ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION [EDFHO]

ANNUAL REPORT 2014

HEADQUARTERS: EDFHO HOUSE

23A&B, Olorunsogo Street,

Opposite School of Nursing, Oriapata
Off Iworoko Road, Opopogboro Street,
P.O. Box 1833, Ado-Ekiti,
Ekiti State, Nigeria.

Tel.:- 08034719196, 07089117262
E-mail:- edfho1998@yahoo.com; edfhonigeria@gmail.com; edfhohq@edfhonigeria.org

BRANCH OFFICE:-

1. **ONDO STATE OFFICE:** 24, Oluwatuyi street
   Opposite Femi Adekanye
   Shopping Complex,
   Akure - Ondo State.
2. **EDO STATE OFFICE**: 10C, Ignu Street,
   Off Sakponba Road,
   Benin – City, Edo State.
3. **KOGI STATE OFFICE**: 30, Korede Quarters, off LGCSS Road, Beside Christ Deliverance Ministry, int. Kabba, Kogi State.
4. **KEBBI STATE OFFICE**: 26 Liman Zangina Road,
   Rafin Atiku Area. Birnin Kebbi,
   Kebbi State.

NAME AND ADDRESS OF CONTACT PERSON:

SIR. OLU OGUNROTIMI
Executive Director,
ADDRESS:- 23A&B, Olorunsogo Street,
Opposite School of Nursing, Oriapata
Off Iworoko Road, Opopogboro Street,
P.O. Box 1833, Ado-Ekiti,
Ekiti State, Nigeria
E-mail: oluogunrotimi@yahoo.com; oluogunrotimi@edfhonigeria.org
Tel.:- 08034719196

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
CRS	Catholic Relief Services
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
SMILE	Sustainable Mechanism for Improving Livelihoods & Household Empowerment
USAID	United States Agency for International Development
VAD	Vitamin A deficiency

A NOTE FROM THE EXECUTIVE DIRECTOR

TABLE OF CONTENTS

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. Looking back at the journey so far, it has been a challenging but fruitful 2014. For us at EDFHO, we have seen the monumental growth in number of EDFHO family members and additional state offices. We have witness transformation at state chapters in terms of office space and convenience; we as well saw new projects added to the organization profile. Most importantly is number of lives we have been able to touch this year, our economic empowerment and microcredit scheme have allowed parents to be able to provide food for their family and keep their children in school; EDFHO have been able to prevent child's mortality through our regular malaria outreach program that ensures early diagnosis and on – the - spot treatment of positive cases as well as Vitamin A supplementation and deworming drugs which has reduce the cost of health care in times of morbidity therefore allowing families to focus on household development.

EDFHO have been able to contribute to the reduction in water and hygiene related illnesses through provision of portable water in some communities and facilitating Community Led Total Sanitation across some LGAs which in – turn have improved hygiene before and put some communities on the part of Open Defecation Free communities. EDFHO during the year also focused attention on sustainability of health programs at community level by encouraging formation and registration of new CBOs and health clubs for continuous awareness and behavioural change maintenance within such communities.

The year also witnessed increase in staffing capacity as EDFHO's staff strength hit 20 with additional 22 volunteers bringing the total of volunteers and Part-time staff to 52. The year however was not with associated challenges, the biggest of which was the Ebola outbreak with resultant loses. We salute the courage of our first responders and health workers, especially those at 'First Consultant Hospital' who paid the ultimate price to keep us all save. Let us continue to be vigilant and consolidate on the hygiene awareness gained during the crises to ensure our continuous safety.

EDFHO looks forward to 2015 with full optimism, and will continue with the implementation of Social Mobilization and RDT for malaria, Escort and Referral for ATM, EKSACA, ODSACA, and KOSACA/World Bank projects as well as CRS' SMILE project.

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, Self – Help Program of the US Embassy, EKSACA, ODSACA, KOSACA, Vitamin Angels, CiSHAN, Ministries of Women Affairs and Social Development, Education, Health, various Local Government Authorities, LACAs, Global Fund, ACOMIN, and Catholic Relief Services. We appreciate all your support as we look forward to a successfully partnership in 2015.

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.

As we continue to expand our scope of support and innovation for sustainable solution, we are forced to acknowledge that the coming years might continue to be challenging if the number of displaced people from communal clashes and terrorist activities is anything to go by. We have seen the recent up surge in number of child suicide bombers - an indication of increased child vulnerability.

The state of Nigeria economy and international fall in oil prices continue to create challenges for the average Nigerian family, the family size (number of children per household) is not reducing but ability to provide for the children adequately in all service areas required for healthy living continue to be on a decline. EDFHO therefore during the year focused more attention on sustainable livelihood development at household level by extending her hands to caregivers, building capacity and empowering them to take care of their children without recourse to public fund while not neglecting other community development initiative that falls within our thematic area of operation.

