

## **Inventory and Assessment of Childcare Centers in Southeast Nigeria: Analyzing the Child Protection Policy in Nigeria**

**Francisca Nkemdilim Onah<sup>1</sup>, \*Christopher Onyemaechi Ugwuibe<sup>2</sup>, Fab Obeta Onah<sup>3</sup>, Edwin Madu Izueke<sup>4</sup> & Freda Chigozie Ugwuanyi<sup>5</sup>**

<sup>1</sup>School of General Studies, Social Science Unit, University of Nigeria, Nsukka,  
Enugu State, Nigeria

<sup>2</sup>Department of Public Administration and Local Government & World Bank, Africa Centre of Excellence for Sustainable Power and Energy Development (ACE-SPED),  
University of Nigeria, Nsukka, Enugu State, Nigeria

<sup>3,4&5</sup>Department of Public Administration and Local Government, University of Nigeria, Nsukka,  
Enugu State, Nigeria

Authors email: [francisca.onah@unn.edu.ng](mailto:francisca.onah@unn.edu.ng); [onyemaechi.ugwuibe@unn.edu.ng](mailto:onyemaechi.ugwuibe@unn.edu.ng); [fab.onah@unn.edu.ng](mailto:fab.onah@unn.edu.ng); [edwin.izueke@unn.edu.ng](mailto:edwin.izueke@unn.edu.ng) & [chigozie.ugwuanyi@unn.edu.ng](mailto:chigozie.ugwuanyi@unn.edu.ng)

**\*Corresponding author:** [onyemaechi.ugwuibe@unn.edu.ng](mailto:onyemaechi.ugwuibe@unn.edu.ng)

### **Abstract**

Children have the right to life, survival and development but also a right to be protected from any form of abuse. In recent years, concerns have been raised regarding the lack of adherence to safety and protection guidelines, as a considerable number of children at childcare centers suffer abuse and are at risk, as they do not receive quality medical, emotional or school-related assistance. The broad objective of this study focused on inventory and assessment of childcare centers in Southeast Nigeria: Analyzing the child protection policy in Nigeria. The institutional theory was used to interrogate factors undermining effective implementation of child protection policies in safeguarding vulnerable children in Southeast, Nigeria. The paper was based on interviews, observations and narratives on child protection policies found in extant literature. This study identified how cultural practices, limited awareness and enforcement remains weak due to institutional inefficiencies among caregivers and stakeholders which led to child abuse, despite the Child Rights Act, of 2003 in Nigeria. Thus, it advocates for a dire need for revamping of Nigeria's social protection space, signposting the relevance of public policy makers to such a cause. This will ensure effective social protection of vulnerable children.

**Keywords:** Childcare, Institutional Theory, Vulnerable Children, Caregivers, Inventory, Southeast, Nigeria

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### **INTRODUCTION**

Adoption and informal kin care have long been used to provide care for abused, abandoned, and orphaned children (Boswell, 1988; Hrды, 1999). More recently, formal governmental systems such as foster care and orphanages have been established to care for these children. Over time, shifting views on child development and social and political issues have affected the dependence on various care systems. There are numerous instances of families adopting abandoned children that are documented in historical books. Boswell (1988) gave a very

positive impression of the care that surrogate parents gave their kids and suggested that the "kindness of strangers" was probably the reason the kids' survived abandonment.

Hrdy (1999) noted that small children had a hard time surviving abandonment unless a lactating woman was available to care for them, before the days of sterilized bottles and formula. Children in these unofficial foster and adoptive homes got varying degrees of care; they could be treated like members of the family or like servants. However, for much of history, parents who felt unfit to raise their children have at least partially accepted the possibility of fostering or adopting their children. Abandoned newborns have occasionally outnumbered those available to care for them through unofficial systems of care, particularly during times of economic distress.

The first foundling homes were founded in Italy in the 14th and 15th centuries as a result of the increasing number of abandoned infants in urban areas (Hrdy, 1999). Many of the kids who were initially put in these institutional settings had parents who were still alive, so they were not really orphans. The documented mortality rates for these earliest foundling homes were extremely high, ranging from 20% to 40% per year and approaching 100% during certain epidemics (Hrdy, 1999; Trexler, 1973). Because breast milk was unavailable or there was a disease outbreak in the houses, many newborns did not survive.

Foster care, funded by the government and churches, became more prevalent in Europe and North America during the 20th century. A number of studies have lately drawn attention to the negative effects of institutional raising in the middle of the 20th century (Goldfarb, 1945; Provence & Lipton, 1962; Skeels & Dye, 1939; Spitz, 1945). In the United States and Western Europe, the revelation of this evidence was linked to a shift away from institutional care; however, China and the Soviet bloc were not privy to this data, and foster care remained rare in those regions.

Furthermore, the communist ideology not only destigmatized institutional rearing but in some cases encouraged it (Kligman, 1998). In Eastern Europe, Asia, Central and South America, Africa, and the Middle East, institutional care for young children is currently widespread (The St. Petersburg-USA Orphanage Research Team, 2008). Portugal, France, and Belgium are just a few of the nations in Western Europe that have establishments of this kind (Browne, Hamilton-Giachritsis, Johnson, & Ostergren, 2006).

The institutional setting for young children has a very long history in Africa. For instance, in Ghana, institutional care was introduced by European missionaries in the middle of the 1990s and has since grown significantly, partly as a result of HIV/AIDS and high rates of poverty (Ansah-Koi, 2006). The majority of children enter care as a result of deprivation, HIV status, parental death (i.e., the notion that a child whose mother passes away during childbirth is cursed and should be thrown away), or the expectation of receiving better care and accommodations in an institutional setting (Frimpong- Manso, 2014). According to Ghana's Department of Social Welfare (DSW), care must be given in a family-like setting by a primary caregiver who is dependable and capable of providing compassionate, timely care (Ministry of Gender, Children and Social Protection, 2018).

In Ghana, there are approximately 4500 institutionalized children living in groups of up to 30 people per home, with siblings living together and caregiver-to-child ratios estimated to be 1:7;

the ages and disabilities that each home can accommodate are decided by each individual (Quartey, 2013). Sadly, 96% of such institutions operate illegally and are not regularly inspected (Quartey, 2013). As a result, caregiver-to-child ratios are significantly higher and older children are taking care of younger ones.

Addressing these underlying issues and providing support to families may be necessary to improve the situation for these children and ensure that they have the opportunity to grow and develop in a safe and nurturing environment. The Convention for the Right of the Child (CRC, 1989) and even the African Union on the right and welfare of the child (1990), provides an overall legal foundation for developing programme action for the protection of the right of children in order that they realize their full human potentials. Also, the Federal Government of Nigeria (FGN) and the United Nations International Children's Emergency Fund (UNICEF) have serially in the Master Plans of Operations agreed to develop the Programme Plan of Operations (PPO) for the Protection and Participation of Nigeria Children. This is in-line with the Sustainable Development Goals (SDGs) 1 and 3 which aim to end poverty in all its forms, ensure healthy lives and promote well-being for all ages (United Nations Development Programme (UNDP), 2015).

