CRS SUN/OVC End-of-Project Evaluation Report

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ACRONYMS

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

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EXECUTIVE SUMMARY

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

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

Highlights of Findings

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

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

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

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

- In general, partners rated themselves well on program performance characteristics such as management structure, timeliness in meeting targets, monitoring and evaluation (M&E), active volunteerism, internal collaboration, technical competence, timeliness of reporting, but not well on sustainability which is a key issue that needs

to be addressed in future programming. Findings suggest that some dioceses had better sustainability plans than others, but in general this was handled with a piecemeal attitude.

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

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

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

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

INRODUCTION

Background

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

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

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

Project Objectives

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

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

Implementation Strategies

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

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

Evaluation Objectives

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

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

EVALUATION METHODOLOGY

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

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

Documents Review:

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

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

capacity for accessing funding/collaboration. Based on a combination of northern vs. southern grouping of dioceses, and program characteristics six dioceses, three from the north (Minna, Jos, and Kafanchan), and three from the south (Makurdi, Idah, and Benin) were purposively selected for the evaluation.

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

Quantitative Methods

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

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

Diocese	**OVC aged 6-17 (%)**				**OVC aged 0-5**				**Partner/CSN Staff**	
	Actual	(%)	Expected	(%)	Actual	(%)	Expected			
Total (N)	1356		2500		243		1600		75*	
Minna	192	14%	409	16%	21	9%	262	16%	15	21%
Jos	249	18%	245	10%	54	22%	157	10%	12	17%
Kafanchan	324	24%	268	11%	54	22%	171	11%	10	14%
Idah	230	17%	527	21%	32	13%	337	21%	13	19%
Benin	135	10%	588	24%	70	29%	376	24%	11	16%
Makurdi	226	17%	463	18%	12	5%	296	18%	9	13%
Total (%)		100		100		100		100		100

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

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

Qualitative Methods

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

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

Team Composition & Fieldwork

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

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

Limitations of Methodology

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

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

- Another possible constraint on the evaluation is the lack of inclusion of beneficiaries that may have moved away to other dioceses or parishes that were not included in the

SUN project. Available information at the time of the fieldwork did not suggest that motility was a serious or substantial issue that any selected DACA or PACA experienced during program implementation.

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

Background Characteristics of Respondents (OVC, caregivers, and partner Staff)

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

Background Characteristics of OVC and Caregivers

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

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

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

As Table 2 above shows, the majority of OVC aged 6-17 interviewed lived in the urban area (59%), were males (54%), and were 10 years or older (80%). Also, the majority were

Catholic (63%), had their mother still alive (56%), and were mostly in the saturated program (65%). The majority of OVC aged 0-5 were urban residents (78%), with fairly equal proportion of male and female (51% vs. 49%), and were aged 3 years or older (76%). Half (50%) of OVC aged 0-5 were Catholic followed by Protestant (33%), and in terms of whether their parents were alive, most responses were; both alive (40%), and only mother alive (33%).

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

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

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

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

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

ACHIEVEMENTS

Access to Support Services

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

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

Types of Services Indicators	*OVC aged 6-17 (%)*		*OVC Aged 0-5*	
	Number (N)	**Percent (%)**	**Number (N)**	**Percent (%)**
% who did not received any support	32	2%	11	4%
% received health care services	927	71%	187	77%
% received educational support	1109	86%	162	67%
% received vocational support	186	14%	15	5%
% received rights and protection services	346	27%	73	30%
% received psychosocial support	571	44%	105	43%
% received livelihood opportunities	299	23%	50	21%
Total (N)	**1356**		**243**	

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

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

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

Who provided the support received	*OVC aged 6-17 (%)*		*OVC Aged 0-5*	
	Number	**Percent**	**Number**	**Percent**
% received support from neighbor	39	3%	4	2%
% received support from religious community	262	20%	42	17%
% received support from community group/assoc.	53	4%	5	2%
% received support from community volunteer	58	5%	n/a	n/a
% received support from relatives (uncles, aunties etc)	171	13%	26	11%
% received support from parish volunteers (PAVs)	1006	78%	198	82%
Total (N)	**1356**		**243**	

Note: n/a = not applicable

Table 5 above showed that OVC reported multiple sources of support. The majority of OVC aged 6-17 (78%), and those aged 0-5 (82%) reported that they received support from PAVs who were the direct implementers of the SUN project. Other sources of support reported by OVC aged 6-17 and those aged 0-5 respectively were; religious community (20% vs. 17%), and relatives (13% vs. 11%).

Further analysis of data showed that the proportion of OVC aged 6-17 who reported that they received support outside of family varied significantly by dioceses, region, and parent living status. Those who received support from parish volunteers varied significantly by dioceses, and by age, and those who reported that they received support from religious community varied significantly by dioceses, program strategy, religion, and parent living status (Appendix A1). Also, significant results were obtained for specific indicators of education, health, rights and protection, and psychosocial support across background characteristics for OVC aged 6-17, and those aged 0-5 (Appendixes A2 and A3).

OVC Access to Education & Vocational Training

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

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

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

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

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

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

Types of support and other indicators		
	Number	**Percent**
% received school fees	1048	85%
% received school materials (books, pens, pencils etc)	926	75%
% received uniforms	725	59%
% attended block grant school	450	37%
% have time to do school homework	1186	95%
% Ever received a vocational training	233	18%
% completed vocational training	89	16%
% would like to receive vocational training	710	58%

Table 7 showed that the types of support that OVC aged 6-17 received were on school fees (85%), school materials (75%), and uniforms (59%). Some of the OVC were in block grant school (37%), and the majority reported that they had time to do their homework (95%). On vocational training, only a few (18%) of the sampled population had ever received vocational training, of which only a few (16%) completed the training at the time of the evaluation.