EDFHO ACTIVITIES BY THEMATIC AREA

1. Reproductive Health, HIV and AIDS, Child and Maternal Health

- **Promoting sustainable HIV/AIDS prevention among In and Out of School Youths in Kogi State (Funding from KOSACA/World Bank)**

  Evidences have revealed that young people are ill prepared to face the challenges of sex and sexual issues, as such, have little or no knowledge and understanding of how infections and conception occurs (even among those that are sexually active), because parents shy away from giving their children/wards exclusively information about sexual issues due to cultural and religious inhibitions. Others lack information, or the skills necessary for sharing sexually information with their children, as a result they are at risk of HIV infection. Also, Peers and media influences on sexual behaviour of people within young age range is heavy and often times, mislead young people within the society to engage in risky sexual behaviours which pre-dispose them to risks of HIV infections and other STIs, unplanned/unintended pregnancies and their numerous health as well as socio-economic consequences for young people, their families and society in general.

  The HIV prevention intervention in Nigeria has evolved over the years in response to available program and research evidence. Priority in the past for service delivery was on number of persons reached rather than quality in terms of dosage and intensity. Currently, the emphasis is on effectiveness and efficiency which would produce impact in reducing incidence. The introduction of MPPI in the national response between 2007 and 2010 by the National Prevention Technical Working Group (NPTWG) marked a significant shift from numbers to quality service delivery. Interestingly, successes were achieved as a result of the paradigm shift as shown in the prevalence rate which reduced from 4.6% to 4.1% from 2008 to 2010 respectively (National HIV and Syphilis Sentinel survey of 2008 and 2010).Behavioral, biomedical and structural interventions are a critical component of the MPPI. A combination of these 3 interventions is necessary in order to achieve a comprehensive prevention intervention.

  In order to reduce the spread and mitigate impact of HIV infection among youths and young adults (In and Out of school) in Adavi, Kabba-Bunu, Kogi and Yagba East local government areas of Kogi State, EDFHO with funding support from KOSACA/World Bank under its HPDP II project design and implement prevention program using various strategies including Advocacy, community awareness creation, open community meetings, community outreach, peer education through peer to peer outreach activities, vulnerability issues, Essential life skills etc.

  EDFHO, through the project conducted series of prevention activities using AB and ABC prevention strategies to reduce the spread of HIV/AIDS among in and out school youths. Other activities achieved in first tranche included: Community Outreach for OSY, Peer Education Plus for ISY and OSY, Vulnerability Issues training for ISY, Essential life skills for ISY etc. This report revealed the accomplishment, challenges and successes of the project at the end of the first tranche.

  The two years project have completed the first year activities as proposed and met the set target for ISY secondary and OSY in Adavi, Kabba-Bunu, Kogi and Yagba East local government areas of Kogi State though a little delay in project implementation was witnessed due to the Ebola outbreak. At the end of the first year, series of Advocacy visits/meetings to relevant stakeholders in the project sites were conducted; five (5) open community meetings was held; 339 Peer Educators (50 OSY and 289 ISY secondary) trained; 2,520 ISY and 2,050 OSY out was reached with MPPI. Overall a total of 4,570 individuals were reached with MPPI during the first year

STRATEGIES

To reach the targeted population with a minimum prevention package, the following target specific strategies were employed for each target group:

In- School Youth (Secondary):

- Peer Education (Age peer)
- Vulnerability Issues and/or Essential Life Skills
- PE Plus (Drama and/or Dance)

Out of School Youth (15-35years)

- Peer Education (Age peer, job,CBOs)
- Community Outreach (Condom Messaging and Distribution) and HCT
- PE Plus (Use of role model)


Cross section of the stakeholders listening to EDFHO project coordinator during the open community meeting held at Centre 1 Primary School Koton-Karfe.


Cross section of participants during open community meeting at the palace of Asewa Ezeka of Okunchi


Out of School Peer Educators conducting peer sessions in various communities


In - School Peer Educators conducting peer sessions in various Schools

PE Plus (Use of Drama) as a third prevention strategy for ISY

Community Outreach as a second prevention strategy for OSY

The second year activity for this project is expected to kick – off by January 2015 with attention on Kabba – Bunu LGA for ISY and Adavi LGA for OSY. The goal is to achieve a level of behavioural change in reducing risky behaviour and improving health seeking behaviour towards zero new HIV infection in Kogi State.

- **Social mobilization and rapid diagnostic test for malaria (Funded by Society for Family Health)**

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 malaria diagnosis in Ido-Osi, Moba and Ilejemeje local government area of Ekiti State in the reporting year.

The Rapid diagnostic tests was conducted in 30 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.

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

S/N	LGA	TOTAL NUMBER OF PERSONS		POSITIVE		NEGAIVE	
		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

- **Escort and Referral services for AIDS/Tuberculosis/Malaria (Funding from ACOMIN/GF)**

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 out 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 patronage of the health facilities. Also during the course of these 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 inform them 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 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.

