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CHALLENGES AND EXPERIENCES OF CARE GIVERS / VOLUNTEERS AND ORPHANS IN THE COMMUNITY BASED APPROACH TO THE REHABILITATION OF ORPHANS IN DEKINA LOCAL GOVERNMENT AREA , KOGI STATE, NIGERIA

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ABSTRACT

Care givers/volunteers and orphans are faced with many challenges and have varied experiences in the course of community based Rehabilitation of Orphans in Dekina Local Government Area, Kogi State, Nigeria theses experiences and challenges are worth documenting The study used primary data collected with the aid of questionnaire, oral/in-depth interview and focus group discussion. The data were analyzed using simple percentage . The result revealed that the challenges faced by care givers inadequate funds, inadequate community support, improper financial management , for the orphans the challenges were abject poverty , inadeguate government support, inadequate community support, disease , lack of /inadequate education, disability etc, the experiences of the orphans and care givers are worth while and hence worth documenting for planning and intervention The study concluded that both orphans and care giver/ volunteers faced many challenges that require urgent intervention, it is recommende3d that communities should step up their support for orphan and rehabilitation activities, , more government support is needed

Keywords : Challenges Community, Dekina, Experiences , Orphans, Rehabilitation

1.0 INTRODUCTION

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.

Dekina Local Government area 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 of all these initiatives over the years , community-based Orphans /Vulnerable Children care and support initiatives remains 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).

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.

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 like Nigeria, it is therefore pertinent to examine the challenges faced by orphans and care givers /volunteers in the community based approach to the rehabilitation of orphans in Dekina Local Government, Kogi State.

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:

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.

2.0 LITERATURE REVIEW

2.1 Conceptual Frame Work

2.1.1 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.

2.1.1.1 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.

2.1.2 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".

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.

2.1.2.1 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.

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.

2.1.3.1 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.

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.

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.

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.

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.

2.2 Theoretical Frame work

2.2.1 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**2.2.2 Social Network Theory**

Feld (2007) asserts that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools.

2.2.3 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.

2.3 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

2.3.1 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”

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.

2.3.2 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).

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 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.

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."

2.3.3 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.

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

3.0 METHODOLOGY

. 3.1 Study Area

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.

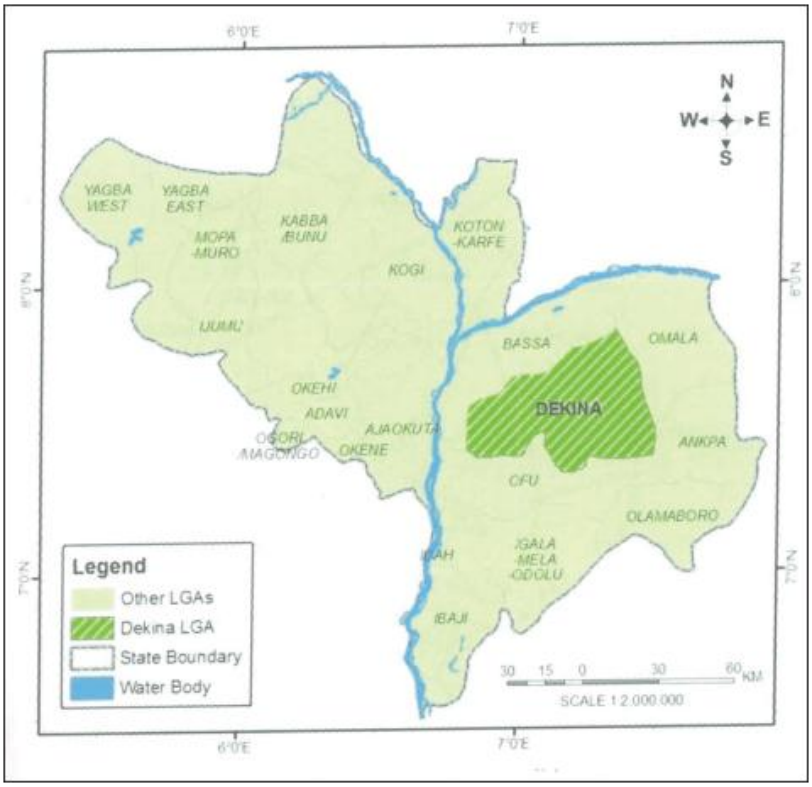
Formal Sector: This sector of economy deals majorly with the professionals who render services in banking, lecturing, teaching in nursery, primary and secondary schools; others are civil servants working in different parastatals of the various federal, state and local government establishments. (Ifatimehin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

The data for this study were collected using primary method and secondary method, with the aid of questionnaire, face to face interview and focus group discussions

3.5 Data Analysis Techniques

Data were presented in tables , bar charts and pie charts and simple percentages was used to analyse the data

4.0 RESULTS AND DISCUSSION

4.1 Results

4.1,1 Socio- Demographic Data of Care Givers / Volunteers.

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

4.2 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."

