REPORT

OF A BASELINE ASSESSMENT

OF THE MOBILISING ACTION TOWARDS THE ABOLITION OF INFANTICIDE (**MATAI**) PROJECT IN THE FCT.

NATIONAL HUMAN RIGHTS COMMISSION

actionaid

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Executive Summary

ActionAid Nigeria (AAN) is an affiliate of ActionAid International, a global alliance of organisations working towards achieving a world without poverty and injustice, whereby every human enjoys the right to a life with dignity. As a large and visible development organisation, ActionAid works in more than 39 countries spread across Africa, Asia, Europe and America.

ActionAid Nigeria (AAN) works within poor and excluded communities, to promote and encourage respect for the human rights of all. Our work extends beyond the people in these communities, as we also engage relevant authorities in order to empower the people to take necessary action to end poverty and social injustice. Since 1999, AAN has focused on social justice, gender equality and poverty eradication using the Human Rights Based Approach (HRBA).

With funding from the EU, AAN is implementing the Mobilising Action Towards the Abolition of Infanticide (MATAI) project in the FCT. The overall goal of the project is to contribute to the protection and promotion of rights of children in Nigeria. The Strategic Objectives are:

- SO1: To strengthen the legal and policy frameworks that address infanticide practices in the Federal Capital Territory (FCT).
- SO2: Improved awareness in the FCT on Infanticide practices especially among practising communities.
- SO3: To establish various mechanism to safeguard unborn babies and infants susceptible to being victims of Infanticide, as well as those that are currently ostracized at Vines Heritage Home (VHH).

ActionAid Nigeria contracted a consultant to carry out a baseline assessment of the project. The overall objective of the baseline assessment is to provide baseline data that will contribute to the wider promotion of the rights of children and work to end violence against children in the Federal Capital Territory which is driven by harmful cultural and traditional practices.

Specific Objectives of the Assessment are to:

- Determine the level of awareness of infanticide practices in the FCT; especially among practising communities.
- Ascertain the existence and functionality of child rights structures within these communities.
- Identify and document various mechanisms to safeguard unborn babies and infants susceptible to being victims of infanticide, including the provision of quality maternal and child healthcare services.
- Document on the status of implementation of the CRA in the FCT.
- Suggest a robust and workable Monitoring and Evaluation mechanism for the implementation of the MATAI project and monitoring of existing legal and policy frameworks that address infanticide practices in the Federal Capital Territory (FCT).

A variety of research methods were used to collect data for the baseline assessment. The assessment was carried out in selected communities namely Abaji, AMAC, Gwagwalada, Kuje and Kwali Area Councils in the FCT, where the MATAI project is to be implemented. Data was sourced through desk review and interviews (key informant interview and survey). Participants of the Key Informant Interviews (KIIs) were community leaders, administrators of Vine Heritage Home (VHH) and key Government officials at the Area Councils and Federal Capital Territory Administration. In all, 20 key informant interviews were conducted. Selection of participants for the KII sessions was purposive and the sessions were facilitated using a structured discussion guide.

The sample size for the survey was 385 assuming a confidence level of 95%, standard deviation of 0.5 and confidence interval of 5%. The sampling procedure was multi-stage sampling aimed at selecting eligible persons. Respondents were men and women of reproductive age (age 15 to 60). Five communities were randomly selected from each of the five Area Councils, resulting in a total number of 25 communities. Ultimately, 16 respondents were randomly selected from each community.

Results revealed that infanticide is practised in some communities in the FCT. As high as 16% of males feel that a child born after a set of twins should be killed. Only about 5% of community members are aware of a committee in their community advocating against infanticide and of those that reported they are aware; none is aware of any activity that has been carried out by this group within the last 12 months. While access to quality and safe maternal and child health care services is a low-hanging fruit to safeguard children and mothers, most community members do not feel they have access to quality and safe maternal and child health care services. As high as 60% of deliveries are either at home attended to by relatives/self or by Traditional Birth Attendants.

Just three out of the five Area Councils studied have a Child Right Implementation Committee. The Committees are however not functional as there had been no budget allocated and released for them to carry out their planned activities. There appears to be a disconnect between the communities and the Area Councils as none has a record of infanticide reported to the council by community members.

A review of the project indicators shows that the way some of the indicators are currently worded makes them difficult to measure.

Based on the above, the following are recommended:

- It is strongly recommended that the project should specifically design and implement targeted community level communication efforts to re-enforce and promote the rights of a child especially as it relates to infanticide.
- The project will need to raise champions in the community who will voice their rejection of the practice of infanticide. It is also recommended that the project should innovatively implement targeted interventions that will help empower individuals in the community to raise their voices against infanticide.
- As part of the implementation of the project, it is also recommended that the project should identify why a few individuals reject the practice of infanticide and address the root cause(s).
- Targeted media intervention should be carried out to mobilise the media to actively create awareness on the phenomenon of infanticide in the FCT. A combination of media (print, electronic and social) should be employed.
- The project should aggressively promote activities that will bridge the gap between agreements to the rights of a child and actual practices and treatment of a child susceptible to infanticide.
- The myths and misconceptions driving the practice of infanticide should be addressed culturally, legally and politically.
- The project should support the affected Area Councils to set up these Child Rights Implementation Committees (CRICs). For Area Councils that have formed their committees, evidence-based advocacy targeted at decision makers both at the Area Council and the FCTA should be carried out to ensure that they are operational, and their objectives are carried out.
- Access to quality Maternal and Child Healthcare services can be the gateway to addressing the incidences of infanticide in the communities. Currently, just about three out of every ten respondents feel that there is access to quality maternal and child healthcare services. It is recommended that deliberate efforts should be made in order to engage relevant Government bodies to improve access to maternal and child health care services, while also focusing on the long-term goal of changing the cultural beliefs and practices promoting infanticide in the communities.
- ActionAid Nigeria should work with VHH to address the gaps identified in the report which include urgently supporting VHH to develop its Finance Policy; building the capacity of VHH on Financial Management and Reporting; and supporting the organisation to develop its Human Resources Policy and other relevant policies.
- The project needs to develop a routine Monitoring Information System (MIS) to track the performance of the project on a periodic basis. Mid-term and End-line evaluations are recommended to know whether the project is on course to deliver its objectives and whether it delivered the objectives of the project at the end of the project. It is suggested that some of the indicators should be reworded.

Acronyms

AAN	ActionAid Nigeria
AC	Area Council
AMAC	Abuja Municipal Area Council
ANC	Ante Natal Care
CRA	Child Right Act
CRIC	Child Right Implementation Committee
EU	European Union
FCDA	Federal Capital Development Authority
FCT	Federal Capital Territory
HRBA	Human Right Based Approach
KII	Key Informant Interviews
MATAI	Mobilising Actions Towards the Abolition of Infanticide
OVC	Orphan and Vulnerable Child(ren)
PAM	Partnership Assessment and Management Tool
PNC	Post Natal Care
TBA	Traditional Birth Attendant
VHH	Vines Heritage Home

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Section 1: Introduction

1.1 Background

ActionAid Nigeria (AAN) is an affiliate of ActionAid International, a global alliance of organisations working towards achieving a world without poverty and injustice, whereby every human enjoys the right to a life with dignity. As a large and visible development organisation, ActionAid works in more than 39 countries spread across Africa, Asia, Europe and America.

ActionAid Nigeria (AAN) works within poor and excluded communities, to promote and encourage respect for the human rights of all. Our work extends beyond the people in these communities, as we also seek to appeal to the relevant authorities in order to empower the people to take necessary action to end poverty and social injustice. Since 1999, AAN has focused on social justice, gender equality and poverty eradication using the Human Rights Based Approach (HRBA).

