

ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION

ANNUAL PROJECT REPORT



PROJECT YEAR 2013



JANUARY – DECEMBER 2013

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List of Acronyms

ABC	Abstinence, Being Faithful and (Correct and Consistent) Condom Use
ACOMIN	Association of Community-Based Organization against Malaria In Nigeria
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
ATM	AIDS, Tuberculosis, and Malaria
BBC	Behavior Change Communication
CBO	Community-Based Organization
CiSHAN	Civil Society Against HIV/AIDS in Nigeria
CUBS	Community Based Support for OVC Services
CSO	Civil Society Organization
ED	Executive Director
EDFHO	Environmental Development and Family Health Organization
EKSACA	Ekiti State Agency for the Control of AIDS
HAF	HIV and AIDS Fund
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HCT	HIV Testing and Counseling
IGA	Income Generation Activities
KOSACA	Kogi State Agency for the Control of AIDS
MARP	Most At Risk Person
M&E	Monitoring and Evaluation
MPPI	Minimum Prevention Package Intervention
MSH	Management Science for Health
NACA	National Agency for the Control of AIDS
NGO	Non-Governmental Organization
LACA	Local Action Committee on AIDS
ODSACA	Ondo State Agency for the Control of AIDS
OVC	Orphans and Other Vulnerable Children
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother To Child Transmission
PO	Program Officer
REACH	Rapid and Effective Action Combating HIV/AIDS
SFH	Society for Family Health
USAID	United States Agency for International Development

A NOTE FROM THE EXECUTIVE DIRECTOR

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EXECUTIVE SUMMARY

Environmental Development and Family Health Organization (EDFHO) is a non-governmental organization established to carry out research and implement intervention programmes that would enhance development and create opportunities for a better living. Year 2013 was a memorable one for EDFHO going by the scale of projects implemented, impact made, and organizational achievements recorded. During the year, EDFHO completed and moved her national headquarters in Ado Ekiti to a permanent site – a four-office room quipped with a resource centre, 100 sitting capacity conference hall, and a standard kitchen. EDFHO also implemented a host projects during the year that has direct impact on both individual, groups/family, and community at large, these include

1. Community based support for OVC (CUBS) sponsored by MSH/USAID
2. Rapid and effective action combating HIV/AIDS (REACH) sponsored by PACT/USAID
3. Social mobilization for malaria services and RDT sponsored by SFH
4. Community and Social mobilization for malaria services sponsored by Health Matters Inc
5. Escort and Referral services for HIV, Tuberculosis, and Malaria (ATM) sponsored by Global Fund/ACOMIN
6. Micro Credit/Savings and Loan sponsored by EDFHO
7. Promoting sustainable HIV/AIDS prevention among in and out of school youth in three local government areas of Kogi west senatorial district sponsored by C-change
8. Enhancing the community Resources to promote sustainable HIV/AIDS Prevention among in- and out school youths in Ado- Ekiti and Ikere-Ekiti Local government Area of Ekiti state sponsored by EKSACA/World Bank

The year also witnessed increase in staffing capacity as EDFHO's staff strength hit 16 with additional 30 volunteers.

EDFHO looks forward to 2014 with full optimism, and will continue the implementation of CUBS, REACH, Social Mobilization and RDT for malaria, Escort and Referral for ATM, and EKSACA/World Bank project. EDFHO will also kick start ODSACA/World bank project in Ondo State and hopefully implement a two years KOSACA/World Bank project in Kogi State.

All these would not have been possible without the support of donors and partners who continue to give financial, moral, and technical support through the year. The list include but not limited to PACT Nigeria, MSH, Health Matters Inc, Society for Family Health, USAID, EKSACA, CiSHAN Ekiti State, Ministries of Women Affairs and Social Development, Education, Health, various Local Government Authorities, LACAs, Global Fund, and C – Change/FHI 360. We appreciate all your support as we look forward to a successfully partnership in 2014.

BACKGROUND

Environmental Development and Family Health Organization (EDFHO) was established in 1998 and registered as a charitable, non-profit and non-governmental Organization. With the creation of Ekiti State in October 1996, and as a new state with series of environmental problems, Health and poverty trait in the faces of greater percentage of the population those who formed the core members of the organization today saw these problems as a challenge and a call to assist the under - privileged people of the state. The core members are drawn from academia professionals, private, and public sectors of the society with burning desire for poverty alleviation and better environment. Today, the organization exists in Ekiti and five other States of Nigeria. It's membership have been extended to other people in the society both in Urban and Rural Communities, mobilized to form cooperative societies and individual small scale entrepreneurs. These set of members formed the working groups and core beneficiaries of its developmental projects.

GOAL: Promote social-economic development of less privilege through an improve poverty alleviation programmes in Nigeria.

The **VISION** of Environmental Development and Family Health Organization is to see a Healthy Society free of social and economic poverty with access to basic needs and capacity for sustainable development.

Our **MISSION** is to catalyze actions which will provide its target groups {women, children, youths and artisans} with capacity to protect the environment, provide effective health services and economic empowerment for sustainable development.

The rising population of Orphans and Vulnerable Children (OVCs) has continued to be a source of concern in Nigeria; in 2003 alone 800,000 children orphaned by AIDS were added to the estimated 7 million orphans in Nigeria (RAAAP Report-FMWA/UNICEF, 2004). By 2010, 8.2 million children were orphaned from all causes. Recently published data (UNAIDS 2006) show that 1.3 million children (0-17 years) lost one or both parents to AIDS in Nigeria in 2005. While a large number of children are made vulnerable by orphaning, HIV and AIDS, a larger number are vulnerable due to poverty; conflict and gender inequality.

