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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
CRS	Catholic Relief Services
CVs	Community Volunteers
ED	Executive Director
EDFHO	Environmental Development and Family Health Organization
HAF	HIV and AIDS Fund
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HCT	HIV Testing and Counseling
HHs	Households
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
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

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EXECUTIVE SUMMARY

Looking back at 2015, it has been a challenging but fruitful year. For us at EDFHO, we are grateful for the 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 by 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 year 2015 effectively open additional state office in the north Central region in Kwara State. A total of eight funded projects were executed during the year cutting across all of EDFHO thematic areas. Three new Contract Agreements were signed with different Implementing partners while EDFHO also invested in agriculture as EDFHO farms finally takes shape. In terms of staff capacity building, all key staff attended at least two capacity building trainings during the year with some attending as much as eight trainings.

Our activities for year across the thematic areas include:

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

- Promoting sustainable HIV/AIDS prevention among In and Out of School Youths in Kogi State – a project sponsored by KOSACA
- Improving HIV prevention response among Female Sex Workers in Ondo State – a project sponsored by ODSACA
- 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 – a project sponsored by EKSACA
- 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 – Sponsored by CRS
- Vitamin A supplementation towards reducing child's morbidity & mortality in Ondo, and Kogi States – supported by Vitamin Angels
- Community Mobilization for malaria control under the new Global Fund funding model – sponsored by ACOMIN
- 'Adopt a school' project – sponsored by Oando Foundation

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
- Documentation of waste management situation in Ekiti State – Sponsored by EDFHO

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

- Improving Household Economy through Village Savings & Loan Scheme, SILC and EDFHO microcredit facility
- One VSLA becomes cooperative society

4. Agriculture

- EDFHO FARMS was established during the year – the farm with the supervision of a hardworking and dedicated farm manager now has about 2 hectares of plantain, 2 hectares of Cassava with almost 6 hectares of maize already harvested.

5. Mentorship, Capacity building, and consultancy services

EDFHO during the year engaged in various consultancy services both from EDFHO as an organization and EDFHO Staff's consultancies. Some of these include

- Project Management Mentorship for SWAAN Ekiti, CHEID, AHEDO etc
- Consultancy with Ondo State hospital Management Board to Monitor public health facilities in Ondo State
- Final evaluation of the CSO component of the HAF project in Ekiti State
- Baseline study for FGMC practice in Ekiti State
- Project Management mentorship for WAHOW, St Joavics Foundation etc in Ondo State.

The year was however without challenges topmost was staff attrition. Seven Staff left the organization during the year forcing the organization to recruit and retrain new staff. Limited funding in the face of dwindling international support was another major challenge during the year as the number of new projects dropped during the year compared with previous years.

EDFHO looks forward to 2016 with hope and ecstasy as we continue the drive to raise fund needed for our activities locally. We will continue with the implementation of Social Mobilization for prevention and control of Malaria support by GF/ACOMIN and SFH, the Oando Foundation Supported 'adopt a school project', as well as CRS/USAID supported SMILE project. The organization will also expand her farming activities during the year with a target of 15, 000 plantain suckers planted by the end of the year while also piloting a proposed 'Charity Shop' to raise fund and inculcate the spirit of giving in the society.

We appreciate 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 Society for Family Health, USAID, Oando Foundation, 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 2016.

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

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. At the end of the project 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; and a total of 17, 278 individuals reached with MPPI.

For detailed final project report go to <http://www.edfhonigeria.org/Kosaca.html>

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)

Some pictures of activities conducted to close out HIV Prevention Activities in the intervention sites;



African Church Secondary School receiving their third position prize during WAD



Isanlu Community Secondary School receiving their 2nd position prize during WAD



Saint Kizito's College receiving their 1st position prize during WAD



Saint Kizito's College displaying their trophy and jubilating during WAD





EDFHO Staff with ISY from Kabba-Bunu moving round community during 2015 World AIDS day commemoration.



