

## ARTICLE



## HIFASS-LOPIN-3 EMPOWERMENT PROGRAMS AND THE WELLBEING OF ORPHANS AND VULNERABLE CHILDREN IN SOUTHERN SENATORIAL DISTRICT OF CROSS RIVER STATE, NIGERIA

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### ABSTRACT

*This study examined the various empowerment programs carried out by Health Initiatives for Safety and Stability in Africa – Local OVC Partner in Nigeria – Region 3 (HIFASS-LOPIN-3) as they affect the wellbeing of orphans and vulnerable children (OVC). Three objectives were outlined to include investigating the relationship between HIFASS-LOPIN-3 educational empowerment program and OVC's school enrolment; HIFASS-LOPIN-3 provision of health services and OVC's accessibility to quality healthcare facilities; HIFASS-LOPIN-3 skills acquisition training/financial empowerment program and the income level of OVC/caregivers. An Ex-post facto research design was employed in this study and a sample size of three hundred and eighty (380) respondents was drawn using multi-stage, simple random, stratified and snowball sampling techniques. The reliability test of the instrument was done using the test-retest reliability method. Primary data was obtained using a questionnaire and in-depth interview schedule, while secondary data was sourced from journals, texts, newspapers, internet, unpublished papers. The hypotheses were tested using Pearson's Product-Moment Correlation Coefficient (r) and Chi-Square statistical techniques, together with frequency/percentage analysis. The study revealed among others that HIFASS-LOPIN-3 educational empowerment has significantly improved OVC's school enrolment; HIFASS-LOPIN-3 skills acquisition training/financial empowerment program has significantly improved the income level of OVC/caregivers, nevertheless, almost all the OVC who reported having income-generating skills experienced challenges like insufficient start-up capital, insecurity, and crippling economic policies. It was recommended that government should make provision for OVC's subsidized medical bills and adequate provision for start-up capital/equipment or materials should be made for older OVC/caregivers who receive skills acquisition training.*

### KEYWORDS

Orphans and Vulnerable Children (OVC), Nigeria, Healthcare Facilities, Wellbeing, Empowerment, Skills Acquisition Training, Health Services

## INTRODUCTION

### Background

In African traditional society, children whose parents died were incorporated into their relatives' families and properly taken care of ([Kanjanda, 2014](#)). Now due to weakened family ties, orphans are finding it difficult to be integrated into the extended family's care. An orphan is being defined by the United Nations Agency for International Development (UNAID) as a child under eighteen years, whose father, mother or both parents died. A child can be a double orphan, paternal or maternal orphan, otherwise regarded as half orphan. Vulnerable children are those who experience unfavourable conditions such as morbidity, malnutrition and loss of education. Disability, living in undeserved areas and minority status can equally make a child vulnerable ([UNAIDS, 2011](#)). The death of parents impacts negatively on the development of a growing child. The loss of mother, father or both parents can lead to malnutrition, poor health, non-enrollment in school or school drop-out, stigmatization, abuse and loss of shelter. In the event of a parent's death, the older children may unavoidably engage in menial jobs in order to provide for their siblings.

A study carried out in Malawi and Uganda revealed that orphans' absenteeism rate in school was higher than that of non-orphans ([Bennell, Hyde & Swainson, 2012](#)). Another study carried out in Zimbabwe showed that orphans were more likely to be stunted, suffered from acute respiratory infections and diarrheal disease than non-orphans (Watts, Gregson, Saito, Lopman, Beasley & Monasch, 2016). It was equally shown that girls were more susceptible to sexually transmitted diseases than male orphans.

According to a report published by the Federal Ministry of Women Affairs and Social Development, Nigeria has about 17.5 million orphans and vulnerable children (Federal Ministry of Women Affairs and Social Development, 2012). The human development indices concerning the growing number of orphans and vulnerable children create a social concern. The increasing number of orphans and vulnerable children (OVC) in Nigeria has inhibited the achievement of Millennium Development Goals (MDGs). Some of the orphanages and motherless babies' homes have been abandoned due to mismanagement or lack of resources. Most operators of these orphanages depend on donations from goodhearted Nigerians and in the absence of such donations they resort to ill activities just to keep running the orphanages. Except those ones operated by religious bodies, some orphanage operators seldom indulge in activities that degrade the existence of these orphans. The current insurgency and HIV/AIDS epidemic have worsened the issue. The outcome is an alarming rate of increase in the number of orphans and vulnerable children whose rights are being dishonoured due to conflicts, gender inequality, poverty and terrorism. These children are abandoned to experience innumerable economic hardship, withdrawal from school, lack of attention and love, poor health, emotional and psychological challenges.

The government in collaboration with some community-based organizations, non-governmental organizations and corporate bodies have been tackling this issue of the wellbeing of orphans and vulnerable children (OVC) in Nigeria. In 2008, the Federal Government in collaboration with President's Emergency

Plan for Aids Relief (PEPFAR) launched a project called “the children of hope”. This project was being implemented in the Abia State, Edo State, Oyo State, Ebonyi State, and the Federal capital territory in partnership with the European Co-operative for Rural Development and Widows and Orphans Empowerment Organization. The main aim of this project was to meet the psychological, nutrition, education and protection needs of orphans and vulnerable children (OVC), as well as connect caregivers to soft loans and activities which could generate income.

In Nigeria, some Non-Governmental Organizations (NGOs) which are funded by USAID and UNICEF have been assisting in the development of orphans and vulnerable children within the country. Health Initiatives for Safety and Stability in Africa (HIFASS) is one of them. HIFASS was incorporated in 2007 with the primary objective of addressing the health needs of military personnel, their families and that of the people living around the barracks. The HIFASS extended her services beyond the military barracks over the years. HIFASS has been supporting orphans and vulnerable children, household caregivers, pregnant women and HIV/AIDS patients. Local OVC Partner in Nigeria – Region 3 (LOPIN-3) is a project funded by the USAID under the HIFASS organization, with the major aim of improving the quality of life of orphans and vulnerable children (OVC).

