

*CREATING ALTERNATIVES
PROMOTING
SUSTAINABLE HUMAN AND ENVIRONMENTAL
SOCIETY IN NIGERIA.*



*ELOHIM FOUNDATION
ANNUAL PROGRAM REPORT*

2023.

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TABLE OF CONTENTS

1. Forward.....	3
2. Background.....	4 - 6
3. Executive summary.....	7 - 8
4. Lessons from 2023.....	9
5. Highlights of Key Program Achievements under core thematic areas in 2023. ----	9
6. Assessing our work against core strategic program focus -----	10
7. Theme One: Community/Public Healthcare & Support services -----	10
8. Theme Two: Child Protection/Gender Development -----	36
9. Theme Three: Environmental Resources Management & Agriculture/Food Security -----	76
10. Cross Cutting Theme: Entrepreneurship/Economic empowerment & Poverty Reduction	81
11. Cross Cutting Theme: Organizational Development, Human Resource Management and Capacity Development	86
12. List of ongoing projects	123
13. Implementing Partners and Support Agencies	123
14. Appreciation.....	123
15. Financial Report.....	124 - 125

FORWARD

Elohim Foundation is a registered national development and humanitarian non-for-profit Organisation with its cooperate head Office in Abuja, she started operation as The Carpenter's Foundation International, inaugurated on the 13th of September, 2001 and got registered with the Cooperate Affairs Commission on the 29th of April, 2002 but had a structural review that necessitated the change in name to Elohim Foundation in 2010.

Elohim Foundation envisions a Sustainable Human and Environmental society with a Mission to provide social intervention services that addresses the challenges of sustainable human society, through people centred approaches in both development and humanitarian settings.

Our work could not have been better placed, considering the low level of development, poor health system, increasing cases of child and women abuse and disasters that tend to challenge the very survival of human race in our world of today and in particular in Nigeria. Surely, in a country like Nigeria that is globally rated as most religious set of people in the world amidst its vast natural resources, material endowment and rich human capital, one expects a people devoid of poverty, conflict and bad governance but this is rather not the case.

This report, therefore describes our work, successes, challenges and lessons across the three-core thematic area and 4 cross-cutting areas of focuses for the year under review.

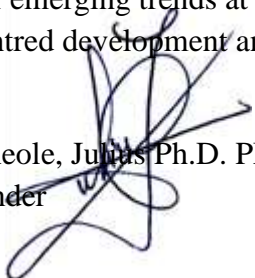
They are:

1. Core Focus:
 - i. Community/Public Healthcare and Support Services
 - ii. Child Protection/Gender development.
 - iii. Environmental Resource Protection/Management.
2. Cross cutting Focus:
 - i. Entrepreneurship and Poverty Eradication.
 - ii. Transformational Leadership and Good Governance
 - iii. Capacity building and Conferencing/Summits.
 - iv. Peace building and Irregular migration

Indeed, we have made an appreciable level of progress towards the realisation of our goals, but this is not without some notable and interesting challenges that we hope to tackle squarely in the coming year to further enhance our work. We sincerely appreciate our staff and key stakeholders whose commitment, hard work, and conviction made our work in 2023 possible, truly they have been wonderful.

In 2007, we shall seek to improve the quality of programmes, while vigorously pursuing the implementations of more interventions under within our program focuses while accepting the realities of emerging trends at ensuring sustainable human and environmental society, through people centred development and humanitarian services in Nigeria.

Arc. Ibecheole, Julius Ph.D. PMD. MNES. FGEISoN.
CEO/Founder



BACKGROUND

Elohim Foundation as a structured cooperate entity has the under listed as its strategic statement that guide its operation.

Goal: To contribute to the sustainability of the human community through the prevention and impact mitigation of socio-economic challenges, while promoting human capacity development.

Vision: Elohim Foundation envisions a Sustainable human society.

Mission: To provide social intervention services that addresses the challenges of sustainable human society, through people centred approaches in both development and humanitarian settings.

Objectives:

Core Objectives:

- a) To provide community based public health intervention: health promotion and point of care services, while promoting universal access to healthcare for the general public and vulnerable populations.
- b) To provide child focused family-based interventions in promotion of a safe environment for the comprehensive development and wellbeing of vulnerable children, and promote gender-rights, mainstreaming while preventing gender-based violence & abuse; within and outside Humanitarian Action.
- c) To promote green development, through environmental protection & conservation, climate change adaptation & research, disaster response, and smart agriculture, nutrition and food security in attainment of sustainable human society

Cross-Cutting Objectives:

- a) To improve the socio-economic status of the rural and urban poor.
- b) To promote a culture of Good Governance and transformational leadership.
- c) To create awareness on the dangers of Conflict/violence, human trafficking, child abuse and irregular migration while mitigating its impact among victims in promotion of the rights and dignity of human life and the need for global peace.
- d) To promote knowledge and skills acquisition necessary for human and societal development in attaining human sustainability.

Thematic Program Coverage:

Community/Public Healthcare and Support Services:

- HIV/AIDS, TB, HEPATITIS AND MALARIA INTERVENTIONS (Structured Prevention intervention, Treatment literacy education, Home-Based Care, PMTCT of HIV/HEP B&C, Counselling and Testing, Referrals and Impact Mitigation)

- Maternal & infant mortality/morbidity reduction programming (Family Planning, Exclusive Breast feeding, Nutrition, Immunization/vaccination, Health education, Malaria, Vitamin supplication, De-worming and Water & Sanitation)
- Adolescent Reproductive Health Education and Programing.
- Urban & Community Water, Sanitation and Hygiene programming
- STI Testing and Treatment.
- Cancer awareness and Referral.
- Vaccination.
- Family Planning Services.
- General Laboratory Services.

Child Protection/Gender development:

- Vulnerable children care services (Health-WASH, Education, Food & Nutrition, HES, Shelter & Care, Protection and Psychosocial Support)
- Child Protection in Humanitarian Action.
- Child Right
- Food Security.
- Case management on child sexual abuse, trafficking and violence against children.
- Gender Mainstreaming
- Gender Equity.
- Gender Based Violence/Abuse.
- Irregular migration returnee victim support services: counselling, reintegration and empowerment

Environmental Resource Protection & Management, and Agriculture:

- Environmental conservation and protection programming (Agro-forestry, Forestation, Watershed & Waste Mgt.)
- Climate Change Mitigation and Adaptation Research.
- Smart Agriculture.
- Food Security & Nutrition
- Disaster Response.

Cross-Cutting Programmes

Social Entrepreneurship and Capacity Development

- Skill Acquisition training.
- Business start-up and Management training.
- NGO Development and Management Training.
- Health/Allied workers Practitioners Competency-based training programs.
- Project/Community Volunteers program services capacity building.
- National Development Summit.

Governance and Leadership

- Policy Advocacy and technical support to agencies of government,
- Citizenship engagement/participation programming,
- Public accountability,
- Budget tracking.
- Third Party Monitoring.

Standard Operating Approaches:

- Right base approach
- Gender Integration & Social inclusion
- Participatory Monitoring, Evaluation, Adaptation and Learning

Our Values (Also use infographics by using objects, symbols or animation that interpret these values)

- We respect the various traditions and loyalties of our co-worker, partners and beneficiaries.
- We identify as deeply as possible with people's hurts and concerns.
- We spare no effort to being reliable, accurate and open in our operation
- We recognise and encourage God given gifts and the acquired skills/ knowledge in both male and female.
- Respect for all Races and ethnic groups.
- Determination and boldness to services requiring us to be creative, radical, excellent and attractive without being ostentatious and sensational.

Strategies:

- Partnership/Collaborations.
- Policy Advocacy & Accountability.
- Capacity Building, Research & Conferences.

Strategic Priority: Seven right based themes which overlap and intersect with each other.

- Human rights
- The right to life and dignity in the face of diseases.
- The right to food
- The right to education
- The right to human security in conflict and emergencies.
- The right to sound/healthy environment
- The right to shelter.
- The right to freedom/choice/association and self-determination.

Executive Summary:

The implementation of four projects in the past one-year spanning from January to December, 2022 have in concrete terms recorded significant level of successes, both in services provision to project beneficiaries and in building and strengthening relevant capacities of Elohim Foundation Personnel and Community Volunteers and Case Management Workers. Elohim Foundation, target reach for year 2023 across the four projects currently on going will be provided below.

EF signed on the new OVC project titled: ‘The Integrated Child Health and Social Services Award’ (ICHSSA 3) a USAID funded five-year project targeting Kano and Niger state. The project is a consortium of three organizations led by Society for Family Health (SFH) with Save the Children International (SCI) and American International Health Alliance (AIHA). ICHSSA 3 aims to reduce the impact of HIV and AIDS on orphans and vulnerable children (OVCs) and therefore assist in attaining epidemic control. The goal is to ensure that OVCs are cared for and protected by their households, communities, local and state governments.

The project focuses on four result areas to achieve the project goal: 1) Households have increased access to basic services and care for OVC, 2) Communities ensure that OVC secure their rights, 3) Local and State Governments deliver basic services and detect and respond to child rights violations, 4) Prioritized targeted services for specific OVC sub-populations utilized.

Elohim Foundation as a sub-awardee on ICHSSA-3 project, commenced project implementation in five LGAs namely Suleja, Tafa, Gurara, Paikoro and Munya LGAs in Niger state with a target of 11,741 vulnerable children and caregivers.

By October barely 10 months into project implementation the organization was directed by SFH to cover the additional five LGAs (Bosso, Chanchanga, Bida, Agaie and Lapai) as a result of this there were slight changes in the target reach and locations. This was orchestrated by the withdrawal of the organization that was covering the additional LGAs on the project. With this expansion, the staff and volunteer strength increased likewise. The staff strength increased from 18 to 25 and Community management case workers (volunteers) from 37-99.

All so implemented in this year is the Key Population Community HIV Services Action and Response (KP-CARE-1) Project, which is a USAID-funded Project managed by Heartland Alliance Nigeria as the Principal recipient in six Nigerian States, namely Akwa-Ibom, Cross River, Jigawa, Niger, Bayelsa, and Lagos. The program’s main goal is to reduce the HIV incidence, morbidity, and mortality among KPs as well as their sexual partners and children by increasing their access to HIV prevention, diagnosis, and treatment by addressing the biological, social, and structural drivers of the epidemic using human rights principles and sustainable peer-led approaches.

Elohim Foundation (EF) as one of the sub-recipients of the KP CARE1 project grant to implement HIV prevention, care, and treatment activities for key population, Female sex workers (FSW) in 10 Local Government Areas namely (Suleja, Borgu, Tafa, Gurara, Bida,

Zungeru, Chanchanga, Bosso, Mokwa and Kontagora) in Niger state. During this period, our organization was required to reach a target of 5911 Female Sex Workers (FSW) in Suleja; Tafa; Gurara; Bosso; Chanchanga; Wushishi; Kontagora, Mokwa; Bida, and Borgu Local Governments Areas of Niger State with basic, high-quality HIV prevention services and commodities, ensure 5320 FSW access HIV counseling and testing services (HTS), provide services to 27 children of FSW, with an expected reactive (+ve) of 532 FSW.

In fiscal year (FY23) which commenced in October, Elohim Foundation was required to provide HTS to a target of 4271 Female Sex Workers (FSW) in Suleja, Tafa, Gurara, Wushishi, Kontangora, Bida, Mokwa, Bosso, Chanchanga and Borgu Local Governments Areas of Niger State with basic, high-quality HIV prevention services and commodities, ensure access to HIV counseling and testing services (HTS), provide services to children of FSWs, with an expected reactive (+ve) of 299 clients. Elohim Foundation worked for three months under this project before it was discontinued by the funder in March 2023.

In the year under review, Elohim Foundation Community Facilitators continued community-based service provisions amongst clients, mobilizing clients due for viral load samples collection and refills for ART, PrEP, and more so, providing HIV testing and counselling on request around the FSWs hotspots in the 10 LGAs. The Community facilitators (CF) created a demand for HIV counseling and testing and linked/referred positive clients to the HALG FSP for ART enrollment, screened negative clients for PrEP, and referred those eligible for PrEP uptake to the FSP for uptake of services. In addition, the sexual partners and children of index clients were elicited and HTS provided to those who opted for it.

Consequently, clients were screened for Gender-based violence at the uptake of services. Gender norms activity was conducted amongst female sex workers in Suleja and Tafa LGA. HIVST Self-Testing activity was conducted. More so Biometrics was conducted for clients that were eligible in this reporting FY.

The Officers of the M&E unit also conducted monthly onsite supportive supervisions across project locations, the visits afforded him the opportunities to mentor and also provided support around areas where the Counsellor Testers needed technical support.



Lilian E. Julius-Godfrey
Director of Programs.

LESSONS FROM 2022

A few issues were highlighted in our 2022 report, which formed our strategic direction and focus for 2023. They include, among others the following:

1. **Movement to our new office:** Out of the need to have Elohim Foundation Cooperate Office Building in the face of unsustainable increasing annual rent, the CEO and Founder of the Foundation vacated his first residential building: a four-bed room bungalow for the conversion into a one-story floor building that now serve as the permanent cooperate Head Quarters of Elohim Foundation at Plot 458, Block 5, Ibecheole, Julius Street, Sangwari Layout, Dutse Abuja, FCT. This is believed, will be an incentive for greater partnership with other development institutions and encourage more personnel commitment to work.
2. **Resources Mobilisation:** The need to establish a more sustaining program interventions in Nigeria with a huge budget base, the management of Elohim Foundation in 2022 identified new founding mechanism and sources, largely from the environment sector. Proposals were developed and submitted for consideration while also enlisting with such bodies that will promote its good image.

HIGHLIGHTS OF 2023

The Expansion of Board of Trustees: In an effort to ensure the accountability of the CEO/Founder, and the transformation the foundation to a more progressive entity, the existing Board of Trustees in consultation with the management staff decided to increase the current Board of Trusty from 5 to 9. Choosing from credible Nigeria. This process is on-going til the current reporting year, with the nominations of new BoT completed and necessary documentations and the layer have been engaged to proceed to the Corporate Affairs Commission.

Infrastructural development

Another area of significant result from 2023, is the success story of the Foundation, in moving to its own Administrative Headquarter in Abuja at Plot 458, Block 5 Ibecheole, Julius Street, Sangwari Layout, Dutse – Bwari Area Council, Abuja Federal Capital Territory. This HQ is a full-fledged operational office for the cooperate functions of the foundation.

ASSESSING OUR WORK AGAINST OUR CORE STRATEGIC PROGRAMME FOCUS: In this section, we will look at our work achievements across the five thematic area of programme focus.

**THEME ONE:
Community/Public Healthcare and Support Services**

Programme objective: To provide community based public health intervention: health promotion and point of care services, while promoting universal access to healthcare for the general public and vulnerable populations.