Cultural troupe displaying during an event to make 2015 WAD in Yagba East LGA



Audience listening to students presenting their poem during an event making WAD in Yagba East LGA

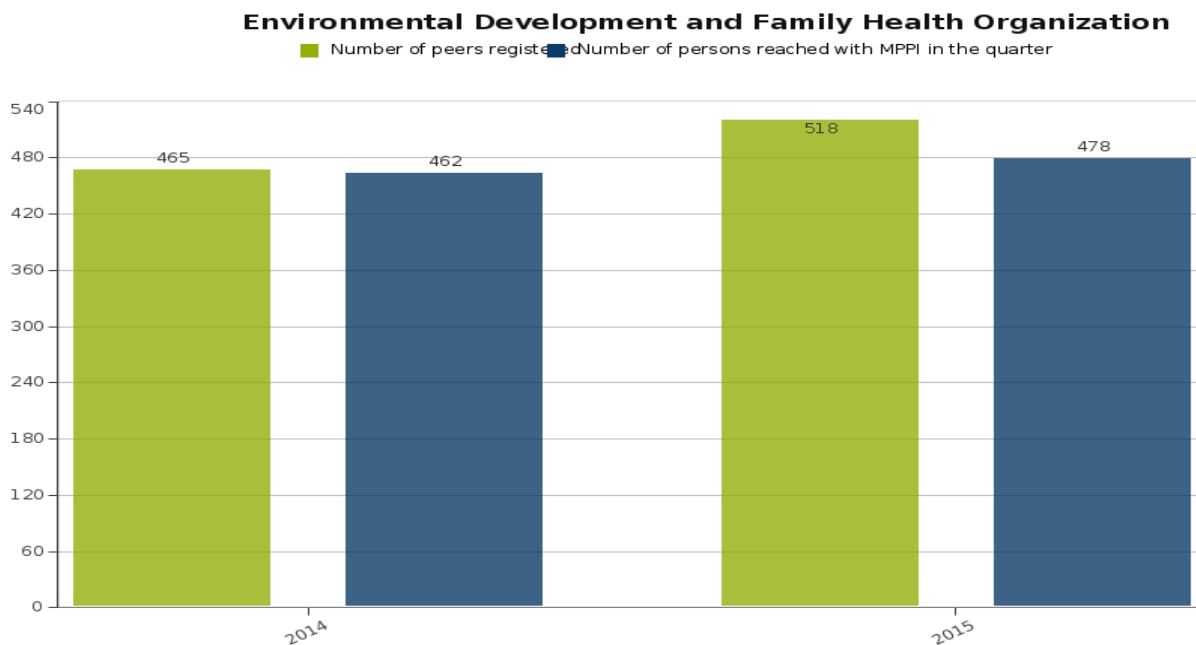
Improving HIV prevention response among Female Sex Workers in Ondo State (Funding from ODSACA/World Bank)

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 was completed during the year with notable results. The Chart below shows number of individual reached with MPPI as against number of peers registered during the project



For a comprehensive final project report follow the link <http://www.edfhonigeria.org/Odsaca.html>



Cross session of PLACE activities @ Jefad Shijuade



Cross session of participants during Cluster meeting



Cross session of participants during Cluster meeting



Peer Education session



Peer Educators' Review Meeting

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 two years of implementation using the MPPI standard, the project conducted series of Advocacy visits/meetings to relevant stakeholders in the project sites, two (2) open community meeting, trained 130 peer educators who have currently reached 4, 188youths as against the target of 3,800 given to the organization with MPPI. Other activities carried out during the reporting period include: Distribution of BCC materials, Baseline assessment, Peer Session, Peers sessions/Monthly review meetings, 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, Behaviour maintenance, Distribution of SBCC, Sustainability Activities, Monitoring and Evaluation, End line assessment, and Final community meetings.