Regrettably, Nigerian children are vulnerable to a wide range of abuses. Currently, nearly all 36 States in Nigeria have adopted the Child Rights Act (CRA) 2003, which domesticates international protections against child abuse, child labour, and forced marriage. States that have officially passed the act in the six geopolitical zones include; South-South: Akwa-Ibom, Bayelsa, Cross Rivers, Delta, Rivers and Edo. South-West: Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. South-East: Abia, Anambra, Ebonyi, Enugu and Imo. North-Central: Federal Capital Territory (FCT), Benue, Kogi, Kwara, Nasarawa, Niger and Plateau. North-West: Jigawa, Kaduna, Kaano, Katsina, Kebbi and Zamfara. North-East: Adamawa, Bauchi, Borno, Taraba and Yobe. While the Act has been passed in almost all states, implementation and official gazetting vary across the federation, with some states having done so earlier than others.

Implementing the Child Rights Act (CRA) 2003 in Nigeria faces significant hurdles, primarily due to cultural/religious resistance, particularly in northern states regarding child marriage and the Almajiri system. Other challenges include inconsistent state-level adoption, weak enforcement mechanisms, widespread poverty, lack of awareness, and weak judicial systems. For example, the Almajiri system traditional system of education in Northern Nigeria often leads to child abuse, exploitation, and, in many cases, children being used for begging and forced into labor, contradicting the CRA's protection clauses. This is not only dysfunctional but anachronistic, making it increasingly difficult for the Nigerian child to be adequately protected (Zaynab, 2023).

There are many identifiable institutions whose mandate is to provide care to children in special circumstances such as orphans, abandoned children, children with disabilities, or those affected by crisis—range from government ministries to established Non-Governmental Organizations (NGOs) and private homes. The primary government agency mandated to provide care to children in special circumstance in Nigeria include: Federal Ministry of Women Affairs and Social Development, which is responsible for overall child protection, policy, and welfare. We also have the National Agency for the Prohibition of Trafficking in Persons (NAPTIP),

mandated to protect and rehabilitate children who are victims of trafficking and exploitation. Others are Child Protection Area of Responsibility (CP AoR) - Northeast Nigeria: A coordination body led by the Ministry of Women Affairs and Social Development and UNICEF for child protection in emergencies; State Ministries of Women Affairs and Social Development: Responsible for supervising orphanages and fostering services at the state level (e.g., Lagos State Office on Disability Matters). Furthermore there exist special education centers. These are government-run schools for children with disabilities, such as the Special Education Centre, Orji River, Anambra State, and School for the Handicapped, Tudun Maliki, Kano State. These organizations are responsible for providing protective environments, psychosocial support, and in many cases, education and rehabilitation services to children who are otherwise at risk.

However, with a relatively unstable policy environment, the extents to which these institutions can provide and protect the rights of vulnerable children remain questionable. Institutional childcare system, whereby children in special circumstances are kept and cared for is a vital strategy towards ensuring the protection dimension of the right of a child. Orphanages and schools for the disabled and remand homes are all very clear examples of such childcare centers. However, not only that their number is not known, but the quality and nature of the activities are not obvious.

In spite of the fact that the federal government has entered into various cooperative and partnerships with UNICEF which plays a crucial role in providing support to government and NGO programs for vulnerable children, there remains serious policy gaps on the right of the child for Protection and Participation (PP). This is mainly due to a lack of practical implementation measures coupled with ineffective application of policy decisions in the day-to-day working of government activities. Consequently, manifestations of low-level protection of children are replete.

There is no comprehensive data for these childcare centers reflecting the number, types, facilities, ownership, inmates and internal security. There is also doubt as to the extent to which relevant government institutions and agencies ensure effective protection of vulnerable children. Hence, this study was designed to explore the inventory and assessment of childcare centers in the Southeast, Nigeria: Analyzing the child protection policy in Nigeria. The following research question guided this study: how effective are existing child protection policies in safeguarding vulnerable children in Southeast, Nigeria? How did funding affect the effective implementation of Child Rights Acts in the Southeast, Nigeria? It is believed that our findings will provide information to international and local campaigns that promote the provision of appropriate policy measures aimed at addressing the plight of vulnerable children.

## **REVIEW OF RELATED LITERATURE**

### **Social Protection**

Social protection which is the concern of this study consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age (World Bank,

2001). An example of social protection is social assistance schemes comprising of programmes designed to help the most vulnerable individuals with no other means of support such as single parent households, victims of natural disasters or civil conflict, handicapped people, or the destitute poor to improve their living standards. These programs consist of all forms of public action, government and non-government, that are designed to transfer resources, either cash or in-kind (e.g. food transfers), to eligible vulnerable and deprived persons (Howell, 2001)

### **Child Protection and Child Protection Policy**

A person is considered a child, according to the Child Rights Act of 2003, Section 277, as long as they have not yet reached eighteen (Safeguarding children and Child Protection ,2020). In this article, all individuals under 18 years of age are collectively referred to as “children”. Children have the right to be raised in settings that are joyful, safe, healthy, productive, and conducive to their intellectual growth and development. A child is defined as anyone under the age of 18 (The United Nations Convention on the Rights of the Child (UNCRC), 1989). The UNCRC provides an international framework outlining children’s rights to protection from abuse and neglect (article 19), discrimination (article 2) and different forms of exploitation (articles 32-36); special consideration is given to children deprived of parental care (article 20), refugee children (article 22), children at risk of developing a drug habit (article 33), children who are deprived of their liberty (article 37, 40), children in situations of armed conflict (article 38, 40). Child protection is a collective responsibility that concerns all educational stakeholders (parents, guardians, teachers, caregivers, the government, and the children). Child protection can be defined as “the processes, undertaken in respect of those children who have been identified as suffering or being at risk of suffering harm” (Falkiner, Thomson & Day, 2017). In other words, it is the actions, taken to ensure that children are free from harm, that their health and development are not stunted, and that they are raised in environments conducive to receiving high-quality, consistent care.

Nowadays, printed and electronic media present news about the occurrence of child abuse cases. The family as the basic form of children’s mental formation is expected to carry out its functions to maintain, protect, raise and educate children. Child abuses is happening more frequently and some of the victims are at their ends (Harianti & Siregar, 2014). All children have the right to be protected from violence, exploitation and abuse. Therefore, parents and adults (including the government) are obliged to protect. The statement means that children should get protection from those who provide care. Hence, the study is of the view that child protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

Therefore, child protection policy is a deliberate action by the government to direct and protect the lives of children for the children to enjoy their rights as stipulated in the constitution. A child protection policy in Nigeria is a formal framework designed to protect children under 18 from abuse, neglect, exploitation, and violence, anchored on the Child Rights Act (2003). The policy was meant to protect and safeguard the children from abuse, bullying, harassment, and discrimination. This policy is intended to help all state government employees respond properly to issues about child protection, such as abuse or neglect (Adewale & Potokri, 2023). Child

protection policy is a document that makes clear what an organisation does to keep children safe mainly from abuses and harm (intentional or unintentional) of different types (sexual, physical, emotional, neglect) and misconducts (like sexual harassment, bullying). Child protection policy is furthermore, an organizational framework designed to prevent child abuse, neglect, and exploitation while ensuring safety and promoting welfare.