Strategy of implementation:

- Partnership with project IPs.
- Collaboration with designated Healthcare Facilities
- Community Volunteers engagement

Reports:

KP CARE 1 Project:

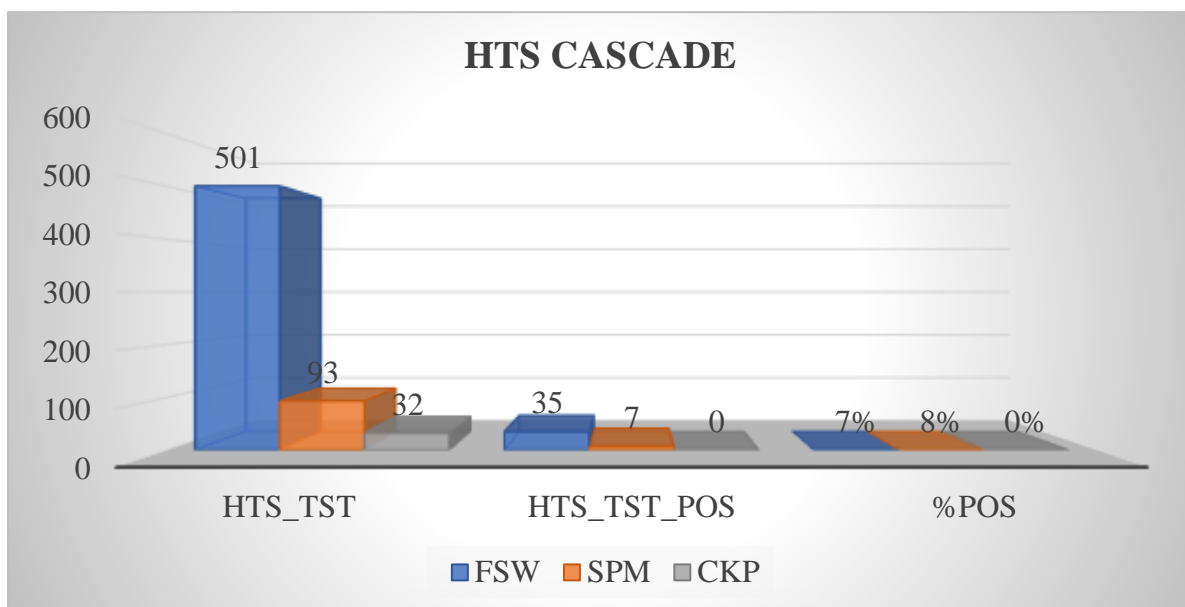
In this reporting year, prevention services were provided to FSWs, condoms were distributed and clients stratified as high-risk were equally enrolled on PrEP as a measure to reduce HIV transmission among the KP community members. HIV testing services were provided to clients based on request and also their sexual partners and children of index clients were tracked and also tested during the month across various locations in the project implementation LGAs. These were conducted by the Community Facilitators (CFs) with support from the Focal Service Providers (FSPs). Prior to the testing, the clients were counseled on the modes of HIV transmission, prevention strategies, U=U messages, PrEP uptake for high-risk negative clients, and ARV uptake for those that test HIV positive. At the end of the testing before the issuance of results, post-test counseling was also conducted to reinforce the information provided during the pretest counseling sessions. The clients who presented any signs during screening for syndromic STI, were referred to the FSP for further consultations and treatment.

The achievements for 2023 are cascaded below:

- No of clients that received Prevention services 594 KPs (501FSWs, 93 SPM).
- No of clients that received HTS services 631 KPs (501 FSWs, 93 SPM, 16 CKPM, 16 CKPF).
- 2,995 pieces of male condoms were distributed to KPs.
- 718 pieces of female condoms were distributed to KPs.
- 1,417 pieces of Lubricants were distributed to KPs.
- 42 KP (35 FSW, 7 SPM) were linked/Referred to the FSP for ART enrollment in this reporting month.
- 224 KPs (210 FSW, 22 SPM) were referred for PrEP enrollment.

- 155 KPs (112 FSW, 43 SPM) were refilled for PrEP continue.
- 240 KPs (233 FSW, 7 SP) were referred for STI Treatment.
- 3 KP (1 FSW, 2 SPM) was referred for TB Gen-Xpert test.
- 1 KP (0 FSW, 1 SPM) was referred for Post GBV Care.
- 37 (18 CKPM, 19 CKPF) accessed HTS services.
- 0 PMTCT enrollment.
- 11 FSWs were screened for CXCA.
- 37 FSWs attended Gender Norms.

HTS/POSITIVE: The Community Facilitators, during the mobilization exercise for services uptake across project implementation LGAs, also conducted ICT within hotspots visited, clients who requested HTS were counseled and tested, FSWs/SPs that tested positive were referred to the HALG FSPs for confirmatory test and ART enrollment to ensure a continuum of care and other services uptake. 631 KPs (501 FSWs, 93 SPM, 16 CKPM, 16 CKPF) received HTS services, 40 KP (33 FSW, 7 SPM) tested positive, and were referred for confirmatory testing and enrolled into care by HALG-FSP.

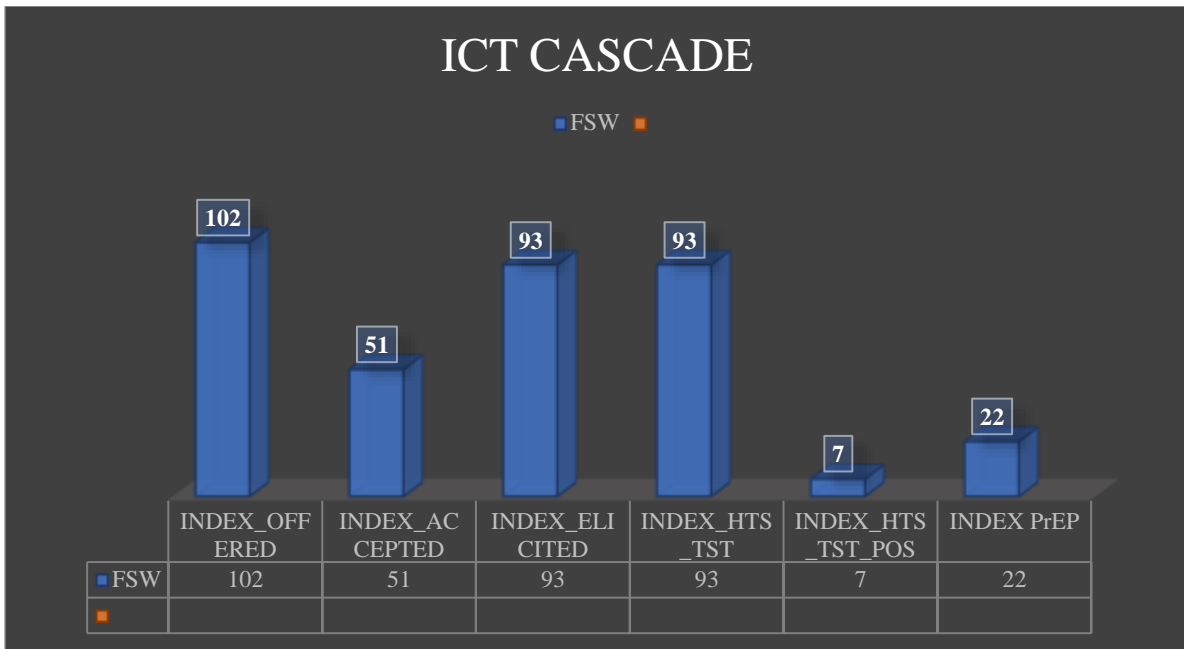


- **ii. STI:** As part of efforts to ensure that KP community members reduce the rates of their risky behaviors, syndromic STI screening was conducted during HTS_TST services provision in the month under review, those who presented with signs and symptoms were referred to the HALG-FSPs for treatment, which 240 KPs (233 FSW, 7 SP) were referred for STI Treatment.

iii. ICT: KPs (FSWs, PWM, PWF, SPM) Index clients were offered ICT services; the breakdown is provided accordingly below:

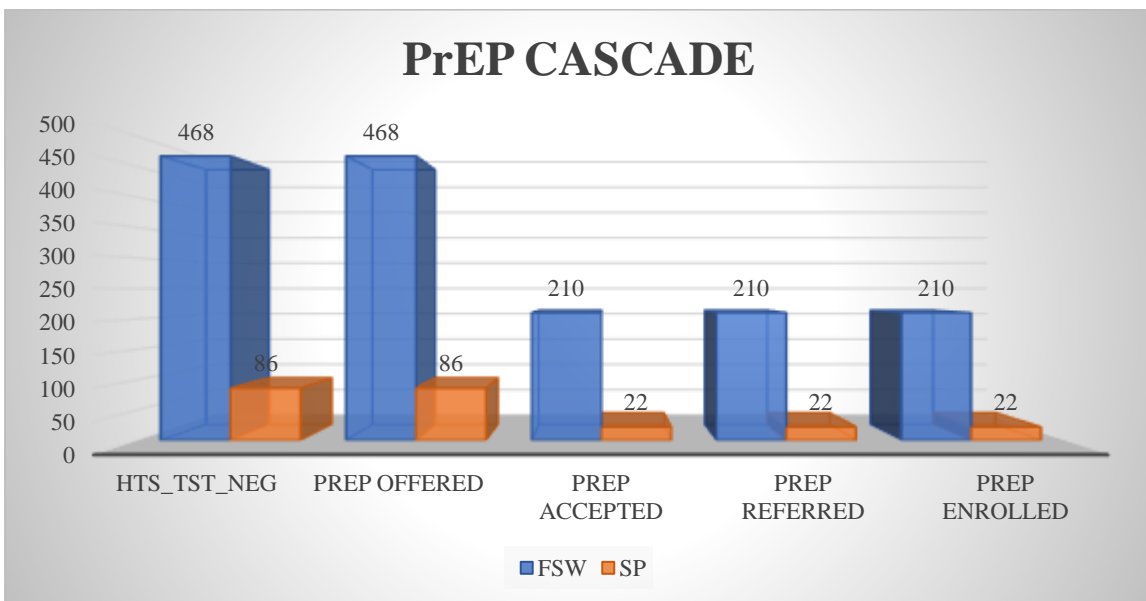
- **ICT OFFERED –KPs 102 (FSW)**
- **ICT Accepted – KPs 51 (FSW)**
- **Elicited SP and tested- (93 SPM)**

- Elicited and tested CKP- 32 (16 Females, 16 Males).
- Tested Positive KPs (4 SPM)
- Tested Positive OVC (0)

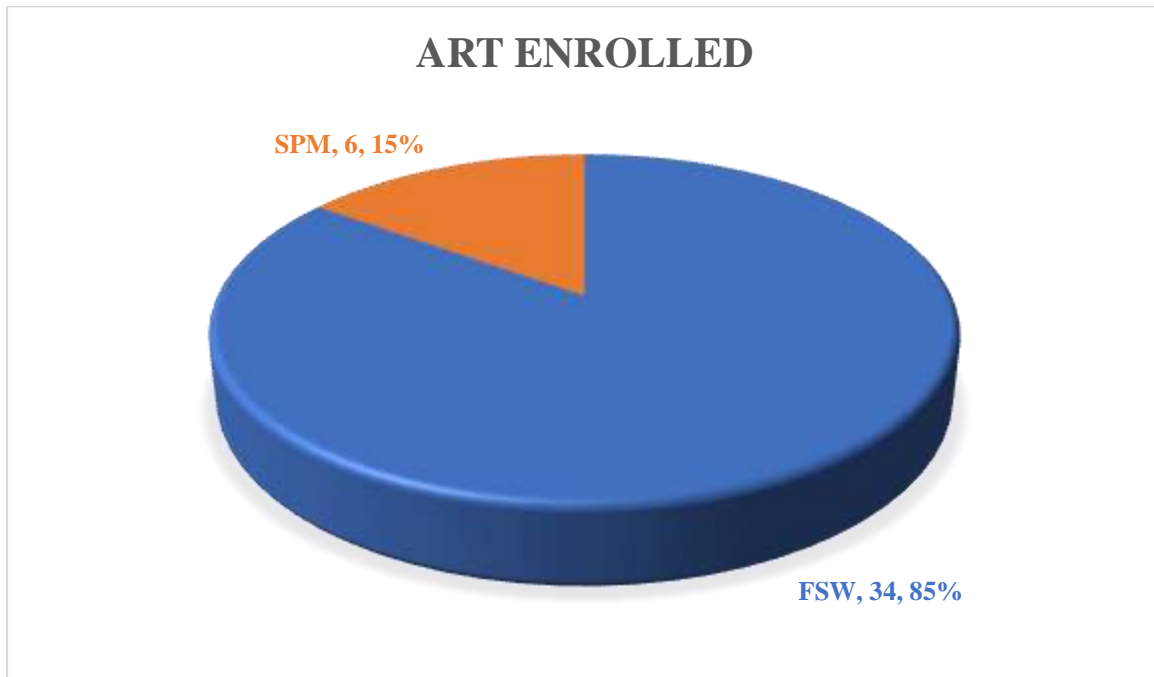


PrEP CASCADE:

- 554 KPs (468 FSW, 86 SPM) tested Negative
- PrEP offered: 554 KPs (468 FSW, 86 SPM).
- PrEP accepted: KPs (210 FSW, 22 SP).
- PrEP referred: KPs (210 FSW, 22 SP)
- PrEP newly enrolled in the quarter KPs (210 FSW, 22 SP).



- a. **OVC / PEDIATRIC:** In this reporting month, **37** Children of KPs (18 CKPM, 19 CKPF) were elicited from their caregivers and were provided with HTS services.
- b. **LINKAGE:** Clients that tested positive were linked to ART services uptake. **40 KP (33 FSW and 7 SPM)** linked for ART enrollment, and **62 KPs (50 FSW, 12 SPM)** for PrEP uptake in the reporting period.



- a. **MHPSS:** Mental Health and Psychosocial support services were provided to all clients during HTS service, ART/PrEP refills, viral load samples collection, and enrollment in care for new HIV-positive clients.

ICHSSA3 Project:

Elohim foundation in the Year 2023 carried out activities as contained in the approved workplan of the ongoing ICHSSA 3 project were conducted across the 10LGA communities of project implementations. Several activities were carried out were HES (VSLA, C-CIYCF, Nutrition, Cash Transfer, Food demonstration, household food support), PSS, Gender norm sessions, CCPC/CQIT, care and support services (Escort Referral), Nagari Nakowa (Parenting skill sessions), world Aids Day, 16 days of Activism, IMsafer” No Means No” /gender-based violence preventive sessions amongst adolescent boys/girls in two LGAs, while every other activities were carried across 10LGAs.

3570 Caregivers (171M&3399F) completed gender norms. Also 2624 (801M & 1823F) completed Adolescent Forum. A total 6,194 (972 Concerning birth certificates, in this FY 2298(1254M & 1042F) birth Certificates were issued. 1012 VC (563M & 449F) were newly issued with birth certificates from NPOPC while 1284VC (691M &593F) birth certificates was photocopied from the caregivers. A total of 2296 (1254M & 1042F) was achieved. 48 CPC formed with 27 functional CCPC. 5 functional CCPC/CQIT were inaugurated at Kwamba,

Paikoro Central, Tunga Mallam and New Dutsen Kura Hausa communities. Advocacies visit were made to create awareness and also to strengthen CPC/CQIT structures that are not functional. Success stories and efforts towards achieving OVC 6+1 service delivery in communities were achieved through continuous sensitization to ensure that OVC are cared for and protected from abuse and harm in a safe environment in which their rights are respected.

In this YEAR 2023, ICHSSA-3 project received support from LGA stakeholders, such as **47** pieces of MUAC from NFP Tafa LGA, **100** pieces of **40leaves** exercise from Education Department Suleja, LGA 1carton of Micro Nutrient powder(**100packs**) for malnourish VC from NFP Gurara LGA, improved Paw- Paw seed from Paikoro LGA. Mini Hall for meetings. On the 29th of November, 2023, EF marked 16 days of gender Activism at Kwamba community, Suleja the international day set aside to mark activities seeking to address the issue of GBV and seeks to promote gender inequality and equity in power relation between male and female gender. The theme for this Year 16 days of Activism was “UNiTE! Activism to End Violence Against Women and Girls”. Women, adolescent, youth and men graced the event and impact was made to address harmful cultural practices that affect women and girls in the community, **89(15M &64)** attended the event, **71(33M&38F)** VC received Vitamin A and Deworming tablets.

Also, Elohim foundation marked world Aids Day on 1st of December, 2023 at Angwa in Gurara LGA. World Aids Day is an annual celebration across the World, which is held every Year on 1st December. It's an international day dedicated to raising awareness on the AIDS pandemic caused by the spread of HIV infection and mourning those who have died of the disease. World AIDS Day brings together people from around the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. The day is an opportunity for public and private partners to spread awareness about the status of the pandemic and encourage progress in HIV/AIDS prevention, treatment and care around the world. It has become one of the most widely recognized international health days and a key opportunity to raise awareness, commemorate those who have died, and celebrate victories such as increased access to treatment and prevention services. This World AIDS Day in 2023 UNAIDS is urging each of us to address the inequalities which are holding back progress in ending AIDS. It is celebrated with the theme: **The “Equalize”** this slogan is a call to action. It is a prompt for all of us to work for the proven practical actions needed to address inequalities and help end AID. **137 (M67 & F70)** CGs & VC were present during the activity, **58 (M22 & F36)** CGs received HTS testing and Post-test counselling on precautions. **79(M45 & F34)** children were given Deworming tablet and Vitamin A Supplementation. **World Hepatitis Day was marked in Bosso, Chanchaga, Paikoro, Gurara and Suleja LGAs respectively.**

A 3-day Organizational Capacity Assessment (OCAT) and Site Information Management system (SIMS) was conducted on the Organization-Elohim Foundation. The activity which was held at the Suleja office was organized by SFH and was attended by the state Team lead, Mr. Ladan Mohammed, the OD Advisor in the person Mustapha Teila (CBA) SI Advisor, Ehimere Endurance and EF project management team. The Capacity Building Advisor, Mr. Mustapha, facilitated the process, the activity, was conducted using the OCAT and SIMS

assessment tools, the essence of the exercise was to identify gaps that exist in EF (system) and ICHSSA3 activities implementation so as to develop steps for addressing the gaps, as well as strengthen the existing system. The assessment contributed to the building of organization's capacity and increased knowledge of staff on implementation process.

