditional/ Muslim/others</td>
<td>62%</td>
<td>53%</td>
<td>41%</td>
<td>44%</td>
<td>82%</td>
<td>93%</td>
</tr>
<tr>
<td>Catholic</td>
<td>37%</td>
<td>34%</td>
<td>34%</td>
<td>51%</td>
<td>71%</td>
<td>94%</td>
</tr>
<tr>
<td>Protestant</td>
<td>30%</td>
<td>29%</td>
<td>25%</td>
<td>43%</td>
<td>69%</td>
<td>95%</td>
</tr>
<tr>
<td>None/no response</td>
<td>37%</td>
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<td>44%</td>
<td>40%</td>
<td>69%</td>
<td>86%</td>
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<td>32%</td>
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</tr>
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<td>Father</td>
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<td>35%</td>
<td>31%</td>
<td>53%</td>
<td>60%</td>
<td>89%</td>
</tr>
<tr>
<td>Mother</td>
<td>39%</td>
<td>35%</td>
<td>33%</td>
<td>50%</td>
<td>72%</td>
<td>94%</td>
</tr>
<tr>
<td>Both</td>
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<td>28%</td>
<td>29%</td>
<td>43%</td>
<td>70%</td>
<td>94%</td>
</tr>
<tr>
<td>No response</td>
<td>25%</td>
<td>41%</td>
<td>33%</td>
<td>30%</td>
<td>66%</td>
<td>92%</td>
</tr>
<tr>
<td>P-value</td>
<td>0.091</td>
<td>0.380</td>
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<td>0.210</td>
<td>0.339</td>
</tr>
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</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
Table A3: Showing percentage of OVC aged 0-5 by key indicators of access to services according to background characteristics of caregivers

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>% receiving health care services</th>
<th>% support provided by parish volunteers</th>
<th>% currently receiving psychosocial support</th>
<th>% currently receiving right/protection support</th>
</tr>
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<tbody>
<tr>
<td>Total (N)</td>
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<td>243</td>
<td>196</td>
<td>179</td>
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<td>Diocese</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Minna</td>
<td>94%</td>
<td>76%</td>
<td>80%</td>
<td>63%</td>
</tr>
<tr>
<td>Jos</td>
<td>70%</td>
<td>80%</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Kafanchan</td>
<td>77%</td>
<td>80%</td>
<td>81%</td>
<td>58%</td>
</tr>
<tr>
<td>Idah</td>
<td>87%</td>
<td>72%</td>
<td>86%</td>
<td>74%</td>
</tr>
<tr>
<td>Benin</td>
<td>93%</td>
<td>96%</td>
<td>96%</td>
<td>73%</td>
</tr>
<tr>
<td>Makurdi</td>
<td>44%</td>
<td>50%</td>
<td>60%</td>
<td>17%</td>
</tr>
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<td>0.001</td>
<td>0.001</td>
<td>0.001</td>
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<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>83%</td>
<td>83%</td>
<td>86%</td>
<td>65%</td>
</tr>
<tr>
<td>Rural</td>
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<td>77%</td>
<td>78%</td>
<td>57%</td>
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<tr>
<td>Saturated</td>
<td>83%</td>
<td>82%</td>
<td>85%</td>
<td>64%</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>79%</td>
<td>80%</td>
<td>82%</td>
<td>58%</td>
</tr>
<tr>
<td>P-value</td>
<td>0.707</td>
<td>0.777</td>
<td>0.034</td>
<td>0.285</td>
</tr>
<tr>
<td>Sex of caregiver</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>78%</td>
<td>78%</td>
<td>72%</td>
<td>63%</td>
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<tr>
<td>Female</td>
<td>84%</td>
<td>83%</td>
<td>89%</td>
<td>64%</td>
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<td>0.525</td>
<td>0.376</td>
<td>0.015</td>
<td>0.260</td>
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<td>Age of caregiver (last birthday)</td>
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<td></td>
</tr>
<tr>
<td>24 or younger</td>
<td>80%</td>
<td>74%</td>
<td>68%</td>
<td>80%</td>
</tr>
<tr>
<td>25 to 34</td>
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<td>80%</td>
<td>92%</td>
<td>56%</td>
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<td>35 to 44</td>
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<td>91%</td>
<td>94%</td>
<td>65%</td>
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<td>Education of caregiver</td>
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<td>61%</td>
<td>36%</td>
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<tr>
<td>Primary</td>
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<td>82%</td>
<td>84%</td>
<td>75%</td>
</tr>
<tr>
<td>Secondary</td>
<td>87%</td>
<td>84%</td>
<td>93%</td>
<td>54%</td>
</tr>
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<td>Post secondary</td>
<td>71%</td>
<td>78%</td>
<td>83%</td>
<td>65%</td>
</tr>
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<td>0.945</td>
<td>0.001</td>
<td>0.011</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional/Muslim/others</td>
<td>91%</td>
<td>77%</td>
<td>88%</td>
<td>57%</td>
</tr>
<tr>
<td>Catholic</td>
<td>81%</td>
<td>78%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Protestant</td>
<td>83%</td>
<td>86%</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>None/no response</td>
<td>79%</td>
<td>83%</td>
<td>82%</td>
<td>79%</td>
</tr>
<tr>
<td>P-value</td>
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<td>Parent living status</td>
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<td></td>
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<td>None</td>
<td>73%</td>
<td>67%</td>
<td>88%</td>
<td>55%</td>
</tr>
<tr>
<td>Father</td>
<td>77%</td>
<td>92%</td>
<td>82%</td>
<td>56%</td>
</tr>
<tr>
<td>Mother</td>
<td>77%</td>
<td>85%</td>
<td>87%</td>
<td>68%</td>
</tr>
<tr>
<td>Both</td>
<td>90%</td>
<td>82%</td>
<td>85%</td>
<td>56%</td>
</tr>
<tr>
<td>No response</td>
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<td>77%</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>P-value</td>
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<td>0.303</td>
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<td>0.111</td>
</tr>
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</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels.
Table A4: Showing percentage of OVC aged 6-17 by indicators of conditions with respect to education, health, psychosocial, and right and protection issues according to background characteristics