## **EMPIRICAL REVIEW**

Different viewpoints on the application and perception of the Child Protection Policy are presented by local research. While Baronia (2020) observed no discernible differences in respondent groups' perceptions, Segundo and Guia (2019) discovered unsatisfactory implementation in public high schools. Members of the child safety committee are knowledgeable about identifying bullying, discrimination, abuse, and exploitation, according to Estremera (2020). Teachers were aware of the Department of Education's child protection policy program and how it was implemented in schools, according to Bayuca (2020). The author of a study by Roche (2017) examined important data about child protection laws and abuse in the Philippines and argued for more investigation into policies and programs that deal with structural, social, and cultural aspects.

Heiman and Gupta (2020) provided a foundational discussion on child protection practices and policies, linking essential theories to standard procedures. According to a study by Alfandri (2017), the effectiveness of national child protection reforms in Israel was diminished by the low involvement of children. In a similar vein, Munger and Markstrom (2019) discovered that teachers frequently lack knowledge about domestic abuse. Devaney and McGregor (2016) highlighted how crucial it is for professionals and students to comprehend the intricate connection between family support and child safety.

In their assessment of the Child Protection Policy's (CPP) implementation, Mustikasari and Rostyaningsih (2020) found that while the policy is well-structured, its execution is still insufficient. Even with legislative protections for children, adult abuse and neglect still occur. Many school boards have formalized their child safety rules, although the degree of information offered varies greatly, according to Shewchuk (2016). The concept of child safety in educational contexts, encompassing resources for education and abuse prevention, was examined by Smyth and Katz (2016). On the other hand, Robles (2019) discovered a link between low Protective Factors (PF) scores, high Adverse Childhood Experience (ACE) ratings, and poor academic achievement.

According to Burr and Fay (2019), efforts to guarantee child safety in schools often fail to achieve their objectives or have unanticipated repercussions. By optimizing the timing and kind of interactions with the child protection system, Armfield et al. (2020) identified potential ways to reduce student absences. Children are still at danger of abuse, bullying, and trauma despite these efforts, which emphasizes the necessity of policies and procedures that guarantee regular attendance at school and stop abuse (Maclean, Taylor, & O'Donnell, 2017).

A study conducted by Adebowale et al. (2023) examined reporting and response mechanisms for child abuse in private schools. A descriptive survey approach was used in the study, and 200 participants were chosen by multistage sampling from 30 private schools. Structured

questionnaires and document reviews of incident reports and school procedures were used to gather data. The results showed that only 33% of staff members knew how to access reporting mechanisms, and only 28% of schools had explicit, documented processes for reporting child protection concerns. Additionally, the survey discovered that 62% of reported incidents in schools did not take the necessary action within the advised timeframe, frequently as a result of inadequate training or concern for the school's reputation. This study has a contextual gap because it concentrates on private schools in an environment with little regulatory control, which might not be representative of highly regulated international school settings. Furthermore, the study's dependence on self-reported data may have led to social desirability bias, indicating the need for more research that takes stakeholder viewpoints and a variety of data sources into account.

Comprehensive key findings are revealed by the thorough examination of the literature on children's awareness of and susceptibility to child protection programs. Overall, the data that is currently available indicates that children's understanding and awareness of child safety regulations differ greatly. This heterogeneity is influenced by a number of factors, including socioeconomic status, geographic location, cultural norms, and the caliber of educational interventions.

## **Selected Existing Theories on Child Protection Policy**

### **Attachment Theory**

Attachment Theory was originally developed by John Bowlby in the 1950s and later expanded by Mary Ainsworth through her empirical research on infant-caregiver relationships. Contemporary studies by Bernier et al. (2020) and Duschinsky et al. (2021) expanding its applicability to institutional contexts and educational settings, the theory's modern applications are still developing. According to the idea, children's early experiences with caregivers shape their internal working models of relationships, which in turn shape their expectations of safety, trust, and support throughout their life (Groh et al., 2021).

The core tenets of attachment theory include the concepts of secure base, safe haven, proximity maintenance and separation distress. According to Waters and Cummings (2000), a secure base is the caregiver's responsibility to provide a foundation from which children can confidently explore their surroundings knowing they can come back for assistance when needed. This idea also applies to the institutional context in educational settings, where strong child protection laws provide a safe foundation that allows students to participate fully in social and academic activities without worrying about getting hurt (Bergin & Bergin, 2022). The safe haven concept describes the caregiver's function as a source of comfort and protection during times of stress or threat, a principle directly applicable to schools' responsibility to respond appropriately when children experience or disclose abuse (Cassidy & Shaver, 2020).

Attachment theory is highly relevant to child protection in Nigeria by highlighting that secure attachment to caregivers is crucial for child development, as separating children from families is traumatic. In Nigeria, this is evident in policy shifts towards deinstitutionalization, prioritizing family-based care over institutionalization, and the integration of caregiver-child interaction assessments in child protection cases. The family-centered approach focus on

fostering positive, stable relationships between children and their parents is a critical aspect of child protection policy in Nigeria, particularly in preventing the negative impacts of separation. Applying the attachment theory offers a framework for understanding and addressing the emotional, cognitive, and social development of children in Nigeria, particularly for those who have experienced neglect or abuse.

### **Social Ecological Theory (SET)**

Social Ecological Theory also illuminates the importance of addressing multiple system levels simultaneously to achieve meaningful child protection outcomes. According to Bacchus et al. (2023), holistic approaches that address individual knowledge and abilities, relationship dynamics, corporate culture, and larger social norms are more effective than interventions that focus exclusively on one ecological level. For example, staff training programs (microsystem intervention) are more successful when they are supported by school leadership that places a high priority on child safety (mesosystem intervention) within a larger framework of national legal frameworks that require protection (macrosystem intervention), as well as by clear institutional policies and accountability mechanisms (exosystem intervention) (Fulu et al., 2023).

The keytenets of Social Ecological Theory include multiple system levels, bidirectional influence, contextual adaptation, and systemic intervention. The theory conceptualizes child development and protection within five nested systems: the microsystem (immediate environments such as family and school), the mesosystem (interactions between microsystems), the exosystem (external settings that indirectly affect the child), the macrosystem (broader cultural values and policies), and the chronosystem (changes over time) (Rosa et al., 2021).