Through a confederation, HIFASS in August 2014 got a Cooperative Agreement (CA) of \$9,666,082 to alleviate the effect of HIV/AIDS on orphans and vulnerable children in region 3 – Cross River and Ebonyi States (LOPIN-3). The confederation comprises HIFASS, Catholic Diocese of Abakaliki, Calabar Arch – Diocesan Action Committee on AIDS (CAACA), People-to-People Health Foundation in Nigeria (PPHFN) and Succour and Development Services Initiative (SUCCDEV). This project is being funded by the United States Agency for International Development (USAID) and directed by HIFASS. The main objective of this project has been to improve structures and systems at the state, local government area and community levels to make certain provision of protection, quality care and support services to OVC as well as their households within these regions; and to support the capacities of Community-Based Organizations (CBOs) and local NGOs to provide care and support services to OVC within Ebonyi and Cross River States.

The available record shows that HIFASS through the LOPIN-3 project has been mobilizing resources and community members through various empowerment programs to improve the accessibility of quality health care services, proper education, good nutrition and better living standard for orphans and vulnerable children (OVC) in Cross River and the Ebonyi States. The effects of HIFASS-LOPIN-3 positively change in OVC through the use of peer education strategy. In 2016, vocational training and seed grants were given to adolescent girls and young women. HIFASS-LOPIN-3 engages in awareness campaigns regarding HIV/AIDS, condom usage, tuberculosis, and other health-related diseases. Hygiene education and nutritional support are also given to OVC and their caregivers, especially the malnourished ones. The report shows that most OVC and caregivers have benefited from these programs, yet the rate of OVC suffering from educational, health, financial and nutritional constraints in Cross River State is still alarming ([HIFASS, 2016](#)).

### Statement of the problem

Despite the acknowledgement of the plight of orphans and vulnerable children by the Federal Government of Nigeria, and the efforts to ameliorate their problems, studies have revealed that there is a growing increase in the number of OVC in the country ([Tagurum, Chirdan, Bello, Afolaranmi, Hassan, Iyaji, Idoko, 2015](#); Catholic Relief Services, 2016; [SPRING, 2017](#)). This increase is majorly attributed to poverty and poor socioeconomic condition within the country. The orphaned children are subjected to several economic challenges such as loss of household income, funeral expenses and treatment costs for HIV/AIDS-related infections. Most caregivers lack the economic capacity to cater for these vulnerable children. Financial challenges engender all other problems. It becomes increasingly difficult for caregivers to satisfy the basic needs of orphans and vulnerable children, such as education, nutrition, shelter and health needs. The economic challenge promotes child labour. Most vulnerable children engage themselves in menial jobs just to earn a living. The study conducted by the International Labour Organization on the working children's situation revealed that orphans are more likely to work in commercial agriculture, commercial sex, domestic service and as street vendors ([ILO, 2010](#)).

Several intervention programs have been initiated by the Federal Government, international organizations, Non-Governmental Organizations (NGOs) and well-meaning Nigerians to ameliorate the developmental challenges of orphans and vulnerable children in Nigeria. In some states, there is free and compulsory education at primary and secondary levels, free medical services for children under 5 years as well as the aged ones. Research has shown that community-based organizations and NGOs funded by USAID and UNICEF are being coordinated by the Ministry of Women Affairs and Poverty Alleviation (WAPA) to support the developmental needs of orphans and vulnerable children in Nigeria generally and Cross River State specifically.

It is observed that the extent of the national response to OVC problems is not commensurable with the magnitude of these problems. The evidence of the national provision of care, protection and support for these vulnerable children is limited in scope and size. Most vulnerable children are still roaming the streets, begging to feed themselves and their poor caregivers. Only a few orphans who find their way to orphanages receive little care ([United Nations Children's Fund, 2016](#)). Of recent, a growing number of children are seen roaming the streets of Calabar South Local Government Area without significant care, support or meaningful living. HIFASS-LOPIN-3 is one of the NGOs saddled with the responsibility of addressing the needs of orphans and vulnerable children in Cross River State. HIFASS-LOPIN-3 have been initiating several empowerment exercises for vulnerable groups which include caregivers, under 5 children, pregnant women, young women and adolescent girls, malnourished children, internally displaced persons, OVC and victims of natural disaster.

More studies have been carried out on the situation of orphans and vulnerable children as well as the empowerment strategies adopted by the government, NGOs, international organizations and private companies to address the basic needs of these children. For instance, [SPRING \(2017\)](#) carried out a study on

the various empowerment programs for orphans and vulnerable children in Nigeria; CRS (2018) studied the various strategies adopted in helping orphans and vulnerable children in Nigeria; [Tagurum et al. \(2015\)](#) researched on the situation analysis of orphans and vulnerable children in urban and rural communities of Plateau State, and [CRS/CSN \(2008\)](#) studied on the situational analysis of orphans and vulnerable children in eight states of Nigeria. However, no research work has been done on the effect of empowerment strategies initiated by HIFASS-LOPIN-3 on OVC's wellbeing in the Southern Senatorial District of Cross River State, Nigeria. The lack of clarity and sufficient knowledge on the strengths or weaknesses of the existing empowerment strategies has inhibited the development of effective policies and programs to address the basic needs of OVC in Southern Senatorial District, Cross River State and Nigeria as a whole. Hence, this study is set to bridge this knowledge gap by providing empirical evidence which would unearth the effect of HIFASS-LOPIN-3 empowerment strategies on the well-being of OVC in Southern Senatorial District, Cross River State.

### **Research questions**

The following research questions guide the study:

1. To what extent does HIFASS-LOPIN-3 educational empowerment program improve the school enrolment of orphans and vulnerable children (OVC) in Southern Senatorial District, Cross River State?
2. To what extent does the provision of health services by HIFASS-LOPIN-3 increase OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State?
3. How do HIFASS-LOPIN-3 skills acquisition training and financial empowerment programs improve the income level of OVC/caregivers in Southern Senatorial District, Cross River State?

