

PROGRAMMES FOR IMPROVEMENT OF CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES (C E D C) OF URBAN POVERTY

1.0 INTRODUCTION

The proceeding analysis shows that the situation of children and women in Nigeria is more than ever a victim of economic and political stagnation. Living standards have deteriorated, especially so in urban areas when compared with countryside. Consequently, over one third of Nigeria's children live in poverty stricken families mostly in poor communities. The stressful environment in which child and mother live explains the major underlying and basic causes of deteriorating mortality and morbidity trends, as well as reasons for low access to basic social needs.

Urban poverty and increasing dissatisfaction with the public educational system together with the difficult living conditions and broken families has led to a growing problem of working children and street- children. Different categories of children in especially difficult circumstances can be identified, some of them maintain family links while undertaking apprenticeship or street hawking to help their family survive, while others are completely cut off from their family. Urban poverty, uncertainties of the overall social and political situation have aggravated the crime rate, the dangers of delinquency, petty criminality and drug taking for younger people.

Many children are presently struggling to survive. At the same time, basic services are far from accessible to a large proportion of urban families. These are among the more obvious impacts of rapid urbanization and increasing poverty, which is presently the lot of some 34 million Nigerians. Living conditions are extremely hazardous for the urban poor, found in the largest cities in the country.

This programme is the first time that the urban poor is being focused for a specific programme. Previously, work has been on data collection and some analysis, together with a series of smaller cases of supported social welfare and informal educational facilities for a token number of CEDC.

Our programme objective is to contribute to the alleviation of urban poverty in terms of capacity building and empowerment and reduction of this incidence of CEDC. Activities in support of this objective is being implemented only in urban slum of the Federal Capital territory Abuja. This intervention is restricted in scope due to financial limitation and resources. Project is being managed and sponsored by Public Health Research Center Asokoro District (PHRCAD), an NGO committed to alleviation of the suffering of the helpless children.

1.1 BACKGROUND

Although the number of poor is reported to have slightly decreased over the year 1995-1999 periods but the number of urban poor and the number of extreme poor rose during these years. As a result of the slow economic growth, rising unemployment, widening income disparity, and higher rural-urban migration, the number of urban poor has increased. In addition to an increase in the number of poor, the social safety

nets have been weakening further exacerbating the plight of the urban poor. Job opportunities are becoming scarcer and the relative cost of food and basic services is fast increasing. Housing conditions have deteriorated, with persistent over crowded accommodation (6-10 persons per room), virtually without any sanitary facilities, water supply, and drainage. Basic services, especially health, education, and institutional credit remain less accessible to the urban poor.

Higher concentration of children in extremely difficult circumstances is largely found in and around the federal capital territory and its environs, however, smaller pockets are found in practically every town and urban settlement. Urban poverty, broken home, high unemployment and high dependency rate, as well as high dropouts and non-enrolment in schools are major factors contributing to rising incidence of CEDC. Social and cultural factors, in some cases, push children on the street or into the labour force. Some of the children in this category still maintain close family ties, often hawking or working for money or serving an apprenticeship. Girls frequently engage in petty trading or domestic work. A large majority of the CEDC have either only episodic or practically no ties with their families. All are in danger from a health point of view, not only from HIV/AIDS and STD, but also from the most common ailments and skin diseases, malnutrition, etc.

Policies in support of urban poverty alleviation, housing, urban development as well as for the social integration of children and youths in especially difficult circumstances, are either weak or altogether lacking. Moreover, meaningful measures to implement whatever policies exist have not been practical or in many cases, not even drawn up. Policies and practices in relation to CEDC are generally repressive, and do not foster social re-integration. This programme is set up as role model to be extended to other parts of the country. It is for other poor nations to borrow a leaf. For humanitarian organization to reach to the target population.

2.0 PROGRAMME GOAL AND OBJECTIVES

Our programme goal is to contribute to the alleviation of children of urban poverty both in terms of income and empowerment, thus reducing the incidence of CEDC aggravating social vices.

2.1 SPECIFIC PROJECT OBJECTIVES

- Strengthen data - base on CEDC in relation to urban poverty with special focus on street and working children to enhance informed policy advocacy and formulation.
- Capacity – building and networking among social sector agencies, and private sector to support CEDC programming.
- Support local governments and communities to set up functional shelters for street children in appropriate locations.
- Set up mobile /static clinics in market and other places (under bridges, brothels) where street and working children cluster.
- Rehabilitate /reunite street children with their parents or families or empower them with basic education and vocational skills to make them self-supporting.

- Provide basic education and vocational skills for working and street children.

3.0 DIFFERENT CATEGORIES OF CHILDREN IN ESPECIAL DIFFICULT CIRCUMSTANCES (CEDC).

CEDC are not particularly homogenous group. Different circumstances, especially different push and pull factors, have created different categories of CEDC.

We identified the following categories of CEDC

- Children from broken homes.
- Victims of early marriage.
- Children without mothers.
- Handicapped children
- Children of the insane and of destitute prostitute.
- Children of the poorest of the poor.
- Working children engaged in menial jobs in markets, garages and factories.
- School drop outs
- Street children who are vendors
- Children who are beggars
- Victims of civil and religious disturbances,
- Children in institution
- Breakaway children from homes,
- HIV/AIDS and STDs austracized children

Our intervention took due recognition of their background to enable us know the lines of rehabilitation. To some they need mental rehabilitation, to others micro credit empowerment, still to others vocational skill etc.

3.1 PLACES OF CONCENTRATION OF CEDC

There are definable places where CEDC are concentrated such places include:

- Urban slum and squatter areas
- Market places and motor garages
- Streets and under bridges
- Brothels and club houses
- Home of the affluent that may not be related where they are employed as house – helps or domestic helps
- Factories and cottage industries where they are engaged as low wage labourers.