EDFHO have so far recorded success in carrying out its activities in different sites within Ikere community. EDFHO had been able to refer a total number of 735 clients to the designated health facilities - 303 male and 432 female have accessed services on ATM through activities carried out by EDFHO with the support of Global fund. For the year 2015, EDFHO will continue working on this project in Ado LGA. Advocacy visits have been paid to stakeholders within the LGA and activities is expected to kick off by January 2015.

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

EDFHO m&e officer during referral

EDFHO ED with the Chief Medical Officer of St Gregory Hospital, Ado Ekiti during an advocacy visit

- **Improving HIV prevention response among Female Sex Workers in Ondo State (Funding from ODSACA/World Bank)**

  Factors such as having multiple sexual partners, working in unsafe conditions and limited skills in negotiating condom use places sex workers at a great risk of contracting HIV and other sexually transmitted infections (STIs). In some settings, alcoholism, drug use and violence further exacerbates their vulnerability. Sex workers' clients, the majority of whom happen to be men who have both commercial and non-commercial sex partners, are a 'bridge group' instrumental in bringing HIV infection into the community and the general population.

  The recent civil unrest in most part of the country has resulted in relocating of Female Sex Workers to more peaceful environments like Ondo state. Ondo state has about 9, 600 population of female sex workers according to the recent HIV epidemic appraisals across all states conducted by Nigeria's National Agency for the Control of AIDS (NACA). The high HIV prevalence in Ondo state (4.3%) can be attributed in part to the activities of female sex workers.

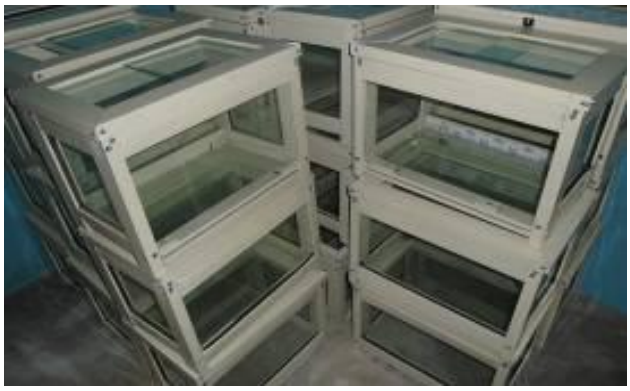
  Globally, several studies have documented the harm of applying criminal law to sex work industry. It has been shown to drive sex workers underground and away from services, increasing stigma and creating obstacles to accessing programmes and, reduce sex workers' power to negotiate safer sex, thereby rendering them more vulnerable to violence, human rights violations and corruption. These harms and the need for an evidence-based approach to sex work was what prompted EDFHO through funding from ODSACA/World Bank under its HPDP II Project to embark on comprehensive HIV prevention and management among FSW in Ondo State with a goal of promoting sustainable HIV prevention using the MPPI national standard approach. The project was also designed to engage with stakeholders in reducing stigma and discrimination to improve health seeking behaviour of FSW.

  The two years project has completed first year activities with notable result and gaps identified. project has completed the first tranche activities covering February 2014 to October 2014 as proposed. A total of 123 brothel - based FSW were reached with MPPI while 692 non brothel - based FSW were reached using interpersonal communication. The major challenge however continues to be access to HIV prevention commodities (notably condom and lubricant) and availability of STI management services in public hospitals. EDFHO during 2015 will be focusing attention on these gaps and will be seeking funding from additional sources to fill the gaps.

Structural	**Behavioural**	**Biomedical**
• Formation of Project Management Team • Validation of target and site • Advocacy • Community Dialogue • Baseline assessment • BOA meeting • Peer Educator's Training • Peer Educator' Review Meeting	• Interpersonal Communication • PLACE Night • Production of SBCC materials • Peer Education Sessions • Distribution of SBCC materials	• HCT • Production of Condom Outlet Boxes • Condom Quantification • Referral


Community Dialogue/Small group discussion and interview of Key Informant during entry phase of the project


Advocacy visits to local authorities and stakeholders for partnership and coordination

Condom outletboxes produced and distributed to non traditional outlets for ease of access to commodities

Stickers and handbills produced and distributed for reinforcement of messages particularly for non –brothel based FSW


PE training, Peer sessions, and Review meetings with brothel – based FSW as part of behavioural change intervention


PE training, Peer sessions, and Review meetings with brothel – based FSW as part of behavioural change intervention

Review meeting with brothel – based FSW

Mobile HCT at Hotspot during happy hours (night)


Drama Presentation during Place night @ hotspots

- **Enhancing the community Resources to promote sustainable HIV/AIDS Prevention among In and Out of school youths in Ado Ekiti and Ikere Ekiti Local Areas of Ekiti State (Funding from EKSACA/World Bank)**

Since the first AIDS case was reported in Nigeria in 1986, the epidemic has continue to wax strong and increase, most especially among the youth due to inadequate correct information. Evidences have revealed vividly that young people are ill prepared to face the challenges of sex and sexually issues, and as such, have little or no knowledge and understanding of how infections and conception occurs (even among those that are sexually active), because parents shy away from giving their children/wards exclusively information about sexual issues due to cultural and religious inhibitions. Others lack information, or the skills necessary for sharing sexually information with their children, as a result they are at risk of HIV infection.