### **Objectives of the study**

The study has the main objective of examining the relationship between HIFASS-LOPIN-3 empowerment programs and the wellbeing of orphans and vulnerable children in Southern Senatorial District, Cross River State, Nigeria. This broad objective is specifically stated as follows:

1. To investigate the extent to which the HIFASS-LOPIN-3 educational empowerment program improve school enrolment of OVC in Southern Senatorial District, Cross River State.
2. To ascertain the extent to which the HIFASS-LOPIN-3 provision of health services increases OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.
3. To investigate how HIFASS-LOPIN-3 skills acquisition training and financial empowerment program improve the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

### **Research hypotheses**

The following research hypotheses are presented in null form (Ho):

1. HIFASS-LOPIN-3 educational empowerment program has no significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State.
2. HIFASS-LOPIN-3 provision of health services has not significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.
3. HIFASS-LOPIN-3 skills acquisition training and financial empowerment programs are not significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

## METHODOLOGY

### Research design and study area

This study aimed to study facts that have already occurred; hence, ex post facto research design was adopted. A survey method was used for obtaining data from the field. The choice of this data collection method was based on the fact that surveys provide a high level of capability in representing a larger population. Data gathered through surveys usually possess a better description of the relative characteristics of the population being studied, due to its ability to accommodate a huge number of persons in the study and the flexibility of using varied data collection techniques (Osuala, 2005). The study was conducted in the Southern Senatorial District of Cross River State, Nigeria. The choice of the study area was largely attributed to the presence of vulnerable children in the state, particularly in the Southern Senatorial District popularly known as 'Skolumbo'.

Table 1 made by the author based on data obtained from fieldwork shows the enrolled beneficiaries of HIFASS-LOPIN-3 empowerment programs in Cross River Southern Senatorial District.

**TABLE 1:** HIFASS Enrolled Beneficiaries in Cross River Southern Senatorial District

LGA	No. Ever Enrolled
Calabar Municipal	7071
Calabar South	12990
Akamkpa	5846
Bakassi	-
Odukpani	564
Akpabuyo	3754
Biase	4190
Total	34415

### The population of the study

The study population comprises children below 18 years of age and their caregivers who are enrolled in HIFASS-LOPIN-3 empowerment programs in Cross River Southern Senatorial District, Nigeria. For this study, the population of the study is made up of 34,415 HIFASS enrolled beneficiaries in Cross River Southern Senatorial District (see Table 1). Only children found in households with a competent household head or any designated respondent were included in the survey. This was done to avoid the risk of ‘perceived’ child insecurity with the researchers. Household heads are adults from 18 years and above or minors between 14 and 17 years. Orphans here include children below 18 years of age who had lost one or/and both parents, while vulnerable children include those below 18 years whose parents are chronically ill, or live outside family care, or are living with HIV/AIDS. Caregivers (usually women) also formed part of the study population.

### Sampling procedure and sample

A representative sample was selected using multi-stage, simple random, stratified and snowball sampling techniques. The study area is made up of seven Local Government Areas. At the first stage of selection, a simple random sampling technique (balloting method) was used to select four Local Government Areas from Southern Senatorial District. By this method, the researcher wrote down the local governments in the district each on a piece of paper, after which they were hand-picked into two separate containers. The local governments cast into the first container were retrieved. Thus, Calabar Municipal, Calabar South, Akamkpa and Akpabuyo Local Government Areas were selected. At the next selection stage, a stratified sampling technique was used to select 380 respondents from the four LGAs using the proportion to sample (see Table 2). Thirdly, a survey monkey calculator was used to obtain the sample size and a snowball sampling technique was lastly used to select respondents for the survey. Table 2 made by the author shows the stratified sampling procedure carried out by the author.

**TABLE 2: Stratified Sampling Procedure**

LGA	Population	Proportion to sample
Calabar Municipal	7071	91
Calabar South	12990	166
Akamkpa	5846	75
Akpabuyo	3754	48
<b>Total</b>	<b>29661</b>	<b>380</b>

### Demographic characteristics of respondents

Tables 3 show the demographic characteristics of respondents; as shown in Table 4, younger children (0-9 years) were 181 (47.6%) while the older ones (10-18 years) were 199 (52.4%). The distribution of respondents by sex shows a lesser number of male respondents 150 (39.5%) as compared to female respondents 230 (60.5%). Responses on vulnerability indicate that 133 respondents representing 35.0% were orphans, 96 respondents representing 25.3% were non-orphans, 31 respondents representing 8.2% lived with

disability, 60 respondents representing 15.7% lived with an old weak guardian, 29 respondents representing 7.6% lived with chronically ill parent and 31 respondents representing 8.2% lived in a household with the recent death of an adult. Distribution on OVC status demonstrates that out of the 380 respondents, 68 (17.9%) were paternal orphans, 111 (29.2%) were vulnerable, 108 (28.4%) were double orphans while 93 (24.5%) were maternal orphan.

Responses on marital status show that the marital status of household (HH) head of 130 (34.5%) respondents were widowed; that of 111 (29.2%) were married; for 31 (8.2%) respondents, single; and for the remaining 108 (28.4%), separated/divorced. Distribution by the occupation of the head of household demonstrates that 122 (32.0%) lived with a household head who were farmers; 82 (21.6%) respondents lived with HH head who were housewives; occupation of HH of 71 (18.7%) respondents was trading, that of 31 (8.2%) respondents was schooling and for 74 (19.5%) respondents, civil servant. Responses on HIV status revealed that the HIV status of 31 (8.2%) respondents was positive; 213 (56.0%) respondents were negative and the status for 136 (35.8%) respondents was unknown. Table 3 made by the author based on data obtained from fieldwork shows the demographic characteristics of respondents.