<table>
<thead>
<tr>
<th>Background characteristics of OVC aged 6-17</th>
<th>% enrolled in and attending school/training regularly, etc</th>
<th>% who received all or almost all necessary health care treatment and preventive services</th>
<th>% reported not abused or neglected, nor did inappropriate work or exploited</th>
<th>% had access to legal protection as needed</th>
</tr>
</thead>
<tbody>
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<td>1295</td>
<td>1306</td>
<td>1298</td>
</tr>
<tr>
<td>Diocese</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minna</td>
<td>66%</td>
<td>55%</td>
<td>70%</td>
<td>44%</td>
</tr>
<tr>
<td>Jos</td>
<td>63%</td>
<td>80%</td>
<td>75%</td>
<td>68%</td>
</tr>
<tr>
<td>Kafanchan</td>
<td>56%</td>
<td>64%</td>
<td>72%</td>
<td>56%</td>
</tr>
<tr>
<td>Idah</td>
<td>91%</td>
<td>88%</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>Benin</td>
<td>65%</td>
<td>75%</td>
<td>69%</td>
<td>65%</td>
</tr>
<tr>
<td>Makurdi</td>
<td>40%</td>
<td>58%</td>
<td>54%</td>
<td>44%</td>
</tr>
<tr>
<td>P-value</td>
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<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
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<td>69%</td>
<td>72%</td>
<td>62%</td>
</tr>
<tr>
<td>Rural</td>
<td>66%</td>
<td>71%</td>
<td>70%</td>
<td>59%</td>
</tr>
<tr>
<td>P-value</td>
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<td>0.526</td>
<td>0.591</td>
<td>0.540</td>
</tr>
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<td>Program Strategy</td>
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<td></td>
</tr>
<tr>
<td>Saturated</td>
<td>63%</td>
<td>71%</td>
<td>73%</td>
<td>63%</td>
</tr>
<tr>
<td>Non-saturated</td>
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<td>67%</td>
<td>69%</td>
<td>57%</td>
</tr>
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<td>Sex of OVC</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>63%</td>
<td>73%</td>
<td>73%</td>
<td>62%</td>
</tr>
<tr>
<td>Female</td>
<td>63%</td>
<td>66%</td>
<td>70%</td>
<td>60%</td>
</tr>
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<td>P-value</td>
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<td>0.509</td>
<td>0.671</td>
</tr>
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<td>Age at last birthday</td>
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</tr>
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<td>9 or less</td>
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<td>71%</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>10 to 14</td>
<td>65%</td>
<td>68%</td>
<td>74%</td>
<td>62%</td>
</tr>
<tr>
<td>15 or older</td>
<td>62%</td>
<td>72%</td>
<td>70%</td>
<td>59%</td>
</tr>
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<td>0.004</td>
<td>0.216</td>
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<td>Religion</td>
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<td></td>
</tr>
<tr>
<td>Traditional/Muslim/others</td>
<td>85%</td>
<td>82%</td>
<td>73%</td>
<td>86%</td>
</tr>
<tr>
<td>Catholic</td>
<td>61%</td>
<td>69%</td>
<td>71%</td>
<td>59%</td>
</tr>
<tr>
<td>Protestant</td>
<td>64%</td>
<td>68%</td>
<td>72%</td>
<td>59%</td>
</tr>
<tr>
<td>None/no response</td>
<td>40%</td>
<td>75%</td>
<td>69%</td>
<td>63%</td>
</tr>
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<td>P-value</td>
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</tr>
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<td>68%</td>
<td>72%</td>
<td>71%</td>
<td>59%</td>
</tr>
<tr>
<td>Father</td>
<td>62%</td>
<td>66%</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Mother</td>
<td>63%</td>
<td>68%</td>
<td>72%</td>
<td>61%</td>
</tr>
<tr>
<td>Both</td>
<td>61%</td>
<td>73%</td>
<td>72%</td>
<td>66%</td>
</tr>
<tr>
<td>No response</td>
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<td>75%</td>
<td>73%</td>
<td>56%</td>
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</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
Table A5: Showing percentage of OVC aged 0-5 according to indicators of health, psychosocial, rights and protection conditions by background characteristics of caregivers