After the first year of implementation using the MPPI standard, the project conducted series of Advocacy visits/meetings to relevant stakeholders in the project sites, one (1) open community meeting, trained 68 peer educators who have currently reached 2, 720 youths with MPPI. Other activities achieved during the reporting period include:

- Production and distribution of BCC materials
- Community branding
- Community Outreach programme
- Community Awareness programme
- Vulnerability Issues for ISY Secondary
- HIV Counselling and Testing
- Use of drama for ISY Secondary
- Use of Role Model for OSY

The table below summarizes the achevement so far recorded on the project:

S/N	ACTIVITIES	TOTAL NUMBER	NUMBER OF INDIVIDUALS	
			MALE	FEMALE
1.	Advocacy	22	15	9
2.	Peer Educators trained	68	28	40
3.	Number of **male** Condoms distributed	3530	2005	1525
4.	Number of fe**male** Condoms distributed	Nil	Nil	Nil
5.	Total HCT Outreached Conducted	4		
6.	Total number of individual Tested and counseled for HIV	594	213	381
7.	Total number of individual tested HIV positive	1	1	0
8.	Number of Community Outreach Conducted	4		
9.	Number of target enrolled	2, 896	1,176	1, 720
10.	Number of target reached with MPPI	2,720	1, 120	1,600
11.	Total number of IEC materials produced: T shirt Calendar Pamphlet Handbill	 150 250 1100 800		
12.	Total number of IEC materials distributed so far: T shirt Calendar Pamphlets Handbill	 71 150 550 350	 30 77 335 243	 41 73 215 107


Cross section of participants during essential life skill facilitation in Eleyo High School, ikere



Cross section of participants during HCT in federal polytechnic, Ado

Cross section of participants during community outreach in Ikere community

Cross section of participants during community outreach in Ikere community

Cross section of participants during monthly review meeting with OSY PEs

Cross section of participants during monthly review meeting with OSY PEs

Branding of the intervention sites

- **Mobilizing and enhancing community resources to create an enabling environment for improved quality of life for vulnerable children in Yagba East LGA of Kogi State (Funding from Catholic Relief Services)**

  The number of vulnerable children in Nigeria has been demonstrated to be alarming with HIV & AIDS related orphaned children aged 0-17 yrs estimated to be around 1.2 million according to UNAIDS Epidemiological Fact Sheet on HIV and AIDS, 2008. This represents about 25% of total orphans in Nigeria. Orphan and Vulnerable Children (VC) are more exposed to exploitation, abuse, and violence than other children. They are made more vulnerable because of losing their basic rights and access to education, health care, clean and safe water, security and protection, adequate food intake, and community support. Without concerted efforts to improve quality care and treatment and provide more effective prevention services to these children, they risk being exposed to further violence and abuse, and high-risk behavior, including exposure to conditions, which may put them at risk to HIV infection.

  Within the context of social development in Kogi State, there are opportunities to increase and improve quality support to this Vulnerable Children (VC) and to improve children's access to services by strengthening community structures to respond to needs of VC as well as enhancing household capacity to provide basic life requirement. Care and Support for VC is very low in Kogi State with weak coordination mechanism and lack of synergy in VC programming. According to 2006 population censors, Kogi State has a total population of 3, 278, 487 out of which 1, 672, 029 are children aged 0-17years. A reported 21% of children in the state are VC (FMWA&SD, 2008). A rapid assessment conducted in the state by Sustainable Mechanism for Improving Livelihoods and Household Empowerment (SMILE) Program and EDFHO's previous intervention programmes in Yagba East LGA reveal that universal basic education where available is not free with burdensome levies imposed on parents (It is worth noting here that most public primary schools in the local government areas have been closed than for upwards of six months now due to teacher's strike action. This has further contributed to the already overwhelming challenges of VC in the target areas); schools, even when opened lack first aid facilities, clinics, and hygienic food canteens. No toilet facilities and community health facility where available lack drugs and qualified personnel. The state of household economy especially for women and child headed households is poor resulting in various unhealthy coping strategies like skipping meals, child labor, and street begging. The LGA is high transit LGA with mix population and exposure to child exploitation due to poverty level.

