12 Child-sensitive social protection initiatives in Nigeria

A role for indigenous social care

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Introduction

Social protection has been recognized internationally as a means to foster social development and to address the impacts of social vulnerability and exclusion driven by poverty (UNICEF, 2015). According to Devereux and Sabates-Wheeler (2004), transformative social protection is a term that describes:

public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups.

(ADB, 2003, p. iii)

The Asian Development Bank’s (2003) discussion of social protection strategy made a note of five primary areas of contemporary systems within society for the purpose of protection. These systems were identified as:

Labor markets policies and programs designed to promote employment and protect workers; social insurance programs; social assistance and welfare services programs; micro- and area-based schemes to address vulnerability at the community level such as micro insurance and social funds: child-protection programs to ensure the healthy and productive development of children.

(ADB, 2003, p. iii)

These five areas of social protection are aligned with the United Nations’ Millennium Development Goals (MDGs), and the new Sustainable Development Goals that aim to address the critical needs of developing and industrialized countries affected by poverty and hostile economic policies (UN, 2008; 2015). As the most populous African country with the largest economy, Nigeria has continued its struggle to develop, implement, and strengthen social protection policies for its citizens in need. Despite efforts, there are significant gaps in the nation’s development of social protection initiatives. This lag in progress
continues to impact the most vulnerable within Nigeria’s society. As Nigeria
seeks to create, advance, and improve social protection initiatives, it is important
to take notice of the important contributions of indigenous knowledge, beliefs,
and social care practices, which strengthen and promote the well-being of chil-
dren and families. These informal systems and practices have sustained social
well-being in traditional and community settings. In the following section a
number of traditional practices will be discussed.

Traditional practices and social protection

Social protection is an inherited custom within the African culture, with tradi-
tional practices aimed to meet the needs and provide protection for the poor, the
vulnerable, and those at risk. Although not viewed as a structured organizational
scheme, social protection has existed in African communities as a norm. In
Nigeria, social protections have been implemented by heads of households and
traditional rulers who have accepted leadership roles in the community. These
community leaders have routinely accepted the responsibility of providing col-
lective protection for the vulnerable; ensuring that community members at-risk
are provided for and protected from increased risks. The extended family system
has also supported this process, fulfilling the critical role of cushioning the
impact of poverty, in the context of widowhood and for children deprived of
parents (e.g., orphans).

Indigenous social care practices persisted as a prominent means of social pro-
tection within the Nigerian community setting until groups such as the Salvation
Army and the Green Triangle emerged as pioneers of modern social work in
Nigeria (Kazeem, 2011). The primary foci of these non-governmental organiza-
tions were delinquency problems among youth. Efforts resulted in the establish-
ment of industrial schools, and the organization of boys’ and girls’ clubs
(Atolagbe, 1989; Kazeem, 2011). During the late 1940s, the colonial government
exhibited an interest in organized social work, with the appointment of Mr.
Donald Faulkner as the first social welfare officer (Kazeem, 2011).

In addition to the presence of social work as an emerging profession within
the community, socio-economic instabilities impacted the provision of indi-
genous social care practices. The impetuses for such instabilities were numerous
changes, which erupted on a macro level. These changes emerged as the result
of population growth, urbanization, globalization, climate change, socio-political
unrest, wars and their aftermath. With the growing need and desire for evidence-
based social protection programs, technological advancements manifested as a
challenge to traditional social protective measures, overwhelming and disorgan-
izing facilitators of indigenous social care practices.

Human rights and social justice: the needs of Nigerian children

Social justice is a first order ethical principal: It speaks to “the right to live in an
egalitarian society where economic and social differences between social classes
and groups are markedly reduced” (Jansson, 2001, p. 24). The profession of social work is an outgrowth of social justice efforts in support of the marginalized, and a commitment to the development of social welfare policies and social protection initiatives to ameliorate social inequalities (Jansson, 2001). Historically, the professional activities have centered on the “helping of individuals, groups, communities [to] enhance or restore their capacity for social functioning and creating social conditions favorable to this goal” (NASW, 1973, pp. 4–5). Children and the issue of human rights is a critical component of social work activity. Due to developmental stages and various states of dependency, children are reliant upon others for their survival needs and protection. Jansson (2001) expressed that children fall within an unusual status, as members of a “dependent out-group … dependent upon the goodwill of adults for requisite services, housing and resources” (p. 23). Without political clout, parental protection, and the commitment of advocates to ameliorate inequalities such as the lack of food, shelter, clothing, education, health care, and protection, children become victims. As victims, children face the risk of suffering a disproportionate share of social maladies, emerging as economic out-group members, residing at the lower echelons of the populace (Jansson, 2001).

Contemporary social protection in Nigeria

Despite the presence of social work practice and its commitment to social care, the effective development and implementation of social protection initiatives have persisted as a challenge for Nigeria. For example, Sanubi (2011) assessed that for the ordinary Nigerian, social protection is not only a strange concept, it is also not recognized as a right to be obtained from the government, as a result of citizenship. Poverty, economic vulnerability, and inequality are frequently viewed as a result of destiny rather than the result of economic policies or hostile conditions. Simultaneously, in lieu of social programs provided by the government, citizens of developing countries, such as Nigeria, believe that it is their moral obligation to give alms to the poor, be it Christianity, Islam, or African Traditional religion (Ogunkan, 2011; Uche & Ogugua, 2013). This perspective has impacted public actions driven by government policies. Those who develop policies and programs view “social protection initiatives more as an altruistic move of government than a furtherance of a well-deserved social contract in a democracy” (Sanubi, 2011, p. 1). Subsequently, in a seemingly democratic polity as Nigeria, social protection programs (and especially social assistance and welfare services) have been particularly inadequate as a greater proportion of the population remain trapped, suffering as a result of economic and social vulnerabilities (Sanubi, 2011).

Contemporary social protection initiatives

This section will provide an overview of two forms of contemporary social protection initiatives, In Care of the People Cash Transfer Program (COPE CCT)
and the *Family Nutritional Support Program* (FNSP). Currently implemented in Nigeria, these programs were initiated to address the needs of various groups within Nigeria who have been recognized as vulnerable and economically dependent. These groups include families impacted by extreme poverty, orphaned and vulnerable children (OVC) and those suffering with HIV/AIDS. Discussion of these programs will highlight their service packages, eligibility criteria and major challenges.