**TABLE 3: Demographic Characteristics of Respondents**

Demographic variable	Options	Frequency	Percent
Distribution of respondents' responses based on Age	0-9 years	181	47.6
	10-18 years	199	52.4
	Total	380	100.0
Distribution of respondents' responses based on Sex	Male	150	39.5
	Female	230	60.5
	Total	380	100.0
Distribution of respondents' responses based on Vulnerability	Orphan	133	35.0
	Non-orphan	96	25.3
	Living with disability	31	8.2
	Living with an old weak guardian	60	15.7
	Living with a chronically ill parent	29	7.6
	Living in HH with the recent death of an adult	31	8.2
	Total	380	100.0
Distribution of respondents' responses based on OVC Status	Paternal orphan	68	17.9
	Vulnerable	111	29.2
	Double orphan	108	28.4
	Maternal orphan	93	24.5
	Total	380	100.0



Distribution of respondents' responses based on Marital Status	Widowed	130	34.2
	Married	111	29.2
	Single	31	8.2
	Separated/divorced	108	28.4
	Total	380	100.0
Distribution of respondents' responses based on Occupation of Household Head	Farming	122	32.0
	Housewife	82	21.6
	Trading	71	18.7
	Schooling	31	8.2
	Civil servant	74	19.5
	Total	380	100.0
Distribution of respondents' responses based on HIV Status	Positive	31	8.2
	Negative	213	56.0
	Unknown	136	35.8
	Total	380	100.0

### Sources of data collection

Data was collected through primary and secondary sources. The primary source of data collection is the first-hand information that was obtained from respondents in the fieldwork process. In this study, the primary source includes a Semi-structured questionnaire for children aged 0-18 and an In-depth interview for their caregivers; It is important to note that questionnaires for children between 0 and 8 years were filled by their caregivers who also took part in the survey. The secondary source of data collection comprises reviews of both theoretical and empirical scholarly works, including journals, articles, internet sources, newspapers, magazines, etc.

### Instrumentation

In this study, the following instruments were used to obtain both qualitative and quantitative information from the respondents: A semi-structured questionnaire for children (0-18 years) and an in-depth interview schedule for caregivers. The questionnaire was divided into two sections; section A contains questions on the demographic characteristics of the respondents. Section B is designed to elicit information on the sub-variables used in this study and is sub-divided into three parts with fifteen (15) questions. The sub-variables are Educational empowerment and school enrolment of OVC; provision of health services and accessibility to quality health care facilities; and skills acquisition training/financial empowerment and income level of OVC/caregivers. The questionnaire is designed on a Nominal scale with 'YES' or 'NO' options. A coding key is developed to aid the quantitative analysis of data. A nominal value of 1 was assigned to the 'YES' option while 2 was assigned to the 'NO' option. For items on demographic characteristics, the nominal value was assigned using descending order of magnitude. An in-depth interview schedule for caregivers with 15 questions based on the variables under study was equally developed. Both English language and local dialect were used to obtain the qualitative data and it was tape-recorded to enhance proper analysis.

### Reliability of the instrument

The reliability of the instrument was established using the test-retest method of reliability check. This was derived from a trial study carried out by the researcher, with the use of 27 respondents who were not part of the real study. The questionnaire was administered, retrieved, and scored; and the codes of the items were subjected to the Cronbach alpha reliability test. The outcome showed a coefficient of 0.80, which is reliable enough for the instrument. Again, the interview schedule was also administered to selected individuals and their responses were reviewed to ascertain the reliability of the instrument.

#### Reliability Statistics

Cronbach's Alpha	N of Items
.803	27

### Ethical consideration

The research team undertook all necessary measures to fulfill ethical requirements including seeking informed consent, ensuring voluntary participation, respecting the participants' privacy, ensuring anonymity and confidentiality, as well as obtaining ethical clearance from the Ministry of Health, Cross River State. Consent forms were administered to the respondents before conducting the survey. Questionnaire administration and the interview proceeded only after the respondent had agreed and signed the consent form.

### Method of data analysis

Frequencies, simple percentages, pie charts, frequency polygons and bar charts were used to describe the respondents' demographic characteristics and also display their opinions from the quantitative instrument. Completed questionnaires were collated, entered into the computer, and analyzed using the Statistical Package for Social Sciences (SPSS) computer software. The test statistic used for analysing hypotheses one and three is Pearson's Correlation while Chi-square was used to analyse hypothesis two. The choice of these test statistics is based on the fact that the study hypotheses seek to reveal the relationship between two variables.

The study findings are statistically significant when the calculated value is greater than the table value at a 0.05 significance level. In other words, the decision rule holds that the null hypothesis is rejected if the calculated value is greater than the table value at a 0.05 significance level. The formula for Chi-square statistical test is given thus:

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where O = Observed frequency

E = Expected frequency

$\sum$  = Sum of

The formula for Pearson Product Moment Correlation is given below:

$$r = \frac{\sum (X - \bar{X})(Y - \bar{Y})}{\sqrt{\sum (X - \bar{X})^2} \sqrt{\sum (Y - \bar{Y})^2}}$$

Where  $\bar{X}$  = mean of X variable

$\bar{Y}$  = mean of Y variable

## RESULTS

### **Respondents' responses on the relationship between HIFASS-LOPIN-3 educational empowerment and school enrolment of OVC**

Table 4 shows the distribution of respondents' responses on the relationship between HIFASS-LOPIN-3 educational empowerment and school enrolment of OVC. Responses on "Are you in school?" present that 259 (68.2%) of the respondents claimed to be in school while 114 (30.0%) responded negatively. Few of the children who maintained not being in school stated some reasons: lack of necessary educational materials, inability to pay school fees, farm work engagement, taking care of sick guardian/siblings, manual labour and illness. As indicated in the Table on "Do you attend school regularly?", 161 (42.4%) of the children attended school regularly, 105 (27.6%) maintained irregular school attendance while 114 (30.0%) were those who had not been in school. The reasons given by the children who maintained irregular school attendance were lack of prompt payment of school fees, engagement in farm work, illness and hawking.

The table further showed responses on "Do you have the necessary educational materials?" It demonstrates that only 144 (37.9%) respondents had the necessary educational materials, 122 (32.1%) respondents did not have while 114 (30.0%) were not in school. Those who did not have adequate educational materials gave financial challenges as the major reason. As shown in the Table on "Have you ever missed school for one or more terms?". Out of the 259 children who maintained being in school, 68 (17.9%) missed school for one or more terms while 198 (52.1%) did not miss school for that long. Those who missed school stated protracted illness and death of parent/guardian as the major reasons.

It can be observed from the Table on "Have you received any educational support from HIFASS-LOPIN-3?", that out of the 380 respondents, 214 (56.3%) maintained receiving educational support from the HIFASS-LOPIN-3 organization while 166 (43.7%) did not receive any educational support from HIFASS-LOPIN-3 organization. According to the 214 (56.3%) respondents, the educational support was in areas like free exercise books, school uniforms, pens, and pencils; payment of school fees for some children as well as orientation on the importance of education.