Despite the level of awareness in our society, HIV/AIDS continued to be a major challenge as new infections persistently fall through the awareness net. Awareness was not being transformed to behaviour change at community level as various drivers of the epidemic continued unabated in our various communities. Alcoholism, drug abuse, polygamy, gender inequality, lack of worthy role model, and poverty seems to be the major challenge in behavioural change and maintaining such changes where traces of change was recorded.

HIV/AIDS, increasing and deepening rate of poverty have been identified mainly as factors driving millions of children into types of labour that are exploitative and hazardous. Access to basic education is also a challenge

faced by these children; in spite of fact that public schools are supposedly “free” the hidden cost of PTA levies, exam dues, uniforms and books excludes the poorest and most vulnerable children from accessing basic education

In realization of the above, EDFHO during the year partnered with PACT Nigeria, MSH, C – Change/FHI 360 and EKSACA to promote behavioural change at individual and community level and enhance community support for OVC. These HIV prevention activities with integrated OVC programming form the fulcrum of EDFHO’s activities during 2013. Other added services to reduce barrier to behavioural change include active escort and referral services, malaria and basic hygiene campaign, as well as advocacy to strengthen support for OVC as community level.

When we have a flooded room, we either close the tap and mop the floor, or mop the floor while the tap is still running; caring for OVC without addressing the cause of OVC is like mopping the floor with an open tap, there will always be enough water on the floor to drain our efforts. Environmental Development and Family Health Organization realising the foregoing not only ‘mop the floor’ by continued care for OVC but also ‘attempt to close the tap’ by extending her hands to the caregivers as well, building their capacity and empowering them to take care of these children without recourse to public fund. These approaches produced breath-taking results that could be a model for interventions in other sectors.

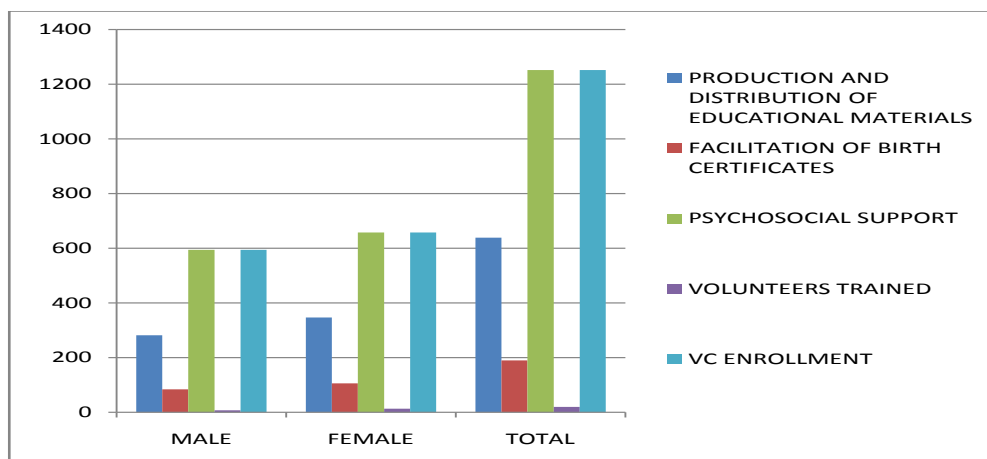
PROJECTS AND ACTIVITIES

COMMUNITY BASED SUPPORT FOR OVC SERVICES (CUBS)

[January – December 2013, Ongoing project]

To mitigate the impact of social exclusion on OVC in Ekiti state, EDFHO through the support of MSH worked with vulnerable children in Ado local government area, covering three communities of Odo – Ado, Irasa, and Odo. EDFHO through the project provided direct services for OVC based on the 6 + 1 model but included household level intervention that promote household economy, enabling caregivers to take proper care of the children without external funding. Caregivers empowerment was done through series of capacity building and trainings including entrepreneurial training, nutritional training, child communication, and business management training. EDFHO also provided basic hygiene training and as well as seed grants and equipments for selected caregivers and VCs to boost income generation. Community support was advocated for and a number of community based volunteers selected to fast – track child’s and family development. Achievements so far on the CUBs project is presented in the following chart.

Graphical Presentation of Service provided by EDFHO



EDFHO through this project was partner with Ado traditional Council (The Ewi in council) who donated 50, 000 naira among other supports in support of OVC programming in Ado Community. EDFHO also partner with Ekiti State Government and Ekiti Development foundation for the eye surgery of Odunayo – a VC under EDFHO’s care diagnosed with cancer of the eye. He undergone two surgical operations at UCH Ibadan to restore his eye.



EDFHO team during a home visit @Odo Community



EDFHO M&E Officer with a caregiver during a monitoring Visit



Seed grants and Equipment to boost household economy of caregivers and older VCs presented by EDFHO Executive Director



Odunayo before and after the first and second surgical operation for cancer of the eye at UCH, Ibadan, Oyo State



Educational material produced and distributed by EDFHO



Advocacy for community support to Ewi – in – Council



EDFHO facilitating a training for caregivers at Odo – Ado community



Nutritional training for caregivers at Irasa community



EDFHO team conducting household assessment to measure impact of various intervention strategies to household economic improvement



RAPID AND EFFECTIVE ACTION COMBATING HIV/AIDS (REACH)

[July – December 2013, Ongoing project]

The overall aim of the REACH project is to promote behavioural change at individual and community level as well as provide skills necessary to maintain such changes over time. EDFHO, having implemented the REACH project in various communities across Irepodun/Ifelodun LGA in the past two years with associated results, decided through the support of PACT Nigeria with funding from USAID decided to extend the coverage to additional two LGAs of Ado and Ekiti South West. The year 3 project was design to reach 10, 020 people with HIV prevention behavioural change messages using MPPI strategy – 2, 010 ISY secondary, 2, 010 ISY tertiary and 6, 000 Gpop target groups through 668 trained peer educators in three communities of Igbara – Odo, Ilawe, and Ado.