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

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

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

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

OVC Strengthened Livelihood through Education/Vocational Skills

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

Table 8: Percentage of OVC aged 6-17 according to conditions on education/vocational skills most applicable to their situation

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

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

> *.....It has changed my life educationally. It has made us to be focused. We can now stand boldly and speak. It has given us hope and assurance and we now know there is a brighter future. The advice has made me to abstain from sexual intercourse and to avoid its consequences.* **OVC aged 6-17, Idah Diocese**
>
> *As a graduate, I now apply the things they taught us and I still share the training with my friends….. I am learning computer graphics now hoping that when I graduate, I will look for a vacant place and work.* **OVC Graduate, Benin Diocese**

OVC Access to Health Care

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

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

Indicators of access to health services		*Percent (%)*
OVC aged 6-17	**Number (N)**	***Percent (%)***
% received health services in the last six months	942	73%
% had treatment on sickness in the last six months	638	62%
% received mosquito nets in the last six months	740	72%
% received water guard in the last six months	690	67%
% received treatment from hospital/clinic for last sickness	608	61%
% got the treatment that they needed	823	82%
Total (N)	1034	
OVC aged 0-5		
% receiving health care services	179	82%

% received mosquito net	144	71%
% received water guard	158	78%
% received clinical services	115	57%
Total (N)	218	

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

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

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

> *The situation is much better now. This group is helping so much, before there was nobody to help. All the things like clothes, school fees, and healthcare are supported. This has reduced our burden immensely.* **Caregiver, Makurdi Diocese**
>
> *We have the OVC, and the PLH, the OVC, we basically provide them medical services when they come to us with medical condition their list are with us, PLH medical services and we have also extended our services to those who come on admission.* **Health Block Grant hospital, Jos Diocese**

OVC Health Conditions

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

Indicators of health conditions	***OVC aged 6-17***		***OVC aged 0-5***	
	Number (N)	Percent (%)	Number (N)	Percent (%)
1. Rarely or never receives the necessary health care services	131	10%	24	16%
2. Sometimes or inconsistently receives needed health care services (treatment or preventive).	207	16%	43	30%
3. Received medical treatment when ill, but some health care services are/were not received	246	19%	52	34%
4. Received all or almost all necessary health care treatment and preventive services	902	70%	176	81%
Total (N)	1297		217	

Condition number 4 in Table 10 above describes the best health condition attainable by OVC. Findings showed that the majority of OVC aged 6-17 (70%), and the majority of those aged 0-5 (81%) received all necessary health care treatment and preventive services. This suggests that the majority received the best health care treatment available in their community.

Other Indicators of Health Awareness & Behavior

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

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

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

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

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

The majority (79%) of OVC aged 13-17 strongly agreed that they were capable of abstaining from sex. Only a few (9%) reported participation in the abstinence and be faithful (AB)

activities organized by their parish. Only about a third (36%) reported ever tested for HIV; 38% obtained their results of which 7% were positive and 30% negative.

OVC Access to Rights & Protection Services

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

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

Indicators of child rights and protection	**2008 National SA (%)**	**2008 CRS SA (%)**	***Number (N)***	***Percents (%)***
OVC aged 6-17				
% ever looked for help because of family matters	n/a	n/a	417	32%
% received help from community/parish volunteers	n/a	n/a		48%
% received help on birth certificate	n/a	n/a	166	26%
% has a birth certificate	24%	27%	865	67%
% received help on legal Aid/support	n/a	n/a	138	22%
% received help from community justice system	n/a	n/a	40	6%
% received help on will writing and succession	n/a	n/a	14	2%
Total (N)				1356
OVC aged 0-5				
% ever received any rights/protection services	n/a	n/a	145	60%
% currently receiving rights/protection support	n/a	n/a	113	63%
% received help on birth certificate	n/a	n/a	137	87%
% received or is receiving legal aid support	n/a	n/a	18	12%
% received or currently receiving help through the community justice system	n/a	n/a	10	6%
% received help with Will writing/succession	n/n	n/a	7	5%
% has a birth certificate	n/a	n/a	173	71%
Total (N)			243	

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

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

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

We render mostly the issuance of birth certificate to them because we discovered that it is one of the major instruments we need to help defend these OVC in case they ran into problem of cases or issues concerning inheritance. So, we discovered that the birth certificate will be of help to them because of the obvious advantage it carries, the certificate is such that without it as they grow up there will be difficulty with securing admission to certain schools, difficulty of securing job. **JDPC, Kafanchan Diocese**	We want to see that every child has right to education in the state. We have community justice structure. Community justice establishment that is not harmful. In case of child abuse what can the community do….. We collaborate with parish and traditional rulers and community. **JDPC, Benin Diocese**

OVC Rights & Protection Condition

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

Indicators on Rights & Protection	**Aged 0-5 (%)**		**Aged 6-17 (%)**	
Abuse & exploitation: abuse, neglect, or exploitation	Number (N)	Percent (%)	Number (N)	Percent (%)
1. % of children who were abused, sexually or physically, and/or were subjected to child labor or otherwise exploited	5	3%	63	5%
2. % of children neglected, given inappropriate work for their age, or were clearly not treated well in household or institution	5	3%	90	7%
3. % of children that may have been neglected, over worked, not treated well or otherwise maltreated	12	8%	125	10%
4. % of children who did not seem to have been abused, neglected, did inappropriate work, or exploited in other ways	186	86%	933	71%
Total (N)	217		1306	
Legal protection: Access to legal protection				
1. % of children that did not have access to any legal protection services and is being legally exploited	22	15%	132	10%
2. % of children that had no access to any legal protection services and may be at risk of exploitation	28	19%	176	14%
3. % of children who had no access to any legal protection services, but no protection is needed at this time	56	36%	361	28%
4. % of children who has access to legal protection services as needed	156	76%	790	61%
Total (N)	203		1306	

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

OVC Access to Psychosocial Care

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

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

Indicators of psychosocial support	Number (N)	Percents (%)
OVC aged 6-17		
% who received help from anyone when had problems or worry	924	71%
% discussed the last problem or worry with guardian/caregiver/father/mother	378	36%
% discussed the last problem or worry with brothers/sisters/relatives/friends	117	11%
% discussed the last problem or worry with parish volunteer/faith leader	376	36%
% received training in life skills	770	59%
% member of OVC support group	1153	89%
% who reported been visited by outside person to discuss worry and solutions	978	75%
% who reported been visited by parish volunteers/religious group to discuss worry and solutions	923	87%
% who reported that the visit was useful	969	91%
Total (N)	1302	
OVC aged 0-5		
% ever received psychosocial support	174	72%
% currently receiving psychosocial support	165	84%
% received OVC support group services	139	77%
% participated in recreational activities	30	17%
Total (N)	243	

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

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

OVC Psychosocial Condition

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

Indicators of psychosocial conditions	***OVC aged 0-5***	
Social behavior: Child's Participation in social activities		
	Number (N)	**Percent (%)**
1. % has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior	5	3%

