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Alternative Child Care and Deinstitutionalisation:

A case study of Nigeria

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Executive Summary

Introduction

The European Commission Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries across three continents to help inform the EU's future strategy for provision of support for children in countries outside Europe. This report is a case study of one of the six countries, Nigeria. A companion report provides a summary of alternative child care across Sub-Saharan Africa. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Methodology

The methodology included reviewing literature accessed by a key word search in the database Web of Science, articles and reports found less systematically by internet searching and following up leads, as well as materials provided by contacts in Nigeria. Two researchers, one international consultant and one Nigeria based, conducted interviews with key informants, including children, during summer 2016 in Lagos State and the Federal Capital Territory.

The socio-economic and cultural contexts

The Republic of Nigeria is Africa's largest economy, its most populous country, and its largest oil producer. It is an ethnically, linguistically, culturally and economically diverse nation. Nigeria has at least 250 ethnic groups and there are at least 500 indigenous languages. Nigeria has 36 States, plus the Federal Capital Territory (FCT). Each State is sub-divided into local government areas.

The Nigerian economy has been adversely affected by a fall in the global price of crude oil. Inflation is estimated at 9.0%. There are also challenges posed by conflict in the north-east of the country. Nigeria has major infrastructure problems contributing to hardship and poverty, the most serious of which is an unreliable supply of power, but there are also severe challenges in transport infrastructure, water pipelines, housing, and mobile and broadband networks.

The population of Nigeria is estimated to be around 179 million, making the country the seventh most populous in the world. The under-18s population is estimated to be about 88 million, or 49% of the total population, while the under-five population is around 31 million, or about 17% of the total, both close to the average proportions for all of Sub-Saharan Africa. The reason for the high rate of increase in the population is the relatively

high total fertility rate (TFR), 5.7 in 2010. The explanation is said to be the desire for large families.

There are major challenges in respect of health and general living conditions, especially for children and women. Maternal, infant and under-five mortality rates are very high. The public health care system is severely stretched in the face of diseases such as HIV; pneumonia, diarrhoea and malaria are major causes of infant and child mortality. Children living in institutions are at particular risk of poor health and inadequate health care. There are inadequacies in the public education system, including children out of school, large class sizes, part-time education, interrupted schooling, variable quality of teaching and illiteracy.

Why are children placed in alternative care?

Poverty is a major driver for children entering the alternative care system in Nigeria. More than 50% of the population lives in poverty (existing on less than USD 1.25 per day). As a result of the high child population, children are disproportionately represented in poor households. The northern regions experience the greatest poverty; in the north-east almost 80% of the population lives in poverty.

Other reasons include the effects on families of HIV-AIDS infection, internal displacement and trafficking of children, violence towards children, the poor quality of public education and the effects of war.

What types of alternative care are available?

The most common form of care is informal care with extended family or in unrelated households. This is mostly undocumented and unregulated. Children in informal care can be at risk of exploitation, including being denied access to education.

The most developed form of formal alternative care is residential facilities, mainly orphanages, shelters and 'displaced person' camps. Orphanages are operated by NGOs, religious bodies, government and private individuals. We uncovered four particular problems associated with residential facilities during the fieldwork.

- First, there is a lack of properly supervised, safe havens for children who are found or rescued from abusive or harmful circumstances. Often the authorities (e.g. police) or agencies to which the children are first taken have to make the best of caring for children.
- Second, the lack of facilities means that children in need of care and protection can be accommodated for long periods in institutions managed by the criminal justice system.
- Third, the lack of properly developed foster care services means that children can remain in institutional care when they could have the option of living with a family.
- Fourth, there are poor standards in camps for displaced persons and it is clear that standards vary greatly between residential facilities more generally.

There are legal provisions for foster care in all States in Nigeria, and fostering is becoming more culturally acceptable, but fostering services are poorly developed. Adoption is not recognised in Sharia law and so is only available in southern States. Adoption is also becoming more widely accepted. Inter-country adoption is outlawed. Illegal adoption is implicated in the trafficking of young women into 'baby factories' and their babies being sold.

What are the structures and processes governing alternative care?

The principal instrument of law governing all matters relating to children is the Child's Rights Act 2003, which defines a 'child' as a person under the age of 18, and states at Part 1 that: 'In every action concerning a child, whether undertaken by an individual, public or private body, institutions or service, court of law, or administrative or legislative authority, the best interest of the child shall be the primary consideration'.

The Act incorporates the principles of the UNCRC by making provisions for children to be entitled to freedom from discrimination, physical, mental or emotional injury, abuse or neglect, maltreatment, torture, inhuman or degrading punishment, and attacks on their honour or reputation. Rights to 'enjoy the best attainable state of physical, mental and spiritual health,' to 'adequate nutrition and safe drinking water' (s13.1), and to 'free, compulsory and universal basic education' (s15.1) are also provided. Sexual intercourse with a child is made unlawful, and betrothal and marriage are also prohibited. The law also specifies that forced or exploitative labour, trafficking of children, and female genital mutilation are regarded as offences.

The Child's Rights Act also incorporates the African Union Charter on the Rights and Welfare of the Child by specifying the 'responsibilities' of children, for example, to 'work towards the cohesion of his family and community,' 'respect his parents, superiors and elders at all times and assist them in case of need,' and 'serve the Federal Republic of Nigeria by placing his physical and intellectual abilities at her service' (s19).

The Federal Government's vision for reducing children's vulnerability is expressed in the National Priority Agenda for Vulnerable Children in Nigeria, 2013-2020, which aims to introduce 'integrated and coordinated' social services for vulnerable children by means of six commitments, including a commitment to ensure all children are safe from abuse, violence, exploitation and neglect.

How is the workforce organised, trained and supported

Responsibility for the oversight of social welfare, including ensuring that there is a qualified and trained workforce, lies with the Federal Ministry of Women Affairs and Social Development. However, the actual responsibility for the deployment of professional staff in local social welfare departments, hospitals and institutions rests with State governments, and there does not appear to be any national standard for the ratio of trained workers to clients. Also, there is considerable reliance on NGOs and volunteers both to assess local needs and also to provide services.

There are social work programmes at undergraduate and graduate levels, and academic research is being undertaken in university departments. There are professional bodies, such as the Institute of Social Work of Nigeria and the Nigeria Association of Social Workers, the latter of which is campaigning to have the social work profession regulated in statute. There is also a very reasonable school of thought which points out that the body of knowledge which is available to inform teaching about social work has, for the most part, originated from outside Africa, and that energies should be deployed to develop models which are sensitive to context, rather than to import these, ready-made, from outside.

Caregivers working in institutions, and volunteers, have a much more varied training, which tends to be provided by the employing organisations, particularly NGOs.

The National Priority Agenda for Vulnerable Children in Nigeria, 2013-2020, also does not appear to list any targets or strategies related to the workforce, though it does recognise the need to strengthen technical and child-sensitive capacities of magistrates, prosecutors, police, social workers and other officials in the justice system.

What is working and what is not working?

The Child's Rights Act 2003 is well known, at least among child care professionals, the legal profession, the police and judicial authorities. But the Act has not been ratified in 12 States and even in States which have incorporated it into their domestic law there is the problem of its implementation.

There are well developed child protection networks, but these are typically supported by NGOs and dependent on time given pro bono by enthusiastic professionals and volunteers.

There is a lack of co-ordination at both Federal and State level of child protection policy, services and the education of practitioners, and as a result the gap is filled by individuals and groups, leading to a cluttered landscape. There have been efforts to provide directories of services, but as soon as they are published they are out of date.

All States have legislation governing foster care and the acceptability of non-relative foster care is growing among professionals and the population. However, the process is cumbersome and lacks co-ordination by the authorities. The most common form of care

remains informal care and, as this is unregulated, children are at risk of abuse and exploitation.

There are National Standards governing children's services, but the mechanisms for enforcement in institutions, informal and formal fostering and community-based services are underdeveloped.

What are the main challenges and opportunities?

Challenges

- The increasing demand for child protection services and residential and foster placements. They are stretching resources – in some places to the limit.
- The large extent of informal alternative care. On the one hand, there is a strong cultural belief in the extended family's responsibilities, but unregulated kinship caring leaves children open to abuse and exploitation.
- The need to have children's rights accepted as a priority by politicians and community leaders.
- The lack of development of family courts, other than in Lagos and the FCT.
- A degree of overlap between Federal and State departments which can contribute to lack of clarity in service delivery and inefficiency.
- The absence of strategic objectives for workforce planning.

Opportunities

- The Child's Rights Act 2003 and related policies, guidelines and strategies which provide a blueprint for the development of related services.
- A vibrant community of practice represented by social workers, caregivers, activists.
- The potential for employment opportunities in social welfare services among an educated population.
- Legislation governing foster care in all States and evidence of growing acceptability of fostering in the community.
- There is an opportunity for Federal and State governments to develop after-care support services.

Introduction

Many millions of children around the world live in residential facilities where they lack individual care and a suitable environment in which to fulfil their full potential. Increased awareness of the considerable risks these children face in terms of negative social, cognitive and physical development has prompted ongoing international debate and guidance on deinstitutionalisation, and development of policy and practice that gradually eliminates the use of such harmful alternative care practices.

Investing for children's 'best interests' is a priority for the EU, and protecting and promoting child rights is at the heart of EU external action. The EU considers that deinstitutionalisation of children through prevention of family separation and encouragement of suitable family-type alternative care solutions is a case of social investment for the best interests of the child. It has therefore invested in deinstitutionalisation in specific geographical areas.

On the basis of its commitment to the comprehensive promotion and protection of the rights of the child, the European Commission intends to increase its knowledge of progress in deinstitutionalisation and alternative child care reforms in countries across the world, and on how current challenges might be addressed.

For these reasons, the European Commission's Directorate-General for International Cooperation and Development (DG DEVCO) commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries in three continents, to help inform the EU's future strategy for provision of support for children in countries outside Europe.

The countries selected for study were: Chile and Ecuador in South America; Nepal and Indonesia in Asia; Nigeria and Uganda in Africa. SOS Children's Villages International engaged the services of researchers from CELCIS, based at the University of Strathclyde, Glasgow, to undertake much of the research and compile the case studies.

This report, a case study of Nigeria, was compiled by a combination of a desk exercise – which involved reviewing documents sourced by both a literature search and received from contacts in Nigeria – and conducting interviews with key informants during field visits which took place in July-August 2016.

The report should be read alongside a separate report of a desk study of deinstitutionalisation in Sub-Saharan Africa and the synthesis report, *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim and scope

The aim of the research undertaken in Nigeria was to gain deep understanding of the following:

- What are the socio-economic and cultural contexts in which child care reforms are taking place?
- Why are children placed in alternative care?
- What types of alternative care are available?
- What are the structures and processes governing alternative care, including the legal and policy framework, funding, government and non-governmental structures, and services for child protection/child care delivery?
- How is the workforce (e.g. social workers and caregivers) organised, trained and supported?
- What is working and what is not working in terms of child care reforms?
- What are the main challenges and opportunities?

Researchers

This report has been compiled by two consultants: Dr Graham Connelly (GC), a CELCIS staff member, psychologist and senior lecturer in the School of Social Work and Social Policy in the University of Strathclyde, Glasgow; and Ms Saater Ikpaahindi (SI), an experienced social researcher appointed by SOS Children's Villages Nigeria.



Methodology

Desk exercise

A literature search was carried out using the search engine Web of Science. The search terms used are shown in Table 1, along with the 'hits' returned and the numbers of items selected as potentially useful. This search turned up 12 articles deemed to be relevant to the study. Less systematic searches were made using Nigerian government web sites. In addition, source documents were provided by key informants during the field visit, or were discovered by the authors and colleagues while searching for sources for other aspects of the project.

The literature was reviewed by assessing the relevance of articles to the seven key questions listed in the aim and scope above.

Table 1 Literature search terms and results.

Search terms	Hits	Selected for review
Child protection + Nigeria	72	5 (one unavailable) = 4
Alternative child care + Nigeria	10	0
Children without parental care	1	0
Children residential institutions + Nigeria	0	-
Children in orphanages + Nigeria	5	4
Orphans and Vulnerable children + Nigeria	2	1 (the other was a duplicate)
Foster care + Nigeria	14	1 (but turned out not to be relevant)
Social work + Nigeria	229	3
Total	333	13 (12 relevant)

Field visit

The main fieldwork took place between 15th and 25th July 2016, with a total of seven days being allocated to visits by GC and SI to institutions and the offices of key informants. The national researcher (SI) carried out some interviews alone after this period. The arrangements for visits and interviews were made by the staff of SOS Children's Villages Nigeria. The visits were carried out in two locations: Lagos State and the Federal Capital Territory (FCT). Clearly these visits could only provide a snapshot of the lives of children in alternative care in a country as large and diverse as Nigeria; on the other hand, the key informants provided detailed and rich insight into the child care context and current issues, and many suggested further sources of information or provided materials only available in Nigeria.

We conducted interviews as follows:

- 4 SOS Children’s Villages Nigeria national office staff members
- In Lagos State:
 - 8 Key informants
 - 21 Children and young people
 - 1 Care leaver
 - 9 Caregivers
- In Abuja FCT:
 - 15 Key informants
 - 18 Children and young people
 - 12 Caregivers

Table 2 provides details of the individual and group interviews conducted.

Table 2: Details of interviews conducted

Interviewee(s)	Location	Date
National Director, SOS Children’s Villages Nigeria	SOS National Office, Somolu, Ikeja, Lagos	16th July 2016
SOS Programme Director, Lagos	SOS National Office, Somolu, Ikeja, Lagos	16th July 2016
National Programme Development and Strategy Adviser, SOS Children’s Villages Nigeria	SOS National Office, Somolu, Ikeja, Lagos	16th July 2016
Head of Finance, SOS Children’s Villages, Nigeria	SOS National Office, Somolu, Ikeja, Lagos	16th July 2016
11 Young People aged 16-18	SOS Children’s Village, Lagos	18th July 2016
9 Child Caregivers	SOS Children’s Village, Lagos	18th July 2016
State Co-ordinator, Child Protection Network, Lagos State	Child to Child Network, Ojuelegba, Surrulere, Lagos	18th July 2016
Lawyer specialising in child protection work	Ikeja, Lagos	18th July 2016
10 Children aged 9-14	SOS Children’s Village, Lagos	19th July 2016
Care leaver, graduate and community support worker	SOS Children’s Village, Lagos	19th July 2016
Police Superintendent (child welfare)	Police Juvenile Welfare Centre, Mushin, Lagos State	19th July 2016
Co-ordinator, Lagos State Domestic and Sexual Violence Response Team	Ministry of Justice, Lagos State Government	20th July 2016
Director, Directorate for	Ministry of Justice, Lagos State	20th July 2016

Citizens' Rights, Lagos State	Government	
Director, Cities' Development, Lagos State	Ministry of Women Affairs and Poverty Alleviation, Lagos State Government	20th July 2016
Head of Child Protection Unit, Lagos State	Ministry of Women Affairs and Poverty Alleviation, Lagos State Government	20th July 2016
Director of Social Welfare, Lagos State	Ministry of Youth and Social Development	20th July 2016
Co-ordinator, Child and Youth Protection Foundation (CYPF) Nigeria	Lugbe, Abuja FCT	20th July 2016
Director General and Assistant Director, Federal Ministry of Women Affairs	Federal Ministry of Women Affairs, Nigeria	21st July 2016
Director and two Assistant Directors, Child Development Department, Federal Ministry of Women Affairs	Federal Ministry of Women Affairs, Nigeria	21st July 2016
Assistant Director (Child Welfare) FCT (Federal Capital Territory), Abuja	Federal Capital Territory Administration, Abuja	21st July 2016
Social Development Officer (social worker)	Social Welfare Department, Gwagwalada, FCT, Abuja	21st July 2016
Administrator (head) of orphanage home	FCT, Abuja	21st July 2016
3 Young People aged 14-15, Members of Children's Parliament	SOS Children's Village, Gwagwalada, FCT, Abuja	21st July 2016
Co-ordinator, Child Protection Network	Child Rights Brigade Office, Asokoro, Abuja	22nd July 2016
Network Co-ordinator, WOTCLEF (Women Trafficking and Child Labour Eradication Foundation)	FCT, Abuja	22nd July 2016
10 young people aged 14-16	SOS Children's Village, Gwagwalada, FCT, Abuja	22nd July 2016
12 Child Caregivers	SOS Children's Village, Gwagwalada, FCT, Abuja	23rd July 2016
SOS Programme Director	SOS Children's Village, Gwagwalada, FCT, Abuja	23rd July 2016
Social Welfare Officer (social worker)	FCT Abuja	23rd July 2016
Administrator	A children's home in the FCT	23rd July 2016

5 Young People aged 15-16	A children's home in the FCT	23rd July 2016
Child Protection in Emergencies Adviser	Save the Children, Abuja	29th July 2016
Director, Focal Areas Department	National Human Rights Commission, Abuja	15th August 2016

Interviews with key informants

Interviews were conducted using a standard 'research interview guide', which was prepared for all six case studies. The guide was varied appropriately to suit the role and responsibilities of particular interviewees, or the time available. Interviews took between 30 and 60 minutes and most were at the upper end of that range.