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

S/N	ACTIVITIES	TOTAL NUMBER	NUMBER OF INDIVIDUALS	
			MALE	FEMALE
1.	Advocacy	5	7	8
2.	Peer Educators trained	62	30	32
3.	Number of male Condoms distributed	2139	2139	0
4.	Number of female Condoms distributed	44	0	44
5.	Total HCT Outreached Conducted	2		
6.	Total number of individual Tested and counseled for HIV	302	154	148
7.	Total number of individual tested HIV positive	Nil	Nil	Nil
8.	Number of Community Outreach Conducted	2		
9.	Number of target enrolled	8,460	4,140	4,320
10.	Number of target reached with MPPI	1,468	730	738
11.	Total number of IEC materials produced: T shirt Calendar Pamphlet Handbill			
12.	Total number of IEC materials distributed so far: T shirt Calendar Pamphlets Handbill	38 78 413 30	18 35 208 15	20 43 205 15

For a comprehensive final project report follow the link <http://www.edfhonigeria.org/Eksaca.html>



PE presentation during the vulnerability issue (Essential Life Skill) in ISY-S BCHS Ado



Cross section HAT team and the participants during the HCT counseling and testing at federal polytechnic, Ado





Cross section of participants during the distribution of condom and IEC materials in federal polytechnic, Ado



Cross section of participants during the community outreach program in OSY-Ado



Cross section HAT team and the participants during the HCT counselling and testing at OSY-Ado Ekiti



Cross section of participants during monthly review meeting with OSY PEs, Ado Ekiti



Cross sections of the signposts showing the 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)

Evidence had shown that Orphan and Vulnerable children in Nigeria are facing different challenges that make life difficult and unbearable for them, some children had become homeless due to separation from their parents or poverty, some are malnourished and lack adequate diet that can aid child development and growth, Child labour becomes order of the day in order for children to provide food for themselves and their households, while some are used for odds jobs like commercial sex workers (CSW) and abused of their various rights.

Some families neglected their children and make them face hardship of life, striking hard to survive in an unsecured environment, some children had been raped and become unprepared parents through this occurrence, while high numbers of children are still lacking basic education, dropped schools and become out-of –school youths engaged in different negative lifestyle like smoking, excessive drinking, drug and hard substance abused which endanger their lives and put them at high risk of contracting HIV and other related issues.

Environmental Development and Family Health Organization (EDFHO) took up the responsibilities to Mobilizing and enhancing community resources to create an enabling environment for improved quality of life for vulnerable children in Isanlu and Ejuku a community in Yagba East Local Government Area of Kogi State, EDFHO in the past 15 Months enrolled and provided quality improved VC services for 4,048 Children and 1,392 Caregivers through different activities and approaches.

27 Vulnerable Caregivers were trained on Income generating activities (IGA) to strengthen their capacities on income generating activities in order to provide for their families without waiting for external support, while EDFHO ensured that 1,392 Caregivers were reached at least once on counselling support services; provided counselling for caregivers on different challenges faced, while community was sustained through capacity building of community members who were trained as community volunteers to work with EDFHO in order to promote sustainable for the care and support of vulnerable children in these communities, while doing these community improvement teams were established also to work in conjunction with EDFHO to eradicate challenges facing vulnerable children in Isanlu and Ejuku communities.

Different lives were touched through with food support services, families were trained on how best they can manage and use available local food to prepare adequate diets and work on child development and growth, 3,761 children were reached with Nutrition Counselling and Education, Growth Monitoring, Food demonstration, food support and supplement.

Community members were sensitized on the rights and responsibilities of children through community outreaches, dialogue, community meetings and community volunteers were also trained on child right protection in order to spread the message of child right protection and these in turn reduced the cases of child abuse in these two communities and community members now have good understanding of child rights and responsibilities.

EDFHO target to reach the children through their households, EDFHO further trained, support and provided 384 Caregivers with Pro-Vitamin A Cassava and Orange Fresh Potatoes stem, caregivers supplied planted their farmland and it reduced their cost of purchasing the Agric input also increase their income through the profit generated from the harvest of the cassava and Orange Fresh Potatoes supplied to these 384 Caregivers.