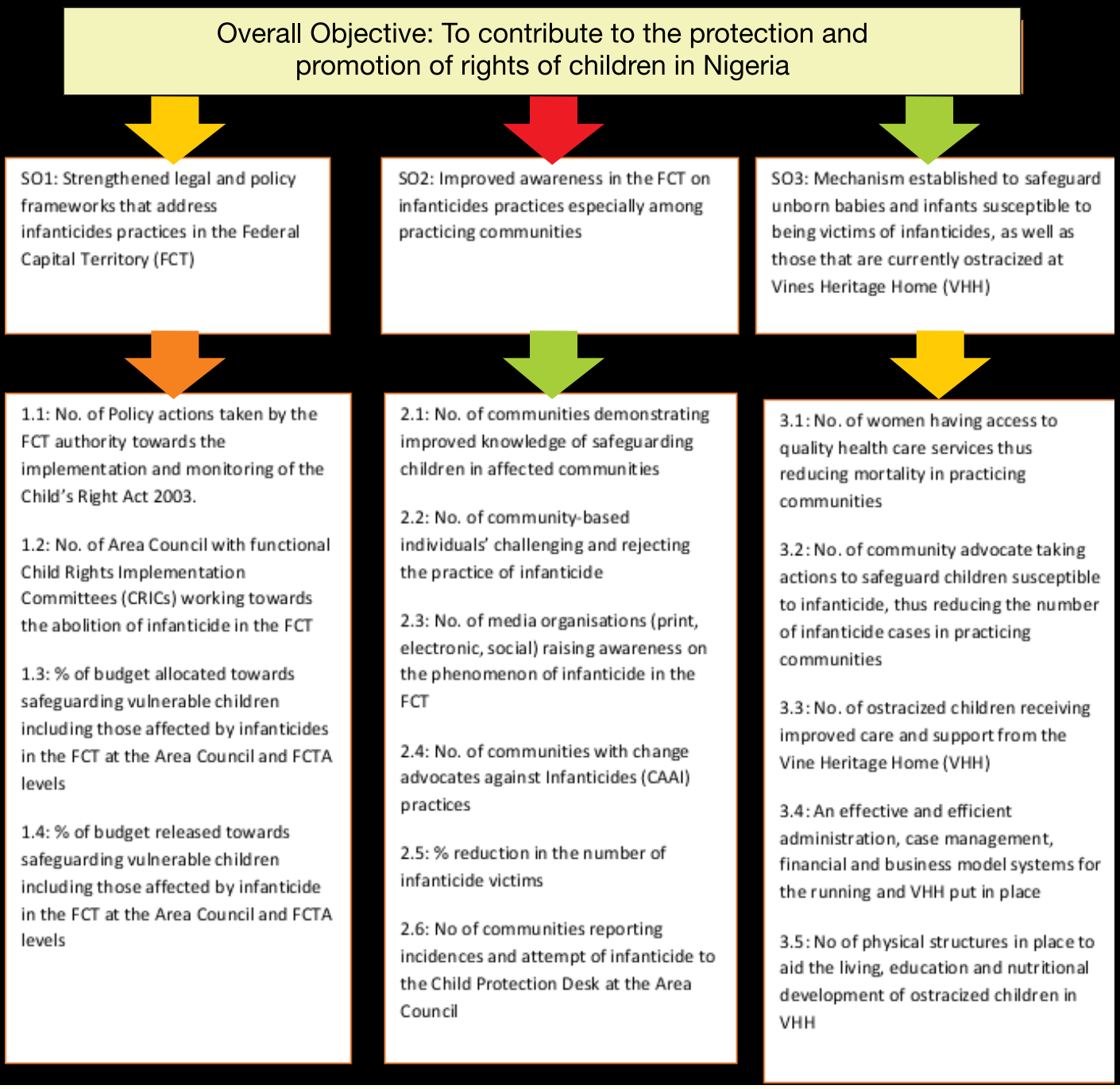
The destruction of the life of a child, either during his/her birth, or within a few days after he/she has been born is inimical to the provisions of the law. The sanctity of life falls within the context of globally acceptable laws. The Universal Declaration of Human Rights (1948), International Covenant on Civil, Political and Cultural Rights (1966), United Nations Convention of the Rights of the Child (UNCRC) (1990), African Charter on Human and Peoples' Rights (1981), African Charter on the Rights and Welfare of the Child (1989), Convention on the Rights of Persons with Disabilities and its Optional Protocol (2006), the EU Guidelines for the Promotion and Protection of the Rights of the Child (2017), are international legal provisions that seeks to protect the rights and sanctity of life. At the national level, Section 33 (1) of the Constitution of the Federal Republic of Nigeria, 1999, as amended, stipulates that “Every person has a right to life, and no one shall be deprived intentionally of his life, save in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria”. The Child's Rights Act, 2003, domesticated the Convention on the Rights of the Child and serves as a legal instrument for the protection of children's rights in Nigeria and details associated with government responsibilities. Section II of the Child Rights Act (2003) provided that “no child shall be subjected to physical, mental or emotional injury, abuse, neglect or maltreatment, including sexual abuse as well as torture, inhuman or degrading treatment or punishment, among others”.

The EU Strategic Framework on Human Rights and Democracy, adopted in June 2012, committed to integrating all children's rights standards and principles into the design, implementation, monitoring and evaluation of all its policies and programmes. Article 2 (Non-discrimination) of the EU guidelines affirms that 'All children shall be protected from all forms of discrimination based on theirs and their parents' race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status'.

The prevalence of harmful practices against children in Nigeria poses enormous challenges to the realisation of the rights of the child as stipulated in national, regional and global legal instruments. The legendary efforts of Mary Slessor who pioneered the campaigns and advocacy for the stoppage of killing of twins remains a reference point in the historical trajectory on child's rights promotion and protection in Nigeria. Infanticide being one of such practices is known to be practised in different parts of Nigeria, including Akwa Ibom State. However, it appears the FCT has a high number of communities practising infanticide and is the most documented going by informal statistics.

1.2 The MATAI Project Logical Framework

The project has a logical framework that guides the direction of the project. The log frame is expected to provide the framework within which to measure the progress of the project. The MATAI project logical framework is presented in figure 1 below:



1.3 Justification for the Baseline Assessment

Although, there is no documented quantitative data available on incidences of infanticide in Nigeria. Assessments undertaken by ActionAid Nigeria together with the experience of Vine Heritage Home have revealed it to be occurring across 57 communities identified in the Federal Capital Territory (FCT). This practice involves the killing of infants during or shortly after birth, and growing children.

Based on AAN work, currently, 57 communities are reported to be involved in the infanticide practice in the FCT which have well entrenched belief that twins and other multiple-birth babies; any child born immediately after the twin, those born with albinism, down syndrome, cerebral palsy, babies who grow the upper teeth first or babies born with defects, and babies whose mothers died while nursing them are evil and must be killed. In addition, any family who is 'chosen' by the gods to donate a child for sacrifice to the god of fertility, usually has little option but to do so.

Vine Heritage Home (VHH) started rescuing infants at risk of deliberate killings in area councils throughout the FCT in 2004 and is now the only recognised foster home in the FCT dedicated to the prevention of infanticide. VHH has rescued and housed about 158 infants to date, who are now between ages 0-25 years.