**In Care of the People Cash Transfer Program (COPE CCT)**

The “In Care of the People” (COPE CCT) is a conditional cash transfer program that focuses on eradicating inter-generational poverty in Nigeria. Initiated in 2008, the COPE Program was originally entitled the Care of the POOR CCT Program. COPE CCT Program was the outcome of Nigeria’s negotiation regarding a debt relief agreement with the Paris Club and the World Bank in 2005. Nigeria was mandated to direct debt relief funds toward the alleviation of extreme poverty and actualization of the MDGs (United Nations, 2015). In 2008, the social protection program, COPE CCT, was launched under the administration of the National Poverty Eradication Program (World Bank, 2011). In the pilot phase, two states each from the six geo-political zones of the country were selected, due to a very low Human Capacity Development Index (HCDI) (Akinola, 2014).

Identified as a transformative social protection program, COPE’s primary foci were the reduction in the vulnerability of the poorest within society, and the enhancement of recipients’ capacities to contribute productively to the nation (Holmes, Samson, Magoronga, Akinrimisi, & Morgan, 2012). Programing goals included the identification of 3,000 eligible households located in 12 pilot states by the end of 2009. Eligible households were located in communities targeted with proxy means testing, to determine the poorest communities (Kidd & Wylde, 2011). Further eligibility guidelines were as follows:

- female-headed households;
- aged-parent headed households;
- physically challenged people headed households (e.g., leprosy patients);
- the transient-poor headed households (e.g., seasonal farmers);
- Vesicovaginal Fistula (VVF) patients;
- HIV affected households (Fiszbein & Schady, 2009).

Other eligibility guidelines were specified as attendance in available community based training programs in basic health, sanitation, life and vocational skills, as well as the participation of qualified children less than five years of age in all government free basic health programs. Such health programs included Vitamin A supplementation and National Polio Immunization (Akinola, 2014). Further specifications were indicated as documentation for antenatal care by pregnant women within benefiting households, and the 80% monthly school attendance
rate of enrolled school age children, up to the basic education level (i.e., from the primary to junior secondary educational level). Selection processes of participants have relied heavily on a strong community involvement, participation and ownership of the program’s requirements for monthly savings. Birth registration and non-involvement in harmful forms of child labor were additional conditions for receipt of COPE CCT (Akinola, 2014).

The amount of funds received via the COPE cash transfer program is dependent upon the number of children. Eligible households receive a Basic Income Guarantee (BIG) of approximately US$10 per child on a monthly basis, with the maximum amount of US$33 for four or more children per month, for a period of one year. The family is expected to graduate from the program at the end of the year, at which time they receive a lump-sum of US$560 – the Poverty Reduction Accelerator Investment (PRAI), for the establishment of viable micro-enterprises (Fiszbein & Schady, 2009).

The extent to which the COPE CCT Program has impacted the participants in terms of poverty alleviation and human capital development is debatable, as there is limited data on impact assessment of the program. COPE’s limited success has been recognized as the assistance of participants in the purchasing of basic household items during a short-term period, the support of obtaining daily consumption needs of the recipients, as well as some improvements in the beneficiaries’ access to education and health care (Akinola, 2014; Holmes et al., 2012).

However, discussion of the program’s outcomes has also drawn attention to COPE’s current difficulty in meeting the long-term goals of reducing vulnerabilities and inter-generational poverty, resulting in a very minimal impact on the empowerment of women via sustainable poverty alleviation. Driven by outcomes from community fieldwork executed by Olabanji Akinola (2014) within Ibadan, Oyo state, Southwest Nigeria, between May and October 2013, several limitations were identified for this transformative social protection program. Specific limitations were associated with the designated one year of program involvement, which limits the long-term development of the human capital – with a focus on children. The one-year duration does not respect the challenges families face due to the infrastructural challenges associated with the health and educational systems (Akinola, 2014). Also, the coverage of COPE has been very low, covering only about 22,000 households, which was estimated to be less than 0.001% of poor households (Hagen-Zanker & Holmes, 2012, p. vi). Such limited scope of households deemed as eligible for this cash transfer program has persisted despite an increase in economic suffering due to global and subsequent community vulnerabilities related to income, food, and fuel crises. Concurrently, the marginal income and assets transfers to be utilized by graduating program participants for sustainability have proven to be too low to successfully develop and operate an income-generating trade within Nigeria. It has been further assessed that due to the high cost of production and the challenging macroeconomic environment within Nigeria, various households who have received income via this social protection program remain exposed to the same,
similar, or even worse susceptibilities, despite their involvement in COPE (Akinola, 2014).

**The Family Nutritional Support Program (FNSP)**

The Family Nutritional Support Program (FNSP) was initiated in 2008, as a component of a project in Nigeria, Maximizing Agricultural Revenues for Key Enterprises in Targeted Sites (MARKETS). Funded by the United States President’s Emergency Plan for AIDS Relief (PEPFAR)/United States Agency for International Development (USAID), the program commenced in five states (Bauchi, Kano, Lagos, Benue, and Cross River) with the goal to improve the socio-economic status of OVC households affected by HIV/AIDS. The first component addressed the immediate nutritional needs of OVC and their families through food fortification. The second component targeted the long-term nutritional and economic needs of the identified 7,500 households with OVC through a program that promotes home gardening (Samuels, Blake, & Akinrimisi, 2012, p. 42). The package provided OVC with fortified and nutritional food supplements. Simultaneously, OVC caregivers were identified to receive training and income-generating activity (IGA) to support their long-term economic and nutritional status. The target was to improve the socio-economic status of 7,500 OVC households affected by HIV/AIDS in five states (Bauchi, Kano, Lagos, Benue, and Cross River) (Devex Impact, 2015, p. 1). In order to ensure the success of the program, partnerships were formed with two Nigerian agro-processing firms, Grand Cereals and Oil Mills Limited (GCOML) and Dala Foods. These partnerships enabled the production of nutritional supplements, to address the immediate nutritional needs of more than 25,000 OVCs, at a minimal profit margin (Devex Impact, 2015, p. 1).

At present, the overall impact of the FNSP is still unknown, as no comprehensive assessment of the program has been documented. However, though this program was implemented in only five out of 36 states, it has yet to address the nutritional needs of the entire vulnerable group, which has met the eligibility requirements. Also, while the focus on the OVC population was expedient, there remain other families, not affected or infected by HIV/AIDS, but who are as equally poor and vulnerable in need of such services.