EDFHO conducted advocacies, three open community meetings, and selection of peer educators based on associations, community groups, religious groups, classes, and department for ISY. EDFHO also conducted peer education training in 5 secondary schools, one tertiary institution, and three communities – training a total of 688 peer educators in all. Each of the peer educators to select 20 cohort members and have 7 peer education sessions with three months with an intensity of 2-3-2. Other strategies used in Vulnerability issues and peer education plus using drama for ISY secondary, community awareness and community outreach for ISY tertiary, as well as Community outreach focusing on condom messaging/distribution and peer education plus using role model for general population target group. At the end of the project it is expected that each person will be reached with a minimum of three prevention strategies.

So far, EDFHO have reached 9, 864 individuals in three project communities with MPPI. Some of the basic activities to achieve MPPI include:

Activity 1: PEER EDUCATION SESSIONS

The trained Peer Educators conducted seven (7) Peer Education Sessions during the reporting period. About five hundred and thirty – four (534) Peer Educators spread all over the three intervention communities, conducted peer sessions. They inform, educate and entertain their peers on the prevention of HIV and AIDS with abstinence focused message for ISY secondary and a balanced ABC prevention strategies message for GPOP.

During the year, most of the peer educators covered all modules in the peer educator's manual with their peers. Only the peer educators for ISY tertiary were unable to complete peer sessions due to ASUP strike that has forced students out of school.

Some Peer Educators with their peers during peer sessions



Ado Community



Igbara Odo Community



Ado Community



Ilawe Community



Igbara Odo Community

Activity 2: Vulnerability Issues (ISY Secondary)

As a complement to the peer education for ISY Secondary target population, EDFHO also completed the second prevention strategies in each of the five schools. EDFHO organized a one-day vulnerability issue/Essential Life Skill sensitization programme at United High School, Oniwe Comprehensive High School and Corpus Christi College, Ilawe Ekiti as well as Community High School and Omoeleye High School at Igbara-Odo Ekiti. The programme brought all the PEs and their peers together for the vulnerability issue with special focus on Goal setting, Decision making, and communication skills. During the programme, EDFHO team took time to orientate the students on various skills as outlined above, students were given opportunity to present various short articles on personal goals, health decisions, and building self awareness developed by the PEs. The last session for the essential life skill was reading of an essay on the topic “Health is better than Wealth” which was read by one of the Peer Educators in order to build their capacity to face large population.

The schools’ authorities were impress with the lessons drawn from these activities and promised continual support for EDFHO projects. A school principal said ‘this has to be included in our term activities, the articles presented will be published on our notice board, I love the impart you are making in a children’s life’.

Number of people reached with vulnerability issues per school

School	Male	Female	Total
United High School, Ilawe	191	233	424
Oniwe comp. High School, Ilawe	291	253	544
Corpus Christi College, Ilawe	307	365	672
Community High School, Igbara Odo	289	284	573
Omoeye High School, Igbara Odo	263	228	491
Ground total	1, 341	1, 363	2, 704

Cross section of students at various schools during the programme



Cross section of Students at Omoeye high schl.I/Odo



Cross section of Students at Corpus Christi Ilawe



Cross section of Students at United high schl.Ilawe



Cross section of Students at Oniwe high schl.Ilawe

Activity 3: Community Outreach

Completing the second prevention strategies for general population, EDFHO organized and conducted one-day community outreach programme in the three intervention communities with particular focus on condom messaging and distribution. The programme also feature HIV counselling and testing as well as distribution of fliers, booklets, and other IEC materials to the general public in Ado, Ilawe, and Igbara – Odo communities. The programme brought all the PEs and their peers together for the rally while youths and community people were sensitized on the basic fact about HIV/AIDS; modes of its transmission, symptoms of AIDS and prevention of HIV/AIDS and other sexual and reproductive issues as well as condom demonstration, promotion and distribution. The activities witnessed a large turnout of people as the whole community stood still throughout the period of the activity, public address system (PAS) was used to communicate louder to the community on different HIV/AIDS prevention

messages. PEs, peers, and EDFHO team led by the band boys moved round major streets in the communities sensitizing onlookers, distributing IEC materials and condom with songs and joy.

EKSACA and LACA team were also on ground to provide free HIV counselling and testing during the activities.

Cross Section of participants across various communities during community outreach program



Sea of Participants at Ilawe community Outreach



Endless train of participants at Ado Community outreach programme



Participants moving round town in Ado Ekiti



Cross section of participants at the Palace in Igbara Odo



Cross section of participants at Igbara Odo



HCT Stand at Ilawe Community during Outreach



Participants distributing IEC materials during Outreach in Ado



Cross section of participants during outreach program in Ado – Ekiti community



Activity 4: Peer Education Plus (ISY Secondary)

To complete MPPI for ISY Secondary target population, EDFHO implemented a third prevention strategy in each of the five schools. EDFHO organized a one day peer education plus activities using drama presentation at United High School, Oniwe Comprehensive High School and Corpus Christi College, all in Ilawe Ekiti as well as Community High School and Omoeleye High School in Igbara-Odo Ekiti. The programme brought all the PEs and their peers together while the peer educators through the School Based Health Awareness Club (HAC) presented a well rehearsed drama focusing on HIV prevention and Stigma reduction in the society. The script for each drama was developed and drama directed by the ISY PEs. During the programme, EDFHO team took time to remind the students the various HIV transmission and prevention strategies emphasizing the importance of abstinence in actualizing their dreams.