<table>
<thead>
<tr>
<th>Background characteristics of caregivers</th>
<th>% who received all or almost all necessary health care treatment and preventive services</th>
<th>% who has been healthy and active, with no fever or diarrhea in the past month</th>
<th>% likes to play with peers and participate in group or family activities</th>
<th>% children who seemed happy, hopeful, and content</th>
<th>% who did not seem abused, neglected, did inappropriate work or exploited in other ways</th>
<th>% had access to legal protection services as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (N)</td>
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<td>211</td>
<td>226</td>
<td>220</td>
<td>217</td>
<td>217</td>
</tr>
<tr>
<td>Diocese</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minna</td>
<td>60%</td>
<td>55%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Jos</td>
<td>78%</td>
<td>77%</td>
<td>90%</td>
<td>76%</td>
<td>78%</td>
<td>64%</td>
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<tr>
<td>Kafanchan</td>
<td>88%</td>
<td>88%</td>
<td>100%</td>
<td>100%</td>
<td>91%</td>
<td>86%</td>
</tr>
<tr>
<td>Idaho</td>
<td>65%</td>
<td>84%</td>
<td>90%</td>
<td>90%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>Benin</td>
<td>93%</td>
<td>90%</td>
<td>97%</td>
<td>99%</td>
<td>100%</td>
<td>88%</td>
</tr>
<tr>
<td>Makurdi</td>
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<td>83%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
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<td>0.000</td>
<td>0.005</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
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<td>87%</td>
<td>96%</td>
<td>96%</td>
<td>88%</td>
<td>81%</td>
</tr>
<tr>
<td>Rural</td>
<td>69%</td>
<td>66%</td>
<td>88%</td>
<td>71%</td>
<td>78%</td>
<td>64%</td>
</tr>
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<td>0.054</td>
<td>0.000</td>
<td>0.063</td>
<td>0.013</td>
</tr>
<tr>
<td>Program Strategy</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated</td>
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<td>82%</td>
<td>94%</td>
<td>91%</td>
<td>83%</td>
<td>77%</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>86%</td>
<td>84%</td>
<td>95%</td>
<td>92%</td>
<td>97%</td>
<td>79%</td>
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<td>0.794</td>
<td>0.820</td>
<td>0.027</td>
<td>0.816</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>69%</td>
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<td>83%</td>
<td>74%</td>
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<td>95%</td>
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<td>88%</td>
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<td>80%</td>
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<td>58%</td>
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<td>92%</td>
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Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
Table A6: Showing percentage of OVC aged 6-17 according to rating on services as satisfactory/very satisfactory by background characteristics

<table>
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<th>Background characteristics of OVC aged 6-17</th>
<th>% rating on educational services (satisfactory/very satisfactory)</th>
<th>% rating on health care services (satisfactory/very satisfactory)</th>
<th>% rating on help received on things you were denied (satisfactory/very satisfactory)</th>
<th>% rating on help received when had problems or worry (satisfactory/very satisfactory)</th>
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<td>87%</td>
<td>74%</td>
<td>87%</td>
</tr>
<tr>
<td>Jos</td>
<td>71%</td>
<td>82%</td>
<td>74%</td>
<td>83%</td>
</tr>
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<td>Kafanchan</td>
<td>65%</td>
<td>77%</td>
<td>71%</td>
<td>91%</td>
</tr>
<tr>
<td>Idah</td>
<td>89%</td>
<td>81%</td>
<td>63%</td>
<td>96%</td>
</tr>
<tr>
<td>Benin</td>
<td>69%</td>
<td>74%</td>
<td>61%</td>
<td>77%</td>
</tr>
<tr>
<td>Makurdi</td>
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<td>51%</td>
<td>63%</td>
</tr>
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<td>P-value</td>
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</tr>
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<td>74%</td>
<td>62%</td>
<td>82%</td>
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<td>Rural</td>
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<td>76%</td>
<td>74%</td>
<td>85%</td>
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<td>Non-saturated</td>
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<td>69%</td>
<td>81%</td>
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<td>69%</td>
<td>86%</td>
</tr>
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<td>Traditional/Muslim/others</td>
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<tr>
<td>Catholic</td>
<td>70%</td>
<td>78%</td>
<td>66%</td>
<td>84%</td>
</tr>
<tr>
<td>Protestant</td>
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<td>80%</td>
<td>68%</td>
<td>82%</td>
</tr>
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<td>81%</td>
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<td>Both</td>
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Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
Table A7: Showing percentage of OVC aged 0-5 according to rating on services as satisfactory/very satisfactory by background characteristics of caregivers