2. % Is disobedient to adult and frequently does not interact well with peers, guardian, or others at home or school	8	6%
3. Child has minor problems getting along with others and argues, or gets into fights sometimes	13	9%
4. % likes to play with peers and participates in group or family activities	212	94%
Total (N)	226	
Emotional health: Child looks happy and hopeful		
1. % seems hopeless, sad, withdrawn, wants to be left alone (refuse to eat, sleep poorly, or cry a lot)	13	7%
2. % Is often withdrawn, irritable, anxious, unhappy or sad. Infant may cry frequently or often be inactive	7	5%
3. % Mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, or not sleeping well	30	20%
4. % Child seems happy, hopeful, and content	200	91%
Total (N)	220	

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

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

Indicators of benefits of support group	Number (N)	Percents (%)
OVC aged 6-17		
% member of OVC support group	1153	89%
% who found the support group useful	1127	94%
% who reported that it makes them feel good about themselves	938	78%
% who reported that it is fun place to meet with friends	646	54%
% who reported that it allows for discussion of common problems	616	51%
% who reported that it gives ideas on how to deal with problems	564	47%
% who reported that it creates avenue for making decision in group which get more attention	370	31%
Total (N)	1302	

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

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

OVC Satisfaction about Services

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

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

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

Note: n/a = not applicable.

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

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

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

Perceived Wellbeing of OVC aged 13-17

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

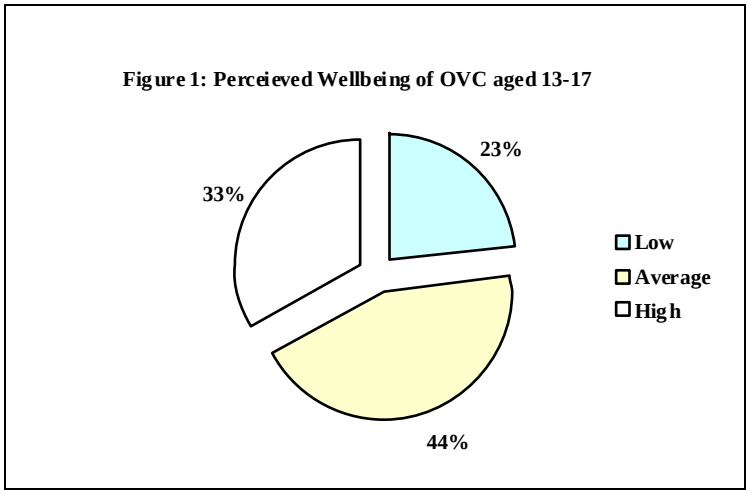


Figure 1 shows that a quarter (33%) of OVC aged 13-17 can be classified as having high level of wellbeing (33%), and substantial proportion (44%) can be classified as having average wellbeing, while the rest (23%) may be referred to as having low wellbeing.

Perceived Wellbeing by Key Background Characteristics

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

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

Background characteristics	*Low*	*Average*	*High*
Total (N)	605		
Diocese			
Minna	17%	50%	33%
Jos	8%	42%	50%
Kafanchan	23%	41%	36%

Idah	20%	47%	33%
Benin	18%	45%	37%
Makurdi	42%	41%	17%
P-value	0.000		
Residence			
Urban	22%	42%	36%
Rural	25%	48%	27%
P-value	0.112		
Program Strategy			
Saturated	20%	42%	48%
Non-saturated	30%	38%	22%
P-value	0.000		
Sex of OVC			
Male	23%	43%	34%
Female	23%	45%	32%
P-value	0.857		
Age at last birthday			
9 or less	50%	50%	-
10 to 14	24%	41%	35%
15 or older	23%	47%	30%
P-value	0.421		
Religion			
Traditional/Muslim/others	24%	42%	33%
Catholic	24%	43%	33%
Protestant	21%	48%	31%
None/no response	50%	25%	25%
P-value	0.784		
Parent Alive			
None	27%	42%	31%
Father	22%	45%	33%
Mother	22%	45%	33%
Both	24%	39%	37%
No response	25%	50%	25%
P-value	0.962		

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

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

Caregivers & SILC Involvement

This section discusses participation of caregivers in income generating activities (IGA) through the savings and internal lending communities (SILC) scheme towards enabling them to better take care of their family and strengthened their livelihood.

Table 19: Percentage of Caregivers by indicators of involvement in SILC economic activities

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

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

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

We are well organized. We have set our rules and we save regularly. We have a treasurer and he is doing a good job. We have a box where the money is stored. We give loans with 10% interest. 'I used the loan to pay my daughter's school fees';"I used it to complete my shop". "I started business with the loan". "I used it to assist my husband". **SILC Group, Jos, Diocese**	The success story I am aware of now, the groups have started sharing their contribution and they have even started organizing another one, and more people from the community have seen the improvement for those who have participated are coming to join them. Some have said their businesses have improved. They were able to set their businesses on a long term basis, before, they will do and stop but they know that there are funds there, when it is exhausted, they can always go back. It has improved their businesses and that is why they are able to now get more people who want to join the second step. **JDPC, Jos Diocese**	It was not easy to start, but the benefits they have gotten from what they have started. For example, from here in Madakia, their economic status is high now than before when they find it hard in settling their children school fees and buying food for their households. From the report I get from them, there is great change in their lives. Before, for them to come together as a group is very difficult, but through this now, they know the importance of coming together- for meetings, for anything. They know now that coming together as one body will help to pick up anything, any challenge. Due to the achievements in these groups, others have shown interest in joining them. **Partners Staff, JDPC, Kafachan**

Key Success Stories

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

SUCCESS STORY ONE

- **19 years old double-orphan, Minna Diocese**

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

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

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

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

SUCCESS STORY TWO

- **Block-Grant School, Jos, Diocese**

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

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

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

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

IMPLEMENTATION & MANAGEMENT STRATEGIES

Project Saturation vs. Non-Saturation

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

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

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

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

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

Capacity Building of CRS & Partner Staff

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

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

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

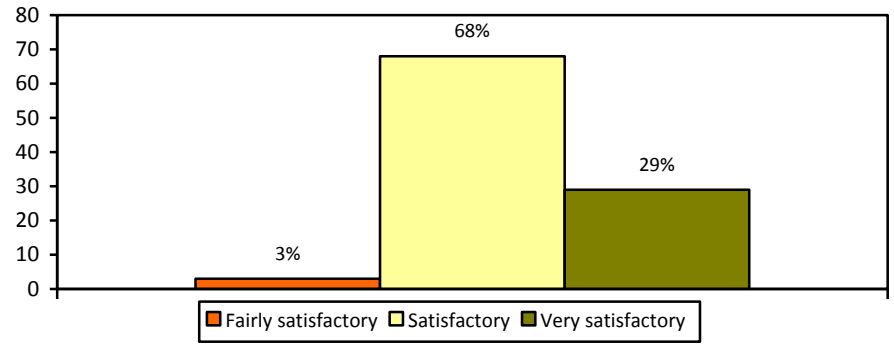
Types of trainings	*Number*	*Percent (%)*
% who reported receiving training in program management	49	74%
% who reported receiving training in financial management	26	39%
% who reported receiving training in grants development and management	11	17%

% who reported receiving training in M&E	44	67%
% who reported receiving training in other areas	3	5%
Total (N)	66	
% who reported training enhanced performance	64	93%
Total (N)	69	

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

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

Figure 2: Rating on quality of trainings received



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

Perception about Work Experience

This section discusses partner staff perception about their experience working in their respective organization.