Referral Coordination Meeting was conducted in Q3 & Q4, 2023. The meetings had in attendance relevant stakeholders across 10 LGAs: MDAs in the LGA, staff of Elohim Foundation and SFH, was held at the LGA Council Secretariat. The objective of the meeting was amongst other things to: To have situational analysis of OVC Technical Working Group (TWG), Strengthen mutual accountability and promote active collaboration between key OVC, Gender, health, and social service providers for OVC in the LGA, developed LGA OVC service referral directory by getting inputs from the stakeholders, present achievements, identify challenges, and proffer way forward for participating organizations, facilities, and service delivery points in providing delivery services to OVC and their HHs and harmonize strategies to addressing identified challenges. The meeting which was moderated by Dir of Social welfare/Development feature presentation of overview of the Project, Referral Directory Compilation, Presentations by OVC SDPs as well as updates on Multi-Disciplinary Team TOR/Issues with OVC Service Provision/ Referral and ways forward. The event was concluded with the development of action plans by key stakeholders, and dissemination of SFH Complain Response Mechanism Phone No (CRM) for complains, contribution and suggestion of stakeholders towards ICHSSA3 project.

Also, Advocacy visit was paid to the office of the newly elected chairman of Chanchaga LGA in the company of Director Social Development, sectional head, LGA secretary, Social welfare officer, GH Minna Pead ART Cord, CCMWs, SFH staff and EF- PM. The advocacy visit aimed at introducing ICHSSA3 project to the new chairman, give progress report on achievement this far, get his buy-in, commitment and support of the ongoing ICHSSA3 project. The Advocacy team was warmly received by the Deputy chairman, as the chairman was unavoidably absent. Elohim Foundation PM gave a run-down of ICHSSA3 project, its progress, challenges and need for collaboration and support from the LGAs. The Deputy Chairman Honorable Isah Mohammed accepted the assiduous effort of ICHSSA3 team in Chanchaga LAG, he committed to support ICHSSA3 project and as well debrief the Chairman the output of our visit. EF-PM reminded him of the letter of support that was sent to chairman for school books, writing materials and school uniform support for VC, he asked for that photocopy of the acknowledged Copy should be submitted to him through the Director of S/D, in order to present it to the new Chairman. The meeting was brought to an end with a group photograph.

In the year, under review, LGA technical working group situational analysis was conducted by EF team, to find out if there were existing TWG in order to strengthen their membership and operations, the findings revealed that there was no existing TWG in the 10 LGAs. The EF PM extensively communicated to Directors of S/D the need to have LGA TWG and which will be led by his office, technical support and TOR was provided to the Directors across the 9 LGAs, to mobilize the membership and give us update for debriefing of the members on their

TOR/JDs. Q4 review meeting was held with the CCMWs, FCMWs and staff to address challenges, issues and provide technical support as well as update CCMWs on new task.

Activities continued with the update of services in the beneficiaries' folders across by the CCMWs from the 10 project LGAs of implementation. Data entry was also carried out alongside with a view to ensuring that all services provided to beneficiaries were adequately captured in the NOMIS platform. Monitoring and supervisory visits were also held in communities of project LGAs. The aim was to afford the project management team to provide technical support to community case workers' engagements with the project beneficiaries and offer solutions for a better service delivery. Issues identified during implementation of any project are best resolved during the monitoring and supervisory visits. Data Review meeting was held with the SI Advisor in Minna, the objective was to review and provide update on status of the general key Service Indicators on the ICHSSA-3 Project, identify gaps and provide the way forward. Progress and data presentation meeting was held in attendance were COP, SI Director and Finance Director, DOP and Niger state Team in attendance. CCMWs and FCMWs quarterly review meeting was held to address challenges, identified gaps and provide technical support and way forward. Several capacity building trainings were held varying from PMTCT, STI, TB and HIV for CCMWs/FCMWs, GBV Lives, Cash Transfer, Nagari Nakowa, IMsafer skill, Child protection and VAC trainings.

Elohim Foundation marked the International Day of the Girl 2023 with the Theme: "Invest in Girls' Rights: Our Leadership, Our Well-being". This was marked on the 11th of October in two schools; Government Day Secondary Kwamba and Government Secondary School, Palouse with 100 girls in attendance. Also, in attendance were four teachers; one of whom was Mr. Mohammed Babaya, HOD Sciences, Government Day Secondary School. EF Social Worker and Gender Focal Person spoke on the importance of girls' education, girls' rights, and the necessity for girls' empowerment. EF TSO addressed the girls on the need to focus their energy on activities that promote their mental health, seek the service of counsellors in the event of anxiety or worries, report sexual-related harassment, and prioritize their health and well-being.

Flagged off 16 days of Activism against Gender based violence for women and girls took place at Minna, Elohim foundation in collaboration with human right, GBV actors and ministry of females' affairs and social development orange the world with the theme "Investing to prevent violence against women and girls". Minna monopolist were sensitized during the walk out exercise lead by DG human right commission, IEC materials were shared to sensitize and create awareness on the need for people to prevent violence against women and girls in their environment. Elohim foundation in collaboration with RAYUWA graced the 16th days of Activism at ECWA Gospel church Sauka Kahunta in Chanchaga LGA, during the church services. EF staff and CCMWs marked 16days of Activism in 9 LGAs with caregivers during activities, market places and schools.

EF marked World AIDS (WAD) in Gwazunu and Madalla communities in Suleja LGA and as well collaborated with CCCRN at UMYMH Sabon use Tafa LGA. WAD which was held at

the school premises and chief palace, health education on HIV transmissions, prevention and treatment was communicated to participants, HIV testing with integration of Hepatitis B&C, were provided to participants mobilized. Children with the consent of the caregivers received vitamin A and Deworming tablets to crown the WAD event in the LGA.

SERVICES AND CARE FOR OVC

In the Year 2023, enrolled HHs on the project were assessed using (HHVA) and those found eligible for services provision were provided with appropriate service require to ensure the vulnerable household (HH) is stable and most significantly, there is continuous availability of food for the HH as to aid continuous adherence to ART treatment. The services offered by HESO& AHESO supported by CCMWs in community and FCMW at facility were: Nutrition counselling, financial education, formation and linkages to VSLA groups in communities, emergency food support, counselling support on the utilization of locally produced food for prevention of malnutrition of VCs under 5Years, practice of exclusive breastfeeding for children for at least 6 months without water, sanitation and hygiene in all L.G.A of ICHSSA3 implementation.

Assisted Referral for Emergency Health Support and ART Refill

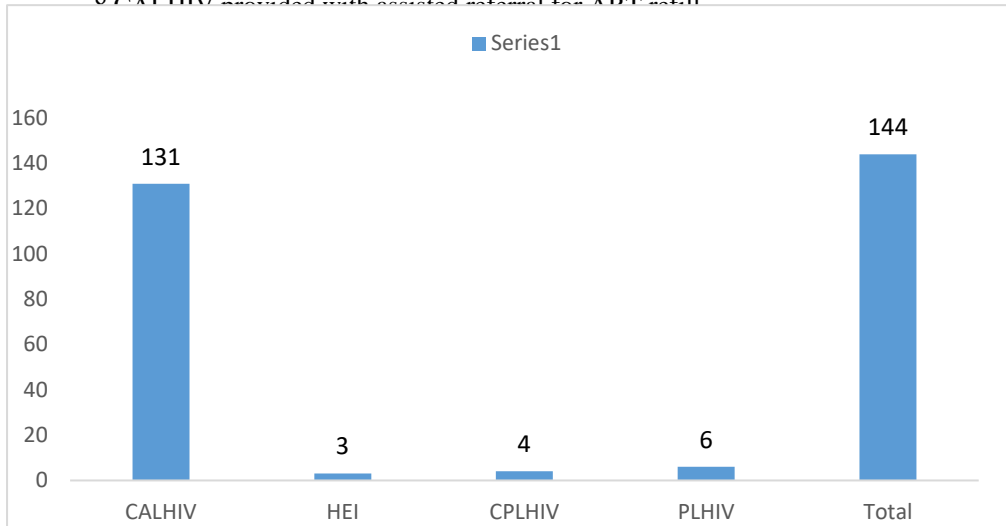
In fiscal year under review by the TSO officer with the backing of FCMWs emergency assisted referral for health support services, and ART refill was rendered to HEI/CLHIV, CPLHIV VCs and PLHIV across facilities of implementation from the month of October 2022 December 2023. Statistically a total number of 144 beneficiaries (PLHIV, CPLHIV, HEI & CLHIV) were provided with assisted referral across the facility of implementation.

Below is the statistics of VC and CG referred per facility;

- **GH SULEJA**= 19CALHIV provided with assisted referral for emergency health support.
26 CALHIV provided with assisted referral for ART refill.
2 HEI provided with assisted referral for emergency health support.
1 PLHIV provided with assisted referral for emergency health support.
2CALHIV and 1PLHIV provided with assisted referral for TB testing
2CPLHIV provided with assisted referral for HTS confirmatory testing.
- **UMYMH TAFA**= 14 CALHIV provided with assisted referral for emergency health support.
3 CALHIV provided with assisted referral for ART refill.
- **FMPC GAWU**= 6 CALHIV provided with assisted referral for emergency health support.
1 PLHIV provided with assisted referral for ART pickup.
- **IBBSH**= 3CALHIV provided with assisted referral for emergency health support.
3CALHIV provided with assisted referral for ART refill.
1CPLHIV provided with assisted referral for emergency health support.
1PLHIV provided with assisted referral for emergency health support.
- **FMC BIDA**= 6CALHIV provided with assisted referral for emergency health
4CALHIV provided with assisted referral for ART refill.
- **GH BIDA**: 2CALHIV provided with assisted referral for ART refill.
- **GH MINNA**= 18CALHIV provided with assisted referral for emergency health support
2 PLHIV provided with assisted referral for emergency health support

- 1 HEI provided with assisted referral for emergency health support.
- 8 CALHIV provided with assisted referral for ART refill.
- 1CPLHIV provided with assisted referral for HTS confirmatory testing.

➤ **GH AGAIE** = 5CALHIV provided with assisted referral for emergency health support
 8 CALHIV provided with assisted referral for ART refill



Pie-Chart illustrating VC provided with Assisted referral based on streams of enrollment

Pictures



VC provided medical services at GH Bida and GH Suleja with PM during the discovery of VC on the WAD.



FCMW GH Suleja and CCMW at GH Agaie with VC that received medical services as they are recovery



Photo of Suleja CCMWs paying Hospital visit to CAL at GH Suleja as he is recovering from the critical illness and the Adolescent recovering from GH Bida.



VCs provided with Assisted referral health

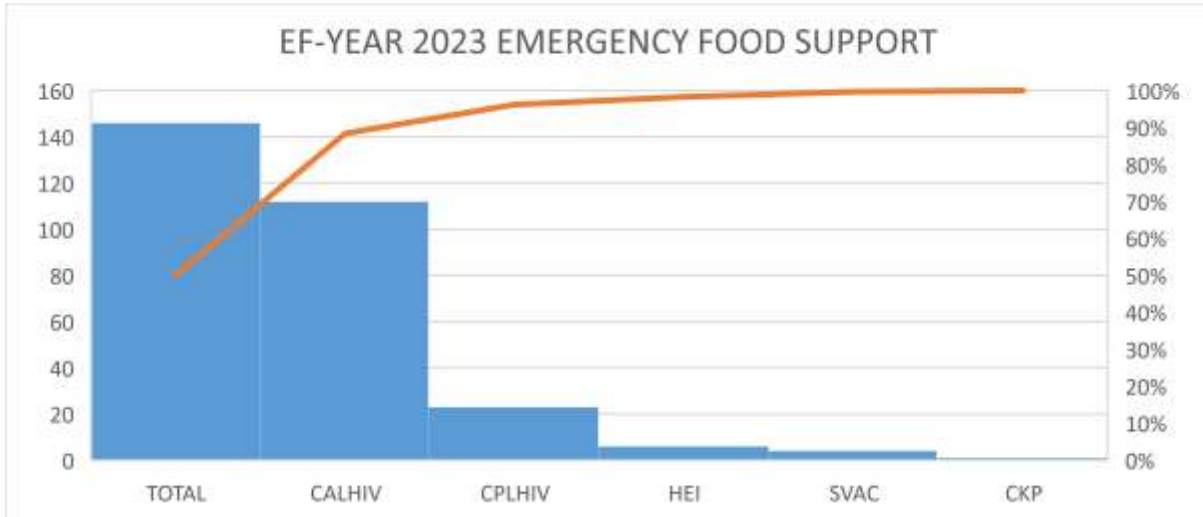


services in General Hospital Minna and FMPC Gawul. VCs provided with Assisted referral health services in IBBSH and Kafin Koro General Hospital.

Emergency Food Support

The HESO & AHESO supported by the Community Case Management Workers provided emergency food support intervention to food insecure households identified in the communities and facilities who are witnessing immediate hunger and lack of food at home which may distort adherence to treatment while ensuring the HH is linked to income generating activity (IGA),

that will enable their stability and sustainability across all the L.G.A of ICHSSA3 implementation. As tracked, using the reporting template a total number of 146 Households (Agaie-8, Bosso-12, Chanchaga-25, Lapai-8, Suleja-45, Tafa-17, Gurara-10, Bida-18, Paiko-3). Based on streams of enrolment we had (CALHIV-112, CPLHIV-23, SVAC-4, HEI-6 & CKP-1) were provided with emergency food support in the year 2023



FY_2023 Streams of Enrolment Provided with Food Support

Activity Picture



Program Manager and Community case Management Workers Deliver Food Items to Identified Food Insecure HHS Identified in Communities of Implementation.



CCMW Delivering Food Items to HHs in Communities.



Food Items delivered to CGs in Tunga Mallam, Madalla & Laje communities of implementation.



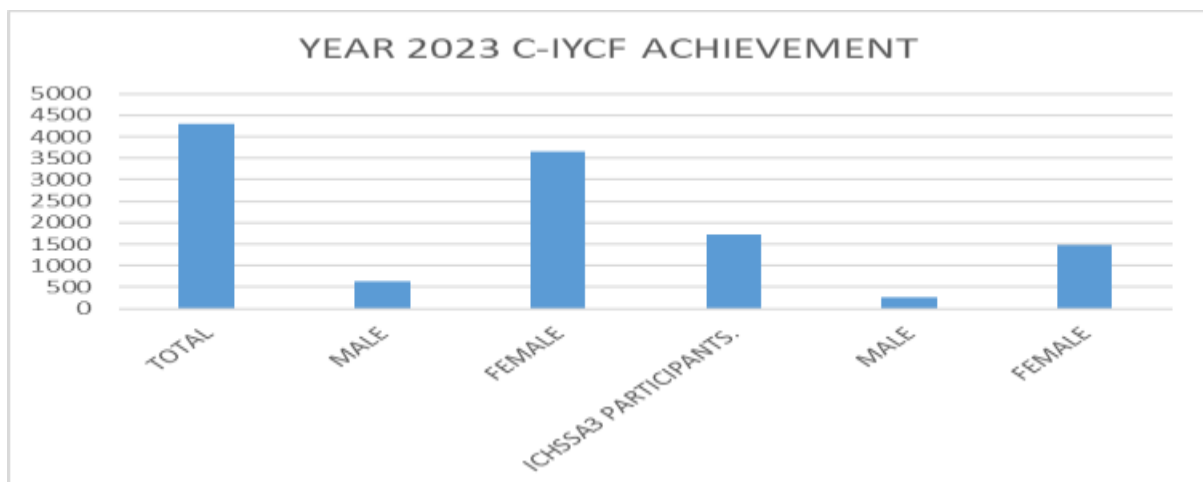
CCMWs in Angwan Nasarawa and Kaduna Road in Suleja L.G.A Delivering Food Items to Identified Food insecure HHs in this reporting Month of September,2023.