<table>
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<th>Background characteristics of caregivers</th>
<th>% rating on health care services (satisfactory/very satisfactory)</th>
<th>% rating on psychosocial support received (satisfactory/very satisfactory)</th>
<th>% rating on legal protection received (satisfactory/very satisfactory)</th>
<th>% rating on all services received as satisfactory/very satisfactory</th>
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<tr>
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<td>76%</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>Jos</td>
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<td>59%</td>
<td>44%</td>
<td>44%</td>
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<td>74%</td>
<td>68%</td>
</tr>
<tr>
<td>Idah</td>
<td>94%</td>
<td>91%</td>
<td>63%</td>
<td>94%</td>
</tr>
<tr>
<td>Benin</td>
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<td>96%</td>
<td>71%</td>
<td>79%</td>
</tr>
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</tr>
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<td>55%</td>
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<td>68%</td>
</tr>
<tr>
<td>Secondary</td>
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<td>62%</td>
<td>100%</td>
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<td>61%</td>
<td>58%</td>
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<tr>
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<td>89%</td>
<td>61%</td>
<td>76%</td>
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<td>100%</td>
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<td>62%</td>
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<tr>
<td>Mother</td>
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<td>84%</td>
<td>59%</td>
<td>58%</td>
</tr>
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<td>63%</td>
<td>72%</td>
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Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
Table A8: Showing percentage of caregivers according to membership in SILC group by background characteristics

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</tr>
<tr>
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<td>32%</td>
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<tr>
<td>Kafanchan</td>
<td>48%</td>
</tr>
<tr>
<td>Idah</td>
<td>50%</td>
</tr>
<tr>
<td>Benin</td>
<td>54%</td>
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<td>42%</td>
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<td>Saturated</td>
<td>50%</td>
</tr>
<tr>
<td>Non-saturated</td>
<td>27%</td>
</tr>
<tr>
<td><strong>P-value</strong></td>
<td>0.005</td>
</tr>
<tr>
<td><strong>Sex of caregiver</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>37%</td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
</tr>
<tr>
<td><strong>P-value</strong></td>
<td>0.215</td>
</tr>
<tr>
<td><strong>Age at last birthday</strong></td>
<td></td>
</tr>
<tr>
<td>24 or younger</td>
<td>37%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>54%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>45%</td>
</tr>
<tr>
<td>45 or older</td>
<td>36%</td>
</tr>
<tr>
<td><strong>P-value</strong></td>
<td>0.264</td>
</tr>
<tr>
<td><strong>Education of caregiver</strong></td>
<td></td>
</tr>
<tr>
<td>No educ./no response</td>
<td>32%</td>
</tr>
<tr>
<td>Primary</td>
<td>46%</td>
</tr>
<tr>
<td>Secondary</td>
<td>49%</td>
</tr>
<tr>
<td>Post Secondary</td>
<td>56%</td>
</tr>
<tr>
<td><strong>P-value</strong></td>
<td>0.544</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
</tr>
<tr>
<td>Traditional/Muslim/others</td>
<td>46%</td>
</tr>
<tr>
<td>Catholic</td>
<td>40%</td>
</tr>
<tr>
<td>Protestant</td>
<td>48%</td>
</tr>
<tr>
<td>None/no response</td>
<td>65%</td>
</tr>
<tr>
<td><strong>P-value</strong></td>
<td>0.059</td>
</tr>
</tbody>
</table>

