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IMPACT OF COMMUNITY BASED APPROACH IN THE REHABILITAITON OF ORPHANS IN DEKINA LOCAL GOVERNMENT, KOGI STATE

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Abstract

Community based approach is crucial for effective and sustainable rehabilitation of orphans. This makes it imperative for the study to examine the Impact of Community based Approach in the Rehabilitation of Orphans in Dekina Local Government, Kogi State. The study utilized four research questions, objectives and hypothesis. The study used primary data collected with the aid of questionnaire, oral/in-depth interview and focus group discussion. The data were analyzed using descriptive simple percentage and chi-square statistic test of hypothesis. The result based on the descriptive simple and chi-square statistic test of hypothesis revealed that community based approach has positive impact in the rehabilitation of orphans in Dekina Local Government. The study concluded that community based approach has positive impact in the rehabilitation of orphans through education, primary health care, establishment of orphanage homes and creation of job opportunities. The study therefore recommended that Community Stakeholders should come together to mobilize funds and resources either for setting up business, or getting employment for all orphans integrated into society to ensure that their living conditions do not deteriorate. It is defying all logic for taking care of them when young and just dumps them when they become adults. The orphans' problem would persist, creating more problems for Dekina Local Government such as increase in crime as improperly rehabilitated orphans would go into the streets begging, mugging people, rape or even murder and engage in other vises such as prostitution for the girl child, increase the spread of HIV/AIDS, unwanted pregnancies and all sorts of immoral activities

Keywords : Community, Dekina, Impact, Orphans, Rehabilitation

1.0 INTRODUCTION

The current global situation for children shows that millions of orphans have become vulnerable as a result of political, economic and socio-cultural dynamics occurring in countries across the world. Global estimates indicated that about 145 million children have been orphaned and made vulnerable due to various causes (Biemba, Jennifer, Bram, Megan and David, 2016). The growing numbers of orphans and vulnerable children in Nigeria represent a grave concern for the rehabilitation of orphans through community based approaches such as establishment of orphanage homes, provision of education, provision of primary health care and social development organizations for the purpose of rehabilitating them through self belonging initiative (Foster, 2014).

Over the years, community-based responses which combine socio-economic contributions by the extended families, relatives, friends and neighbors within the local communities have been recognized as the most effective sources of supports for rehabilitating the lives of orphans in Nigeria (Kaare, 2015). In some countries of the world, most children are left orphans and millions are more made vulnerable (UNICEF, 2016). Out of the estimated 130 million Orphans and Vulnerable Children (OVC) in developing countries, sub-Saharan Africa region is most affected with health issue popularly and widely known as HIV/AIDS with about 12% of the

orphans and Vulnerable Children compared to 7% in Asia (Larson, 2010).

However, the high rate of orphans' vulnerability has in turn necessitated action to provide care and support to the children through community based approach. In response to the crisis of Orphans and Vulnerable Children in sub-Saharan Africa, various notable approaches adopted comprised; community based approach (residential-based approach where Orphans and Vulnerable Children are cared for in orphanages), children homes and rehabilitation centres, public service organized approach that entail state-sponsored social protection programmes such as social cash transfer for Orphans and Vulnerable Children; and grassroots local level approach which is usually a response by individuals, family members, faith-based and local community-based organizations (Adato and Bassett, 2008; Alviar and Pearson, 2009).

According to UNICEF (2015), most children in Nigeria are orphaned and the majority of them lose their right and lives to a decent and humane existence. Without the protection of parents, or an appointed caregiver, orphans are more likely to lose the opportunity for schooling, nutrition, shelter, health care and the love, affection and guidance required for growth into responsible adulthood.

Opare (2017) asserted that in order to rehabilitate the lives of orphans, community based approach at the grass root level; organize local development through creation of community solidarity and generation of social capital towards improving the lives of orphans. However, creation of community solidarity and generation of social capital are not sufficient conditions, but necessary conditions towards the rehabilitation of Orphans through community based approach. Hence, it becomes sufficient if and only if community solidarity and generation of social capital transforms the lives of the Orphans (Foster, 2014).

In Nigeria, Dekina Local Government of Kogi State has witnessed proliferation of community Self-Help Orphans and Vulnerable Children initiatives to address the needs of the large number of Orphans and Vulnerable Children within the local government. In spite all initiatives over the years with community-based Orphans Vulnerable Children care and support initiatives remaining the most viable options for addressing the complex problem of Orphans and Vulnerable Children, the target to rehabilitate the lives of the orphans through community based approach is yet to be achieved (UNICEF, 2017).

Hence, this study intends to examine the Impact of Community Based Approach in the Rehabilitation of Orphans in Dekina Local Government Area, Kogi State.

1.2 The Research Problem

In the sub-Saharan Africa region, community-based care and support for Orphans and Vulnerable Children has continued to gain popularity. This is not only due to its emphasis on providing care and support to Orphans and Vulnerable Children within family settings and immediate community of mostly relatives; but also for their remarkable resilience, flexibility and innovative strategies in addressing the numerous needs of the growing numbers of Orphans and Vulnerable Children (Foster, 2014; Phiri and Tolffee, 2015, Shenk, 2016).

Over the years, community based approaches such as provision of education, provision of primary health care, support of families through social capital contribution and establishment of orphanage and rehabilitation centre's had been put in place for rehabilitation of orphans, but to no avail, despite all these initiatives, UNICEF (2017) reported that most children in Nigeria are orphaned and the majority of them lose their right and lives to a decent and humane existence. Without the protection of parents, or an appointed caregiver, most of the orphans lose the opportunity for schooling, nutrition, shelter, health care and the love, affection and guidance required for growth into responsible adulthood.

According to UNICEF (2015), most of the Orphans and Vulnerable Children initiatives in Dekina Local Government had the potential to address the complex needs of the growing number of Orphans and Vulnerable Children in the area. However, most were characterized by lack of adequate capacity to effectively provide care and support. For instance, many lacked capacity to write proposals, reports or meet financial accounting funding standards.

Orphans and vulnerable children are stigmatized and their condition has been a barrier to their integration into mainstream society due to immobility of resources to provide healthcare, education and adequate shelter to these children in an environment that is conducive to their growth and well being. Little emphasis is placed on the transition of Orphans and vulnerable children into mainstream society resulting in some of these children being seen in the streets and engaging into prostitution, particularly girls and boys engaging in criminal activities.

Several stakeholders in Dekina Local Government thus initiated programmes to enhance the capacity of the grassroots community based Self-Help Orphans and Vulnerable Children initiatives to effectively and sustainably provide Orphans and Vulnerable Children care and support. Despite this development, most of the initiatives have not been able to provide comprehensive care and support with most orphans within Dekina Local Area still being deprived of required care and support.

The efforts to rehabilitate orphans through community based approach do not seem sustainable. This necessitated (Foster, 2004; Phiri and Tolffee, 2005 and Shenk, 2009) to investigate why the community approach has been neglected for a long time during the emergence of HIV/AIDS disease with the death toll of parents in Africa and Nigeria despite its usefulness to integrate people suffering from other kinds of diseases or illness in our environment.

According to UNICEF (2010), it was estimated that globally 1.6 billion orphans lost one or both parents due to HIV and AIDS in 2009 and the trend is still continuing. Numerous ailments and fatal accidents also contribute to the increase in orphans. In recent times there has been a strong rise in the interest accorded to the predicament of Orphans and other Vulnerable Children (OVC) in

Sub-Saharan Africa. However, there has been a call to care for the orphans within their communities it is a reality that rehabilitation through the community based approach using institutional care centre's are essential and their numbers are increasing. A study conducted by UNICEF in 2016 revealed that since 1999 the number of registered institutions increased by 30%. Hence, due to the overwhelming numbers of orphans throughout Third-World countries like Nigeria, it is therefore pertinent to examine the impact of community based approach in the rehabilitation of orphans in Dekina Local Government, Kogi State.

1.3 The Research Questions

i. What are the impacts of community based approaches in the rehabilitation of orphans in Dekina Local Government?
ii. What are the challenges faced by orphans that often necessitate their rehabilitation through community based approach in Dekina Local Government?
iii. What are the challenges faced by community based approach in the rehabilitation of orphans in Dekina Local Government?
iv. What are the determinants of successful community based approach in the rehabilitation of orphans in Dekina Local Government?

1.4 The Objectives of the Study

The main objective of the study is to examine the Impact of Community Based Approach in the Rehabilitation of Orphans in Dekina Local Government. However, the specific objectives of the study are:

i. To determine the impacts of community based approaches in the rehabilitation of orphans in Dekina Local Government.
ii. To ascertain the challenges faced by orphans that often necessitate their rehabilitation through community based approach in Dekina Local Government.
iii. To investigate the challenges faced by community based approach in the rehabilitation of orphans in Dekina Local Government?
iv. To examine the determinants of successful community based approach in the rehabilitation of orphans in Dekina Local Government?

1.5 The Hypotheses of the Study

The hypotheses of the study are stated in Null form as follows:

1. Ho_1: Community based approach has no impact in the rehabilitation of orphans in Dekina Local Government.
2. Ho_2: There are no challenges faced by community based approach in the rehabilitation of orphans in Dekina Local Government.

1.6 Justifications for the Study

Many Studies have shown that the number of Orphans is growing rapidly due to political, social and economic challenges facing many developing countries. Dekina Local Government Area of Kogi State, Nigeria precisely is not an exemption. The orphans in this area need care and support to protect them from factors that deprive them of their physical, social, mental, spiritual, educational, and general well-being.

This study will provide efforts in strengthening the capacity of community coping mechanisms or approaches towards rehabilitating the orphans. Hence, this study is therefore geared towards an in-depth understanding, first on how and the extent to which the capacity for care and support of community-level Self-Help orphans initiatives are being strengthened and second, its outcome on care and support service delivery towards the rehabilitation of orphans in Dekina Local Government.

Secondly, even though this study is being undertaken in Dekina Local Government area of Kogi State, its findings will be useful in informing policymakers and practitioners on policy design for capacity support of community-level orphans initiatives. This is especially in the wake of growing recognition of the potential of community coping mechanisms in addressing diverse local level development challenges in order to respond to the rapidly growing number of orphans in Dekina Local Government, Kogi State.

This study will also be of great importance to the academia in terms of providing additional materials that will enhance the available or existing literature on the impact of community based approach in the rehabilitation of orphans in Nigeria.

2.0 LITERATURE REVIEW

2.1 Operational Definition of Concepts/Terms

2.1.1 Community: It is a group of people living in the same place or having a particular characteristic in common. It also means self organized network of people with common agenda, cause or interest, who collaborate by sharing ideas, information and other resources.

2.1.2 Community-Based Approach: It refers to programmes designed by community members in response to the problems faced by orphans and vulnerable children in their community.

2.1.3 Approach: It means the way of dealing with a situation or problem. It also means the method or technique of doing something.

2.1.4 Rehabilitation: Rehabilitation refers to the action of restoring someone to health or normal life through training and therapy. It is the action of restoring someone to former privileges or reputation after a period of disfavor.

2.1.5 Orphan: This study adopts the definition by the Joint United Nations programme on HIV/AIDS (UNAIDS) convention which referred to orphans as (maternal, paternal, and double orphans) children under 15 years of age who has lost any or both parents respectively.

2.1.6 Vulnerable Children: These are the children whose parents though are alive but may not be able to cater for them because of incapacitation with a long term illness or poverty or other types of disability. Some of such children include street children, child hawkers, street beggars, child household heads, children whose parents are living with HIV/AIDS etc.

These children are hereby included in this study because their conditions increase their vulnerability to HIV/AIDS.

2.1.7 /AIDS: Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome is a spectrum of conditions caused by infection with the human immunodeficiency virus.

1.2 Conceptual Frame Work

2.2.1 Concept of Community/ Community Based Approach

Community-based approach refers to programmes designed by community members in response to the problems faced by orphans and vulnerable children in their community (World Bank, 2006). Community-based approaches are carried out by volunteers. Volunteers are those people in the community who offer their services freely and without pressure or coercion in caring for and providing support to OVCs. The services offered are for humanitarian and charitable causes where there is no expectation of compensation (USAID, 2006).

Community is a group of people living in the same defined area sharing the same basic values, organization and interests (Rifkin et al, 1988). Community is an informally organized social entity which is characterized by a sense of identity (White, 1982).

Community is a population which is geographically focused but which also exists as a discrete social entity, with a local collective identity and corporate purpose (Manderson et al, 1992). Community in this study refers to a group of people with shared interests, a shared social history and ethnicity, a sense of purpose or vision and cultural affinity (FHI, 2006). For these communities to succeed in their attempts to assist and care for and support Orphans, communities need other stakeholders to help them.

Community is a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings. Community was defined similarly but experienced differently by people with diverse backgrounds.

2.1 The Rehabilitation Strategies of Orphans in Africa/ Nigeria

Rehabilitation is a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments (Khan et' al, 2007).

Rehabilitation involves identification of a person's problems and needs, relating the problems to relevant factors of the person and the environment, defining rehabilitation goals, planning and implementing the measures, and assessing the effects (Lacasse et' al, 2007).

Rehabilitation is the process of removing, or reducing as far as possible, the factors that limit the activity and participation of a person with disability, so that he/she can attain and maintain the highest possible level of independence and quality of life: physically, mentally, socially and vocationally (Khan et' al, 2007). Rehabilitation is cross-sectoral and may be carried out by health professionals in conjunction with specialists in education, employment, social welfare, and other fields. In resource-poor contexts it may involve non-specialist workers for example, community-based rehabilitation workers in addition to family, friends, and community groups (Davies et' al, 2010).

Rehabilitation might mean drug treatment, education of patients and families, and psychological support via outpatient care, community based rehabilitation, or participation in a support group. Rehabilitation outcomes are the benefits and changes in the functioning of an individual over time that are attributable to a single measure or set of measures (Iyengar et' al, 2007).

According to Iyengar et' al (2007), Rehabilitation is categorized into different forms. Some of this rehabilitation can be either Medical Rehabilitation or Physical Rehabilitation. Physical rehabilitation is an important part of the integrated rehabilitation process needed to ensure the full participation and inclusion in society of persons with disabilities. Physical rehabilitation includes the provision of assistive devices such as prostheses, orthoses, walking AIDS and wheelchairs along with appropriate therapy allowing an optimal use of the device. Physical rehabilitation is not only the provision of assistive devices along with appropriate therapy, it must also include activities aimed at maintaining, adjusting, repairing and renewing the devices as needed.