It can be concluded from the above discussions that as social protection initiatives, COPE CCT and FNSP have not been able to address the needs and vulnerabilities of the Nigerian population. Nigeria is Africa’s most populous country, with an estimated population of about 178.5 million people in 2014 (World Population Review, 2015, p. 1). Though Nigeria was identified as Africa’s largest economy, with a 2014 GDP estimated at US $479 billion, the “economic diversification and strong growth have not translated into a significant decline in poverty levels” (CIA, 2013–2014, Section 5). The Central Intelligence Agency (CIA) (2013–2014) World Factbook data revealed that within Nigeria, over 62% of the nation’s population lives in extreme poverty, with nearly 73 (72.7) deaths recorded per 1,000 live births, with a life expectancy (at birth)
identified as 53.02 years. For children under the age of five years, it has been estimated that 31% are documented as underweight (CIA, 2013–2014, Section 3). Hagen-Zanker and Holmes (2012) also observed stunting and wasting as a significant phenomenon for children under the age of five. Regarding the impact of HIV/AIDS, data outcomes revealed that 3,228,600 individuals were estimated as infected with this disease. By the following year (2014), it was assessed that 174,300 individuals would have died from this disease, the highest number internationally, during a calendar year (CIA, 2013–2014, Section 3).

The presence of extreme poverty, high infant mortality rates, underweight conditions for children under five, projected shorter life spans, and the high rate of HIV/AIDS and related deaths, point to the need for a systematic and comprehensive social protection system. An additional indicator of the need for social protection programs is dependency ratios. The Central Intelligence Agency (2013–2014) World Factbook discussion indicated that Nigerian dependency ratios (a measure of the age structure) revealed the total number of individuals likely to be economically “dependent” on others’ support as 87.7%. The total dependency ratio in Nigeria reflected the ratio of combined youth population (ages 0–14: 82.6%) and elderly population (ages 65+: 5.1%) per 100 people of working age (15–64 years) (CIA, 2013–2014, Section 5). This dependency ratio also projected a greater burden for the working-age population, as well as the overall economy, in the support and provision of social protection programs for those who are often economically dependent, such as children, the youth, and the elderly (CIA, 2013–2014).

The following discussion presents the various vulnerabilities experienced by Nigerian children in the face of an inadequate social protection.

**Vulnerabilities experienced by children**

Vulnerabilities suffered by Nigerian children include discriminatory socio-cultural attitudes and practices, environmental shocks; bio-psychosocial effects of domestic violence and family fragmentation, societal violence and conflict social exclusion, educational deprivation, in addition to health disparities (Jones, Presler-Marshall, Cooke, & Akinrimisi, 2012). The presence of extreme poverty, high infant mortality rates, underweight conditions for children under age five, and projected shorter life spans point to the shocks children experience within the Nigerian society. Despite being ranked as the 12th largest producer of oil internationally, and the largest oil producer in Africa (Oxford Business Group, 2013, p. 117), Nigeria’s ranking on the United Nations Development Program (UNDP) Human Development Index (HDI) points to its lack of progress in meeting the needs of the population that faces life-cycle or structural vulnerabilities. “Nigeria’s HDI value for 2013 is 0.504 – which is in the low human development category-positioning the country at 152 out of 187 countries and territories” (UNDP, 2014, p. 2). Nigeria’s multi-layered struggles in its efforts to address overwhelming bio-socio-economic issues have continued to devastate children and youth (Avert, 2012; Dioka, 2014; NACA, 2012). The HIV/AIDS
epidemic is an example of how family systems are crippled in their efforts to function as the primary support of their children – who are dependent for the provision of survival needs, education and health care, as well protection from emotional and physical harm.

Children are affected by HIV/AIDS through mother-to-child transmission infection or through the loss of one or both parents from AIDS. The 2008 National Situation Assessment and Analysis (SAA) on orphaned and vulnerable children (OVC) showed that not only has HIV and AIDS been a major cause of death of parents, especially in households where both parents have died, but also before the loss of a parent, social and economic vulnerability is exacerbated by serious illness of a parent or other adult member of the household. When parents fall chronically ill from AIDS, children migrate between households. Many of the households taking on these children find it difficult to afford their support. Of 17.5 million vulnerable children, an estimated 7.3 million have lost one or both parents due to various causes. Of these, 2.23 million were orphaned by HIV/AIDS, while about 260,000 children are living with HIV/AIDS. About 20.3% OVC are not regular school attendant, and 18% have been victims of sexual abuse.

(NACA, 2012, p. 23)

**Impact of poverty**

Poverty is a driver of the HIV/AIDS epidemic, with devastating outcomes for families and children. Trafficking, abuse, and forced labor are also socio-economic traumas, propelled by poverty and devastating to children. The 2015 1st Quarter Report of the National Agency for the Prohibition of Trafficking in Persons revealed the following outcomes. By the end of the first quarter of 2015, within Nigeria a total of 130 cases of human trafficking and other related matters were reported by NAPTIP (2015, p. 1). The majority of the cases were associated with child labor (24.6%) and external trafficking for sexual exploitation (23.4%). Other cases reported were child abuse (16.9%), kidnapping from guardianship (8.5%), and sexual abuse/rape (3.8%). Cases of baby sales, illegal adoption, Almajiri – children experiencing years of begging (Ifeadikanwa, 2013), as well as missing and abandoned children were grouped together to make up 14.6% of the total reported cases. Meanwhile, out of a total of 107 suspected child trafficking perpetrators, only four were prosecuted and convicted (NAPTIP, 2015, p. 1). The next section will briefly discuss the presence of trafficking, abuse, and labor demands of children and youth – forms of victimization exercised as a means to economic survival within Nigerian communities.

**Child trafficking**

Nigeria has been identified as major factor in the supply and consumption of human trafficking, as well as a major transit route for those victimized (NAPTIP,
This form of victimization is perpetrated by varied entities including individuals, families, communities, institutions, and organizations. Out of the 1.2 million children who are trafficked globally, 32% of them are from Africa (UNICEF, 2007a, p. 1). The National Agency for the Prohibition of Traffic of Persons review of crimes report indicated that on average, 10 children are trafficked across the Nigerian borders on a daily basis (Lladan, 2011, p. 5). Children trafficked are transported out of the country either by road, air, or sea to neighboring African countries such as the Republic of Benin, Niger, Chad, Ghana. While, within Nigeria, almost every state has a variant of this form of victimization, with child trafficking occurring from rural to urban areas or from one urban area to another (Huntley, 2013).