Note: n/a = not applicable; statistical significance at 0.05, 0.01, and 0.001 levels
<table>
<thead>
<tr>
<th>Statements Indicating Wellbeing</th>
<th>None of the time</th>
<th>Some of The time</th>
<th>All of The time</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat at least two meals a day</td>
<td>4%</td>
<td>27%</td>
<td>59%</td>
<td>10%</td>
</tr>
<tr>
<td>I have enough food to eat</td>
<td>3%</td>
<td>34%</td>
<td>52%</td>
<td>11%</td>
</tr>
<tr>
<td>I go to bed hungry</td>
<td>13%</td>
<td>33%</td>
<td>43%</td>
<td>11%</td>
</tr>
<tr>
<td>My teachers treat me like the other students</td>
<td>8%</td>
<td>19%</td>
<td>62%</td>
<td>11%</td>
</tr>
<tr>
<td>I have the materials I need to do my school work</td>
<td>9%</td>
<td>31%</td>
<td>47%</td>
<td>12%</td>
</tr>
<tr>
<td>I am not treated as well as the other students in my class</td>
<td>24%</td>
<td>19%</td>
<td>44%</td>
<td>13%</td>
</tr>
<tr>
<td>I like school</td>
<td>5%</td>
<td>7%</td>
<td>78%</td>
<td>11%</td>
</tr>
<tr>
<td>I have enough books and supplies for school</td>
<td>9%</td>
<td>29%</td>
<td>50%</td>
<td>12%</td>
</tr>
<tr>
<td>I have a house where I can sleep at night</td>
<td>3%</td>
<td>8%</td>
<td>77%</td>
<td>12%</td>
</tr>
<tr>
<td>I feel secure in my neighborhood</td>
<td>5%</td>
<td>20%</td>
<td>62%</td>
<td>13%</td>
</tr>
<tr>
<td>I feel safe where I live</td>
<td>10%</td>
<td>17%</td>
<td>60%</td>
<td>13%</td>
</tr>
<tr>
<td>My school attendance is affected by my need to work</td>
<td>18%</td>
<td>24%</td>
<td>42%</td>
<td>16%</td>
</tr>
<tr>
<td>My family has enough money to buy the things we need</td>
<td>23%</td>
<td>52%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>One of the adults taking care of us (me) earns money working at a job</td>
<td>32%</td>
<td>32%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>I’m treated differently from the other children in my household</td>
<td>19%</td>
<td>19%</td>
<td>49%</td>
<td>12%</td>
</tr>
<tr>
<td>I’m treated the same as other children in my school</td>
<td>12%</td>
<td>12%</td>
<td>63%</td>
<td>13%</td>
</tr>
<tr>
<td>I’m treated differently from other children in my village, neighborhood, compound</td>
<td>17%</td>
<td>22%</td>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>I do not get enough sleep and feel tired because of all the work I do before and after school</td>
<td>22%</td>
<td>30%</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>I have people I can talk to when I have a problem</td>
<td>7%</td>
<td>22%</td>
<td>59%</td>
<td>12%</td>
</tr>
<tr>
<td>I am able to do things as well as most other people</td>
<td>4%</td>
<td>22%</td>
<td>62%</td>
<td>12%</td>
</tr>
<tr>
<td>I am as happy as other kids my own age</td>
<td>3%</td>
<td>20%</td>
<td>64%</td>
<td>13%</td>
</tr>
<tr>
<td>I feel I live in a safe place</td>
<td>5%</td>
<td>17%</td>
<td>66%</td>
<td>12%</td>
</tr>
<tr>
<td>At home, I have someone to look after me if I get hurt or feel sad</td>
<td>6%</td>
<td>23%</td>
<td>60%</td>
<td>12%</td>
</tr>
<tr>
<td>I have adults I can trust</td>
<td>7%</td>
<td>24%</td>
<td>55%</td>
<td>14%</td>
</tr>
<tr>
<td>I get the emotional help and support I need from my family</td>
<td>9%</td>
<td>32%</td>
<td>47%</td>
<td>12%</td>
</tr>
<tr>
<td>I feel I am supported by my extended family</td>
<td>15%</td>
<td>35%</td>
<td>39%</td>
<td>11%</td>
</tr>
<tr>
<td>I feel strong and healthy</td>
<td>12%</td>
<td>28%</td>
<td>48%</td>
<td>12%</td>
</tr>
<tr>
<td>I worry about my health</td>
<td>37%</td>
<td>27%</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>My health is good</td>
<td>6%</td>
<td>22%</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>I am growing as well as other kids my age</td>
<td>3%</td>
<td>15%</td>
<td>69%</td>
<td>13%</td>
</tr>
<tr>
<td>My belief in God gives me strength to face difficulties</td>
<td>4%</td>
<td>11%</td>
<td>74%</td>
<td>11%</td>
</tr>
<tr>
<td>My belief in God gives me comfort and reassurance</td>
<td>1%</td>
<td>10%</td>
<td>77%</td>
<td>12%</td>
</tr>
<tr>
<td>My faith community is important to me</td>
<td>4%</td>
<td>17%</td>
<td>67%</td>
<td>12%</td>
</tr>
<tr>
<td>People in my community try to help me</td>
<td>8%</td>
<td>32%</td>
<td>48%</td>
<td>12%</td>
</tr>
<tr>
<td>I feel welcome to take part in religious services</td>
<td>3%</td>
<td>14%</td>
<td>68%</td>
<td>15%</td>
</tr>
<tr>
<td>My household receives free support to care for the children who live here</td>
<td>8%</td>
<td>32%</td>
<td>46%</td>
<td>14%</td>
</tr>
</tbody>
</table>
# APPENDIX B: Sample Distribution of OVC by Selected Dioceses and Parishes