The Nigerian Government began investigating infanticide in 2013, starting off a campaign to eradicate the practice. The campaign includes building Primary Healthcare Centres and primary schools. The FCT Administration instituted a 30-man committee in September 2013 to probe the existence of such primordial cultural and inhuman practices in some FCT communities. Beyond the Committee investigation (the report of which has not been made very public), not much work has been done towards the abolition of infanticide in the FCT. Though, the FCT Administration has created Agencies and Departments for the promotion and protection of children's rights in the FCT, these Government structures still have capacity gaps in the delivery of their mandates, particularly in the implementation of the Child's Rights Act and with specific reference to the abolition of infanticide practice in the FCT.

1.4 Overall Objective of the Baseline Assessment

The overall objective of this activity is to provide baseline data that contribute to the wider promotion of the rights of children and work to end violence against children in the Federal Capital Territory which is driven by harmful cultural and traditional practices.

1.5 Specific Objectives

Specific objectives of this activity are to establish baseline in the following:

- Determine the level of awareness of infanticide practices in the FCT; especially among practising communities. Ascertain the existence and functionality of child rights structures within these communities.
- Identify and document various mechanisms to safeguard unborn babies and infants susceptible to being victims of infanticide, including the provision of quality maternal and child healthcare services.
- Document the status of implementation of the Child Right Act (CRA) in the FCT.
- Suggest a robust and workable Monitoring and Evaluation mechanism for the implementation of the MATAI project and monitoring of existing legal and policy frameworks that address infanticide practices in the FCT.

Section 2: Baseline Assessment Methodology

A variety of research methods were used to collect data for the baseline assessment. Community members were involved in every phase of the process including design, pre-testing, validation of data collection tools, as well as collection and analysis of data.

2.1 Scope and Location

The research took place in selected communities where the MATAI project is to be implemented (57 villages) within Abaji, AMAC, Gwagwalada, Kuje and Kwali Area Councils in the FCT.

2.2 Desk Review and Secondary Analysis of Existing Data

Desk review of relevant project documents was done. The documents reviewed included: The Child Right Act 2015, the VHH PAM report and the MATAI project description.

2.3 Qualitative Research

Key Informant Interviews (KIIs) were conducted targeting Community Leaders, Administrators of Vine Heritage Home (VHH) and key Government Officials at the Area Councils and Federal Capital Territory Administration. 20 Key Informant Interviews were conducted among Religious leaders, Community/Traditional Leaders and Local Government Authorities. Details are shown in table 1 below:

Table 1: Number of KIIs to be conducted

KIIs	Abaji	AMAC	Gwa.	Kwali	Kuje	FCDA	Total
Desk Officer Child welfare	1	1	1	1	1	1	6
Community leader (Male)	1	1	1	1	1		5
Community leaders (Female)	1	1	1	1	1		5
TBA	1	1	1	1	1		5
Vine Heritage Home (VHH)	1	1	1	1	1		5
Total KIIs	**5**	**5**	**5**	**5**	**5**	**1**	**26**

Selection of Participants for the KII Sessions
Selection of participants for the KII sessions was purposive. A list of relevant stakeholders listed above was obtained and respondents interviewed. The KIIs were facilitated using a structured discussion guide. The discussion guide was informed by the objective of the session and of the assessment.

2.4 Quantitative Methods

Quantitative research method was also used for the baseline assessment. Using a structured instrument, questionnaires were administered to members of the various communities where the project will be implemented.

Sample Size

In estimating the sample size, we assumed that analysis will be done at state level by target groups. In the absence of the actual population of the primary targets in the communities, we use the formula below to calculate the sample size for each target group:
Equation 1: Sample size formula

$$S = (Z\text{-score})2 * StdDev*(1-StdDev) / (CI)2$$

Where:

S:	Sample size
Z-score:	Z score correspondence of the confidence level
StdDev:	Standard deviation
CI:	Confidence interval

We assumed the confidence level to be 95% which correspond to a Z-score of 1.96; standard deviation of 0.5 and a confidence interval of 5%. Inputting these values into equation 1 above, we arrived at a sample size of 385.

Sample Selection Process

The sampling procedure was multi-stage sampling aimed at selecting eligible persons. Respondents were men and women of reproductive age (age 15 to 60). Five communities were randomly selected from each of the five Area Councils, resulting in a total number of 25 communities. In each community, 16 respondents were randomly selected.

The detailed protocol is embedded in the appendix.

Section 3: Key Findings

3.1 Demographic Characteristics of Respondents

Table 2 shows the demographic characteristics of respondents. The proportion of males and females are almost the same (49.3% and 50.7% respectively). Most of the respondents are farmers (over 50%) and just about 5% reported that they are currently unemployed. About three out of every ten reported that they have never attended a school, the percentage is higher among females (36%) compared with males (26%). Most of the respondents are married (over 60%) while about 51% reported they are Moslem and 43% reported they are Christians.

Table 2: Demographic characteristics of respondents

		Female	Male	Total
Area Councils	Abaji	21.5	26.5	24.0
	Gwagwalada	18.6	19.1	18.8
	Kuje	20.7	16.5	18.6
	Kwali	20.3	19.6	19.9
	AMAC	19.0	18.3	18.6
Main Occupation	Farmer	50.6	50.9	50.7
	Business (buying and selling)	20.7	8.7	14.8
	Govt employed	3.0	6.1	4.5
	Private employed	3.4	5.7	4.5
	Student	12.2	21.3	16.7
	Unemployed	6.3	3.9	5.1
	Self employed	3.8	3.5	3.6
Educational Attainment	Never attended school	36.3	25.7	31.0
	Quranic	3.8	3.5	3.6
	Primary	19.8	15.2	17.6
	Secondary	30.8	39.1	34.9
	Tertiary	9.3	16.5	12.8

Marital Status	Married	70.9	59.1	65.1
	Divorced / separated	1.7	2.2	1.9
	Widowed	4.2	2.6	3.4
	Not married	21.1	34.3	27.6
	No response	2.1	1.7	1.9
Religion	Christianity	45.6	40.9	43.3
	Islam	50.2	53.5	51.8
	Traditional	3.8	4.8	4.3
	Others	0.4	0.9	0.6
Total		**50.7**	**49.3**	**100.0**

3.2 Knowledge of Safeguarding Children

Respondents were asked of their opinion with respect to 13 rights of a child as enshrined in the child rights act of 2003. As can be seen in table 3, over 90% of respondents agree that a child has the rights as expressed in the child right act of 2003.

Table 3: Percentage distribution of respondents' opinion on selected rights of a child

	Female	Male	Total
Children can be safe guarded if their right to life is protected	98.7	97.4	98.1
A child has right to survival and development.	99.2	99.6	99.4
A child has right to name.	99.2	99.1	99.1
A child has right to freedom of association and peaceful assembly.	97.5	98.7	98.1
A child has right to freedom of thought, conscience and religion.	79.7	74.3	77.1
A child has right to private and family life.	92.0	89.1	90.6
A child has right to freedom of movement.	68.8	72.2	70.4
A child has right to freedom from discrimination.	97.0	96.5	96.8
A child has right to dignity of the child.	96.6	96.5	96.6
A child has right to leisure, recreation and cultural activities.	98.7	96.5	97.6
A child has right to health and health services.	100.0	98.7	99.4
A child has right to parental care, protection and maintenance.	100.0	97.8	98.9
A child has right to free, compulsory and universal primary education, etc.	99.2	95.2	97.2
A child has right to need special protection measure.	100.0	99.1	99.6

3.3 Awareness of Individual Advocates Rejecting the Practice of Infanticide

Respondents were asked if they know an individual in the community who openly rejects the practice of infanticide in the community. Only about 6% of the respondents reported that they know an advocate in the community who rejects the practice of infanticide. A higher proportion of females (about 7%) compared with males (about 5%) knows an advocate in the community.