Physical rehabilitation is focused on helping a person regain or improve the capacities of his/her body, with physical mobility as the primary goal. Physical rehabilitation enables a person with a disability to gain mobility, which is a main condition for the person to participate in social life, work and education. To achieve full rehabilitations, many different interventions may be needed, depending on the individual's type of disability, this may include one or several of the following; Medical care, Supply of assistive devices, Therapy (physical and occupational), Psychosocial services, Social support, Education (inclusive and special), Job placement, Support for economic self-reliance, eradication of physical, social and financial barriers.

2.3 Concept of Orphans

According to the UNAIDS/UNICEF (2004) report on OVCs, Walters et' al (2003) and Skinner et' al (2004) defined an orphan as a child under the age of 18 years whose mother, maternal orphan or father paternal orphan or both parents, double orphan are dead while the Federal Ministry of Women Affairs and Social Development of Nigeria (2008) defined an orphan as a child below the age of 17 years who has lost one or both parents. Negative outcomes include malnutrition, higher morbidity and mortality, low school attendance and completion rate and increased risk of abuse and psychosocial consequences. UNICEF and USAID (2008) working paper on OVCs reviewed the status of orphans and categorized them as "children who are without parental guardianship or care".

Al- Walid Global Classroom (2009) defines orphans and vulnerable children as "children who are compromised as a result of the illness or death of an adult who contributed to the care and/or financial support of the child". An orphan on the other hand

is a child below the age of 18 who has lost one or both parents, irrespective of the cause of death. In view of these definitions, orphan-hood and vulnerability varies from society to society; therefore definitions are community specific. In undertaking this research, the community giving care are asked who they think a child is by comparing the existing literature and the response from respondents. The definition provided by the community under study is important as it provides the guideline in understanding the target group for this research.

UNICEF (2003) concluded that children do indeed require assistance as they are vulnerable Government and non-governmental organizations have responded to the crisis by providing welfare services starting with the needs that providers deem as more urgent, for example food and blankets.

2.3 The Challenges of Orphans/Orphanage homes in Africa/Nigeria

A cause of social phenomenon according to Schutt (2006) is "an explanation for some characteristics, attitudes, or behavior of groups, individuals, or other entities or for events." In an attempt to explain the major causes of orphan hood and children's vulnerability in the study area, a number of social, economic, political factors are considered responsible for the orphan hood and vulnerability of the children.

Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children, the elderly, the poor, the sick and the needy. Colonization brought about disruption in the family structure and significant alterations were made in all the social, economic, political, educational systems, thereby making life very difficult. Disruption of traditional values and the idea of communal living and spirit of brotherhood was replaced with money-economy and excessive individualism.

Mivanyi (2006) argues that in families, "individualism, in all facets of family life, is strengthening among family members." Birmingham (2007) buttresses this position, identifying some of the negative conditions brought by the process of colonization to include hunger, arbitrary government, foreign exploitation, neglect of indigenous cultural heritage, and also, urban bias, introduction of foreign alien values that contradict the rich traditional ones, ecological neglect, and many more which have later brought about an alien inadequate formal social welfare policy. Another factor responsible for children's vulnerability linked to urbanization is high rate of divorce, leading to single-parenthood, especially female headed households.

The culture of female headed households is viewed as alien in Zimbabwean cultural norms and values thereby creating some problems including urban bias and increase in the deteriorating conditions of children. Similarly, Coles (2007) identified some factors that jeopardize the efforts of maternal resources in providing subsistence needs and socialization of the younger ones. These include kin dispersal, ecological pressures, environmental stress, economic disasters, growing burdens of labor-intensive work, increasing number of women depending on their children for current survival and future security. Most of the above mentioned factors are linked to colonization.

Yet, Derefaka (2004) believes that we should not overburden colonization, instead, we should consider globalization as the major cause of Africa's contemporary problems including those associated with OVC. He argues that if a democratic culture is firmly established in a country, then the country would have become a significant player in the process of globalization. But Norman (2002) argues that there will be no successful children developmental programs without recognizing and addressing the critical role that poverty plays in the poor development of the children from the grass roots level. Similarly, Oguonu (2005) sees poverty as a major hindrance to sustainable development in a global setup. He believes that the increase of the poverty level within nations led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions.

Lanchman et' al (2002) identify the challenges facing children in the 21st century as immense, and as impediments to achieving the goal of universal child protection. They went further to identify three specific constraints on child protection within the global context, as poverty, HIV/AIDS infection, and war. They emphasized poverty, which can be both financial and psychological, and can have serious negative effects in the continent, leading to many children becoming orphans and therefore vulnerable.

Gordon (2006) presents interesting yet very critical points to the discourse. He views the combination of patriarchy and capitalism to be the major causes of most problems associated with women, children and underdevelopment in Africa. He asserts that women typically face more disadvantages and exploitation than men. They must cope not only with poverty and underdevelopment, they are also limited by patriarchal attitudes and practices, some predating capitalism, others established during the colonial period. These patriarchal attitudes and practices, which privilege men, continue to saturate African societies from the level of the family up to the state. Added to this are forms of patriarchy from Western capitalist nations that dominate the global economy. The above indicates not only that patriarchy is a cause of children's vulnerability but that it must be understood within the context of Africa's peripheral and dependent position within the global capitalist economy. It also indicates that patriarchy is entrenched in the family, state, and global systems with tremendous impact on women.

2.4 Community Based Care Approaches and Support for Orphans in Africa/Nigeria

Community Orphans and Vulnerable Children responses play both leading and supporting role depending on aspects considered important. Attawell (2010) argues that the responses play the leading role where such aspects as face-to-face interaction, knowledge of the community, and peer influence and support are considered important. Supportive role is played where the involvement of the government and other agencies is emphasized.

Despite the potential of community OVC initiatives, they cannot be seen as alternative to the state because of various limitations. These

include: resource constraints, limited outreach, inadequate consultation and engagement of community members, and dependency on external funding for sustainability. In addition, the initiatives are characterized by dependency on mostly women volunteers and inadequate representation of marginalized groups especially in heterogeneous communities (Birdsall and Kelly 2005; Mathambo and Richter, 2007; Ninan and Delion, 2008).

Community care strategies support informal, indigenous and traditional ways of caring for children in need of care, most commonly by extended family or kinship members, usually a granny or aunt. This form of informal care is widespread and a practice acceptable in most cultures. However, increasingly, the capacity of families to take in extended family orphans is diminishing. The assumption of community care is that communities have families, or, capable women, who are willing and able to provide the care. This assumption is questionable. "While community care can certainly give individuals a better quality of life than they would have in an institution, community care can equally be a convenient cover for the neglect by the state" (Harber, 1998).

Informal care is often supported by strategies such as home-based care projects, income generation projects for caregivers and community child care committees. While these strategies bolster impoverished communities they also serve to disguise the gaps left by duty bearers. This approach therefore merely relieves the immediate crisis and does not advocate for accountability on the part of the state.

Social assistance is another community based approach used in the rehabilitation of orphans. despite the shift to developmental principles, Nigeria welfare policies acknowledge the importance of social security. "Social security and welfare services form an integral part of the government's response to poverty and to the promotion of human capital development and social well-being. Most of the welfare budget is allocated to social security…" (Patel, 1998). The Social Assistance Policy is presently being reviewed. Eligibility criteria and administration procedures are being revised to improve the chances for children affected by HIV/AIDS, chronic illnesses and disabilities of attaining their rights.

In the past social security grants were seen as a way to help vulnerable and impoverished people meet basic needs. The review has suggested that social assistance should enable children lead a dignified and full life and ought to promote full participation and development.

The problem of OVC in the sub-Saharan Africa has largely been attributed to the impact of HIV and AIDS pandemic on the socio-economic wellbeing of most households. To address this situation, community-based responses have been widely recognized as crucial especially in the provision of care and support for escalating number OVC (Ninan and Delion, 2008). However, literature reviewed on community OVC care and support indicates that most of the responses to OVC situation are incorporated in community-based responses to HIV/AIDS (Attawell, 2010; Birdsall and Kelly, 2005). Most of these initiatives are also hardly known beyond their settings (Phiri et al., 2001; Ninan and Delion, 2008; Foster et al., 2008). Understanding the nature and scope of these initiatives is therefore important especially in strengthening their capacity.

In sub-Saharan Africa, OVC receive care and support from a broad spectrum of community organizations (Birdsall and Kelly, 2005; Mathambo and Richter, 2007). According to Attawell (2010), most of these responses can be generally grouped into Civil Society Organizations (CSO) and Government agencies. CSO is a wider group that comprises Community-Based Organization (CBO), Non-Governmental Organizations (NGO); Faith-Based Organizations (FBO) and indigenous community initiatives such as mutual support groups, neighbourhood association, saving club, informal counseling groups, traditional support mechanisms, faith-based congregations and self help groups. The Government constitutes government staff, institutions and departments.

Compared to CBO, FBO, NGO and government agencies that are more formalised, the indigenous community initiatives are less formalised and usually built on traditional systems. Thus they are considered more efficient and sustainable in dealing with complex issues of children affected by HIV and AIDS (Mathambo and Richter, 2007). Since they are mostly initiated from within the community, their members are strategically positioned to understand severely affected households and the appropriate assistance required (Ninan and Delion, 2008).

Most indigenous OVC initiative result from small groups of concerned individual such as extended families, neighbours or groups out to address a need within the community (Phiri et' al., 2001; Foster, 2002). However, some emerge as a result of seeing and adapting to OVC activities of other communities while others result from community mobilization efforts of entities outside the community (IHA, 2002). They also operate on the principles of reciprocity, consensus-based decision making, volunteerism, local leadership, innovation; and self-reliance in resource mobilization (Foster, 2002; Ninan and Delion, 2008). However, IHA (2002) points out that whereas most of the support comes from local stakeholders such as churches, business people, traditional and political leaders, some of the support such as technical assistance, advice on programme needs and financial support are usually external.

Community OVC initiatives offer a wide range of services. Attawell et' al., (2010) gives five categories of the range of activities and services provided. They include: prevention, treatment, care and support, impact mitigation, and advocacy and networking. However, as noted in IHA (2002), the range of services an initiative provides depends on preferences and motivation of leaders and volunteers of the initiatives, local needs, local resources, and whether the initiative is located in an urban, peri-urban or rural setting.

2.5 The Impact of Community Based Approach in the Rehabilitation of Orphans in Africa/Nigeria

In any society, there is need for psychosocial wellbeing. The availability of psychosocial support program is very important

especially to the affected members of the society more so the children. Its availability enables the children have a new lease of better life in the society. In the sense that they are able to feel acceptable in the society and as such can make decisions and contribute to the development of the society. It enables them to maintain social responsibility and establish Health social relationship and behavior.

Schenk, Michaelis, Sapiano, Brown and Weiss (2010) opined that rehabilitation support or wellbeing is a basic need for OVCs. "As the numbers of vulnerable children steadily grew, so did the demand for greater knowledge about the lives and needs of OVC, their families, and their caregivers"

Over the years the number of orphans has been increasing and as a result of the collapse and decline in their support. This is as a result of the untimely demise of their parents and lack of social support from their relatives and the society. This resulted to the intervention from governments and non-governmental organizations to refocus on better ways to provide support to the orphanage. It is then believed that psychosocial support through community based approach improves the welfare of OVC in the community.

However, some of the Psychosocial Support Services provided to the orphans and vulnerable children include; information/education support, primary health care and establishment of orphanage homes. Information through community based approach according to Rena and Bruce (2012) rehabilitate the lives of orphans through the dissemination of information such as sexual and reproductive health, positive prevention, nutrition, HIV knowledge and developing life-skills.

Psychosocial support therefore, enables orphans and vulnerable children to have better opportunities so as to develop to their full potential, it was also empower them to participate in social life and develop self-confidence and self-reliant as they grow to maturity, combats discrimination among orphans and vulnerable children in the community by facilitating the integration of those groups who are suffering from discrimination as a result of HIV/AIDS and other vulnerabilities in the society.

Regional Psychosocial Support Initiative a non-profit organization working across East and Southern Africa provides some roles for psychosocial support for orphans and vulnerable children in the society (Regional Psychosocial Support Initiative, n.d.). They include; listening and responding to children's problems, ensuring the meaningful participation of children in issues affecting them, providing children with safe spaces to play, allowing children to express their feelings and needs, helping children to appreciate their history and identity, encouraging children to set goals and reach their potential, providing life skills for children and youth and ensuring that children have positive, nurturing relationships and connections in their lives.

Nevertheless, the impact of Non-governmental organizations through community based approach in the rehabilitation of orphans cannot be overemphasized as Non-Governmental Organizations (NGOs) are private establishments that act towards some common, humanitarian purpose. The idea of NGOs has been around since 1800s, though officially entered the mainstream because of the UN in 1945. Some of the criteria for founding a NGO include being free from government control, non-profit seeking, non-criminal, and not seeking to challenge governments on issues of control or power. NGOs cannot become a political party. NGOs can vary in size, from grassroots activities to international such as Red Cross.

McPhail (2009) argues that NGOs have good intentions despite some controversies associated with their activities, sources of fund as well as spending, ideologies for which they are established, structural biases, unhealthy rivalry and competition among sister NGOs. He further asserted that, today, the task of development is run by many diverse NGOs.

NGOs play very crucial role in social development of OVC as they act as change agents. Rogers (2003) defines a change agent, as "an individual or group who influences clients" innovations in a direction deemed desirable by a change agency". He presents two major problems that change agents" face which are their social marginality, due to their position midway between a change agency and their client system. Secondly, information overload, which is the state of an individual or a system in which excessive communication inputs cannot be processed and used, leading to breakdown. He therefore presents seven roles of the change agent which are, first, to develop a need for change on the part of clients, second, to establish an information-exchange relationship, third, to diagnose problems, fourth, to create an intent to change in the client, fifth, to translate intentions into action, sixth to stabilize adoption and prevent discontinuance, and seventh to achieve a terminal relationship with clients. Findings of Hashim (2008) revealed that the activities of NGOs worldwide have been contributing immensely in enhancing betterment of socio-economic conditions of communities as a response to the conditions of orphans and vulnerable children.

2.6 Other Psychosocial Support of Orphans/Orphanages in Africa/Nigeria

Psychosocial support is influenced by a number of factors that indeed affect orphans. They form the categories of needs of children. These determinants include the following:-

i. Physical Factors

These factors include: material needs such as shelter, clothing and food. Materials form the basic necessities of any human being. Lack of materials by the orphans and vulnerable children cause them a lot of harm in the sense that they feel very ashamed of their appearance. "Over time, orphaned children may develop a sense of relative deprivation as their poorer circumstances coupled with stigma and discrimination result in their continually having reduced access to services and material resources" (Nyamukapa et al., 2008). As a result of this, orphans and vulnerable children need maximum material support.

ii. Emotional Factors

Emotional factors incorporate things like the need for love, security, motivation, trust, sense of belonging, understanding and

guidance. Children need to be heard and need to learn to express their feelings in an appropriate manner. At times children's emotional needs may include assisting then to cope with especially difficult circumstances, like bereavement, loss, sexual abuse, etc." (HOPE Worldwide Africa, 2006).

iii. Mental Factors

Mental factors of children incorporate aspects such as formal education, information education and general life skills.