Furthermore, the theory's recognition of temporal changes through the chronosystem is crucial for understanding how child protection policies evolve and adapt over time. Zimmerman et al. (2021) note that Social Ecological Theory encourages examination of how historical events, policy reforms and changing societal attitudes influence current protection practices. The social ecological theory is critical to child protection in Nigeria by addressing abuse as a systemic issue involving individual, interpersonal, community, and structural factors, rather than merely a failure of care. It reveals that effective policy implementation requires navigating deep-seated cultural norms (e.g., corporal punishment), improving community resources, and enhancing accountability within systems like school environments. In the areas of policy and structural gaps it emphasis that, while Nigeria has national strategies (like the Child Rights Act, 2003), the ecological theory highlights the need for better resourcing and implementation to address the "macro-systemic" issues like widespread poverty, which is a major driver of child protection failures. Essentially, the theory shows that child protection in Nigeria cannot succeed through a single agency but requires a multi-level approach tackling poverty, cultural norms, and service provision simultaneously.

### **Theoretical Framework**

The study adopts Douglass North's (1990) institutional theory, to explore the intricate dynamics of child protection policy in Nigeria. According to North, institutions are "the rules of the game in a society" and are made up of both formal (laws, constitutions) and informal

(norms, conventions, traditions) limitations that, when combined with enforcement mechanisms, affect social and economic performance. Institutional failure occurs when official regulations are not in line with informal restrictions or when enforcement is weak. This "Northern" definition is supported by Scott (1995) who describes institutional environments as being "characterized by the elaboration of rules and requirements to which individual organizations must conform in order to receive legitimacy and support" (p. 132).

Contextually, informal institutions are informal constraints such as conventions codes and behaviours (North, 1990) that affects activities in varied contexts, including Nigeria. They support the operations of formal institutions, which are frequently seen as either nonexistent or weak in developing nations. Extreme institutional voids are what Khoury and Prasad (2016) describe as these informal institutions' incapacity to sustain formal institutions. The political, economic, and legal components that make up an economy's institutional framework are classified as formal (North, 1990). The efficient operation of the economy also depends on informal institutions like cultural values and norms (Khoury & Prasad, 2016). In Nigeria, these institutions have consistently been influenced by a number of factors including the breakdown of rule of law, being pertinent to the collapse of institutions as Nigerian systems have little regard for the rules of the game

In relating the institutional theory to the study it becomes clear that child care centers and child protection policy in Nigeria, such as the Child Rights Act (2003) and Violence Against Persons (VAP), (Prohibition) Act 2015, are subjected to conflicting institutional pressures. While policy adoption aligns with global norms (coercive/normative isomorphism), local enforcement fails due to deep-rooted socio-cultural beliefs, poverty, and weak, under-resourced state institutions.

The institutional framework focuses on the organizational capacities, decisions-making procedures and institutional architecture of child protection policy including: : Ministry of Women Affairs and Social Development, National Agency for the Prohibition of Trafficking in Persons (NAPTIP), National Human Rights Commission (NHRC), Nigeria Police Force (NPF) & Security and Civil Defence Corps, and Ministry of Justice, help or hinder the institution's capacity for enforcement, avert and arbitrate, hence leading to low prosecution rates for child abuse. The Nigerian Child Protection Networks note a high level of "gross inertia" in the implementation and enforcement of the law, where cases of abuse "disappear into thin air". Based on Douglas North's (1990) framework, institutional policy in Nigeria is often viewed as dysfunctional, where weak rules and enforcement undermines institutional performance.

## **METHODOLOGY**

### **Study Area**

Southeast is one of the six geo-political zones in Nigeria. The zone covers an area of approximately 28,290km<sup>2</sup> east of the lower Niger and south of Benue Valley. The region is located between latitudes 4020', 6037' and 8028' east of the Greenwich Meridian (Nwagbala, 2007). Politically, the zone comprises five out of thirty-six states of the nation, namely; Abia State, Anambra State, Ebonyi State, Enugu State and Imo State. These states have estimated

population of 4,143,100; 5,953,500; 3,242,500; 4,690,100 and 5,459,300 respectively (Population Projection, 2022).

The area is one of the most densely populated regions in Nigeria. Its population stood at 16,395,555 in the 2006 census but according to the 2022 population projection, it has grown to around 23,488,500 of the roughly 220,000,000 population of Nigeria on only 8.5 per cent of the total area of the country. Ethnically, the region is inhabited by predominantly Igbo - speaking people living in an area with a land mass of 28,290km<sup>2</sup> (Population Projection, 2022). Close to 70 per cent of the population of the region live in rural areas. The most densely inhabited areas stretch across the region and include Aba and Umuahia in Abia State, Onitsha and Awka in Anambra State, Abakiliki in Ebonyi State, Enugu metropolis and Nsukka in Enugu State, Owerri and Okigwe in Imo State; all with a population density of 4,276.9/km<sup>2</sup> (Population projection, 2022). Some parts of the region on the other hand have much lower population densities (Okali et.al, 2001).

### **Research Design**

The mixed-methods was adopted using quantitative data such as number of centers, child-to-caregiver ratios, funding levels and these were complemented by qualitative data. Primary data were collected using standard guide for caregivers in the five states of Southeast Nigeria where the research was carried out. The items are ordered logically, usually starting with easy, general, or non-sensitive questions to build rapport, leaving demographics for the end. Furthermore, a user-friendly layout was created, featuring a cover letter explaining the study's purpose, contact details, and confidentiality assurances of the respondents. The survey was administered through selected methods—such as telephone calls and face-to-face approach.

Furthermore, a clearly articulated interview guide was designed to ensure the interview method aligns with your research questions. The Key Interview Informants (KII) were identified using a purposeful sampling to select individuals who best answer the research questions, aiming for diversity and relevance. Finally, Focus Group Discussion (FGD) was adopted where the moderator welcomes participants, explains the study aim, establishes ground rules (voluntary participation, confidentiality, respecting other opinions), and initiates a warm-up. The moderator directs the discussion, ensuring everyone participates equally, keeping the focus on the topic, and managing dominant participants. The goal was to stimulate dialogue between participants rather than between the participant and the moderator. The session was well documented with detailed field notes by the assistant to capture non-verbal cues and group dynamics. The informants are purposively selected from the State Ministries of Women Affairs and Social Development in the Southeast, including officers and employees. The purpose of the informant selection is to narrow down the scope to the ones who directly contributes in the child protection policy and programs implementation efforts.

The documentary sources include indexed journal, textbooks, government publication, online blogs, media reports and internet based materials. Data were also sourced from the United Nations International Children's Emergency Fund (UNICEF) website, and the World Bank website. Data were also sourced from the Federal Ministry of Women Affairs and Social Development (FMWASD). The broad mandate of the FMWASD is to advise the government on gender and children issues as well as issues affecting persons with disabilities and the aged;

initiate policy guidelines and lead the process of gender equality and mainstreaming at both the National and International levels. Some of the platforms used to elicit data for the study includes: Google Scholars, CORE, Science.gov, Sematic Scholar, RefSeek, etc. This literature review employed the Web of Science database because of its comprehensive and reputable collection of scholarly contributions. The obtained literature was comprehensively searched, skimmed and screened for relevance with respect to their reference to child protection policy in Nigeria. The study included the secondary data for methodological reasons. This is because secondary data analysis was content analyzed and this provides opportunities for replication. This is important in research as research findings gain credibility if they appear in various studies (David & Sutton, 2004). In addition, two workshops were organized for stakeholders in the zone for advocacy, sensitization and data collection.