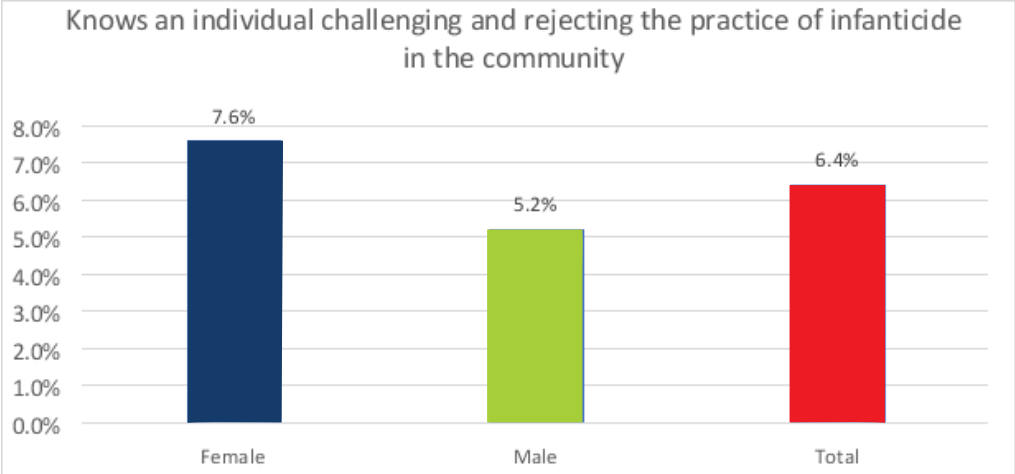


Figure 2: Knowledge of an individual in the community challenging and rejecting the practice of infanticide in the community

3.4 Awareness of a Media Creating Awareness on Infanticide

Figure 3 below presents the percentage of respondents who are aware of a media creating awareness on the phenomenon of infanticide within the last 12 months. Just a little above 13% of the respondents in all the Area Councils of the FCT are aware of a media (print, electronic or social media) creating awareness on the phenomenon of infanticide in the FCT.

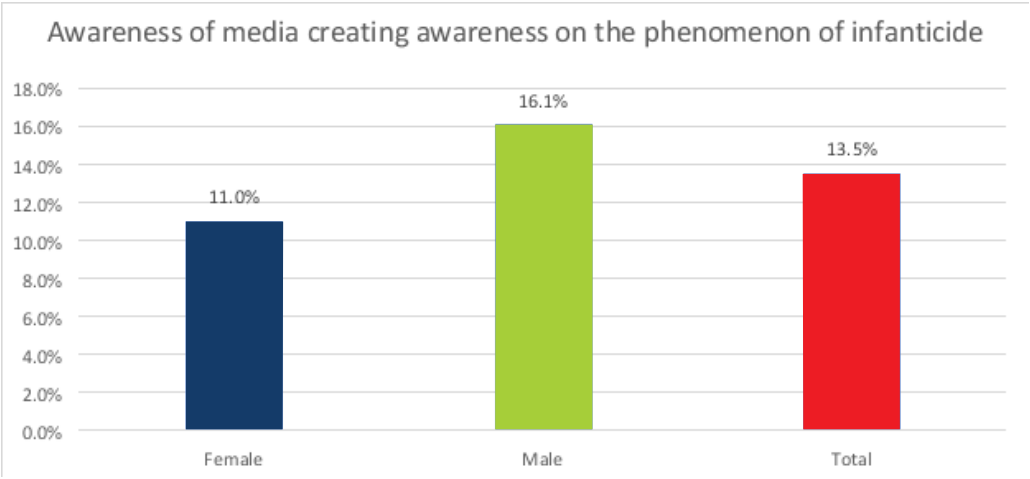


Figure 3: Awareness of media creating awareness on the phenomenon of infanticide Of those that are aware of a media creating awareness of the phenomenon of infanticide, almost half of females and about 70% of males are aware of a print media creating this awareness. Electronic media appears to be the least reported media respondents are aware of creating awareness on the phenomenon of infanticide. Details can be seen in figure 4 below.

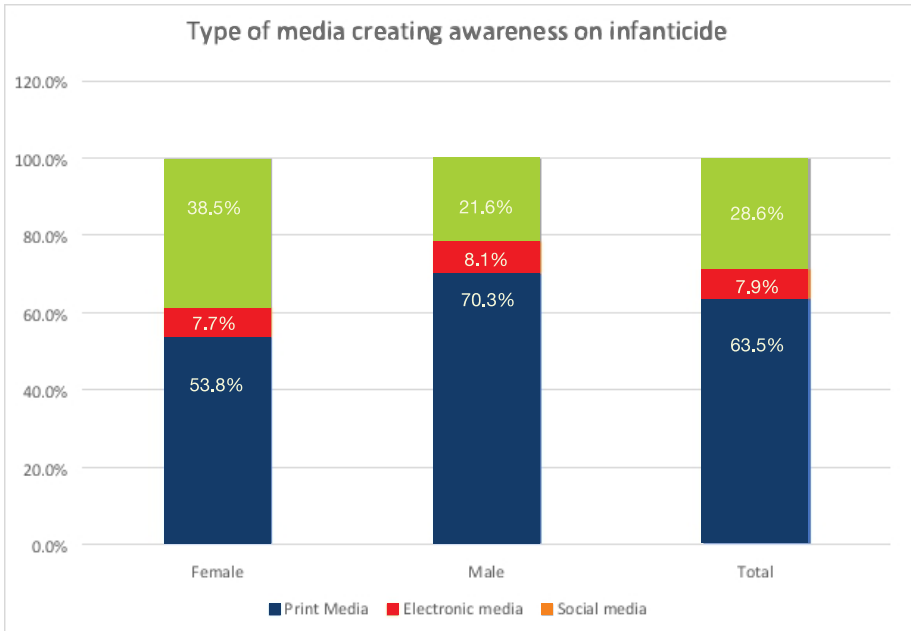


Figure 4: Source of awareness on infanticide

3.5 Perception about the Practice of Infanticide

From desk review and discussions with the project team, it was discovered that an infant faced the risk of infanticide if:

- The child(ren) is or are twins
- The child is born after a set of twins
- The child is an albino child
- The child is born with disability
- The child's mother died giving birth to the child
- The child is born with cerebral palsy

The baseline attempted to find out the opinion of community members to know if they agree that a child with any of the conditions above should be killed. The result is presented in figure 5 below.

As high as 16% of male respondents agree that a child born after a set of twins should be killed while almost 9% of males also agree that a set of twins should be killed. While overall the percentage is less than 5% for the other conditions for killing an infant. More males than females appear to agree to killing an infant for whatever reason compared with females.