Table 4 made by the author based on data obtained from fieldwork shows the distribution of respondents' responses on the relationship between HIFASS-LOPIN-3 educational empowerment and school enrolment of OVC.

**TABLE 4:** Distribution of respondents' responses on the relationship between HIFASS-LOPIN-3 educational empowerment and school enrolment of OVC

S/N	Statement	Option	Frequency	Percent
1	Are you in school?	Yes	266	70.0
		No	114	30.0
		Total	380	100.0
2	Do you attend school regularly?	Yes	161	42.4
		No	105	27.6
		No response	114	30.0
		Total	380	100.0
3	Do you have the necessary educational materials?	Yes	144	37.9
		No	122	32.1
		No response	114	30.0
		Total	380	100.0
4	Have you ever missed school for one or more terms?	Yes	68	17.9
		No	198	52.1
		No response	114	30.0
		Total	380	100.0
5	Have you received any educational support from HIFASS-LOPIN-3?	Yes	214	56.3
		No	166	43.7
		Total	380	100.0

**Respondents' responses on the relationship between HIFASS-LOPIN-3 provision of health services and OVC's accessibility to quality health care facilities.**

TABLE 5 presents the respondents' responses on the relationship between HIFASS-LOPIN-3 provision of health services and accessibility to quality health care facilities of OVC. Responses on "Are you frequently sick?" demonstrate that 111 (29.2%) respondents reported being frequently sick while 269 (70.8%) reported not being frequently sick. The frequency of illness as stated by the respondents include: once in a month, after two or three weeks, five or six times in a year, always, and once in three months. Responses on "Do you go to the hospital when you are sick?" revealed that 219( 57.6%) respondents reported going to a hospital when ill whereas 161 (42.4%) respondents maintained not going to the hospital. For those who reported not going to a

hospital, some of their reasons were phobia for drugs/injection, an inadequate fund to settle medical bills, disbelief in medical professionals as well as lack of time to spend in the hospital.

Responses on “Apart from hospital, which other place do you go for treatment?” reveal that apart from the hospital, 85 (22.4%) respondents meet traditional healer for treatment, a greater number 227 (59.7%) go to patent medicine shop whereas 68 (17.9%) respondents visit spiritual homes. Responses on “Do you have any idea on how to prevent HIV/AIDS and other sexually transmitted infections?” As shown portray that, a smaller number of the respondents 148 (38.9%) claimed to have knowledge on how to prevent HIV/AIDS and other STDs, while a larger segment of the respondents 232 (61.1%) had no such awareness. Those who had this awareness mentioned some of the preventive measures, thus: abstinence from sexual intercourse, using a condom during sex, not sharing razor blades or any sharp objects as well as not engaging in any unprotected sex.

Responses on “Have you received any free health service from HIFASS-LOPIN-3?” demonstrate that 216 (56.8%) respondents benefited from the free health service of the HIFASS-LOPIN-3 organization, while 164 (43.2%) respondents did not receive such benefit. Some of the health services received by beneficiaries comprise: free blood pressure and HIV test, free condom, free mosquito nets, settlement of some hospital bills and purchase of drugs, as well as free health information. Table 5 made by the author based on data obtained from fieldwork shows the distribution of respondents’ responses on the relationship between HIFASS-LOPIN-3 provision of health services and accessibility to quality health care facilities of OVC.

**TABLE 5:** Distribution of respondents’ responses on the relationship between HIFASS-LOPIN-3 provision of health services and accessibility to quality health care facilities of OVC

S/N	Statement	Option	Frequency	Percent
1	Are you frequently sick?	Yes	111	29.2
		No	269	70.8
		Total	380	100.0
2	Do you go to the hospital when you are sick?	Yes	219	57.6
		No	161	42.4
		Total	380	100.0
3	Apart from the hospital, which other place do you go for treatment?	Traditional healer	85	22.4
		Patent medicine shop	227	59.7
		Spiritual homes	68	17.9

		Total	380	100.0
4	Do you have any idea on how to prevent HIV/AIDS and other sexually transmitted infections?	Yes	148	38.9
		No	232	61.1
		Total	380	100.0
5	Have you received any free health service from HIFASS-LOPIN-3?	Yes	216	56.8
		No	164	43.2
		Total	380	100.0

**Respondents’ responses on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers.**

TABLE 6 shows the respondents’ position on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers. It can be observed from the Table item on “Do you have any income-generating skill?”, that 165 (43.4%) respondents reported having income-generating skills, whereas 215 (56.6%) had no skill. Some of the skills mentioned by the respondents include mechanical, tailoring, computer, painting, cobbling, marketing, masonry, carpentry, hairdressing, decorating, and baking skills. As seen on the Table item on “Are you engaged in any economic activity (business) or worked for money?”, that 131 (34.5%) respondents engaged in economic activity while 249 (65.5%) had no such engagement. The kind of work/business stated by the respondents was manual labor, hawking, sewing, and farming.

Responses on “Do you encounter any challenge in practicing your skill(s)?” indicate that among the 380 (100%) respondents, 162 (42.6%) encountered challenges in practicing their skills, while 218 (57.4%) respondents had no challenges. Those who maintained having challenges mentioned the challenges to include: lack of start-up capital, unsteady power supply, crippling economic policies such as high taxation on businesses, poor infrastructures, insecurity and inadequate money in circulation. As displayed on the Table on “Have you received any vocational training/financial support from HIFASS-LOPIN-3?”, 225 (59.2%) respondents maintained receiving vocational training/financial support from HIFASS-LOPIN-3 while 155 (40.8%) respondents reported not receiving vocational training/financial support from HIFASS-LOPIN-3. The respondents were trained in such areas as baking, hairdressing, tailoring, and carpentry.

Responses on “Has the vocational training/ financial support from HIFASS-LOPIN-3 improved your income level?” reveal that out of the 225 (59.2%) respondents who claimed to have received training/financial support from HIFASS-LOPIN-3, 171 (45.0%) respondents reported that the vocational training/financial support has improved their income level, 54 (14.2%) respondents maintained there is no significant improvement to their income level, while 155 (40.8%) who maintained a “No response” were those who never

obtain vocational training/financial support from HIFASS-LOPIN-3 organization. Table 6 made by the author based on data obtained from fieldwork shows the distribution of respondents' position on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers.