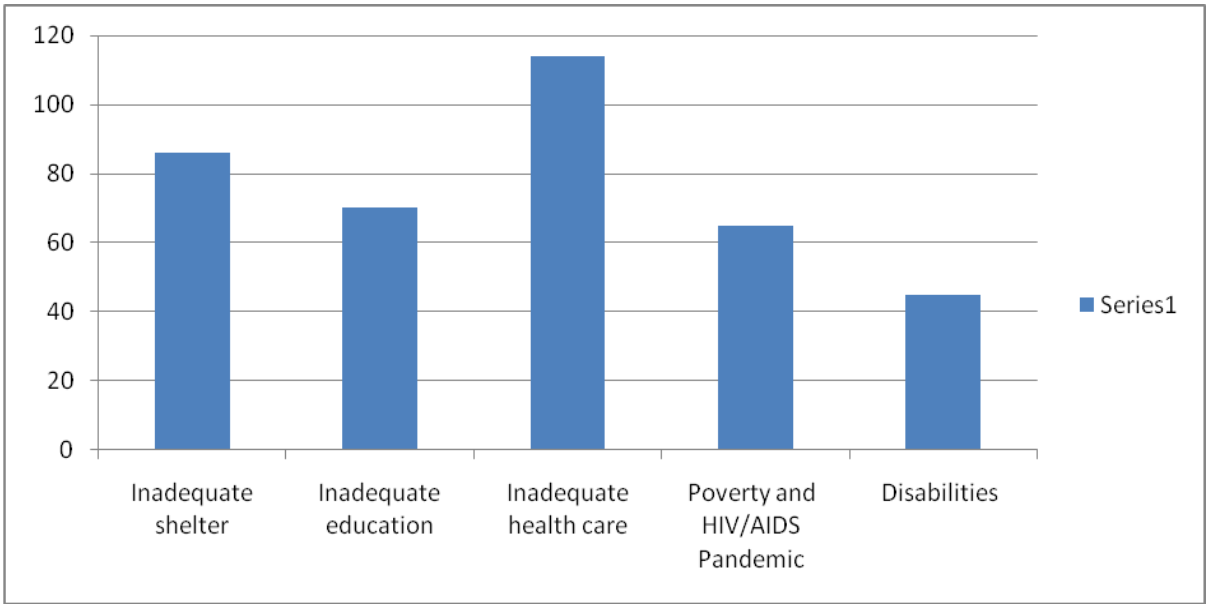
Challenges faced by Orphans that often Necessitate their Rehabilitation through Community Based Approach

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"

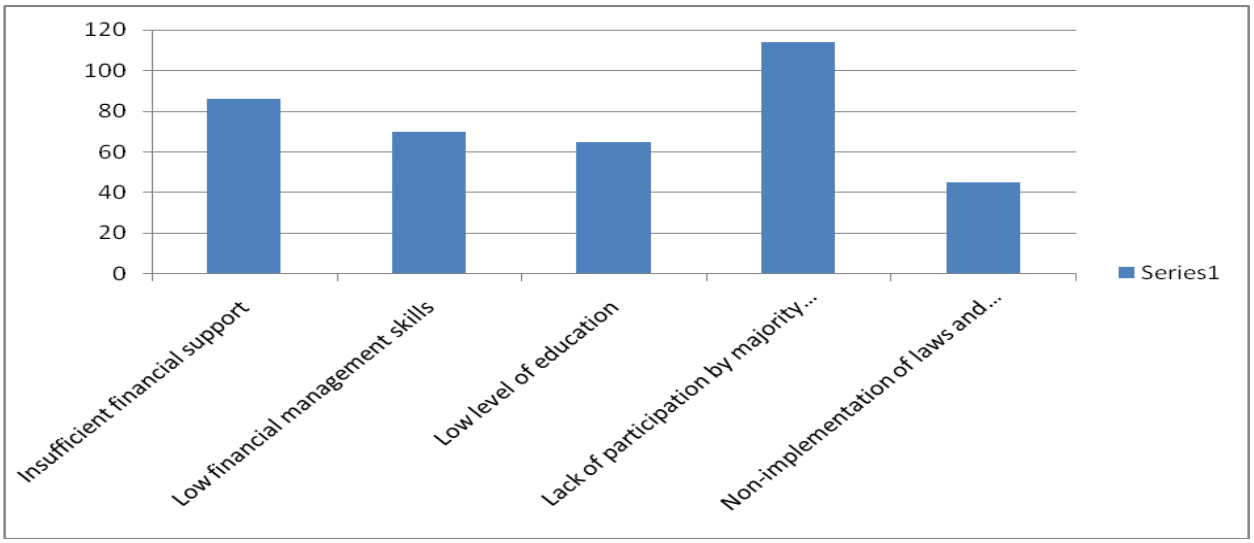
Challenges faced by Community Based Approach in the Rehabilitation of Orphans in

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."

4.3 Discussion of Findings

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."

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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."

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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:

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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.

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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."

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CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The study 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.

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5.2 Recommendations

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 Dekina local government area of, Kogi State.

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 Dekina local government area of Kogi State, Kogi State.

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