The table below shown quality improved services provided for 4,048 children enrolled by EDFHO in Isanlu and Ejuku Communities and the effect/impact of the services in their lives.

S/N	Services Provided	Activities Process	Effects/Impact
1.	Psychosocial Support Services	* 1,392 Caregivers and 3,261 VC enrolled were counselled based on needs at least Once during this implementation year. * 10 Kid's club were established in 2 communities	1,392 Caregivers counselled were able to share their challenges and future decisions were taken. While the children life building skills improve through counselling support services inception provided by EDFHO
2.	Nutrition	Caregivers and VC were provided with Nutrition Counselling and Education Food demonstration Food support & Supplement Growth Monitoring	Caregiver's knowledge improved on sources of nutrients from local diet. 5 Malnourished issues were 5 children where provided with food support and
3.	Protection	Community dialogue, awareness and sensitization on child rights protection, collaboration with Nigeria Police Force through the Local Government Quality Improvement Team (LGQIT)	Children rights are protected, community members, caregivers and stakeholders knowledge improved on child right protection.
4.	Household Economic Strengthening	Formation of SILC groups in the two intervention communities, Capacities strengthen of caregivers on Income Generating Activities (IGA), supplied Agricultural inputs to 384 Caregivers	225 Caregivers skills on Income generating activities improved with 20 having petty businesses. 11 functional SILC grouped formed to enable caregivers accessed soft loans and promote saving earns from their businesses.
5.	Partnership established	Partnership was established by EDFHO with AHF, Kogi State Ministry of Women Affairs, Ifesowapo support group, to serve target beneficiaries more.	Enable and make referral easily. Beneficiaries were able to access some services that were not in EDFHO thematic area. More partnership and network was established, meeting concerning stakeholders were also attended.
6.	Capacity Building/Strengthening	EDFHO Officers capacities were strengthened on different VC services. Community volunteers, Caregivers and VC were trained on different capacity building issues; such as Nutrition, Child Right Protection, Psychosocial support, Home gardening, training on HIV prevention, care and supports	All these training build & Strengthened the capacities of 27 community volunteers to deliver at least one VC quality services to 4,048 VC and 1,392 Caregivers It improved the quality of services provided for the target beneficiaries and enable Community volunteers to provide It promotes project sustainability in the intervention communities.
7.	Health Care Services & HIV Prevention, Care and Support Programming	Health Education was provided for 4,024 children, through HIV Counselling and Test conducted 834 Caregivers and 2,056 VC were able to know their HIV status.	Target beneficiaries have access to HIV counselling and Testing with HIV prevention, care and support messages.

Nutrition Activities



Child growth monitoring



Training and Food demonstration for caregivers



Child status analysis and confirmation of vulnerability

HIV Counseling and Testing to enable target benefeciraies know their HIV Status



Providing Counseling and guides for VC and promoting life building skills;





Pictures gallery from the cassava stem distribution:





EDFHO HES Officer distributing cassava stems to the caregivers



Cassava stems been loaded from EDFHO field office for distribution in Ejuku



EDFHO HES Officer distributing cassava stem to caregiver

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

Vitamin A reduces the severity of infections by playing an important role in the immune system. It is critical in helping the body resist infection and disease. It also helps to decrease the severity and incidence of many childhood infections, such as diarrhea (15%) and measles (50%). Vitamin A is necessary for growth. Young children have a special need for vitamin A because they are growing rapidly. Pregnant women need vitamin A to help the growth of their unborn child. Women also need vitamin A after birth, to protect them and to help their growing infant.

EDFHO in partnership with Vitamin Angels Administered Vitamin A to children under 5 years of age in Ondo and Kogi state. EDFHO took the opportunity of the Vitamin A provide care to the 521 Male and 574 Female, a total of 1,095 children had access to the Vitamin A supplementation. EDFHO during the year also participated in a refresher training on Vitamin A administration and community assessment, the training held in Akure was organized by Vitamin Angels for local partners in selected states.