**TABLE 6:** Distribution of respondents' position on the relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and income level of OVC/caregivers

S/N	Statement	Option	Frequency	Percent
1	Do you have any income-generating skills?	Yes	165	43.4
		No	215	56.6
		Total	380	100.0
2	Are you engaged in any economic activity (business) or worked for money?	Yes	131	34.5
		No	249	65.5
		Total	380	100.0
3	Do you encounter any challenges in practicing your skill(s)?	Yes	162	42.6
		No	218	57.4
		Total	380	100.0
4	Have you received any vocational training/financial support from HIFASS-LOPIN-3?	Yes	225	59.2
		No	155	40.8
		Total	380	100.0
5	Has the vocational training/financial support from HIFASS-LOPIN-3 improved your income level?	Yes	171	45.0
		No	54	14.2
		No response	155	40.8
		Total	380	100.0

#### Data analysis (Test of hypotheses)

The three hypotheses which were formulated for this study were restated and tested to ascertain whether each should be accepted or rejected.

#### Hypothesis One

**H0:** HIFASS-LOPIN-3 educational empowerment program has no significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State.

**H1:** HIFASS-LOPIN-3 educational empowerment program has a significant relationship with OVC’s school enrolment in Southern Senatorial District, Cross River State.

The independent variable is the HIFASS-LOPIN-3 educational empowerment program while the dependent variable is OVC’s school enrolment. To test the above hypothesis, responses on questions 8 to 12 in the questionnaire were collated, computed and analysed using SPSS. The statistic tool used was Pearson’s Product-Moment Correlation Coefficient. The result of the analysis is as follows:

Calculated  $r = 0.697$

Critical  $r = 0.113$

$N = 380$ ,  $df = 378$ , significant at 0.05

The result of the analysis of hypothesis one shows a correlation coefficient of 0.697 which indicates a strong linear relationship between the HIFASS-LOPIN-3 educational empowerment program and OVC’s school enrolment. This implies that an increase in the HIFASS-LOPIN-3 educational empowerment program brings about a corresponding increase in OVC’s school enrolment; also, a decrease in the HIFASS-LOPIN-3 educational empowerment program brings about a decrease in OVC’s school enrolment.

**Decision:** Since the calculated r-value (0.697) is greater than the critical r-value (0.113), we reject the null hypothesis (H0) and accept the alternative hypothesis (H1).

**Conclusion:** HIFASS-LOPIN-3 educational empowerment program has a significant relationship with OVC’s school enrolment in Southern Senatorial District, Cross River State.

**TABLE 7:** Pearson product-moment correlation analysis of hypothesis one on HIFASS-LOPIN-3 educational empowerment program and improved OVC’s school enrolment in Southern Senatorial District.

**Correlations**

		Are you in school?	Have you received any educational support from the HIFASS-LOPIN-3 organization?
Are you in school?	Pearson Correlation	1	.697**
	Sig. (2-tailed)		.000
	N	380	380
Have you received any educational support from the HIFASS-LOPIN-3 organization?	Pearson Correlation	.697**	1
	Sig. (2-tailed)	.000	
	N	380	380



\*\* Correlation is significant at the 0.01 level (2-tailed).

## Hypothesis Two

**H0:** HIFASS-LOPIN-3 provision of health services has not significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

**H1:** HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

The independent variable is HIFASS-LOPIN-3 provision of health services while the dependent variable is OVC's accessibility to quality healthcare facilities. To test this hypothesis, responses to questions 13 to 17 in the questionnaire were collated, computed and analysed using SPSS. The statistical tool used was Chi-Square. The result is as follows:

$$\text{Calculated } \chi^2 = 61.8$$

$$\text{Table } \chi^2 = 3.84$$

**Decision:** Since the calculated  $\chi^2$  (61.8) is greater than the critical  $\chi^2$  (3.84), we reject the null hypothesis (H0) and accept the alternative hypothesis (H1).

**Conclusion:** HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State.

**TABLE 8:** Chi-square analysis of hypothesis three on HIFASS-LOPIN-3 provision of health services and increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District

		Cross-tabulation		
		Have you received any free health service from HIFASS-LOPIN-3?		Total
		Yes	No	
Do you go to the hospital when you are sick?	Yes	162	57	219
	No	54	107	161
Total		216	164	380

<b>Chi-Square Tests</b>					
	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	61.832 <sub>a</sub>	1	.000		
Continuity Correction <sup>b</sup>	60.195	1	.000		
Likelihood Ratio	63.113	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	61.669	1	.000		
N of Valid Cases	380				

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 69.48.

b. Computed only for a 2x2 table

### Hypothesis Three

**H0:** HIFASS-LOPIN-3 skills acquisition training and financial empowerment program are not significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

**H1:** HIFASS-LOPIN-3 skills acquisition training and financial empowerment program are significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

The independent variable is the HIFASS-LOPIN-3 skills acquisition training and financial empowerment program while the dependent variable is the income level of OVC/caregivers. To test hypothesis three, responses on questions 18 to 22 in the questionnaire were collated, computed and analysed using SPSS. The statistical tool used was Pearson’s Product-Moment Correlation Coefficient. The result of the analysis is given thus:

Calculated  $r = 0.923$

Critical  $r = 0.113$

$N = 380, df = 378$ , significant at 0.05

The result of the analysis of hypothesis one shows a correlation coefficient of 0.923 which indicates a stronger linear relationship between HIFASS-LOPIN-3 skills acquisition training and financial empowerment program and income level of OVC/caregivers. This implies that an increase in HIFASS-LOPIN-3 skills

acquisition training and financial empowerment program engenders an increase in the income level of OVC/caregivers and vice versa.

**Decision:** Since the calculated r-value (0.923) is greater than the critical r-value (0.113), we reject the null hypothesis (H0) and accept the alternative hypothesis (H1).