Access to informants was negotiated in advance by the relevant SOS Children's Villages Nigeria office, respectively in Lagos or Abuja. The contact was by a letter of introduction signed by the SOS Children's Villages National Director, along with an information handout, 'Alternative Child Care in Nigeria: Information for Interviewees' and a specimen 'Consent to be Interviewed' form. This information was emailed or hand-delivered, as appropriate for the location. Interview arrangements were typically confirmed by telephone. The research instruments are provided in Appendix 1.

Interviewees were invited to review the information sheet immediately prior to the interview, to request for clarification if required. Consent forms were completed, with one copy being left with the interviewee.

Interviewees could elect to be interviewed 'on the record,' i.e. indicating they were happy to be quoted in the report, or 'off the record.' We also asked for permission to record the interview, and for those who agreed, we offered to email the digital file of the interview. Most interviewees elected to be 'on the record' and to be recorded. Where interviewees declined to be recorded, we made hand-written notes.

Most interviews were with individuals, though in some case colleagues were present, and were sometimes invited to contribute. Interviews took place with caregivers at the SOS Children's Villages in Isolo and Gwagwalada, and these were conducted as group discussions. All interviews, except one (Save the Children), were conducted by the international consultant and national researcher together, with one asking questions while the other recorded answers.

A standard 'wish list' was prepared for the key informant interviews in all countries, as below.

- A representative of the European Commission office;
- Representatives of relevant government departments – particularly Ministry/Department of social services/child protection or equivalent;
- Representatives of national NGOs/charities working on child care/organisations running institutions;

- Representatives of international agencies, e.g. UNICEF, Save the Children;
- Representatives of regional agencies if present in the country;
- Social workers or equivalent;
- Other child care workers, e.g. staff and/or managers in institutions/foster care services;
- Foster/kinship carers and parents.

We were able to conduct interviews in all categories, except with the European Commission office. Interviews arranged at the Federal Ministry of Finance and the Federal Ministry of Justice did not go ahead because the correct permission had not been granted. A planned interview with the director/owner of a hospice for children with severe disabilities in Lagos did not go ahead because the director was unavailable, though a visit was made to the institution. A further three institutions in Lagos State and one in FCT Abuja were approached but declined the request to participate.

Interviews with children and young people

Interviews with children and young people were conducted as group activities, except in the case of an individual interview with an adult care leaver. A standard set of questions was used, varied according to age and time available. Although the questions were asked by the medium of group discussions, in each session we included a confidential activity in which children/young people were invited to write on coloured 'post-it' sheets things they were happy about (yellow post-its) and things they were sad or unhappy about (pink post-its).



Figure 1 Group work with children.

The interviews with children were arranged in a similar way to those with the key informants. The letter of introduction from the SOS Children's Villages National Director, an information sheet 'Alternative Child Care in Nigeria: Information for Social workers and Carers of children and Young People Participating in Interviews / Activities,' copies of the child/young person information sheets and consent forms, and the SOS leaflet 'Child Protection is Everybody's Business' were provided in advance of meetings. In all cases, consent was sought from children before proceeding. Additionally, for children under 18 years of age, consent was also sought from a caregiver using a separate form. The research instruments used with children are provided in Appendix 2.

Analysis

Analysis of the literature, interviews and field notes was done by using the main questions as a facilitating structure. A wealth of material was collected and we had to be selective, given time constraints. We have developed a tentative common coding structure for all the case studies, and in time we plan to revisit the interviews conducted in Nigeria to carry out a more detailed line-by-line analysis using NVivo software.

What are the socio-economic and cultural contexts in which child care reforms are taking place?

The Republic of Nigeria is Africa's largest economy, its most populous country, and its largest oil producer. It is an ethnically, linguistically, culturally and economically diverse nation. Nigeria has at least 250 ethnic groups. These include Hausa and Fulani (originating in the north), Yoruba (from the south-west), Igbo (from the south-east), Ijaw, Kanuri, Ibibio, Tiv and many more. English is the language of government, commerce and education, and there are at least 500 indigenous languages, including those used by the major ethnic groups – Hausa, Fulani, Yoruba and Igbo.¹ Pidgin English is also widely used, even in public notices.

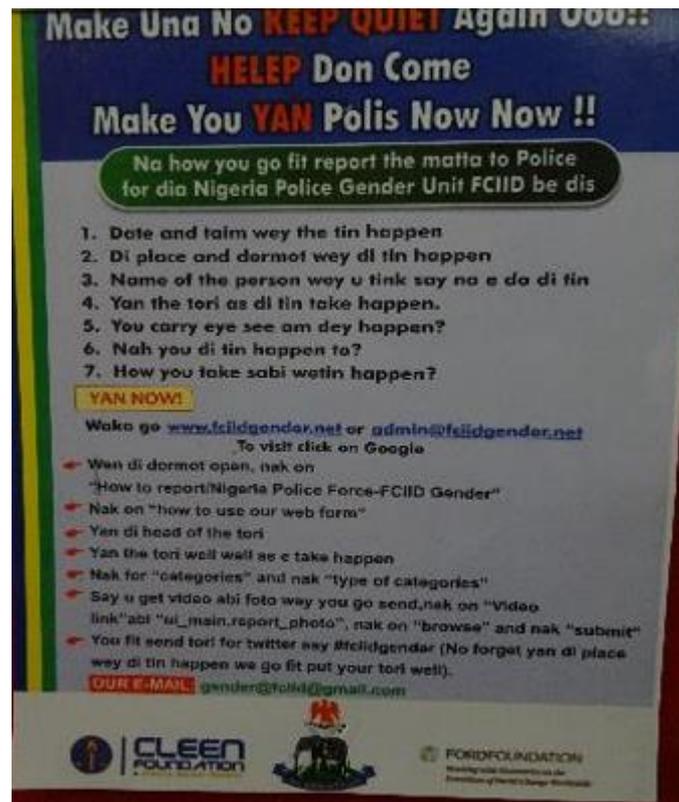


Figure 2 Notice in Pidgin.²

Religious beliefs and practices are very important to many people in Nigeria, with references to religion being common in every-day speech. The author of a guide to Nigeria observed: 'I have never visited a country where almost all of its inhabitants are so fervently religious.'³ One of this report's authors (GC), ordering lunch in Lagos on a Sunday, was asked by his table server if he had been to church – a query that would be

¹ Source: Nigeria Fact Sheet, United States Embassy (2012): <http://photos.state.gov/libraries/nigeria/487468/pdfs/Nigeria%20overview%20Fact%20Sheet.pdf>

² Image: Graham Connelly

³ Williams, L. (2012). Nigeria (3rd ed.). Chalfont St Peter, England: Bradt Travel Guides, p.40

unheard of in most European countries. Sources typically cite the respective proportions of religious affiliation in Nigeria as 50% Muslim, 40% Christian and 10% Traditional Religion,⁴ but such claims are anecdotal and based on assumptions, as no scientific measure appears to have been published of either the numerical strength of adherence or the geographical distribution of religious groups.⁵ Islam is predominant in the north of the country and Christianity predominates in the south, and in some States the religions are equally important. Religious belief is important in the broad context of this report for at least four reasons.

First, religious beliefs have a bearing on the values which underpin caring for children, which are arguably more apparent in Nigeria than in European countries. For example, caregivers might regard modelling of a 'fear (or love) of God' as an important way of expressing care for a child. Second, religious bodies are involved in the provision of care and education, perhaps more commonly than is now the case in Europe, although this is an impression and is not quantified. Third, the Nigerian State and its institutions – particularly the law – are inevitably influenced by the complex interplay between politics and religion. One manifestation of this interplay is the long-standing tension in Nigerian society about whether religion has a benign influence (e.g. acceptance of religious pluralism) or is integral to State processes (e.g. religious infusion in the judicial system as in Sharia law). Fourth, the consequences of the violence in the north of Nigeria, associated with the Boko Haram⁶ group's pursuit of an Islamic republic, have several consequences for Nigeria which in turn have important implications for the welfare of children, including being made orphans as a result of the death of parents, displacement and trafficking across Nigeria and beyond its borders, and damage to homes and schools. Also relevant are the consequences of Nigeria being designated as an unsafe country for business and tourism, which has implications for budgets and spending on essential services.⁷

Geography

Nigeria, one of 48 countries comprising Sub-Saharan Africa, is in western Africa, located on the Gulf of Guinea, occupying an area of about 924,000 km² between the tropics of Cancer and Capricorn. It is bordered by the Atlantic Ocean to the south, Cameroon to the east, Benin to the west, Niger to the north, and shares a border region across Lake Chad with Chad to the north-east.

⁴ Source: The World Factbook, CIA: <https://www.cia.gov/library/publications/the-world-factbook/fields/2122.html>

⁵ Sampson, I. T. (2014). Religion and the Nigerian state: Situating the de facto and de jure frontiers of state–religion relations and its implications for national security. *Oxford Journal of Law and Religion*, 3(2), 311–339

⁶ Source: BBC (Who, What, Why: Exactly what does the phrase Boko Haram mean?) 13 May 2014 www.bbc.co.uk/news/blogs-magazine-monitor-27390954

⁷ Source: Punch (USA warns citizens against traveling to 20 states in Nigeria) 4 August 2016 <http://punchng.com/kidnapping-us-warns-citizens-travel-20-states>

The geography of Nigeria, travelling inland from south to north, extends from Atlantic sandy beaches, through a tropical coastal plain and a forest belt, transected by the mangrove swamps of the Niger delta, to higher savanna grasslands in the central regions of the confluence of the Niger and Benue rivers, and semi-arid bush bordering the Sahara Desert in Niger. To the east is the Adamawa Massif, which continues into Cameroon, and the Chappal Wadi mountain range which reaches heights of over 2,000m.⁸

Lagos is Africa’s most populous city, with about eight million inhabitants, and the cities of Ibadan and Kano (both with around three million inhabitants) are among the continent’s 10 most populated cities.⁹ The urban-rural mix of the population is fairly even, with an estimated 53% living in rural areas in 2014.¹⁰



Figure 3: Nigeria - location¹¹

⁸ Williams, L. (2012). Nigeria (3rd ed.). Chalfont St Peter, England: Bradt Travel Guides

⁹ Source: <http://theafricaneconomist.com/50-largest-cities-in-africa/#.V0QvwE0UXcs>

¹⁰ Source: <http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>

¹¹ Image from Shutterstock

Nigeria: Zones and States in the Federation

The Federation is sub-divided into six zones and 36 States, plus the Federal Capital Territory (FCT) of Abuja. Each State is sub-divided into local government areas. The zones and States are shown below.



Code	Zone	States in Zone
1	North West	JIGAWA [JG], KADUNA [KD], KANO [KN], KATSINA [KT], KEBBI [KE], SOKOTO [SK], ZAMFARA [ZM]
2	North East	ADAMAWA [AD], BAUCHI [BA], BORNO [BR], GOMBE [GM], TARABA [TR], YOBE [YB]
3	North Central	BENUE [BN], FCT ABUJA [FC], KOGI [KG], KWARA [KW], NASARAWA [NS], NIGER [NG], PLATEAU [PL]
4	South West	EKITI [EK], LAGOS [LG], OGUN [OG], ONDO [ON], OSUN [OS], OYO [OY]
5	South East	ABIA [AB], ANAMBRA [AN], EBONYI [EB], ENUGU [EN], IMO [IM]
6	South South	AKWA IBOM [AK], BAYELSA [BY], CROSS RIVER [CR], DELTA [DL], EDO [ED], RIVERS [RV]



Figure 4: Nigeria - Zones and States¹²

¹² Source: Nigeria: National Population Commission: www.population.gov.ng

Political and economic context

Modern Nigeria was created in January 1914 when the British Governor-General, Frederick Lugard, officially merged the British Northern Protectorate and British Southern Protectorate of Nigeria and the British Colony of Lagos. Nigeria gained independence from the UK on 1 October 1960, becoming a republic in 1963. In 1999, the capital and seat of government was transferred from Lagos to Abuja. Nigeria is a member of the British Commonwealth, and has membership of the African, Caribbean and Pacific Group of States, African Union, Economic Community of West African States, Non-Aligned Movement, Organisation of Islamic Cooperation, United Nations, World Trade Organization, and the Organization of Petroleum Exporting Countries.

'The May 1999 constitution ... provided for a federal republic with an executive President on the US model. Six new states were created in October 1996, bringing the total to 36. The President is elected every four years by universal adult suffrage and is required to include at least one representative of each of the 36 states in the cabinet. There is a bicameral National Assembly made up of a House of Representatives (with 360 seats) and a Senate (with 109 seats), each elected for four-year terms. The state governors and assemblies are also elected every four years. The constitution also guarantees personal freedom and permits the exercise of Sharia law for consenting Muslims.'¹³

The President of Nigeria is Muhammadu Buhari, a former career soldier who rose to the rank of Major-General. Buhari was previously head of State following the military coup of 1983 which overthrew the Shagari administration. Buhari, who is the fifteenth president of Nigeria, entered politics full-time in 2003, joining the All Nigeria People's Party. In 2010, he formed the Congress for Progressive Change, coming second to incumbent President Goodluck Jonathan at the general election of 2011. Forming a new alliance, he defeated Jonathan at the May 2015 general election.