## FINDINGS AND DISCUSSION

### The Effectiveness of Child Protection Policies in Safeguarding Vulnerable Children in Southeast, Nigeria

Existing child protection policies in Nigeria, primarily the Child Rights Act (CRA) 2003 and Violence Against Persons (Prohibition) Act 2015, are robust on paper but largely ineffective in practice due to poor enforcement, weak implementation, and cultural resistance. There are different child protection legislation in Nigerian. The provisions of the Child's Rights Act, Children and Young Persons Act, The Criminal Code, Penal Code and others. These laws are to ensure that every Nigerian child is protected from all forms of abuse. The law also guarantees the administration of juvenile justice in Nigeria thereby ensuring compliance with contemporary principles, philosophy and standard of juvenile justice administration in the Nigeria legal system.

However, the child's Right Act as a federal Act on a subject which is not within the Exclusive Legislative Competence of the Federal Government, the Act131 can only become binding on state if it is approved by a simple majority of all the states. The overall objective is for the best interest of the children, and their well-being. In this study, two types of centers were studied namely; orphanages/motherless babies homes and remand homes. This is because the majority of the vulnerable children are in the childcare centers. They were mainly owned by private individual, missionaries and government. The details are contained in the tables below:

**Table 1: Childcare Centers in Abia State**

S/N	Name of Centre	Type of Centre	Ownership	No of Inmates
1.	Methodist Motherless Babies Home Uzuakoli Bende Local Government Area.	Motherless Babies	Missionaries	Not indicated
2	Queen Esther Outreach Ministry, No 1 Nwala Street, Opposite BTC, Faulks Road, Aba.	Motherless Babies	Missionaries	Not indicated
3	Princess Motherless Babies Home, 68 Cemetery Road Aba	Motherless Babies	Private	Not indicated

4	Daughters of Mary Mother of Mercy Compassionate Home, Ahieke Ndume, Umuahia.	Motherless Babies	Missionaries	Not indicated
5	Agape Charity Home, AVO NA IPUPE UBAKALA, Umuahia South Local Government Area.	Motherless Babies	Private	Not indicated
6	Cecilia Ma-Ati Foundation KLM 4, Amorji Road, Obingwa.	Motherless Babies	Missionaries	Not indicated
7	Desert Sprint Foundation Children's Home – 3 Holy Ghost College Road, Umuahia.	Motherless Babies	Private	Not indicated
8	God's Own Motherless Home/Foundation, No. 5 Asikiwe Drive, Abayi Umuocham	Motherless Babies	Private	Not indicated
9	Heritage Life Support Care Center – Umuosu Nsulu Isiala Ngwa North Local Government Area	Motherless Babies	Private	Not indicated
10	Jesus Cares Social Home for Vulnerable Persons, No 10 Madukwe Close, Umungasi Osisioma	Motherless Babies	Missionaries	Not indicated
11	John Williams Motherless Babies Home, No 12 Eme Street, off Umuocham Road by Double Deck, Aba, Abia State.	Motherless Babies	Private	Not indicated
12	So-said Mentally ill Centre, Enugu PH-Express Road, Ubakala	Motherless Babies	Private	Not indicated
13	Victims of Need Social and Motherless Babies Home – No 54 Aba-Owerri Road, Aba	Motherless Babies	Private	Not indicated
14	St. Anthony Motherless Babies Home – No. 7 Plantation, Avenue by Old Express Road Aba	Motherless Babies	Missionaries	Not indicated
15	Mind of Christ Orphanage Center, No. 1-7 Compassion Street, Umudioka Uratta, Abia State.	Motherless Babies	Private	Not indicated
16	Susana Homes, KLM 29 Aba Port Harcourt Expressway, Umuahia – Obuzor, Asa Ukwu West Local Government Area Abia State.	Motherless Babies	Private	Not indicated
17	Mother of Mercy Orphanage Home, No. 9 Obohia Road, Aba.	Motherless Babies	Missionaries	Not indicated

18	NMA Charity and Social Mothers Rehabilitation Center Umunkpeyi Nvosi, Isiala Ngwa South L.G.A, Abia State	Motherless Babies	Private	Not indicated
19	Daughter of Zion Social Home, No. Amaorji Ukwu, Obingusa	Motherless Babies	Missionaries	Not indicated
20	Semcon Friends Mission Motherless Babies Home, Mgboko Ofokobe, Obingwa L.G.A Abia State.	Motherless Babies	Missionaries	Not indicated
21	Living Hope Rehabilitation Home, Umuafia Ndume Ibeku Umuahia North L.G.A, Abia State	Motherless Babies	Private	Not indicated
22	Isaiah 58, Care Foundation, No. 36 Azikiwe/Adelabel Umuahia	Motherless Babies	Private	Not indicated
23	Help the Poor Foundation Motherless Babies Home, No. 2 Omoha Street by PortHarcourt Road, Aba, Abia State.	Motherless Babies	Missionaries	Not indicated

*Source: Abia State Ministry of Women and Social Welfare, June 2023*

### Table 2: Childcare centers in Anambra State

The permanent secretary of the Ministry of Women and Social Welfare did not provide names of the centers as of July, 2023. However, she gave the following vital information as shown below:

Centers and Ownership	Inmates
Number of centers owned by government	7
Number owned by NGOs	9
Number owned by individuals and missions	17
Total number of centers in Anambra State	33
Number of inmates	407

*Source: Anambra State Ministry of Women and Social Welfare, July, 2023*

### Table 3: Childcare centers in Ebonyi State

S/N	Name of center	Type of center	Ownership	No of inmates
1.	Ozzi Motherless Babies Home located at Offianka, Ebonyi LGA	Motherless Babies	Nigeria Reformed Church (NRC)	11
2	Motherless Babies and Orphanage Home, Abakaliki, located at 3. Nsugbe street	Motherless Babies	Red Cross	16
3	Anglican Children Home (home-based) located at Ogoja Road Abakaliki	Motherless Babies	Missionary	15

4	Remand Home Abakaliki located at Mile 50.	Rehabilitation	State Government	25
5	School of Deaf and Dumb located at Afikpo LGA.	Educational	State Government	14
6	Special School for the Blind located at Opefia in Izzi LGA.	Educational	State Government	8