Outcomes for children who are victimized by trafficking are varied. Children are found to be abducted, coerced, or hired for exploitative labor as domestic servants, beggars, prostitutes, car wash and factory workers, or agents in armed conflicts. They are also coerced to be involved in entertainment and pornography or used for ritual purposes or sources of body parts (Agbu, 2008; NAPTIP, 2007; 2015). Olagbegi (2006) surmised that the glamour of urban areas lures children and their families to seek out traffickers in order to access opportunities available in cosmopolitan cities. Informal relative foster care encourages more affluent relatives to take on the care of less privileged children, moving them away from their parents offering the hope of better education. Unfortunately there are children who exploited, while their educational and developmental needs are not met. A new trend of child trafficking in Nigeria has been the establishment of baby factories, where adolescent girls are confined and non-pregnant victims are forcefully impregnated. Upon delivery, the girls are forced to deliver and the babies are subsequently sold for illegal adoption, ritual purposes, or child labor (Eseadi, Achagh, Ikechukwu-Illomuanya, & Ogbuabor, 2015; Huntley, 2013).

Child labor

A child working beside their parents as part of their social development is a culturally acceptable occurrence in Nigeria. However, making a distinction between labor that is age-appropriate and labor that is exploitative and harmful has proven difficult (UNICEF Nigeria, 2006). Traditionally, children acquire skills for adulthood by working alongside their parents, which also assists the family, in its effort to survive economically (Amao & Akinlade, 2014). The transition to a cash economy has maneuvered children into earning wages to help the family, as well as exposed them to adverse situations (Jones et al., 2012). Subsequently, for the purpose of this discussion a working definition of child labor would be the utilization of children to earn wages primarily for financial benefits to the family; labor that is age-inappropriate and harmful for their overall growth and development. Therefore, age, hours, and type of work performed and specific conditions under which a child works are factors that must be taken into consideration in a discussion of child labor (Okpukpara & Odurukwe, 2006). In Nigeria, it is a common occurrence for children to be forced...
into long hours or dangerous situations that are developmentally inappropriate. Such labor requirements commonly observed encompass females engulfed in the role of domestics from an early; boys working as ticket conductors on rolling buses; children functioning as hired farm hands, hawking goods, or begging for alms on behalf of handicapped parents.

Poverty presents as a key factor in the victimization of children, as laborers within inappropriate settings and for extensive timeframes. Children who are members of an impoverished family system find themselves unable to pay school fees, forced to combine school with work. Outcomes of such realities include poor academic performance, coupled with exposure dangers to hazardous environments, including busy highways, crime, violence, and clandestine activities. The missing of school due to street hawking leads to missed school classes or entire days. In addition, Nigerian children between five and nine years of age average nearly 18 hours per week in unpaid domestic chores (Okpukpara & Odurukwe, 2006).

Child abuse continues to exist, constituting a serious threat to the health, welfare, and overall development of Nigerian children (Jones et al., 2012). Battering, along with child labor, stigmatization, discrimination, and all forms child sexual exploitation (including rape) appear to be common occurrences within Nigeria. There are minimal to no enforcements of legal standards, as stipulated in the Child Rights Act. Consequently, there are inadequate structure and resources for the protection and support of victims and their families.

The vulnerability of children to different forms of abuse has been exacerbated by the increased number of orphans and vulnerable children as a result of the HIV/AIDS pandemic (Samuels et al., 2012). Disabilities of any kind have also increased children’s vulnerability to all forms of abuse, discrimination, and neglect. Early marriage, a common practice in rural areas and Islamic northern states, is also a significant contributor in the perpetuation of child abuse and its consequences (Jones et al., 2012).

The vulnerabilities of Nigerian children are further compounded by their dependence on adults who themselves are exposed to risks, such as gender inequalities, and spatial location (Jones et al., 2012). Since children, particularly during early childhood, are dependent for care, support, and protection, the caregivers’ risks and vulnerabilities compromise their abilities to provide adequate care and support. Such deficits compound the individual vulnerabilities of children. Therefore, from a family systems perspective, there is a need for the conceptualization and implementation of social protection, which are child sensitive, with a focus on intervention goals committed to meeting the needs of parents and caregivers (DFID et al., 2009). The following section will discuss the integrated framework of child-sensitive social protection and current initiatives, which address the vulnerabilities of Nigerian children.
Child-sensitive social protection helps to build a protective environment by reducing socio-economic barriers through initiatives that contribute to economic security, ensure access to basic social services, and contribute to the prevention of violence and exploitation (Jones et al., 2012). Social protection programs, which are expected to accommodate child protection, include preventing and responding to violence, exploitation, and abuse, and unnecessary separation from family (UNICEF Nigeria, 2006). Thus, child-sensitive social protection has been described as an evidence-based approach, with an aim to maximize opportunities and developmental outcomes, with a consideration of the different dimensions of a child’s well-being (DFID et al., 2009). It has been recommended as an essential framework for addressing the vulnerabilities of children (even in Nigeria) whether they are the primary targets of the social protection programs or not (DFID et al., 2009; Holmes et al., 2012). In the Joint Statement for Advancing Child-Sensitive Social Protection, it was recognized that this approach addresses the immediate vulnerabilities of children, while adopting proactive strategies to address vulnerabilities that a child may be born into, as well future susceptibilities as a result of external bio-socio-economic traumas (DFID et al., 2009, p. 2). Following is a summary of the principles for planning, implementing, and evaluating effective comprehensive child-sensitive social protection programs as recommended by the Department for International Development (DFID et al., 2009):

• Avoid adverse impacts on children, and reduce or mitigate social and economic risks that directly affect children’s lives.
• Intervene as early as possible where children are at risk, in order to prevent irreversible impairment or harm.
• Consider the age- and gender-specific risks and vulnerabilities of children throughout the life-cycle.
• Mitigate the effects of shocks, exclusion and poverty on families, recognizing that families raising children need support to ensure equal opportunity.
• Make special provision to reach children who are particularly vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity, HIV and AIDS or other factors.
• Consider the mechanisms and intra-household dynamics that may affect how children are reached, with particular attention paid to the balance of power between men and women within the household and broader community.
• Include the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programs (DFID et al., 2009, p. 3)

The development, implementation, and evaluation of child-sensitive social protection initiatives are imperative processes for comprehensive, effective programs designated for the most dependent and vulnerable of those in need. As the primary
means of support of children, who are dependent for their survival needs, educa-
tion, and health care, as well protection from emotional and physical harm, the dis-
tress and oftentimes devastation of family systems point to the critical need for a
systematic and comprehensive social protection system. Effective child-sensitive
social protection initiatives have the potential for benefiting not only children, but
will also support family systems, communities, and national development and
sustainability (Holmes et al., 2012).