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

Indicators	*Not satisfactory*		*Fairly satisfactory*		*Satisfactory*		*Very satisfactory*	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
% who reported receiving tools to feel confident & competent	2	4%	2	4%	31	67%	11	24%
% who reported feeling adequately equipped for tasks	1	2%	6	9%	43	64%	17	25%
% who reported receiving tokens of appreciation	4	7%	18	29%	33	53%	7	11%
% who reported receiving clarity regarding incentives	1	2%	10	18%	37	67%	7	13%
% who reported participating in transparent recruiting	1	1%	4	6%	42	64%	19	29%
% who reported agreeing to a specified time frame	1	2%	13	21%	36	58%	12	19%
% who reported adequate support/supervision of volunteers	1	1%	10	16%	42	66%	11	17%
% who reported receiving recognition from the community	3	5%	7	11%	36	57%	17	27%
Total (N)	75							

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

Program Coordination & Management Performance

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

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

Type s of support received	***Number***	***(%)***
% received technical expertise	56	79%
% received training	63	89%
% received financial resources	65	92%
% received physical infrastructure	56	79%
% received other	4	6%
Total (N)	71	

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

that they received financial resources (92%), and physical infrastructure (79%) from CRS to enable project performance.

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

Indicator of Services	Number	Percents (%)
% who reported improvement in education services	43	61%
% who reported improvement in health care services	43	61%
% who reported improvement in vocational support services	15	21%
% who reported improvement in protection services	12	17%
% who reported improvement in psychosocial support services	39	55%
% who reported improvement in prevention services	24	34%
% who reported improvement in other services	39	55%
Total (N)	71	

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

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

Indicators on areas that need attention	**Number**	**Percents (%)**
Partner staff		
% who reported that all organization's expectation have been met	35	86%
Total (N)	71	
Technical expertise	21	37%
Training	25	44%
Financial resources	51	90%
Physical infrastructure	26	46%
Others	4	7%
Total (N)	57	

This evaluation explored areas in the project management that needed more improvement. Although most partner staff reported that their expectations regarding the project were met (86%), key aspects that needed more attention were; technical expertise (37%), training (44%), financial resources (90%), physical infrastructure (46%), and other areas (7%).

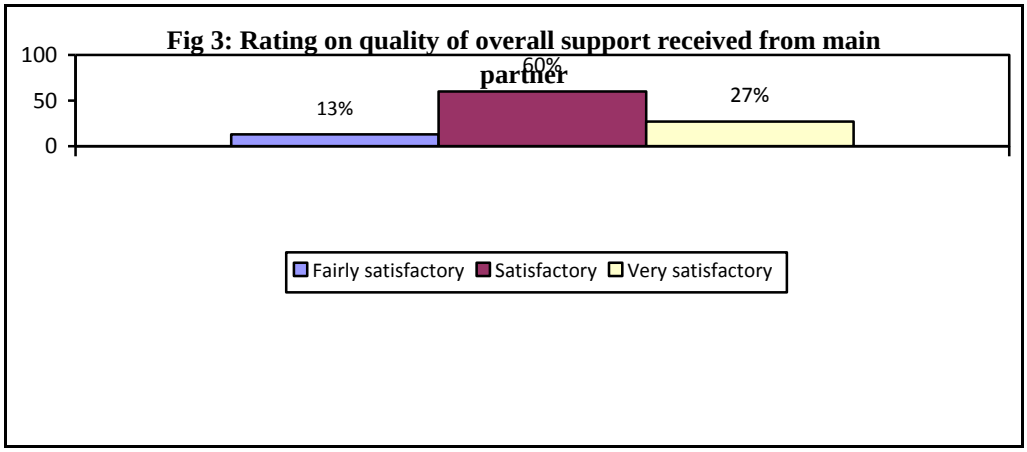


Figure 3 shows that the majority of the partner staff rated the support received through the SUN project as satisfactory/very satisfactory (87%). Satisfaction about the support received is a key component of project success.

Rating on Key Areas of Project Performance

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

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

Indicators of service	*Not satisfactory*		*Fairly satisfactory*		*Satisfactory*		*Very satisfactory*	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
Management structure	1	1%	4	6%	44	65%	19	28%
Timeliness of meeting targets	-	-	3	4%	53	75%	15	21%
Monitoring & Evaluation	-	-	4	6%	43	61%	24	34%
Active volunteers	1	1%	4	6%	44	63%	21	30%
Sustainability	5	8%	28	42%	31	47%	2	3%
Internal collaboration	-	-	6	9%	41	59%	22	32%
Staff technical competence	-	-	-	-	43	61%	27	39%
Timeliness of reporting activities	-	-	8	11%	51	73%	11	16%
Quality of services provided	-	-	4	6%	40	60%	23	34%
Block grant	-	-	11	16%	39	58%	17	25%
Staff retention/attrition	4	6%	14	21%	31	47%	17	26%
Capacity to access funding/collaboration	4	6%	17	27%	34	54%	8	13%
Overall FBO support/contributions to beneficiaries	1	1%	6	9%	44	63%	19	27%
Overall project performance	-	-	2	3%	36	55%	28	42%
Total (N)								

Results of accumulated years of training and experience reflected in the responses of partner staff to key indicators of service performance. Table 25 shows that most partner staff rated their management structure, timeliness of meeting targets, monitoring and evaluation, active

volunteers, and internal collaboration satisfactory/very satisfactory (93%, 96%, 95%, 93%, and 91%, respectively). Other indicators of project performance that were high on satisfactory/very satisfactory rating are; staff technical competence (100%), timeliness of reporting (89%), quality of services provided (94%), block grant (83%), staff retention/attrition (73%), and capacity to access funding/collaboration (67%). Only sustainability of the project was rated the lowest (50%) on satisfaction.