  It is therefore expected that much of the work with orphans and vulnerable children (VC), will be household centered and child focused with much attention on strengthening the capacity of families to cope with their problems, mobilizing and strengthening community-based responses for VC, increasing the capacity of households to become proactive in meeting their own needs, as well as integrating care and support services within existing prevention and care programs. It was with these challenges in mind that EDFHO through funding from CRS/USAID design a comprehensive care program using PEPFAR II operational standard to reach vulnerable households in Kogi State.
  The project seeks to mobilize and enhance community response to address Orphaned and Vulnerable Children (VC) challenges in Ejuku and Isanlu communities in Yagba East LGA of Kogi

State towards improved quality of life. Within the first quarter of the project, EDFHO has achieved the following in preparation for full service rollout in January 2015:

S/No	Activities Inputs	Activities Process	Activities Outcomes
1.	Community Entry Phase Activities	EDFHO conducted advocacy/sensitization visits to the stakeholders at State, LGA and Community Level, Conducted Community Dialogues and Recruited Community based volunteers	Advocacy/sensitization visits were conducted, 2 community dialogues held, 22 community volunteers recruited and provided with orientation training.
2.	Step-Down Integrated Training	A 3 days training was conducted for community based volunteers, LGA representative, one community leader from each of the intervention communities	3Stakeholders and 22volunteers capacity strengthen on VC programming
3.	Identification, Assessment and Enrolment	Vulnerable households and children were identified, assessed using various assessment tools, and eligible households enrolled based on set criteria.	1,019 Households and 3,005 VC enrolled
4.	LGA capacity assessment	Capacity assessment was conducted for Yagba East LGA by SMILE team through a meeting with LGA authority with representatives of all departments present. The assessment identified current trend and gaps as well as way forward for the LGA response to VC issues, it will also serve as a baseline data for the SMILE project within the LGA.	Baseline Assessment conducted in Yagba East LGA, gaps were identified in responses to VC, timeline to provide solution was discussed and strategies were put in place.
5.	SMILE partners review Meeting	A meeting organized by SMILE to review CSO partners' activities and challenges.	Challenges, successes, and best practices identified.
6.	Community outreach/sensitization on Child right protection	Two community sensitizations were conducted, one in each of the intervention communities to sensitize the communities on child's rights and mechanism for protection such rights	Caregivers, Households Head and General population were sensitized on child right protection.
7.	Step down SILC methodology training	A 5 days step down training was conducted for field agents on SILC methodology. The training was conducted in conjunction with KHAN and GLOWOC.	6 field agents' (2 females and 4 males) capacity was strengthened on SILC methodology
8.	Health Education, Nutrition Counseling and Education, PSS services was provided	Volunteers and EDFHO team provided 270 Caregivers and 1200 Children with PSS, Nutrition and Health Services	3 services was provided to 270 caregivers and 1,200 VC
9.	Reviewed Meeting	EDFHO reviewed the activities carry out by the volunteers in this quarter, identified their challenges and provided them with possible solutions.	22 Volunteers activities were review, planned activities for next quarter was discussed with the volunteers.

Community Dialogues




Community Based Volunteers' Recruitment


Volunteers' Training






Households Assessment and Enrollment

STEP DOWN SILC METHODOLOGY TRAINING FOR THE FIELD AGENTS.

COMMUNITY OUTREACH/ SENSITIZATION ON CHILD RIGHT PROTECTION


Community Based Volunteers Group picture before setting out for the Outreach




Pictures during the community outreach/sensitization on child right protection

- **Vitamin A supplementation towards reducing child's morbidity & mortality in Kogi, Ondo, and Kebbi States (Supported by Vitamin Angels)**

  Vitamin A, which is also known as retinol, is an essential, fat-soluble nutrient. It is stored in our body's organs – mainly in the liver. When our bodies need it, it is released into the bloodstream. This makes it available for cells to use it throughout the body. Because our bodies do not make vitamin A, we can only get it from external sources.

  Vitamin A occurs in two forms, as preformed vitamin A and as (2) carotenoids. Preformed vitamin A is naturally present in some foods, Breast milk is also a good source of preformed vitamin A, which is why breastfeeding is an important source of vitamin A for newborns and infants. Vitamin A is an essential nutrient required for maintaining eye health and vision, growth, immune function, and survival. We all need vitamin A to protect and promote our health. Vitamin A is especially critical for growing infants, children, and lactating women to help them stay healthy, and to pass on vitamin A to their infants through breast milk.

  Our bodies cannot make vitamin A. As a result, all the vitamin A that we need has to come from what we eat. Our bodies can store any extra vitamin A we eat for as long as four to six months. This means that we have a reserve for times of need. When the reserve supplies in the body are low, however, and if we do not eat enough foods containing vitamin A to meet our body's needs, we suffer from vitamin A deficiency. This is also known as VAD.

  VAD is a significant public health problem, affecting an estimated 190 million preschool age children and 19 million pregnant women around the world. Some problems, including infections, also become more severe when we lack vitamin A. VAD is a major contributor to child mortality. This is why reducing it is an essential element of child survival programs.

  As a component of EDFHO child's survival program, the organization during 2014 went into agreement with Vitamin Angels for distribution of Vitamin A supplement and Albendazole for the prevention/treatment of soil Transmitted Helminthes (STHs) in three states of Ondo, Kebbi, and Kogi. Vitamin Angels works to support "universal distribution" and targeted distribution of vitamin A in countries defined by the World Health Organization (WHO) as experiencing moderate to severe vitamin A deficiency.