HESO and CCMWs delivering food Items to Beneficiaries in Izom, Kaduna road and Chaza Community of Implementation.

Community Infant & Young Child Feeding (C-IYCF):

In the year under review, Community Infant and Young Child Feeding (C-IYCF) support group meetings were educative as well as informative as the beneficiaries across communities in L.G. As of implementation were reached with the messages from the National Counselling Cards No: 1,2,3,4, & 5, personal experiences about exclusive breast feeding from lactating mothers, pregnant women to women of child bearing ages were shared during the sessions as participants learnt and well-informed with the experiences from others. The messages from the national counseling cards disseminated to the participants were importance of early initiation, breastfeeding in the first 6-months, breast feeding on demand, breast feeding position and good attachment. Some of the importance of early initiation emphasis by CCMWs facilitating the session were: beginning breast feeding within the first 30 minutes of birth helps the baby learn to breastfeed while the breast is still soft and to the mother, it helps reduce bleeding and ejection of placenta. Participants aired their breastfeeding practice over time including their limiting factors to practicing exclusive breast feeding and their intended breastfeeding practice during the session. Participants were made to understand that, breast milk provides all the food and water that a baby needs during the 6 months however, medicine can be given to the baby's if recommended by health provider. As tracked a total number of cohort's session 286 cohort sessions, participants-4290 (Female- 3656 & Male- 634). Beneficiaries of the ICHSSA3 project who participated in the C-IYCF support group meetings were 1716 (Female-1463 & Male- 253) participant across the ten L.G.As of project implementation.



Caregivers Reached with C-IYCF

Activity Picture



CCMWs Conducting C-IYCF in Madalla and Gbacidan Community in Chanchaga & Suleja L.G.As respectively



CCMW in Kamba, Kotaworo and Angwan Nasara community in Suleja, and Gurara L.G.A holding their C-IYCF Meeting.



CCMW in Gwazunu, Ekobadegi and Bakassi community in Suleja L.G.A holding their C-IYCF Meeting.

Food Demonstration

As a deliverable on the ICHSSA3 project, the YEAR 2023, recorded landslide on food demonstrations exercises using locally available food items peculiar to inhabitant of implementing community in Niger state. Through adequate coordination and follow up of anticipate participant, CCMWs as monitored by HESO & AHESO held food demonstration with recipe agreed upon by respective groups. Recipes prepared were varieties which included the following: Rice and Beans, Mia Kubewa, Vegetable Soup, Tom Brown, Porridge Yam, Porridge Potatoes, Yam and Beans, Vegetable Soup, Egusi Soup, Kunu Haya and Kunu Geda. For active participation based on scheduled date of food demonstration, caregivers were pre-informed & reminded of the activity during VSLA, C-IYCF, and gender norms sessions. Caregivers willingly and volunteered session participant brought items collectively for the food demonstration. Before the cooking exercise, Nutrition Focal Person in participation, HESO, AHESO & CCMWs explained the nutritional contents of each of the items on the recipe provided for the demonstrations and appropriate time to put each of the item in the pot on fire. As tracked, A total number of 137 food demonstration sessions were conducted having 1541 participants (Male 43 & Female 1498) CG in attendance and 616 (Female-593 & Male-23) ICHSSA3 beneficiaries across the 10 L.G. As of project implementation in Niger state.

Pictures



Caregivers enlightened during Food Demonstration Sessions in Zoyagi, Gabas Kudu, & Lapai Mayaki Communities of Project Implementation.

Assisted Referral for Emergency Health Support and ART Refill

In fiscal year under review by the TSO officer with the backing of FCMWs emergency assisted referral for health support services, and ART refill was rendered to HEI/CLHIV, CPLHIV VCs and PLHIV across facilities of implementation from the month of October 2022 December 2023. Statistically a total number of 144 beneficiaries (PLHIV, CPLHIV, HEI & CLHIV) were provided with assisted referral across the facility of implementation.

Below is the statistics of VC and CG referred per facility;

- **GH SULEJA**

19 CALHIV provided with assisted referral for emergency health support.

26 CALHIV provided with assisted referral for ART refill.

2 HEI provided with assisted referral for emergency health support.

1 PLHIV provided with assisted referral for emergency health support.

2CALHIV and 1PLHIV provided with assisted referral for TB testing

2CPLHIV provided with assisted referral for HTS confirmatory testing.

- **UMYMH TAFU**

14 CALHIV provided with assisted referral for emergency health support.

3 CALHIV provided with assisted referral for ART refill.

- **FMPC GAWU**

6 CALHIV provided with assisted referral for emergency health support.

1 PLHIV provided with assisted referral for ART pickup.

- **IBBSH**

3CALHIV provided with assisted referral for emergency health support.

3CALHIV provided with assisted referral for ART refill.

1CPLHIV provided with assisted referral for emergency health support.

1PLHIV provided with assisted referral for emergency health support.

- **FMC BIDA**

6CALHIV provided with assisted referral for emergency health

4CALHIV provided with assisted referral for ART refill.

- **GH Bida:**

2CALHIV provided with assisted referral for ART refill.

- **GH MINNA**

18CALHIV provided with assisted referral for emergency health support

2 PLHIV provided with assisted referral for emergency health support

1 HEI provided with assisted referral for emergency health support.

8 CALHIV provided with assisted referral for emergency health support

1CPLHIV provided with assisted referral for emergency health support

- **GH**

5CALHIV provided with assisted referral for emergency health support

8 CALHIV provided with assisted referral for emergency health support

- **GH**

4CALHIV provided with assisted referral for emergency health support

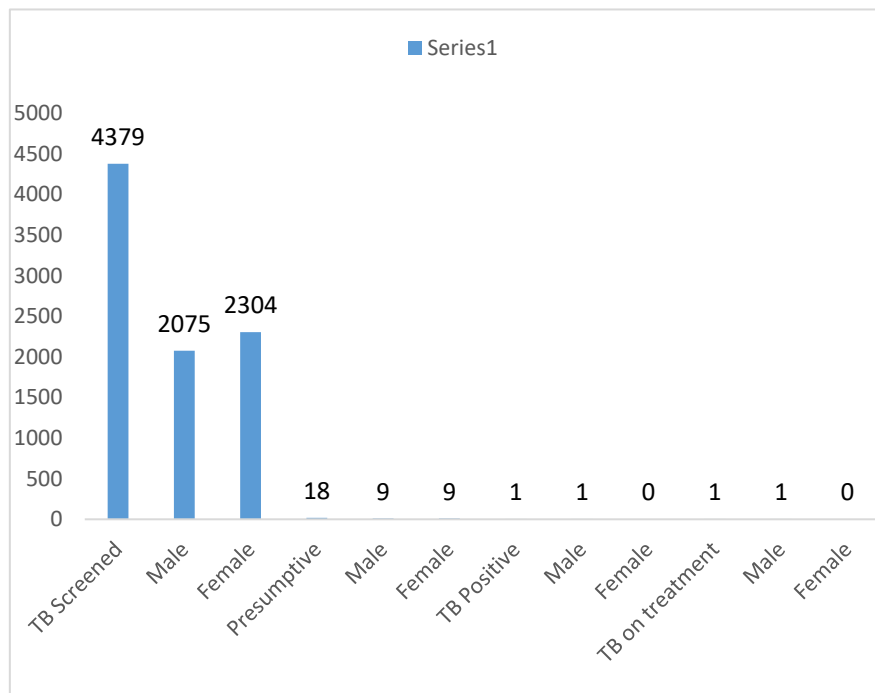
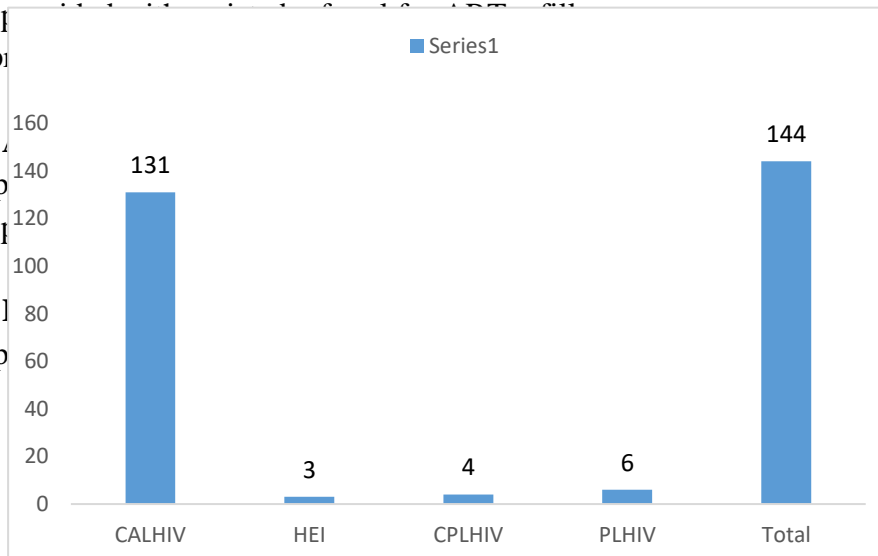


Chart illustrating VC provided with Assisted referral based on streams of enrollment

Pictures



VC provided medical services at GH Bida and GH Suleja with PM during the discovery of VC on the WAD.



Photo of Suleja CCMWs paying Hospital visit to CAL at GH Suleja as he is recovering from the critical illness and the Adolescent recovering from GH Bida.



VCs provided with Assisted referral health services in General Hospital Minna and FMPC Gawul.



VCs provided with Assisted referral health services in IBBSH and Kafin Koro General Hospital.

COMMUNITY TB-SCREENING

In this reporting FY2023, from the month of April to September 2023, community TB screening of enrolled beneficiaries across LGAs of implementation was conducted. Enrolled beneficiaries were visited in their HHs and screening was done to them by community case workers (CCMWs) and identified presumptive cases were referred to DOT clinic for testing (GeneXpert) and treatment if confirmed positive.

Results/Outputs

- TB-Screening was conducted successful across LGAs of implementation.
- Total number of 4,379VCs (M=2,075 F=2,304) across all streams were TB screened.
- 18 Presumptive cases were identified among screened CALHIV in Tafa, Agaie, Lapai, Suleja, Gurara, Chanchaga and Bida LGAs and they were referred for testing.
- Among the referred presumptive, 1VC from Chanchaga LGA was confirmed positive and enrolled on TB treatment while 17 were confirmed negative.

NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAMME WEEK

In this reporting FY, On the 22nd May to 26th May 2023, National Tuberculosis and leprosy Control programme was marked in Niger State. The programme was designed to raise public awareness about TB and to increase TB case finding, put many people who are vulnerable to

developing active TB on preventive treatment and proactively prevent further transmission of TB in the community. ICHSSA3 case workers conducted TB screening and testing exercise in collaboration with Tuberculosis LGA Supervisors team across LGAs of implementation in order to strengthen collaboration and to conduct massive TB screening and testing for children. The objectives of celebrating to programmed this Year are;

- Massive awareness creation on childhood TB.
- Targeted community outreach to screen children.
- Screening of children in the pediatrics outpatient Clinic and wards.
- Screening of vulnerable children.
- Intensive contact tracing and provision of TB preventive treatment.
- Prompt treatment and notification of all diagnosed patient.
- Schools and community were visited and children were TB screened. Identified presumptive cases samples was collected for testing while exposed children were placed on Tuberculosis preventive therapy.

Results/Outputs

- National Tuberculosis and leprosy Control programme was marked successfully.
- ICHSSA3 case workers collaborated with TBLS Team and TB screening and testing was conducted to children in the schools and community.
- Identified presumptive cases samples was collected for testing.
- Tuberculosis exposed children were placed on TB preventive therapy.





Photograph of TBLS Team in collaboration with ICHSSA3 CCMWs conducting TB screening and Testing @Zubairu primary school Paikoro LGA. NTLCP @UBE school in Chanchaga and Gurara LGAs

World Hepatitis Day

In this reporting year in the month of August, World Hepatitis Day was marked on the 10th and 11th August 2023 in Suleja, Paikoro, Chanchaga, Bosso and Gurara LGAs by Elohim foundation. The event was coordinated by Elohim Foundation ICHSSA3 respective staff delivering presentation on Viral Hepatitis.

World Hepatitis Day was marked under the objective of increasing awareness and encourage a real political change to jointly facilitate prevention, diagnosis and treatment.

Across the aforementioned respective LGAs, the coordinating staff of world hepatitis day (WHD), gave an overview of Elohim foundation and all its thematic areas of intervention and sub recipient of Integrated child health social service Award3(ICHSSA3) project. They further gave overview of ICHSSA3 project result areas, implementations, achievement, challenges and supports in 10 LGAs in Niger state. During the opening remark, participants were informed that the event ought to have held on 28th July, but due to late funding and logistics that lingered it to this very day and craved their indulgence to maximize this opportunity and pay active attention to the presentation on the viral hepatitis that will be delivered.

Thereafter, the coordinating staffs of the respective LGAs (ICHSSA3 PM, AHESO, EF Lab technician, Data Clerk and ICHSSA3 TSO) start by lecturing participants on Hepatitis as a viral disease that causes inflammation of the Liver and caused by viral infection, alcohol consumption and several health conditions. Staffs further talked about Hepatitis treatment which they stated that the treatment varies based on the type and underlying cause. The Participants were made to understand that there are five main viral classifications of hepatitis which are hepatitis A, B, C, D, and E and different virus is responsible for each type of viral hepatitis. Staff further explained to participants that not all forms of Hepatitis are common and

treatable but if identified on time it can be managed and treated. The mode of transmission and preventive measures was stated to them which after that participants saw the need to know their hepatitis status and Hepatitis B Vaccine. Those that opted for the testing were asked to move to testing queue. Those eligible for administration of Hepatitis B vaccine were vaccinated by certified Nurses across the above mentioned LGAs. A total number of **550 (M:143 F:407)** participants attended the events across the 5 LGAs. Out of these 550 participants, 163 participants (30%) are ICHSSA3 beneficiaries.

The table below contains the breakdown accordingly:

S/N	LGA	TOTAL PARTICIPANTS ON ATTENDANCE SHEET	No. OF NON-ICHSSA 3 PARTICIPANTS ON ATTENDANCE	No. OF ICHSSA 3 PARTICIPANTS ON ATTENDANCE
1	Chanchaga	121	89	32
2	Bosso	106	76	30
3	Gurara	107	69	38
4	Paikoro	106	77	29
5	Suleja	110	76	34
	Total	550	387	163

HEPATITIS TESTING SERVICE

LABORATORY TECHNICIAN & ICHSSA-3 Staff

After the registration of participants on attendance sheet, Hepatitis testing commenced. Out of 550 registered participants on the attendance sheet, A total number of **432** participants were tested (M124 & F308) of which 163 ICHSSA3 beneficiaries were among those tested.

The table below contains the breakdown accordingly:

LGA	TESTS	NO. TESTED	TESTED POSITIVE	TESTED NEGATIVE
SULEJA	HBsAg &HCV	87	6	81
GURARA	HBsAg &HCV	97	4	93
PAIKORO	HBsAg &HCV	97	5	92
CHANCHANGA	HBsAg &HCV	83	5	78
BOSSO	HBsAg &HCV	68	3	65
TOTAL		432	23	409

1ST VACCINATION

Out of 409 participants that tested Negative, **68**(M30 &38F) from Bosso and Chanchaga LGA were inoculated with hepatitis B vaccine by the certified Nurses and they were further issued with vaccination card that will be use to collect the remaining second and third dose. Participants were appreciated and educated on important to complete their HBsAg vaccine which brought the event to an end and light refreshment were provided to 550 participants.

2ND and 3RD VACCINATION

In August and September, out of **68**(M30 &38F) that were inoculated with hepatitis B vaccine in 1st does by the certified Nurses, **41**(M19 &22F) that were inoculated with hepatitis B vaccine for 2nd and 3rd does respectively by the certified Nurses and they were further issued with vaccination card that will be use to collect the remaining third dose. Participants were appreciated and educated on important to completing their HBsAg vaccine which brought the event to an end.