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

Sustainability of the Project Implementation

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

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

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

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

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

A challenge PACA recognized at the parish council meeting – we will take it up as a challenge. Basically, we rely on collections, setting aside special Sundays. Other possible ways include – Launching, Income generation activities, projects – yielding income involving the community. **Parish Priest, Kafachan**

In my former parish I encouraged support group to have their farms, the sewing institute, groundnut milling machine. My intention here is for them to buy shares so that they can resell and support themselves. I have a hospital here which is under construction with time they will benefit more. **Parish Priest, Makurdi**

The Church is aware; Diocesan Priests meeting – agreed that every last Sunday, there will be general collection from all the Parishes. There will be rationalization of staff to scale down. We will identify what DACA can handle on its own. **DACA, Jos diocese**

…we had been being able to establish large scale micro finance farm with machine to sustain the PLHIV and OVC last year we harvest over 20 tones of yam so you see when we harvest we share it to them and sell part of them to help the support group and we have some staff there too who we maintain with the money. The issue of seed, we are trying to make sure the various support group benefit from it. Plan are on ground to make sure will open bore hole business is hot cake for the past 10 years with that we will be able to make money to sustain our staff is not less than 10, and the youth center is used for cyber cafe and computer training center, we have been able to train some of the PLHIV group on fast food making here we have enter hot season a woman that can be able to make good kunu can make 500 naira per day as per profit so this AID world day we are celebrating tomorrow any assistance that we are able to raise from our benefactor we will be able set up two to three of them to start on their own and they had been reducing this dependency syndrome , and also we are planning to open mini market for the support group…. **DACA, Minna diocese**

Collaboration with Other Stakeholders

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

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

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

The Block Grant Strategy

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

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

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

The SILC Strategy

The SILC is a new and evolving strategy that came into being based on accumulated experience from program implementers. A core aspect of the SILC is a field agent who trains and share experience with prospective participants to ensure that standards that guarantee success are maintained. The SILC compose of a group of 20 or less people with like minds based on natural selection. The SILC is an economic empowerment strategy that is self sustaining and it generates capital that can be accessed by members. As mentioned earlier, reports from qualitative data analysis showed that the SILC strategy started slowly but is gradually gaining momentum as the benefits become noticeable among the members. The statements below from a key informant interviewee, and a group interview sum-up what the strategy is all about.

The major changes in the program strategies are: the provision of grant to beneficiaries; internal savings and lending among group members without external donations … The lessons learnt from previous economic strengthening programs led to the adoption of the SILC model, because the previous loan grant was not as effective as expected because of inability of the people to repay the loan. The SILC idea is to help the people solve their own problem themselves...most of the communities initially reject the program due to the belief or the mind-set that they don't have the money to start… The SILC model is not too alien to the Nigerian cultural settings. **CRS Staff, Abuja**

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

Financial Aspects of Implementation

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

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

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

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

Table 27: Percentage distribution of expenditure by items implemented

	Amount in (USD)	*(%)*
Salaries	2,076,370	17.83%
Trainings	416,471	3.58%
Office	585,118	5.03%
Vehicle/travel	381,512	3.28%
M&E	66,330	0.57%
Partners/expenses/materials	6,456,598	55.45%
NICRA	1,660,669	14.26%
Total (N)	11,643,068	

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

Key Project Challenges

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

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

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

- Some respondents have argued that the project may have indirectly encouraged dependency syndrome among beneficiaries. Qualitative findings suggest that the majority of beneficiaries felt that PAVs should have done more to help them and their families. To the extent that the PAVs felt it was their right to demand for transportation allowance when they attend group meetings etc. Future programming may need to promote more IGA like the SILC among caregivers and older OVC.

- The issue of sustainability was not well addressed, early enough in the implementation process. A few dioceses were able to set-up farms for large scale farming and other capital investments and were able to source funds from other donors but they were in the minority. Future programming will need to actively incorporate sustainability program in the project right from the start.

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

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

CONCLUSIONS

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

Increased Access to Services

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

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

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

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

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

- In addition, findings showed that access to services varied significantly by dioceses, residence, program strategy, age, religion, and parent living status in most situations. Differences in access with respect to key demographic characteristics may need to be considered and factored into future programming.

- The process improved the livelihood of OVC as the majority reported the best conditions attainable on education, health, psychosocial support, and on rights and protection issues. Also, the majority of OVC aged 13-17 reported high and average wellbeing (based on 36 indicators of wellbeing), which varied significantly by dioceses, and program strategy.

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

Highlights on Management and Implementation Strategies

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

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

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

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

- A key aspect of project implementation that could booster sustainability in some ways is collaboration with other stakeholders. The synergy with other key players i.e. MDAs were not well established during the life of this project, and should be examined with a view to using it to leverage sustainability in the future.

- Results on the block grant and SILC strategy were positive on beneficiaries and were rated as satisfactory. There is the need to scale-up these successful strategies in future programming effort.

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

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

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

LESSONS LEARNT

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

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

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

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

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

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

RECOMMENDATIONS

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

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

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

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

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

- Financial management and administration was well implemented during the project cycle. It seemed that for future programming it may be necessary to examine other models such as exponential increase of project budget and expense after the first year when the project must have gain substantial traction and inertia and then tapering off of expense in the last year of project life. The benefit of the suggested model is that it would enable more work to be done just after the mid-life of the project and perhaps, allow enough time for more impact to be felt at the project end.

- It was observed that a considerably small amount was expended on M&E in the SUN project. This has to change especially with increased demand for accountability by funding agencies. Future programming should beef-up M&E funds at the CRS, DACA, and PACA levels so that quality follow-up visits can be made and quality data collected, and evaluated in a timely fashion.