<table>
<thead>
<tr>
<th>Diocese &amp; Parish</th>
<th>OVC</th>
<th>% of total</th>
<th>Sample OVC (6-17)</th>
<th>Prop. Of Sample OVC (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kafanchan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Assumpta Mabushi</td>
<td>18</td>
<td>0.45%</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>St Raphael F/Kamantan</td>
<td>111</td>
<td>2.78%</td>
<td>69</td>
<td>44</td>
</tr>
<tr>
<td>C.M.I Garaje</td>
<td>157</td>
<td>3.93%</td>
<td>98</td>
<td>63</td>
</tr>
<tr>
<td>St Francis Zonkwa</td>
<td>142</td>
<td>3.55%</td>
<td>89</td>
<td>57</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>428</td>
<td>10.71%</td>
<td>268</td>
<td>171</td>
</tr>
<tr>
<td><strong>Idah</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOLY GHOST PARISH OKENYI</td>
<td>41</td>
<td>1.03%</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>SS PETER AND PUAL PARISH EGUME</td>
<td>370</td>
<td>9.26%</td>
<td>231</td>
<td>148</td>
</tr>
<tr>
<td>ST. JOSEPH PARISH, ANYIGBA</td>
<td>403</td>
<td>10.08%</td>
<td>252</td>
<td>161</td>
</tr>
<tr>
<td>ST.FRANCIS OF ASISI PARISH OKURA</td>
<td>29</td>
<td>0.73%</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>843</td>
<td>21.09%</td>
<td>527</td>
<td>337</td>
</tr>
<tr>
<td><strong>Benin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRIST THE KING OLUKU</td>
<td>31</td>
<td>0.78%</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>HOLY CROSS CATEDRAL</td>
<td>286</td>
<td>7.16%</td>
<td>179</td>
<td>114</td>
</tr>
<tr>
<td>ST. AUGUSTINE UKEGHE</td>
<td>414</td>
<td>10.36%</td>
<td>259</td>
<td>166</td>
</tr>
<tr>
<td>ST. JOSEPH FIRST EAST CIRCULAR</td>
<td>209</td>
<td>5.23%</td>
<td>131</td>
<td>84</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>940</td>
<td>23.52%</td>
<td>588</td>
<td>376</td>
</tr>
<tr>
<td><strong>Jos</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST JOSEPH B/LADI</td>
<td>19</td>
<td>0.48%</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>UMCC KURU</td>
<td>219</td>
<td>5.48%</td>
<td>137</td>
<td>88</td>
</tr>
<tr>
<td>CIC ZARAMAGANDA</td>
<td>33</td>
<td>0.83%</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>ST MARYS HWOLSHE</td>
<td>121</td>
<td>3.03%</td>
<td>76</td>
<td>48</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>392</td>
<td>9.81%</td>
<td>245</td>
<td>157</td>
</tr>
<tr>
<td><strong>Makurdi</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christopher Annune</td>
<td>161</td>
<td>4.03%</td>
<td>101</td>
<td>64</td>
</tr>
<tr>
<td>Joseph Kornya</td>
<td>68</td>
<td>1.70%</td>
<td>43</td>
<td>27</td>
</tr>
<tr>
<td>ST JOHN GBOKO</td>
<td>123</td>
<td>3.08%</td>
<td>77</td>
<td>49</td>
</tr>
<tr>
<td>St. Theresa MKD</td>
<td>388</td>
<td>9.71%</td>
<td>243</td>
<td>155</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>740</td>
<td>18.51%</td>
<td>463</td>
<td>296</td>
</tr>
<tr>
<td><strong>Minna</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacfred Heart Dutsen Kura</td>
<td>423</td>
<td>10.58%</td>
<td>265</td>
<td>169</td>
</tr>
<tr>
<td>John Maitumbi</td>
<td>82</td>
<td>2.05%</td>
<td>51</td>
<td>33</td>
</tr>
<tr>
<td>Holy Family Adunu</td>
<td>45</td>
<td>1.13%</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>SS PETER AND PUAL Kaffin koro</td>
<td>104</td>
<td>2.60%</td>
<td>65</td>
<td>42</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>654</td>
<td>16.36%</td>
<td>409</td>
<td>262</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3997</td>
<td>100.00%</td>
<td>2500</td>
<td>1600</td>
</tr>
</tbody>
</table>
APPENDIX C: LIST OF CONTACTED PERSONS

CRS Staff

Donald Rogers          Country Representative
Julie Ideh             Head of Programming
Jacob Odong           Head of Health Unit
David Atamewalem       Deputy Head of Health Unit
Sandra Basgal         Regional Technical Adviser
Brenda Schuster       Technical Advisor HIV & Youth Baltimore
Adeniyi Olaleye       M&E Advisor
Nike Adedeji          Regional Team Lead
Patricia Suswam       Regional Team Lead
Adetayo Banjo         PMTCT and HCT Focal Person
Musa Afegbua          PMTCT Program Manager
Seun Adebogun         Program manager
Cornelia Ezima         Program Manager
Foluke Omoworare      Project Manager Makurdi and Benin
Rabi Sani             Program manager
Ifeoma Anene          Project Manager Idah and Abuja and SILC
Charity Ezekiel       Program manager
Doris Ogbang          M & E Manager
Pwol Kaneng           Health Supply Chain Specialist
Babatunde Fehintola   Financial Accountant
Oluwole Akerodolu     Financial Compliant Officer
Gabriel Gbenyi        Financial Compliant Officer
Adebare Shodimu       Financial Compliant Officer
Julius Ayeni          Head Driver

USAID

Abu Ugbede – Ojo      Logistics Manager
Duke Ogbokor          HMIS Manager

Other Stakeholders

Mrs. Oby Okwonu       Deputy Director, OVC Division, Federal Ministry of Women Affairs
Dr. Kayode Ogungbemi  Director, Knowledge & Strategic Information, NACA
Abu Ugbede-Ojo       Logistics Manager, USAID
Duke Ogbokor          Program Manager, Strategic Information, USAID
Dr. Ogunbemi          National Agency for the Control of AIDS