Iv Social Factors

According to HOPE Worldwide Africa (2006), social factors "These are essential for integration into a community without feeling stigmatized or different; to develop a sense of belonging; form friendships and community ties; acceptance; identity; acknowledgement from peers and opportunities for social interaction. They also need to learn socially acceptable behaviour through feedback from others, how to access help and learn their limits."

v. Spiritual Factors

Children need a belief in a higher being, which enables them to develop a hope for their future. This also facilitates a sense of connectedness to deceased parents and ancestors. They also need to develop trust and security in their survival. This gives them hope to keep trying, to be courageous and to persevere. They can trust in the higher being to help them in difficult situations. (Hope worldwide Africa, 2006).

Other determinants of community based approaches in the rehabilitation of orphans include;

i. Local Community Engagement and Community Workers' Intervention

Groups and structures that form supportive networks within a community, and which can be mobilized to prevent or respond to difficult events, also support the effective functioning and psychosocial well-being of individuals in that community. These structures are grounded in the beliefs and values of a community. For children, this sense of identity is significantly influenced by the beliefs held by their family members, their community, and the perceived relevance of these values in their own lives" (United Nations Children Fund, 2009).

According to Madhok (2012) "Social workers ensure the children's safety by directing them to orphanages or safe homes, contact the children's families and provide regular counseling. After multiple sessions with families and children, social workers have often been successful in rebuilding the Children's confidence, and rebuilding families."

For any psychosocial support to work, community based responses are needed. In most cases the community workers are the once who provide immediate response to helping the OVC. These workers together with the community are fundamental in raising awareness at the levels within the community. This is done through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS. It is also done through a series of counseling the victims. When social workers are supported by children organizations such as UNICEF and other civil society groups and the government as well, they play a key role in reuniting the vulnerable children such as street children to their families. Those that are orphaned are directed to the orphanages for protection and care.

ii. Support from Families

Many families with chronic illness are almost always ignored in the community. This makes the situation more badly. As a result, children become more vulnerable and in cases where poverty is high they end up starving to death with little help from the civil organizations and the community. Therefore, strengthening the capacity of the families is very necessary who will in turn protect and care for their children regardless of their ill-fated conditions. The strengthened capacity for families ensures that OVCs are well taken care of by prolonging the lives of their parents and provide economic and psychosocial support which will in turn be extended to the children.

Families play a central role to support OVC. Efforts need to be put in place to strengthen their role in supporting OVC such as children with HIV/AIDS and street children. Some families are unable to provide for OVC due to different life challenges such as chronic illness and poverty. These families form the basis for help. They need assistance to support their children rather than being overlooked and abandoned. "Our shared humanity and global duty to protect the rights of the most vulnerable people make the suffering of children in the wake of the AIDS epidemic the responsibility of all." The authors argue that, "with respect to children affected by HIV and AIDS, we seem to have gone too far – we see only the figure, the child, but no ground; we seldom see their caregivers and families, despite their great need for assistance" (Richter et al., 2009).

Families that are affected by the HIV/AIDS epidemic, this epidemic should be viewed as a family disease and as a result the need for such families to play a fundamental role in treating and preventing the transmission. This is important because it is the families that will carry the burden of caring, treating and protecting those affected by the epidemic.

Pequegnat and Bray (2009) agrees with the view that "families have led in responses to provide comfort and care to those who become sick and vulnerable as a result of HIV and AIDS. All over the world, the family is the de facto haven for family members who are ill or in trouble." This implies that families contribute to HIV/AIDS prevention. They are a source for resilience.

Families are important networks for orphans and vulnerable children in the community. "the family is the point of interaction between adult infection, adult illness and child wellbeing it is within the family that care for children is provided in a natural and sustainable way and where care is compromised when the family is under strain" (Richter et al., 2009). "Given the primary role families are playing in responding to the epidemic, strengthening the capacity of families through systematic, public sector initiatives has been identified globally as the most important strategies." (Foster, Levine, and Iamson, 2009).

Families can be strengthened economically and socially. This is because HIV/AIDS affected and vulnerable families are in most case poor with less resources and very little capacity to deal with the challenges they face in order to provide effective and efficient psychosocial support to orphans and vulnerable children in the community.

iii. Support by Community Schools and Orphanage Homes

OVC caregivers in the community in include civil society groups and schools in which the OVC attend. Their intervention has come in handy in supporting and caring for the orphans and vulnerable children in the society. Many of the civil society groups and more so children groups were established as a result of large numbers of children either left as orphans or become street children due to poverty or HIV/AIDS related situations.

Many of orphans leave their homes or are abandoned due to many challenges such as economic hardships or family breakups. According to Deininger, Garcia and Subbarao (2009), "Psychosocial challenges are coupled with economic hardship, which is disproportionately common in homes where an orphan or HIV-infected adult resides."

Forehand et al (2002) and Klein et al (2000), they argued that "these stressors may further compromise the quality of care children receive. Studies report weakened relationships between children and their HIV-infected parent." Similarly, Ansell and Young; Nyambedha et al. (as cited by Thurman et al, 2012) indicate that "Non-parental caregivers may harbor resentment and a discriminatory attitude towards orphaned children." This implies that also in homes, those families such as relatives that do provide support to OVC other than the parents are also caregivers. These people cause a lot of harm to OVC making them to leave and become street children. Many of these children also end up in orphanages where they are able to receive better care and support.

On the other hand, Schools are a mirror of the society. Schools ensure that OVCs have access to education. Educational assistance offered to the OVC through the interventions of the society. This has promoted the welfare of the OVC. Some orphanages have well established schools that also double in providing counseling services to the children. According to Thurman et al. (as cited by Okawa et al., 2011), "Under these circumstances, social support is worth utilizing as a low-cost critical resource for the care of vulnerable children and youth." Also citing Schenk, they indicate that "community interventions have been promoted to improve the situation of these children. These include educational assistance, home-based care, legal protection, and psychosocial support."

According to Smart, Heard and Kelly (n.d.) "As rights-based institutions, schools should play a major role in protecting pupils and teachers against discrimination." These authors indicate that, schools also have the potential to provide a range of education-related services to OVC such as; delivering a daily meal to their pupils, providing after-school supervision for those who have no other adult supervision, linking children in particularly difficult circumstances to other relevant services to meet specific needs.

Schools provide best environments for vulnerable children to interact with others. This contributes to the socialization of children both in schools and in the community. Schools also can facilitate effective monitoring on the status of children as well as organize and identify other organization that may help provide psychosocial support and counseling.

2.7 Challenges faced by Community-Based Approach in the Rehabilitation of Orphans

David et' al (2006) study identified some challenges faced by Community Based Approach in providing care and support for OVCs. Some of the highlighted challenges identified by David et' al. (2006) was lack of money and resources, as the insufficient financial support impacts on the number of OVCs to be served. The study further identified lack of participation by the majority of the community as affecting effective community delivery of services to OVCs, such as home visits and the provision of food. The study also found that those community members who volunteer to participate in the care and support of OVCs tend to lack skills, such as financial management skills, due to their low levels of education, which may result in the misuse of money targeted for OVC use. Unemployment, poverty and a shortage of food were also cited as major problems (Deters & Bajaj, 2008).

Cardoso (2010) and Save the Children UK, in their study that reviewed national plans of action for OVCs in Southern and East Africa found that communities play a fundamental role in providing the first line of support although their capacity and resources continue to be stretched as the cumulative burden of HIV and AIDS, poverty and food insecurity increases. BRTI's (2008) study on a situational analysis of OVCs in eight districts of Zimbabwe found that most resources, such as financial resources and assets were becoming depleted due to the chronic illness of people living with HIV and AIDS. Since most of these resources were being channeled towards treatment and nutritional foods for the sick many children are being left vulnerable to food shortages and money shortages for school fees.

The depletion of resources within the communities is further exacerbated by the current socio-economic situation Nigeria which has resulted in OVCs' basic survival needs of food and health services being unmet.

Gurutsa (2011) contend that the severe economic decline of the past decade, persistent droughts and shortage of foreign currency to import food for the nation have further endangered OVCs and their families, causing high unemployment, significant out-migration and food insecurities. A skilled farming labour force also succumbed to HIV infection and AIDS-related illnesses, resulting in reduced food production and harvesting of crops.

The Boston University's (2010) review paper also cited that the capacity of extended families and communities to adequately care for OVCs is highly constrained in Zimbabwe, resulting in most families having to resort to reducing the number and quality of meals. This study by Boston University (2010) further found that some OVCs were being pulled out of schools and their productive

assets being sold to raise money for basics necessities such as food, shelter and clothes.

USAID-Nigeria (2009) believes that the majority of OVCs have no extended family networks to rely on for their food and health needs and only 30% of OVCs have been reached by support services, leaving about 70% of OVCs without any help due to the impact of hyperinflation on national budgets, further burdening community members caring for OVCs.

Chandiwana (2009) cited by SAFAIDS (2010) suggests that shortage of material resources such as school uniforms, sanitary wear for girl children, shelter, clothing and blankets has resulted due to a lack of financial resources since Zimbabwe is currently using multi-foreign-currency and communities are now finding it very difficult to get hold of the scarce hard currency.

Lack of resources may also have resulted in the non-implementation of laws and policies such as the Sexual Offenses Act, Children's Act, Education Act, Guardianship of Minors Act and Age of Legal Majority Act. All the above mentioned Acts are meant to protect all children and especially OVCs. For example, the situational analysis study conducted by BRTI in 2008 in eight of Zimbabwean districts found that many community members violated some of laws such as Sexual Offenses Act, Child Labour Act and the Legal Age of Majority Act. Some of the OVCs were reported to be having been denied food, chased away from home, exploited for their labour, denied access to education and forced into early marriages as punishment for refusing to do some household chores (BRTI, 2008).

Lack of human resources due to brain drain, which has resulted in most professionals leaving the country for greener pastures in foreign countries, was also cited as a contributing factor for government's failure to reach out to communities and educate them on these laws. The results of the BRTI (2008) study also found that some communities were aware of the laws and policies, especially about child labour which states that children aged 5 to 11 years working in economic activities are considered to be engaged in child labour, yet communities/families consider this as training a child to learn to work for their survival. The Children's Act states that every child has a right to live, to have food and to have access to health services and shelter but the BRTI (2008) study noted that some OVCs were denied food or sent away from home as a disciplinary measure for failing to participate in domestic work such as digging in the garden to help meet family needs.

Beating a child is physical abuse and such practice is prohibited under the Children's Act, while community members said beating should not amount to ill treatment but be considered as form of enforcing discipline in children. In such instances, enforcing laws was a challenge as there are delays in reporting such cases resulting in OVCs living in abusive homes silently (BRTI, 2008). Children in Nigeria therefore, seem to be subjected to a dual legal system comprising of customary law and legislation found in the Constitution and statues (NAP 2010). Community interventions might be in contrast with some of the legal laws but in compliance with customary laws, such as beating a child is considered a form of enforcing discipline. SAFAIDS (2010) posits that OVCs programmes should channel resources towards training community members in the laws that affect children so that they are aware of such laws as they implement care and support interventions for OVCs.

2.8 Empirical Literature Review

Stephen (2013) examined how and the extent the capacities for care and support of community-level Self-Help OVC initiatives in Pumwani. The study explored the nature and scope of the OVC care and support; types of capacity building organizations and strategies; outcome of capacity support on service delivery; and lastly, community grassroots perception of change in OVC care and support. The study adopted a case study strategy with a qualitative research approach. Maximum variation, snowballing and purposive sampling techniques are used to select the units of analysis and the respondents. The study utilizes primary and secondary data; and thematic analysis technique of data analysis.

The study draws six conclusions based on findings. First, the Self-Help OVC initiatives are heterogeneous institutions in constant transformation to complex organizations and with potential for OVC care and support. Second, youths and children have emerged as new actors in OVC care and support. This is accompanied by emergence of new services such as talent development, sanitation, and legal assistance. Third, the main capacity building organizations are Non-Profit Organizations (NPO) and government agencies. Participation by the for-profit sector in capacity support for community OVC initiatives remains limited. Fourth, training in key programmatic areas is the most sustainable capacity building strategy. Other strategies such as resource support (financial and material), on-site support visits, exchange visits, partnerships, and networking are less prominent and their support unsustainable.

Moreover, the implementation of capacity support is largely fragmented and tends to focus more on improving care and support programs rather than strengthening the OVC organization. Fifth, capacity support resulted to improved service delivery by the OVC initiatives. However, overall the initiatives remain generally weak to provide comprehensive and sustainable care and support. Finally, despite community grassroots perception of improved OVC care and support, the services provided are perceived as inadequate

Theodorah (2013) Impact of Orphanage Homes in Integrating Orphans and Vulnerable Children into Mainstream Society: A Case Study of Thembiso Children's Home, Bulawayo. The study used both primary and secondary data collected with the aid of questionnaire. The data were analyzed using simple percentage method. He result revealed that orphanage homes have impact in integrating orphans and Vulnerable Children into the society. The study concluded that many children from OVCs homes are successful today, thanks to the efforts these homes which looked after them; clothe them; feed them during their time of need; sent them to school, train them in various income generating activities so that, they too can look after themselves after they reached the age of 18 years and integrated into society. The study also

concluded that, lack of funding hinders Orphanage homes, in their efforts to take more OVCs into their care. The institutions also due to inadequate funding were finding it difficult to provide for every OVC that left the institution into society. Government and other players often extended help but, however, it is not enough to ensure these children put the skills they acquired from institutional homes into good use.

Christopher (2009) conducted a study on Orphans and Vulnerable Children: Implications for Social Work Practice in Nigeria using descriptive approach on qualitative data revealed that poor health and little stimulation resulting from inadequate care can affect the orphans and vulnerable children's ability to think, learn and function effectively. He further stressed that as the HIV pandemic continues to expand, the impact on children cannot be overstated. Children who are orphaned by HIV/AIDS become vulnerable to a whole host of dangers in the name of supporting themselves and their siblings. This paper presents a summary of situation of Nigerian orphans and vulnerable children (OVC) and examines some of the factors responsible for orphan-hood and vulnerability in Nigeria and concludes by highlighting the role of social workers in strengthening families and communities to meet the needs of these orphans and vulnerable children in Nigeria.