  EDFHO partnered with Vitamin Angels to supply children (06-59 months) in the above named states with Vitamin A and Albendazole. Overall 30 bottles (15,000 capsules) of 100,000IU vitamin A for infants 6-11 months, 60 bottles (30,000 capsules) of 200,000IU vitamin A for children 12-59 months, and 60 bottles (30,000 tablets) of Albendazole 400mg for children 12-59 months enough for 30,000 children were administered in the three states.

2. Environment, Water, Sanitation and Hygiene promotion

- **Community Led Total Sanitation towards achieving Open Defecation Free in Selected LGAs of Ekiti State (Supported by UNICEF/LGAs)**

Every year millions of children die from diarrhea and other hygiene related illnesses. Nigeria has one of the worse incidences of typhoid and diarrhea with 16% of child death attributed to diarrhea - a hygiene related illness. Research has shown that diarrhea disease is preventable with proper hand washing reducing rate of diarrhea by up to 47% in one study. The endemic nature disease in Nigeria is further compounded by social habits such as open defecation. There eradication diseases like diarrhea and typhoid requires a community led approach geared towards eradicating the drivers such as open defecation. EDFHO during the year partnered with Gboyin and Ekiti West LGAs of Ekiti State to trigger selected communities to achieve open defecation free by the end of this year and expose the community members to the importance of household construction and sustained usage of latrine.

Community mobilization as a process of engaging, motivating and empowering community and vulnerable groups to raise awareness of and demand for a particular development objectives face-to-face dialogue cannot be overemphasized in the process of achieving total sanitation and open defecation free. Community mobilization involves not only people in the community, but all sectors and levels of society as well as service delivery agencies. It is on this note that the project team members ensured that the relevant stakeholders were comprehensively informed to ensure all community members participated in the triggering exercises. The community stakeholders were made to understand that community members' involvement is paramount for a people – oriented development process, promotion of people decisions and action plans and encourages self-initiatives, self organization and willingness to contribute. This understanding geared the relevant stakeholders in ensuring that the community members were mobilized largely for the exercise in all the intervention communities.

The adverse effects of open defecation and poor sanitation are known to be of great disaster to the community members. It is globally acceptable that construction of locally made latrines with hand washing facilities and sustainable usage of such latrines have colossal advantages in making the community members enjoy healthy living, high labor productivity and economy boost. It is crystal clear that lack of latrines and poor sanitation and hygiene is a public disaster that deserve highest attention

In the light of this, EDFHO conducted triggering exercises in the above named LGAs focusing on small communities to achieve its sanitation objectives. Communities were triggered using the Defecation Area Mapping (DAM) approach, mapping the community defecation areas while community members were asked to comment on the map. Community members were seen displaying different forms of body languages such as, soberness, anger, shame – a demonstration of the effectiveness of this approach in motivation communities to action. Other triggering tools used include transect - walk and Shit/Food. At the end of the program community stakeholders and other participants noted that the community maps looked disgusting, disheartening and dangerous to their health due to the faeces surrounding the communities as identified in the maps and that indirectly they have eating their own feaces which have resulted spending exorbitant money on preventable diseases such as cholera, diarrhea and so on. The comments from the participants showed clearly that they were triggered as the community members proffer building of latrines as the best solution to the problems associated with open defecation within the community members. Majority of the community members promised to commence construction of their

latrines instantly with locally made materials at affordable cost. The community members mentioned some of the benefits of household latrines with hand washing facilities and improved sanitation and hygiene such as;

- Promotion of healthy living
- Total eradication of diseases such as diarrhoea, cholera, skin rashes etc
- Promotion of social/community development
- High labour productivity and so on.

The community led total sanitation tools used during the triggering exercises were majorly Defecation map or Defecation area mapping (DAM), Transect Walk, and Shit and Food. Most communities were triggered with Defecation Area Map while other communities were triggered with DAM, transect walk and shit/food due to communities' peculiarities. These tools ensured communities participatory through which several structures and resources within the communities were pictorially identified and discussed. The tools were used to trigger the communities which made them to realize that they have been eating their faeces and endangering their lives.

While some communities have taken steps by constructing low – cost toilet facilities, some are still at the planning stage. Realising that behaviour does not change overnight, EDFHO expect a number of communities to follow suit in 2015 to achieve open defecation free communities in Ekiti State.

Cross section of facilitator and community members in Ijan Ekiti

Cross section of facilitator and community members in Egbe Ekiti


Cross section of facilitator and community members in Aisegba Ekiti


Cross section of facilitator and community members in Agbado Ekiti


Cross section of facilitators and community members during triggering exercise in Iro Ekiti

- **Improving access to portable water through provision of boreholes in selected communities (Funding from US Embassy)**

In healthy living, supplies of uncontaminated water are very critical, but water quality is even more important than quantities for maintaining human health (WHO 2000). Contaminated water causes outbreak of diseases. In the same way, too little water makes it difficult to maintain the sanitary condition that prevent contamination and which are essential for controlling the epidemic disease that contributes so heavily to repeated illness and death of many.