*Source: Ebonyi State Ministry of Women and Social Welfare, June, 2023*

**Table 4: Childcare centers in Enugu State**

S/N	Name of Centers	Type of Center	Ownership	No of inmates
1.	FSP Children's Home, No. 2 Crescent, GRA Enugu.	Motherless babies	Private	17
2	Oasis of Hope for the Needy, Uwani General Hospital Enugu.	Motherless Babies	Private	6
3	Mercy and Charity Children's Home, No. 7 Mmaku street New Society bus stop Emene, Enugu.	Motherless Babies	Private	20
4	St. Michaels Children's Home, Akpuoga Nike, Enugu.	Motherless Babies	Missionaries	14
5	Daughters of Divine Love Babies Home, Amorji Nike, Enugu.	Motherless Babies	Missionaries	46
6	St. Jerome Children's Home, Upper North Trans-Ekulu, Enugu.	Motherless Babies	Missionaries	12
7	Therapeutic Children's Home, Udi Siding Aria Road, Enugu.	Special Children	Government	32
8	Holy Child Motherless Babies Home, Mother of Christ Holy Ghost, Enugu.	Motherless Babies	Missionaries	18
9	Nigeria Red Cross Motherless Babies Home, Enugu.	Motherless Babies	Government	18
10	Obinwanne Motherless Babies Home Ede-Oballa	Motherless Babies	Private	2
11	Daughters of Divine Love Motherless Babies Home, Aria Road GRA, Enugu.	Motherless Babies	Missionaries	14

*Source: Enugu State Ministry of Women and Social Welfare, July, 2023*

**Table 5: Childcare centers in Imo State**

S/N	Name of Center	Type of Center	Ownership	No of inmates
1.	Save the Child Motherless/Abandoned Babies Home	Motherless Babies	Private	21

2	Widows Orphans and Destitute Care Center	Motherless Babies	Private	55
3	Daughters of Mary, Mother of Mercy Children's Centre	Motherless Babies	Missionaries	26
4	Redemption Children's Centre	Motherless Babies	Private	
5	Our Lady of Mercy Children's Centre	Motherless Babies	Missionaries	11
6	Golden Stars Children's Centre	Motherless Babies	Private	7
7	Comfort Children's	Motherless Babies	Private	
8	Eztema Children's Centre	Motherless Babies	Private	
9	Hope House Children's Centre	Motherless Babies	Private	16
10	Poor Handmaid of Jesus Christ Angel Guardians Children's Centre	Motherless Babies	Missionaries	14
11	Ragina Cool Children's Centre	Motherless Babies	Private	6
12	Christian Child Centre	Motherless Babies	Private	11
13	Anolla Children's Centre	Motherless Babies	Private	8
14	Mary Franca Foundation Children's Center	Motherless Babies	Private	Not indicated
15	Holy Family Sisters of the Needy St. Joseph's Children's Centre	Motherless Babies	Missionaries	29
16	Jehova Jare Children's Centre	Motherless Babies	Private	23
17	Nchekwuba Umuaka Foundation	Motherless Babies	Private	Not indicated
18	Master Consultation Children's Centre	Motherless Babies	Private	Not indicated
19	Little Consolar of Christ Passion Children's Centre	Motherless Babies	Missionaries	10
20	St. Mary Children's Centre	Motherless Babies	Missionaries	
21	Mother Divine Children's Centre	Motherless Babies	Missionaries	14
22	Royal Welfare Children's Centre	Motherless Babies	Private	14
23	St. John's Children's Centre	Motherless Babies	Missionaries	3
24	Gods Favour Children's Center	Motherless Babies	Private	2
25	Okigwe Children's Centre	Motherless Babies	Private	8
26	Divine mercy Children's Centre	Motherless Babies	Missionaries	10
27	Daughters of the Charity of the Most Precious Blood	Motherless Babies	Missionaries	11
28	Nwadinobi Motherless	Motherless Babies	Private	15
29	Loveline Children Centre	Motherless Babies	Private	9
30	Christ Kingdom children centre	Motherless Babies	Private	3
31	Mother Mary	Motherless Babies	Missionaries	4
32	Tolotolo	Motherless Babies	Private	5

*Source: Imo State Ministry of Women and Social Welfare, July, 2023*

In Summary, the registered centers in the state are as follows; Abia State, 23; Anambra State, 33; Ebonyi State, 6; Enugu State, 11; Imo State, 32. The remand homes for juveniles in conflict with the law are 5, 1 each for the 5 states.

The study observed that the purpose of the establishment of childcare centers in Southeast Nigeria among others was to raise up motherless babies (whose mothers are dead), and orphans, thrown away/picked up babies/from teenage pregnancies, save the lives of children who could have died, take care of the less privileged in this case orphans, promote child survival, render service to humanity, etc.

In one of the centers however, the caregiver felt that they were not realizing the objective for the establishment of the center “because of the absence of facilities”. The ownership of the Centers as can be discerned from the above tables is mainly missionaries and private philanthropists who register their Centers with the State Ministries of Women and Social Welfare. The remand homes are however established and owned by government as juvenile correctional centers.

From the tables, it can also be seen that finding out the exact inmates is problematic because the internationally recognized ratios by age of Caregiver per Child was not ascertained.

The internationally recognized, high-quality caregiver-to-child ratios are generally determined by the age of the child rather than a single universal number. Organizations such as the National Association for the Education of Young Children (NAEYC) and the American Academy of Pediatrics (AAP) provide widely accepted standards. The recommended ratios by age (Caregiver: Child): Infants (Birth to 15 months): 1:3 to 1:4; Toddlers (13–35 months): 1:4 to 1:5; Preschoolers (3 years): 1:7 to 1:10 and Preschoolers (4-5 years): 1:8 to 1:1. But in case of Nigeria and the Southeast in particular, this recommended ratios by Caregiver: Child is not strictly observed. Nigeria struggles to observe internationally recognized caregiver-to-child ratios (often cited as 1:3 or 1:4 for infants) due to high overpopulation, extreme poverty, and acute understaffing in orphanages and child centers. A critical shortage of qualified caregivers, inadequate government supervision, and lack of enforcement of child protection policies further exacerbate the problem.

The ministries do not have the numbers nor do the individual centers give out the exact numbers willingly. On why this is so, the Reverend Sister in charge of Daughters of Divine Love (DDL) motherless babies home, Eha-Alumona, Nsukka. Enugu State has this to say:

The Ministry of Women and Social Development is only interested in the adoption of new born babies because they have been paid up front, and they make huge money in the event of adoption. The ministry officials go around prospecting for children to give away for adoption with little or no compensation from the centers. That explains why full information is not always given out because our interest and that of the Ministry are at variance. They are looking for money but we are focused on saving lives and protecting children (Personal Communication July, 2023).