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APPENDIX A: ADDITIONAL TABLES

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

Background characteristics	*% received support outside family*	*% received support from parish volunteers (PAVs)*	*% received support from religious community*
Total (N)	1349	1298	1295
Diocese			
Minna	96%	68%	19%
Jos	85%	73%	7%
Kafanchan	95%	86%	5%
Idah	94%	92%	44%
Benin	95%	68%	16%
Makurdi	94%	70%	35%
P-value	0.000	0.000	0.000
Residence			
Urban	94%	76%	20%
Rural	92%	79%	20%
P-value	0.490	0.145	0.957
Program Strategy			
Saturated	92%	77%	16%
Non-saturated	94%	79%	28%
P-value	0.287	0.232	0.000
Sex of OVC			
Male	94%	79%	21%
Female	93%	77%	19%
P-value	0.704	0.332	0.625
Age at last birthday			
6 or 9	93%	75%	15%
10 to 14	92%	81%	21%
15 or older	95%	73%	23%
P-value	0.202	0.012	0.053
Religion			
Traditional/Muslim/others	94%	89%	40%
Catholic	93%	77%	22%
Protestant	93%	76%	13%
None/no response	69%	69%	31%
P-value	0.000	0.079	0.000
Parent Alive			
None	93%	78%	28%
Father	93%	81%	21%
Mother	95%	76%	20%
Both	91%	76%	13%
No response	76%	73%	21%
P-value	0.000	0.796	0.003

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

Table A2: Showing percentage of OVC aged 6-17 by indicators of access to support services according to background characteristics

Background characteristics	*% attended block grant school*	*% received treatment from block grant facility*	*% looked for help on family matters*	*% received help on family matters from parish volunteers*	*% received help when had problems or worry*	*% found help on problems or worry useful*
Total (N)	1233	997	1303	647	1304	1201
Diocese						
Minna	30%	30%	37%	60%	72%	97%
Jos	10%	5%	30%	47%	59%	95%
Kafanchan	32%	28%	36%	54%	73%	93%
Idah	67%	58%	35%	40%	85%	96%
Benin	39%	45%	26%	36%	69%	91%
Makurdi	41%	41%	25%	48%	65%	91%
P-value	0.000	0.000	0.000	0.000	0.000	0.029
Residence						
Urban	42%	33%	27%	42%	74%	93%
Rural	28%	35%	39%	57%	66%	95%
P-value	0.000	0.678	0.000	0.000	0.002	0.466
Program Strategy						
Saturated	41%	32%	28%	44%	71%	93%
Non-saturated	28%	37%	38%	57%	70%	95%
P-value	0.000	0.000	0.000	0.000	0.646	0.135
Sex of OVC						
Male	35%	35%	32%	49%	71%	93%
Female	38%	32%	32%	48%	71%	95%
P-value	0.314	0.246	0.970	0.912	0.659	0.147
Age (last birthday)						
9 or less	23%	32%	27%	47%	66%	89%
10 to 14	38%	34%	32%	50%	69%	95%
15 or older	43%	37%	36%	48%	77%	97%
P-value	0.000	0.727	0.070	0.859	0.004	0.000
Religion						
Traditional/ Muslim/others	62%	53%	41%	44%	82%	93%
Catholic	37%	34%	34%	51%	71%	94%
Protestant	30%	29%	25%	43%	69%	95%
None/no response	37%	43%	44%	40%	69%	86%
P-value	0.000	0.015	0.009	0.001	0.320	0.001
Parent living status						
None	38%	35%	32%	50%	76%	95%
Father	33%	35%	31%	53%	60%	89%
Mother	39%	35%	33%	50%	72%	94%
Both	30%	28%	29%	43%	70%	94%
No response	25%	41%	33%	30%	66%	92%
P-value	0.091	0.380	0.041	0.099	0.210	0.339

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

Table A3: Showing percentage of OVC aged 0-5 by key indicators of access to services according to background characteristics of caregivers

Background characteristics	*% receiving health care services*	*% support provided by parish volunteers*	*% currently receiving psychosocial support*	*% currently receiving right/protection support*
Total (N)	218	243	196	179
Diocese				
Minna	94%	76%	80%	63%
Jos	70%	80%	75%	58%
Kafanchan	77%	80%	81%	58%
Idah	87%	72%	86%	74%
Benin	93%	96%	96%	73%
Makurdi	44%	50%	60%	17%
P-value	0.001	0.001	0.001	0.001
Residence				
Urban	83%	83%	86%	65%
Rural	76%	77%	78%	57%
P-value	0.536	0.382	0.431	0.274
Program Strategy				
Saturated	83%	82%	85%	64%
Non-saturated	79%	80%	82%	58%
P-value	0.707	0.777	0.034	0.285
Sex of caregiver				
Male	78%	78%	72%	63%
Female	84%	83%	89%	64%
P-value	0.525	0.376	0.015	0.260
Age of caregiver (last birthday)				
24 or younger	80%	74%	68%	80%
25 to 34	87%	80%	92%	56%
35 to 44	94%	91%	94%	65%
45+	68%	88%	80%	52%
P-value	0.068	0.073	0.006	0.063
Education of caregiver				
No edu./no response	75%	81%	61%	36%
Primary	84%	82%	84%	75%
Secondary	87%	84%	93%	54%
Post secondary	71%	78%	83%	65%
P-value	0.013	0.945	0.001	0.011
Religion				
Traditional/Muslim/others	91%	77%	88%	57%
Catholic	81%	78%	80%	60%
Protestant	83%	86%	90%	60%
None/no response	79%	83%	82%	79%
P-value	0.316	0.511	0.499	0.189
Parent living status				
None	73%	67%	88%	55%
Father	77%	92%	82%	56%
Mother	77%	85%	87%	68%
Both	90%	82%	85%	56%
No response	79%	77%	77%	76%
P-value	0.001	0.303	0.059	0.111

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

Table A4: Showing percentage of OVC aged 6-17 by indicators of conditions with respect to education, health, psychosocial, and right and protection issues according to background characteristics

Background characteristics of OVC aged 6-17	*% enrolled in and attending school/training regularly, etc*	*% who received all or almost all necessary health care treatment and preventive services*	*% reported not abused or neglected, nor did inappropriate work or exploited*	*% had access to legal protection as needed*
Total (N)	1297	1295	1306	1298
Diocese				
Minna	66%	55%	70%	44%
Jos	63%	80%	75%	68%
Kafanchan	56%	64%	72%	56%
Idah	91%	88%	88%	90%
Benin	65%	75%	69%	65%
Makurdi	40%	58%	54%	44%
P-value	0.000	0.000	0.000	0.000
Residence				
Urban	61%	69%	72%	62%
Rural	66%	71%	70%	59%
P-value	0.011	0.526	0.591	0.540
Program Strategy				
Saturated	63%	71%	73%	63%
Non-saturated	64%	67%	69%	57%
P-value	0.006	0.200	0.288	0.042
Sex of OVC				
Male	63%	73%	73%	62%
Female	63%	66%	70%	60%
P-value	0.838	0.006	0.509	0.671
Age at last birthday				
9 or less	61%	71%	70%	62%
10 to 14	65%	68%	74%	62%
15 or older	62%	72%	70%	59%
P-value	0.292	0.560	0.004	0.216
Religion				
Traditional/Muslim/others	85%	82%	73%	86%
Catholic	61%	69%	71%	59%
Protestant	64%	68%	72%	59%
None/no response	40%	75%	69%	63%
P-value	0.000	0.263	0.750	0.002
Parent Alive				
None	68%	72%	71%	59%
Father	62%	66%	64%	56%
Mother	63%	68%	72%	61%
Both	61%	73%	72%	66%
No response	55%	75%	73%	56%
P-value	0.284	0.175	0.719	0.554