'The Action Congress of Nigeria (ACN), the All Nigerian People's Party (ANPP), The Congress for Progressive Change (CPC), a breakaway faction of the ruling PDP known as the "new PDP", and several disenchanted members of the All Progressive Grand Alliance (APGA) merged in 2013 to form the All Progressive Congress (APC). It was this new party, the APC, much stronger in terms of resources and support base as well as having a pan-Nigerian appeal that provided the platform upon which General Buhari contested the 2015 presidential election.'¹⁴

¹³ Source: <http://thecommonwealth.org/our-member-countries/nigeria/constitution-politics>

¹⁴ Source: www.statehouse.gov.ng/index.php/the-administration/presidency

According to a World Bank assessment (in September 2015):

'The fifth consecutive national elections held in March and April 2015 and won by an opposition party were considered as fair and relatively peaceful by national and international Election Monitors as compared to the post-election killings and destructions of 2011. The successful general elections in 2015 is largely credited to Independent National Electoral Commission (INEC) and the leadership of the Presidential candidates. The New Government is focusing on anti-corruption, jobs and unemployment, the economy and security.'¹⁵

The Nigerian economy has been dominated by the oil and gas sector and is at the mercy of fluctuating oil prices. 'By 1997–98 the economy was in a critical condition. Once self-sufficient in food, the country had become a major food importer.'¹⁶ Since 1999, successive governments have worked with international agencies to reform agriculture, infrastructure and education. On 1 May 2014, the World Bank Group announced a partnership with the Federal Republic of Nigeria in the new Country Partnership Strategy 2014-2017, with three strategic objectives:

- Promoting diversified growth and job creation by reforming the power sector, enhancing agricultural productivity and increasing access to finance.
- Improving the quality and efficiency of social service delivery at the State level to promote social inclusion.
- Strengthening governance and public sector management with gender equity and conflict sensitivity as essential elements of governance.¹⁷

The independent website, Africa Economic Outlook, notes that the Nigerian economy, 'has been adversely affected by external shocks, in particular a fall in the global price of crude oil. Growth slowed sharply from 6.2% in 2014 to an estimated 3.0% in 2015. Inflation increased from 7.8% to an estimated 9.0%.'¹⁸ The authors predicted 'slow economic recovery' in 2016, citing reforms including rationalisation of the public sector and enforcing tax compliance. They also note the challenges posed by conflict in the north-east of the country.

'While the military has stepped up the fight against the Boko Haram insurgency the humanitarian situation has continued to deteriorate. The number of internally displaced persons is estimated at over 2 million, located mainly in the cities where conditions are safer. Both the

¹⁵ Source: www.worldbank.org/en/country/nigeria/overview#1

¹⁶ Source: <http://thecommonwealth.org/our-member-countries/nigeria/economy>

¹⁷ Source: www.worldbank.org/en/country/nigeria/publication/new-country-partnership-strategy-in-nigeria-set-to-spur-growth-less-poverty

¹⁸ Source: www.africaneconomicoutlook.org/en/country-notes/nigeria

government and development partners continue to explore additional ways of improving the situation.'

Nigeria has major infrastructural problems contributing substantially to hardship and grinding poverty, the most serious of which is an unreliable supply of power, but there are also severe challenges in transport infrastructure, water pipelines, housing, and mobile and broadband networks.¹⁹ As recently as March 2016, *The Economist* reported that just over half of Nigerians had access to electricity. The problems include inadequate supply, a dilapidated transmission system and a failure to pay electricity bills, with the Nigerian Government and its departments and agencies reported to be the biggest offenders.

'At the moment the country's big stations produce a pitiful 2,800MW, which is about as much as is used by Edinburgh.'²⁰

The Economist article also identified 'glimmers of hope', with supplies becoming more reliable. Poor access to electricity is a problem across Sub-Saharan Africa. The Power Africa programme, launched in 2013, aims to add 30,000MW by 2030, but in 2016 only 374MW from six power projects were up and running, according to the Financial Times.²¹

We experienced the practical effects of power cuts during the fieldwork. One of our key informants had not been able to respond to our request for an appointment because there had been no power at her office for several days. In a gesture of exhausted resignation, she laid on the desk three mobile phones, all of which had no charge.

Population

The population of Nigeria at the last census conducted in 2006 was 140 million people. More recent estimates by UNICEF suggest the total population has grown by about 28% in the last 10 years to around 179 million, making the country the seventh most populous in the world.²² The under-18s population is now estimated to be about 88 million, or 49% of the total population, while the under-five population is 31 million, or about 17% of the total, both close to the average proportions for all of Sub-Saharan Africa.²³

The reason for the high rate of increase in the population is the relatively high total fertility rate (TFR), 5.7 in 2010.²⁴ The fertility rate has fallen – it was 6.3 in 1982 – but,

¹⁹ Source: FDI Intelligence, 14 January 2015 (Nigerian infrastructure: Building from the base up) www.fdiintelligence.com/Locations/Middle-East-Africa/Nigeria/Nigerian-infrastructure-building-from-the-base-up

²⁰ Source: The Economist, 5 March 2016 (Electricity in Nigeria: Powerless) www.economist.com/node/21693971/print

²¹ Source: Pilita Clark, FT 25 July 2016 (Obama's Power Africa initiative makes slow progress) <http://www.ft.com/cms/s/0/96dac28a-49c9-11e6-8d68-72e9211e86ab.html#>

²² Source: <http://www.data.unicef.org>

²³ *ibid.*

²⁴ Source: [Annual Abstract of Statistics](#) (2012, p. 178), Federal Republic of Nigeria

in common with several countries in Sub-Saharan Africa, the pace of fertility decline appears to have stalled. The explanation is the desire for large families, as explained in an account by Professor Sarah Harper.

'...there is still a relatively high desired family size and women still want children for cultural and economic reasons: thus due to poverty and economic insecurity children are still required for labour, for late life security and increasingly for remittances. However poverty and economic insecurity also means that there is uncertainty about health, education, jobs, food, water – thus the best time to have the next child is unclear.'²⁵

The same poverty and economic insecurity leads to a high prevalence of distressed families and a large number of children whose lives are characterised by unmet needs, neglect and exposure to abuse.

'In Nigeria, there is a nagging suspicion that several loopholes exist in the administration of "beyond parental control" and that it is being exploited to incarcerate adolescents with social and mental health problems.'²⁶

The authors contend that such incarceration of adolescents: 'when they are only exhibiting behavioural problems resulting from a lack of a stable and consistent family...may well constitute a violation of human rights'.²⁷

Education

The current structure of schooling in Nigeria dates from 1982 and comprises six years of primary education, followed by six years of secondary education. After the third year of secondary school (marking the end of nine years of compulsory education), students sit for the Junior Secondary School Examination which leads to a Junior School Leaving Certificate and higher grades for which students are required to continue on to senior secondary school.²⁸ There is a universal system of State primary education, while at the secondary school stage there are three parallel systems: federal government colleges (about two per state) with competitive entry, state-owned schools and private schools.²⁹ The federal colleges charge tuition fees, though these are low and subsidised by grants from the Federal Government. State schools do not charge tuition fees, though there are costs for books and other equipment, and uniform. Private schools charge fees.

²⁵ Harper, S. (2015). Is fertility stalling in sub-Saharan Africa? Retrieved from <http://www.ageing.ox.ac.uk/blog/Is-fertility-stalling-in-sub-saharan-africa>

²⁶ Atilola, O., Omigbodun, O., & Bella-Awusah, T. (2014). The 'beyond parental control' label in Nigeria. *International Journal of Law and Psychiatry*, 37(3), p.314

²⁷ *ibid.*, p.314

²⁸ Source: Spantran (Secondary School Education in Nigeria) 22 June 2015 <https://www.spantran.com/academic-evaluation-services/secondary-school-education-in-nigeria>

²⁹ Source: United States Diplomatic Mission to Nigeria http://nigeria.usembassy.gov/nigeria_education_profile.html

We heard from several sources during our field visit about perceptions of unreliability in the public school system. We were told of low morale among teachers, as a result of low wages, and in some cases late payment of salaries, teacher absence and strikes, overcrowding in classrooms, and children not in school. Sources also told us of families who were incurring debt, and going without food, as a result of paying school fees for their children in the private system. One of our informants, a lawyer, said that despite the Child's Rights Act 2003 outlawing corporal punishment, with up to 120 or more children to a class in some schools, 'the only means to deal with children was to yell and use the cane.' Provisions to implement the prohibition on corporal punishment in schools were reported in 2014 to be active in 22 states.³⁰

Widening access to basic education and improving quality have been major stated aims of government. But the problem of children out of school remains a major 'threat' to participation in school education, confirmed by an analysis by the OECD in 2012.

'The threat is compounded by the existence of two distinct education access zones in the country, with the northern states trailing behind the southern states. Gender is still an issue, with a poor level of girls' participation particularly in the northern states, while adolescent boys' disaffection with schooling is a strong challenge in the south east zone. Rural areas are disadvantaged almost everywhere. All over the country, wealth and socio-economic status confers a definite advantage in terms of enrolment, attendance and completion.'³¹

The report quotes 2008 estimates which suggest that across the Federation one in three primary-age children and one in four junior secondary-age children are not in school. Girls and children in rural areas are most at risk of being out of school. Among the OECD's recommendations was the need to enforce legislation, such as the Universal Basic Education Act 2004 and the Child's Rights Act 2003 which guarantee or promote children's rights to education in Nigeria.

The Grade 6 (end of primary school) completion rate is reported as having improved from 82.0% in 2004 to 87.7% in 2012, apparently higher in rural than urban settings, while, unsurprisingly, the completion is lower in the poorest households (52.8%) (Federal Ministry of Women Affairs and Social Development, 2014b). Illiteracy is also a problem, particularly among women, with literacy rates falling among 15-24 year old women from 80% in 2008 to 60% in 2012, a disappointing outcome attributed to the effects of the security challenges in the north-east and north-west (ibid.). The insurgency in the north is causing additional stress in an already creaking education system. A recent report by UNESCO and UNHCR says that in Nigeria: 'children displaced due to attacks by Boko

³⁰ Federal Ministry of Women Affairs and Social Development (2014) *Nigeria's 2nd and 3rd combined country periodic report on the implementation of the African Union charter on the rights and welfare of the child*. p.109

³¹ Source: UNESCO <http://www.uis.unesco.org/Library/Documents/out-of-school-children-nigeria-country-study-2012-en.pdf>

Haram in 19 out of the 42 camps did not have access to any form of education in June 2015.³²

Admission to care guarantees access to and continuity of education for most children in the alternative care system in Nigeria, and in the best institutions access to an educationally enriching environment, with access to books and magazines, cultural activities, and additional support to overcome gaps in education. But some institutions are poorly resourced in this respect. For example, a Federal government survey of 142 orphanages and similar institutions found that in 35% the educational support facilities were inadequate.

There is a well-established tertiary education system in Nigeria, including universities, polytechnics, colleges of education and technical colleges. For example, there were 128 universities in 2013. One in three qualified applicants was admitted to a university place in 2013/14, though this is a significant improvement on the one in 10 figure reported for a decade earlier.³³ It has been reported that the expansion of the tertiary education system has raised concerns about the sacrifice of quality in teaching, as a result of campus overcrowding, inadequately qualified lecturers and very high student to staff ratios, reported to be a high as 122:1 at the University of Abuja.³⁴

Health

Nigeria faces many challenges in respect of health, health care and general living conditions, especially for children and women. Maternal, infant and under-five mortality rates are very high. The public health care system is severely stretched in the face of persistent diseases. Table 3 shows a summary of selected health statistics for Nigeria, with Africa Region and Global figures for comparison extracted from the World Health Organization (WHO) publication, 'World Health Statistics 2016.'

Table 3 Nigeria - selected health statistics.³⁵

Health statistic	Nigeria	Africa Region	Global
Life expectancy (male)	53.4	58.2	69.1
Life expectancy (female)	55.6	61.7	73.8
Healthy life expectancy	47.7	52.3	63.1
Skilled health professionals (per 10,000 population)	20.1	12.7	25.0
Births attended by skilled health personnel (%)	35	54	73
Maternal mortality ratio (per 100,000 live births)	814	542	216

³² Source: UNESCO (Global Monitoring Report) 20 May 2016 <http://en.unesco.org/gem-report/sites/gem-report/files/NoMoreExcusesPressReleaseEN.pdf>

³³ Source: World Education News and Reviews (Education in Nigeria) 1 July 2013 <http://wenr.wes.org/2013/07/an-overview-of-education-in-nigeria>

³⁴ *ibid.*

³⁵ Source: World Health Statistics 2016 www.who.int/gho/publications/world_health_statistics/2016/en/

Health statistic	Nigeria	Africa Region	Global
Neonatal mortality rate (per 1,000 live births)	34.3	28	19.2
Under-five mortality rate (per 1,000 live births)	108.8	81.3	42.5
New HIV infection among 15-49 (per 1,000 uninfected)	2.0	2.6	0.5
Wasting in children under-five	7.9	9.3	7.4
Population using improved drinking water sources (%)	69	68	91
Population using improved sanitation (%)	29	32	68

Nigeria faces many health challenges. For example, the prevalence of HIV is among the highest in the world, and pneumonia, diarrhoea and malaria are major causes of infant and child mortality. Poor health and death caused by under-nutrition and vaccine-preventable diseases remain a major risk for children. According to a UNICEF report in 2013, 2.23 million children were orphaned directly as a consequence of AIDS-related causes and 260 children were living with HIV.³⁶ The same report notes improvements in the well-being of children, with under-five mortality falling from 201 deaths per 1,000 live births in 2003 to 124 per 1,000 in 2011, while infant mortality fell from 100 to 78 in the same period. There have also been improvements in routine immunisation levels, child nutrition and access to safe drinking water. However, there are high regional disparities, and disparities between the most and least affluent people.

Children in the poorest quintile are three times more likely to be stunted than those in the richest. Iodized salt use averages 80 per cent nationwide; however, in the North, it is lower, at around 60 per cent.³⁷

Children living in institutions are at particular risk of poor health. For example, a study of intestinal helminthiasis (infection by worms) and nutritional status among 140 children in 10 orphanages in Benin City in 2011 found a rate of infection by helminths of 20.7%, highest in those aged 12-17 years; nearly all infected children had significant stunted growth. The study also found that orphanages with a poor (i.e. high) child to caregiver ratio had the highest proportion of intestinal helminthiasis and nutritional disorders. The average ratio observed in the study was 6:1 (Nwaneri & Omuemu, 2013).

Malaria is a major cause of illness and death in Nigeria, with more than 6,000 deaths attributed to the disease in 2014.³⁸ Children under five and pregnant women are most at risk of contracting malaria as a result of infection by Plasmodium protozoan parasites, from being bitten by female Anopheles mosquitoes. Two-thirds of all deaths due to malaria occur in under-fives. About 40% of deaths from malaria worldwide are accounted

³⁶ Source: UNICEF (Nigeria Country programme document 2013-1017) www.unicef.org/nigeria/2013-PL7-Nigeria_CPD-final_approved-English.pdf

³⁷ *ibid.* p.3

³⁸ Source: WHO (Global Health Observatory data repository) <http://apps.who.int/gho/data/node.main.A1367?lang=en>

for by Nigeria and the Democratic Republic of Congo.³⁹ Mitigation of disease includes public health education targeted at mothers, caregivers and health workers, provision of free or subsidised insecticide treated bed nets, and three-monthly prophylactic treatment of children with anti-malarial drugs.⁴⁰

As we were conducting the fieldwork for this study, research conducted in Ethiopia was being reported by Nigerian media. The researchers demonstrated that mosquitos avoid chickens, preferring humans indoors, and cattle, goats and sheep outdoors. The prospect of a synthetic 'essence of chicken' as a repellent or masking agent is important, particularly with the increase in insecticide resistance in mosquitos.⁴¹

National priorities for the health of vulnerable children

The National Priority Agenda (Federal Ministry of Women Affairs and Social Development, 2013) includes a commitment to ensure that vulnerable children are healthy and well-nourished. The Federal Government acknowledges that Nigeria's infant and child health status is among the worst in the world. There are ambitious plans to improve nutrition, significantly reduce infant and child mortality, and to develop specialised services for children with disabilities.