Number of people reached with vulnerability issues per school

School	Male	Female	Total
United High School, Ilawe	187	222	409
Oniwe comp. High School, Ilawe	297	263	560
Corpus Christi College, Ilawe	319	354	673
Community High School, Igbara Odo	289	284	573
Omoeleye High School, Igbara Odo	263	228	491
Ground total	1, 355	1, 351	2, 706

Cross section of students at various schools during the programme



Drama at Omoeleye High Sch, Igbara Odo



PE+ at Community High Sch, Igbara Odo



PEs performing during PE+ at Community High Sch



PEs at Corpus Christi College Ilawe performing during PE+ drama presentation



A PE educating his peers on HIV prevention



Peer Educators presenting a drama at the inter – sport ground where PE+ was held @United High Sch, Ilawe

Activity 5: Peer Education Plus (Use of Role Model)

Completing the third prevention strategies for general population, EDFHO organized and conducted one day peer education plus using the role model strategy in the three intervention communities. EDFHO brought in Mrs Ayomide Jayeola – Association of Women living with HIV/AIDS in Nigeria (ASWAN) Coordinator for Ondo state, she has been living positively for over ten years, got married two years ago, and having a daughter that is HIV negative. She is presently the General Secretary of ASWAN at the national level. The programme also features health talk, experience sharing, as well as question and answer sessions for the general population in Ado, Ilawe, and Igbara – Odo communities.

The programme brought all the PEs and their peers together, it was held in small sessions to avoid overcrowding and encourage effective participation by peer educators and their peers.

The role model took time to explain her experience living with HIV from the initial period of denial when she refused to seek help believing that God will take control. She later went for HIV test after one year on initial result on to discover she is still positive after all the fasting and prayer. She noted that denial only make matters worse as she kept thinking about it and could not access help until she was helped by a counsellor to come to terms with her situation and start ART. She encouraged all to go for test as early detection can go a long way in management of HIV.

Responding to questions from participants, she noted that when a woman is on antiretroviral and adhere to her treatment regime, the chances of transmitting infection to her husband will be low coupled with other services available to through ART treatment centres and PMTCT.

The participants were so happy for the intervention since it is the first time most of them are not only seeing, but interacting with someone who is HIV positive. Participants' doubt about reality of HIV infection, stigma and discrimination, social status of PLHIV and realizing one's dream despite HIV infection was cleared. One participant's sum it up this way: 'now I can go for HIV test with confidence knowing that even if am positive, it can't affect my life ambition' Alhaji Afunsho.

The participants ranged from 1,482 in Igbara-Odo, 4, 133 in Ado, to 2, 827 in Ilawe community.

Cross Section of participants across various communities during the activities



Mrs Jayeola speaking with a session of PEs & their peers @ Ilawe



LACA Manager Ekiti South West LGA sharing with participants



Mrs Jayeola with participants during a session @ Ado



Mrs Jayeola responding to participants during a session @ Ado



Mrs Jayeola speaking with a session of participants @ Igbara Odo



Mrs Jayeola responding to questions from PE & Peers @ Igbara Odo

Other REACH activities in picture



EDFHO PC & PEs during review meeting @Ilawe



EDFHO PC & PEs during review meeting @Ado



EDFHO PC with cross section of PEs @ Igbara – Odo during review meeting for the month of December



Alex & Bimbo of PACT with Love of EDFHO and a cross section of PEs and Peers during PACT visit to Igbara Odo Community



USAID team visit to EDFHO office and during the year to ascertain project implementation



EDFHO ED&PC with Dean of Students, Fed. Poly



EDFHO PC, M&E Officer, with Student Affairs Officer Fed. Poly



EDFHO team with V.P Corpus Christi College



EDFHO Team with Very Rev. Ogidan & Father Thomas of the Catholic Church



EDFHO team at the palace of Arajaka Of Igbara – Odo



EDFHO ED with Secretary to the LGA, Ekiti South-West in his Office



Cross section of the stakeholders listening to EDFHO ED and PC during the open community meeting held at Arajaka's palace, Igbara-Odo



Cross section of the stakeholders during the open community meeting Chief Obenbe reacting to issues during the meeting