Community Mobilization for malaria control in Ekiti State under the new Global Fund new funding model – sponsored by ACOMIN

Malaria remains one of the greatest health challenges of this age and a major endemic parasitic disease and a leading cause 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.

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 premature delivery and death. It also low birth weight babies.

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 under five children result to home management of malaria.

In order to curb the ravaging incidence of malaria in Ikere Local government area of Ekiti State, Environmental Development and Family Health Organization (EDFHO)) with support from Association of Civil Society Organizations in Malaria control, Immunization and Nutrition (ACOMIN) reached out to In-school youths (ISY), Households and General Population on malaria prevention and control message using Interpersonal Communication (IPC) method.

The different target groups were met at various locations within the community; Schools, household by household and Village Meeting Square, they were counseled and guided on Malaria prevention, control and Management system.

Basic Malaria prevention, control and management information were provided, EDFHO IPC Conductors enhanced the community members with proper waste management skills, guided them to always keep the environment clean, clear bush surrounding their houses, doing this will reduce the habitation of mosquitoes within the environment and promote the reduction of environmental pollution in order to have an healthy environment that is free of malaria and Other relevant information such as symptoms of malaria, ways to prevent their households from malaria infections.

At the end of the intervention, a total of 5,995 people were reached which comprises of 3,214 females and 2,781 males.



Cross session of community members during house to house sessions



Cross session of community members during School sessions

Adopt-A-School Initiative (AASI), an education focused project in Ondo, Ekiti, and Kwara states supported by Oando Foundation

Adopt-A-School Initiative (AASI) is a project committed to empowering communities through education. Its objective is transformation of the primary education system by creating conducive learning environment, provision of educational resources and teaching aids, provision of scholarship, facilitation of community participation in school governance and deployment of a teacher/student capacity building programme for effective learning.

EDFHO during the year worked in three states of Ondo, Ekiti, and Kwara to assess primary education status using selected schools as samples. With the support of state authorities, EDFHO worked with four primary schools across the states during the year and provided scholarship to 30 students among other activities.

It is hoped that with continued support from partners and donors EDFHO will within the coming year rollout other components of the project including teacher's capacity building, SBMC training, school renovations, provision of ICT facilities as well as continue with the scholarship program.



Meeting with SUBEB authority in Ekiti State



Meeting with Scholars' parents/guardians in Ondo State



Meeting with parents and SUBEB Officials in Kwara State



Scholarship Disbursement in Kwara State

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

In the last twenty years, EDFHO 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 in 2014 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 in Ado Local government area, the associations during the years continue with their monthly loan repayment and savings contributions. 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. During the year 2015 one of the groups graduate to become a cooperative society registered with the state government, the cooperative with a pioneer membership of about twenty women involved in various small scale businesses and agriculture has registered and open an account with the bank of agriculture and accessing loan as a cooperative body. The overall effect of this is improved business finances for members' households and ability of household to support their children's welfare and education without recourse to public aid.



The model for empowering communities and household to take hold of their economy is being replicated in other states outside Ekiti State. Within Kogi State EDFHO is using the **Savings and Internal Lending Communities (SILC)** approach to improve household economic status. One of the major issues facing the target households is poverty and poor management of resources, caregivers finding difficult to make use of available resources within their reach effective and this had led to different negative effect in their lives.

Some caregivers had income generating activities but cultivate poor savings culture while others with skills and income generating activities does not have the financial capacities to establish petty trade that can fetch income. EDFHO with the required capacities trained 6 community members as Field Agents to manage and supervise 11 function Savings and Internal Communities (SILC) groups, link together caregivers to the groups to access loan and establish an income generating activities in order to promote their households economy status and moved out of vulnerable status, 11 functioning SILC groups with 310 members and N730, 000 as total savings of the 11 groups.