³⁹ Source: WHO (Factsheet on the World Malaria Report 2013)
www.who.int/malaria/media/world_malaria_report_2013/en/

⁴⁰ Nmadu, P. M., Peter, E., Alexander, P., Koggie, A. Z., & Maikenti, J. I. (2015). The prevalence of malaria in children between the ages of 2-15 visiting Gwarinpa General Hospital life-camp, Abuja, Nigeria. *Journal of Health Science*, 5(3), 47 - 51

⁴¹ Jaleta, K. T., Hill, S. R., Birgersson, G., Tekie, H., & Ignell, R. (2016). Chicken volatiles repel host-seeking malaria mosquitoes. *Malaria Journal*, 15(1), 1-9

Why are children placed in alternative care?

Children's living arrangements in Nigeria

The Demographic and Health Study (DHS) 2013⁴² reports that 74% of children under age 18 in Nigeria live in households with both biological parents, another 16% live with one biological parent, and the remaining 10% live with neither biological parent. Nigeria has a relatively low rate of children aged under 15 living apart from biological parents (6.4%), compared to other west African countries, e.g. Sierra Leone (17%) and Liberia (20%).⁴³

The proportion living with both biological parents declines with age, from 84% of under-tuos to 54% of those aged between 15 and 17, the reduction 'largely due to the fact that a number of children experience the loss of a parent as they go through adolescence'.⁴⁴. Also the likelihood of living with neither biological parent increases from fewer than 1% of under-tuos to 14% of 10-14s and 25% of 15-17s.

More children in urban areas than rural areas live with one parent (19% versus 9%) or with neither biological parent (11% versus 9%). There is also regional variation with 83% of children aged 0-14 in the North West zone living with both parents, compared with 60% in South South and South East zones. Household wealth is also a factor in variation, with 83% of children living with neither biological parent in the poorest households, compared with 69% of children in the more affluent three wealth quintiles. The least affluent cohorts are also more likely to be in rural communities.⁴⁵

It is estimated that there are 17.5 million children in Nigeria categorised as orphaned or vulnerable.⁴⁶

Reasons for children entering alternative care

Poverty

Poverty is a major driver for children entering the alternative care system in Nigeria. More than 50% of the population lives in poverty (existing on less than USD 1.25 per day). As a result of the high child population, children are disproportionately represented

⁴² Better Care Network. (2015). Nigeria DHS 2013: children's care and living arrangements. New York: Better Care Network
<http://www.bettercarenetwork.org/sites/default/files/Nigeria%20Children%20Care%20and%20Living%20Arrangements%20DHS%202013.pdf>

⁴³ *ibid.*

⁴⁴ *ibid.* p.11

⁴⁵ *Ibid.* p.12

⁴⁶ Federal Ministry of Women Affairs and Social Development. (2014a). National standards for improving the quality of life of vulnerable children in Nigeria.

in poor households. The northern regions experience the greatest poverty; in the north-east almost 80% of the population lives in poverty.⁴⁷

With large families, and many mouths to feed, any additional stressor, such as the loss of a breadwinner, can put a family under pressure. Poverty is not an 'either or' state with families either being in poverty or not. Family circumstances can change quickly. For example, we were told of examples of children found on the streets of Lagos who had been rescued by agencies and reunited with their birth families who were provided with support, only for the children to make their way back to the streets. We were told of examples of children who had been rescued and reunited with their families in this way on several successive occasions. One effect of poverty is the additional hours worked by women and children; the National Priority Agenda for Vulnerable Children quotes a statistic indicating the number of hours worked by children increased from 98 per month in 2008 to 106 hours in 2009.⁴⁸ Street begging and hawking involving children is a common sight in the cities, and some think this is a growing problem. Despite the universal provision of education, such children must be denied their rights to schooling.

HIV infection

As previously noted, HIV-related infection is a major reason for children becoming orphaned or otherwise vulnerable. Nigeria has the second highest number of people living with HIV in the world.

'...there are over 17.5 million (24.5%) children who could be categorised as OVC, of whom an estimated 7.3 million had lost one or both parents due to various causes. Of these, nearly one-third (2.23 million) were orphaned by AIDS-related causes, whilst about 260,000 children were living with HIV.'⁴⁹

Children can be made vulnerable as a result of HIV-AIDS when, as a result of their parents' illness, they migrate between households and, as a consequence, are susceptible to neglect, abuse and exploitation.

Internal displacement and trafficking

Internal displacement of children as a result of the present insurgency affecting the northern States has added greatly to the demand for care for children in more southern States, and is also stretching resources – sometimes to the limit. The insurgency has also led to trafficking of children, where families have fallen victim to unscrupulous gangs – and in some case extended family members – who promise a better life and education, but in reality the children become domestic servants.

⁴⁷ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020.

⁴⁸ *ibid.*

⁴⁹ *ibid.* p.19

Trafficking of children occurs even in areas of Nigeria not caught up in the insurgency. For example, we were told of a case example by a lawyer who visited a police station in Lagos on another matter and heard a child crying. On enquiring, the lawyer was told that the child was a 12 year old who had been found nearby and had been brought to the police station by a member of the public. The child had been kept in the station – not in a cell, but in a room – for two to three days because officers felt she was not telling the truth. They had established that she was employed illegally as a domestic help, and had run away, but apparently would not tell them where the house was. The lawyer spoke to the child and established that this was simply because the child was unfamiliar with Lagos. The lawyer insisted that the child was taken to one of two specialist children’s welfare units run by the police in Lagos. In recounting the story, the lawyer made the point that the local officers were not trained in working with children and that there were insufficient specialist officers for a population the size of Lagos.

The Women Trafficking and Child Labour Eradication Foundation identifies around five different types of trafficking.⁵⁰

- ...children whose parents give them to relatives in the hope of giving them a better life, but in reality the children become servants, cleaners or street vendors with ‘wages’ paid to the parents or to agents.
- ...children from ‘poor and deplorable backgrounds’ whose poverty makes them willing or unwilling ‘bait’ for racketeers and who become street children, hawkers or are involved in vice.
- ...disabled children lured into begging in major cities such as Kano and Kaduna, some of whom are compelled to recruit other disabled children into begging activities; the reward being daily meals handed out to them on the streets.
- ...baby harvesting, where unscrupulous clinics and orphanages provide shelter to girls while they are pregnant and then sell off the babies; ‘girls are made to sign papers renouncing their rights to the babies as well as swearing oaths of secrecy’.⁵¹
- Children trafficked out of Nigeria; ‘Trafficked persons are deceived into believing that their destination would be Europe but most of them end up in some African countries like Mali, Benin Republic or other West African countries’.⁵²

In a small-scale survey, WOTCLEF found a very high level of knowledge of child trafficking among teachers, head teachers and parents, but very low knowledge among children in primary and junior secondary schools; otherwise, the children had a generally good knowledge of child rights, such as the right to education, health care, love and protection. WOTCLEF concluded that there was an ‘urgent need for issues of child abuse

⁵⁰ WOTCLEF. (2014) Knowledge, attitudes and practices on child trafficking and children's rights: A baseline survey.

⁵¹ Ibid. p.9

⁵² Ibid. p.10

and children's rights to be entrenched into the curriculum⁵³ and the organisation has prepared a pamphlet for children to support their learning.⁵⁴

The Federal Government of Nigeria supports a multi-disciplinary agency – The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) – to tackle 'the scourge' of human trafficking. According to NAPTIP's website, it has 'a modest staff strength deployed in eight States across Nigeria's geopolitical regions which enables us to carry out our mandate in the 36 States of the country and the Federal Capital Territory (FCT). Recently, the Nigerian legislature extended our mandate in a new legislation that prohibits and punishes acts of violence against persons, in the FCT.'⁵⁵ NAPTIP is responsible for ensuring that the provisions of the Trafficking in Persons (Prohibition), Enforcement and Administration Act 2015 are upheld (see later for an outline).

Violence towards children

Many of our informants told us that the experience of violence within the family, or in informal relative or non-relative settings was an important precipitating factor in children being taken into care. Whether it is the primary or sole reason for being taken in alternative care, a high proportion of children will have experienced physical, emotional or sexual abuse, simply because of the acknowledged high levels of violence against children in Nigeria. For example, a national survey in 2014 found that 49.7% of females and 52.3% of males aged 18-24 reported experiencing physical violence prior to age 18, while 66.1% of females and 58.2% of males witnessed violence in the home during childhood (National Population Commission of Nigeria, UNICEF Nigeria and the US Centers for Disease Control and Prevention, 2016). Parents or adult relatives were most likely to perpetrate physical violence during childhood. The report's authors concluded that: 'Given the documented negative effects on children from witnessing physical violence, these findings are concerning and indicative of the normalization of violence in Nigeria' (p. 117). Sexual abuse was experienced by 24.8% of females and 10.8% of males. Only 5.0% of females and 2.6% of males sought help, and 3.5% of females and 1.5% of males received services.

Several informants told us that there is growing awareness and more openness about violence within families, and there is evidence of good work by government and NGOs to promote education about non-violent approaches to child rearing, and making sexual and physical violence in families unacceptable. For example, we were given examples of materials aimed at children and adults, such as the excellent illustrated booklet aimed at young children, *Safeguarding the Rights of a Child*, produced by the Lagos State Domestic and Sexual Violence Response Team⁵⁶ and *A Law to Provide Protection Against*

⁵³ Ibid. p,18

⁵⁴ WOTCLEF. (2014a). Anti-trafficking Brigade handbook for children in primary and secondary schools. In W. T. a. C. L. E. Foundation (Ed.). Abuja

⁵⁵ Source: NAPTIP (About Us) 07 Dec 2015 <http://www.naptip.gov.ng>

⁵⁶ Lagos State Domestic and Sexual Violence Response Team. (2016). Safeguarding the rights of a child. Lagos

Domestic Violence and for Connected Purposes, prepared by Lagos State Government Ministry of Women Affairs & Poverty Alleviation.⁵⁷ Nevertheless, as the national survey quoted above concludes, there is widespread low awareness of the harm caused by violence, and there are also 'few reporting mechanisms and obvious routes for children to seek help'.⁵⁸ Some of our informants told us that rejection of children by extended families is a problem in some communities. Physical and sexual abuse of children sent to live with families in the cities is also said to be a growing problem.

Early betrothal and child marriage remain major problems, despite being illegal under the Child's Rights Act 2003. This is mainly a problem in northern States which have not incorporated the Act into their domestic law.

A Federal government survey of orphanages, described in more detail later in this report, reported that most children were taken to institutions by the police and social welfare departments, while 'in some cases, fathers have taken children to the orphanages when it became difficult to provide the necessary care'.⁵⁹ Faith-based organisations were not found to be major conduits for bringing children to institutions.

Education

The poor state of the public education system may also be an important driver, since care agencies will often pay fees for private schooling. Being in care offers security, care and protection, food and continuity of education, and a family struggling to look after children may approach a care agency to appeal for help.

Other causes

Children are also orphaned as a result of a range of other causes, including war, and the child carers we interviewed in Lagos said they were aware that traffic accidents were also responsible for children coming into care because of the loss of one or both parents. Nigeria, however, has relatively low rates of orphaned children compared to other countries in West Africa.

With whom are separated children living?

The DHS survey⁶⁰ reported that the prevalence of children living without their father and mother in most countries in West Africa has remained stable, with exceptions such as Liberia, which saw a sharp increase and Nigeria, which saw a decline in the last two decades. The DHS also reported that of the 10% of children in Nigeria aged under 18 not living with a biological parent, most were still living in family care – with siblings or extended family – or in kinship arrangements, that are slightly more common in girls

⁵⁷ Falana, F. (2013). A law to provide protection against domestic violence and for connected purposes. Lagos, Nigeria

⁵⁸ Ibid, p.124

⁵⁹ Federal Ministry of Women Affairs and Social Development. (2007). A directory of orphanages in Nigeria: A guide for individuals, NGOs, government & other organisations, p. 14

⁶⁰ Better Care Network. (2015). Nigeria DHS 2013: children's care and living arrangements. New York: Better Care Network

(89%) than boys (90%) and rural (91%) than urban areas.⁶¹ The rate of living apart from biological parents in Nigeria is, however, low compared with the rates in other west African countries. These comparisons are expressed as rates for children 0-14 living apart from both biological parents who were still alive: Nigeria (6.5%), Sierra Leone (17%) and Liberia (20%).

Younger children are more likely to be living with grandparents: 70% of under-tuos and 74% of two to four year olds, compared with 20% of 15-17 year olds. Boys more commonly than girls live in a household with blood relatives, and are also slightly more likely than girls to live in an adoptive household or in one where they are unrelated to the head of household. While no boys aged under 18 were reported as living with spouses or parents-in-law, 19% of girls were living with husbands or the husband's parents.

There are also regional differences within Nigeria: 55% of under-18s not living with parents were living with grandparents in the South West zone, compared with 36% in the North East zone. The highest proportions of children under 18 living with spouses were reported in the North East (19%) and North West (28%) zones. The South East zone has the highest proportions of children living in an arrangement where they are unrelated to the head of household.

Table 4 Distribution of child relationship to household head for children 0-17 living with neither biological parent in Nigeria.⁶²

Relationship of child to household head	Percentage
Grandchild	44
Niece or nephew	17
Wife or husband	10
Brother or sister	9
Other relative	7
Don't know or missing	6
Not related	5
Adopted or fostered	2

The report indicates that only a very small proportion (2%) of the 10% of Nigeria's children living apart from both parents is adopted or fostered. The authors point out, however, that the definition of fostering used in the survey was ambiguous and formal adoption is limited. The sample size was also relatively small. They think the data might be a significant underestimate of the total population of children being fostered and adopted. In any case, as we discuss elsewhere in this report, it is taking time to overcome understandable cultural barriers to non-relative foster care, which in some communities is seen as a western imposition.

⁶¹ Ibid, p.19-20

⁶² Source: Nigeria DHS 2013 (Better Care Network, 2015), p. 20.

What types of alternative care are available?

The alternative care system for children in Nigeria

SOS Children's Villages Nigeria conducted a study in 12 of the country's 36 States and the FCT Abuja, between 2013 and 2015, to analyse the types of alternative care available for children without parental care, to determine where Nigeria stands in implementing the Guidelines [for the Alternative Care of Children, UN 2009], and to identify gaps in the fulfilment of children's rights.⁶³

Informal care

The Abraham study found that 'informal kinship care' was the most common form of care, 'arranged according to traditional practices, where children are integrated into extended family circles...usually provided by a direct family relation'.⁶⁴ The report also notes the existence of 'informal foster care' where the child is placed with a family friend. Informal care is typically used in the case of death of one or both birth parents, or where the parents are unable to support the child in education, or where parents are travelling or working out of the country. There are no robust data sources on the extent of informal care, only anecdotal references, some of which highlight abuse and exploitation of children in informal arrangements.