In terms of sanitation coverage, the story is not so different though on a marginal increase with the proportion of the urban population with access to safe sanitation increasing from 33% in 1990, to 35% in 2006 (an increase of 2% in 16 years and an average of 0.125% per year). Similarly the proportion of the population in rural areas with access to basic sanitation increased from 22% in 1990 and 25% in 2006 representing 3% increase, an average increase of 0.1875% per annum for the 16 years period.

The provision of safe drinkable water in Ekiti State has been a major challenge for decades most especially in the rural communities where people seem to be isolated. Water is typically known to be a source of life; purifies human nature, but access to safe water continues to be a challenge. Government assistance has been grossly inadequate and often none existence. The MDG water provision in communities was a huge failure and political development has not helped.

In view of this, Environmental Development and Family Health Organization (EDFHO) approached the Embassy of the United States for financial support in providing safe water for Ajebamidele Community – a community that has been plagued by water crisis for decades.

With the completion of the project within two months, Ajebamidele community with a population of about five thousand people now have access to save water and could therefore reduce the burden of water related diseases. EDFHO is however working with the community presently on sanitation issues to ensure clean and safe environment for the inhabitants.

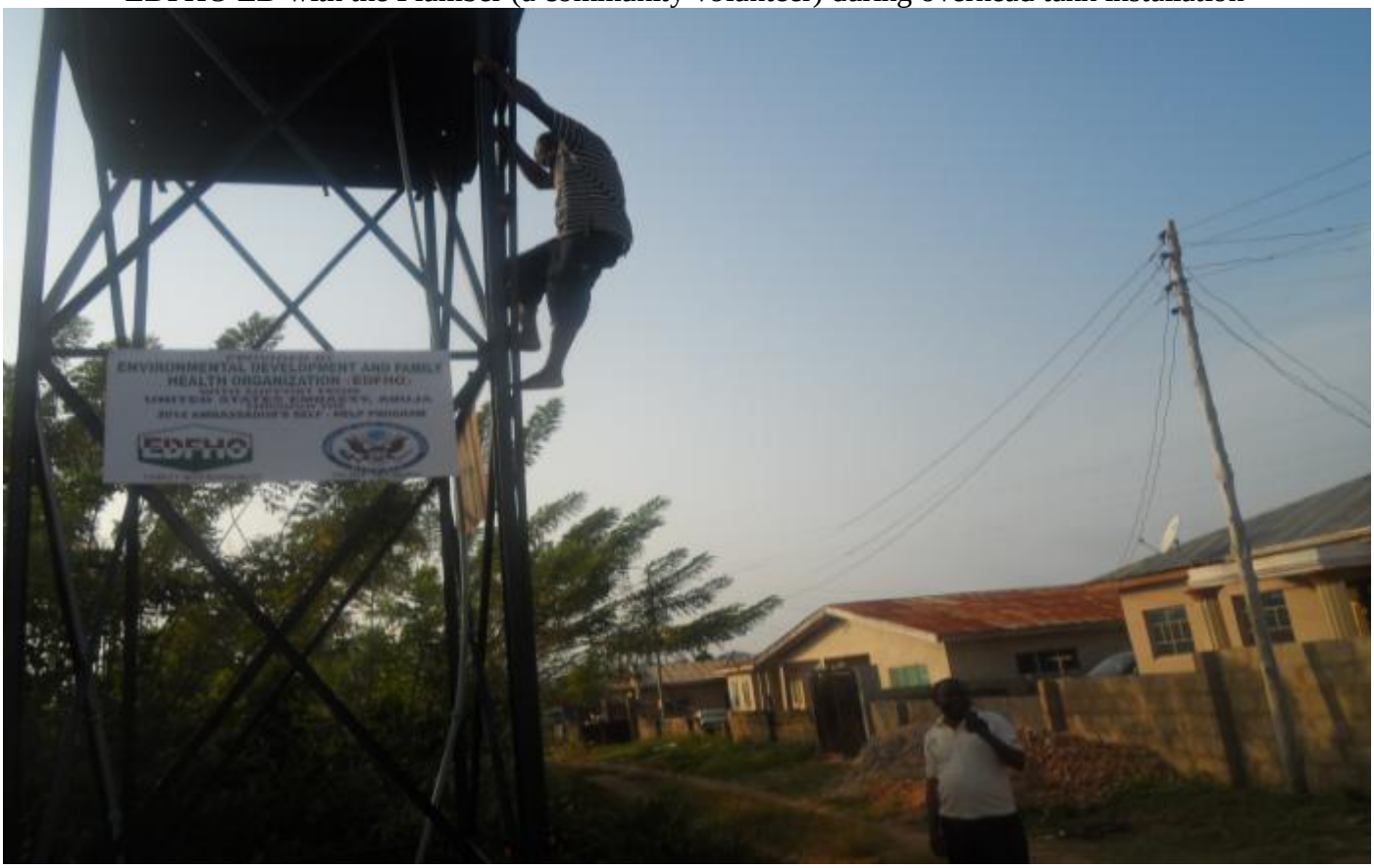
EDFHO ED with the Contractor and Community Leaders during Geophysical survey