Various SILC groups at their weekly SILC meetings



Agriculture

Contemporary events around the world have shown increasing concerns for the 75 percent or more people inhabiting the rural areas. This is justified by the high correlation that exists between rural living and poverty especially in developing countries (World Bank, 1994). Poverty can be said to be determined by a number of factors including the level of economic growth, the way growth affects the poor, the pattern of government spending and the initial distribution of income. Agriculture employs nearly one-half of the labour force in developing countries. Indeed, a high share of rural communities and especially the rural poor are directly or indirectly dependent on agriculture through farming, food processing, fishing, forestry, and trade (Muhammed, 2007).

Agriculture is the backbone of Africa's economy. About 70% of Africans and roughly 80% of the continent's poor live in the rural areas and depends mainly on agriculture for their livelihood. The sector accounts for about 20% of Africa's GDP (ECA, 2004), 60% of its labour force and 20% of the total merchandise exports. Agriculture is the main source of income for 90% of rural population in Africa. Agriculture represents a great part of the Africa's share in world trade. On the list of 20 top agricultural and food commodity importers in 2004, 60% are from Sub-Saharan Africa. African countries represent also 50% of top 20 countries, in terms of the Share of total agriculture/ total exported merchandise in the world (ECA, 2007).

The sustainability of agriculture in Nigeria cannot be isolated from the sustainability of development in the country and beyond. Agricultural development, a subset of economic development, implies a sustained increase in the level of production and productivity over a reasonable length of time and the subsequent improved wellbeing of farmers as reflected in their higher per capita income and standard of living. Rural development relates not only to a sustained increase in the level of production and productivity of all rural dwellers, including farmers, and a sustained improvement in their wellbeing, manifested by increasing per capita income and standard of living, but also leads to a sustained physical, social and economic improvement of rural communities.

Therefore, there is an urgent need not just for private individuals and profit driven bodies to invest in agriculture, but for development oriented organizations that focuses on improved socio – economic and health conditions of its target audience to actively engage in agricultural processes for sustainable growth. Following EDFHO's drive for sustainability, the farm was conceived primarily to provide revenue needed to continue implementing EDFHO's charity developmental activities. The farm will also provide employment opportunity as well as training ground for youths and families towards poverty reduction. The comprehensive processing and packaging will put Ekiti State and the institution on the map of economic development initiatives as well as contribute to the gross domestic product of Nigeria.

EDFHO during the year went into partnership with Benin – Owena River Basin Authority and lease a 20 Hectares farm land from the authority. Six (6) hectares of the farmland was opened during the year with 2 hectares of Pro – Vitamin A cassava, 2 hectares of Plantain, and six hectares of maize planted within the year. Due to change in climate and drop in rainfall level, the organization also install irrigation system within the farm to sustain crops during the dry season.

Plans are underway to have nothing less than 15, 000 plantain stands by the end of next year intercropped with maize while a section will continue to be dedicated to cassava cultivation.



The farm land before opening



Opening operation on the farm land



Installed Irrigation system on the farm



A section of the farm presently (Still work in progress)



CONCLUSION

The year has seen tremendous changes in EDFHO's programming principles especially in the drive towards sustainability of the organization and activities. As we take up year 2016 with eagerness and great expectation, we will continue to rely on our team of extremely dedicated staff, the ever supportive BoT, our partners, and most importantly various community stakeholders we work with in our drive to ensure improved status of living for our target beneficiaries.

In the coming year, we will be engaging you all more in our drive to change the landscape of development work in Nigeria, we desire to see a Nigeria where larger percentage of fund used for development work is generated internally without depending on foreign donors. This will require development organizations thinking outside the 'box' and be the driver of innovations in community development, EDFHO is taking a bold step by diversifying our funding source and piloting various ideas. We call on all of you to be part of the process, contact us for partnership ideas that contributes to this dream visit our webpage at www.edfhonigeria.org to see where you could work us. 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.