**Legislation and policy responses to children’s vulnerabilities**

As a nation, Nigeria continues the struggle to hash out legislation, develop pol-
icies, and implement programs to address the harsh realities of child protection
deficits. Nigeria has moved forward in its efforts to protect the children within
its society, with the hope of negating the indifference of the general population.
The following discussion highlights various legislation and policies put forth to
address the human rights issue faced by children – trafficking, exploitative labor,
and abuse, as well as needs experienced due to living with HIV/AIDS.

**Current child and person living with HIV (PLHIV) initiatives**

While the National Policy on AIDS is still in place in Nigeria (NACA, 2010),
Nigeria has continued to fall short in meeting HIV goals, lagging behind in terms
of laws and policies that protect vulnerable sub-populations, and Persons Living
With HIV (PLHIV) against discrimination. There are challenges in terms of
obtaining traction regarding the systematic application of social protection meas-
ures for HIV and AIDS. The gaps are more visible when moving from national-
to state- and then to local government levels for policy implementation (Jones et
al., 2012). This may be due to lack of resources, funding, or capacity, or simply
poor political will to address the HIV epidemic and its impact on individuals,
families, and communities (Amanyeiwe et al., 2008)

**Child’s Rights Act**

Protection of children in Nigeria is undergirded by the Child’s Rights Act, which
was initiated in 2003. This act was legislated as the country’s attempt to domest-
icate the Convention on the Rights of a Child by the United Nations General
Rights Act addresses child abuse, labor, and trafficking, with children defined as
persons under the age of 18 years. The legislation includes sanctions and penal-
ties for violations, which range from monetary fines to imprisonment. Sections
21–23 prohibit the marriage of a child under the age of 18 years, along with fines
and sanctions of imprisonment.

Child labor in Nigeria is also specified in the Child’s Rights Act (*The Bill,*
2003). Sections 28 and 29 stipulate sanctions against exploitative labor. These
sections also reinforce relevant sections of the Labor Act. Children under the age
of 14 are to be paid on a daily wage basis and must return to their residence at
night. Sections 21, 31, and 32 prohibits the placement of tattoos and marks on the
skin of a child, as well as engaging in sexual intercourse with a child. Sanctions
range from a fine of approximately US$25.00 (N5,000) to life imprisonment.

It has been observed that although the passage of the Child’s Rights Act is a
major milestone for Nigerian children, implementation and enforcement has
been weak, as a result of cultural norms and beliefs that parents have ultimate
responsibility and rights regarding the care of their children. Subsequently, it is
typical to see children “hawking” in major cities, without parents’ apprehension
of law enforcement, as stipulated in the Child’s Rights Act. Also, in various
states, it is known that marriages with minors are openly contracted, without
parental concern of legal enforcement of the law.

**Trafficking in Persons (Prohibition) Law Enforcement and
Administration Act**

The Trafficking in Persons (Prohibition) Law Enforcement and Administration
Act was passed in 2003, along with the Child’s Rights Act. This legislation has
also informed the establishment of the national agency (NAPTIP, 2007, 2015),
which enforces and prosecutes violators of this legislation.

**National Program on the Elimination of Child Labor**

In 2002, Nigeria signed a memorandum of understanding with the International
Labor Organization (ILO) to eradicate adverse forms of child labor, and part-
nered with the ILO to establish the National Program on the Elimination of Child
Labor (NPECL) (ILO, 2005). The labor act stipulates a minimum age of 12 years
for employment and apprenticeships, not including light agricultural or domestic
work performed for the family. It prohibits children under the age of 12 years
from carrying any load that could inhibit physical development, and those under
the age of 15 years from industrial work and maritime employment. Minors
younger than 16 years are prohibited from working at night, underground, hand-
ling machines, working no more than four consecutive hours or more than eight
hours a day. This effort to eliminate adverse forms of labor also points to a
further need for social protection initiatives to ensure the human rights of chil-
dren (ILO, 2005).

While government agencies have been historically involved and responsible
for ensuring social protection for their citizens, a reality common to current
social protection policies and programs is a lack of awareness by the general
population. Barrientos’s (2007) examination of lessons learned from social pro-
tection initiatives implemented by low income countries is grounded by the fol-
lowing observations:

It is taken for granted that the challenges of establishing and developing
social protection are that much harder in low-income countries. There are
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several dimensions to this issue. The demand for formal social protection instruments is weaker in economies that are predominantly rural. Informal support systems and social norms are commonly in place to ensure a measure of protection. Economic development and urbanization strengthen the demand for more extensive social protection institutions. Present day low-income countries generally have weaker, and perhaps fragmented, political systems and labor organizations, with the implication that wider social contracts and solidarity are very limited in scope. In most cases, low-income countries have large deficiencies in state capacity to collect taxes and to design, as well as support and deliver, social protection. The list of dimensions could be usefully extended, but these factors – underdevelopment, politics, finance and administration – are key constraints in establishing effective social protection instruments in low-income countries.

(PP. 1–2)

Enforcement of legislations is weak and awareness-raising campaigns are inconsistent and barely funded. There is inadequate coordination, programming fragmentation, inconsistent planning, and data limitations, in addition to inadequate and vulnerable budgets. Subsequently, the inclusion of grassroots community practices in active collaborative social protection initiatives may undergird, enhance, and lean to the sustainability of governmental social protection initiatives (Vaughan, 1995).

Indigenous Social Care and social protection

As a an element of grassroots community initiatives, Indigenous Social Care (ISC) practices are presented as one system that celebrates community based care systems, which are deeply rooted in native experiences and knowledge. ISC includes a system of indigenous knowledge and beliefs. Spirituality and connectedness with the land as identified by Ife (2001) drives indigenous social care practices. The experiences of the individual community member impacts the collective; and group actions influence the life events of the individual (Belgrave & Allison, 2006). Embedded in the fabric of the community, ISC practices promote the well-being of children and families. Such practices include kinship care for children and the elderly, mutual financial aids, festivals and ceremonies that promote unity and self-esteem. Presently, in Nigeria, there is increasing interest in learning how traditional and indigenous practices, such as the extended family, clan obligations, and mutual aid societies, can build capacities to meet human needs (Olaore & Drolet, submitted).