Contractors on site during drilling process

EDFHO Program Officer washing as contractors conduct pump testing

Overhead Stanchion construction process

EDFHO ED with the Plumber (a community volunteer) during overhead tank installation



The Plumber finishing installation under the watchful eye of the Executive Director

Tank installation completed with branding

Water point completed with three outlets

EDFHO ED with some community members during project test – running

3. **Micro-credit for cooperative Agriculture and Enterprises development scheme for youths and women empowerment.**

- **Improving Household Economy through Village Savings & Loan Scheme and EDFHO microcredit facility**

In the last twenty years, has firmly established itself, not only in development practice, but also in the public mind. However, in Nigeria it is becoming clear that while many banks and micro-finance institutions (MFIs) provide valuable services to the poor, they are most successful in economically dynamic urban areas, where borrowing requirements are high and the costs of reaching clients is low. Most of the people who live in rural areas and in urban slums particularly the very poor receive no services at all. Thus, there is still a very large gap between the needs of the poor for financial services and the ability of banks and MFIs to provide these services. Moreover, the gap cannot be filled by these types of institutions because, in most cases, they will never be able to cover their costs. In addition to the gap in service delivery, there is also a gap between the products that MFIs can offer and those that are needed by the poor. MFIs tend to emphasise credit. Most are unable to offer savings services, because they are not licensed to take deposits. The conventional belief is that credit is the most important service that an MFI can offer, because it provides the means by which the poor can invest their way out of poverty. But this view is increasingly being challenged by practitioners, who observe that many poor people prefer to build their assets through savings rather than increase their risk exposure by taking out loans.

Consequently, there is a need for an alternative model that is able to provide the rural poor – and the urban very poor - with savings services as well as insurance and credit that can be delivered cost-effectively. Such a model must provide a secure place to save and the opportunity to borrow in modest amounts. It must also provide convenient access to these services, be easy to understand and transparent in its operations. It should also be inexpensive to set up and, preferably, locally managed.

In realization of the gaps and recommendations from years of experience, EDFHO during the year set up three Village Savings and Loan Associations (VLSAs) designed with local constraints and opportunities in mind. With a membership of about 73 individuals across three communities, the associations during the years disbursed almost five hundred thousand (500, 000) naira as loan to 50 individuals. Despite the fact that no collateral was obtained for the loan, most members have been faithful to their repayment schedule and also making savings in the process.

To improve access to credit facilities from finance institutions, EDFHO will focus attention on registering the VSLAs as cooperative groups in the coming year. EDFHO will also be building on the successful experience of the VSLAs to scale up such savings initiative in other states. The primary purpose of these groups is to improve access to credit facilities and strengthen household economy for vulnerable households.


EDFHO Executive Director, Sir Olu Ogunrotimi addressing the caregivers on how manage the seed grant effectively



CONCLUSION

The year 2014 has been a successful year for EDFHO not only because the organization was able to achieve set targets but because EDFHO continue to show strength in the face of challenges. EDFHO looks forward optimistically to 2015, hoping to continue implementation of the social mobilization and referral activities with both SFH and ACOMIN/Global Fund, and will effectively implement the phase two of HPDP II project with EKSACA, KOSACA, and ODSACA. EDFHO will also be entering the intensive phase of the CRS sponsored SMILE project in Kogi State as well as provide Vitamin A supplements for children in both Kogi and Kebbi States. With the roll out of SILC in Kogi state, EDFHO will be consolidating its VSLA activities and will be graduating some groups to cooperative groups.

Processes have been on for EDFHO farms, much attention will be given to the realization of that component of EDFHO in 2015 while also exploring local options for resources in the face of dwindling international funding. Despite the anticipated challenges, EDFHO will continue to develop and implement programmes that have direct bearing on the less privileged and benefits the community at large.

EDFHO STAFF LIST FOR 2014

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 Manager	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.	Miss Hellen Afolami	Programme Officer	Kogi
11	Mr Ogidan Toluwa Ajibowu	Programme Officer	Kebbi state
12	Omole Funmi	Nutrition Officer	Kogi state
13	Awe Peters	Farm Manager	Ekiti- State
14	Luke Babatunde Ezekiel	Care and Support Officer	Kogi state
15	Mr. Egungbohun Kunle Seun	M&E Manager	Ekiti State
16	Mr. Alade Adebowale	M&E Officer	Ekiti State
17	Mr. Adetula Abayomi	M&E Officer	Kogi State
18	Babatunde Olawole	M&E Officer	Kogi State
19	Mr Owolabi Ade	Admin/ Finance	Ekiti State
20	Mrs. Igbayilola Grace	Account Officer	Ekiti State
21	Mr. Bolaji Popoola	Project Driver	Ekiti State
22	Opeyemi Quadrat	Logistics	Ekiti State
23	Mr. Ogunrotimi F. Damilola	Procurement/ICT Officer	Ekiti/ Ondo State