The level of transparency by both the ministries and proprietors of the centers is doubtful as they play the “hide and seek” game for selfish reasons. There are also some shades of corruption as many things meant for these centers are visibly embezzled. Corruption can be understood as any abuse of a position of trust in order to gain undue advantages (Caleb, 2021). In the context of our discussion, this takes place when the management of childcare centers is dishonest in the utilization of resources meant for vulnerable children. The story is the same in all the five states. Little wonder, our state visits and discrete interview revealed that many motherless babies’ homes avoid registering with the government and therefore operate illegally. An example is the Divine Wound Motherless and Needy Apostolate (DWMNA) Ogbodu, Enugu Ezike , Igbo Eze North Local Government Area Enugu State. The Home (DWMNA) has one hundred and twenty seven (127) inmates of different ages ranging from one day old to 18 years old. Although the Home has a school, some buildings; and a large compound, the standards there neither meets international nor national standards. The findings revealed that the existing child protection laws are low and lack implementation within the Southeast, Nigeria. This finding is in line with the work of Akinola (2018) found that while the CRA has been domesticated in over 36 states, its enforcement remains weak due to institutional inefficiencies, poor funding, and limited awareness among caregivers and stakeholders. The lack of coordination between law enforcement and welfare organizations which results in underreporting and improper handling of child abuse cases, was also highlighted in the study. Akinola also pointed out that many states continue to largely rely on antiquated methods of child discipline, which frequently run counter to the CRA's rights-based philosophy. According to Eze and Ezeobi (2020), Anambra State has advanced significantly as a result of vigorous civil society activism and cooperation with global organizations like UNICEF. However, bureaucratic hold-ups, political indifference, and cultural opposition caused Imo and Ebonyi to lag behind in implementation.

Notably, the study reported that despite domestication, the CRA's provisions on child labour, early marriage, and juvenile justice were largely flouted. Musa and Ahmed (2021) discovered that socio-cultural and religious beliefs significantly hinder the domestication and implementation of the CRA. . Moreover, there was a general lack of institutional capacity, with child welfare services poorly staffed and funded.

The results showed that children's rights in the Southeast geo-political zone are particularly undermined by socioeconomic factors, including poverty, a lack of access to high-quality education, child labor, lax enforcement of child protection laws, inadequate healthcare, gender discrimination, and corrupt governance. This result corroborates the findings of Olanrewaju et al. (2018), who discovered that youngsters experiencing financial difficulties are frequently pulled out of school and forced to work as domestic helpers or street vendors. The authors pointed out that vulnerable families are not receiving adequate social support, which exacerbates child abuse and neglect. The Child Rights Act is in place, but it is not well enforced because of institutional indifference and inadequate budget. Chukwuma and Iwuagwu (2021) found that lack of shelter facilities, inadequate staffing, and delayed legal processes were major institutional gaps.

### **Funding and the Implementation of Child Rights Acts in the Southeast, Nigeria**

The way the Nigerian government finances its childcare centers is a key determinant of how a child shall be given such protection and care as is necessary for its well-being, retaining the right to survival and development. Adequate financing will determine the quality of health, education, food/nutrition, psychosocial and social protection services provided to vulnerable children and their caregivers. Funding of childcare centers is very important if the country is set to achieve its Child's Right Act of 2003.

The study observed that the childcare centers were funded by the Nigeria Red Cross, with donations from charitable individuals, non-governmental organizations, religious organizations and the government. However, some institutional care centers complained of irregular and inadequate funding which has resulted in the psychosocial needs of orphans and other vulnerable children and their caregivers often being ignored.

Occasionally, these funds are not disbursed regularly. According to the matron at the Children of Mary Orphanage Home Umuahia "sometimes we get more than ₦150, 000, sometimes ₦200, 000, sometimes none. Remand Home, Abakaliki, Ebonyi State, the manager reported, "we are supposed to receive ₦20, 000 – ₦30, 000 per month but we received only ₦10, 000 and it is not even regular".

Furthermore, Model Motherless Babies Home Awka did not complain of having funding problem because "the new commissioner for Women Affairs is doing her best". This is also true for Missionaries of Charity Sisters (Mother Teresa's Sisters) Fegge, Onitsha Anambra State. This is because as reported, "we are working for God and humanity".

Regarding budgetary provision, all ministries visited affirmed that the government does not release enough money to them. Money hardly comes and when it comes, it comes late says the Permanent Secretary Ministry of Women and Social Welfare Enugu State. The homes invariably depend on charity from philanthropists, and donations from church organizations, for example, Christian Women Organizations (CWOs).

As for the health of the inmates, all the homes visited affirmed that they invited doctors from hospitals to see the children from time to time. They also affirm that sick children are taken to hospitals for treatment. Although first aid boxes are visible in the homes some of them are hardly stuffed with drug and dispensable.

One of the events that are important in the effective and efficient running of childcare centers is monitoring for quality care. Setting up a system which is able to monitor implementation and adherence to national standards is just as important as developing standards (Bunkers & Groza, 2013, Family Health International, et al, 2019).

### **Summary of problems of childcare center in Southeast Nigeria as indicated by the ministries of women/gender and social welfare**

S/N	State	Reporting Officer	Problems
1	Abia	Permanent Secretary	Some of the homes are unregistered. Lack of fund to purchase distributable materials to centers. Poor budgetary provision and release of fund.

2	Anambra	Permanent Secretary	The ministry needs quick financial support to pay social workers and to prevent workers from being compromised.
3	Ebonyi	Director Child Protection (Vulnerable Children Unit)	Inadequate funds and lack of support by stakeholders. Poor budgetary implementation. No utility vehicle for monitoring of the institutions.
4	Enugu	Permanent Secretary	Poor funding. Abandonment of young people in remand homes. Scramble for babies in motherless babies homes. Scanty monitoring of centers due to poor funding.
5	Imo	Director of Vulnerable Children's Unit.	Lack of vehicles. Lack of training of caregivers. Poor budgetary implementation. Motivated workers. Standards set by the government are not followed by the centers.

*Source: Compiled by the researchers, 2023.*

In all the states, the key officials mentioned that the ministries lacked sufficient funds to carry out their assignments. The implications of this are that quality and standard services are not delivered by the centers; child protection in the states is heavily compromised; best practices for institutional care for vulnerable children are unrealized and failure of public policy in that direction is palpable.

Insufficient funding critically hinders the Ministry of Women Affairs and Social Development and other relevant government institutions and agencies in Southeast Nigeria, limiting their ability to effectively monitor childcare centers and orphanages. Budget constraints result in infrequent inspections, poor staffing, and reliance on donor support, leading to challenges in ensuring minimum standards and addressing illegal homes. The existence of capacity gaps is as a result of limited financial resources which retard the training of staff on modern child protection standards and the hiring of enough skilled social workers to manage the high volume of homes. Lack of resources furthermore, restricts the ability to shut down illegal or substandard orphanages, which often lack basic sanitation, safe buildings, and qualified care staff.

All States now have legislation governing foster care, and the acceptability of nonrelative foster care is growing among professionals and the population. However, the process is cumbersome and lacks co-ordination by the authorities. The most common form of care remains informal care and, as this is unregulated, children are at risk of abuse and exploitation. There are National Standards governing children's services, but the mechanisms for enforcement in institutions, informal and formal fostering and community-based services are underdeveloped. There is also a degree of overlap between Federal and State departments which can contribute to lack of clarity in service delivery and inefficiency (Federal Ministry of Women Affairs and Social Development, 2013).