Social care practices include the provision of social support, social work, personal care, and protection of children in need or at risk, and to strengthening of their families and caregivers. Child-sensitive social protection is to be cognizant of ensuring that provisions reach children who are vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity, HIV and
AIDS, or other factors. Jones et al. (2012) also discussed the importance of considering the mechanisms and intra-household dynamics that may affect how children are reached, with particular attention paid to the balance of power between men and women within the household and broader community. It is vital that the voices and opinions of children, their caregivers, and youth are to be included in the understanding and design of social protection systems and programs. Children are born into communities of extended family and village involvement in Nigeria, and biological parents have an expectation of support in the birthing of an infant. Extended family members are available as caregivers when parents need respite. This extensive community network also serves to monitor and ensure that children are not subjected to harm or maltreatment.

**ISC practices: complementary measures of child-sensitive social protection**

Jones et al. (2012) posit that “maximizing the effectiveness of social protection requires complementary measures, which may not be considered a core component of social protection, but are necessary to ensure an effective enabling environment to achieve social protection objectives” (p. 3). It was also recommended that transformative approaches require that governmental agencies establish linkages with “complementary” non-governmental structures. This section discusses in specific terms how ISC practices and beliefs may be explored to address some of the social protection gaps for children and PLHIV in Nigeria.

Historically, social protection and social security were the sole responsibility of the family and community systems. Urbanization and modernization has weakened the traditional systems in Nigeria, which has resulted in a social crisis that is only partially met by the government. The primary focus of the government has been the provision of basic education and health care for the influx of rural immigrants to the cities. The need for support of working families with young children in the cities has been untouched by governmental policies and programs. Ensuing is a review of ISC practices, which may be employed as complementary social protection measures within the Nigerian community.

**Indigenous financial support**

Poverty is a major driver of child protection deficits in Nigeria. A transformative approach to social protection encourages the strengthening of financial capacities of households. Kay (2011) highlights a preference for collective forms of production, the value of labor and an imperative to work the land, as well as the importance of networks of kin, neighbors, and friends in mitigating poverty, by pooling and exchanging material, resources, and labor as practiced in rural Nigeria. Specific forms of indigenous financial support practices are cash transfer practices; the inclusion of community based non-governmental organizations, traditional celebratory gatherings of community members, and shared farming.
Indigenous cash transfer practices

Informed by the need for economic stability, indigenous cash transfer practices such as the Ajo/Esusu/Adashe/Alajeseku have the potential to be recognized and supported by the government as a viable poverty alleviation ISC practice. Ajo/Esusu/Adashe/Alajeseku involves the coming together of a group of people who agree to contribute a certain amount of money to a mutual pot. Each month every member of the group gives their monies to a designated member of the group. The individual who receives the lump sum may use the funds to invest in sustaining actions, such as investing in a business, real estate, their children’s education, obtaining household equipment, or the financing of a family project. This mode of contribution is rotated to each group member until everyone has the opportunity to receive the designated lump sum, thus completing the cycle. Due to the mutual contribution and expectations, everyone is held accountable: This safeguards against defaulting. Ajo/Esusu/Adashe/Alajeseku also encourages the discipline of saving a portion of the income, no matter how little. Such savings make large sums of money available for big projects without the burden of a loan. Planning ahead is also encouraged. An individual who may have a major financial need may utilize the option to request their collection of funds during a future period, when the financial need is to occur.

Esusu (akawo) or ajo: A modified form of the esusu (akawo) or ajo is practiced amongst market women, traders, and artisans in indigenous communities in Nigeria. There is usually an appointed person, who collects a specified amount of money at the end of the day, week, or month from members of the group. The collector is given a percentage of the contribution as compensation for the work of going from person to person or business to business, maintaining accurate records and disbursing the monies to the beneficiaries at any given time.

The inclusion of social protection stakeholders such as governmental agencies, NGOs, and religious organizations may serve in monitoring and mediatory roles to ensure that monies collected by families are utilized for children’s education or investment in lucrative businesses, which would have a positive impact on household income levels. Child labor and trafficking has been linked to the inability of caregivers to pay for educational expenses or provide for the basic needs of the families. Subsequently, children are pulled out of school to sell goods on the streets by hawking or to be used as farm hands to increase farm produce for sale or sustenance. Promoting Ajo/Esusu/Adashe/Alajeseku has the potential to increase the availability of funds available for households, thus reducing the need to engage children in child labor or trafficking.

Traditional events and gatherings such as naming ceremonies may be utilized for awareness campaigns. Advocated for by social workers, the sharing of information during communal gatherings may reduce barriers, allowing community members to embrace social protection initiatives as valid resources they could possibly apply for and benefit from, as Nigerian citizens. Such advocacy actions could allow for the sharing of information and requirements of critical services, such as cash transfer programs (COPE CCT and FNSP).
Communal farming is a significant resource in indigenous communities. The option of communal farming increases the productivity of individual households. When neighbors come around to assist each other with farm work, it increases the acreage of farmland, thus boosting the potential harvest and income for the family. In addition, monies from the sale of community farm produce may be channeled into supporting the government by funding cash transfer programs such as COPE CCT and FNSP.

Implications for social protection and social work

Having established that the Nigerian people have continued to value their indigenous social care practices, it becomes expedient to consider developing partnerships with grassroots social protection programs. Such partnerships will not only enhance community understanding of the concept of evidence-based social protection programs, but will also increase the likelihood of community ownership of programs and increased commitment. The following discussions present examples of such partnerships, as well as other indigenous practices that can be harnessed for future collaborations.

Community partnerships for care of OVC in Sagamu, Ogun State – Nigeria

Sagamu Community Centre is an NGO in Sagamu local government. A unique feature of this NGO is a collaborative model in which the organization is managed by the local community, Olabisi Onabanjo Teaching Hospital, and the local government. One recent program, funded by HOPE World Wide, is for the care of OVC through the provision of quality education and enhancement of household income. The program package includes a loan of approximately US$10.00 (N2,000): Funds are paid over a period of 22 weeks, in weekly installments. Funds are for the payment of school fees, uniforms, and books for the OVC within the households. Families that receive the loans are trained to engage in small-scale businesses, which will support the provision of their daily needs and enable the payment of the loans.

During the initial phase of the program, community members had an active role in the identification of households with OVC. Also, after a period of about one year, individuals and community groups, including the local chiefs, businessmen, and civil society organizations, were invited to partner with the NGO to ensure sustainability of the program. At present, this program continues to function, with over 50 families benefiting from this social protection initiative (Uko, 2015).