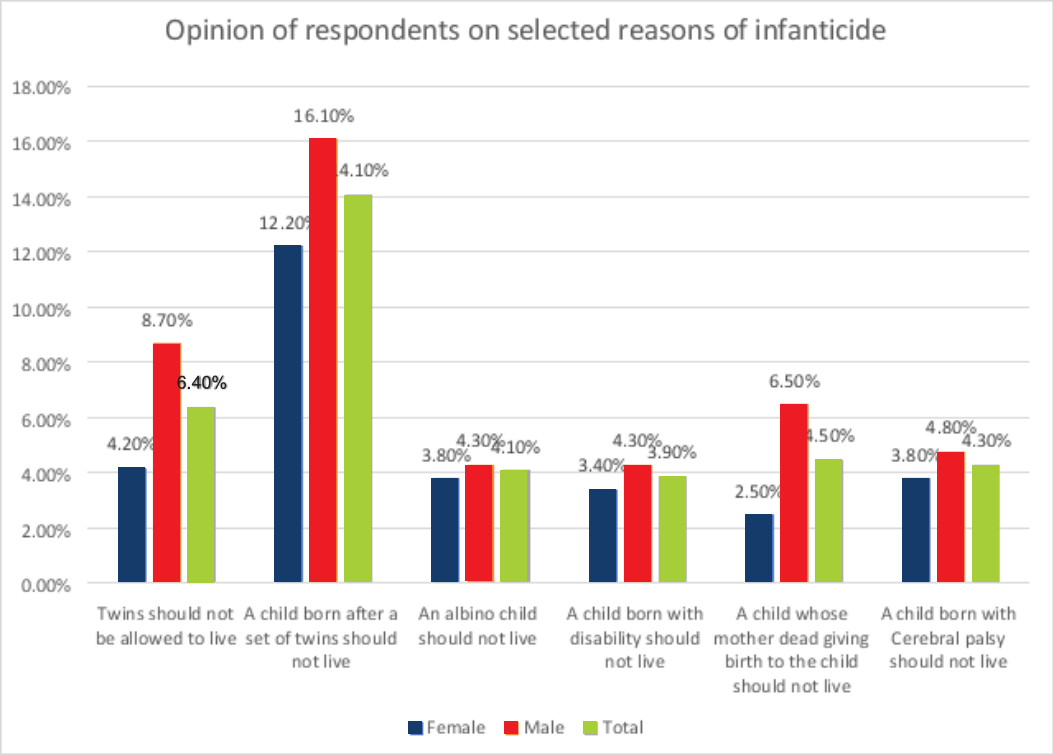


Figure 5: Opinion of respondents on selected reasons of infanticide

3.6 Awareness of a case of infanticide in the community

4% of respondents agree that they are aware of a case of infanticide in the community, the percentage is higher among males compared with females. While the percentage may be low, it is a very strong indicator that infanticide is practised in these communities. Due to cultural and social desirability

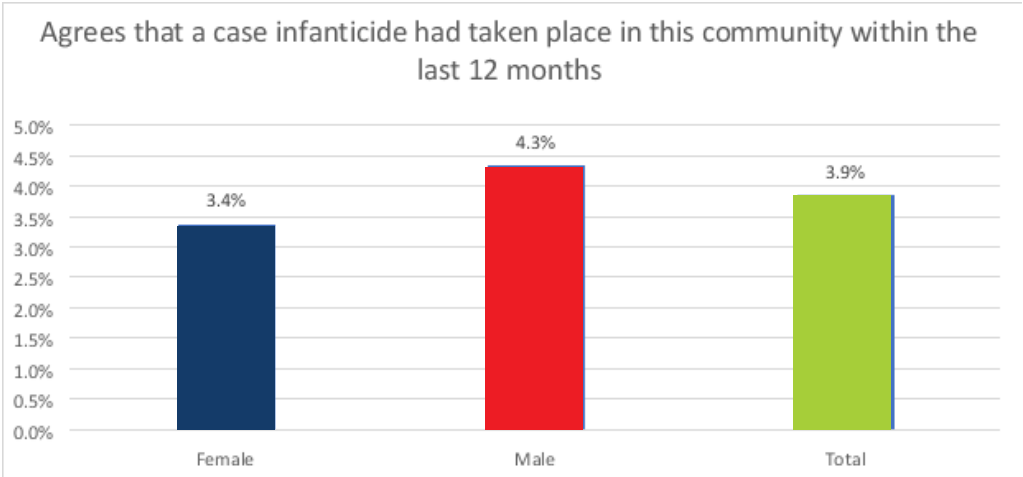


Figure 6: Aware of a case of infanticide in the community reasons, most people might deny such practice even though they are very much aware of such practices. Infanticide is real in these communities and should be addressed.

3.7 Community Advocates Against Infanticide

Community voice against infanticide is critical if the issue is to be addressed. Most community members (over 95%) are not aware of any group in the community advocating against infanticide. Of those that are aware of any group, none reported he or she is aware of any activity the group has carried out within the last 12 months to advocate against infanticide. Only about 2% reported they are aware of a capacity building effort targeted at this group.

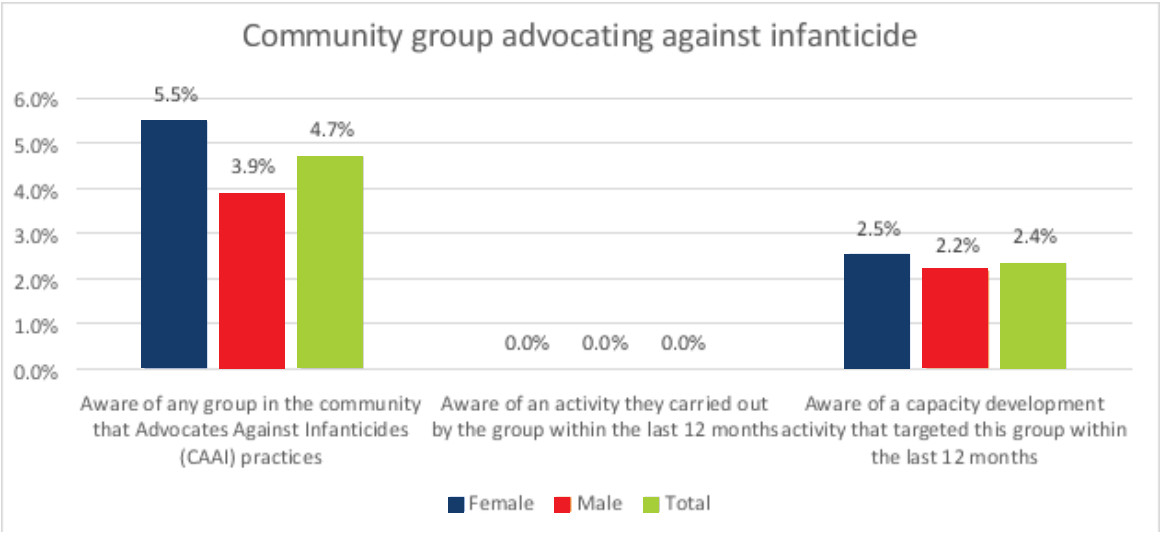


Figure 7: Community group advocating against infanticide

3.8 FCT Area Council Actions to Promote the Implementation of the CRA

Policy actions taken towards the implementation of the CRA 2003

- Three out of the five Area Councils visited (AMAC, Gwagwalada and Kuje) reported that they have constituted the Child's Right Implementation Committee. Membership of the committee includes Secretary of the Area Council who is the Chairman of the Committee, Supervisory Council of Education, Supervisory Council of Health, Social Welfare Officer, Market Women's Leader, Chairman of Market Men, Religious Leaders, Information Officer, Community Development Officer and other Members.

- Though these committees have been constituted in these Area Councils, they face several challenges ranging from paucity of funds to differences in the opinion of members in the Child Right Committee.

  Some of the challenges faced by the committee include the cultural differences of the communities.

- In the other two Area Councils, the committee has not been constituted, due to "ignorance" on the part of the leadership of the Area Councils. It was suggested that the government of the affected area councils should be engaged and advocated to constitute the committee.

  "NGOs should work directly with the Area Council Chairman to enlighten him on the Child Rights Act and the imperativeness of implementing it. Community engagement and sensitization targeting the community heads and religious leaders should also be carried out. Groups within each community should be created to champion the child rights."