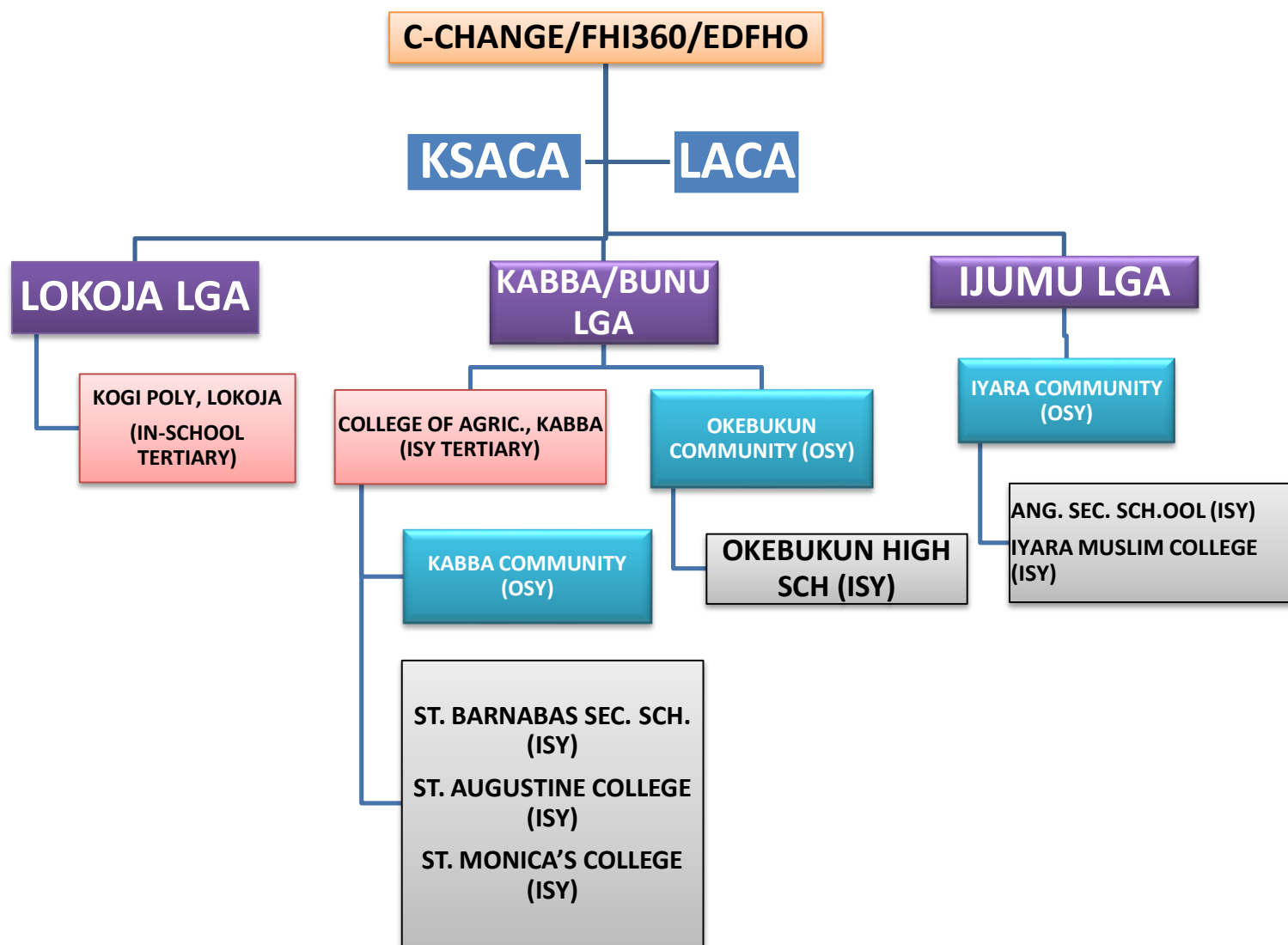
Cross section of the stakeholders during the open community meeting and one of the stakeholders asking questions from EDFHO executive director during opening community meeting



Chief Ogunmodimu address Ewi in council during the meeting EDFHO ED Addressing the EWI in council

PROMOTING SUSTAINABLE HIVAIDS PREVENTION AMONG IN AND OUT OF SCHOOL YOUTHS IN THREE COMMUNITIES IN KOGI WEST SENATORIAL DISTRICT SPONSORED BY C-CHANGE/FHI360 WITH FUNDING FROM USAID [January – September 2013]

This is a three years project designed to reach In – school youths at both secondary and tertiary level and Out – of – school youths in three communities across three LGAs of kogi state. EDFHO’s implementation structure and sites covered is presented in the chart below



The strategies used include Community awareness, Peer Education, Peer Education Plus, Vulnerability Issues, School Based Approach.

The table below represent total number of people reached on the project, this coupled with local partnership with LACAs and SACA as well as community based institutions and sustained behavior change made the project a success.

	Aged 10-14			Aged 15 +			Grand Total
Indicator	Male	Female	Total	Male	Female	Total	
Number of (persons in) the target population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	123	337	342	1416	1244	2660	3002
Number of individuals reached with individual/small group interventions primarily focused on abstinence and /or being faithful	121	265	386	315	471	786	1172

Special Event Pictures



Peer Education Sessions and Small Group Discussions





SOCIAL MOBILIZATION ACTIVITIES AND RAPID DIAGNOSTIC TESTs FOR MALARIAL DIAGNOSIS SPONSORED BY SOCIETY FOR FAMILY HEALTH (SFH) [October – December 2013, still ongoing]

Nigeria is one of the Africa countries faced with different environmental challenges; poor environmental condition, poor waste management, lack of proper disposable of water, waste from industries and households together with inability to manage malaria control and preventive measurement, all these factors had contributed to high rate of mosquito's habitation in the environment leading to increase in Malaria in our society.

Malaria remains one of the greatest health challenges of this age and a major endemic parasitic disease and a leading case of mortality in Nigeria. Transmission rates are high in the short wet season and low in the longer dry season of the North, while it is stable and uniform throughout the year in the South. It is responsible for infant mortality and childhood deaths in Nigeria, associated with maternal deaths and morbidity in pregnancy.

The prevention and treatment of malaria in Nigeria and African are associated with many problems which include economic constraints, leading to non-affordability of anti-malaria drugs; poor health seeking behaviour, inadequate health care infrastructures and non-compliance with drug regimen.

In order to curb the ravaging incidence of malaria among women, children under five years and the general population in Ekiti State, Environmental Development and Family Health Organization (EDFHO) with supports from Society for Family Health (SFH) conducted a community social mobilization on malaria prevention and control, using RDTs for malarial diagnosis in Ido-Osi, Moba and Ilejemeje local government area of Ekiti State.

The Rapid diagnostic tests was conducted between October and December, 2013 in 28 communities in Ido-Osi, Moba and Ilejemeje local government area of Ekiti State to increase demand in malaria prevention, treatment products and services in all the intervention communities. The project generated demand for malaria services in accredited health centres and prevented drug resistance resulting from drug misuse. Only positive individuals were referred for appropriate treatment.

By the end of 2013, 28 intervention communities were covered, a total number of 6,305 people were reached which comprises of 2502 Males and Females 3803 including children, 1,703 were tested positive and 4,602 were tested negative.