Youth vigilante groups: grassroots partners against child labor, trafficking and abuse and for HIV awareness campaigns

Youth groups provide support for tackling the menace of child trafficking, abuse, and labor, as well as HIV awareness. Jones et al. (2012) reported that currently
in Nigeria, the governmental response to child trafficking has been legislative – in the form of anti-trafficking laws. These laws resulted in the creation of the National Agency for the Prohibition of Traffic in Persons (NAPTIP). The NAPTIP approach has included a collaborative relationship with the police force and border/immigration patrol, for the purpose of policing, investigating, and prosecuting perpetrators. This reactionary approach has yielded limited results: Reports revealed that only 12 traffickers have been persecuted between 2003 and 2011 (Jones et al., 2012). Age grade groupings called Egbe (Yoruba)/otu ebiri (Igbo) are possible resources for combating child labor, trafficking, and abuse.

Rural youth groups currently perform disciplinary functions among their peers.

It was noted that current child labor laws do not apply to children who are hired for domestic services, thus many children are exploited as child laborers with no legal protection. Also, it has been observed that community groups are privy to information or have native knowledge that otherwise may be unknown to official bodies. Such information may be utilized in locating and identifying human traffickers.

Partnering with the community-based youth groups could be a valid model by both governmental and non-governmental agencies. Providing incentives to community members empowers them to develop, implement, and monitor preventive and responsive interventions. Collaborative efforts could also be enhanced via empowerment by incentives to act as a neighborhood watch against child labor and trafficking. Youth groups could collaborate with government and other agencies to address the issue of inappropriate engagement of children in labor, tracking down child traffickers, and reporting or arresting families that are engaged in child labor. Organizations or agencies involved with combating child trafficking, such as the NGO Women Trafficking and Child Labor Eradication Foundation (WOTCLEF), the governmental agency, NAPTIP, or other civil society agencies could donate vehicles, which would aid rapid response and effective monitoring.

A primary goal of the National Policy on AIDS is to increase the awareness of HIV/AIDS among the youth. Egbe (Yoruba)/otu ebiri (Igbo), could prove invaluable in the context of ISC. The youth group leaders could be utilized as outreach resources, to engage young people, serving as facilitators, mobilizers, and organizers of HIV rallies or walks. Youthfulness and creativity would support the development of engaging dances and drama as public health messages, to promote safe sex practices and non-stigmatization of PLHIV.

Kinship and community care: increased capacity for social protection

The traditional Nigerian culture accepts that child abuse and child protection is the responsibility of the entire community. The provision of kinship care by extended family members is important for caring for one another. Such a belief system can be encouraged and supported through a caregiver subsidy from the government. However, the exploitation of children living with relatives as
domestic servants is sometimes due to financial constraints on the part of the
caregiver. Remunerating relative caregivers in the Nigerian system may serve as
good incentive to provide adequate care and alleviate the hardship of caring for
non-biological children. Relative caregivers may be recipients of COPE, FNSP,
and other cash transfer programs. The financial support provided would entitle
the government to monitor the care of the children – guarding against child
abuse and neglect, which may come as a result of informal foster care (Jones et
al., 2012).

Discussion

Indigenous Social Care (ISC), a direct product of strong indigenous Nigerian com-

munities, is a set of practices committed to the creation and enhancement of a
caring living environment: A community may be recognized by its physical loca-
tion, substance, and practices within the setting, as well as a consortium of undertakings throughout the various communal areas or within varied sub-groups. The pattern of norms, beliefs, and values, which guide activities, defines the setting as a community (McDowell, 2006). In the context of Nigeria, this includes villages and townships – communities located in primarily rural settings.

The strategies of building strong families are intrinsically embedded in tradi-
tional practices in native communities in Nigeria. The most prominent example
of how traditional practices enhance social capital is the Nigerian extended
family system. People do not live in isolation in Nigeria. Community contrib-
utory cash transfer schemes such as *esusu* in South East Nigeria or *egbe
alajesheku* or *ajo* in the South West will not only improve individual and family
income but also build social capital. Everyone looks out for everyone, while age-
grade youth vigilante groups and traditional leadership enforce discipline, safety,
and foster a mindset.

The extended family and expected community responsibility demonstrated in
ceremonies, care of widows, and other practices that celebrate the child, give a
sense of identity and self-esteem, and prevent child abuse and neglect. Being a
good neighbor is the norm in native Nigerian communities and is a preventive
and protective factor against child maltreatment. The US Advisory Board on
Child Abuse and Neglect (1993) discussed the role of possible neighbor involve-
ment in the monitoring of child maltreatment. Different forms of child maltreat-
ment can be abated when neighbors are alert, supportive, and responsive to
harmful behaviors that compromise the safety and protection of children in their
environment (US Advisory Board on Child Abuse and Neglect, 1993). Cam-
paigns created via community-based collaborations with coordinated social
workers have the potential of increasing prevention initiatives directed toward
the issue of child cruelty.

Indigenous beliefs and shared values in native communities also promote
cohesiveness. Pebley and Sastry (2003) posited that when communities are cohe-
sive, they are more likely to share attitudes, beliefs, and values about childrear-
ing, safety, and related matters. As a result, community norms are more apparent,
enforcing children’s adherence to behavioral expectations. Parents’ enforcement of behavioral norms for their children is viewed as acceptable and customary, due to the knowledge that neighbors share their beliefs and values (McDonnell & Melton, 2008).

Child maltreatment, such as child labor, trafficking, and abuse, as identified in this chapter, is grounded in relationships, and requires community and family based intervention processes that cannot be effectively addressed in narrow policies and programs. The vision of the Strong Communities initiative is for building systems of support for families of young children beyond social welfare offices, police stations, and courtrooms. This makes child protection part of everyday life. This included the involvement of societal and neighborhood institutions apart from governmental efforts (McDonnell & Melton, 2008).

Biological parents are not regarded as the sole owners of the child. Every child belongs to the entire community: It is believed that the success and prosperity of that child is the prosperity of the community. For example, in some parts of South Eastern Nigeria among the Ibos, it is a taboo for a parent to beat a child who ran into the neighbor’s house for shelter. Regardless of the gravity of the offense, once a child escapes to another person’s house, the beating must stop. The neighbor assumes the responsibility for investigation and intervening in the matter. Where the child is at fault, the neighbor will correct the child in an age-appropriate manner. It is expected that the child will not repeat that offence, because he/she is motivated to be in favor with the neighbor who was the savior. Sometimes, the child may spend a day or two in the neighbor’s house while the neighbor monitors the mood of the parent, just to ensure that the anger has dissipated before the child is taken home. The process ensures that the child will be protected.