The National Human Rights Commission told us that they have received many complaints which relate to informal child care.

'...there is so much going on that is wrong, there is so much human rights, child rights abuses meted out to children under this guise.'

These complaints relate to the exploitation of children who are put to work in the guise of being provided with care and education. Children are typically brought from a village to an urban setting. They provide domestic help and in the worst cases are sent to the streets to earn money. Despite the prohibition of child labour under the Child's Rights Act, we were told that the definition of employment is not always clear. For example, it is apparently permissible to send a child to evening classes, an arrangement that would permit the child to help in the house (perhaps caring for younger children) during the day.

'So when they are brought to help, most times their right to education is compromised in the first place, their right to dignity is also compromised when you look at the surroundings where they live or what do they wear, their dressing and all of that and the time they have to go to school.'

⁶³ Abraham, F. (2015). Assessment report of the alternative care system for children in Nigeria. Lagos: SOS Children's Villages International, p.11

⁶⁴ Ibid. p.18

Certainly there has been research evidence in the past suggesting that children in informal care have lower rates of school attendance than children living under parental care.⁶⁵ Rody's conclusion seems to continue to be true for Nigeria today.

'Informal care, by definition, is unregulated, but it often overlaps with regulated social and legal systems, although the overlaps tend to be accidental rather than planned. Children in informal care need to be identified and provided with the same degree of protection that other children enjoy, such as the right to birth registration, right of inheritance, access to services which require parental permission or guidance, and protection from premature adult roles. For resource strapped countries, this type of protection can be very costly, both in terms of material and human resources. Many countries are grappling with how to balance the rights of the child with available resources of the country, as well as the rights and responsibilities of caregivers'.⁶⁶

Residential facilities

Formal care includes residential care facilities, foster care and adoption. Abraham (2015) states that residential care is the most common form of formal alternative care in Nigeria. The report did not quantify care placements, but noted that in the research sample of 30 residential homes there was 'extreme overcrowding' in many. A table provided by the researchers shows exactly one-third of the sample homes were caring for more children than their stated capacity. As the report also points out, such overcrowding has 'implications for the quality of care they are able to offer'.⁶⁷

During our fieldwork we visited a hospice for children with severe disabilities in Lagos, where we found that most children were lying in bunk-beds, with accommodation for 32 children in each of two rooms. Each room had one nurse tending to the children's needs. Several other children were sitting or shuffling on the floor in a corridor untended. The privately managed hospice apparently was successful in raising funds for children to have major corrective surgery but, when we visited, the resident children lacked cognitive stimulation and, based on the very high child to staff ratio we observed, were likely to have inadequate basic care.

The Abraham study found wide variation in both capacity and actual number of children accommodated: the former ranging from as few as eight to as many as 500; and the latter ranging from no current residents to 732. Most residential facilities are managed by charities, including religious organisations, or by independent owners. Very few are managed directly by government, though government agencies may contribute to

⁶⁵ Rody, J. L. (2011). Children in informal alternative care. New York: UNICEF. Available online at www.unicef.org/protection/Informal_care_discussion_paper_final.pdf

⁶⁶ Ibid. p.41

⁶⁷ Abraham, F. (2015). Assessment report of the alternative care system for children in Nigeria. Lagos: SOS Children's Villages International, p. 19.

resourcing. For example, in one home we visited near Abuja the salaries of staff were paid by the State but the home was reliant on charitable giving for all other requisites, including food.

The Child Development Department of the Federal Ministry of Women's Affairs and Social Development, with assistance from UNICEF, conducted a study in 2007 of 'orphanages and other child care institutions', to compile a list of institutions and map their geopolitical locations, and to determine such details as numbers of children, registration, basic infrastructure, and policies on adoption and fostering.⁶⁸ The survey included only institutions 'recognised' or 'registered' by State governments. Of the 142 orphanages included in the survey, three were recognised, rather than registered. In the preamble, the authors note that 55 institutions had been included that had not featured in a previous survey two years earlier and 'about half a dozen' were no longer operating, and that this is an indication of the fluidity of the situation.

The orphanages had, at the time of the study, a total of 3,481 children made up of 1,732 (49.5%) males and 1,749 (50.5%) females. About 60% of the children were 'double orphans,' having lost both birth parents. Almost half were in private ownership, a quarter were run by State government agencies, almost a quarter by faith-based organisations, and 4% by NGOs (a low percentage which surprised the authors, given the prominence of NGOs in Nigeria overall). Also, State government ownership was significantly higher in the North East (60%) and North West (58%) zones of the country. Just over half of the orphanages were registered before receiving children, and for most of the rest the time between beginning operation and receiving registration varied from one to 10 years. For 78% of orphanages registration was with State government, while just 19% were registered with the Corporate Affairs Commission,⁶⁹ the body responsible for registering all private and public companies and trustees in Nigeria. Perhaps surprisingly, the survey found the modal caregiver to child ratio as 1:2 (27%) or 1:3/4 (24%), although a quarter had ratios of 1:6 or more, and were regarded as providing 'inadequate care' in consequence.

We uncovered four particular problems associated with residential facilities during the fieldwork.

- 1 First, there is a lack of properly supervised, safe havens for children who are found or rescued from abusive or harmful circumstances. Often the authorities (e.g. police) or agencies to which the children are first taken have to make the best of caring for children. As one informant told us: '...we don't have enough residential spaces for children.'
- 2 Second, the lack of facilities means that children in need of care and protection can be accommodated for long periods in institutions managed by the criminal justice system. A lawyer told us this was a particular problem in two 'correctional' facilities in

⁶⁸ Federal Ministry of Women Affairs and Social Development. (2007). A directory of orphanages in Nigeria: A guide for individuals, NGOs, government & other organisations.

⁶⁹ Source: <http://new.cac.gov.ng>

Lagos, though a senior police officer told us that the children were housed in separate areas.

- 3 Third, the lack of properly developed foster care services means that children can remain in institutional care when they could have the option of living with a family. One of our informants told us that there is a disincentive for orphanages to release children for fostering because by retaining children they maximise the possibility of receiving donations needed to remain in existence.
- 4 Fourth, we were told about poor standards in camps for displaced persons, though we could not confirm this directly, as we did not visit any camps. In any case, it is clear that standards vary greatly between residential facilities, something we did confirm from direct observation.

Foster care and adoption

Provisions for formal non-relative foster care and adoption are not yet commonplace in Nigeria. The Federal government study described above stated that: 'Some orphanages have had a good record of adoption' and that 'Some orphanages have achieved remarkable success with fostering of children'.⁷⁰ One of our informants told us that Lagos State had suspended adoption because there were more prospective adopters than children available for adoption. Another said: '...there is a stigma attached to it [adoption], it is as if you adopt because you could not have your [own] children.'

Adoption

Under section 129 of the Child's Rights Act 2003, the following persons can apply to court, in a prescribed form, to adopt children in Nigeria:

- A married couple, where both of them have attained the age of 25 years and there is an order authorising them to adopt a child.
- A married person, if he has obtained the consent of his spouse, as required under section 132 of the Act.
- A single person, if he has attained the age of 35 years, provided that the child to be adopted is of the same sex as the person adopting.

All southern States have adoption laws in place; Sharia law does not provide for adoption.⁷¹ The Federal government has developed policies on adoption which are comprehensive. The policy on adoption details the procedure for obtaining an adoption order in a Family Court, the process of matching and placement, and the supervision of the placement.⁷²

⁷⁰ Ibid. p.23

⁷¹ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020, p.20

⁷² Federal Ministry of Women Affairs and Social Development. (ND-a). Handbook on child adoption in Nigeria. Abuja

'...anecdotal evidence suggests that the on-going practice of adoption varies from one State to another'.⁷³

A recent academic paper says that: 'the practice of child adoption [in Nigeria] is growing with improved public awareness through media, personal testimony, social research and other sources'.⁷⁴ The authors point out that the legal basis for adoption is the Child's Rights Act 2003, which has not been ratified in 12 of Nigeria's 36 States, and also that many of the States which have ratified the Act continue to regulate adoption practices with the State's legislation. This means that the legal and professional processes vary considerably across the country; in consequence, they are not well understood and are open to misinterpretation and abuse. The authors say that the regulations surrounding adoption are widely regarded as cumbersome, which both discourages potential adoptees from adopting and permits informal and illegal adoption.

Illegal adoption is implicated in the trafficking of young women by gangs into 'baby factories', where the women are impregnated by their captors and their babies sold in horrifying black market practices. The practice is said to be most common in the south-east of Nigeria. 'The babies can be sold for illegal adoption, used for child labour or prostitution or sometimes killed with their body parts used for ritual purposes.'⁷⁵ Inter-country adoption is prohibited by the Child's Rights Act 2003, except where the adoptees are Nigerian. But Ojelabi et al. say that a lack of clarity among Nigeria law enforcement and legal professionals about whether 'baby factories' constitute human trafficking or violation of adoption rules allows perpetrators to escape prosecution and continue their illegal activities.

Foster care

The SOS study found only one organisation (in one State) responding to their survey reporting successful placement of children in foster care.⁷⁶ None of the other States apparently had records of foster placements. During our fieldwork, several informants told us that there are still strong cultural barriers to formal fostering and also that processes are not easy to navigate. One informant told us: 'the process at the level of the authorities is not transparent... there could be some preferential treatment.'

All States, including the northern States, have fostering laws.⁷⁷ The Federal Government of Nigeria's policy on fostering details who may foster, the requirement for a fostering

⁷³ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020. Abuja, p.20

⁷⁴ Ojelabi, O. A., Osamor, P. E., & Owumi, B. E. (2015). Policies and practices of child adoption in Nigeria: A review paper. Mediterranean Journal of Social Sciences, 6(1), 75-81

⁷⁵ Source: (BBC) 10 May 2013 Nigeria 'baby factory' raided in Imo state <http://www.bbc.co.uk/news/world-africa-22484318>

⁷⁶ Abraham, F. (2015). Assessment report of the alternative care system for children in Nigeria. Lagos: SOS Children's Villages International

⁷⁷ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020. Abuja. P.20

order made by a court, the need for a fostering plan, and the preparation for and supervision of the placement (Federal Ministry of Women Affairs and Social Development, ND-b). In the introduction to the fostering policy the authors acknowledge that services are not yet highly developed.

'Fostering is still carried on informally, not withstanding existing regulations. The scope is still limited and the services not effectively supervised. Foster parents are still not assisted with proper training'.⁷⁸

Both policies provide for the 'Chief registrar of the court of a state' to establish and maintain registers of adopted children and fostered children. It is not clear the extent to which there are functional registers, but one can assume that the criticisms of the lack of standardisation of adoption and fostering practice across Nigeria apply to this function.

Reunification

Several of our informants spoke to us about their work in family tracing and reunification/reintegration. For example, Save the Children Nigeria has an inter-agency case management system and uses a tool which has been developed in collaboration with other agencies working in child protection for tracing unaccompanied children cared for in displacement camps. A case worker enters the child's profile into a database; it can then be compared with profiles of children provided by parents of missing children. The Human Rights Commission also described a database of missing persons, apparently developed with assistance from members of the #bringbackourgirls campaign,⁷⁹ dedicated to the safe return of the Chibok schoolgirls abducted on 14 April 2014.⁸⁰ Our informant told us that Federal officials were now 'coming on board'.

We had insight into the harsh realities of reunification work from the co-ordinator of a social welfare department (social worker), who told us about tracing the family of a child found abandoned in a motor park; the family was in another State 'but we can't follow up because of lack of transport.'

The Federal Government reported in 2014 that: 'a total of 550 children were reunited with their families [as a result of family tracing efforts by the police, government departments, civil society organisations and community leaders] ...[and] NAPTIP Rehabilitation and Counselling Department traced the families of 263 victims that had lost contact with their families and 16 of these children were handed over to the

⁷⁸ Federal Ministry of Women Affairs and Social Development. (ND-b). Handbook on foster care in Nigeria. Abuja. P.5

⁷⁹ See: www.bringbackourgirls.ng.

⁸⁰ 276 girls were abducted from a government boarding school, 57 of whom escaped in the immediate aftermath of the abduction. One girl was found in May 2016; she had a child. A further 21 were released in October 2016, in a deal brokered by the International Red Cross and the Swiss Government. Another girl was rescued by government troops in early November 2016 along with her 10 month old son, said in news reports to have been fathered by one of the kidnappers. See: <https://www.theguardian.com/world/2016/nov/05/chibok-schoolgirl-rescue-baby-boko-haram-kidnapper-nigeria>.

Embassies of Ghana, Togo and Benin Republic for re-union with their families'.⁸¹ Unfortunately, no time period is given for these statistics and – like many others in the report from which they are drawn – they represent a snapshot, rather than a time-series which would allow us to draw conclusions about the effectiveness of a strategy.

Leaving care and change of placement

The Abraham study for SOS Children's Villages Nigeria of homes in 12 States found that an estimated 20% of children had changed placements as a result of reviews, and an estimated 8% had returned to families in the preceding two years, but the report found that: 'there are no legally mandated procedures for a child's eventual reintegration'.⁸²

Arrangements for leaving care also appear to be underdeveloped, although children we interviewed – admittedly with a heavy bias towards SOS Children's Villages – said they felt they could expect to be supported after they left care, and managers of some of the institutions we visited spoke of providing accommodation during the summer vacation for former residents who were now students, and examples of adults returning for advice or bringing their partners and children to visit. A manager of a children's home showed us with pride a photograph of a former resident's wedding.

'Although advice and mentoring are part of the preparations for leaving care, it came out strongly that financial support is lacking in such preparation arrangements, with the exception of SOS Children's Villages Nigeria. The majority also lack provisions for assisted or supervised semi-independent leaving arrangements'.⁸³

The National Priority Agenda does not make specific mention of leaving care arrangements, which is perhaps a missed opportunity, though this particular aspect of care practice could come within the remit of NPA Target 2.1: 'All vulnerable children benefit from strengthened quality care, protection and social support services'.⁸⁴

The views of caregivers

We interviewed two groups of caregivers, both at SOS Children's Villages, and five managers of children's centres, two of which were SOS Children's Villages. It was obvious that the SOS Children's Villages are significantly more advantaged – in terms of the quality of the surroundings, staff training and access to additional services and opportunities – than the other facilities we visited. The home managed by the Catholic Church also had good facilities.

⁸¹ Federal Ministry of Women Affairs and Social Development. (2014b). Nigeria's 2nd and 3rd combined country periodic report on the implementation of the African Union charter on the rights and welfare of the child. Abuja. p.161

⁸² Abraham, F. (2015). Assessment report of the alternative care system for children in Nigeria. Lagos: SOS Children's Villages International. p.25

⁸³ Ibid. p.25

⁸⁴ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020. Abuja. p.28

The caregivers typically expressed their role in terms of developing relationships with children – being a role model, teaching life skills, encouraging the children in their school work and ensuring that health needs are met. One carer described this aspect of the work as involving creating a 'good environment [for study] with table and chairs and textbooks and during holidays we encourage the children to read books for the new class.'