**Conclusion:** HIFASS-LOPIN-3 skills acquisition training and financial empowerment program are significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

**TABLE 9:** Pearson product-moment correlation analysis of hypothesis four on HIFASS-LOPIN-3 skills acquisition training and financial empowerment program and improved the income level of OVC/caregivers in Southern Senatorial District

**Correlation**

		Any vocational training/financial support from HIFASS-LOPIN-3?	Has the vocational training/financial support improved your income level?
Any vocational training/financial support from HIFASS-LOPIN-3?	Pearson Correlation	1	.923**
	Sig. (2-tailed)		.000
	N	380	380
Has the vocational training/financial support improved your income level?	Pearson Correlation	.923**	1
	Sig. (2-tailed)	.000	
	N	380	380

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Data from In-depth Interview**

Thirty (30) caregivers were interviewed; the results are thematically presented below:

**HIFASS-LOPIN-3 educational empowerment program and Orphan and Vulnerable Children’s school enrolment**

The respondents generally reported benefiting from the HIFASS-LOPIN-3 educational empowerment program; although, they were still experiencing some challenges which inhibited the OVC’s sustained school enrolment. Illustrative statements from the respondents are given thus:

*"I thank God for free primary education in our state today, at least three of my children are able to go to school using books given to them by HIFASS while the older one assists me to sell".*

(Interviewee #1, female, 41 years, Calabar South)

*"Farming is my work! If all the children go to school, who will do the farm work? Where is the money to employ people? We all need to work hard in order to eat. They can still go to school at any time, maybe when there is money".*

(Interviewee #6, male, 51 years, Akamkpa)

An older caregiver responded:

*"I have only two children in my care and all of them are in school. The only time they miss school is when I am sick and there is no one to take care of me".*

(Interviewee #7, female, 56 years, Calabar South)

Still, on this question, another caregiver replied:

*"Thanks to HIFASSooo! My child is now in school, but the only problem is that they do not always visit us to know how we are doing".*

(Interviewee #8, female, 39 years, Calabar South)

Other caregivers mentioned frequent illness, poor educational infrastructures and poor quality of education as inhibiting factors. Only a few respondents reported having children who have never been to school. The major reason given was chronic illness on the part of the children. About six caregivers reported having children who were school drop-outs. The reasons as reported by the caregivers include bad company, discouraging academic environment, lack of funds, indiscipline on the part of children and engagement in manual labour.

### **HIFASS-LOPIN-3 Provision of Health Service and OVC's Accessibility to Quality Health Care Facilities**

Most respondents reported receiving health services from HIFAS-LOPIN-3, but their access to quality health care facilities was dependent on many other factors. Below are illustrative statements from the study participants:

*"I don't believe in the hospital whenever my children get ill, I prepare herbs for them and they recover speedily. Hospital has killed so many around me".*

(Interviewee #12, female, 40 years, Akamkpa)

*"...my children do not fall sick easily except one. She has tested HIV-positive after the mother died. HIFASS has been helping us with nutritional advice and payment for drugs. I believe God she will get better".*

(Interviewee #13, female, 62 years, Akpabuyo)

While discussing the last episode of illness, most of the caregivers mentioned malaria, diarrhea, cholera, typhoid, and skin rashes as the commonest forms of illness.

One of the caregivers purported thus:

*"I have a chronic disease and do not have money to get my drugs. The support I received from HIFASS cannot be sustained and I am only left at the mercy of my three girls who either hawk around or get money from men to care for me".*

(Interviewee #14, female, 42 years, Calabar South)

In response to the question: who pays for their treatment? A caregiver said:

*"I spend so much in the hospital when any of my children get ill. The hospital bills are so expensive and the government has made no provision for orphans' medical bills. This is why I give them herbs most times to prevent them from getting ill".*

(Interviewee #15, male, 43 years, Akamkpa)

### **HIFASS-LOPIN-3 Skills Acquisition Training/Financial Empowerment Program and Income Level of OVC/Caregivers**

Several OVC/caregivers reported benefiting from HIFASS-LOPIN-3 skills acquisition training and financial empowerment program, which therefore improved their income level. The major challenge as reported by some OVC caregivers was a lack of sustainability caused by poor management of funds or too much pressure on the business income. Statements from some interviewees are presented below:

*"I received a seed grant from HIFASS, though it was very little, I also obtained financial support from my relatives which enabled my start-up small business (kiosk)".*

(Interviewee #18, female, 39 years, Calabar Municipality)

*"My two children were trained in tailoring and decoration. Only one of them received a sewing machine from HIFASS and she is doing well with it".*

(Interviewee #19, male, 44years, Calabar South)

About four respondents reported joining self-help groups where they can save and as well borrow to reinvest in businesses. A young OVC who happened to be a household head expressed thus:

*"I am a beneficiary of HIFASS training and financial support program. But the burden of taking care of my younger ones has left me with nothing to show".*

(Interviewee #22, female, 21 years, Calabar South)

## Discussion

The result of the analysis of 380 questionnaires revealed that 266 (70%) respondents were in school while 114 (30%) respondents were not in school. Among those who were in school, 161 (42.4%) attended school regularly while 105 (27.6%) respondents were irregular in school. 68 (17.9%) respondents reported missing school for one or more terms. The major reasons were given by the respondents for not being in school and irregular school attendance include lack of the necessary educational materials and money to settle school fees. Some of the children were engaged in economic activities such as hawking, manual labor, or farm work, just to make a living as well as provide for their siblings and elderly weak guardians. These activities left them with no opportunity for school as their time and energy were consumed. This point is equally buttressed by the work of [Pridmore \(2008\)](#) which showed the high frequency of OVC's school absenteeism thereby inhibiting their access to knowledge. The work of Catholic Relief Services and the Catholic Secretariat of Nigeria ([CRS & CSN, 2008](#)) confirms that non-orphans have more access to education than orphans.

The result of hypothesis one revealed that the HIFASS-LOPIN-3 educational empowerment program has a significant relationship with OVC's school enrolment in Southern Senatorial District, Cross River State. This point is substantiated by the frequency/percentage of OVC (214/56.3%) who reported to have received educational support from the HIFASS-LOPIN-3 organization. The findings of this study lend credence to the work of Subbarao et al ([2010](#)), who listed other factors that inhibit OVC's school enrolment, despite the implementation of Free Primary Education, including lack of educational capacity, additional costs of education, low quality of education and inability to attend school on a full-time basis. In their studies, [Davids and Skinner \(2006\)](#) also maintain that some inhibiting factors to OVC's accessibility to education are family needs, the need to pay fees, school levies, and acquiring educational materials. The findings of this study are further reiterated by the work of [Okon & Ojua \(2018\)](#), which assessed the psychosocial support given to OVC in Cross River and the Ebonyi States, by the HIFASS-LOPIN-3 project. The result showed that 89.2% of the children (10-17yrs) were enrolled in school in Cross River State, and 76.0% in Ebonyi state as at the time of research.