Omwa and Titeca (2011) in their study on community-based initiatives in response to the OVC crisis in North Central Uganda using primary data collected with the aid of questionnaire on simple percentage method of analysis noted that community-based interventions were more sustainable when community members are able to identify with, adopt and take ownership of such initiatives. Omwa and Titeca (2011) further established that sustainability of community-based initiatives is realized as this approach builds upon traditional systems of child care and require less training and input from external sources and community members can easily identify and accept the initiatives from within themselves.

Schenk et. al. (2010:333) reported that community-based interventions for OVCs take many forms, including educational assistance, home-based care, legal protection and psychosocial support. Educational assistance is provided by paying school fees and providing school uniforms for OVCs by the community, while home-based care is provided to parents of OVCs who are chronically ill to alleviate the burden carried by OVCs to care for their sick parents so that they may be able to attend school while knowing someone is taking care of their sick parents. With regards to community-based interventions, legal protection is provided by community members who facilitate the reporting of cases of sexual or physical abuse of OVCs to the Zimbabwean Republic Police and the Department of Social Welfare for perpetrators to be prosecuted in the courts of law.

Titeca (2011:29) postulate that community-based interventions are the most cost-effective way of meeting OVCs' needs as resources are pulled within community structures According to them a typical community OVC response initiative is characterised by voluntarism, a consultative decision making process and community reliance on own resources or services.

Rusakaniko et' al (2010) conducted a cross-sectional survey of psychosocial experiences of OVCs in the Chimanimani and Bulilimamangwe districts of Zimbabwe, and the study was conducted in preparation for a future OVC intervention. The researchers found that 25% of OVCs had feelings of unhappiness, worry, frustration, anger, fear or sleep problems. About 5% of OVC said they sometimes think about committing suicide due to the problems they face, such as physical and sexual abuse, and are afraid to report such cases as some of the abuses are perpetrated by close guardians and if they report abuses, they risk being evicted from their homes. Among 15 to 18 years old OVCs, 47% reported that their guardians were treating them caringly, 9% reported they were treated roughly and 24% said they were treated differently by their guardians compared to the guardians' own children. The study recommended that programmes should train caregivers and communities to understand grief and bereavement and how to help children cope with emotional problems. Rusakaniko et. al. (2010) study further recommend that government and NGOs should provide counseling training to the community members caring and supporting OVCs to reduce anxiety and help OVCs report cases of sexual and physical abuse to the police.

Mandla (2015) explore the challenges faced by community-based interventions for orphans and vulnerable children in Mutare, Zimbabwe. The study employed qualitative case study method which focused on the two community-based organizations, FACT and Simukai. Cross-case data analysis relating to research questions was done using transcriptions organized by themes and sub-themes from focus group discussions with volunteers, in-depth interviews with caregivers and staff from both CBOs. Findings show that communities are committed to the care and support of OVCs by offering their voluntary services. Despite volunteer/caregivers' commitment to care and support OVCs, some challenges noted by caregivers were: caregiver fatigue, lack of material resources for OVCs during visits and lack of interest in young people taking up voluntary work. Simukai and FACT interventions were found to be mainly education, psychosocial support, medical assistance, project management, capacity building and financing of self help projects for OVCs and their families.

2.9 Gaps in Literature Review

There is no study without limitation. The essence of any research work is to add to the existing body of knowledge. It is on the basis of this, which this current study intends to fill all the various loopholes or lacunas identified in the previous studies in this area.

Most of the previous studies in this area, used only questionnaire as method of data collection, but failed to used oral/in-depth interview and Focus Group Discussion. Hence, this study intends to use questionnaire, in-depth interview and Focus Group Discussion as methods of data collection.

Most of the previous studies in this area also used only descriptive simple percentage as method of data analysis, but this study intends to use both descriptive simple percentage method and chi-square test of hypothesis to examine the impact of community

based approach in the rehabilitation of orphans in Dekina Local Government, Kogi State.

Looking at the available literature reviewed, most of the previous studies such as Stephen (2013) and Mandla (2015) were not conducted in Nigeria. However, their emphasis was on the need to explore the challenges faced by community-based interventions for orphans and vulnerable children while little or no attention has been given to the Impact of Community Based Approach in the Rehabilitation of Orphans in Nigeria. Hence, this study intends to close this gap by examining the impact of community based approach in the Rehabilitation of Orphans in Dekina Local Government, Kogi State.

2.10 Theoretical Framework of the Study

This section reviews the various theories that explain this study which is the impact of community based approach in the rehabilitation of orphans. Hence, efforts will be made to elucidate the relevance of the theories adopted in the research that best explain it. Theory according to Sullivan (2006) is a set of statements that explains the relationship between phenomena. He further asserts that the key role of theories is to tell us why something occurred. They help us organize the data from research into a meaningful whole. Williams et al (2006) buttress the above point as they assert that theory is part of everyday life and the most important thing about theories is that we need them to live. It is against this background that this research employs the Social Disorganization Theory, Social Network Theory and Collective Efficacy Theory to explain societal responses to the state of orphans.

2.11 Social Disorganization Theory

Social Disorganization Theory refers to the breakdown of the social institutions in a community. Families would be disrupted, adult-run activities for youths would be sparse and religious or worship places would be poorly attended. When such an extensive breakdown occurs, adults would be unable to control youths or stop competing forms of delinquent and criminal organizations from emerging such as gangs and vice activities. Unrestrained, youths roam the streets, sit on bridges where they come into contact with older juveniles who diffuse to them criminal values and skills. From the above characteristics, it can be perceived that if not properly integrated into society, OVC could be found roaming the streets or found sitting on bridges since they will be having nothing to do creating features of social disorganization.

The Social Disorganization Theory is an important theory developed by the Chicago School. Although, there are different forms of the theory, this study utilizes the general characteristics of social disorganization to describe what led to the conditions of OVC in Bulawayo Metropolitan Province. Sutherland (2008) adopted the concept of social disorganization to explain the increases in crime that accompanied the transformation of preliterate and peasant societies where influences surrounding a person were steady, uniform, harmonious and consistent to modern Western civilization which he believed was characterized by inconsistency, conflict and un-organization. The mobility, economic competition and an individualistic ideology that accompanied capitalist and industrial development had been responsible for the disintegration of the large family and homogeneous neighborhoods as agents of social control. The failure of extended kin groups expanded the realm of relationships no longer controlled by the community and undermined governmental controls leading to persistent "systematic" crime and delinquency. Such disorganization causes and reinforces the cultural traditions and cultural conflicts that support antisocial activity. Sampson (2006) concluded that if the society is organized with reference to the values expressed in the law, crime is eliminated, if it is not organized, crime persists and develops. In line with the above, and with relevance to this research, Sampson et al (2006) present not only what causes social disorganization in cities according to ecology, but also alternative to deal with the problem. Sampson et al (2006) invented the notion of collective efficacy. They hypothesized that when people in a neighborhood trusted and supported one another, they had a basis for binding together to control disorderly and criminal behavior. Collective efficacy implied that when disruptive conduct arose, the people in these neighborhoods had the cohesiveness to act in an effective way to solve the problem. Collective efficacy is thus a resource that is activated in crucial situation. What can be borrowed from this theory is that communities in Bulawayo can with together and come under the umbrella of NGOs to act in an effective way to solve the problems of OVC in the study area.

2.12 Social Network Theory

According to Castells (2002), a social network is a social structure made of individuals or organizations called nodes, which are tied or connected by one or more specific types of interdependence, such as common interest as in Non Governmental Organizations (NGOs), friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably those that generate social conflict, social inequality and the destruction of social solidarity. And if there is one unitary kind of social structure then there is a unitary basis for resolving the challenges and problems associated with it. Applying this theory to the research therefore, this study consider the various factors that drift the OVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children. For the purpose of this study, Associational tie will be utilized to describe how the community through NGOs identify and solve the problems of OVC in Bulawayo. Feld (2007) asserts that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools.

By maintaining social network, the NGOs find some innovative ways to create the future. At that moment, it can be recognized with gratitude, value, and admire highly the roles of the associations in impacting the lives of orphans and vulnerable children in the study area. With that the study can increase in the value by not only knowing the positive sides of the great works of

the NGOs, but also knowing the negative to increase in value of what they do particularly the gaps in challenges in integration of OVC from the institution into mainstream society when these OVC reach adulthood. It is worthy to note that appreciative inquiry has implications for methodology; it is hereby employed to appreciate the value for NGOs‟ performance in impacting the lives of OVC. In other words, the use of appreciative inquiry is limited only to show its significance vis-à-vis the social network theory to the study. In addition, the research inquires not only about the positive but also the negative aspects like problems or challenges in integrating OVC into society from institutionalized homes and also challenges facing NGOs in discharging their duties.

2.13 Collective Efficacy Theory

Sampson et' al (2006) invented the notion of "collective efficacy". Sampson et' al. (2006) hypothesized that when people in a neighborhood trusted and supported one another, they choose to form groups to control disorderly and criminal behavior. This notion of collective efficacy maintained that when disruptive conduct arises, people in the neighborhoods have the cohesiveness to act in an "effective" way to solve their problems. Collective efficacy is therefore, a resource that is activated in crucial situations. The first application of this concept was implemented when communities wanted to contain crime in their neighborhoods.

The theory of collective efficacy argues that people do not live their lives in social isolation and that many of the challenges and difficulties they face reflect group problems requiring sustained collective effort to produce any significant change (Bandura, 1986). Could the above mentioned statement be true in the case of Nigeria? In this instance the community, faced with an unprecedented increase in and the plight of OVCs, decided to have one common goal of pulling their resources together to provide care and support to the OVCs through community based approach.

Considering all the theories under review, this study which is the impact of community based approach in the rehabilitation of orphans in Dekina Local Government is anchored on the Collective Efficacy theory. This is because the theory best explained the research work under review.

2.14 Application of the Theory of Collective Efficacy to the Study

The collective efficacy theory illustrates the power of a community with common goals, values and beliefs to overcome and reduce poverty amongst OVCs through their interventions, voluntary care and support services. Collective efficacy further provides a deeper understanding of what causes the community to take responsibility in the midst of the crisis surrounding their communities.

Sampson et' al (2006) describes collective efficacy as a resource that is activated in critical times which requires some form of trust and cohesion in a group. Sampson further explains that collective efficacy is the willingness among communities to intervene on behalf of the common good for example, in this study the community took action to alleviate the plight of OVCs by offering their voluntary services of care and support. Collective efficacy reaffirms the importance of thinking about social ways to approach social problems and plays a proactive role, particularly in at risk communities.

The collective efficacy theory highlights how communities' quest for change in their social lives and interactions caused them to rise and take responsibility to improve their living conditions and those of their peers within the community. The scourge of HIV and AIDS, increase in number of OVCs on the streets of Nigeria in general, drug abuse by children and prostitution among young girls has awakened communities to be proactive in protecting their families and communities from the shocks of the epidemic. The findings showed challenges of burnout in continuous voluntary work and long years of service. Despite above mentioned challenges, volunteer/caregivers continue to offer their care and support services to OVCs and this resilient spirit can only be attributed to their determination to reduce or eliminate suffering of OVCs and crime within their communities through a coordinated approach of being the community gate keepers on issues to do with OVC care and support.

Dimopoulos (2012) postulated that the success of collective efficacy approach to community governance is tied ultimately to the equitable implementation of "voice", in the process of building a working trust among the group. The findings also showed how caregivers interact with each other outside their home visit schedules and how they care for each other during times of sickness by their colleagues and standing in the gap for one another if their colleagues are unable to do their home visits.

Community based approach has demonstrated the need to be cared for and helped by reintegrating and rehabilitating orphans by sending them back to schools, providing them with life skills, primary health care, training and assisting OVCs in developing livelihoods projects for self sustenance.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter covers the research design, the study site description, the target population, the sample size, the sampling procedures, methods of data collection, the research instrument, data analysis methods and presentation.

3.1 Research Design

Research design is scheme; outline or plan that is used to generate answers to research problems (Orodho, 2003). The research design for this study was a case study. This is so because this type of design is intensive, descriptive and holistic analysis of a single analysis is guaranteed. The primary purpose of the case study was to determine factors and relationships among the factors that have resulted in the behavior under study. The investigation therefore made a detailed examination of a single subject, group or phenomenon." It sought to examine impact of community based approach in the rehabilitation of Orphans in Dekina Local Government, Kogi State. The case study was chosen as it enabled the researcher to have an in-depth analysis.

3.2 Area of the Study

Dekina is a local government area in Kogi State, Nigeria. Its headquarters are in the town of Dekina on the A233 highway in the north of the area at7°41′41″N 7°01′20″E. It has an area of 2,461 km2 (950 sq mi) and a population of 260,312 at the 2006 census.

The climate of Dekina Local Government of Kogi State is a topical example of tropical climate. In tropical climate there is no winter and the diurnal temperature is high than the annual temperature. The climate falls within the tropical wet and dry (AW) climate region in the guinea savannah with mean annual temperature of 250c and rainfall of 1600mm (Ifatimehin et al., 2006).

3.2.1 Vegetation and Soil of Dekina Local Government of Kogi State

Dekina Local Government of Kogi State may be divided into 3 distinct units, based on the variations of soil and vegetation. These are as follows:

Soils of the Plains: The plains are located on a highly gently undulating plateau. The soil texture is medium to coarse. The plains are well cultivated with extensive vegetation and forests which indicate an abundance of groundwater (Dekina Local Government of Kogi State Master Plan, 2005).

Soil of the Hills: The hilly areas are very limited, and soil is generally thin, medium-to coarse-grained. The vegetation covers varies from dense to sparse, with forest in areas with a thick soil cover and sparse vegetation in those with a thin soil cover (Dekina Local Government of Kogi State Master Plan, 2005).

Soils of the Valleys: A valley is located to the north of the town. The soil here is fine-grained, transported material, with poor internal drainage and containing organic material (Dekina Local Government of Kogi State Master Plan, 2005).

3.2.2 Socio-Economic Organization of the People

The sitting of Kogi State University in Dekina Local Government of Kogi State has opened up the town for commercial activities. This was accelerated by rapid urbanization that is on course in this University town. However, the socio-economic activities of the people in the study area could be termed formal and informal sectors.