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

Table A5: Showing percentage of OVC aged 0-5 according to indicators of health, psychosocial, rights and protection conditions by background characteristics of caregivers

Background characteristics of caregivers	*% who received all or almost all necessary health care treatment and preventive services*	*% who has been healthy and active, with no fever or diarrhea in the past month*	*% likes to play with peers and participate in group or family activities*	*% children who seemed happy, hopeful, and content*	*% who did not seem abused, neglected, did inappropriate work or exploited in other ways*	*% had access to legal protection services as needed*
Total (N)	217	211	226	220	217	
Diocese						
Minna	60%	55%	80%	80%	80%	70%
Jos	78%	77%	90%	76%	78%	64%
Kafanchan	88%	88%	100%	100%	91%	86%
Idah	65%	84%	90%	90%	59%	59%
Benin	93%	90%	97%	99%	100%	88%
Makurdi	80%	83%	100%	100%	100%	100%
P-value	0.002	0.012	0.020	0.000	0.000	0.005
Residence						
Urban	85%	87%	96%	96%	88%	81%
Rural	69%	66%	88%	71%	78%	64%
P-value	0.009	0.001	0.054	0.000	0.063	0.013
Program Strategy						
Saturated	80%	82%	94%	91%	83%	77%
Non-saturated	86%	84%	95%	92%	97%	79%
P-value	0.401	0.947	0.794	0.820	0.027	0.816
Sex of caregiver						
Male	69%	72%	87%	78%	64%	57%
Female	73%	73%	87%	85%	81%	66%
P-value	0.750	0.390	0.541	0.215	0.031	0.337
Age at last birthday						
24 or younger	56%	65%	78%	65%	54%	52%
25 to 34	81%	78%	92%	89%	83%	74%
35 to 44	85%	71%	92%	90%	95%	69%
45 or older	82%	78%	91%	94%	81%	57%
P-value	0.007	0.055	0.084	0.000	0.000	0.023
Education of caregiver						
No educ./no response	57%	58%	88%	74%	86%	65%
Primary	82%	87%	93%	91%	83%	79%
Secondary	93%	91%	97%	96%	91%	82%
Post Secondary	70%	70%	96%	96%	83%	68%
P-value	0.001	0.000	0.357	0.013	0.504	0.294
Religion						
Traditional/Muslim/others	77%	85%	83%	83%	67%	67%
Catholic	79%	81%	95%	92%	79%	74%
Protestant	83%	85%	96%	93%	95%	76%
None/no response	83%	83%	88%	84%	96%	96%
P-value	0.880	0.916	0.212	0.410	0.002	0.099
Parent living status						
None	100%	94%	100%	94%	88%	79%
Father	92%	73%	100%	80%	100%	58%
Mother	66%	81%	92%	84%	77%	70%
Both	84%	79%	93%	95%	88%	78%
No response	92%	96%	96%	96%	92%	96%
P-value	0.001	0.173	0.549	0.089	0.090	0.047

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

Table A6: Showing percentage of OVC aged 6-17 according to rating on services as satisfactory/very satisfactory by background characteristics

Background characteristics of OVC aged 6-17	% rating on educational services (satisfactory/very satisfactory)	% rating on health care services (satisfactory/ very satisfactory)	% rating on help received on things you were denied (satisfactory/very satisfactory	% rating on help received when had problems or worry (satisfactory/very satisfactory)
Total (N)	**1300**	**1299**	**1304**	**1292**
Diocese				
Minna	86%	87%	74%	87%
Jos	71%	82%	74%	83%
Kafanchan	65%	77%	71%	91%
Idah	89%	81%	63%	96%
Benin	69%	74%	61%	77%
Makurdi	58%	67%	51%	63%
P-value	0.000	0.000	0.000	0.000
Residence				
Urban	70%	74%	62%	82%
Rural	75%	83%	71%	86%
P-value	0.001	0.000	0.000	0.225
Program Strategy				
Saturated	71%	76%	74%	85%
Non-saturated	75%	81%	69%	81%
P-value	0.000	0.006	0.000	0.000
Sex of OVC				
Male	71%	77%	65%	85%
Female	75%	78%	67%	83%
P-value	0.020	0.692	0.802	0.173
Age at last birthday				
9 or less	67%	75%	66%	78%
10 to 14	76%	80%	69%	86%
15 or older	72%	77%	62%	84%
P-value	0.197	0.722	0.159	0.008
Religion				
Traditional/Muslim/others	88%	72%	60%	93%
Catholic	70%	78%	66%	84%
Protestant	73%	80%	68%	82%
None/no response	69%	88%	50%	81%
P-value	0.023	0.003	0.001	0.127
Parent **living status**				
None	77%	79%	65%	82%
Father	73%	75%	60%	79%
Mother	72%	78%	66%	86%
Both	71%	78%	69%	83%
No response	59%	75%	63%	81%
P-value	0.006	0.417	0.002	0.028

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

Table A7: Showing percentage of OVC aged 0-5 according to rating on services as satisfactory/very satisfactory by background characteristics of caregivers