3.1 OUR ACTIVITIES

Our activities so far have been within the Federal Capital Territory Municipal.

Activities includes:

- 1.1 Developing and filed testing participatory survey instrument
- 1.2 Carrying out participatory field survey in target areas, process data and use results for intervention
- 1.3 Maintaining database on CEDC
- 2.1 Training organizers in CEDC programmes
- 2.2 We are going to hold an annual CEDC programme review meetings on February 2005, with State holders.
- 2.3 We are promoting support to programme planning and implementation activities
- 3.1 We mobilize communities, / CBOs and LGAs to provide shelter for street children and support the establishment of neighborhood organizations for CEDC activities
- 3.2 We are providing counseling training for, social workers, health workers, and shelter caretakers. This is aimed at empowering them to counsel CEDC
- 4.1 We are still identifying community health extension workers (CHEWs) who will mobilize children in especial difficult condition for free medical treatment and counseling and refer serious cases to our health post
- 4.2 We have established static clinics with effective referrals. We want also to establish and equip mobile clinics with essential drugs and screening materials
- 5.1 We have identified, rehabilitated and re-united 23 destitute street children Many were trained and engaged in gainful employment.
- 5.2 We are training destitute children in vocational skills.
- 6.1 We are yet to establish non-formal education / vocational training centres in FCT, Abuja
- 6.2 We conducted training of instructors, Para teachers and volunteers in pedagogic and administrative skills.

4.1 REPORT OF ACTIVITIES IMPLEMENTED SO FAR BY PHRCAD OUT COMES

1. CEDC survey conducted
The centre has carried out survey to identify the category of CEDC in 6 urban slum in and around FCT Abuja. Target areas included. Apo Village behind the spear part markets
 - Nyaya barracks areas
 - Wuse old markets and the taxi garage behind the market
 - Area one illegal parks, and red-light zone near area one shopping complex
 - Zone four near Sheraton hotel
 - Lugbe village, slum areas.

The mentioned areas are the landmarks for identifying our source of recruitment of CEDC. Analysis of the survey instrument so far indicated 54% are from very poor parents 17% are school drop out, 12% are lost of the father or mother, 8% claimed there were abandoned by relatives who brought them to town. The rest are however miscellaneous friends brought them and the have to survives. Majority could not give

meaningful cause of their destitution. About 240 CEDC has been identified and interviewed through structured questionnaire.

2. We have trained 54 trainers in counseling ie Training of trainers (TOT) . All senior staff of our centre is trained counselors. Our areas of counseling ranges from Health, Social, Mental, Vocational counseling etc.
3. Fourteen teenage girls in ‘underworld’ brothels were identified and with their permission, the centre invited experts in hair dressing skill, they were trained at our centre and helped to be gainfully employed for themselves. Twenty-five young men in their early 20s were identified and trained in barbing skill, the first batch has graduated while we are on the second batch. Some identified CEDC indicated interest in shoe repairing, while others choose to be trained in carpentry. The centre is making negotiation with the trainers, however the major constraint with our centre is finance.
4. Our centre has identified seven CEDC who were either abandoned by their relatives or employers. The centre assisted them for fare and clothes to reunite with their families at their hometown.
5. PHRCAD has identified some opinion leaders, CBOs e.g in Apo village we have link to an NGO working on the rehabilitation of commercial sex workers. We are planning to implement community identification of CEDC, and poor breadwinners; through the landlord’s association opinion leaders, to train and engage them in micro credit empowerment.
6. PHRCAD has screened more than 240 CEDC on HIV/AIDS using unigold elisa kit (rapid HIV test). The infected ones are referred to treatment centres while the uninfected ones were counseled on healthy behaviors. The sick ones are treated free of charge on essential drugs and invited to the centres for check-ups.
7. Our centre has trained professionals in CEDC programmes planning and management. Most of us are public health experts, social workers, Business administrator others are engineers and clinicians.
8. We are into advocacy with established Government social welfare services, ministry of works and housing. The centre advocates solicits for incentives and temporal housing for the identified CEDC, but the response of the authority is too slow for a solution. At times the identified CEDC are lost due to lack of provision.

5.0 Project strategies

The Major strategies PHRCAD adapted for reducing the incidence of CEDC are as follows:

1. The target population are mobilized to ensure their involvement and participation in identifying CEDC through awareness of the problem of CEDC, bringing them to the core of social consciousness.
- ii. Our emphases are placed on networking with LGAs and Government authorities to establish shelters and micro-credit opportunity /vocational centres for CEDC.
Do you know that one single wheelbarrow can turn a life of a single helpless child around into four tube.
- iii. Capacity building for CEDC, and empowerment
- iv. Collaborating with Government and donor agencies is being fostered through the assessment and analysis of the underlying and basic causes of CEDC, and through contributing to addressing the growing incidence of urban poverty and CEDC.

6. MAJOR CHALLENGES /MAJOR OPPORTUNITIES

Challenges

- Limited resources to extend planned intervention.
- Absence of a coherent policy on urban development, poverty alleviation and CEDC.
- Weak intuitional support to children Especially in difficult circumstances (CEDC) programming
- Weak data-base on CEDC
- Requires a lot of field work
- Bureaucratic delay in custom clearance of donated items.

OPPORTUNITIES

- Alliance building around Convention on the right of the child (CRC)
- Government position paper on poverty alleviation provides an entry point to CEDC policy formulation
- Data base on CEDC for Institution and policy makers.
- Car battery chargers, Vulcanizes, furniture makers, Tailors, Barbing and Hair dressing salon skills, Health care services are available.
- Capacity building and empowerment.