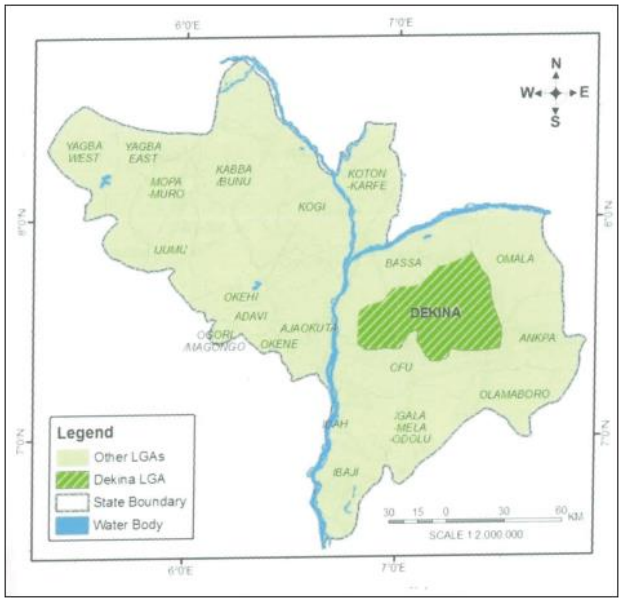
Formal Sector: This sector of economy deals majorly with the professionals who render services in banking, lecturing, teaching in nursery, primary and secondary schools; others are civil servants working in different parastatals of the various federal, state and local government establishments. (Ifatimehin et' al, 2006)

Informal Sector: Some of the youth in the town are Okada riders (commercial motorcyclist). This sector after the establishment of the University appears to be the most patronized sector for employment. It employs both old and young but the percentage of young people is higher than that of old people. Some sections of the society are engaged in agriculture but in a subsistence form. Trading is another viable socio-economic activity of these people especially women. They buy and sell goods such as palm oil, food items, and clothing materials among others. (Ifatimehin et' al, 2006).

3.3 Population of the Study

Population of the study refers to the entire group of people in a given area where the researcher wants to generalize the results of the study, events or objects to which a researcher data wishes to generalize the results of the research. According to the Nigeria National Census (2006) ,Dekina has 260,312 people. In the context of this study the populations included children's homes that accommodate children whose parents died as a result of HIV/AIDS, fatal accident and other factors as well as other agencies that deal with orphans. This implied that the target population consisted of the orphans, teachers and guardians or caregivers of the orphans in God's will Orphanage, Itam orphanage Home, Holy Family Orphanage, Mercy of God Orphanage all in Dekina Local Government of Kogi State. This target population was chosen because it provided a good case study for the rehabilitation support of the orphans.

MAP OF KOGI STATE



Source: Geography and Planning Department, Kogi State University, Dekina local government.

Fig. 1.0: Map of Kogi State showing Dekina Local Government Area of Kogi State.

3.4 Sample Size and Sampling Procedures

A sample size is precisely part of the population; it is a process through which sample is drawn out from a population. It can yet be seen as the selection of same members or elements from the entire population for actual investigation of study. The sample size for this research work shall be derived using the Taro Yamane formula.

The formula is stated below

$$n = \frac{N}{1 + N\,(e)^2}$$

Where; n = Sample size

N = Total population (260,312)
e= Level of significance

$$n = \frac{260,312}{1 + 260,312\ (0.05)2}$$

$$\frac{260,312}{1 + 260,312\ (0.0025)}$$

$$\frac{260,312}{1 + 650.78}$$

$$\frac{260,312}{651.78}$$

n = 399.4
n = 400

Simple random sampling and systematic sampling are the sampling techniques to select the members of the population that will be representative of the population in the sample drawn. Therefore a total of four hundred (400) copies of questionnaire were administered by the researcher for the purpose of this study.

3.5 Unit of Observation and Unit of Analysis

In this study the units of observations were the Orphans in Dekina Local Government of Kogi State. The unit of analysis in this study was the impact of community based approach in the rehabilitation of orphans in Dekina Local Government.

3.6 Methods of Data Collection

The data for this study were collected using primary method and secondary method.

3.6.1 Primary Method

The primary method involves the use of questionnaire. A questionnaire is a set of systematically structured questions used by a researcher to get needed information from respondents. Questionnaire is a simply tool or a research instrument consisting of a series of questions and is made up of closed end questions with specific response categories. The closed end questions helped the researcher not to elaborate to respondents on questions but to answer the way questions were. The questionnaires measures separate variables and with questions that are aggregated into index or scale. The researcher administered questionnaires on impact of community based approach in the rehabilitation of orphans in Dekina Local Government. The researcher used questionnaires in mode of face to face and pencil and paper, he used Questionnaires in collecting data from the desirable sample.

Where face to face was applied the researcher asked the respondents questions, after they have answered he wrote answers down in order to analysis them in details to obtain information intended. Questionnaires were sharply limited by the fact that respondents must be able to read questions and respond to them for those who can't read were assisted by the researcher to understand the questions. Questionnaires covered mainly community caregivers/volunteers and orphans.

3.6.2 Secondary Method

The secondary method involves the use of oral/in-depth interview and focus group discussion.

The oral/in-depth interview guide approach is more structured than informal conversational interview although there is still quite a bit of flexibility in its composition. Oral/in o depth interview through key informants interview guide is a research tool and are series of questions on key informants in order to gather information, was administered on key informants. It enables them to fill the information gaps that a research may have with regards where he/she is supposed to be in community to observe. It's in form of confidential to key informants and gives a particular perspective on specific problem in the particular group in community. The researcher used it for orphan coordinators, community caregivers and community volunteers.

A focus group discussion is a form of group interviewing in which a small group – usually 10 to 13 people is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest. The focus group discussions guide is a series of questions that facilitates discussion for focus group discussion. The guide directs a moderator on how to ask specific question and what will follow. The guide provides familiarity on the topic of discussion and ability to speak. The researcher used the focus group discussions guide on impact of community based approach in the rehabilitation of orphans in Dekina Local Government using orphans coordinators, community care givers and community volunteers. The researcher used focus group discussion guide to explore meanings of survey findings that cannot be explained by use of statistics. It enabled the researcher to air out the opinions of people on the study topic and to collect detailed information. Focus group discussion guide has open end questions which allow the participants to express their thoughts and feelings and discuss their views from different understanding.

3.7 Data Analysis Techniques

Data analysis is the process of systematically searching, arranging, organizing, and breaking data into manageable units, synthesizing the data, searching for patterns, discovering what is important and what is to be learned. In the study the researcher collected data mostly basing on the purpose and objectives of the study or research.

3.7.1 Quantitative Data Analysis

The purpose of data analysis is to reduce data to an interpretable form, so that the relations research problem can be studied and tested. In this, data was analyzed by recording and showing the information in a tabular form, which allows for accuracy and good classification of information to make it meaningful. The recording and tabulation will be done using descriptive simple percentage method. The responses from the questionnaire will also be subjected to test to prove the hypotheses formulated. The statistical method to be used to test the hypothesis will be chi-square method.
Chi- square formula is given as:

$$X^2 = \frac{\sum (fo - fe)^2}{fe}$$

Where:
Where:
X^2 = Value of the random variable whose sampling distribution is approximated, closely by the chi-square distribution or it represents the value of the chi-square statistic.
F_o = Observed frequency
F_e = Expected frequency
$\sum$ = summation
The degree of freedom (df) = (r-1)(c-1)
Where:
r = total rows
c = total columns
1 = constant

3.7.2 Qualitative Data Analysis

The researcher employed qualitative analysis for qualitative data. Qualitative analysis applied to the open ended questions where the respondents were required to give their opinions. This is a systematic qualitative description of the composition of objects or material of study. The qualitative data, the researcher organized the data in themes and patterns, categorized through content analysis to capture in providing rich descriptions in response to the research questions.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.0 Data Analysis

This chapter shows the presentation of data, analysis and findings of the study. Questionnaire, oral/in-depth interview and Focus Group Discussion were the instruments used for data collection. Part A of the questionnaire was on the bio data of the respondents and Part B was the questions on the research subject matter for both community caregivers and orphans.

Using Oral/in-depth interview and Focus Group Discussion, the table 1 shows that the participants were divided into two groups. Participants group A consisting of two (staff) and five community volunteers constituted oral/ in-depth interview (key informants), while participants group B consisting of six caregivers were in Focus Group Discussions (FGDs). All participants who took part in this study were both male and female. All key informants had at least a First degree and one of them was pursuing their Masters degree. Both key informants were below 40 years. Out of the five volunteer informants, three were married and two widowed. Two of the volunteers were above fifty years; one was below 45 while two were above 60 years but below 65 years. Of the six caregivers who took part in the FGDs, six of them completed their four years of secondary education (O' Level). Four of the caregivers were married, two widowed and one single. Only one caregiver was 35 years, two were 43 and 45 years respectively, one was 56 and two were 69 and 66 years respectively.

Table 1: Socio-Demographic Data of Questionnaire Method and Discussion of Data

Names	Occupation	Educational Qualification	Marital Status	Sex	Age	Years In Service
Key Informants on Oral/In-depth Interview						
Rose	Orphan Programmme Coordinator	Nursing Degree	Married	Female	38	10
John	Orphan Projects Manager	Economics Degree	Married	Male	30	5
Key Informants on Oral/In-depth Interview: Community volunteers						
Mary	Volunteer	O' level	Widow	Female	55	20
Blessing	Volunteer	O' Level	Married	Female	42	10
Musa	Volunteer	O' Level	Widower	Male	51	12
Daniel	Volunteer	O' Level	Married	Male	60	19
Moses	Volunteer	O' level	Married	Male	64	21
Focus Group Discussion Participants						

Gift	Caregiver	O' Level	Single	Female	35	9
Hadiza	Caregiver	O' Level	Married	Female	43	10
Halima	Caregiver	O' Level	Widow	Female	45	15
Ojone	Caregiver	O' Level	Married	Female	56	17
Grace	Caregiver	O' Level	Widow	Female	69	20
Joy	Caregiver	O' Level	Married	Female	66	20

Source: Field Survey, 2018

The sample size for the study was 400. 400 copies of questionnaire were administered to the respondents, which 380 were completed and returned to the researchers. Descriptive statistics method using simple percentage was used for data analysis. Chi-square test was the statistical instrument used for the test of hypotheses.

4.1 Presentation of Data

Given that a total of 400 questionnaires were administered and 380 was returned to the researchers, the data will be analyzed based on these returned questionnaires.

Questionnaires administered	Total number returned	Percentage (%)
400	380	95%

Source: Field Survey, 2018

Table 4.1.1 reveals that a total of 400 questionnaires were administered to the respondents and a total of 380 were returned representing 95% returns.

PART A: SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

•Social-Demographic Data of Community Caregivers/Volunteers

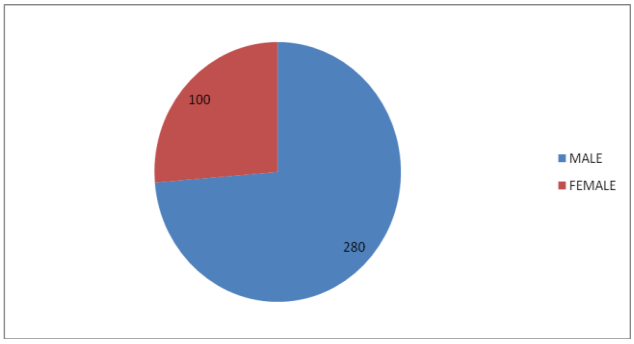
Table 4.1.2: Distribution of Community Caregivers by Sex

Sex	Frequency	Percentage (%)
Male	280	73.7
Female	100	26.3
Total	380	100

Source: Field Survey, 2018

Table 4.1.2 revealed that 73.7% of the Community Caregivers/volunteers were male while 26.3% were female.

Fig 1.0: Pie Chart showing sex distribution of Community Caregivers/Volunteers



Source: Researcher's computation using Excel, 2018

Table 4.1.3: Distribution of Community Caregivers/Volunteers by Age

Age	Frequency	Percentage (%)
20-29	200	52.6
30-39	50	13.2
40-49	55	14.5
50 and above	75	19.7
Total	380	100

Source: Field Survey, 2018

Table 4.1.3 shows that 52.6% of the Community Caregivers/volunteers fall within the age bracket of 20-29, 13.2% were 30-39 of age, 14.5% were 40-49 of age and 19.7% of the respondents were 50 and above of age.

Table 4.1.4: Distribution of Community Caregivers/Volunteers by Educational Qualification

Educational qualification	Frequency	Percentage (%)
Non formal Education	114	30.0
Primary	76	20.0
Secondary	115	30.3
Tertiary	45	19.7
Total	380	100

Source: Field Survey, 2018

Table 4.1.4 shows that 30% of the Community Caregivers/volunteers acquired non formal education, 20.0% primary education, 30.3% secondary education and 19.7% tertiary education.

Table 4.1.5: Distribution of Community Caregivers/Volunteers by Occupation

Occupation	Frequency	Percentage (%)
Civil servant	57	15.0
Trader	45	11.8
Farmers	78	20.5
Students	200	52.6
Total	380	100

Source: Field Survey, 2018

Table 4.1.5 reveals that 15.0% of the Community Caregivers/volunteers were civil servants, 11.8% were traders, 20.5% are farmers and 52.6% were students.

Table 4.1.6: Distribution of Community Caregivers/Volunteers by Region

Religion	Frequency	Percentage (%)
Islam	115	30.3
Christianity	200	52.6
Traditional	50	13.2
Others	15	3.9
Total	380	100

Source: Field Survey, 2018

Table 4.1.6 reveals that 30.3% of the Community Caregivers/volunteers were Muslim, 52.6% were Christians, 13.2% were traditionalist and the remaining 3.9% were from other region belief.

• Social-Demographic Data of Orphans

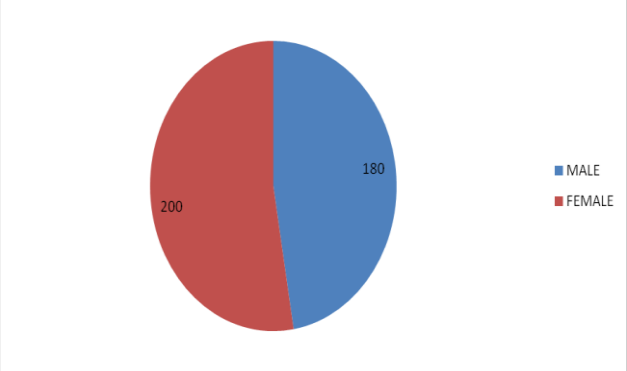
Table 4.1.7: Distribution of Orphans by Sex

Sex	Frequency	Percentage (%)
Male	180	47.4
Female	200	52.6
Total	380	100

Source: Field Survey, 2018

Table 4.1.7 revealed that 47.4% of the Orphans were male while 52.6% were female.

Fig 2.0: Pie Chart showing the distribution of Orphans by Sex



Source: Researcher's computation using Excel, 2018

Table 4.1.8: Distribution of Orphans by Age

Age	Frequency	Percentage (%)
0-5	53	13.9
6-10	197	51.8
11-15	55	14.5
16 and above	75	19.7
Total	380	100

Source: Field Survey, 2018

Table 4.1.8 shows that 13.9% of the Orphans fall within the age bracket of 0-5, 51.8% were 6-10 of age, 14.5% were 11-15 of age and 19.7% of the Orphans were 16 and above of age.