Background characteristics of caregivers	*% rating on health care services (satisfactory/ very satisfactory)*	*% rating on psychosocial support received (satisfactory/very satisfactory*	*% rating on legal protection received (satisfactory/very satisfactory)*	*% rating on all services received as satisfactory/very satisfactory*
Total (N)	243	243	243	243
Diocese				
Minna	86%	76%	72%	71%
Jos	70%	59%	44%	44%
Kafanchan	80%	94%	74%	68%
Idah	94%	91%	63%	94%
Benin	93%	96%	71%	79%
Makurdi	50%	58%	8%	42%
P-value	0.000	0.000	0.000	0.000
Residence				
Urban	85%	89%	64%	75%
Rural	72%	62%	55%	45%
P-value	0.000	0.000	0.001	0.000
Program Strategy				
Saturated	83%	85%	63%	71%
Non-saturated	80%	75%	56%	55%
P-value	0.043	0.002	0.000	0.004
Sex of caregiver				
Male	81%	85%	65%	65%
Female	82%	83%	61%	70%
P-value	0.239	0.427	0.701	0.313
Age at last birthday				
24 or younger	81%	82%	65%	66%
25 to 34	83%	84%	64%	74%
35 to 44	85%	85%	59%	69%
45 or older	91%	85%	64%	64%
P-value	0.165	0.143	0.262	0.054
Education of caregiver				
No educ./no response	65%	52%	42%	55%
Primary	87%	85%	65%	68%
Secondary	79%	88%	64%	73%
Post Secondary	91%	100%	65%	74%
P-value	0.010	0.000	0.271	0.397
Religion				
Traditional/Muslim/others	85%	69%	62%	100%
Catholic	79%	82%	61%	58%
Protestant	87%	89%	61%	76%
None/no response	79%	76%	69%	72%
P-value	0.017	0.004	0.000	0.004
Parent living status				
None	78%	100%	61%	94%
Father	92%	77%	46%	62%
Mother	82%	84%	59%	58%
Both	83%	81%	63%	72%
No response	79%	82%	71%	71%
P-value	0.001	0.007	0.000	0.005

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

Table A8: Showing percentage of caregivers according to membership in SILC group by background characteristics

Background characteristics of caregivers	% membership in SILC
Total (N)	240
Diocese	
Minna	43%
Jos	32%
Kafanchan	48%
Idah	50%
Benin	54%
Makurdi	42%
P-value	0.003
Residence	
Urban	50%
Rural	31%
P-value	0.037
Program Strategy	
Saturated	50%
Non-saturated	27%
P-value	0.005
Sex of caregiver	
Male	37%
Female	50%
P-value	0.215
Age at last birthday	
24 or younger	37%
25 to 34	54%
35 to 44	45%
45 or older	36%
P-value	0.264
Education of caregiver	
No educ./no response	32%
Primary	46%
Secondary	49%
Post Secondary	56%
P-value	0.544
Religion	
Traditional/Muslim/others	46%
Catholic	40%
Protestant	48%
None/no response	65%
P-value	0.059

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

Table A9: Percentage Distribution of OVC aged 13-17 According to Indicators of Wellbeing

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

APPENDIX B: Sample Distribution of OVC by Selected Dioceses and Parishes

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

APPENDIX C: LIST OF CONTACTED PERSONS

CRS Staff

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

USAID

Abu Ugbede – Ojo	Logistics Manager
Duke Ogbokor	HMIS Manager

Other Stakeholders

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

JOS ARCH DIOCESE

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

Community Based Care & Support

Cecilia Pinta	Health Coordinator
Rev. Sr. Jovita Egwu	HIV/AIDS Coordinator
Modesta Alakwe	HBC Coordinator

Elizabeth Igweonwu	Referral Coordinator
Isaac Kapyil	PLHIV Coordinator
Jonathan Keshak	AB Coordinator
Sunday Nyam	Project Driver
Kingdom Alex	Training and Counseling Coordinator
Mark Chuwang	OVC Coordinator
Tessy Nwachukwu	M & E Officer
Nicholas Vincent Kinse	Project Accountant
James Dawei	Assistant Project Accountant
Jonathan Sylvester	Assistant OVC Coordinator

Justice Development and Peace

Rev. Fr. Anthony Fom	Coordinator
Benedicta Daboer	Program Coordinator

Ministry of Women Affairs and Social Development

Mary G. Jatau	Director, Child Development

Church of Immaculate Conception Zarmaganda

Rev. Monsigneur C. Gotan	Parish Priest
Dominic Audu	PACA Chairman
Attah Chrysanthus	PACA Secretary
V. Pam	PACA Member

Matyrs of Uganda Catholic Church, Kuru

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

Schools Block Grant

Moses A. Joseph	Principal, Godsway Comprehensive College, Hwolshe
Yarkwan Emmanuel	Focal Teacher/Vice Principal St John Bosco School, Kuru

Hospital Block Grant

Rev Sr. Florence Donkon	Our Lady of Apostles Hospital Jos

KAFANCHAN DIOCESE

Most Rev. Joseph D. Bagobiri Catholic Bishop of Kafanchan

Justice Development and Peace

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

Church of Mary Immaculate, Garaji

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

St Francis Parish, Zonkwa

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

School Block Grant

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

MINNA DIOCESE

Dr. Martin Igwemezie	Catholic Bishop of Minna

Diocesan Health Services

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

Kafin Koro Parish

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

IDAH DIOCESE

Anthony Ademu Adaji	Catholic Bishop of Idah

DACA Staff

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

JDPC

Rev. Fr. Nicholas Okpe

Parish Priests

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

Schools Block Grant

Sr. Joaness Ndukwu Headmistress SS Peter and Paul

Hospital Block Grant

Father Simeon	DACA Health Coordinator
Sis. Antoni	Head

BENIN DIOCESE

Vicar General Very Revd Father James Mary Okunboh

DACA Staff

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

JDPC

Father Paul	Coordinator

Health Block Grant

Dr. Peter Osula	General Hospital Benin

School Block Grant

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

MAKURDI DIOCESE

Bishop Williams Avenya	Catholic Bishop of Makurdi

DACA Staff

Rev. Fr. John Ikponko	Health Coordinator
Alfred Hemba	HIV/AIDS Coordinator
James Kwaghager	HBC Coordinator
Samuel Iorhen	Counseling / Traning Coordinator
Andrew Origbo	PLHWA Coordinator
Suzan Ediale	PMTCT Coordinator
Veronica Goja	OVC Coordinator
Richard Ibume	Assist. OVC Coordinator
Edwine Ode	AB Coordinator
Jackson Aiam	Referral Coordinator
Samuel Adetsav	Project Accountant I
Kenneth Johnson	Project Accountant II

Fidelis Ikpeekor	M&E Officer
Edwin Ogbu	Admin Assistant
Victor Torkwembe	Driver

Schools Block Grant

Chief Mrs. Helen Awuna	Principal St. Padopads
Sir Sebastin	School Head, St Theresa Primary School, Makurdi

Health Block Grant

Mrs. Hannah Kange	Unit Head/Matron St. Joseph Maternity & Health Center Kornya
Aribo Iorhen	PMTCT Nurse
Dr. Eze Sabatu	PMTCT doctor
David Uteh	Hospital Administrator
Samson Johnson	PMTCT Focal Person
Clement Anule	Lab Technician Naka PMTCT Site
Sis Juliana Ogbonaya	Head PMTCT Clinic Naka