The table below shows the analysis of people reached by venue/community.

S/N	LGA	TOTAL NUMBER OF PERSONS		POSITIVE		NEGATIVE	
		M	F	M	F	M	F
1	IDO-OSI	412	878	64	100	348	778
2	MOBA	1,384	2,182	561	696	823	1,486
3	ILEJEMEJE	706	743	149	133	557	610
	TOTAL	2,502	3,803	774	929	1,728	2,874



COMMUNITY AND SOCIAL MOBILIZATION ACTIVITIES SPONSORED BY HEALTH MATTERS INCORPORATED WITH FUNDING FROM GLOBAL FUND ROUND 8 [June & July 2013]

Nigeria is one of the countries in Africa facing different health challenges, due to different factors such as; poor health services delivery, lack of basic health information, poverty, self-medication, ignorance and environmental pollution. Nigeria communities both rural and urban are facing poor environmental condition; dirty surroundings and poor waste management system resulting in proliferation of mosquitoes with heavy malaria burden. Though awareness of relationship between mosquitoes and malaria is high, most community members lack basic knowledge about malaria prevention and control. Majority follow traditional method of treatment while neglecting public health services.

Malaria is one of the diseases that Nigeria communities are battling with, six (6) out of ten (10) people that visit the hospital is because of malaria, in order to reduce the rate and prevent people from malaria, Environmental Development and Family Health Organization (EDFHO) with support from Society for Family Health (SFH) mobilize and sensitized fifteen (15) most vulnerable communities in two (2) local government area of Ekiti State, the communities were defined to be vulnerable due to different factors that contributed to poor environment were high these communities like; dirty surrounding, broken bottles, using opening place as dumping ground/sewage, lack of toilet facilities some houses in these vulnerable communities and high rate of poverty among residence of the communities who can afford to be insecticides spray to spray their rooms before sleeping, also majority of them does not engage in personal hygiene.

These communities were selected based on their vulnerable issues that make them most at risk of malaria diseases, increases in malaria incidence will also lead to morbidity and mortality rates increase and the population at highest risk includes children, pregnant women, and non-immune. Along with malaria morbidity and mortality comes economic losses. As a result of malaria, children spend days away from school and adults lose workdays. Age distribution of the population also has an effect on the burden of disease. In highly endemic areas, the older population develops some collective immunity to malaria so the severity of malaria attacks is less than in children under five.

Most rural areas do not have access to good health care systems. Usually there are no roads to the health centers, which in turn are poorly equipped and have inadequate drugs for malaria treatment. Drug resistant malaria is common and anti-malarial drugs are becoming less effective as the plasmodium parasite develops resistant to affordable drugs. This poses a serious threat to clinical management and treatment of malaria.

Malaria is treatable, curable and preventable and still it assumes a deadly dimension when it occurs in pregnancy. This is due to the fact that malaria is a significant contributing factor to anemia and if this becomes severe, it puts the pregnant women at risk of abortion, hemorrhage, premature delivery and death. It also accounts for stillbirth and low birth weights. In actual fact pregnancy increases a woman's risk of malaria illness by four and doubles her risk of death. The case fatality rate of severe malaria in pregnant woman has risen to 50% in Nigeria and Ekiti State is not exceptional.

The prevention and treatment of malaria in Nigeria and African are associated with many problems which include economic constraints, leading to non-affordability of anti-malaria drugs; poor health seeking behavior, inadequate health care infrastructures and non-compliance with drug regimen. A significant percentage of women who are the major caregivers of fewer than five children resort to home management of malaria.

In order to curb the ravaging incidence of malaria among women, children under five years and the general population in Ekiti State, Environmental Development and Family Health Organization (EDFHO) with support from Society for Family Health designed and implemented a project centered on mobilizing vulnerable communities for malaria prevention and control through advocacy, drama and inter-personal communication. These strategies have been found to be quite successful in educating people on malaria prevention and control.

The social mobilization was conducted between June, 2013 in 15 communities in 2 local government areas of Ekiti State (i.e. Ado and Efon LGAs) to increase demand and use of malaria prevention and treatment products and services in all the intervention communities LGA.

Before the social mobilization programmes in the 15 intervention communities in 2 local government areas, EDFHO conducted advocacy visits to major stakeholders and met with the community leaders, traditional rulers, opinion leaders and other relevant bodies like the designated Primary Health Care Unit heads etc in the respective towns and villages to solicit for their support for the programme especially as it has to do with the health of community people.

Appreciation was given to Society for Family Health (SFH) and Environmental Development and Family Health Organization (EDFHO) for the programme and seeks its continuity.

Also as part of effort to reach the entire pregnant women comprehensive health centre in Okeyinmi of the community in Ado Ekiti local government area, the matron of the comprehensive health Centre

Mrs Omotosho requested the programme to be held on ante-natal day and she personally with the cooperation of other staffs mobilized the audience to learn and she at the end address the whole viewer of the drama.



EDFHO field officers Egungbohun Seun and Olaniyan Sunday with the Matron of comprehensive health centre Okeyinmi, Ado-Ekiti and other Staffs during an advocacy visit to the Health centre.

COMMUNITY MOBILIZATION / DRAMA

Immediately after the various advocacy visits conducted to all the intervention communities, the social mobilization intervention for an increase demand and use of malaria prevention and treatment product and services took place in all the 15 intervention communities using community social mobilization as enter-educate(entertain and educate) for behavioral change communication through drama presentation in strategic places in the communities. The programmes illustrated the need for environment management as a preventive measure for malaria infection and the use of ACTs, IPT for pregnant women and LLINs for the family.