JOS ARCH DIOCESE

Most Rev. Dr Ignatius A. Kaigama  Catholic Arch Bishop of Jos

Community Based Care & Support

Cecilia Pinta          Health Coordinator
Rev. Sr. Jovita Egwu   HIV/AIDS Coordinator
Modesta Alakwe         HBC Coordinator
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Igweonwu</td>
<td>Referral Coordinator</td>
</tr>
<tr>
<td>Isaac Kapyil</td>
<td>PLHIV Coordinator</td>
</tr>
<tr>
<td>Jonathan Keshak</td>
<td>AB Coordinator</td>
</tr>
<tr>
<td>Sunday Nyam</td>
<td>Project Driver</td>
</tr>
<tr>
<td>Kingdom Alex</td>
<td>Training and Counseling Coordinator</td>
</tr>
<tr>
<td>Mark Chuwang</td>
<td>OVC Coordinator</td>
</tr>
<tr>
<td>Tessy Nwachukwu</td>
<td>M &amp; E Officer</td>
</tr>
<tr>
<td>Nicholas Vincent Kinse</td>
<td>Project Accountant</td>
</tr>
<tr>
<td>James Dawei</td>
<td>Assistant Project Accountant</td>
</tr>
<tr>
<td>Jonathan Sylvester</td>
<td>Assistant OVC Coordinator</td>
</tr>
</tbody>
</table>

**Justice Development and Peace**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev. Fr. Anthony Fom</td>
<td>Coordinator</td>
</tr>
<tr>
<td>Benedicta Daboer</td>
<td>Program Coordinator</td>
</tr>
</tbody>
</table>

**Ministry of Women Affairs and Social Development**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary G. Jatau</td>
<td>Director, Child Development</td>
</tr>
</tbody>
</table>

**Church of Immaculate Conception Zarmaganda**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev. Monsigneur C. Gotan</td>
<td>Parish Priest</td>
</tr>
<tr>
<td>Dominic Audu</td>
<td>PACA Chairman</td>
</tr>
<tr>
<td>Attah Chrysanthus</td>
<td>PACA Secretary</td>
</tr>
<tr>
<td>V. Pam</td>
<td>PACA Member</td>
</tr>
</tbody>
</table>

**Martyrs of Uganda Catholic Church, Kuru**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fr. George Gorap</td>
<td>Parish Priest</td>
</tr>
<tr>
<td>Pauline J. Pwajok</td>
<td>PACA Chairperson</td>
</tr>
<tr>
<td>Daddah E. P. Nyako</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Angelina N. Pwol</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Paulina A. Niyi</td>
<td>PACA Member</td>
</tr>
<tr>
<td>David Kataiko</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Felicia Jatau</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Rosemark Gyang</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Gabriel Mandung</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Dalyop H. Paulina</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Innocent Wang Mancha</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Elizabeth k. Dacha</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Mbachu Lydia E.</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Gyang Victor Chuwang</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Jummai S. Goyilla</td>
<td>PACA Member</td>
</tr>
<tr>
<td>Innocent Tari</td>
<td>PACA Member</td>
</tr>
</tbody>
</table>

**Schools Block Grant**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moses A. Joseph</td>
<td>Principal, Godsway Comprehensive College, Hwolshe</td>
</tr>
<tr>
<td>Yarkwan Emmanuel</td>
<td>Focal Teacher/Vice Principal St John Bosco School, Kuru</td>
</tr>
</tbody>
</table>

**Hospital Block Grant**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev Sr. Florence Donkon</td>
<td>Our Lady of Apostles Hospital Jos</td>
</tr>
</tbody>
</table>
KAFANCHAN DIOCESE

Most Rev. Joseph D. Bagobiri  Catholic Bishop of Kafanchan

Justice Development and Peace
Rev Fr. Lathnius Ayim  JDPC Coordinator
Comfort Pius  JDPC Accountant
Boniface Agbo  JDPC Protection Officer
Thomas Francis  Field Agent
Joshua Danjuma  Field Agent
Ankajus Chidi  Field Agent

Church of Mary Immaculate, Garaji
Rev. Fr. Ibrahim M. Yakubu  Parish Priest
Istifanus Yohanna  PACA Chairman
Mrs Esther  Member
Helen Mary Daniel  Member
Emmanuel Zatriok  Coordinator, Godiya Support Group/Member
Adamu Alexander  Focal Person, HIV Counseling and Testing/Member

St Francis Parish, Zonkwa
Fr. Benjamin Balat  Parish Priest
Solomon Audu  PACA Adviser
Regina Joshua  Member
Alice Bala  Referral Coordinator
John Bouga  PACA Member
Haruna Zedi  PACA Member
Livinus Innocent  Financial Secretary
Sunday Kama  PACA Member
Angelina Augustine  PACA Member
Helen Martin  Treasurer
Angelina Dawuda  PACA Member
Shetti Timothy  PACA Member
Adoi Gakwoyi  PACA Member
Hamza Saribu Michael  Acting Secretary
Wilo Sebastine  PACA Chairman

School Block Grant
Jummai Jaga  Principal, Elim Foundation School, Kagoro
Joe Wisdom Yakusak  Proprietor, Wisdom Generation International School, Garaji
Mr. Godwin Yaweh  Principal, St. Francis College, Zonkwa
Mr. Kayit S. Shemang  Proprietor, Shemang Nursery and Primary School, Kamuru