One important feature of institutions is that caregivers tend to 'live in', and so the centres are more like family homes than similar establishments in Europe, where employment rules have led to shift systems and 'live out' staff. Also uncommon in Europe were the references to God, as in: 'The fear of God will guide you.' In other respects, the language used to describe their role would be familiar to caregivers around the world: 'Be there for the children – listen to them.'

The views of children

We spoke to five groups of children and one individual. All, except one group, were residents of SOS Children's Villages. The individual was a care leaver, also from an SOS Children's Village. One group of children was young (age 8-14) and the others were older teenagers.

We asked all the children to participate in a confidential exercise designed to elicit things they were happy about and things they were worried about. The younger children had few worries, while the teenagers expressed more worries than things they were happy about.

Things that typically made children happy were having people who cared for them, having food and getting an education. While access to education, and having school fees paid, was a general source of happiness, in one of the SOS Children's Villages' meetings our question sparked a spirited debate about the value of academic learning as opposed to more vocational opportunities.

'I am happy about [caregivers] because they give care, protection, love, attention, the ability to know our rights, the ability to know our fundamental rights and also for us to work towards it.'

'I am happy about [caregivers] because they pay my school fees, take care of me, give me clothes to wear, encourage me, support me in anything I do, teach me when I misbehave, give me food to eat and they educate me.'

Worries were more individualistic.

'The electricity.'

'Am worried about my family, parent and who will help me to pursue my dreams in life that they [parents?] are no more.'

'I am not happy because I don't have soccer boots [and] I am not happy because our leaders are corrupt.'

'I am worried about the money issue. When we tell them [caregivers] that we need money for something, they will either give us cock n' bull story or they will give us half the money we asked for. Our monthly allowance should be increased please.'

'The sport facilities not that good. So many rules.'

The young people we spoke to felt confident their carers would consult them, particularly in relation to their education and plans for the future. They were less charitable towards political leaders and told us that young people were not listened to in general in Nigeria. 'Some people are not able to speak out – we need more mentors to help,' one young person told us. Another said that the 'culture does not allow children to talk.'

There was also concern about the economic climate and how that would impact on employment opportunities. The older young people were aware of graduates who had not been able to secure jobs. Despite the obvious motivation for education expressed, one young person said that insecurity in the economy might lead to students 'sitting back if there are no prospects.' We also interviewed three members of the State youth parliament who clearly had a lot to contribute, but they said the parliament had not met in recent months.

What are the structures and processes governing alternative care?

The Child's Rights Act 2003

Nigeria signed and ratified the United Nations Convention on the Rights of the Child (UNCRC) of 1989 in 1991, and the African Union Charter on the Rights and Welfare of the Child (CRWC)⁸⁵ in 2000. These conventions have been domesticated in Nigeria through the Child's Rights Act 2003, which defines a 'child' as a person under the age of 18, and states at Part 1 that: 'In every action concerning a child, whether undertaken by an individual, public or private body, institutions or service, court of law, or administrative or legislative authority, the best interest of the child shall be the primary consideration' (Child's Rights Act 2003).

The Act incorporates the principles of the UNCRC by making provisions for children to be entitled to freedom from discrimination, physical, mental or emotional injury, abuse or neglect, maltreatment, torture, inhuman or degrading punishment, and attacks on their honour or reputation. Rights to 'enjoy the best attainable state of physical, mental and spiritual health,' to 'adequate nutrition and safe drinking water' (s13.1), and to 'free, compulsory and universal basic education' (s15.1) are also provided. Sexual intercourse with a child is made unlawful, and betrothal and marriage are also prohibited. The law also specifies that forced or exploitative labour, trafficking of children and female genital mutilation shall be regarded as offences.

The Child's Rights Act also incorporates the CRWC by specifying the 'responsibilities' of children, for example, to 'work towards the cohesion of his family and community,' 'respect his parents, superiors and elders at all times and assist them in case of need,' and 'serve the Federal Republic of Nigeria by placing his physical and intellectual abilities at her service' (s19).

Nigeria's federal status means that the legal system is complicated by the coexistence of Federal law and State law, the latter including statutory legislation, customary law and Sharia law.

'This can result in wide variations in applicable law, particularly in areas that pertain to the family, where customary law has a strong role. Notably, juvenile justice and criminal activity are also covered by a mix of state and federal criminal codes as well as a Sharia penal code, all of which have particular importance for offences committed by and against children.'⁸⁶

⁸⁵ Source: <http://pages.au.int/acerwc/documents/african-charter-rights-and-welfare-child-acrwc>

⁸⁶ Source: Child Rights International Network (Nigeria National Laws) 2011
<https://www.crin.org/en/library/publications/nigeria-national-laws>

The Nigerian constitution gives the States exclusive jurisdiction over several areas of domestic law, including children's rights and child protection. Several interviewees pointed out that the Child's Rights Act had not been incorporated into State law in several States, though informants told us different numbers. Sources in the Federal Ministry of Women Affairs told us that in July 2016, 24 out of 36 States had ratified and adopted the Act. The 12 States which do not have a law are Adamawa, Bauchi, Borno, Enugu, Gombe, Kaduna, Kano, Katsina, Kebbi, Sokoto, Yobe and Zamfara. Apart from Enugu, these are northern States. Several of our informants referred to cultural reasons as impediments to ratifying the Act, and we also heard reference to the Act's prohibition of 'early marriage' as a major sticking point.

Even where the Act has been ratified in State law, we were told that implementation of the provisions remains a significant challenge. Some informants in Lagos were most optimistic about implementation – 'we will get there' one interviewee told us – and several informants in Abuja referred to their impression that Lagos was far ahead of most of the country. This view was supported by Mrs Magret Udoh, co-ordinator for the FCT of National Council of Child Rights Advocate Nigeria, who is reported to have told a press conference that no more than two States have 'integrated it [the Act] into the system.'⁸⁷ On the other hand, one informant was more pessimistic, suggesting that the problem lay in the lack of political will to set up machinery to ensure compliance with major provisions in the Act, such as prohibitions against child labour.

Although our informants in government, human rights and children's services were well informed about the statutes, regulations and guidance which govern work with children and families, there is significant doubt about the extent to which there is more widespread understanding among key related services such as the police and education, and among the wider public. The reasons for this lack of wider dissemination are varied, and may be rooted in such things as cultural acceptance and education. For example, as one informant explained, if you are barely surviving, you are unlikely to have child protection as your main priority. Also, a significant proportion of the adult population has limited ability to read English and, while training sessions can be presented in different languages, support materials tend to be printed solely in English.

National priority agenda for vulnerable children, 2013-2020

There is a detailed eight-year strategic framework setting out the priorities for the protection of children and reduction in child poverty.⁸⁸ The framework is underpinned by five 'key interlinked principles': child rights based; gender equality; meeting needs across the life cycle, birth to 18; equity; and a family and community focus. The priorities are expressed as six commitments, as outlined in Table 5 below.

⁸⁷ Source: This Day (NACCRRAN Blames Increase in Child Abuse on Refusal of States to Integrate Child Rights Act) 9 June 2016 www.thisdaylive.com/index.php/2016/06/09/naccran-blames-increase-in-child-abuse-on-refusal-of-states-to-integrate-child-rights-act/

⁸⁸ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020. Abuja

Table 5 Commitments of the National Priority Agenda for Vulnerable Children in Nigeria.

#	Commitment	Examples
1	All poor and vulnerable children have equitable access to and benefit from comprehensive social protection services.	Strengthen collaborative mechanisms between government social service providers and civil society organisations in identification of vulnerable children and families and follow-up to ensure their access to social assistance grants.
2	All children are safe from abuse, violence, exploitation and neglect.	Ensure Child's Rights law enacted and operational in all States. Develop and/or strengthen Child Protection Networks and Committees to facilitate appropriate preventive and remedial services for children coming into conflict with the law.
3	Vulnerable children are healthy and well-nourished.	Expand financial protection models for vulnerable groups, such as the Community Based Health Insurance Scheme and MCH fee exemption scheme vouchers and explore new model (e.g., health cards, pre-payment schemes).
4	Vulnerable children have equitable access to and benefit from quality basic education (ECCDE, primary, lower secondary education).	Mainstream out-of-school children into formal school systems. Integrate basic education into Quaranic schooling. Develop and implement 'second chance' education initiatives
5	Vulnerable children have an adequate standard of living conditions.	Develop harmonized foster care policies, guidelines regulations and standards across all States Harmonize national in-country adoption guidelines, regulations and standards. Develop institutional care as last resort. Develop harmonized family preservation policies and programmes across all States.
6	All children have a legal identity.	Establish linkages and referral mechanisms between birth registration and all social welfare and social protection programmes. Develop special measures such as mobile birth registration services to access hard-to-reach communities.

Trafficking in Persons (Prohibition), Enforcement and Administration Act, 2015

This Act replaced a previous, more limited, Act of 2003 (amended in 2005), and has wide-ranging powers to investigate trafficking, to prosecute offenders, to engage in multi-agency and international co-operation, and to provide education for school and university students and professionals. The Act prohibits the employment or procurement of children under the age of 12 as domestic servants and protects children generally from being used for exploitative, injurious or hazardous work; offenders are liable to be sentenced to imprisonment for a minimum term of six months and not exceeding seven years.

Family courts

The Child's Rights Act 2003 made provision for the Family Court Division, with exclusive jurisdiction in legal matters relating to children (placement, fostering, adoption etc.) and the Child Justice Administration. However, as far as we can tell, family courts appear to be fully operational only in Lagos State. This is confirmed by the testimony of expert barristers, who say: 'There are no separate family courts' and 'Lagos State has created a family court to deal with disputes relating to guardianship, custody and adoption not related to matrimonial causes in its Child Rights Law 2007.'⁸⁹ On the other hand, in our interview with a senior official at the Social Development Secretariat of the FST, we were told that 'every case [involving a child] must go to the family court – this is a new thing which we are still trying to implement.'

Lawyers and others active in child protection and social services have called on the Federal Government to do more to ensure that there is a functioning family court system throughout Nigeria,⁹⁰ but despite the National Priority Agenda – including the target 'All children benefit from a child-sensitive and enabling legal and justice system' – there appears to be no specific reference to developing the family court system, presumably because the court system is reserved to State law.

The role of the police

Several of our informants told us that police officers either have no special training in how to handle cases involving children, that specialist training is inconsistently provided in the curriculum of police academies, or that officers who have received specialist training are reassigned to different duties and therefore the effectiveness of training is diminished.

If they [police officers] are taught how to handle a child case, who to talk to or not to talk to, what to do, what needs to be in place when a case

⁸⁹ Source: Practical Law (Family law in Nigeria: Overview, court system) <http://uk.practicallaw.com/6-613-4665#a581774>

⁹⁰ For example: Daily Post (Lawyers want FG to strengthen family, juvenile courts) 16 November 2015 <http://dailypost.ng/2015/11/16/lawyers-want-fg-to-strengthen-family-juvenile-courts>

presents itself, is there a special person that speaks to the child, when you have GBV [Gender Based Violence] cases who do you report to? Is it some random police officer or is it somebody that knows how to handle a GBV case from beginning to end. This does not exist anywhere in our system...'

Lagos has two specialist police offices which investigate child-related cases. We were able to interview a senior officer at one of these who told us that about 80% of the office's workload involved investigating the cases of abandoned babies and making arrangements for the children's welfare. The role of the specialist department included:

- Dealing with cases of abandoned children;
- Protecting children from immediate danger, including providing temporary shelter;
- Family tracing and reintroduction of children to the family;
- Referral to welfare agencies and the family court.

In its 'periodic report' of 2014, the Federal Ministry of Women Affairs reported that: 'The anti-trafficking unit of Nigeria Police has an ongoing programme for Police Officers on child care and protection. A total of 1,150 Police Officers were trained in 2009'.⁹¹

Standards governing alternative care

The Federal Government has published National Standards covering seven core areas: health; nutrition and food security; psychosocial support; protection; education and training; shelter and care; and household economic strengthening.⁹² These are comprehensive and were developed in consultation with stakeholders, including children. The preamble to the document commends the use of improvement science approaches emphasising multidisciplinary teamwork and 'a focus on client participation in decision making about their own care' (p.6). It is not clear how extensively they are used to govern and inspect alternative care facilities across the Federation.

Inspection arrangements

The basis for inspection is available in the National Standards. Our informants could tell us about examples of inspection visits to institutions by State authorities, often prompted by complaints received. The specialist police officer we interviewed in Lagos thought that institutions were keeping to standards because they could be inspected by the State and that sometimes institutions were shut down. A lawyer also told us about institutions being closed, but described this action as 'throwing the baby out with the bath water,' as no provision was then made for the children. Several informants took the view that being in a poor institution was still better than being on the streets.

⁹¹ Federal Ministry of Women Affairs and Social Development. (2014). Nigeria's 2nd and 3rd combined country periodic report on the implementation of the African Union charter on the rights and welfare of the child. Abuja. p.159

⁹² Federal Ministry of Women Affairs and Social Development. (2014). National standards for improving the quality of life of vulnerable children in Nigeria. Abuja

We visited a children's residential facility where the standards of hygiene and safety would have led to closure by authorities in developed countries, but young people we interviewed in the home spoke of being happy that they were safe, fed and sent to school, and that they had staff that cared about them. We also visited an orphanage for severely disabled children, where we observed toddlers unsupervised and unstimulated, shuffling on the floor of a corridor, and infants and children lying in cots, mostly unattended. When we visited, there were two nurses engaged in bottle-feeding and they appeared to be in charge of around 60 children between them.

The law on adoption and fostering provides for supervision of placements, but there are human resource and budget challenges. It is also not clear how fostering agencies are inspected, though they should be registered and regulated by State authorities. In any case, the extent of informal fostering provides additional challenges, and in reality there is substantial reliance on reporting of abuse by caring citizens and children themselves.

Assessment procedures

This is an aspect of child care where practice seems to be very variable. Caregivers and children we spoke to in two SOS Children's Villages centres could tell us about their assessment procedures, covering social welfare, health and education needs. We were told there was a plan for each child, though we did not ask to see any of these. It was also evident that formal planning was in place in a church-run establishment we visited. In another children's home, run by a charitable trust, but State-supported, the young people we interviewed were not aware of any plan and said they were not consulted about their welfare.

The law and the family

The following commentary on family law prepared by practising Nigerian barristers provides a useful summary on some of the more controversial aspect of family law in Nigeria.⁹³

'The most controversial aspect of Nigerian family law is the Same Sex Marriage (Prohibition) Act 2013. The law has drawn criticism from within and outside Nigeria. The basis for this criticism is that it is a breach of the fundamental human rights of a minority, as enshrined in international conventions to which Nigeria is a party. Reference is also made to the Nigerian constitution which precludes discrimination on the basis of sex. However, the law has public acceptance because it is in line with moral and religious beliefs of the Nigerian people. It is therefore difficult to maintain the argument that same sex was contemplated in the constitutional provisions on non-discrimination.