The study also observed the need for training of caregivers to exhibit some levels of professionalism in the discharge of their services. The state visits show that the caregivers are not trained. The ministries confirm that they hardly organized training for the care givers due to lack of funds. It was only in Imo State that the director of childcare confirmed that the ministry trained caregivers once in 2020 during COVID-19 and once in 2022. Other states recorded zero. Untrained caregivers cannot offer quality service.

Another pointer to poor service is the ratio of caregiver to child. The average ratio for the five state visited is 1:20 as against UNICEF's (2013) best practice recommendation which is 1:10 caregiver to vulnerable children. As a matter of fact in some homes example DWMNA Enugu Ezike, Enugu State the Revered Sister and her Assistant looked after 127 vulnerable children, although some grownups among them helped to look after younger ones.

In terms of nutrition, there is no standard. The inmates eat when they see food. To say the least the nutrition is poor and as the proprietor of Obinwanne Motherless Babies Home Nsukka, Enugu State, says "God is in-charge and God provides for the children". A statement that mirrors their faith. In Abakaliki, Ebonyi State, inmates of the remand home come out to the gate to beg for arms and food.

There is no serious monitoring for quality care in the states. Monitoring is a continuing function that aims primarily to provide the management and leading stakeholders of an ongoing health intervention with early indications of progress, or lack thereof, in the achievement of results (Kola & Stephanie, 2012). Monitoring efforts by the Ministry of Women Affairs and Social Development in Southeast Nigeria, often supported by UNICEF and NGOs, aim to enforce National Guidelines for Orphans and Vulnerable Children, but are severely limited by inadequate funding, logistics, and poor synergy between state and local actors. Effective monitoring helps track child protection, education, and health services, but weak enforcement allows unregistered homes to operate, impacting the quality of care and safety of children. Monitoring helps child care givers, policy makers or programme managers of relevant government institutions and agencies track achievements by a regular collection of information to assist making timely decisions, ensure accountability, and provide a basis for evaluation and learning. Monitoring childcare providers in Southeast Nigeria is a major challenge, characterized by a mix of inadequate infrastructure, weak data management systems, and severe human resource shortages. These challenges frequently lead to poor quality of care and, in some cases, unethical practices among both formal and informal providers, ultimately affecting child policy outcomes. Regular monitoring of child care providers includes assessing adherence to safety standards, checking for proper facility equipment, and ensuring trained staff are present. In the case of data gaps, information on all beneficiaries is not always fully captured, hindering comprehensive planning. The ministry and its partners continue to focus on strengthening monitoring systems, with an emphasis on improving the data collection process and the enforcement of registration standards for childcare facilities.

A cross -section of the centers studied indicates that the facilities on the ground, show that there were no reasonable medical facilities on the ground, including- nursing staff in some centers e.g. Red Cross Motherless Babies Home, Nkpologwu, Anambra State. We also, observed that the water supply and power supply were irregular. Also, in some cases the generator which was

an alternative source of power was not functional. In most cases there is no nursery or skill enhancement facility because babies are taken away for adoption as soon as they are delivered.

### **Conclusion**

Indeed, child right protection is everybody's business, not for the supposed social crusaders alone, just as it is said in our local parlance that no one person can train a child. Everybody should speak up against child abuse and report every case accordingly. Enforcement of the right of the child should not just be seen as a legal but moral obligation by all.

There are many child care centers and inmates in the Southeast, Nigeria. Even at that, there are centers with orphans and abandoned children that are not registered with the appropriate ministries which makes them illegal business. There are many more roaming the streets begging for alms. The situation is not cheering. The quality and appropriateness of the services rendered to vulnerable children in the centers are also poor and below national standards due principally to the lack of training of care givers. A good monitoring team for quality care is lacking in the states. Again, this is blamed on poor funding. Standards are compromised if monitoring is irregular.

The centers are being confronted with inadequate funding, poor facilities, below-standard services and unmotivated staff and, the vulnerable children bear the brunt of all these as their social protection is not assured. We make bold to say that policy failure is the cause of the despicable conditions of vulnerable children within the Southeast and Nigeria at large.

Hence, to address this despicable conditions of vulnerable children, the government should focus on strengthening early childhood development, enhancing child protection, and supporting vulnerable households through targeted, multi-sectoral interventions. Government should mandating all child care centers, including crèches, comply with the National Minimum Standards for Early Childhood Centers, covering staff-to-child ratios, sanitation, and safety. Government should introduce a Digital E-Licensing Portal, by introducing a single online, 30-day licensing portal for childcare providers to reduce bureaucratic bottlenecks and increase the number of vetted, registered, and secure facilities. There is an urgent need for the implementation of alternative care guidelines. Enforcing the "National Guidelines for the Alternative Care of Children" which prioritize kinship care, fostering, or adoption over institutionalization (orphanages), ensuring family-based care solutions.

Other structural and administrative reforms needed includes implementing the "Nigeria Families First Programme" (NFFP) as a centralized platform for parenting education, livelihood support, and health, linking childcare with economic stability for families. Also strengthening birth registration by automating birth registration through a partnership with the National Population Commission (NPC) to ensure all children have a digital identity, which is required to access social services. This will help to reduce illegal child care centers or unregulated centers.

There need for inclusive education training. Teachers trained in differentiated instruction and culturally responsive pedagogy can better address the diverse needs of orphans and vulnerable children, improving their social and academic outcomes. Another capacity building program needed is the psychosocial support training. Training caregivers in psychosocial care and

support helps children, especially those affected by HIV/AIDS or conflict, by building their resilience and reducing the impact of trauma.

Community-based alternatives in Nigeria, such as kinship care, community child protection networks, and local apprenticeship systems, significantly improve childcare by providing nurturing family environments, reducing reliance on institutionalization, and increasing local ownership of child safety. Strengthens Family Units and very important as this will empower caregivers with resources (such as Village Savings and Loan Associations), families are better equipped to keep children out of institutions. The relevant government institutions and agencies should establish Child Protection Networks (CPNs). This will serve as community-level monitoring systems to identify vulnerable children and ensure timely access to services. There is also an urgent need for The MTN Foundation in Nigeria to support caregivers indirectly by empowering vulnerable children, orphans, and community health workers through initiatives like the Orphanage Support Initiative and Y'ello Doctor Mobile Medical Intervention. It focuses on health, education, and youth development, providing resources to caregivers in rural communities.

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The authors have no conflicts of interest to declare.

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### **ORCID**

Francisca Nkemdilim Onah: Orcid number: <https://orcid.org/0000-0002-0800-9451>

Christopher Onyemaechi Ugwuibe: Orcid number: <https://orcid.org/0000-0002-8247-2292>

Fab Obeta Onah: Orcid number: <https://orcid.org/0009-0002-5812-8384>

Edwin Madu Izueke: Orcid number: <https://orcid.org/0000-0003-0503-3832>

Freda Chigozie Ugwuanyi: Orcid number: <https://orcid.org/0000-0002-8471-9842>

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