The presence of grandparents in homes is another protective factor for children in Nigeria, for grandparents are protective of their grandchildren. Sometimes the protection is so pronounced that parents avoid sending their children to the grandparents because they believe they will be significantly spoilt or indulged. For most Nigerian children, it is a privilege to have grandparents in the home. The grandparent tend to protect the children from both physical and psychological abuse. It is unacceptable to maltreat a child in the presence of the grandparent, to express a negative word, or yell at a child when the grandparents are close by. The grandparents affirm the child by calling them legendary names as practiced in the Oriki, a practice of the Yoruba culture.

**Traditional power structures**

Traditional power structures are critical in child labor interventions where communities mobilized by local leaders are more likely to engage in reducing child labor and to see positive outcomes. In the Nigerian setting, traditional rulers are referred to as *Obas/Eze/Sultans/Obongs*. There is also an advisory council, which is usually composed of chiefs, heads of kindred and age group heads. Women are also represented in the Yoruba culture by the *Iyalode* (head of all the
women) or Iya loja (head of all the market women). These leaders are the voices of women, representing their needs and feminine perspectives, thus promoting gender balance.

Traditional rulers are believed to be representative of deities on earth and are highly revered by the people. They serve as gatekeepers for the communities. Social services professionals may collaborate with these local power structures in promoting positive social care systems and preventing practices that jeopardize the social well-being of the citizens. Social workers may also collaborate with traditional rulers by utilizing their palace facilities to disseminate information or conduct community outreaches such as health screening, HIV counseling, award ceremonies for youth groups who have contributed to the battle against human trafficking or child labor.

**Village meetings and festivals for education and awareness**

Festive sacred cultural gatherings, such as the Igbo New Yam Festival (Ikejiani, 2015), are rallying points, when people come together to celebrate as a part of village life. Masquerades are believed to be gods coming to visit the earth. Subsequently, even members of the community who reside in the cities return to the villages to participate in such festivities to partake of the blessings from the gods. A social worker who collaborates with the indigenous facilitators of village meetings and festivals to stimulate community awareness would be linkages and brokers of information – critical factors in effective public social protection processes.

Many Nigerians either do not know or refuse to accept that trafficking is a crime. Effective governmental monitoring can occur if the population at large understands child labor laws and are willing to report violations. The use of statutory village meetings and festivals can support the processes of educating and creating awareness of the need and realities of child protection deficits in Nigeria. Subsequently, social workers may collaborate with elders and leaders for the inclusion of public education presentations within village meetings and festivals, as deemed appropriate. Education and awareness activities about child protection needs may also be incorporated into the traditional celebrations through plays, folklore, and dances.

In addition to child protection, the issues of stigmatization of PLHIV may be addressed through folk plays and dances. To implement this form of public awareness, social workers may collaborate with youth groups on how folklore, plays, and dances can be utilized in creating awareness of available services, and the fostering of positive attitudes toward PLHIV: These are critical parameters stipulated in the National Policy on HIV (NACA, 2010).

Given the belief that traditional rulers are revered and are seen as the representatives of the gods people take what they say seriously. This belief may be a helpful measure in the summoning of communities for village meetings outside of festivals to address social protection needs, as well as a supportive factor, for social workers collaborating with community leaders in the facilitation of public
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Awareness meeting. Usually, if there is a serious issue to be discussed, the entire village or town will be summoned by the traditional rulers through the town criers. When entire villages are brought together, issues identified, such as child protection deficits, can be addressed. This meeting would support the inclusion of villagers as stakeholders in the discussion and development of prevention measures and steps to sanction offenders.

Caution about harmful cultural practices

Recognizing ISC as a social protection complementary measure is culturally sensitive, and has the potential to enable comprehensive effective social initiatives on a governmental level. Social workers committed to the inclusion of ISC practices must be charged to recognize and address culturally induced tendencies to marginalize or exclude some members of the community, as well as cultural practices and beliefs that may be detrimental to the overall well-being of the community. Individuals in the context of family systems are negatively impacted by beliefs which support customs such as early marriage, child witchcraft, devaluation of the girl child, and other forms of gender discriminatory practices (Jones et al., 2012). There is also the existence of child labor in child fostering relationships, as well as physical abuse in form of child discipline. Though some of these practices have been intended to serve positive purposes, children are often exploited. Indigenous practices have also undergirded the marginalization or exclusion of some community members, relegating them to the life of an outcast. Amongst the Igbo people of Nigeria, an Osu in Ibo land is an outcast, not because of any offense he/she has committed but because of the social status of his or her progenitor. Their forefathers are believed to be slaves to their local deity, a status that cannot be changed by time or education. In places where this belief is still in practice, a free man is not permitted to freely associate with an Osu. Marriage between a free person and an Osu is forbidden.

It is imperative that sustainable and transformative social protection approaches in Nigeria engage with cultural beliefs, practices, and structures. Understanding and accepting the values and customs which interface with ISC, advocacy for indigenous practices must also be sensitive to the detrimental aspects of cultural beliefs and practices, which may undermine the efficacy of ISC. Revisiting and celebrating the virtues of ISC must be intentional in eradicating detrimental practices, while promoting social protection and care that is free of discrimination.

Conclusion

Focusing on social protection in Nigeria in the context of other current challenges such as terrorism and religious intolerance is imperative. Child-sensitive social protection deficits such as child trafficking, labor, and abuse weaken the overall sense of safety of the nation, despite the government’s struggle to meet the challenges through legislations and programs. Such policies and programs
are the Child’s Rights Act, National HIV Policy, Care of Persons in Need (COPE), and Family Nutrition and Support Program (FNSP). It was observed that these laudable governmental interventions are fraught with enforcement issues, inadequate funding, fragmentation, and poor coordination. Thus, governmental social protection initiatives are in need of formal and informal complementary care systems. ISC was identified as a complementary care system with practices, beliefs, and structures that are native to Nigerian communities. ISC practices are undergirded by strong African beliefs in supernatural forces, deities, and collectivist beliefs and customs. Such ISC practices as kinship care, traditional cash transfer programs, festivals and ceremonies, youth vigilante groups, and traditional power structures promote well-being. It was proposed that ISC practices are affirmed by stakeholders such as governmental organizations, NGOs, civil societies, religious organizations, and international social services entities, and supported through funding and collaborations, to strengthen social protection of children and persons affected by HIV/AIDS in Nigeria.

References


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