  KII respondent

Functional Child Right Implementation Committees (CRIC)

- In the three Area Councils where CRIC have been constituted, interviewed participants reported that the committees have been involved in some activities in the Area councils. These activities include:
  - Community sensitisation on child right; development and distribution of a simplified version of the Child Right Act in AMAC.
  - Intervention in case of child abuses, prosecuting of offenders and taking of complaints registered with the area council (Gwagwalada).
  - The committee has also successfully handled cases of the forceful collection of children from their parents or guardians (AMAC)
  - Working closely with the police department and other security agencies in handling cases related to OVCs (Kuje)
  - Visitation of some communities and interaction with the traditional rulers to enlighten them on the Child Rights Act (Gwagwalada)

Budget Allocated and Released

- None of the Area Council reported that budgets were allocated and/or released for implementation of the CRA

Incidences and Attempt of Infanticide Reported to the Child Protection Desk at the Area Council

- None in the five Area council.

3.9 Access to Maternal and Child HealthCare Services

Four statements were used to assess respondents' views on community members access to Ante-natal and Post-Natal healthcare services. The four statements are:

- ANC and PNC services are readily available to community members.
- Feel the distance to the nearest health facility that provides ANC and PNC services is not too far.
- Most families in this community can afford ANC and PNC services.
- Confident in the quality of maternal and child healthcare services provided by the nearest health facility.

Figure 8 below presents the opinion of the respondents. Almost half of the respondents reported that they agree with the statements: ANC and PNC services are available in their community; the distance is not too far; and they are confident of the quality of services being offered. Only 36% of the respondent reported that they feel ANC and PNC services are affordable. While 50% look impressive, it is still a big cause of concern as it means that almost half of the respondent feel ANC and PNC are not available, distance is too far, and the quality of services rendered are not good enough. These are critical issues that should be addressed if access to quality maternal and child health care services are to be promoted in these communities.

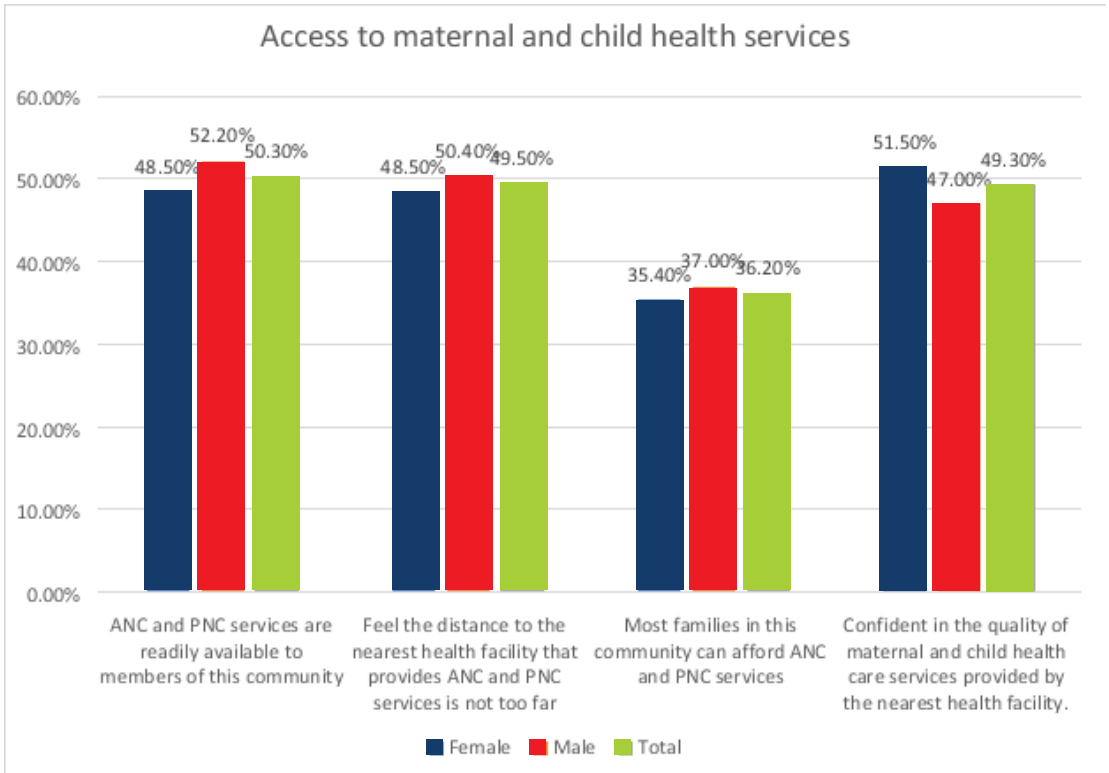


Figure 8: Access to maternal and child health services

77% of respondents know a woman in the community who was or is pregnant in the community within the last 12 months. Of this percentage, 56% reported they are aware the woman attended ANC and or PNC services at the PHC center during the period of her pregnancy or after delivery. Of the percentage that know a woman in the community who was pregnant within the last 12 months, 74% know where the woman put to birth.

As can be seen in figure 7, only about 40% of the deliveries were taken in a Primary Healthcare centre. As high as 40% of deliveries took place at home attended to by relatives or self and 13% of deliveries were taken by traditional birth attendant.

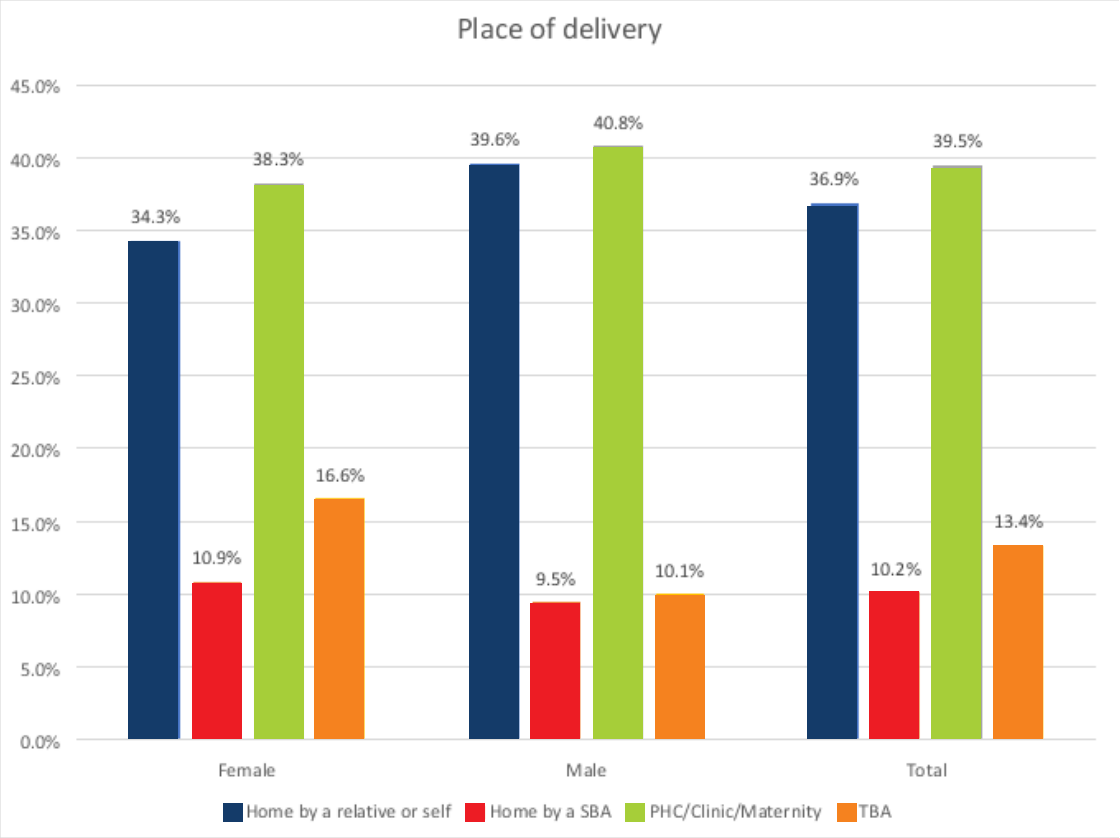


Figure 9: Reported place of delivery

3.10 Vine Heritage Home Partnership Assessment Management Findings

The results of the Partnership Assessment Management conducted by AAN are presented in table 5.