⁹³ Source: Practical Law (Family law in Nigeria: Overview) <http://uk.practicallaw.com/6-613-4665>

'Some aspects of Nigerian family law like surrogacy and international adoption require legislation and domestication of international conventions to avoid problems in the near future. Reforms are needed in areas like cohabitation, settlement of property and the criteria for maintenance. The discretion which the courts have in these areas is too wide, creates uncertainty and does not always capture the essence of the requirement of what is fair and equitable.'

Other relevant legislation or frameworks

The website Child Law Resources, maintained by the African Child Policy Forum, provides access to applicable Federal law of Nigeria and child related policies (and of other African countries), though not of State law⁹⁴. The copyright date on the website is 2013, when the database appears to have been developed, and we could not see any policy about providing updates. Nevertheless, it is a comprehensive, accessible and valuable resource.

⁹⁴ Source: Child Law Resources http://www.africanchildforum.org/clr/Pages_EN/Nigeria.html

How is the workforce (e.g. social workers and caregivers) organised, trained and supported?

Responsibility for the oversight of social welfare, including ensuring that there is a qualified and trained workforce, lies with the Federal Ministry of Women Affairs and Social Development. However, the actual responsibility for the deployment of professional staff in local social welfare departments, hospitals and institutions rests with State governments, and there does not appear to be any national standard for the ratio of trained workers to clients. We interviewed one district social work manager who was directly managing two staff. All three appeared to be on call constantly: 'Mobile phones – a curse for the social worker but a godsend for the child.' Also, there is considerable reliance on NGOs and volunteers both to assess local needs and also to provide services.

There are social work programmes at undergraduate and graduate levels, and academic research is being undertaken in university departments. There are professional bodies, such as the Institute of Social Work of Nigeria⁹⁵ and the Nigeria Association of Social Workers⁹⁶, the latter of which is campaigning to have the social work profession regulated in statute. There is also a very reasonable school of thought which points out that the body of knowledge which is available to inform teaching about social work has, for the most part, originated from outside Africa, and that energies should be deployed to develop models which are sensitive to context, rather than to import these, ready-made, from outside. This could also be a challenge for universities around the world which recruit students from African countries onto social work courses and research degrees.

'If social work is to be appreciated, recognized and be able to attain its full status, it has to mediate between people and their environments. Social work education and training in Africa have to be transformed from models relying upon western frameworks, philosophies, values and knowledge bases to Afro-centric models based more on indigenous knowledge systems, community-based interventions, and local values and practices'.⁹⁷

Caregivers and volunteers working in institutions, have much more varied training, which tends to be provided by the employing organisations, particularly NGOs. The SOS Children's Villages mothers we spoke to told us their qualifications were, variously, the National Certificate of Education, diploma in social care, vocational background (e.g. in home economics) – but essentially to have a passion for children, to be committed and devoted.

⁹⁵ See: <http://www.isownigeria.org>

⁹⁶ See: <http://www.nasow.org>

⁹⁷ Mwansa, L.-K. J. (2010). Challenges facing social work education in Africa. *International Social Work*, 53(1), p.135

The Federal Ministry of Women Affairs published the National Policy Guidelines for the Establishment and Monitoring of Child Care Centres in Nigeria in 2008. In 2014, the Ministry reported that: '200 social welfare officers and care givers from child care institutions in Nigeria received basic standard training, on counselling and community re-integration of children – organised by the Federal Ministry of Women Affairs, NAPTIP and WOTCLEF' (Federal Ministry of Women Affairs and Social Development, 2014b, p. 159). The same report provides more detailed information related to the objectives to improve the quality of teaching in school and the training of teachers. The National Priority Agenda for Vulnerable Children in Nigeria, 2013-2020, also does not appear to list any targets or strategies related to the workforce, though it does recognise the need to: 'Strengthen technical and child-sensitive capacities of magistrates, prosecutors, police, social workers and other officials in the justice system'.⁹⁸

⁹⁸ Federal Ministry of Women Affairs and Social Development. (2013). National priority agenda for vulnerable children in Nigeria 2013-2020. Abuja. p.28

What is working and what is not working in terms of child care reforms?

The Child's Rights Act 2003 has incorporated the principles of the UNCRC, with additional concern for the responsibilities of children incorporated from the CRWC. The Act appears to be well known, at least among child care professionals, the legal profession, the police and judicial authorities.

There are two major problems associated with the Act: it has not been ratified in 12 States 13 years after it came into force; and even in States which have incorporated it into their domestic law, there is the problem of its implementation. Several of our informants told us they had serious doubts about the will of politicians to give priority to children's matters.

There are well developed child protection networks, but these are typically supported by NGOs and dependent on time given pro bono by enthusiastic professionals and volunteers.

There is a lack of co-ordination at both Federal and State level of child protection policy, services and the education of practitioners, and as a result the gap is filled by individuals and groups, leading to a cluttered landscape. There have been efforts to provide directories of services, but as soon as they are published they are out of date.

All States now have legislation governing foster care, and the acceptability of non-relative foster care is growing among professionals and the population. However, the process is cumbersome and lacks co-ordination by the authorities. The most common form of care remains informal care and, as this is unregulated, children are at risk of abuse and exploitation.

There are National Standards governing children's services, but the mechanisms for enforcement in institutions, informal and formal fostering and community-based services are underdeveloped.

There is the basis of a good education system, with universal free provision of school education and a well-developed tertiary sector. Education is widely valued by families, children and caregivers. One of the 'unique selling points' of the alternative care system in Nigeria is school attendance.

The public education system is under great strain, however, and families and care providers are, as a result, spending scarce resources in the private sector.

What are the main challenges and opportunities?

Challenges

- Poverty is a major driver for children entering the alternative care system. Other important precipitating factors include displacement of children as a result of the security situation in the north of Nigeria, the continuing effects of HIV-AIDS infection, and children orphaned from a range of causes such as illness and road accident deaths.
- The increasing demand for child protection services and placements in residential facilities and family foster care. They are stretching resources – in some places to the limit.
- Trafficking of children, where families have fallen victim to unscrupulous gangs – and in some case extended family members – who promise a better life and education, but in reality the children become domestic servants.
- Physical and sexual violence of children within families, and the continuing practice of corporal punishment in schools, despite this being unlawful.
- Early betrothal and child marriage remain major problems, particularly in northern States.
- Challenges in respect of health, health care and general living conditions, especially for children and women. Maternal, infant and under-five mortality rates are very high. The public health care system is severely stretched in the face of diseases such as HIV, pneumonia, diarrhoea and malaria, which are major causes of infant and child mortality. Children living in institutions are at particular risk of poor health and inadequate health care.
- Inadequacies in the public education system, including children out of school, large class sizes, part-time education, interrupted schooling, variable quality of teaching and illiteracy. The desire for consistent and good education is an important factor influencing the need for alternative care.
- Difficulties in the basic infrastructure affect efficient management of the alternative care system. For example, there are frequent power outages which affect such basic facilities as charging mobile phones and laptops, and social workers' access to transport.
- The large extent of informal alternative care. On the one hand, there is a strong cultural belief in the extended family's responsibilities, but unregulated kinship care leaves children open to abuse and exploitation.
- The Child's Rights Act 2003 has not been incorporated into State law in 12 of the 36 States, although aspects of the wide-ranging law have been introduced, e.g. laws on foster care. There are also difficulties experienced in having the law implemented.
- The need to have children's rights accepted as a priority by politicians, and faith and community leaders.

- Social and cultural perceptions which are harmful to children in general, and girls in particular. For example, there are still widely held views that rape should not be reported to the authorities, or reported to a faith or community leader to deal with. There remains a view that the promotion of child rights involves inculcation with western values. Those who report child rights abuse, and their supporters, risk alienation, and perhaps worse.
- Police officers who have received specialist training on child-related matters who are assigned to other duties before the community and other officers can benefit from their expertise.
- The lack of development of family courts, other than in Lagos and the FCT.
- Overcrowding in residential facilities and the provision of shelter for children in need of care and protection, along with children in criminal justice correctional facilities.
- Reliance on NGOs and volunteering to provide services to fill gaps in State provision, and to conduct surveys and needs assessments. The landscape of organisations is also relatively crowded.
- A degree of overlap between Federal and State departments which can contribute to lack of clarity in service delivery and inefficiency.
- The absence of strategic objectives for workforce planning.
- The lack of publicly available statistical reporting as a means of monitoring progress towards national priorities.

Opportunities

- The Child's Rights Act and related policies, guidelines and strategies provide a blueprint for the development of related services.
- A vibrant community of practice represented by social workers, caregivers and activists.
- The potential for employment opportunities among an educated population.
- Legislation governing foster care in all States. Evidence of growing acceptability of fostering in the community and the possibility of the sharing of expertise by organisations such as SOS Children's Villages, which have developed foster care programmes as part of their core services.
- Services for those leaving care exist, but are underdeveloped. They are mainly provided by orphanages and caregivers who maintain contact with former residents. There is an opportunity for Federal and State governments to develop after-care support services.
- Opportunities to develop participation by children, building on examples such as the children's parliament.
- Opportunities to convince politicians and civil servants of the value of making links between the provision of high quality child care and an improved economy. Despite the recent down-turn in the economy and high unemployment, developing

children's services could help the economy by providing graduate employment, and reducing the costs of unemployment to both health and justice budgets.

- The need to develop support materials in a range of languages, as well as English.

Conclusions

Nigeria is a very large and diverse country. The under-18s population is estimated to be about 88 million, or 49% of the total population, while the under-five population is 31 million, or about 17% of the total.

The sheer scale of the child population size emphasises the importance of heeding the needs of children. There are significant challenges for all children in Nigeria, including difficulties in accessing consistent, quality basic education and having their health needs met.

There are significant threats to children's rights, including physical and sexual violence in the home and community, and children can be exploited by the dominant form of alternative care – informal care. This form of care is unregulated and mostly undocumented. Children are exposed to violence and threats to their security as a result of the insurgency in the north of Nigeria, and child trafficking is a major problem for this and other reasons.

Federal laws need to be incorporated into State law in order to be effective in all parts of Nigeria. The principal piece of legislation underpinning children's rights and setting out the conditions for child protection and alternative child care, including adoption and fostering – the Child's Rights Act 2003 – has not been domesticated in 12 States. Meeting the needs of vulnerable children is also compromised by the failure of government to implement the law by investing in the structures required to underpin successful services, including workforce planning, inspection and statistical monitoring.

The family court system has yet to make an impact across the republic, other than in Lagos and, to some extent, in the FCT, and there is considerable variation in the provision of other welfare services across the country. NGOs, practitioner networks and community-based organisations have made a major impact in child protection and leading service innovation, but this has been accompanied by inertia in government and overlap in the responsibilities of ministries. One of our informants suggested that future investment by donors should be attached to commitments to implement coherent plans for the development of permanent services, rather than to be attached to projects.

There are also tremendous opportunities, represented in the youth of the population itself and the well-developed tertiary education sector, for developing graduate employment opportunities in roles designed to help implement the National Priority Agenda for Vulnerable Children in Nigeria 2012-2020.

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Appendix 1: Research instruments used with key informants

Date

Addressee

Dear Sir/Madam,

SOS CV INTERNATIONAL CHILD CARE STUDY IN NIGERIA

Established 1949 in Austria, SOS Children's Villages International is a dynamic social development organization working globally in 133 countries with a focus on the development of a child into a self-supporting and contributing member of society. We believe that a child's development to his or her full potential is best realized in a caring family environment. Recognizing the role of the child in his/her own development, as well as the role of his/her family, community, state and other service providers, we work together with all relevant stakeholders to find the most appropriate response to the situation of children at risk of losing parental care and those without parental care.

Based on the specific situation and best interest of the child, programme interventions are developed and actions taken. Together with other stakeholders, we build on the foundation of existing resources, initiatives and capacities, strengthening these where required. In this way, we respond with relevant interventions, making best use of available resources, and so have a greater impact on the situation of the children within our target group.

The European Commission (EC) wish to conduct a study which would inform its future strategy for promoting and supporting De-I policies and frameworks in its external action in Africa, Asia and Latin America, following developments and EU investments already made in Europe and Central Asia. The study involves case studies in 6 countries in order to strengthen the EC's knowledge on the nature, extent and scope of institutionalization and the feasibility of de-institutionalisation (or alternative care for children).

Therefore, SOS Children's Villages International is undertaking a study of child care across different regions of the world and specific case studies in six countries: Chile, Ecuador, Indonesia, Nepal, Nigeria and Uganda during the summer of 2016. The overall project will end in November 2016 with the publication and presentation (in Brussels) of a synthesis report.

From the above we are therefore proposing a visit to your office as scheduled to have an interaction with you.

Date:

Time:

If you have any questions, feel free to contact [contact details supplied].

We look forward to your kind cooperation and approval.

Thank you.

Yours sincerely,

Eghosa A. Erhumwunse
National Director

Alternative Child Care in Nigeria: Information for Interviewees

The European Commission Directorate-General for Justice and Consumers has commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries to help inform the EU's future strategy for provision of support outside Europe. Two countries in Africa have been selected for study: Nigeria and Uganda. SOS Children's Villages International has engaged the services of CELCIS, based at the University of Strathclyde, Glasgow, Scotland, UK to assist in compiling the case studies.

The Nigeria case study is being compiled by Dr Graham Connelly, a member of CELCIS staff and senior lecturer in the School of Social Work and Social Policy at Strathclyde. Graham is a teacher and psychologist by training, and an experienced academic in the area of children's services, and is a non-executive director of a residential education and care centre for children in Scotland. He is co-author of *Residential Child Care: Between Home and Family* (Dunedin, 2012) and *Educating Looked After Children and Young People* (Jessica Kingsley, 2015). He is also an experienced consultant, most recently reporting on foster care in Albania for UNICEF.

Why have I been contacted?

You have been contacted because of your particular responsibilities, professional knowledge and understanding of child care provision and strategic planning in Nigeria.

What would my participation include?

We are requesting your participation in an interview lasting between 30 minutes and one hour, depending on role and availability. The interview will be about alternative child care in your country. We want to understand the situation of children in alternative care, where they are placed, and the reasons a decision was made to place them there. We are also interested in gaining an understanding of alternative child care provision in Nigeria, at country level and locally, including the services available to help prevent children being separated from parental care, and the process of assessment. We would like to learn more about child care reforms in recent years, and what you think are the successes and challenges of legislation, policies and programmes. We are also keen to know about future strategies.

How do I inform you of my decision to participate or not to participate?

Having read the above information, if you are happy to go ahead with the interview, you will be asked to sign a 'consent to be interviewed' form as part of the interview process. Having given consent to participate you can decline to answer any particular questions.

Confidentiality

You can choose to be interviewed 'on the record' (i.e. have your name and position used in the report), or 'off the record' (i.e. insist that your interview is used for background only without your details being disclosed).

Data collection and access to the information gathered

As well as taking notes, we would like to record the interview using a digital recorder. This is the most accurate way of preventing misunderstanding. The digital file will be stored on a password

protected and encrypted laptop during fieldwork and then transferred to a secure server in the University of Strathclyde only accessible to the researchers. A copy of the digital file can be emailed to you if you wish. The final case study report will be part of a bigger six-country report. This will be delivered to the European Commission Directorate-General for Justice and Consumers, and dissemination of the report is a matter for the Directorate-General, and neither CELCIS nor SOS Children's Villages International is able to promise to provide copies without permission.

Thank You for taking time to read this information sheet.