MINNA DIOCESE

Dr. Martin Igwemezie  Catholic Bishop of Minna

Diocesan Health Services
Clement Nwachukwu  HIV/AIDS Project Coordinator
Mary Jane Onyemunwa  Assistant Project Accountant
Regina Michael  Admin Assistant
Victoria Mathew  Coordinator
Okereke Emmanuel  Project Accountant
Benson Njoku  M & E Officer
Funke Otsoge  Referral Coordinator
Alamasonye Onyebuchi  Computer training Instructor
Chidi Iwuanyanwu S.  Health Educator/CHEW/ PMTCT M&E
Queen Dimaku  AB Coordinator
James Tsado  Assistant OVC Coordinator
Anwa Patience  OVC Coordinator

Kafin Koro Parish
Fr. Richard Nwagwu  Parish Priest
Nicodemus  PACA Chairman
Vincent Dogara  Member
Emmanuel Sebastian  Member
Anthony U. Godwin  Member

IDAH DIOCESE
Anthony Ademu Adaji  Catholic Bishop of Idah

DACA Staff
Benjamin Musa  Referral Coordinator
Sani Samuel Aiisu (KSM)  PLHIV Coordinator
Okpanachi S. Silvanue  OVC Officer
Ugbede E. Daniel  Assistant OVC Coordinator
Adu Samuels  HIV/AIDS Coordinator
Gertrude Tagbo  Training/Counseling Coordinator
Esther Simon  HCT Coordinator
Lawrence Wada  Project Accountant
Uwodi James  Assistant Accountant
Mabe Caroline Godwin  AB Coordinator
Illah Williams Enemali  M & E Officer
Shehu Abu  Project Driver

JDPC
Rev. Fr. Nicholas Okpe

Parish Priests
Rev. Fr. Jeremiah Omoru Musa Parish Priest St Joseph Ayingba
Rev. Fr. Louis Parish Priests SS Peter and Paul Parish, Egume
Rev. Father Ignatius Okoligwe Holy Ghost Parish Okenyi
Rev Fr. Patrick Ulleyo Ugbaje CSSP Priest, St Francis of Asisi Okura

Schools Block Grant
Sr. Joaness Ndukwu Headmistress SS Peter and Paul
Hospital Block Grant
Father Simeon             DACA Health Coordinator
Sis. Antoni               Head

BENIN DIOCESE

Vicar General Very Revd Father James Mary Okunboh

DACA Staff
Sis. Angela Abhulimen        Health Coordinator
Kemi Ezeani                   HIV/AIDS Coordinator
Mary Bello                    OVC Officer
Godwin                        Assistant OVC Coordinator
Ada Onuorah                    Training & Counselling Coordinator
Austin Imoisili                Project Accountant
Edna                           AB Coordinator
Emma Imaralu                   M & E Officer
Mrs. Ahonsi                     PLHIV Coordinator
Stella Ojo                     HBS Coordinator
Japhet Omaye                   CSN Staff

JDPC
Father Paul                  Coordinator

Health Block Grant
Dr. Peter Osula            General Hospital Benin

School Block Grant
Mrs. Edokpa                  Principal Army Day Senior Secondary School, Benin
Mr. Ogiku                    Principal Army Day Junior Secondary School, Benin

MAKURDI DIOCESE

Bishop Williams Avenya       Catholic Bishop of Makurdi

DACA Staff
Rev. Fr. John Ikponko        Health Coordinator
Alfred Hembra                 HIV/AIDS Coordinator
James Kwaghager               HBC Coordinator
Samuel Jorhen                 Counseling / Traning Coordinator
Andrew Origbo                 PLHWA Coordinator
Suzan Ediale                  PMTCT Coordinator
Veronica Goja                  OVC Coordinator
Richard Ibume                 Assist. OVC Coordinator
Edwine Ode                    AB Coordinator
Jackson Aiam                  Referral Coordinator
Samuel Adetsav               Project Accountant I
Kenneth Johnson               Project Accountant II
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fidelis Ikpeekor</td>
<td>M&amp;E Officer</td>
</tr>
<tr>
<td>Edwin Ogbu</td>
<td>Admin Assistant</td>
</tr>
<tr>
<td>Victor Torkwembe</td>
<td>Driver</td>
</tr>
</tbody>
</table>

**Schools Block Grant**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Mrs. Helen Awuna</td>
<td>Principal St. Padopads</td>
</tr>
<tr>
<td>Sir Sebastin</td>
<td>School Head, St Theresa Primary School, Makurdi</td>
</tr>
</tbody>
</table>

**Health Block Grant**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Hannah Kange</td>
<td>Unit Head/Matron St. Joseph Maternity &amp; Health Center Kornya</td>
</tr>
<tr>
<td>Aribio Iorhen</td>
<td>PMTCT Nurse</td>
</tr>
<tr>
<td>Dr. Eze Sabatu</td>
<td>PMTCT doctor</td>
</tr>
<tr>
<td>David Uteh</td>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>Samson Johnson</td>
<td>PMTCT Focal Person</td>
</tr>
<tr>
<td>Clement Anule</td>
<td>Lab Technician Naka PMTCT Site</td>
</tr>
<tr>
<td>Sis Juliana Ogbonaya</td>
<td>Head PMTCT Clinic Naka</td>
</tr>
</tbody>
</table>