Minimum Criteria for Partnerships	Requirements Met / Partly Met / Not Met	Brief Comments; Including How Requirements Are Met, Key Risks, Opportunities and Challenges
The partner must have a clearly articulated purpose and goal, and a transparent and accountable decision-making structure. Where the partner is a mature intermediary organisation, it must have a Board, a management team, an organisational structure, clearly stated values, vision, mission, strategy and annual plans, written organisational financial and staff policies and procedures, a recognised physical address and office. Where it is a nascent organisation being nurtured by ActionAid, recognition and acceptance by rights-holders is critical, and the partnership development process and capacity building should facilitate the partner acquiring the above requirements.	Partly Met	***a)*** VHH has an articulated purpose and goals and a transparent and accountable decision-making structure. b) It also has a Board and a management team in place. However, the management team is made up of just 2 staffs who are the CEO and his wife. This poses a challenge as the organisation stands a risk of being run as a One-Man Business even though it reports to the Board of Trustees. c) VHH has its clear values, vision and mission statements. However, there was no evidence of a strategy document for the organisation, but they have been able to generate information through support from ActionAid to be included in their Strategy to be developed. Opportunity therefore exist for ActionAid to support the partner to develop a strategy that will speak the focus of VHH and other programme that ActionAid and other Donors would be interested in to help strengthen their programming. d) VHH does not have an existing financial and staff policy in place but has procedures in place for financial management. This poses a risk of fraud and inconsistencies in financial transactions for the organisation. e) VHH has a physical address located in Kuje Area Council but they currently do not have a separate office for running the affairs of the Home as they currently carry out their operations in the residence of the Executive Chief Office (ECO).

Minimum Criteria for Partnerships	Requirements Met / Partly Met / Not Met	Brief Comments; Including How Requirements Are Met, Key Risks, Opportunities and Challenges
The organisation's constitution, existence, mission and operation must be within the current **legal framework** in the specific place of operation. Where the state may have criminalised or declared some of the activities by the partner as illegal, a risk analysis and plans for mitigation of negative impact on ActionAid should be undertaken before decision on partnership is taken.	Met	The organisation's constitution, existence, mission and operation is within the current legal framework in FCT and in Nigeria.
The group or organisation seeking a partnership that involves funding must have at least **one full year of prior operation** and experience and preferably be able to demonstrate/provide clean audited accounts or references from other institutional funders. For new organisations, these requirements will be attained in the pre-partnership phase.	Partly Met	VHH was established in 2004. Apart from the funds they receive from individual donors, they have only had just one donor funded project that involved a one-off building of a structure in the home. They however do not have any audited account for the home and references as required. The MATAI Project provides an opportunity for VHH to put in place these requirements for future donors.
The group or organisation must have **methods, means and a venue** to offer basic and up to date open information and accountability (e.g. annual report).	Partly Met	VHH does not have their annual reports, but they have periodic newsletters that they share with stakeholders
Where ActionAid funding is part of the agreement, the group or organisation must have a bank account, or the funds should be channeled through the **bank account** of another legally registered and clean audited organisation with clear legal contract.		Given that VHH does not have an audited account, it was recommended that they open a separate account for the MATAI Project
The partner **must have constituencies and communities it works for**, relates with, advocates for and have clearly articulated and practiced accountability mechanisms to those groups. The organisation must be trusted, valued and recognised by poor and excluded people and their organisations and movements.	Met	VHH carries out its interventions in 55 communities. The organisation is well recognised in these communities and they work closely with allies that provide information when there are children to be rescued. These rescued children are given the best form of care including shelter, feeding, clothing, health care and basic education.
The group or organisation's e **xistence, mission and objectives and priorities are compatible** with and supportive of those of ActionAid. The partnership will contribute/add value to ActionAid's work at the desired level.	Met	VHH met these requirements as a result of ActionAid's support to review their relevant document to contribute to ActionAid's work and other possible donors. Opportunity exist for VHH to contribute to ActionAid's HRBA programming around Child Right and Maternal Health
The partner **consists of or represents poor and excluded rights-holders**, and where playing an intermediate role, has demonstrated commitment, contacts and ability to reach and support these groups in a non-patronising/domineering and accountable way.	Met	This criterion is evident in VHH's work with rescued children from the communities where they work; strive to enforce their rights to live and giving them the relevant care.

3.11 Baseline values for selected indicator

Table 4 presents baseline value for selected project indicators.

Table 4: Baseline values of Selected Indicators

Indicator	Females	Males	Total
Strategic Objective 1			
1.1: No of Policy actions taken by the FCT authority towards the implementation and monitoring of the Child's Right Act 2003.	NA	NA	0
1.2: No of Area Council with functional Child Rights Implementation Committees (CRICs) working towards the abolition of infanticide in the FCT.	NA	NA	0
1.3: % of budget allocated towards the safeguarding vulnerable children including those affected by infanticide in the FCT at the Area Council and FCTA levels.	NA	NA	0
1.4: % of budget released towards safeguarding vulnerable children including those affected by infanticide in the FCT at the Area Council and FCTA levels.	NA	NA	0
Strategic Objective 2			
2.1: % of community members demonstrating knowledge of safeguarding children in affected communities[1]	57.4	58.3	57.8
2.2: % of people who self - report that they know community - based individuals challenging and rejecting the practice of infanticide	7.6	5.2	6.4
2.3: % of people who self - report they have heard or read of an awareness on the phenomenon of infanticide in the FCT	11.0	16.1	13.5
2.4: % of people who self- report they are aware that their community has Change Advocates Against Infanticide practices	5.5	3.9	4.7
2.5 % of individuals who report they feel there is reduction of cases of infanticide in their community			
2.6 No. of reports of incidences and attempt of infanticide reported to the Child Protection Desk at the Area Council			0
Strategic Objective 3			
3.1 No. of women having access to quality healthcare services thus reducing maternal and child health mortality in practicing communities [2]	23.2	22.6	22.9
3.2 Number of communities taking actions to safeguard children susceptible to infanticide			
3.3 No. of ostracized children receiving improved care and support from the Vine Heritage Home (VHH)			
3.4 An effective and efficient administration, case management, financial and business model systems for the running VHH should be put in place			
3.5 No of physical structures in place to aid the living, education and nutritional development of ostracized children in VHH			

[1] We counted only those who answered yes to all the 13 child safe guiding questions.

[2] We counted only those who answered yes to the four maternal health questions

Conclusion and Recommendations

Conclusion

Data for the baseline assessment was collected in 25 communities randomly selected from the 57 communities, where the MATAI project is being implemented. The assessment used a combination of qualitative and quantitative methodologies. Response rate for the quantitative component of the assessment was over 90%.

The time frame for data collection turned out to be longer than anticipated. This was largely due to frequent rains that made travels to some of the communities challenging. The wordings of some of the indicators made it very challenging to get their baseline values. For example, the number of communities who have accurate knowledge of safeguarding principles. For such, we recommended a re-wording of the indicators to make them measurable.