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Alternative Child Care in Nigeria: Consent to be Interviewed

I have read and understood the 'Information for Interviewees' Sheet.	<input type="checkbox"/>
I agree to be interviewed 'on the record' and that my name and position can be used in the report.	<input type="checkbox"/>
I prefer to be interviewed 'off the record' and the information I give should be used for background only without my details being disclosed.	<input type="checkbox"/>
I agree to the use of a digital recorder during the interview. Please email me the digital file of my interview. [Insert email address]	<input type="checkbox"/>
	<input type="checkbox"/>
I understand that the final report is the property of the European Commission Directorate-General for Justice and Consumers, and cannot be disseminated by the researchers without permission of the EU.	<input type="checkbox"/>

Name of Interviewee and job title	Signature	Date
Name of Researcher	Signature	Date
Interview location:		

Alternative Child Care in Nigeria: Research Interview Guide

- Context - socio-economic and cultural context
- Where are children placed? (forms of alternative care) and why? (drivers)
- Structure and Process i.e. legal and policy framework, standards and funding
- Government and non-governmental structures for child protection/child care provision
- Process and practices - workforce and carers; assessment
- What is working and what is not working? Which agencies are those making things work? (2-3 key initiatives highlighted)
- What are the challenges and opportunities? What could happen and what needs to be done to make it happen (the positive agenda for change)?

Introduction:	
1. Introduce researcher(s) and research aims	
2. Introduce topics to be discussed	
3. Confirm understanding of 'Information for Interviewees'	
6. Read through and sign two copies of 'Consent to be Interviewed' form; leave one with interviewee	
7. Give brief explanation of definition of child care/system being used for this study and also formal and informal care	
Opening question for all: Please, would you outline the main responsibilities of your job? What is your involvement in providing services for children/young people in alternative care?	
The principal elements of the child care system	Principal Question: What factors are relevant to the development of the child care system and its implementation?
1. Overview of Alternative Care	<ol style="list-style-type: none"> 1. How would you describe the formal alternative care system for children in Nigeria? (in care, after care) 2. What are the different types of formally arranged alternative care in Nigeria? (In numerical order of importance? Which forms are becoming more important? Which decreasing in importance? As specifically about kinship care.) 3. How many children (0-18 or 0-15) are in formal alternative care? (total, by state, by placement type, as proportions)

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	<ol style="list-style-type: none"> 4. Please could you tell me about informal care in Nigeria? (How many children are in informally arranged alternative care, nationally, by state) 5. Is there sufficient provision for children who need to be placed in alternative family-based and family-type care i.e. foster care/kinship care/small group homes? (Where are the stress points? Does this vary around the country – by state; rural/urban?)
2. Deinstitutionalisation	<ol style="list-style-type: none"> 1. What is the average (or typical) number of children hosted in residential institutions? 2. Please could you tell me about the larger (more than 15 children) residential institutions in Nigeria? 3. How many there are? 4. Are they typically owned and managed by government or by other non-government organisations? 5. How are the non-government organisations funded? 6. Are there any government plans to close down large residential institutions? (If so what are they? If not, what are the main barriers to deinstitutionalisation?)
3. Quality of care	<ol style="list-style-type: none"> 1. Are there government standards for the quality of alternative care (formal and informal)? 2. Please can you tell me about the quality of care in large residential institutions – to what extent do they meet any government/state set standards? 3. Please can you tell me about the quality of care for children in formal family-type alternative care i.e. foster care etc. – to what extent do they meet any government/state set standards? 4. Is there a system of registering and inspecting state managed alternative care? (How does it work? In your view is it effective?) 5. Is there a system of registering and inspecting non-state managed alternative care? (How does it work? In your view is it effective?)
4. Drivers and necessity	<ol style="list-style-type: none"> 1. What are the principal reasons that lead to children being separated from their parents? 2. Are children placed into alternative care unnecessarily? (Reasons?)
5. Developed regulatory framework and disseminated policy/ understanding of policy aims and, how	<ol style="list-style-type: none"> 1. What are the main laws, policy and national plans that guide those working in alternative care? Do they make provision for: <ul style="list-style-type: none"> • preventing separation of children from their parents? • family reintegration? • placement in suitable alternative care when necessary?

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to achieve expected results	<ul style="list-style-type: none"> • and permanent alternatives i.e. adoption? <ol style="list-style-type: none"> 2. Are laws, policies and national plans related to child protection and child care being adequately distributed, understood and interpreted across the country by those responsible for implementation? 3. Which groups participated in the development of child care policy? Were young people involved?
6. Oversight and coordination	<ol style="list-style-type: none"> 6. How is formal alternative care administered in Nigeria? (National government – which Department is responsible? What is its role? What are the relationships with the states? What is the annual budget? How are funds disbursed? Are there additional sources of funding, e.g. state, NGO, home charities?) <p>If no single department/body do you think there should be one coordinating body?</p>
7. Adequate structures and processes for delivery	<ol style="list-style-type: none"> 1. Which other government departments have responsibility for child care and do they also have responsibility for carrying out deinstitutionalisation policy? Do they work well together? 2. What is the role of the judiciary/courts?
8. Services for prevention of separation and child remains in safe and caring family environment	<ol style="list-style-type: none"> 1. What services provided by government or non-government providers contribute to helping prevent children being separated from their parents in Nigeria? 2. Are there are sufficient/appropriate services that are helping to prevent separation? (Examples? What would make things better?)
9. Re-integration of children from care back to biological family and ageing out of care	<ol style="list-style-type: none"> 1. What services provided by government or non-government providers are helping families so that children can return to their family? 2. Do you think there are sufficient services that are supporting reintegration of children to birth or extended families? 3. Are young people given assistance when they age out of alternative care?
10. Adoption as a permanent solutions	<ol style="list-style-type: none"> 1. Does the adoption system work well (national and international)? 4. Are there sufficient families coming forward to adopt children? (If yes/no – why?)

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11. Able and sufficient work force	<ol style="list-style-type: none"> 1. Are there sufficient professional staff to provide the different parts of child care system and any child care reform? Who are they? What are the arrangements for education / training /qualifications? Are the universities/colleges involved? Registration?
12. Case management mechanisms	<ol style="list-style-type: none"> 1. Are child protection/child care staff using case management mechanisms i.e. assessment of families and making individual children's care plans when needed?
13. Data management and accountability	<ol style="list-style-type: none"> 1. Is there a national system for gathering information of children separated from parents who are now in different types of formal and informal alternative care? If yes what data is collected and by whom?
14. Attitudes and cultural practices	<ol style="list-style-type: none"> 1. Do you think that social attitudes and practices (of public and practitioners) are assisting or obstructing child care reforms and any deinstitutionalisation process?
15. Non-governmental Influences	<ol style="list-style-type: none"> 1. What do you think have been the principal influences on the government and child protection sector in developing and implementing child care reforms and a deinstitutionalisation policy (including influence if any from the international community)?
16. Scale of achievements	<ol style="list-style-type: none"> 1. Overall on a scale from 1 to 5 where would you rate the achievements of implementation of child care reforms in the past 5 years, where 1 is excellent and 5 is poor? 2. What are the main challenges facing child care reform in Nigeria? 3. Could you describe an example of very good practice?
17. Additional information	<ol style="list-style-type: none"> 1. Is there any further information you would like to provide regarding factors we have not already discussed and achievements? Questions I should have asked?

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Appendix 2: Research instruments used with children and young people

Alternative Child Care in Nigeria: Information for Social Workers and Carers of Children and Young People Participating in Interviews / Activities

The European Commission Directorate-General for Justice and Consumers has commissioned SOS Children's Villages International to undertake case studies of arrangements for 'alternative child care' in six non-European countries to help inform the EU's future strategy for provision of support outside Europe. Two countries in Africa have been selected for study: Nigeria and Uganda. SOS Children's Villages International has engaged the services of CELCIS, based at the University of Strathclyde, Glasgow, Scotland, UK to assist in compiling the case studies.

The Nigeria case study is being compiled by Dr Graham Connelly, a member of CELCIS staff and senior lecturer in the School of Social Work and Social Policy at Strathclyde. Graham is a teacher and psychologist by training, and an experienced academic in the area of children's services, and is a non-executive director of a residential education and care centre for children in Scotland. He is co-author of *Residential Child Care: Between Home and Family* (Dunedin, 2012) and *Educating Looked After Children and Young People* (Jessica Kingsley, 2015). He is also an experienced consultant, most recently reporting on foster care in Albania for UNICEF.



Why have I been contacted?

We hope that you will help us to talk to some children and young people about their experience of child care in Nigeria. If you agree, we may also ask to interview you, based on your personal knowledge and experience.

Group Work with Children and Young People: Aims

We would like to find out the following:

- The experience of children when they went into care
- The experience of children whilst in care
- The experience of children leaving care
- The experience of children receiving support services (that may have prevented family separation?)

We would particularly like to know if they participated in making choices about their care – did they have a say?

Methodology

Activities appropriate to age group

- About me and who are the people who are important to me?
- What things are important to me?
- Experiences of care / after care (HAPPY BAG / WORRY BAG)
- Am I listened to / consulted?
- What would make things better for other children like me?

Number of children, ages and groups

The minimum we would like to achieve would be:

- 2 groups of children in institutional care
- 2 groups of care leavers
- 1 group in foster care (if applicable)
- 1 group receiving community based support services

Group size should be 10 children maximum

Age groups should be divided into 10-14 year olds and 15-17 years. (The care leaver group might be older.)

The group with children 15-17 years and care leavers should be divided into groups of girls and groups of boys. Maybe all groups gender specific?

Code of Conduct

We will use SOS Children's Villages' child protection policy and procedures for reporting cases of concern.

We will ask that other adults are not in the room for the group work with children.

We will use information sheets and consent forms, both for social workers/carers/parents of children, and also children themselves.

Interviews with Social Workers / Carers / Parents

What would my participation include?

We are requesting your participation in an interview lasting about 20 minutes, either alone or as part of a group discussion. The interview will be about alternative child care in your country. We want to understand the situation of children in alternative care, where they are placed, and the reasons a decision was made to place them there. We are also interested in gaining an understanding of alternative child care provision in Nigeria, including the services available to help prevent children being separated from parental care, and the process of assessment. We would like to learn more about child care reforms in recent years, and what you think are the successes and challenges of legislation, policies and programmes. What approaches would lead to improvement in your opinion?

How do I inform you of my decision to participate or not to participate?

Having read the above information, if you are happy to go ahead with the interview, you will be asked to sign a 'consent to be interviewed' form as part of the interview process. Having given consent to participate you can decline to answer any particular questions.

Confidentiality

You can choose to be interviewed 'on the record' (i.e. have your name and position used in the report), or 'off the record' (i.e. insist that your interview is used for background only without your details being disclosed).

Data collection and access to the information gathered

As well as taking notes, we would like to record the interview using a digital recorder. This is the most accurate way of preventing misunderstanding. The digital file will be stored on a password protected and encrypted laptop during fieldwork and then transferred to a secure server in the University of Strathclyde only accessible to the researchers. A copy of the digital file can be emailed to you if you wish. The final case study report will be part of a bigger six-country report. This will be delivered to the European Commission Directorate-General for Justice and Consumers, and

dissemination of the report is a matter for the Directorate-General, and neither CELCIS nor SOS Children's Villages International is able to promise to provide copies without permission.

Thank You for taking time to read this information sheet.

Contact Details

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Taking part

Who am I?

My name is Graham and I work at the University of Strathclyde in Glasgow, Scotland, part of the UK. I'm visiting Nigeria to learn about different ways children live and are helped.



←--- This is me!

WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

Today we would like get to know a bit about you. You might want to ask me some questions too. But you don't have to talk about anything private if you don't want to. You can decide what you want to talk about or not. Here are some of our ideas for what we might talk about...

Who is important to you?

Such as: Who are the people who are important to you? If you are worried or sad who do you talk to?

What things are important to you?

Such as: school, friends, keeping in touch with your family, being listened to.



WHO WILL KNOW WHAT I'VE SAID?

If it's okay, we will be writing some things down. This is just so we remember what we did together. We won't use your real name.

OK I WANT TO DO IT!

If you are happy to talk to us today we will ask you to write your name on the form below, and to sign and date the form. We will keep the form safe.

My Consent Form

My name is:

.....

I am happy for you to meet me and for me to tell you more about myself.

If you agree, please put a tick in  the box below

My signature.....

Date.....

Thank you!



Views of Young People: Information Leaflet

<p>What is this leaflet for?</p> <p>This leaflet is to help you understand what our 'research' is about, and why we are interested in listening to what you have to say.</p> <p>What is research?</p> <p>Research is about finding out more about something - it is like exploring.</p> <p>What is this research about?</p> <p>This research is about children and decisions that are made about them. It is about decisions that are made when you are looked after away from home.</p> <p>Who makes the decisions about where you live?</p> <p>How much say do you have?</p>	<p>Why are we doing this research?</p> <p>We think it is important to listen to children. We would like to hear about your experience</p> <p>Who are we?</p> <p>My name is Graham Connelly. I have worked with children before. I have a job working with social workers at the University of Strathclyde in Glasgow Scotland, UK.</p> <p>What will we be doing?</p> <p>We want to meet about 45 children to listen to their views. All the children are aged 10 - 17 and most are cared for away from their family's home. We hope to meet girls and boys.</p>	<p>Will you be one of them?</p> <p>We hope you would like to meet us. We will be asking the person who looks after you to ask you if you are willing to meet us.</p> <p>What will the meetings be like?</p> <p>We hope that the meetings will be interesting and fun. We have different activities which may help you to think about your experience of where you live, who has made decisions about where you live, and what you think about that.</p>
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If you meet us will you be with other children?

Yes we would like to invite you to come to be with a group of about 10 other children.

All these young people will be about the same age as you and will have had some similar experiences to you.

We think that some children may find it easier to say what they think with other children. Also, it should be fun and interesting.

Who will be told about what you say?

Everything that you tell us in our meetings will be confidential. This means that we will not tell anyone else what you say.

If you agree we would like to record our meetings using a digital recorder. This will make it easier for us to remember what you tell us. We won't let anyone else listen to the recording.

How will we tell other people what children think?

Other people are really interested in knowing what children think. So, we will write some reports about what children say is important to them, but we won't use anyone's names.

Also, we hope that you may like to make something that adults can listen to or read about, to let them know what children think.

What will happen next?

If you agree to meet us we will make arrangements with you, and the person who looks after you.

Do you have to agree to meet us?

No, it is your choice whether you take part. It will always be your choice to meet us.

Why should you agree to meet us?

- It is a chance to say what you think
- Your views will be seriously listened to
- We hope the meetings will be interesting and fun

Alternative Child Care in Nigeria: Consent for Child / Young Person to take part in activities and discussion

I have read and understood the 'Information for Social Workers and Carers of Children and Young People Participating in Interviews / Activities' Sheet.	<input type="checkbox"/>
I agree that the child / children named here can take part in the consultation activities. Name(s): Add Age and whether Male or Female	<input type="checkbox"/>
I understand that the final report is the property of the European Commission Directorate-General for Justice and Consumers, and cannot be disseminated by the researchers without permission of the EU.	<input type="checkbox"/>

Name of Social Worker / Carer / Parent	Signature	Date
Name of Researcher	Signature	Date
Interview location:		