Drama entitled “MAMA JOONU” was presented in all the 15 intervention communities to sensitize community people about malaria incidences, emphasized on effect of malaria on pregnant women, children and the general populace and symptoms of malaria as well as proper treatment and control. It also generally believed that malaria prevention and control could be more widely spread through children and be effective to parents when their children continue informing them on the importance of RDT and the use of LLINs, ACTs and IPT.

In the light of these, EDFHO took up the dramas and allowed both young and adults; male and female to participate especially young people in the community who were adequately sensitized on malaria prevention, environmental management, and regular visits to basic health centers for proper RDT and treatment of malaria cases and effective use of ACTs, LLINs and IPTs for pregnant women.

To mobilize people to the venue of the intervention before the performance, EDFHO Project Management Team (PMT) met with community leaders/stakeholders and mobilized people to a suitable venue already selected for the programme which are around places where people usually gathered in the community such as market places, motor parks and village square.

At the end of every drama presentation, EDFHO vocal person gave brief talk to further explain the drama messages and passed other information to the audience also allow the audience to ask questions while adequate answers were provided for them.

Attendance was taken at every venue by counting the participant to capture the total number of people reached during the social mobilization programmes. At the end of the intervention programmes in the 2 local government areas, a total of 2,815 people were reached which comprises of 1753 females and 1062 males the gender includes both Adult and children met during the social mobilization programme.



Community Social mobilization/drama presentation on malaria prevention and control at Comprehensive Health Centre, Okeyinmi, Ado-Ekiti



Cross section of displayed LLIN at Okeyinmi Comprehensive Health Centre, Ado-Ekiti



Immediately after the drama presentation the matron further information on the use of ACTs, LLINs and IPT at OKeyinmi Comprehensive Health Centre, Ado-Ekiti



During social mobilization/Drama presentation on the important of RDT, ACT, IPT and LLIN with displayed of LLIN to Aye/Erekansan Community members in Efon Alaye LGA



Cross session of drama presentation at Aye/Erekansan community

ESCORT AND REFERRAL SERVICES FOR ATM SPONSORED BY ACOMIN WITH FUNDING FROM GLOBAL FUND ROUND 9 [APRIL – DECEMBER 2013, still ongoing]

The epidemic curve of the HIV pandemic is on the decline in the country with National prevalence put at 4.1 per cent (HSS, 2010). Malaria accounts for 30% of childhood mortality, 25% of infant mortality, 11% of maternal mortality and is responsible for economic losses of up to N132 billion annually (NMCP). Nigeria has the world's fourth largest tuberculosis (TB) burden. (USAID), WHO also estimates that more than a quarter of new TB patients are HIV positive.

EDFHO had carried out its activities on ATM (HIV/AIDs, Malaria and Tuberculosis) in Ikere Ekiti. EDFHO has been a major force in the multi sectorial approach in fighting AIDs, Tuberculosis and Malaria in Ikere Ekiti, Ekiti State. EDFHO have contributed to the restoration of public confidence in primary health care services in Ikere Ekiti thereby reversing the decline in the utilization of public health facilities through its various activities conducted. During these months special events were carried to sensitize the members of the community on ATM and patronization of public health centres for medical attention. Different strategies such advocacy, community sensitization, one - on- one sensitization, community awareness(rallies and condom messaging and demonstrations) were done to intimate community members with the basic knowledge on prevention, treatment and management of ATM diseases, create awareness and sensitize community members on ATM services available at the designated health facilities and promote the patronage of the health facilities. Also during the course of these months activities EDFHO established a cordial relationship with the health workers to incorporate them into the project.

The project covered Afao Community, Anaye/Atiba Community, College of Education, Ikere, Oke Osun Community and Ise/Secretariat Road all in Ikere local government area with referral made to Afao Basic Health, Centre, Ikere, Atiba Basic Health Centre, Ikere, and General Hospital, Ikere.

EDFHO visited relevant stakeholders within the community in order to them informed about our activities. Project management team paid special advocacies to the community leaders, club/association leaders, college of education school authority, health centres and other necessary stakeholders. These visitations paid off as EDFHO was given maximum support in carrying out its activities without external interference and disturbance from any angle which has contributed to the success of the program within the community. The visits as well afforded the project management team the opportunity to strengthen the collaborative efforts within the community.

In order to reach the people with the program, different strategies were used. Community outreaches such rallies, general sensitization, one on one sensitization were done each month at different sites to intimate community members with the basic knowledge on prevention, treatment and management of ATM diseases, create awareness and sensitize community members on ATM services available at the designated health facilities and promote the patronage of the health facilities. Also during the course of these months activities EDFHO established a cordial relationship with the health workers to incorporate them into the project.

EDFHO have so far recorded success in carrying out its activities in each in different sites within Ikere community. EDFHO had been able to referred total number of 535 clients to the designated health facilities on ATM - 203 male and 248 female have accessed services on ATM through activities carried out by EDFHO with the support of Global fund.



EDFHO PC addressing Ise road community on ATM treatment in Public health facilities



EDFHO m&e officer during referral



EDFHO P.O referring a maize seller at Oja Oba market, Ikere Ekiti



Egungbohun Seun referring a client at Ikere Ekiti

MICROCREDIT AND COOPERATIVE SERVICES FOR IMPROVED HOUSEHOLD ECONOMY
SPONSORED BY EDFHO [January – December 2013]

ENHANCING THE COMMUNITY RESOURCES TO PROMOTE SUSTAINABLE HIV/AIDS PREVENTION AMONG IN- AND OUT SCHOOL YOUTHS IN ADO- EKITI AND IKERE-EKITI LOCAL GOVERNMENT AREA OF EKITI STATE SPONSORED BY EKSACA/WORLD BANK [November – December 2013, still an ongoing project]

This is a two years project but still in the entry phase. It is an HIV prevention program targeting ISY secondary, tertiary and the general population of Ikere and Ado LGA designed to encourage behavioural change and maintenance using the MPPI strategy. EDFHO kicked off the project in November with advocacy visits to stakeholders in project sites while open community meeting, selection and training of peer educators will be done by first quarter of 2014.