Table 4.1.9: Distribution of Orphans by Level of Education

Educational qualification	Frequency	Percentage (%)
Non formal Education	58	15.3
Primary	147	38.7
Secondary	120	31.6
Tertiary	55	14.5
Total	380	100

Source: Field Survey, 2018

Table 4.1.9 shows that 15.3% of the Orphans have non-formal education, 38.7% primary education, 31.6% secondary education and 14.5% tertiary education.

PART B: Perceptions of Community Caregivers/Volunteers and Orphans on the Impact of Community Based Approach in the Rehabilitation of Orphans in Ayigba, Kogi State.

Perception of Community Caregivers/Volunteers on the Impact of Community Based Approach in the Rehabilitation in Dekina LGA

is presented in Table 4.1.10 . 52.6% of the community caregivers/community volunteers work in the orphanage home while 47.4% do not work in the orphanage home

Table 4.1.10: Proportion of Caregivers that work in Orphanage Homes

Responses	Frequency	Percentage (%)
Yes	200	52.6
No	180	47.4
Total	380	100

Source: Field Survey, 2018

Cause of the Death of Parents that Made the Children are Orphans?

Table 4.1.11 shows that 25.0% of the community caregivers/volunteers revealed that HIV/AIDS pandemic is the cause of the death of parents that the children are orphans, 53.9% revealed fatal accident often involved by their while 21.1% considered other factors order than HIV/AIDS and fatal accident.

Causal Factors	Frequency	Percentage (%)
HIV/AIDS Pandemic	95	25.0
Fatal Accident	205	53.9
Others	80	21.1
Total	380	100

Source: Field Survey, 2018

Table 4.1.12: Do you contribute a Quota for the Rehabilitation of Orphans in your Community?

Causal Factors	Frequency	Percentage (%)
HIV/AIDS Pandemic	95	25.0
Fatal Accident	205	53.9
Others	80	21.1
Total	380	100

Source: Field Survey, 2018

Table 4.1.12 shows that 92.1% of the community caregivers contribute a quota for the rehabilitation of orphans in their community while 7.9% do not contribute.

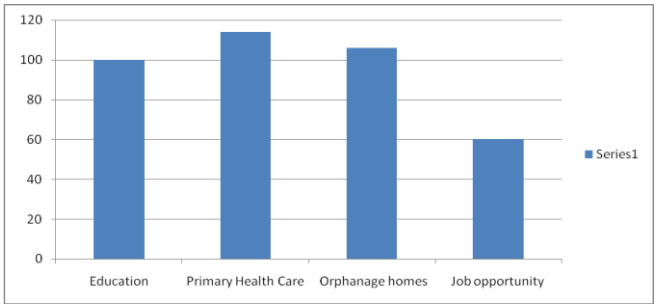
Table 4.1.13: What Approach do you use in Rehabilitating Orphans in your Community?

Approaches	Frequency	Percentage (%)
Education	100	26.3
Primary Health Care	114	30.0
Orphanage homes	106	27.9
Job opportunity	60	15.8
Total	380	100

Source: Field Survey, 2018

Table 4.1.13 shows that 26.3% of the community caregivers rehabilitate orphans through education, 30.0% through primary health care, 27.9% through orphanage homes and 15.8% through job opportunity.

Fig 3.0: Bar Chart showing the Community Based Approaches



Source: Research's Computation using Excel, 2018

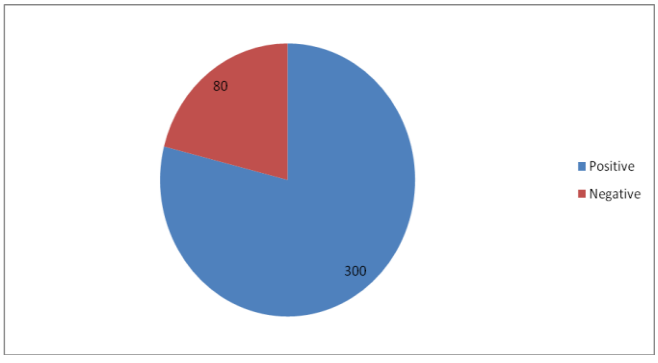
Table 4.1.14: What are the impacts of community based approaches in the rehabilitation of orphans in Ayigbakogi State?

Source: Field Survey, 2018 Responses	Frequency	Percentage (%)
Positive	300	78.9
Negative	80	21.1
Total	380	100

Source: Field Survey, 2018

Table 4.1.14 shows that 78.9% of the community caregivers asserted that community based approaches have positive impact in the rehabilitation of orphans in Ayigba while 21.1% asserted it to have negative impact.

Fig 4.0: Pie Chart showing the impact of community based approach in the rehabilitation of Orphans in Ayigbakogi State.



Source: Researcher's Computation using Excel, 2018

Discussion of Data: Oral-In-depth Interview and Focus Group Discussion

Psychosocial support for Orphans is the backbone for community based approach with the children from the streets. Through psychosocial activities like counseling, art therapy and spiritual counseling, children do open up for discussions with community Orphanage home staff and caregivers for them to be further rehabilitated.

Concerning art therapy, and the impact of it (art therapy) in the rehabilitation of orphans from the streets, key informant Daniel a community volunteer through oral/in-depth interview shared the benefits of art therapy. He said:

"Art therapy helps children open up and tell their story on why they decided to be on the streets and what their home set-up is like, whether parents are deceased or alive and poor. During art therapy, Orphans also talk about kind of abuses they went through at home before they left for the streets. The discussions that emanate from art therapy also help us (community orphanage home caregiver staff) to assess if the child ran away from home out of rebellion and delinquency or there was an element of abuse."

Community based approach values the health of the Orphans as some are living positively and others acquired STIs while there were still in the streets. Key informant John through an oral/in-depth said:

"Various communities in Ayigba have signed some Memorandum of Understanding (MOU) with the local clinics and the government hospitals for them to attend to any orphan under community based orphanage programme scheme whenever they come seeking medical attention. Community based orphanage programme scheme will later pay for the services provided and the caregiver must be informed about their orphans if they have received appropriate treatment."

Commenting on the access to health intervention as one of the impact of community based approach in the rehabilitation of orphans in Ayigba, key informant (Rose) explained that:

"When orphans are sick, they get treated for free at any nearest clinic or hospital and Community based orphanage programme scheme pays for the medical fees"

Caregiver (Grace) commenting on the services she offers to orphans retorted:
"As a caregiver, I facilitate access to health facilities by orphans by referring them or taking them to the clinics. I also send reminders to those orphans who were born HIV positive and are on ART on their due dates for resupply. This has been an effective way of making sure orphans do not default on their medication."

Buttressing the same point on impact of community based in the rehabilitation of orphans through sustainable livelihoods intervention, Caregiver (Hadiza) during a Focus Group Discussion shared:

"Some orphans in my care group have completed some skills training and they are running their own income generating projects like motor mechanics, garment making and hairdressing."

Another Caregiver (Joy) during a Focus Group Discussion asserted that:

"Orphans are benefitting from their entrepreneurial training from Community based orphanage programme scheme livelihoods intervention and some older orphans are currently running very good business that generates income and they are supporting their siblings from that income. They are no longer receiving hand-outs from Community based orphanage programme scheme."

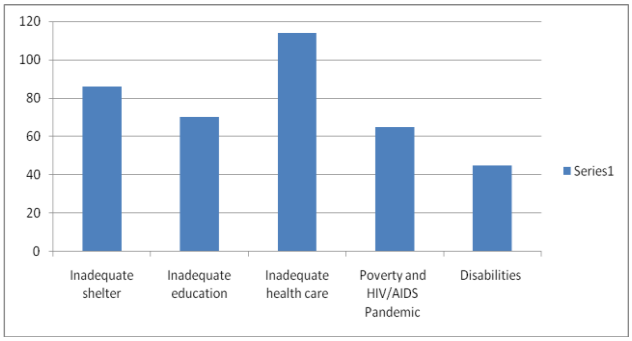
Challenges faced by Orphans that often Necessitate their Rehabilitation through Community Based Approach

Table 4.1.15 shows that 22.6% of the community caregivers responded that inadequate shelter is one of the challenges faced by orphans that often necessitate their rehabilitation through community based approach in Ayigba while 18.4% responded inadequate education, 30.0% responded inadequate health care, 17.1% responded poverty and HIV/AIDS pandemic and 11.8% responded disabilities

Challenges	Frequency	Percentage (%)
Inadequate shelter	86	22.6
Inadequate education	70	18.4
Inadequate health care	114	30.0
Poverty and HIV/AIDS Pandemic	65	17.1
Disabilities	45	11.8
Total	380	100

Source: Field Survey, 2018.

Fig 5.0: Bar Chart showing Challenges faced by Orphans that often Necessitate their Rehabilitation through Community Based Approach in Ayigba.



Source: Field Survey, 2018.

There were various reasons cited by key informants through oral/in-depth interview and participants in the focus group

discussion on the reason for the rehabilitation of orphans through community based approach. Key informant; Rose through oral/in-depth interview commented that:

"Community members in Dekina local government, responded to the suffering of Orphans, poverty and sickness among many Orphans especially those who were born infected with HIV. The other cause for intervention was a growing number of children out of school and community she (Rose) said "what kind of generation are we raising?' A generation which is uneducated, this will perpetuate the suffering of children into their adulthood."

Parents death through fatal accident was shared by both key informants through oral/in-depth interview and caregivers as reasons for the rehabilitation of orphans through community based approach. Caregiver (Gift) in a Focus Group Discussion had this to share:

"Some children found themselves homeless due to family disintegration caused by parents' death, poverty and economic challenges in Nigeria."

Key informant community volunteer Daniel in an oral/in-depth interview expressed his reason following the concern that:
"The streets have now become the homes of orphans following various forms of abuse in their relative homes due to the death of their parents. It is only when you engage them on a personal level that you will realize that it is not about them living on the street but the abuse they are facing at home that drove them on the streets due to the death of their parents."

In a similar vein, Caregiver (Grace) in a Focus Group Discussion lamented:

"Some Orphans face abuse from their own family members who stay with them under one roof and these abuses are in various ways leading those orphans to form surrogate families with other children on the streets. Some abuses come in form of children being denied proper food, good health and time to play and all sorts of basic rights children should enjoy."

Another Caregiver (Joy) in a Focus Group Discussion pointed out that:

"Some children were being abused in the streets especially girl child either by their peer street children or by some older people who took advantage of their vulnerability as a result of their parent's death."

One of the key informants through oral/in-depth interview John who is the Orphans project manager who interacts with street Orphans face-to-face on daily basis remarked the following with concern:

"Some of the girls are not seen during the day, they mainly surface during the night for prostitution purposes as means of survival due to the death of their parents to cater for them. Boys end up taking drugs and are sodomised by some men who they don't name. They protect the identity of these men as they are their means of survival."

Key informant Community volunteer through oral/in-depth interview Blessing had this to say concerning reasons for orphans' rehabilitation through community based approach. She affirmed that:

"Children often took refuge in the streets, but then were further subjected to more challenges in their new-found homes due to the death of their parents. Some of them are forced into prostitution and crime for survival while others are subjected to rape and drug abuse."

The same remarks have been echoed by Caregiver (Hadiza) when she disclosed that:

"Most children on the streets were involved in drug trafficking and some involved in prostitution. At times orphans that are girls go to night clubs for sex work business in order to survive due to the death of their parents"

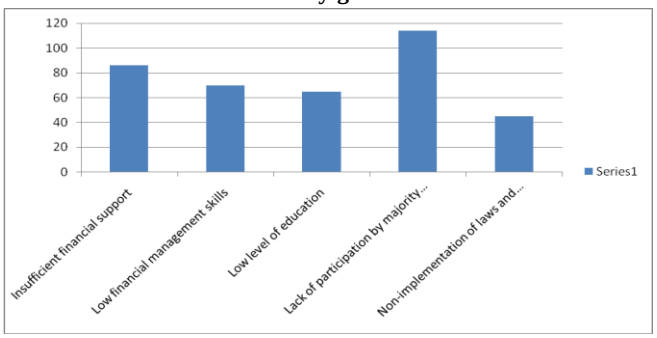
Challenges faced by Community Based Approach in the Rehabilitation of Orphans in Ayigba?

Table 4.1.16 shows that 22.6% of the respondents responded that insufficient financial support is one of the challenges faced by community based approach in the rehabilitation of orphans in Ayigba, 18.4% attributed the challenge to be low financial management skills, 17.1% responded low level of education, 30.0% attributed the challenge to be lack of participation by majority of the community and 11.8% attributed it to be non-implementation of laws and policies.

Challenges	Frequency	Percentage (%)
Insufficient financial support	86	22.6
Low financial management skills	70	18.4
Low level of education	65	17.1
Lack of participation by majority of the community	114	30.0
Non-implementation of laws and policies	45	11.8
Total	380	100

Source: Field Survey, 2018.

Fig 6.0: Bar Chart showing the Challenges faced by Community Based Approach in the Rehabilitation of Orphans in Ayigba.



Source: Researcher's Computation using Excel, 2018

Key informant Rose through oral/in-depth interview shared her experiences concerning challenges related to working with the churches. She said:

"Community based approach in rehabilitating orphans was through the churches. They first trained local pastors on child caring and support before caregivers were recruited from within churches. So when trained pastors are transferred, the incoming pastors at times are not interested in working with Orphans. This affects Orphans programmes since most of the meetings done by Orphans and their care givers are held in local church premises free of charge and spiritual guidance is also provided to Orphans for free."

Caregiver (Ojone) during the Focus Group Discussion expressed her challenges as they implement Orphans care and support within their communities. She lamented:

"My challenge is burnout, volunteering work at times overwhelms especially here in the communities, if people know you are Orphan community caregiver, at times they think you have answers for all their home based care problems and they think once they have told you of their problem, you need to deliver answers as soon as possible. Yet it's a process to have Orphans assessed and all back ground information collected before they are enrolled into Orphan community based rehabilitation programme".

Another caregiver (Halima) during the Focus Group Discussion described the challenges they face during home visits. She reckoned:

"I am now in my 60s and walking is a challenge when I do home visits. I also have a challenge of poverty in some of the Orphans' homes because some of the community based approaches only provide school fees and uniforms and there is hunger in those Orphans' homes and a home visit without food may not be appreciated as a hungry man is an angry man. You find at times these children being hostile and unreceptive to you as a caregiver especially if you visit their home when they do not have food and you also have nothing to give them."

The above descriptions of what caregivers go through as they offer their voluntary services indicates the waning spirit of voluntarism and sign of resignation at times. Most caregivers in the focus group discussions showed this fatigue.