From the result of analysis of questions 13 to 17 in the questionnaire, it is obvious that a greater number of the respondents 219 (57.6%) maintained going to the hospital when ill, while only 161 (42.4%)

respondents reported not going to the hospital for fear of injection/drugs, lack of money to pay medical bills and lack of trust in the doctors/nurses. Most of the children 227 (59.7%) reported receiving treatment from patent medicine shops (apart from the hospital), 85 (22.4%) received treatment from traditional healers and 68 (17.9%) received from spiritual homes. The above result demonstrates a higher percentage of OVC's accessibility to quality health care facilities. Few respondents 148 (38.9%) maintained knowing how to prevent HIV/AIDS and other STDs, indicating a low HIV/AIDS prevention awareness. A greater number of respondents 216 (56.8%) reported receiving free health service from HIFASS-LOPIN-3 in terms of HIV test, malaria prevention education, malaria tests, free malaria drugs and mosquito nets, blood sugar and blood pressure checks, etc. this result (216) also have a corresponding increase (219) in OVC's accessibility to hospital, implying a strong relationship between HIFASS-LOPIN-3 provision of health service and OVC's accessibility to quality health care facilities.

This position is further reinforced by the result of hypothesis two which affirms that HIFASS-LOPIN-3 provision of health services has significantly increased the OVC's accessibility to quality healthcare facilities in Southern Senatorial District, Cross River State. Almost all the caregivers maintained having knowledge on how to prevent HIV/AIDS and other STDs. In line with the findings of this study, poor health was the least among the problems reported by the children in a study carried out by [CRS & CSN \(2008\)](#). Only 4% of the children reported having health challenges in FCT, 3% in Benue, 20% in Nassarawa, 13% in Niger, 6% in Kaduna, 10% in Plateau, 9% in Kogi, and 6% in the Edo States. The study findings are also supported by the work of [Tagurum, et al \(2015\)](#) which showed 26.2% of OVC experiencing frequent illness. However, the outcome of this study contradicts the findings of [Okon & Ojua \(2018\)](#) which showed a high percentage of sick OVC who cannot participate in daily activities: 53.6% in Cross River State and 55.6% in Ebonyi State (0-9 yrs), 49.5% in Cross River State and 39.5% in Ebonyi State (10-17 yrs).

The result of analysis of questions 18 to 22 in the questionnaire reveals that 165 (43.4%) respondents had the income-generating skill and almost all of these respondents 162 (42.6%) experienced varied challenges in practicing their skills. The study found that most of the challenging factors include lack of start-up capital, high taxation, unsteady power supply, poor infrastructures and low demand for goods. 225 (59.2%) respondents maintained receiving vocational training/financial support from HIFASS-LOPIN-3 in such areas as cobbling, hairdressing, tailoring, seed grants, etc. Out of the 225 respondents who received this support, 171 reported improved income levels engendered by the vocational training/financial support. 54 respondents experienced no significant improvement in income level. The major reasons as reported by the respondents were insufficient capital, poor business environment and family needs which exert much pressure on the business income. However, it can be deduced from the above that there is a strong relationship between HIFASS-LOPIN-3 skills acquisition training/financial empowerment and the income level of OVC/caregivers. This finding is further strengthened by the result obtained from testing hypothesis three, which reveals that

HIFASS-LOPIN-3 skills acquisition training and financial empowerment program is significantly related to the income level of OVC/caregivers in Southern Senatorial District, Cross River State.

The study findings agree with the position of [Nyamakuru \(2011\)](#) who opines that a microcredit strategy is an effective tool for enhancing sustained income-generating activities in OVC households. The result also confirms the report given by [Gede \(2016\)](#), who maintains that older OVC in Nigeria is enrolled into several skills acquisition classes that equip them with skills like soap making, knitting, catering, computer engineering, tailoring, etc.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

Based on the fascinating findings obtained from this study, some tenable conclusions are hereby drawn; the study concludes that registration of OVC in school alone cannot enhance consistent school attendance. Apart from school fees and educational materials, other inhibiting factors include: hunger, family pressure, poor and discouraging school environment. It can as well be deduced that the HIFASS-LOPIN-3 educational empowerment program improves OVC's school enrolment but cannot ensure sustained school attendance, therefore unable to promote their educational wellbeing.

It can also be submitted that the OVC has not obtained sufficient awareness on how to prevent HIV/AIDS and other STDs. This can subject them to serious risk as 8.2% has already reported being tested positive. HIFASS-LOPIN-3 provision of health services has encouraged access to quality healthcare facilities among the OVC. Few who refused to visit the hospital had reasons associated with their past experience.

Furthermore, the study concludes that most OVC had income-generating skills but could not practice the skills due to national insecurity, poor infrastructures, high tax rate, and lack of capital. Finally, it can be deduced that HIFASS-LOPIN-3 skills acquisition training/financial empowerment has improved the income of OVC/caregivers as more than three-quarters of the respondents attested to this.

### Recommendations

The study recommends that:

1. HIFASS-LOPIN-3 organizations, NGOs, private sectors, and government should initiate sustainable programs where OVC's school enrolment and attendance could be fully promoted.



Also, measures should be taken to punish caregivers who engage children in farm work, trade or any kind of economic activity during school hours.

2. Effective orientation exercises on HIV/AIDS and STDs should be carried out where both the younger and older OVC would be properly informed on how to prevent HIV/AIDS and STDs. In addition, Government should establish and recognise a body where all orphans in different communities, senatorial districts and states can be identified and given free medical treatment.
3. Adequate provision for start-up capital/equipment or materials should be made for older OVC/caregivers who receive skills acquisition training.
4. Generally, the HIFASS-LOPIN-3 organization should set up follow-up activities to ensure sustained improvement of OVC's wellbeing.

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