OUTCOME

- A total number of **550 (M:143 F:407)** participants attended the events across the 5 LGAs.
- Among the 550 participants 163 (30%) are ICHSSA3 beneficiaries.
- The total number of people tested during the World Hepatitis Day event were **432** (124males and 308Females) out of 432participants tested, **23**(10M&13) participants were tested HBsAg positive across the 5LGAs and were referred for treatment hospitals.
- A total number of **409(M114& F295)** participants tested Negative across the 5 LGAs.
- **68**(M30 &38F) participants were inoculated with hepatitis B vaccine for 1st Does by the certified Nurses in Bosso and Chanchaga LGA respectively.
- **40**(M19 & 22F) participants were inoculated with hepatitis B vaccine for 2nd and 3rd dose by the certified Nurses in Bosso and Chanchaga LGA respectively.
- The 23persons that were confirmed positive for HBV were referred to Asokoro General Hospital, Abuja, General Hospital Minna and FMPC Gawu for treatment respectively.

CHALLENGES ENCOUNTERED

- Late funding resulted not marking of WHD on the exact day of the event.
- High cost of Hepatitis B vaccine resulted not vaccinating all the 409 that tested negative rather only 68 received 1st does vaccination.
- Community dwellers lack awareness on viral hepatitis, preventive measures/vaccination and treatment.

RECOMMENDATION:

- Regular awareness creation to the community dwellers on important of Hepatitis preventive measures and vaccination should be maintained.

Pictures



EF ICHSSA3 Staff facilitating on Hepatitis and its preventive measures at Bosso, Chanchaga and Gurara LGA.



Lab Technicians conducting Testing to communities' dwellers @Suleja LGA



Lab Technicians conducting Testing to communities' dwellers @Gurara LGA



Lab Technicians conducting Testing to communities' dwellers @Bosso and Chanchaga LGA



Lab Technicians conducting Testing to communities' dwellers @Paikoro LGA.



Photograph of tested participants inoculated with Hepatitis B Vaccine @Bosso/Chanchaga LGA.



Participants provided with Light refreshment after testing.

2023 WORLD AIDS DAY.

In this reporting Quarter, on the 1st December 2023, EF marked World AIDS Day at Gwazunu and Madalla communities in Suleja LGA and in collaboration with CCCRN case workers at Sabon wuse Tafa LGA.

World AIDS day is an annual celebration across the World, which is held every year on 1st December. It's an international day dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection and mourning those who have died as a result of the syndrome. World AIDS Day is an opportunity to reflect on the progress made to date, raise awareness about the challenges that remain to achieve the goals of ending AIDS by 2030 and mobilize all stakeholders to jointly redouble efforts to ensure the success of the HIV response. It also brings people together around the world to raise awareness about HIV/AIDS and demonstrate international solidarity in the face of the pandemic. The day is an opportunity for public and private partners to spread awareness about the status of the pandemic and encourage progress in HIV/AIDS prevention, treatment and care around the world. It has become one of the most widely recognized international health days and a key opportunity to raise awareness, commemorate those who have died, and celebrate victories such as increased access to treatment and prevention services.

This World AIDS Day is more than a celebration of the achievements of communities; it is a call to action to enable and support communities in their leadership roles. It is celebrated with the theme: **The "LET's COMMUNITIES LEAD"**. 2023 World AIDS Day highlight is to unleash the full potential of community leadership to enable the end of AIDS. The objectives of the day are;

Objectives of World AIDS day:

- Communities' leadership roles need to be made core in all HIV plans and programs and, in their formulation, budgeting, implementation, monitoring and evaluation. "Nothing about us without us."
- Communities' leadership roles need to be fully and reliably funded to enable the required scale up, and be properly supported and remunerated. "Not ending AIDS is more expensive than ending it."
- Barriers to communities' leadership roles need to be removed. An enabling regulatory environment is needed which facilitates communities' role in provision of HIV services, ensures civil society space, and protects the human rights of all, including of marginalized communities, to advance the global HIV response. "Remove laws that harm, create laws that empower."

The participants were given brief Lecture on HIV/AIDS, its mode of transmission, sign and symptoms and its preventive measures by ICHSSA3 Team before commencing testing and consultation.

After brief explanation of HIV/AIDS, HTS commenced. A total number of 76 Adults and 65 Children participant (M=33 F=108) were present during the activity. 71 Adults clients (F=71) were tested by trained Community Testers after receiving pre-testing counselling. All tested

were confirmed negative and they received Post-test counselling on precautions and preventing measures of contacting the virus.

The table below contains the breakdown accordingly:

COMMUNITY	TESTS	NO. TESTED	TESTED POSITIVE	TESTED NEGATIVE
Gwazunu	HBsAg & HIV	53	0	53
Madalla	HIV	18	0	18
TOTAL		71	0	71

Participants were further consulted by Treatment support officer and CCMWs during the world Aids Day and the total number of Children consulted are; 65(M=33, F=32). The consulted Children were provided with Deworming tablet, Antimalarial and Vitamin A Supplement. Activity of the day came to an end with appreciation by community leaders to Elohim Foundation ICHSSA3 project for their support and encouragement to ensure all participants were tested and becomes aware of their HIV status.

Pictures



CCMWs, FCMW and EF team at Gwazunu and CCCRN case workers, ICHSSA3 FCMW& CCMWs In Tafa LGA marking world Aids day respectively.



Treatment Support Officer facilitating on HIV/AIDs in Gwazunu Community



ICCHSA3 trained counsellor tester conducting HIV Testing service @Anguwan Gwazunu and Madalla Community Suleja LGA



TSO administering Deworming tablets, Vitamin A and Multivitamin to clients.

THEME TWO

Child Protection/Gender Development

Programme objective: To provide child focused family-based interventions in promotion of a safe environment for the comprehensive development and wellbeing of vulnerable children, and promote gender-rights, mainstreaming while preventing gender-based violence & abuse; within and outside Humanitarian Action.

Strategy of implementation:

- Partnership with project IPs.
- Community Volunteers engagement

Reports:

Activities for the 2023 implementation year continued with the enrolment of beneficiaries according to the project target streams. During this period, households with Children Living with HIV (CLHIV), Persons Living with HIV, and HIV Exposed Infants, as well as SVAC households were enrolled into the program in the following outcomes:

Table 1. Total Enrolment

ENROLMENT STREAM	CALHIV		CALHIV SIBLINGS		HEI		HEI SIBLINGS		SVAC		SVA SIBLINGS		CPL		CGs-NEG.		PL-CGs		TOTAL VC	TOTAL CG
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
AGAIE	2	2	7	4	4	4	0	0	0	0	0	0	2	1	0	1	0	5	26	6
BIDA	3	3	3	1	10	12	5	5	0	9	3	7	2	1	5	6	2	21	64	34
BOSSO	12	9	24	15	21	25	1	6	1	12	11	13	35	44	11	13	4	49	229	77
CHANCHA GA	20	25	20	16	38	48	42	46	8	31	23	28	18	30	24	32	3	92	393	151
GURARA	6	10	7	14	2	5	12	6	0	0	4	8	2	1	2	8	4	20	77	34
LAPAI	2	3	12	12	7	10	24	26	0	0	0	0	4	6	0	4	0	20	106	24
MUNYA	1	0	0	0	0	0	0	0	0	0	0	0	0	7	6	1	0	1	8	8
PAIKORO	8	9	12	10	0	0	0	0	0	0	0	0	7	3	1	1	3	13	49	18
SULEJA	41	42	13	23	2	10	10	5	0	6	4	5	28	24	9	19	10	57	213	95
TAFA	15	16	2	3	1	3	0	0	7	4	0	0	4	4	4	11	2	22	59	39
ENROLMENT ACHIEVEMENT	110	119	100	98	85	117	94	94	16	62	45	61	102	121	62	96	28	300	1224	486

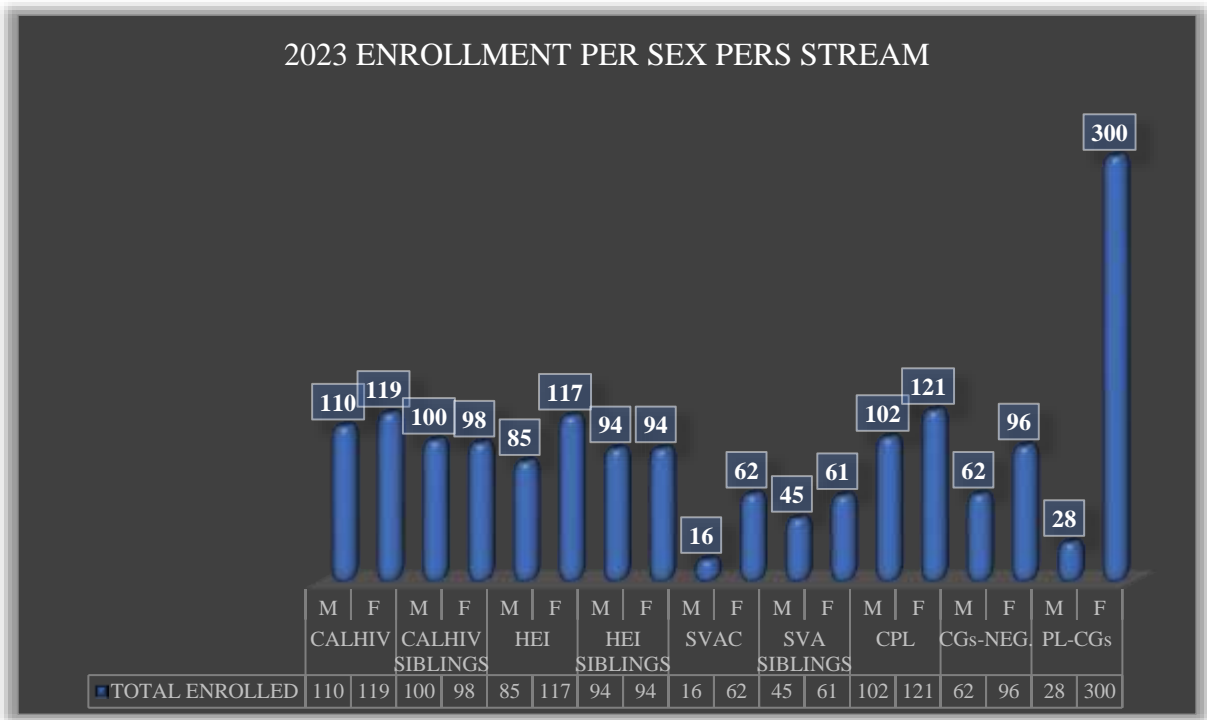
From the table above, shows that a total number of 1224VCs and 486CGs which is a total of 1710 beneficiaries were enrolled within the period under review. Out of this population, 1224(72%) are vulnerable children, while 486(28%) are Caregivers. The statistics also shows that a total number of 229 CALHIV, 202 HEI, 78 SVAC and 328 PLHIV, and others who that were enrolled due to their relationship with the main beneficiaries like the siblings of the CALHIV, HEI, and SVAC, CGs that are negative to HIV but their Child of relative is Positive to HIV.

The above information is as represented in the graph below:



TOTAL ENROLMENT ACHIEVEMENT

PL-CG. 328. 19%



The Graph above shows the total numbers of beneficiaries (VCs & CGs) enrolled per L.G.A, while the second graph below shows enrolment achievement per sex and per target stream, and the third one shows the percentage of enrolments per streams of enrollment.

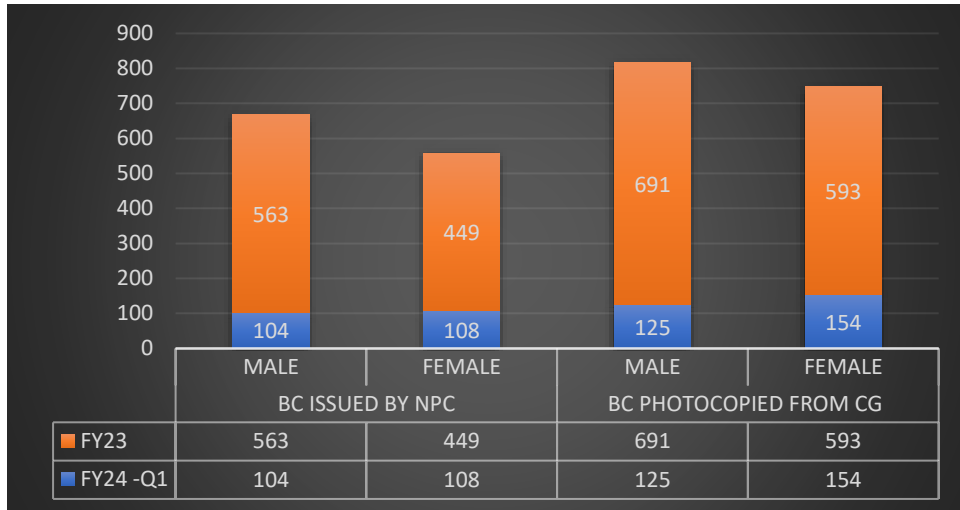
Total enrolment from January 2023 To December 2023: 1224 VCs and 486 CGs

Birth Registration Certificates

CCMWs use the adapted PEPFAR Primary Prevention of Sexual Violence and HIV among 9-17 years and the Gender Integration and Gender Based Violence Prevention and Response curricula to facilitate teaching during adolescent club meetings and home visits. Moreso, Protection of the rights of children includes ensuring that newborns, VC born at home and VC enrolled in ICHSSA3 project are issued legal birth certificates which we partner with NPOPC to register children without birth certificates, this is to ensure that newly identified and existing OVCs have identity, a sense of belonging and protection in the communities of 10 LGAs of project implementation. In the reporting period, Vulnerable children enrolled on ICHSSA3 project were provided with birth certificates. CCMWs collected their original birth certificates and make photocopies. Enrolled vulnerable children without birth certificates were issued birth certificates by NPOPC across LGAs of project implementation. The photocopies were made by CCMWs, submitted and filed in the VCs folders respectively. In this FY under review, 2288 (1254M & 1034F) birth Certificates were issued. 1012 VC (563M & 449F) were newly issued with birth certificates from NPOPC while 1284 VC (691M & 593F) birth certificates was photocopied from the caregivers.

- In 2023-Q1, 113VC (57M &56F) birth certificates were issued by NPOPC while 98 (56M &42F) was photocopied from the caregivers.
- In 2023-Q2, 454 VC (277M & 177F) birth certificates were issued by NPOPC while 891(503M &388F) photocopied from the caregivers.
- In 2023- Q3, 286 VC (160M & 126F) birth certificates were issued by NPOPC while 111 (44M &67F) birth certificates were photocopied from the caregivers
- In 2023- Q4, 159 (69M & 90F) birth certificates were issued by NPOPC while 184 (88M & 96F) birth certificates was issued by NPOPC
- In 2024-Q1, 212VC (104M &108F) birth certificates were issued by NPOPC while 279 (125M &154F) was photocopied from the caregivers.

MONTHS	BIRTH CERTIFICATES ISSUED BY NPC		BIRTH CERTIFICATES PHOTOCOPIED FROM CAREGIVERS		TOTAL
	MALE	FEMALE	MALE	FEMALE	
Q1	57	56	56	42	211
Q2	277	177	503	388	1345
Q3	160	126	44	67	397
Q4	69	90	88	96	343
FY24 -Q1	104	108	125	154	491



Graphical representation of Birth Certificate Achievement from FY23_FY24 Q1

Pictures



Pictures of Birth Certificates for VC in Bida and Lapai Communities



Pictures of Birth Certificates for VC in Tafa and Gurara Communities



Pictures of Birth Certificates for VC in Lapai and Chanchaga



Pictures of Birth Certificate presentation to a VC in Lapai Communities.



Pictures of Birth Certificates for VC in Suleja and Chanchaga Community

NAGARI NAKOWA

Nagari Nakowa parenting skills in ICHSSA3 project is a preventive skills programmes that is provided to Caregivers and Adolescents from the age of 9-17Years. Nagari Nakowa is a 14 weeks programme that comprises of 14 sessions which teaches Caregivers and Adolescents how to prevent self from all forms of violence and also help Caregiver and adolescents to build or cultivate hearing of trusting relationship between Adolescent and Caregiver.

CCMWs conducted Nagari Nakowa sessions in Suleja, Tafa, Gurara, Bosso, Chanchaga, Bida, Lapai and Agaie LGA respectively. The trained Nagari Nakowa facilitators across communities of implementation facilitated these module 1-14, which were having good relationship, praising someone, talking about Emotion, what do we do when we are angry and Problem solving-putting out fire, Motivation to save & making a budget with our money, dealing with problems, without conflict^{1&2}, Establishing rules & routines, ways to save money& making a family saving plan, keeping safe in the community & in relationships, responding to crisis and widening the circle of support. Methodologies used during facilitation are an active discussion, role play, brainstorm the solution and evaluate/reflect if the solution worked or not after practicing it. Statistically total number of 132 cohort session of Nagari naKowa learning session was recorded across the 10 LGAs. Regarding participant, a total

number of 2558 (M40 & F2518) completed Nagari Nakowa learning session while 2554 (1031M & 1523F) adolescents completed learning session across the 10 L.G.As of implementation successfully.