Related to child abuse reporting caregiver (Joy) bemoaned: *"We (caregivers) also at times face persecution from the community members because they know we report them if they abuse Orphans by overworking them beyond their age."*

Buttressing on personal experience of challenges as volunteer caregiver (Grace) pointed out and said:

"My personal challenge is when I do home visits with an empty hand knowing fully that these children have no food. Children will look at you and say "what have you brought for us?" if you say nothing, some will tell you in their anger that they don't eat home visits and may not even listen to you when telling them something. The other challenge I have faced is that of sick children, those who were born HIV positive, especially in homes where one child is positive and others are not, that child might not receive any help from other family members. They are usually discriminated by other family members and when I do home visits, other family members think I am supposed to be only talking to the HIV positive child."

One of the key informants Hadiza giving her own perspective said: *"I see this country Nigeria being a country of the old people only because all young people as soon as they finish their education they cross boarders in search of jobs. Industries have closed in Nigeria, so the economic situation in Nigeria does not promote an environment for voluntary work. I think this is the reason why community based approaches are failing to attract young and middle aged volunteer caregivers for us to pass on the button of voluntary work to them."*

Caregiver (Grace) shared her experiences on home visits and challenges associated with home visits. She asserted that:

"At times I walk long distances within my community considering my age of 60s because I have no money for transport. I do 3 home visits a day and at times these Orphans maybe far apart, looking at my age, I no longer have the strength I used to have when I joined Orphanage home as a volunteer. So I may have passion to do more home visits but age is failing me and I am on high blood pressure medication and need more rest now but how do I rest when children are suffering and those with strength are not availing themselves to serve these Orphans?"

Relating to challenges associated with working as a diverse group of caregivers, care giver (Gift) had this to say:

"The challenge I have faced in my group of caregivers has been that of having to step in for those who are not well and do their home visit rounds especially for those of advanced ages and others who have openly disclosed that they are living positively at times their health condition fails them even when the desire to do home visits is there."

Explaining their (caregivers) relationship with the larger community and challenges they face, caregiver Joy retorted:

"Some people in the community doubt our sincerity in working for free for more than 15 to 20 years, they think it's not possible for one to commit for such a long period without being paid. The assumption is that they think we are benefitting from orphans' plight and at times these individuals they tell orphans that these volunteer caregivers are stealing from you; they do not give you what they claim on your behalf. Now when these orphans are desperate for food they are told to come to our (caregivers') homes because we have the food packs which were meant for them which it's not true because community families' support do not longer provide food packs due to financial constraints and orphans were notified of these changes. Such community attitudes causes disharmony between caregivers and Orphans as they plant seeds of mistrust between us (caregivers) and Orphans"

In a similar vein, another caregiver (Gift) had this to share about challenges they (caregivers) experience in monitoring Orphans' income generating projects and implementing their own income generating projects which were funded by Community supporters. She remarked:

"The challenge is that most people in Nigeria are used to be given supplies by donors due to economic meltdown and poverty in the country, people no longer want to work but just receive. Some people have been trained in business management skills and given money to start business projects by community but have misused the money to buy for example, clothes instead of investing that money in a business venture."

Lamenting on missed opportunities by some orphans who had been privileged to be on community based education programme, caregiver Halima stated that:

"I was disappointed that one of the intelligent girls in my group who was still in high school fell pregnant and now she is seated at home raising her child alone. She was impregnated by a married man and it saddens me to see such a gifted child lose her education opportunity in such a way."

Citing some challenges associated with orphans' education, caregiver Ojone explained that:

"Yes, school fees payment is good, but due to poverty, orphans lack food in homes. Would a child go to school on an empty stomach? No, that's when we see these children going to the streets to beg and then absent themselves from school."

Determinants of Successful Community Based Approach in the Rehabilitation of Orphans

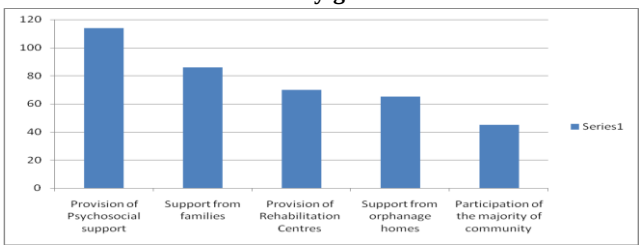
Table 4.1.17 shows that 30.0% of the respondents responded that one of the determinants of successful community based approach in the rehabilitation of orphans in Ayigba is the provision of psychosocial support, 22.6% responded the determinant to be support from families, 18.4% responded provision of rehabilitation centres, 17.1% responded support from orphanage homes and 11.8% responded participation of the majority of community as a determinant of successful community based approach in the rehabilitation of orphans in Ayigba, Kogi State

Determinants of Successful Community Based Approach in the Rehabilitation of Orphans

Determinants	Frequency	Percentage (%)
Provision of Psychosocial support	114	30.0
Support from families	86	22.6
Provision of Rehabilitation Centres	70	18.4
Support from orphanage homes	65	17.1
Participation of the majority of community	45	11.8
Total	380	100

Source: Field Survey, 2018.

Fig 7.0 Bar Chart showing the Determinants of Successful Community Based Approach in the Rehabilitation of Orphans in Ayigba



Source: Researcher's Computation using Excel, 2018

Based on the oral/in-depth interview and Focus Group Discussion by Key informants and Focus Group Discussants; Rose, John, Gift, Mary, Musa and Joy respectively, revealed that the determinant of successful community based approach in the rehabilitation of orphans in Ayigba, Kogi State are:

Training Support: Child Rights Protection, HIV/AEDS and Reproductive Health and Education, Counseling & Psychosocial Support, peer education, Theatre Skills, Business skills, Leadership and Organizational Development skills, Sports coaching and officiating, Sexual Gender Based Violence (SGBV), Paralegal, and Vocational Training. Educational support: Formal (public and private) and Non-Formal schools; Special needs schools, scholarship, educational material and stationeries, infrastructure etc. Medical Assistance: General medication to the sick, vaccinations, Occupational Therapy, Home-based care, Identification, Rescue & referrals. Legal assistance: seeking justice for violation of child rights Basic needs: food assistance (relief and school feeding), clothing, beddings, shelter; Economic Empowerment: income generating activities and Cash Transfer orphans- Disability; Spiritual Support; Recreation support; Sanitation programs; Talent Development: Sports (soccer, basketball) cultural arts (Theatre, Music & Dance groups);

Advocacy and Sensitization; and Capacity Building of orphans support initiatives.

• Perception of Orphans on the Impact of Community Based Approach in the Rehabilitation of Orphans in Ayigba, Kogi State.

Where Orphans Live

Table 4.1.18 shows that 73.2% of the orphans live in the orphanage home while 26.8% do not live in the orphanage home.

Responses	Frequency	Percentage (%)
Yes	278	73.2
No	102	26.8
Total	380	100

Source: Field Survey, 2018.

Table 4.1.18 shows that 73.2% of the orphans live in the orphanage home while 26.8% do not live in the orphanage home.

Causes of Death of Parents which made them orphan?

Table 4.1.19 shows that 26.3% of the orphans revealed that HIV/AIDS is the causal factor of them being orphaned, 52.6% of the orphans revealed fatal accident involved by their parent are the causal factor of them being orphaned while 21.1% considered other factors order than HIV/AIDS and fatal accident.

Causal Factors	Frequency	Percentage (%)
HIV/AIDS	100	26.3
Fatal Accident	200	52.6
Others	80	21.1
Total	380	100

Source: Field Survey, 2018.

Types of Community Based Approaches to Rehabilitation Orphan benefited from

Table 4.1.20 shows that 28.4% of the orphans benefited from education as one of the approaches to rehabilitation, 25.5% from primary health care, 31.6% from orphanage homes and 14.5% from job opportunity

Approaches	Frequency	Percentage (%)
Education	108	28.4
Primary Health Care	97	25.5
Orphanage homes	120	31.6
Job opportunity	55	14.5
Total	380	100

Source: Field Survey, 2018.

Impact of Community Based Approach in Rehabilitating Orphans in Dekina LGA

Table 4.1.21 shows that 80.3% of the orphans asserted that community based approach has been having a positive impact in the rehabilitation of orphans in Ayigba while 19.7% asserted it to have negative impact.

Responses	Frequency	Percentage (%)
Positive	305	80.3
Negative	75	19.7
Total	380	100

Source: Field Survey, 2018.

4.2 Test of Hypotheses

This is aimed at testing the hypotheses proposed in chapter one. The basis for the evaluation of the hypotheses shall be the responses of the respondents. Chi-square statistic test shall be used to conduct the test of hypotheses with the aid of Statistical Package for Social Sciences (SPSS).

The Chi-square (X^2) statistical tool formula is shown below;

$$X^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

Where:

X^2 = calculated value of chi-square

$\sum$ = summation sign

F_o = observed value of the sample

Fe = expected value of the sample

The hypothesis would be tested at 5% confidence level (Fisher, 1945).

df = Degree of Freedom

df = (r-1) (c – 1)

Where

r = total number of rows

c = total number of columns

Decision Rule/Conclusion using Chi-Square Technique of Testing Hypotheses

Accept the null hypothesis (Ho) if x2 cal< x2 tab, at 5 % significance value.

Accept the alternative hypothesis (Hi) if x2 cal> x2 tab, at 5 % significance value.

If we accept the null hypothesis if calculated value is less than tabulated value at 5 % level of significance, then we conclude that the hypothesis set up is statistical significant.

Hence, if we accept the alternative hypothesis if calculated value is greater than tabulated value at 5 % level of significance, then we conclude that the hypothesis set up is not statistical significant.

4.2.1 Test of Hypothesis I

H_{o1}: Community based approach has no impact in the rehabilitation of orphans in Ayigba.

The chi-square critical value at 5% level of significance obtained from the chi-square tabulated is 0.0039. since the Pearson chi-

square value which is 0.938 is greater than the chi-square critical value at 5% level of significance which is 0.0039, we reject the null hypothesis and accept the alternative hypothesis.

Since we rejected the null hypothesis and accepted the alternative hypothesis, we conclude that Community based approach has impact in the rehabilitation of orphans in Anyigba.

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.000[a]	6	.938
Likelihood Ratio	8.318	6	.216
Linear-by-Linear Association	1.640	6	.200
N of Valid Cases	4		
a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .25.			

Source: Author's Computation using SPSS version 20.0, 2018

4.2.2 Test of Hypothesis II

H_{o2}: There are no challenges faced by orphans that often necessitate their rehabilitation through community based approach in Ayigba.

The chi-square critical value at 5% level of significance obtained from the chi-square statistical and mathematical table is 0.0039.

Since the Pearson chi-square value which is 0.724 is greater than the chi-square critical value at 5% level of significance which is 0.0039, we reject the null hypothesis and accept the alternative hypothesis.

Since we rejected the null hypothesis and accepted the alternative hypothesis, we conclude that there are challenges faced by orphans that often necessitate their rehabilitation through community based approach in Anyigba.

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.000[a]	12	.724
Likelihood Ratio	8.318	12	.216
Linear-by-Linear Association	1.640	12	.200
N of Valid Cases	4		
a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .25.			

Source: Author's Computation using SPSS version 20.0, 2018

4.2.3 Test of Hypothesis III

Ho3: There are no challenges faced by community based approach in the rehabilitation of orphans in Ayigba.

The chi-square critical value at 5% level of significance obtained from the chi-square statistical and mathematical table is 0.0039. since the Pearson chi-square value which is 0.801 is greater than the chi-square critical value at 5% level of significance which is 0.0039, we reject the null hypothesis and accept the alternative hypothesis.

Since we rejected the null hypothesis and accepted the alternative hypothesis, we conclude that there are challenges faced by community based approach in the rehabilitation of orphans in Anyigba.

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.000[a]	12	.801
Likelihood Ratio	8.318	12	.216
Linear-by-Linear Association	1.640	12	.245
N of Valid Cases	4		
a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .25.			

Source: Author's Computation using SPSS version 20.0, 2018

4.2.4 Test of Hypothesis IV

H_{o4}: There are no determinants of successful community based approach in the rehabilitation of orphans in Ayigba.

The chi-square critical value at 5% level of significance obtained from the chi-square mathematical and statistical table is 0.0039. since the Pearson chi-square value which is 0.697 is greater than the chi-square critical value at 5% level of significance which is 0.0039, we reject the null hypothesis and accept the alternative hypothesis.

Since we rejected the null hypothesis and accepted the alternative hypothesis, we conclude that there are determinants of successful community based approach in the rehabilitation of orphans in Anyigba

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.000[a]	2	.697
Likelihood Ratio	8.318	2	.216
Linear-by-Linear Association	1.640	2	.245
N of Valid Cases	4		

a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .25.

Source: Author's Computation using SPSS version 20.0, 2018

4.3 Discussion of Findings

table 4.1.1 reveals that a total of 400 questionnaires were administered to the respondents and a total of 380 were returned representing 95% returns. Table 4.1.2 revealed that 74% of the Community Caregivers were male while 26% were female. Table 4.1.3 shows that 53% of the Community Caregivers fall within the age bracket of 20-29, 13% were 30-39 of age, 73% were 340-49 of age and 20% of the respondents were 50 and above of age. Table 4.1.4 shows that 38% of the Community Caregivers acquired non formal education, 20% primary education, 30% secondary education and 11% tertiary education. Table 4.1.5 reveals that 15% of the Community Caregivers are civil servants, 13% are from private employee, 21% are farmers and 53% are from students. Table 4.1.6 reveals that 30% of the Community Caregivers are Muslim, 53% are Christians, 13% are traditionalist and the remaining 4% are from other region belief.

Table 4.1.7 revealed that 47% of the Orphans were male while 53% were female. Table 4.1.8 shows that 14% of the Orphans fall within the age bracket of 0-5, 52% were 6-10 of age, 14% were 11-15 of age and 20% of the Orphans were 16 and above of age. Table 4.1.9 shows that 15% of the Orphans have non-formal education, 39% primary education, 32% secondary education and 14% tertiary education.

Table 4.1.10 shows that 53% of the community caregivers work in the orphanage home while 47% do not work in the orphanage home. Table 4.1.11 shows that 25% of the community caregivers/volunteers revealed that HIV/AIDS pandemic is the cause of the death of parents that the children are orphans, 54% revealed fatal accident often involved by their while 21% considered other factors order than HIV/AIDS and fatal accident. Table 4.1.12 shows that 92% of the community caregivers contribute a quota for the rehabilitation of orphans in their community while 8% do not contribute.

Table 4.1.13 shows that 26% of the community caregivers rehabilitate orphans through education, 30% through primary health care, 28% through orphanage homes and 17% through job opportunity. Table 4.1.14 shows that 79% of the community caregivers asserted that community based approaches have positive impact in the rehabilitation of orphans in Ayigba while 21% asserted it to have negative impact.