EDFHO team with LACA manager Ikere LGA



His Royal Highness, The Ogoga of Ikere during advocacy



EDFHO team with Chief during advocacy at Ikere



EDFHO team with Dr Aturamu of College of Education Ikere



The PA to the provost, College of education with EDFHO team



EDFHO team with the Dean, student affairs College of education

ORGANIZATIONAL CAPACITY AND INFRASTRUCTURAL DEVELOPMENT TOWARDS SUSTAINABILITY

During the year under review, EDFHO commissioned its national headquarters in Ado Ekiti, Ekiti State. The office occupies a 2 plots space with four office rooms, a resource centre, and a 100 seating capacity conference room. The office is also fitted with all basic amenities including portable water, standby generator, office stores, and a kitchen for staff use.

Due to instability of public electricity, the office was running on an average of 100liters of petrol per week amounting to about 4, 800 litters per year at an approximated sum of 465, 600 naira. When such a huge amount is added to other utility bills like public electricity, water, internet, and maintenance cost, sustainability is not realistic. It was in realization of these facts, and towards environmental protection that EDFHO during the last quarter of the year procured and installed a 3.5KVA inverter to power the office and all its equipment, the inverter has since replace the generating set and does reducing fuelling cost, eliminating noise and environmental pollution emanating from the generator. It also means that the Office can now boast 24 hours power supply.

To ease connectivity and communication with various partners, donors, and state offices, EDFHO during the year switch its internet facility from the customary modem, which was used only by one person per time to a more efficient, reliable, wireless internet connectivity with wired LAN ports. EDFHO can now boast of its own internet facility accessible to all staff simultaneously making communication and exchange of information faster. Among other things, the office is also equipped with a wireless network printer and an intercom system with telephone boxes in each room.

EDFHO during the year also upgraded her office space in Ondo State, moving from her previous two rooms' office to a more spacious 3 bedroom apartment. Akure office now has 3 office rooms, a 50 seating capacity hall, office store, and a more conducive location. EDFHO also during the year increased her staff strength, EDFHO now have 16 - fulltime staff with 30 volunteers/part-time staff. Towards sustainable development, EDFHO developed her 5 years strategic plan while EDFHO's resource mobilization plan was launched during the year.

These innovative approaches were not unnoticed by partners and donors alike as various commendations continue to flow inn. Various organizations have also been coming to understudy EDFHO's development plan and innovative approaches that has helped EDFHO develop over the years. These all informed the 'Capacity Development and Sustainability award' awarded to EDFHO by Management Science for Health (MSH) during its closeout meeting in Abuja recently.

CHALLENGES

Despite successes recorded during the year, it was not without its associated challenges. Perhaps, EDFHO's biggest challenge during the year was the sudden death of EDFHO's Finance and Admin Officer Mr Bodunde Owolabi. His death was felt because of his dedication, caring, and hard working spirit coupled with the wife and young children he left behind.

CONCLUSION

The year ending December 2013 will continue to be a memorable one for EDFHO due to many successes and challenges that shaped the organization. EDFHO looks forward optimistically to 2014, hoping to continue implementation of REACH project with PACT Nigeria, and CUBS project with MSH during the first quarter. EDFHO will also continue the social mobilization and referral activities with both SFH and ACOMIN/Global Fund, and will effectively implement the phase one of HAF II project with EKSACA all in Ekiti State. EDFHO also hope to kick-start implementation of HAF project with ODSACA and KOSACA in Ondo and Kogi State respectively, while we continue to pray on other pending proposals with different donors and develop more proposals for funding. EDFHO also looks forward to strengthen its microcredit and cooperative services to encourage VSLAs as well as intensify EDFHO ventures activities to generate income for project activities. Despite the anticipated challenges, EDFHO will continue to develop and implement programmes that has direct bearing on the less privileged and benefits the community at large.

EDFHO STAFF LIST FOR 2013

S/N	NAME	POSITION	STATION
1.	Sir Olu Ogunrotimi	Executive/Project Director	Ekiti State
2.	Mr. Ododo Abraham	Program Officer	Kogi State
3.	Mr. Ogundipe Love	Program Coordinator	Ekiti- State
4.	Mr. Ogunleye Idowu	Programme Officer.	Ekiti -State.
5	Miss Omole O. Comfort	Programme officer	Kogi -State.
6	Mr. Ogunleye Adeolu	Programme Officer	Kogi - State
7	Mr Owoseni Ebenezer	Programme Officer	Kwara - State
8	Mr. Ariyo Olanrewaju	Programme Officer	Ondo state
9	Dr. (Mrs.) M. Adeyanju	Counsellor	Ado Ekiti
10	Omole Funmi	Nutrition Officer	Kogi state
11	Mr. Egungbohun Kunle Seun	M&E Officer	Ekiti State
12	Mr. Alade Adebawale	M&E Officer	Ekiti State
13	Mr Babatunde Olawole	M&E Officer	Kogi State
14	Mr Owolabi Ade	Admin/ Finance	Ekiti State
15	Mrs. Igbayilola Grace	Account Officer	Ekiti State
16	Mr. Bolaji Popoola	Project Driver	Ekiti State
17	Miss Opeyemi Quadrat	Logistics	Ekiti State
18	Mr. Ogunrotimi F. Damilola	Procurement/ICT Officer	Ekiti/ Ondo State