RESULT

- Community members were enlightened on parenting skills successfully.
- Twenty caregivers and twenty adolescents respectively attended Nagari Nakowa in each cohort session.
- Total number of 2558 (M40 & F2518) caregivers completed Nakari Nakowa learning session.
- Also, a total number 2554 (1031M & 1523F) adolescent completed the session across the 10 L.G.A of project implementation.



Photo of Adolescents and Caregivers reached during Nagari Nakowa in Chanchaga LGA.



Photo of Adolescents and Caregivers reached during Nagari Nakowa in Bida and Lapai



Photo of Adolescents and Caregivers reached during Nagari Nakowa in Agaie and Lapai LGAs.

IMsafer's Class

The IMsafer sessions is the preventive aspect of ICHSSA 3 project which is an innovative dual gender program that establish system of knowledge and strategies to end the cycle of sexual violence by teaching both adolescent girls and boys to defend themselves and intervene in an assault situation. Adolescent girls and boys 9-17Years are trained in a safe space in the communities, churches, and schools on self-defense skills of verbal, mental and physical skills to protect themselves from any forms of sexual violence, Gender-Based Violence (GBV) and Adolescent Sexual Reproductive Health (ASRH). Priority is given to adolescent age 9-14Years. Trainers with IMsafer training skills (IMsafer Instructors) are pairs to deliver IMsafer sessions from class 1-4 for four (4) days each 2hours for the adolescents and identify peer educators for the sustainability of the project in their respective communities. IMsafer team members visited schools and community heads in Chanchaga LGAs to solicit for approval, support, and collaboration to implement the IMsafer program and formation of community structures (CPC/CQIT) whose responsibility were to ensure zero tolerance of child abuses and GBV in their respective communities. Approval of the school authority and community leaders were sort before proceeding with IMsafer classes.

Prior to classes commencement, several advocacy visits were conducted to community stakeholders, Government and private school authorizes and religious schools heads (Islamiyah) to get their buy-in, into IMsafer skill curriculum. The curriculum facilitated/covered during the 8/16hours classes, 1-4. The topics covered in class 1 included: Name boogie, The Female Dog Story, Empowerment self-defense, Assault Continuum (AC)& AC Cheer, Use of Voice, Fighting Stance and Yelling No! Wrist Release, Two-hand wrist release, Five Personal Weapons: SMVEB (Spirit, Mind, Voice, Eyes, Body) and SMVEB cheer. The class 2 topic covered are as follows: Target-Test-Attack (TTA Pattern), Gazelle Story, Assertiveness, Saying No! to everything, Attacks are never your fault, 3 types of responses to conflict (Passive, Assertive and Aggressive), Awareness + ABLE (A=Alert, B=Body language, L=loudness & E= Eye contact) and Rape Cheer. The class 3 topic consist

of Boundaries: Definition of Boundaries, 3 types of boundaries i.e., verbal, mental and physical, Name the behaviour and make a scene, Māori warrior faces, Tantrum, Weapons and Target and Physical skills i.e., eye poke, two figure poke, eye gauge, claw scratch, ear slap, side stomp, pinky pole release, kneel to the groin, groin grab and throat poke.

The topics discussed in 4classes consist of definition of De-escalation, 4 elements of de-escalation i.e. (Staying calm, Acknowledging the problem, offer something, staying at an angle), Negotiation and De-escalation Cheers. In the IMsafer male curriculum, topics discussed are as follows;

- ***CLASS 1:** NMNW Ground Rules, Breathing Exercise, Leading with Hearth: The Journey to manhood and Sources of Strength, Facts and Opinion and Reliable Sources.
- ***CLASS 2:** Society Says, Sex and Gender/Power Imbalances, Act Like a Man, Act Like a Lady, Introduction to Cycle of Force and Step-up Circle and Appreciation.
- ***CLASS 3:** Welcome/Transition to Your Moment of Truth (YMOT,) Step up Activity: ZIP, ZAP, ZOOM, Awareness/Red Flags, Aggressive/Assertive/Passive (AAP SCALE) and Closing Recitation.
- ***CLASS 4:** SMEVB Shout out, what is Rape? Empowered Survivor Perspective, Introduction to Intervention, De-escalation and Specific Verbal Techniques.

The IMsafer curriculum class 1-4 were extensively taught with the use of oral facilitation, role play, storytelling, and practical demonstration to buttress the vital skills. **9,261(4,746boys & 4,515 girls)** adolescents were reached with IMsafer’s skills in the community and schools in year 2023.

Indicators	Achieved Q1 FY23	Achieved Q2 FY23	Achieved Q3 FY 23	Achieved Q4 FY23	Achieved Q1 FY24	TOTAL
Number of adolescents that graduated (attend minimum of 3 classes) Total	533	3483	3342	1482	421	9261
Number of adolescent girls that graduated	233	1752	1623	668	239	4515
Number of adolescent boys that graduated	300	1731	1719	814	182	4746

Number of adolescent (girls and boys enrolled for IMsafer classes)	533	3483	3342	1482	421	9261
Number of Instructors Development Visits (IDVs conducted)	0	2	0	0	0	2
Number of female adolescents who disclosed attempted sexual violence	0	29	6	0	0	35
Number of male adolescents who disclosed attempted sexual violence		24	43	7	0	74

ACHIEVEMENTS:

Advocacy visits to LGA, Ministry of Education, Village Heads and School Managements:

In a bid to commence the IMsafer project, advocacy visit was conducted to the National Association of Private Schools (NAPPS) Niger State Chapter, Niger State Ministry of Education, schools' Management, Religious centers, traditional rulers and community structures to sensitize and seek support to implement IMsafer in Schools, religious centers and communities across Bosso and Chanchaga LGAs. During the visits, the IMsafer intervention was introduced to the traditional councils, religious leaders and school management and they were called upon to render their support to the project especially in the area of providing safe spaces and mobilizing adolescent boys and girls aged between 9-17years. The councils of traditional rulers and school management were informed of the sad prevalence of rape and sexual violence in their localities and the need to collaborate with the project in order to bring an end to such menace. The advocacy visits were paid to both 2 LGAs in each month in year 2023.

Community sensitization, identification and mapping of; adolescents, hotspot areas and safe spaces:

The IMsafer male and female instructors were engaged in community sensitization for identifying and mapping of adolescents, hotspot areas and safe spaces across the 2 LGAs as a step following the successful advocacy visits paid to the traditional councils. The sensitization activities were carried out every month of implementation to identify most hotspot of rape cases by the female and male IMsafer instructors respectively. With the help and support of the village heads, religious leaders and school heads in the various wards and

communities, the instructors were able to efficiently conduct the activities which led to the continuity of the IMsafer intervention in the respective communities and ward in the 2 LGAs of implementations in year 2023.

Implementation of IMsafer Classes in schools, religious centers and communities:

The IMsafer classes were conducted in 2 hours each day for 4 days for cohorts of adolescent boys and girls after which they are graduated from the program and a fresh batch of adolescent boys and girls are enrolled and formed into cohorts for the IMsafer classes. Each cohort is instructed by a pair of IMsafer instructors, male or female, in safe spaces which are made available in the community, religious centers and schools through the aid of school management and community mobilizers in classes hold, religious centers and houses respectively.

In the 2nd year of IMsafer ICHSSA 3 project implementation adolescents; **9000** boys and girls were enrolled into the IMsafer **208 classes M (88) F (120)** cohorts. Among the adolescents enrolled, **9261** only adolescents; **4746** boys and **4515** girls were graduated because the remaining **160** adolescents; **87** boys and **73** girls failed to meet the requirement of attending at least 3 of the 4 classes in a cycle.

Following the classes conducted by the IMsafer instructors, **125** i.e., **35** adolescent girls and **80** adolescent boys who participated in the IMsafer classes disclosed to the instructors that they have been faced with attempts of sexual violence and promised to use the empowerment self-defense skills they learnt to defend themselves when faced with such situations in the future.

1138 adolescents; **217** boys and **921** girls were identified as potential peer educators for sustainability of the IMsafer program in the future.

8494 adolescents; 4343 boys and **4151** girls were identified as currently enrolled in school while the remaining **346** adolescents; **221** boys and **125** girls are not currently enrolled in school which data were submitted to Ministry of Education for re-enrollment back to school. While 174 adolescents, boys 0 and 174 girls were identified as adolescents out of school within October-December, 2023 which their name is yet to be submitted to the ministry of education for school enrolment.

Recommendations:

- Refresher training to IMsafer instructors, mentoring, collaborating with other government partners, capacity building, impact assessment and supportive supervision is key program strategy that is effective in ensuring appropriate service delivery which is lacking on ICHSSA 3 Preventive.
- The instructors conducted classes for the few adolescents they were able to reach while request have been made to make enough funds available for them to afford transportation fair to the rural communities where they can reach more adolescents in the next year 2024.
- . The IMsafer classes were temporarily stopped in the concerned schools and visits were paid to the school management who arranged for a meeting with other staff members.

During the meetings, all questions and doubts raised by the school management were answered and cleared by the IMsafer Team, and this prompt for recommendation of IMsafer program in all schools and communities across all LGAs in Niger State.

- Incentives if provided stimulate the interest of the adolescents and community leaders. This will ensure that the program will enjoy reception from the communities.
- IMsafer program to be conducted in all disable school across Niger State.

Success Stories:

- **9261** adolescent boys and girls aged 5-17 years were successfully graduated from the IMsafer program haven attended the session for 3 to 4 days in this year 2023.
- Schools and Religious institutions have embraced the IMsafer intervention by allowing the use of their schools, Mosques, Islamiyya and Church premises as safe spaces for adolescent in their communities to be taught the IMsafer curriculum.
- **1138** adolescent boys and girls who were identified as potential peer educators across the 2 LGAs will serve for IMsafer program sustainability in communities and schools when the need arises.
- Several feed backs were received from parents and graduated adolescent informing the instructors on how the IMsafer intervention has positively impacted the lives of the graduated participants.
- IMsafer clubs were form and graduated adolescent commence IMsafer activities in their respective schools and communities.
- National Association Proprietors of Private Schools (NAPPS) approve IMsafer interventions in all its members' schools across the LGAs.
- Niger State Ministry of Education approves the implementation of IMsafer in all public schools across Bosso and Chanchaga LGA.
- Successful participant in 2023 Global 16 Days of Activism (ORANGE THE WORLD).

Challenges: The following were the challenges faced in year 2023.

- Lack of refresher training and capacity building to IMsafer instructors.
- Lack of incentives for graduating adolescents made it difficult for the IMsafer instructors to enroll adolescents as they know that they have no physical reward to gain from attending the IMsafer class.
- The reduction in the budget approved by ICHSSA 3 for CSO activities resulted in implementation of the IMsafer classes in communities and schools located in the township/city centers which in turn resulted in a downfall in the number of adolescents available to be enrolled and graduated from the program.
- The Ramadan fasting season and the Sallah celebration in the months of March and June caused a notable shortfall in the number of adolescents available for IMsafer sessions in communities.

- Lack of approval of communication card and data to facilitate smooth implementation of the program is a big challenge for the IMsafer Team. (This has been overcome).
- Lack of approval to implement in public schools. (This has been overcome, approval granted).
- Rejection of some schools' management to give the data of their wards for IMsafer intervention.
- In the second week of August most private schools commenced the 3rd term promotional examination which resulted in the generally low number of adolescents graduated as a vast majority of the adolescents were unwilling to attend the IMsafer classes because they rather stay back and study for the promotional examinations.
- Lateness of adolescents to arrive at the safe space compels the IMsafer instructors to wait and send for most of them.
- Unavailability of incentives for adolescent at graduation will continue to affect the cooperation of adolescents and community leaders and reduce their interest in the IMsafer program

Planned activities for the next year 2024:

- Continuous implementation of the IMsafer boys' and girls' programs in communities.
- Instructors Development Visits (IDVs) and Data Quality Assurance (DQA) visits.
- Conduct weekly debriefing.
- Identify outstanding adolescents that will serve as IMsafer Adolescents Peer Educators
- Conduct disclosure sessions and Make referral for disclosure.
- Conduct the formation of VSLA for graduated IMsafer adolescent.
- Partnering with Rayuwa SARC Centre to access violent prominent areas in Minna.



Pictures showing IMsafer instructors practicing Claw scratch, adolescent practicing kneel to groin skills, Yelling ICHSSA 3, SFH Staff practicing Maori Warrior Faces and Boundaries while the female instructors supervise them during IMsafer session.



IMsafer male instructors delivering contents of the IMsafer curriculum and conducting class activities with adolescent boys during IMsafer classes in communities.



Pictures showing Alagbado village head visited IMsafer sessions, adolescent girls during power-up circle, Instructors during Adolescent Week and male instructors during IMsafer session .



IMsafer girls practicing fighting stance, Wriste release, Eye poke, and Female instructors demonstrationg Maori Warrior Faces during IMsafer sessions in their various communities.



Advocacy and sensitization visits to the village heads of Unguwan Biri, School management in Bosso and Chanchaga LGAs on the IMsafer intervention.



Pictures showing participants active during the Global 16 Days of Activism (ORANGE THE WORLD) at rally take off point, event to mark the said day at ministry of women affairs multipurpose hall and event at Muhammadu Kodo Secondary School, Lapai.



Adolescents and instructors actively participating during IMsafer session in one of the communities of implementation.

GENDER NORMS SESSIONS (CAREGIVERS AND ADOLESCENT FORUMS)

Gender norms are social principles that govern the behavior of girls and boys, women and men in society and restrict their gender identity into what is considered to be appropriate. Gender norms are neither static nor universal and change over time. It refers to ideas about how women and men should be and act. Gender sessions are beneficial to the participants of gender norms sessions (Caregivers and Adolescent) by facilitating the exploration of interrelationships between gender, child protection and HIV while supporting individual, family and community level actions plan to mitigate the impact of negative gender norms.

CAREGIVERS AND ADOLESCENT FORUM GENDER NORM

In this quarter, Gender norm was conducted among caregivers and adolescents aged 9-17years in 10 LGAs (Suleja, Gurara, Tafa, Paikoro, Munya, Agaie, Bida, Lapai, Chanchaga and Bosso) of project implementation respectively. The sessions were facilitated by the CCMWs with support from their supervisors. During the forum, the CCMWs welcome every caregiver present. After which, caregiver’s forum commenced immediately. The sessions were facilitated by the CCMWs with support by the Social Worker, in the respective LGAs on the session 1-10“for CGs and session 1-8, 11, &12 for Adolescent.

The sessions topics were extensively facilitated in pidgin and Hausa language with role play to buttress some of the topics by CCMWs which were **Gender Norm**: Gender norm determine the roles of Men/Boys and women/girls and influence their access to resources within their community, Harmful Gender Norms predispose Men/Boys and women/Girls to HIV Infection, GBV- Gender Based Violence causes Physical, Sexual and Psychological harm, GBV increases victims and perpetrators vulnerability to HIV, Gender and Child Protection, Male Involvement, Women Empowerment, Sexual and Reproductive Health Education and Boys and girls in Kids club are created equal. The facilitator and supervisors provided a satisfactory answer to the questions asked by the participants, CCMWs thanked the participants for completing gender norm sessions and encouraged them to enforce what they have learnt in to practice. The Caregiver and Adolescent forum provided a veritable platform for learning outside the four walls of a classroom and provided the participants the opportunity to make contributions and to also ask questions, these cheered the sessions and attendance completely signed by the participants.