Using oral/in-depth interview and focus group discussion, it was revealed that Psychosocial support for Orphans is the backbone for community based approach with the children from the streets. Through psychosocial activities like counseling, art therapy and spiritual counseling, children do open up for discussions with community Orphanage home staff and caregivers for them to be further rehabilitated.

Concerning art therapy, and the impact of it (art therapy) in the rehabilitation of orphans from the streets, key informant Daniel a community volunteer through oral/in-depth interview shared the benefits of art therapy. He said:

"Art therapy helps children open up and tell their story on why they decided to be on the streets and what their home set-up is like, whether parents are deceased or alive and poor. During art therapy, Orphans also talk about kind of abuses they went through at home before they left for the streets. The discussions that emanate from art therapy also help us (community orphanage home caregiver staff) to assess if the child ran away from home out of rebellion and delinquency or there was an element of abuse."

Community based approach values the health of the Orphans as some are living positively and others acquired STIs while there were still in the streets. Key informant John through an oral/in-depth said:

"Various communities in Ayigba have signed some Memorandum of Understanding (MOU) with the local clinics and the government hospitals for them to attend to any orphan under community based orphanage programme scheme whenever they come seeking medical attention. Community based orphanage programme scheme will later pay for the services provided and the caregiver must be informed about their orphans if they have received appropriate treatment."

Commenting on the access to health intervention as one of the impact of community based approach in the rehabilitation of orphans in Ayigba, key informant (Rose) explained that:
"When orphans are sick, they get treated for free at any nearest clinic or hospital and Community based orphanage programme scheme pays for the medical fees"

Caregiver (Grace) commenting on the services she offers to orphans retorted:

"As a caregiver, I facilitate access to health facilities by orphans by referring them or taking them to the clinics. I also send reminders to those orphans who were born HIV positive and are on ART on their due dates for resupply. This has been an effective way of making sure orphans do not default on their medication."

Buttressing the same point on impact of community based in the rehabilitation of orphans through sustainable livelihoods intervention, Caregiver (Hadiza) during a Focus Group Discussion shared:

"Some orphans in my care group have completed some skills training and they are running their own income generating projects like motor mechanics, garment making and hairdressing."

Another Caregiver (Joy) during a Focus Group Discussion asserted that:

"Orphans are benefitting from their entrepreneurial training from Community based orphanage programme scheme livelihoods intervention and some older orphans are currently running very good business that generates income and they are supporting their

siblings from that income. They are no longer receiving hand-outs from Community based orphanage programme scheme."

Table 4.1.15 shows that 23% of the community caregivers responded that inadequate shelter is one of the challenges faced by orphans that often necessitate their rehabilitation through community based approach in Ayigba while 18% responded inadequate education, 30% responded inadequate health care, 17% responded poverty and HIV/AIDS pandemic and 12% responded disabilities.

There were various reasons cited by key informants through oral/in-depth interview and participants in the focus group discussion on the reason for the rehabilitation of orphans through community based approach. Key informant; Rose through oral/in-depth interview commented that:

"Community members in Dekina local government, responded to the suffering of Orphans, poverty and sickness among many Orphans especially those who were born infected with HIV. The other cause for intervention was a growing number of children out of school and community she (Rose) said "what kind of generation are we raising?' A generation which is uneducated, this will perpetuate the suffering of children into their adulthood."

Parents death through fatal accident was shared by both key informants through oral/in-depth interview and caregivers as reasons for the rehabilitation of orphans through community based approach. Caregiver (Gift) in a Focus Group Discussion had this to share: "Some children found themselves homeless due to family disintegration caused by parents' death, poverty and economic challenges in Nigeria."

Key informant community volunteer Daniel in an oral/in-depth interview expressed his reason following the concern that:

"The streets have now become the homes of orphans following various forms of abuse in their relative homes due to the death of their parents. It is only when you engage them on a personal level that you will realize that it is not about them living on the street but the abuse they are facing at home that drove them on the streets due to the death of their parents."

In a similar vein, Caregiver (Grace) in a Focus Group Discussion lamented:

"Some Orphans face abuse from their own family members who stay with them under one roof and these abuses are in various ways leading those orphans to form surrogate families with other children on the streets. Some abuses come in form of children being denied proper food, good health and time to play and all sorts of basic rights children should enjoy."

Another Caregiver (Joy) in a Focus Group Discussion pointed out that:

"Some children were being abused in the streets especially girl child either by their peer street children or by some older people who took advantage of their vulnerability as a result of their parent's death."

One of the key informants through oral/in-depth interview John who is the Orphans project manager who interacts with street Orphans face-to-face on daily basis remarked the following with concern:

"Some of the girls are not seen during the day, they mainly surface during the night for prostitution purposes as means of survival due to the death of their parents to cater for them. Boys end up taking drugs and are sodomised by some men who they don't name. They protect the identity of these men as they are their means of survival."

Key informant Community volunteer through oral/in-depth interview Blessing had this to say concerning reasons for orphans' rehabilitation through community based approach. She affirmed that:

"Children often took refuge in the streets, but then were further subjected to more challenges in their new-found homes due to the death of their parents. Some of them are forced into prostitution and crime for survival while others are subjected to rape and drug abuse."

The same remarks have been echoed by Caregiver (Hadiza) when she disclosed that:

"Most children on the streets were involved in drug trafficking and some involved in prostitution. At times orphans that are girls go to night clubs for sex work business in order to survive due to the death of their parents"

Table 4.1.16 shows that 23% of the respondents responded that insufficient financial support is one of the challenges faced by community based approach in the rehabilitation of orphans in Ayigba, 18% attributed the challenge to be low financial management skills, 17% responded low level of education, 30% attributed the challenge to be lack of participation by majority of the community and 12% attributed it to be non-implementation of laws and policies.

Key informant Rose through oral/in-depth interview shared her experiences concerning challenges related to working with the churches. She said:

"Community based approach in rehabilitating orphans was through the churches. They first trained local pastors on child caring and support before caregivers were recruited from within churches. So when trained pastors are transferred, the incoming pastors at times are not interested in working with Orphans. This affects Orphans programmes since most of the meetings done by Orphans and their care givers are held in local church premises free of charge and spiritual guidance is also provided to Orphans for free."

Caregiver (Ojone) during the Focus Group Discussion expressed her challenges as they implement Orphans care and support within their communities. She lamented:

"My challenge is burnout, volunteering work at times overwhelms especially here in the communities, if people know you are Orphan community caregiver, at times they think you have answers for all

their home based care problems and they think once they have told you of their problem, you need to deliver answers as soon as possible. Yet it's a process to have Orphans assessed and all back ground information collected before they are enrolled into Orphan community based rehabilitation programme".

Another caregiver (Halima) during the Focus Group Discussion described the challenges they face during home visits. She reckoned:

"I am now in my 60s and walking is a challenge when I do home visits. I also have a challenge of poverty in some of the Orphans' homes because some of the community based approaches only provide school fees and uniforms and there is hunger in those Orphans' homes and a home visit without food may not be appreciated as a hungry man is an angry man. You find at times these children being hostile and unreceptive to you as a caregiver especially if you visit their home when they do not have food and you also have nothing to give them."

The above descriptions of what caregivers go through as they offer their voluntary services indicates the waning spirit of voluntarism and sign of resignation at times. Most caregivers in the focus group discussions showed this fatigue.

Related to child abuse reporting caregiver (Joy) bemoaned:
"We (caregivers) also at times face persecution from the community members because they know we report them if they abuse Orphans by overworking them beyond their age."

Buttressing on personal experience of challenges as volunteer caregiver (Grace) pointed out and said:

"My personal challenge is when I do home visits with an empty hand knowing fully that these children have no food. Children will look at you and say "what have you brought for us?" if you say nothing, some will tell you in their anger that they don't eat home visits and may not even listen to you when telling them something. The other challenge I have faced is that of sick children, those who were born HIV positive, especially in homes where one child is positive and others are not, that child might not receive any help from other family members. They are usually discriminated by other family members and when I do home visits, other family members think I am supposed to be only talking to the HIV positive child."

One of the key informants Hadiza giving her own perspective said:
"I see this country Nigeria being a country of the old people only because all young people as soon as they finish their education they cross boarders in search of jobs. Industries have closed in Nigeria, so the economic situation in Nigeria does not promote an environment for voluntary work. I think this is the reason why community based approaches are failing to attract young and middle aged volunteer caregivers for us to pass on the button of voluntary work to them."

Caregiver (Ojone) lamented wasted opportunities by some Orphans, she said:

"Some Orphans who had been trained in different capacity building skills and given project start-up finances misuse the seed money and fail to adhere to their own (Orphans) projects constitution and end up being withdrawn from beneficiaries' list and opportunity extended to other deserving Orphans."

In a similar vein, another caregiver (Gift) had this to share about challenges they (caregivers) experience in monitoring Orphans' income generating projects and implementing their own income generating projects which were funded by Community supporters. She remarked:

"The challenge is that most people in Nigeria are used to be given supplies by donors due to economic meltdown and poverty in the country, people no longer want to work but just receive. Some people have been trained in business management skills and given money to start business projects by community but have misused the money to buy for example, clothes instead of investing that money in a business venture."

Lamenting on missed opportunities by some orphans who had been privileged to be on community based education programme, caregiver Halima stated that:

"I was disappointed that one of the intelligent girls in my group who was still in high school fell pregnant and now she is seated at home raising her child alone. She was impregnated by a married man and it saddens me to see such a gifted child lose her education opportunity in such a way."

Citing some challenges associated with orphans' education, caregiver Ojone explained that:

"Yes, school fees payment is good, but due to poverty, orphans lack food in homes. Would a child go to school on an empty stomach? No, that's when we see these children going to the streets to beg and then absent themselves from school."

Table 4.1.17 shows that 30% of the respondents responded that one of the determinants of successful community based approach in the rehabilitation of orphans in Ayigba is the provision of psychosocial support, 23% responded the determinant to be support from families, 18% responded provision of rehabilitation centres, 17% responded support from orphanage homes and 12% responded participation of the majority of community as a determinant of successful community based approach in the rehabilitation of orphans in Ayigba, Kogi State.

Based on the oral/in-depth interview and Focus Group Discussion by Key informants and Focus Group Discussants; Rose, John, Gift, Mary, Musa and Joy respectively, revealed that the determinant of successful community based approach in the rehabilitation of orphans in Ayigba, Kogi State are:

Training Support: Child Rights Protection, HIV/AEDS and Reproductive Health and Education, Counseling & Psychosocial Support, peer education, Theatre Skills, Business skills, Leadership and Organizational Development skills, Sports coaching and officiating, Sexual Gender Based Violence (SGBV), Paralegal, and Vocational Training. Educational support: Formal (public and

private) and Non-Formal schools; Special needs schools, scholarship, educational material and stationeries, infrastructure etc. Medical Assistance: General medication to the sick, vaccinations, Occupational Therapy, Home-based care, Identification, Rescue & referrals. Legal assistance: seeking justice for violation of child rights Basic needs: food assistance (relief and school feeding), clothing, beddings, shelter; Economic Empowerment: income generating activities and Cash Transfer orphans- Disability; Spiritual Support; Recreation support; Sanitation programs; Talent Development: Sports (soccer, basketball) cultural arts (Theatre, Music & Dance groups); Advocacy and Sensitization; and Capacity Building of orphans support initiatives.

Table 4.1.18 shows that 73% of the orphans live in the orphanage home while 27% do not live in the orphanage home.

Table 4.1.19 shows that 26% of the orphans revealed that HIV/AIDS is the causal factor of them being orphaned, 53% of the orphans revealed fatal accident involved by their parent are the causal factor of them being orphaned while 21% considered other factors order than HIV/AIDS and fatal accident.

Table 4.1.20 shows that 28% of the orphans benefited from education as one of the approaches to rehabilitation, 26% from primary health care, 32% from orphanage homes and 14% from job opportunity.

Table 4.1.21 shows that 80% of the orphans asserted that community based approach has been having a positive impact in the rehabilitation of orphans in Ayigba while 20% asserted it to have negative impact.

Based on the chi-square test of hypothesis results, it was revealed haven rejected the null hypotheses and accepted the alternative hypotheses, the study concluded that Community based approach has impact in the rehabilitation of orphans in Ayigba, there are challenges faced by orphans that often necessitate their rehabilitation through community based approach in Ayigba, there are challenges faced by community based approach in the rehabilitation of orphans in Ayigba and there are determinants of successful community based approach in the rehabilitation of orphans in Ayigba.

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Based on the summary of findings, this study drew the following major conclusions. The study utilized four research questions, objectives and hypotheses. Community based approach has positive impact in the rehabilitation of orphans in Ayigba, Kogi State. Hence, community based approach has positive impact in the rehabilitation of orphans through education, primary health care, establishment of orphanage homes and creation of job opportunities.

The study also concluded that inadequate shelter, inadequate education, inadequate health care, poverty and HIV/AIDS pandemic and disabilities are the challenges faced by orphans that often necessitate their rehabilitation through community based approach in Ayigba, Kogi State.

Furthermore, the study also concluded that insufficient financial support, low financial management skills, low level of education, lack of participation by majority of the community and non-implementation of laws and policies are the challenges faced by community based approach in the rehabilitation of orphans in Ayigba.

Lastly, the study conclude that the provision of psychosocial support, support from families, provision of rehabilitation centre's, support from orphanage homes and participation of the majority of community are determinants of successful community based approach in the rehabilitation of orphans in Ayigba, Kogi State.

5.2 Recommendations

Community Stakeholders should come together to mobilize funds and resources either for setting up business, or getting employment for all orphans integrated into society to ensure that their living conditions do not deteriorate. It is defying all logic for taking care for them when young and just dump them when they become adults. The orphans' problem would persist, creating more problems for Dekina Local Government such as increase in crime as improperly rehabilitated orphans would go into the streets begging, mugging people, rape or even murder and engage in other vises such as prostitution for the girl child, increase the spread of HIV/AIDS, unwanted pregnancies and all sorts of immoral activities.

i. The community volunteers involved in the community based approach in the rehabilitation of orphans in Dekina Local Government ensures their full participation rendering selfless services through the improvement of Orphans' shelter, education, safety and access to health facilities during and after their integration into the community where they come from.

iii. Community based approach through Non-Government Organization should raise awareness in communities of the existence of orphans as well as the role of community members, including churches and youth groups in becoming part of the solution to the predicament of orphans in Ayigba, Kogi State.

iv. Provision should be made in the form of practical guidelines for community-based programmes to care for orphans and be developed, encompassing the selection, training, supervision/nurturing of informal community caregivers and care supporters; networking; financing; advocacy and community development towards enhancing the rehabilitation of orphans in Ayigba, Kogi State.

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