Data for some indicators were not collected as they are better collected and reported on a routine basis. These indicators include: The number of physical structures in place to aid the living, education and nutritional development of ostracized children in VHH, Number of communities taking actions to safeguard children susceptible to infanticide etc.

Recommendations

Most respondents agree with the thirteen rights of a child as enshrined in the Child Right Act (2003). This positive revelation can serve as a basis on which the project can build on to address the cultural beliefs that are driving infanticide in the communities. It is strongly recommended that the project should specifically design and implement targeted community level communication efforts to re-enforce and promote these rights as it relates to infanticide.

From the data, it appears that just about 6% of those sampled are aware of an individual in the community rejecting the practice of infanticide. This result is possible because community members are not standing against the practice of infanticide. If this is the case, the project will need to raise champions in the community who will voice their rejection of this gruesome practice.

On the other hand, it is possible there are more people rejecting the practice but because they are not open about it, people do not know them. If this is the case, the project would have to innovatively implement targeted interventions that will help empower these individuals to raise their voices.

As part of the implementation of the project, it is also recommended that the project should identify why a few individuals are known to reject the practice of infanticide and address the root cause or causes of this behaviour.

Very few community members are aware of any media creating awareness on the phenomenon of infanticide in the communities. Targeted media interventions should be carried to mobilise the media to actively create awareness on the phenomenon of infanticide in the FCT. A combination of media (print, electronic and social) should be employed.

It is very alarming that as high as 16% and 9% of males feel that a child born after a set of twins and sets of twins should be killed. It is possible that the percentage is higher, as the participants' responses might have been influenced by social desirability. This is unexpected as most of the respondents (over 90%) agree to the rights of a child. It is possible that the agreement of these rights has not adequately translated to actual practice. The project should aggressively promote activities that will bridge the gap between agreements to the rights of a child and actual practices and treatment of a child susceptible to infanticide.

Four percent (4%) of the respondents reported that they are aware of cases of infanticide in their communities. Considering the sensitivity of the issue and the need to “look good,” respondents may have grossly under reported the cases of infanticide in the communities. Be that as it may, the fact that a portion of the respondents admitted that there are cases of infanticide in the community, is a pointer to the reality of this practice in these communities and enough reason for intervention in these communities. The myths and misconceptions driving this practice should be culturally, legally and politically address.

Awareness of community action against the practice of infanticide is very low (5%). Considering the practice is rooted in the culture of the communities, a community voice to address the issue will be needed to effect the necessary cultural change. The project planned activity to support the formation and capacity building of community advocates to advocate against infanticide should be pursued vigorously.

Of the five Area Councils where the project is being implemented, two have not constituted their Child Right Implementation Committee. The project should support the affected Area Councils to set up these committee. For those that have formed their committees, funding has been a huge challenge as none of the area council appears to have budgeted and released funds for promoting the right of children. Evidence based advocacy should be targeted at decision makers both at the Area Council and the FCTA to ensure child right interventions are budgeted for and funds released.

Findings from the key informant interviews at the Area Councils show that there has been no reported case(s) of infanticide within the last 12 months. This is not because of the absence of infanticide cases as community members reported there were cases of infanticide in their community. It is possible that affected community members do not know where, who and how to report Infanticide cases. It is also possible that community members may be concern about what the public will say to and of them if it is known that they reported a case or cases of infanticide to the Area Council. Whatever it is, the project should work with the Desk Officers in the various Area Councils to ensure that the right of community members to report cases of infanticide is established. Community members should be educated on where, who and how to report infanticide related issues at the Area Councils. Also, the safety and confidentiality of such reports must be guaranteed.

Access to quality maternal and child health can be the gateway to addressing the incidences of infanticide in the communities. Currently, just about half of the respondents feel that MNC services are available within the communities, the distance is not too far, and the quality of services is okay while only about 35% feel the services are affordable. A combination of these resulted to only about three out of every ten respondents feeling that there is access to quality maternal and child health services. This is a huge barrier to accessing quality maternal and child health care services in these communities. It is recommended that deliberate efforts be made including engaging the relevant government agencies and leadership to improve access to maternal and child health care services, and change cultural beliefs and practices which may take a longer time to address.

Of the eight partnership domains Vines Heritage Home was assessed in, they met expectations in four and partially met the others. ActionAid Nigeria should work with VHH to address the gaps identified in the report which include urgently supporting VHH to develop its Finance Policy; building the capacity of VHH on financial management and reporting; and supporting the organisation to develop its Human Resources policy and other relevant policies.

The project needs to develop a routine Monitoring Information System (MIS) to track the performance of the project on a periodic basis. Mid-term and End line evaluation are recommended to know whether the project is on course to deliver its objectives and whether it delivered the objectives at the end of the project.

It is suggested that some of the indicators should be reworded. Suggested rewordings are in table 5 below.

Table 5: General comments on the indicators

Indicator	Current wording	Suggested wording	Comment
2.1	No. of communities demonstrating improved knowledge of safeguarding children in affected communities. If this, survey is not needed	% of community members demonstrating improved knowledge of safeguarding children in affected communities	It is a bit challenging reporting number of communities demonstrating improved knowledge of safeguarding children
2.2	No. of community -based individuals challenging and rejecting the practice of infanticide	% of people who self- report that they know community -based individuals challenging and rejecting the practice of infanticide This can be reported through a survey	If the indicator is kept the way it is, we may not need to collect any data on it during the baseline. We however suggest it is revised but both can be kept
2.3	No. of media organisations (print, electronic, social) raising awareness on the phenomenon of infanticide in the FCT Data source: Project MIS	% of people who self -report they have heard or read of an awareness on the phenomenon of infanticide in the FCT This can be reported through a survey	If the indicator is kept the way it is, baseline data may not be required. We can track this using the project MIS
2.4	No. of communities with Change Advocates Against Infanticides (CAAI) practices *Data Source: KII with community leaders*	% of people who self-report they are aware their community has Change Advocates Against Infanticide practices *This can be reported through a survey*	Both indicators are okay. But the original one does not necessarily need a baseline value. The data can be reported using routine MIS
2.5	% of individuals who report they feel there is reduction of cases of infanticide in their community *Data source: Survey*		This is not captured in the baseline but should be included in the end line when community members are open enough to talk about infanticide in the community
2.6	No. of communities reporting incidences and attempt of infanticide to the Child Protection Desk at the Area Council	No. of reports of incidences and attempt of infanticide reported to the Child Protection Desk at the Area Council *Data Source: KII*	Not sure communities may necessarily report incidences and attempt of infanticide to the Child protection desk.
3.1	No. of women having access to quality healthcare services thus reducing maternal and child health mortality in practicing communities	Proportion of community members who self-report they have access to quality maternal and child healthcare services.	Since the project is not facility based, the original indicator may not be very suitable. However, we can visit health facilities and periodically collect the number of women who access maternal and child healthcare services.
3.2	No. of community advocate taking actions to safeguard children susceptible to infanticide, thus reducing the number of infanticide cases in practicing communities *Data source: This is better reported using the project MIS*	Proportion of respondents who self -report their community is taking actions to safe-guard children susceptible to infanticide	
3.3	No. of ostracized children receiving improved care and support from the Vine Heritage Home (VHH) *Data source: Records in VHH office*		This can be reported on a routine basis.

ActionAid is a global movement of people working together to further human rights for all and defeat poverty. We prioritise works with the poor and excluded, promoting values and commitment in civil society, institutions and governments with the aim of achieving structural changes to eradicate injustices and poverty in the world.

ActionAid Nigeria believes that a Nigeria without poverty and injustice is possible.

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