Output

In 23_FY24 QT1 under review, 3570 Caregivers (171M&3399F) completed gender norms

- In Q1 803 (59M&744F) completed caregiver gender norm sessions.
- In Q2 2157 (90M&2067F) caregivers completed gender norms session.
- In Q3 300 (2M & 298F) completed caregivers gender norm session
- In Q4 310 (20 & 290F) completed caregivers gender norm session
- In FY24_Q1 420 (33M & 387F) completed caregivers gender norm session

Table 1

Y/QT	REACHED WITH GENDER NORMS					
	Completed Adolescent Forum			Completed Caregivers forum		
	Male	Female	Total	Male	Female	Total
Y23	Male	Female	Total	Male	Female	Total
Q1	94	336	430	59	744	803
Q2	436	971	1407	90	2067	2157
Q3	150	281	431	2	298	300

Q4	121	235	356	20	290	310
Y23_Q1	135	228	363	33	387	420
TOTAL	936	2051	2987	204	3786	3990

Pictures:



Pictures of Caregivers forum in Suleja and Lapai communities



Pictures of Caregivers forum in Suleja and Lapai communities.



L-R: Caregivers forum in Angwa, Gade Tafa and Chanchaga communities.



L-R: Pictures of Caregivers forum in Lapai and Paikoro communities

Output

- **2987** Adolescent (**936M** & **2051F**) completed gender norms
- 430 (94M& 336F) completed adolescent gender norm sessions.
- 1407 (436M&971F) completed adolescent gender norms session.
- 431 (150M & 281F) completed adolescent gender norm session
- 356 (121M & 235F) completed adolescent gender norm session
- 363 (135M &228F) completed adolescent gender norm session

SN	Indicator	Male	Female	Total
1	<i>Target for Gender Norms for FY23</i>			4983
2	<i>Number of Caregiver forum cohorts formed</i>			266
3	<i>Number of Caregivers reached with Gender Norms</i>	204	3786	3990
4	<i>Number of Adolescent club cohorts formed</i>			200
5	<i>Number of Adolescent reached with Gender Norms</i>	936	2051	2624
6	<i>Total numbers of beneficiaries reached with Gender Norms</i>	1140	5837	6977
7	<i>Total Number of cohorts formed for comprehensive service (Gender Norms)</i>			466
8	<i>Number of Kids' clubs formed</i>			84
9	<i>Numbers of Kids Reached this</i>	1616	2580	4196
10	<i>Number of CPC/CQIT ever formed</i>			48
11	<i>Number of CPC/CQIT inaugurated</i>			5

LESSON LEARNT

The sessions provided a social platform for the caregivers to interact, share ideas and experiences freely and also learn from one another

PICTURES



Pictures of Adolescent Gender Norm at Tafa and Munya Communities



Pictures of Adolescent Gender Norms at Tafa and Gurara Communities



Pictures of Adolescent Gender Norms at Lapai Community.

SUMMARY OF RELEVANT INDICATORS BEING TRACKED AND THEIR RESULTS

GBV Report Com 100% of OVC <18 that have received a completed referral to services [of recognized NGO/Government Entity] for demonstrated and/or documented cases of GBV {Numerator: **18** OVC <18 Percentage of OVCs that have received a completed referral to services [of recognized NGO/Government Entity] for demonstrated and/or documented cases of GBV. Denominator: **18VC_SERV** <18 with a demonstrated and/or documented case of GBV}

Gender Norms_ Report Com Number of Care givers reached with gender norms sessions 3990 Caregivers (204M & 3786F) within the reporting period.

Gender Norms_ Report Com Number of Adolescents reached with gender norms sessions 2987 (1164M & 2051F) within the reporting period.

PSYCHOSOCIAL KIDS CLUB

Kids club is an activity in ICHSSA3 project which aims at ensuring that children are given grounds to express their excitement and freedom of which in turn has significant impact in their psychological stability. This activity age range begins from a month old -12 years and was held across 10 LGAs communities of project implementation respectively.

The CCMWs in their respective locations coordinated kid's clubs with VC putting their safety into priority. The venue was carefully selected with consideration to security and protection of the children. The psychosocial kids club started with opening prayers said by all using the 2nd stanza national Anthem across the communities, immediately after the children were asked to recap the last topic treated and the lessons they learnt during the previous topic. After all these preliminary activities, the kid club kicked off in earnest as the CCMWs with support from staff implored everyone to be attentive and participate actively. The topic facilitated were " Getting ourselves Comfortable and building Trust: Falling Game' with the purpose to enhance trust and group cohesiveness and to encourage the children to take responsibility for one another, "The Hero in Me: Sharing our stories" was part of the activity, this was aimed at inculcating in the children the importance of having a hero, a role model, someone they admire and want to be like. The children also made impressive contributions; for instance, the children during the session echoed that "it is good to always tell the truth" "say am sorry" "greet" "attend to errands" and "being humble". Children during the session asked questions, sang and play which enlivened the sessions. After the discussions the children's weight and heights were taken among the CCMWs that came with weighing scales. Also, light refreshment items were provided. **4196VC (1616M/2580F)** attended Kids club across the LGAs of project implementation.

PICTURES



Pictures of Kids club in Chanchaga, Bosso LGA and Maitumbi Bosso Communities



Pictures of Kids Club in Gauraka, Tafa LGA and Efu-Turi Bida Communities



Pix: Kids Club Activities in Kwalkwata Community Chanchaga.



Kids club at Ebbo Gulu, Lapai and Suleja communities

CPC /CQIT

In the implementing period, the project mobilized and built the capacity of existing and established community structures to advocate for and support the provision of OVC services at the community levels. The project leveraged existing community structures and facilitated the formation of CQI teams'/Child protection committees (CPC) to help carter for the needs of vulnerable children in the communities and curb GBV issues in the communities of project.

CHILD PROTECTION COMMITTEE (CPC)

Child protection committees (CPC) is a communal base committee that cater for the needs of vulnerable children and households. CPC has the responsibility of acting as communal hub for educational support, food support, social and emotional support for VCs household. It strengthens policies and act to promote gender sensitive cultural norms, and provides sensitization on issues of HIV, child protection, GBV, and domestic violence including IPV.

The project strengthens and supports communities to demand for and uptake OVC support, GBV and HIV services. In the period under review, EF -ICHSSA3 PMT conducted sensitization to the project LGAs to sensitize the community leaders on the formation of Child Protection Committees/Community Quality Improvement team (CPC/CQIT) and community/religious exiting structures through Hakimi, Dakachi, mai-Angwan, Imam and pastors to strengthen the effectiveness of child protection systems, HIV issues GBV and domestic violence.

CPC/CQIT held their meetings across LGA of project implementation. During the CPC/CQIT meeting stakeholders deliberated on child protection issues ranging from school support programs, to intervening in the event of child molestation. During supportive visits for this period EF social Worker particularized child protection, describing it as a communal system of supporting OVC and ensuring that their right is protected at the communal level in line with the 6+1 OVC service delivery areas: Health, Education, Child protection, Psychosocial support, Shelter and Care, Nutrition and Food Security and Household Economic Strengthening.

Furthermore, he stated that the primary goal of the CPC/CQIT is to respond to matters when children are vulnerable to exploitation or abuse and ensures that children have right to protection, encourage policy developments that foster appropriate rights for children, develop preventative services and improve education and food needs of the VC and also to liaise and communicate with appropriate organizations and committees to provide advice and response to matters relating to child protection.

Results

- Five CPC/CQIT inaugurated these quarter; Kwamba, Paiko Central, Tunga Mallam and Gbakoita community & New Dutse Kura Hausa, Chanchaga
- CPC/CQIT meeting held in LGAs and communities of project implementation
- Increased awareness on the benefits of CPC structures/relationship between the CBOs and the community in providing social services to VC in line with the 6+1 OVC service delivery areas: Health, Education, Child protection, Psychosocial support, Shelter and Care, Nutrition and Food Security and Household Economic Strengthening.

- Summary of relevant indicators being tracked and their results.

1.Number of advocacy visits paid to government/private sector stakeholders to garner support for OVC, gender and HIV service delivery - 6Advocacies conducted.

2.Number of CQIT/CCPC structures formed- 5CPC were formed in three LGAs respectively.

Pictures



L-R: CPC/CQIT Meeting held in Chanchaga and Bida Community



L-R: CPC/CQIT Meeting held in Bida Community & Advocacy at Ang.Gade Tafa



L-R: CPC/CQIT Advocacy & Capacity building meeting At Poloussa Suleja & Gbakoita Chanchaga



L-R: Courtesy visit to the chairman's office (L) and CPC/CQIT New Dusten Kura Hausa

Communities Promote Child and Family Friendly, Gender and HIV Sensitive Cultural Norms and Practices.

The 16 Days of Activism is an international day for the elimination of violence against women, this event run from the 25th Nov. to the 10th Dec. of every year, globally.

This year 2023 Fy24 Q1 Orange the World was marked by Niger State Ministry of Women Affairs, and Federation of Female Lawyers (FIDA) Niger State, in collaboration with Elohim Foundation, Trough, Society for Family Health (SFH) Niger State on from 26th - 10th, December, 2023 at across the 10 LGAs of implementation respectively. On the cause of sensitization by CCMW supported SWKO, community inhabitants were sensitized and create awareness on this year theme of 16 days of activism “Invest to prevent violence against women & girls: members of the public were advised to leave no one behind as awareness was create on the negative impact of violence and abuse. CRM and Elohim Foundation contact were shared encouraging the public to reach out to security force or our organization should they be any violence again women and children in respective community of coverage.

Results

- Women, men and adolescents were sensitized on the concept of violence against women.
- Deworming tablet and Vitamin C for children and multi-vitamin for pregnant women and lactating mothers



Elohim Foundation CCMWs and FCMWs orange the world at Lapa market, Niger State.



CCMWs Creating Awareness on GBV During 16 Days of Activism in Suleja and Paikoro L.G.A of Implementation.



CCMW Creating Awareness on GBV During 16 Days of Activism in Bida and Tafa L.G.A of implementation.



Elohim Foundation ICHSSA3 Staffs in Minna, Niger State



SWKO Flagging off the Sixteen Days of Activism Among Caregivers in Izom Community and Students Gurara L.G.A of Implementation.

Intl. Women Day Held at Overcomers’ School, behind Federal Road Safety, Suleja

In this quarter, EF celebrated International Women Day with the theme- Digital: Innovation and Technology for Gender Equity. IWD holds 8th March annually to mark the peculiarity of women, their innovations and contributions to the world at large. This year, IWD was held in Suleja community.

The event was marked in a School-Overcomer’s Secondary School. The participants were young girls and few male adolescents. EF PM introduced Elohim Foundation as a Non-for-Profit Organization given to building a sustainable human development. EF currently implement ICHSSA 3 project in Niger State-a OVC cantered project funded by USAID and implemented by SFH Nigeria. During her brief talk with the young girls, she admonished them to think global; going global with technology beginning from the very basics of knowing how to operate a computer. Citing notable women who have excelled in their career and living a fulfilled life she urged the young girls to refuse to be intimidated or discouraged in pursuance of their dreams. She noted that while young people spent their time learning and picking negative habits on the internet, there are more positive things to learn or achieve with the internet than negatives. Hence, instead of copying negative behaviors or vices on the internet; there are many businesses young girls can comfortably engage in from the comfort of their homes using their phones and computers-affiliate marketing, copywriting, blogging, graphics, web design, branding, social media manager, digital marketing, freelancing etc. She cited Amazon-as an example of such successful business ran online. Hence, she urged the young girls to take advantage of the technology in for their educational pursuit, learning skills, career and personal development.

EF Social Worker speaking on the theme-Innovation and Technology for Gender Equality began by looking at the concept of gender as the social attributes and opportunities associated with being female and male and to the relationship between men and women, girls and boys. These attributes, opportunities are socially constructed and are more learned through socialization processes. They are context and time specific and changeable. Gender determines what is expected, allowed and valued in a man or woman in a given context. In a society like Nigeria, there are differences and inequalities between men and women in responsibilities

assigned, activities undertaken, access and control over resources as well as decision making opportunities. Gender refers to the socially constructed roles, behavior, expressions and identities of men and women. Gender refers to the economic, social, political and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a man or to be a woman varies among cultures and changes over time. Gender refers to the economic, social, political and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a man or to be a woman varies among cultures and changes over time.

EF Social worker defined Gender equality as that state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities and resources. Hence, he challenged the young girls that they can be anything they choose to be leveraging on technology, their ingenuity and innovation. He noted that although the world is fast becoming a global village due to the transformative power of technology, the distressing news is that only few women are represented in the technological sector. Currently on a global scale only 24% of jobs in the digital economy are held by women. He argued that the representation for women in tech world matters as disparity in the workforce boosts creativity, productivity and innovation. Citing women that have succeeded in the tech world such as Ivy Barley-Co-founder of Developers in Vogue, Ghana, Ngozi Okonjo Iweala-a Nigerian woman succeeding in a highly male dominated industry among others. He urged the young girls to think outside the box, believe in dreams and desperately pursue it-noting that diligence in their educational pursuit, leveraging on technology/skill development, positive mindset, passion and faith they can become the best version of themselves; impacting their world.

Results

- Young girls were inspired to be the best version of themselves leveraging on technology in their educational pursuit
- Young girls were challenged to pick in a career in the tech world from graphics, to IT expert, to web development among others
- Young girls were though the value diligence in labour, goal settings, dreams, vision and actions in the direction of their desired future



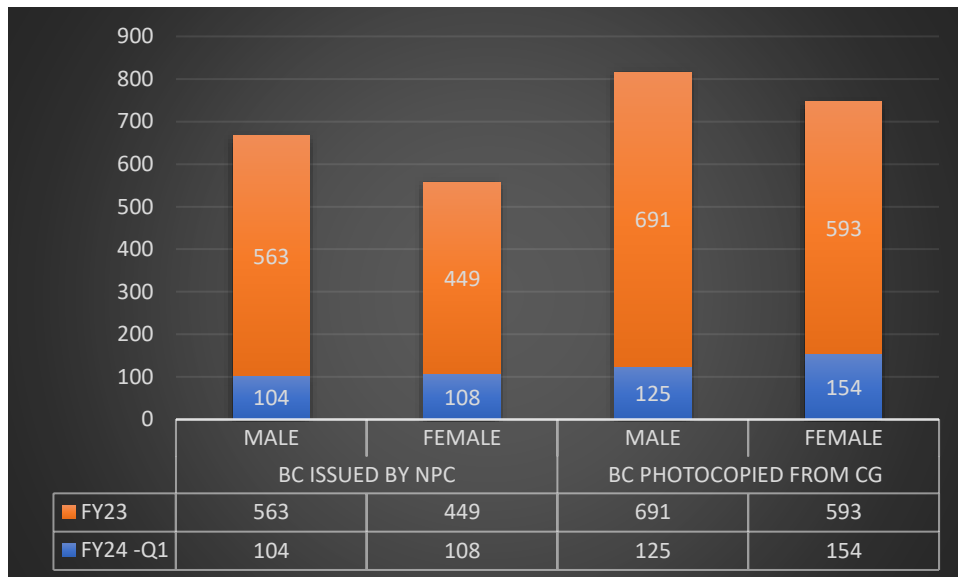
Pix: Pictures of students and EF Staff during IWD 2023 held at Overcomers School

CAREGIVERS SUPPORT OVC TO ACCESS AGE-APPROPRIATE EDUCATIONAL DEVELOPMENT, HEALTH, AND PROTECTION SERVICES.

CCMWs used the adapted PEPFAR Primary Prevention of Sexual Violence and HIV among 9-17 years and the Gender Integration and Gender Based Violence Prevention and Response curricula to facilitate teaching during adolescent club meetings and home visits. Moreso, Protection of the rights of children includes ensuring that newborns, VC born at home and VC enrolled in ICHSSA3 project are issued legal birth certificates which we partner with NPOPC to register children without birth certificates, this is to ensure that newly identified and existing OVCs have identity, a sense of belonging and protection in the communities of 10 LGAs of project implementation. In the reporting period, Vulnerable children enrolled on ICHSSA3 project were provided with birth certificates. CCMWs collected their original birth certificates and make photocopies. Enrolled vulnerable children without birth certificates were issued birth certificates by NPOPC across LGAs of project implementation. The photocopies were made by CCMWs, submitted and filed in the VCs folders respectively. In this FY under review, 2288 (1254M & 1034F) birth Certificates were issued. 1012 VC (563M & 449F) were newly issued with birth certificates from NPOPC while 1284 VC (691M & 593F) birth certificates was photocopied from the caregivers.

- 113VC (57M &56F) birth certificates were issued by NPOPC while 98 (56M &42F) was photocopied from the caregivers.
- 454 VC (277M & 177F) birth certificates were issued by NPOPC while 891(503M &388F) photocopied from the caregivers.
- 286 VC (160M & 126F) birth certificates were issued by NPOPC while 111 (44M &67F) birth certificates were photocopied from the caregivers
- 159 (69M & 90F) birth certificates were issued by NPOPC while 184 (88M & 96F) birth certificates were issued by NPOPC
- 212VC (104M &108F) birth certificates were issued by NPOPC while 279 (125M &154F) were photocopied from the caregivers.

MONTHS	BIRTH CERTIFICATES ISSUED BY NPC		BIRTH CERTIFICATES PHOTOCOPIED FROM CAREGIVERS		TOTAL
	MALE	FEMALE	MALE	FEMALE	
23					
Q1	57	56	56	42	211
Q2	277	177	503	388	1345
Q3	160	126	44	67	397
Q4	69	90	88	96	343
FY24 -Q1	104	108	125	154	491



Graphical representation of Birth Certificate Achievement from FY23_FY24 Q1

Pictures



Pictures of Birth Certificates for VC in Bida and Lapai Communities



Pictures of Birth Certificates for VC in Tafa and Gurara Communities



CCMWs handing copies of Birth Certificates to caregivers for VC in Lapai and Chanchaga.



CCMWs handing copies of Birth Certificates for VC in Lapai Communities



CCMWs handing copies of Birth Certificates for VC in Suleja and Chanchaga Community

Summary of relevant indicators being tracked and their results (October 2022-September 2023)

SN	Indicator	Male	Female	Total
1	<i>Number of SVAC beneficiaries identified and enrolled this reporting period</i>	1	5	6
2	<i>Total number of SVAC beneficiaries enrolled into the project</i>			
3	<i>% of SVAC Target enrolled into project</i>			
	<i>Number of Birth Certificate photocopied from parents this reporting period</i>			

	<i>Number of Birth Certificate issued by NPOPC this reporting period</i>	667	557	1224
4	<i>Number of birth certificates issued within the reporting period</i>	1483	1304	2787
5	<i>Total Birth Certificate for FY23-FY24 Q1 photocopied from Caregivers</i>	816	747	1563
6	<i>Total Birth Certificate for FY23-FY24 Q1 issued by NPOPC</i>	667	557	1224
7	<i>Total Number of Birth Certificate achieved for FY23-FY24 Q1</i>	1483	1304	2787
8	<i>Total number of children on the project as at Q4 FY23</i>	10341	17,834	28,175
9	<i>Total Number of children with birth certificates on the project ever enrolled</i>	3975	4542	8017
10	<i>% of total number of children with birth certificates on the project ever enrolled</i>	9%	13%	22%
11	<i>Total number of children without birth Certificate ever enrolled</i>	7673	14,183	21,856
12	<i>% of total number of children without birth certificates on the project as at Q4 FY23</i>	35%	65%	100%

Challenges

- Delay in issuing /processing birth certificate from Form B1 submitted by CCMWs to NPOPC officers due to birth certificate stock out.
- Caregivers' reluctance and indifferent attitude towards providing information for their VC birth registration
- Attitude of some caregivers; affirming that their VC have birth certificates yet unwilling to make it available for photocopying.
- Slow filing of birth certificates in the HH folders by CCMWs hence birth certificate reported not matching with birth certificates entered into NOMIS or in the line list

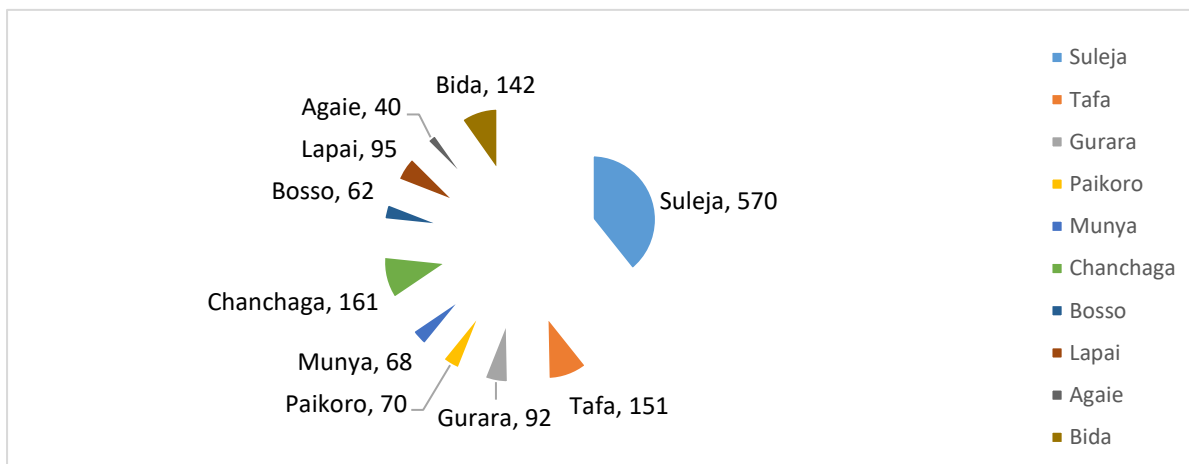
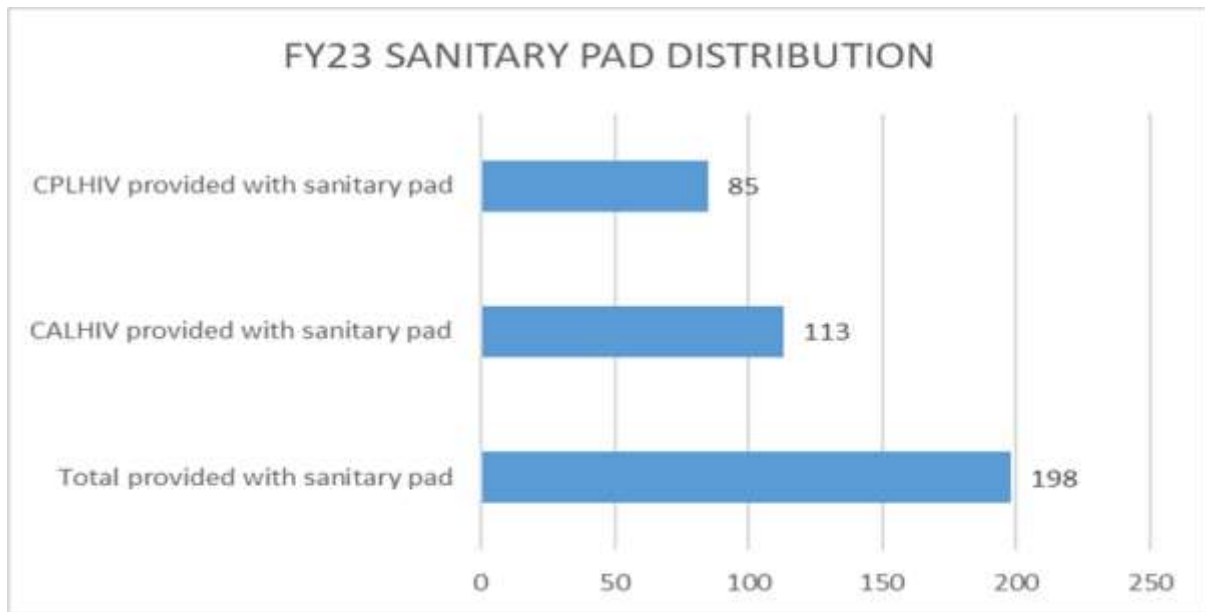
DISTRIBUTION OF SANITARY PAD TO ADOLESCENT VC

In this reporting year (2023), distribution of sanitary pad was done to adolescent CLHIV across 10 LGAs of implementation to Support Adolescent care services and also educate them on reproductive health during adolescent club. However, in ICHSSA3 reproductive health is among services that will be rendered to adolescent CL because it's important to understand and address their sexual and reproductive health (SRH) needs and maintained good hygiene, as many are at a high risk of transmitting HIV to their sexual siblings.

Results:

- 268 pieces of Sanitary pad was distributed to 198VCs (113CALHIV & 85CPLHIV) adolescents by FCMWs and CCMWs across 10facilities and communities of implementation.
- Reproductive health education was done for adolescent VC during Adolescent club.

Picture



Case workers distributing Sanitary pad to adolescent CALHIV



FCMWs distributing Sanitary pad to enrolled CALHIV VCs in IBBSH and UMYMH



Photograph of CVMWs distributing Sanitary pad to adolescent VCs in Agaie and Bida LGA

16 Days of Activism

In this reporting month from 1st -10th December,2023 Elohim Foundation at Tafa, Agaie, Lapai, Bida, partnered with ministry of women affair, human right and other GBV state actors to flag up 2023 sixteen days of activism in Bosso, Chanchaga, Suleja, Gurara and L.G.A of implementation with the theme: **Investing to prevent violence against women and girls**. During the 16 days of activism flag off, led by DG human right commission, Elohim Foundation was actively represented by social work officer/Gender focal person, community case management workers, Assistant M&EO and data entry clerk (DEC) as they participant on road work to create awareness on gender base violence against women and girls, significant of reporting GBV cases and where to report. During the rallies and sensitization visit to schools, market church and communities of implementation caregivers and adolescence were informed to report any form of gender base violence to Elohim foundation, society for family health. Along with participant were IEC materials with various write up advocating for obliteration of gender base violence. EF with RAYUWA marked i6 days of activism at ECWA church.

EF IMSafer team Orange the World was marked by Niger State Ministry of Women Affairs, and Federation of Female Lawyers (FIDA) Niger State, in collaboration with Elohim Foundation, Trough, Society for Family Health (SFH) Niger State on 4th and 6th, December, 2023 at Minna and Lapai respectively. On the cause of presentation by IMSafer Instructors,

Male Instructors discussed on the following topics, “Breathing Exercise, Leading with Heart, Pressure and Messages, Sources of Strength Continuum, and Sex and Gender/Power Imbalances. While female Instructors discussed and played a role play on these topics, “Use Your Voice, Name of consequence, Name the behaviour, and Make a scene.



Elohim Foundation CCMWs and FCMWs orange the world at Lapa market, Niger State.



CCMW Creating Awareness on GBV During 16 Days of Activism in Suleja and Paikoro L.G.A of implementation.



CCMW Creating Awareness on GBV During 16 Days of Activism in Bida and Tafa L.G.A of implementation.



Elohim Foundation Represented by ICHSSA3 Staffs in Minna, Niger State



SWKO Flagging off the Sixteen Days of Activism Among Caregiver in Izom Community and Student Gurara L.G.A of Implementation.



Pictures showing male/female adolescents' mentors during IMsafer presentation at Women Affairs Multi-Purpose Hall, Minna during the 16 days of activism.



Pictures showing a Cross-section of members of FIDA and CCMW'S from Lapai, Agaie and Gulu LGAs.



A Group picture taken after the event, “ORANGE the WORLD” at Women Affairs Multi-purpose Hall, Minna

Gender norms sessions (Caregivers and Adolescent Forums)

Gender norms are social principles that govern the behaviour of girls and boys, women and men in society and restrict their gender identity into what is considered to be appropriate. Gender norms are neither static nor universal and change over time. It refers to ideas about how women and men should be and act. Gender sessions are beneficial to the participants of gender norms sessions (Caregivers and Adolescent) by facilitating the exploration of interrelationships between gender, child protection and HIV while supporting individual, family and community level actions plan to mitigate the impact of negative gender norms.

Caregivers and adolescent Forum Gender Norm

In the Year 2023, Gender norms sessions were conducted among caregivers and adolescents aged 9-17 Years in 10 LGAs (Suleja, Gurara, Tafa, Paikoro, Munya, Agaie, Bida, Lapai, Chanchaga and Bosso) of project implementation respectively. The sessions were facilitated by the CCMWs with support from their supervisors, during the forum, the CCMWs welcome every caregiver present. After which, caregiver’s forum commenced immediately. The sessions were facilitated by the CCMWs with support by the Social Worker, in the respective LGAs on

the session 1-10“for CGs and session 1-8, 11, &12 for Adolescent. The sessions topics were extensively facilitated in pidgin and Hausa language with role play to buttress some of the topics by CCMWs which were **Gender Norm: Gender norms determine the roles of Men/Boys and women/girls and influence their access to resources within their community, Harmful Gender Norms predispose Men/Boys and women/Girls to HIV Infection, GBV- Gender Based Violence causes Physical, Sexual and Psychological harm, GBV increases victims and perpetrators vulnerability to HIV, Gender and Child Protection, Male Involvement, Women Empowerment, Sexual and Reproductive Health Education and Boys and girls in Kids club are created equal.** The facilitator and supervisors provided a satisfactory answer to the questions asked by the participants, CCMWs thanked the participants for completing gender norm sessions and encouraged them to enforce what they have learnt in to practice. The Caregiver and Adolescent forum provided a veritable platform for learning outside the four walls of a classroom and provided the participants the opportunity to make contributions and to also ask questions, these cheered the sessions and attendance completely signed by the participants. **2,624** Adolescent (**801M& 1823F**) and **3570** Caregivers (**171M & 3399F**) completed gender norms sessions **in year 2023.**

Output

- In FY23_FY24 QT1 under review, 3570 Caregivers (171M&3399F) completed gender norms
- In Q1 803 (59M&744F) completed caregiver gender norm sessions.
- In Q2 2157 (90M&2067F) caregivers completed gender norms session.
- In Q3 300 (2M & 298F) completed caregivers gender norm session
- In Q4 310 (20 & 290F) completed caregivers gender norm session
- In FY24_Q1 420 (33M & 387F) completed caregivers gender norm session

Table 1

FY/QT	REACHED WITH GENDER NORMS					
	Completed Adolescent Forum			Completed Caregivers forum		
	Male	Female	Total	Male	Female	Total
FY23						
Q1	94	336	430	59	744	803
Q2	436	971	1407	90	2067	2157
Q3	150	281	431	2	298	300
Q4	121	235	356	20	290	310
FY24_Q1	135	228	363	33	387	420
TOTAL	936	2051	2987	204	3786	3990

Pictures:



Pictures of Caregivers forum in Suleja and Lapai communities



Pictures of Caregivers forum in Suleja and Lapai communities



L-R: Caregivers forum in Ang. Gade TAFE and Chanchaga communities



L-R: Pictures of Caregivers forum in Lapai and Paikoro communities



CCMW in Chanchaga teaching adolescent hoe to make broom during Adolescent gender session



Pictures of adolescent Gender Norm at Tafa and Munya Communities



Pictures of adolescent Gender Norms at Tafa and Gurara Communities.



Pictures of adolescent Gender Norm at Lapai Community

THEME THREE:
Environmental Resource Management & Agriculture/Food Security

Programme objective: To promote green development, through environmental protection & conservation, climate change adaptation & research, disaster response, and smart agriculture, nutrition and food security in attainment of sustainable human society

Strategy of implementation:

- Partnership with project IPs.
- Community Volunteers engagement

Reports:

Environmental Resource Management:

Elohim Foundation promotes the sustainability of the earth environment through various programs such as tree planting, agroforestry, conservation education, climate change adaptation research & mitigation programming, water shade management and policy advocacy, in our effort at creating healthy human environment for sustained human society. In attaining this mandate, Ef have developed strategic program and activities while equally finding partnerships with statutory institutions and agencies of government both locally and internationally.

Climate Change Adaptation

To this effect, in 2023, EF received notification of its membership to Adaptation Research Alliance, a global body promoting climate change adaptation research by the collective actions of its members which cuts CSOs, the academia, research institutions and the private sector working within the environment and particularly climate change adaptation. By these engagements she hopes to leverage capacity and strengthen its voice through social movements while mobilizing partnerships and resources to pursue and prosecute its mandate in the sector.

Given this need, EF has identified and further set up a very high-level think tank for developing and mobilizing projects under this focus. So in 2023, EF management have continue its research and promoting local adaptation knowledge and practices among smallholder farmers on climate change adaptation and mitigation in the FCT. Currently, there is an on-going partner to develop a model agroforest recreation park at Duste Baupma in Bwari Area Council of the FCT with the authorities of Agriculture and Rural Development Secretariat of the FCTA in partnership with Rotary Club of Apo.

In addition, EF through its CEO/Founder had an engagement with the authorities of A&D Neighbourhood at Ushafa to carryout tree planting within its neighbourhood to mark the 2023 Worl Environment Day while also improving the physical aesthetics of the community and reduce the impact of heat wave among residents. Below are some pictures from the event.

Pictures



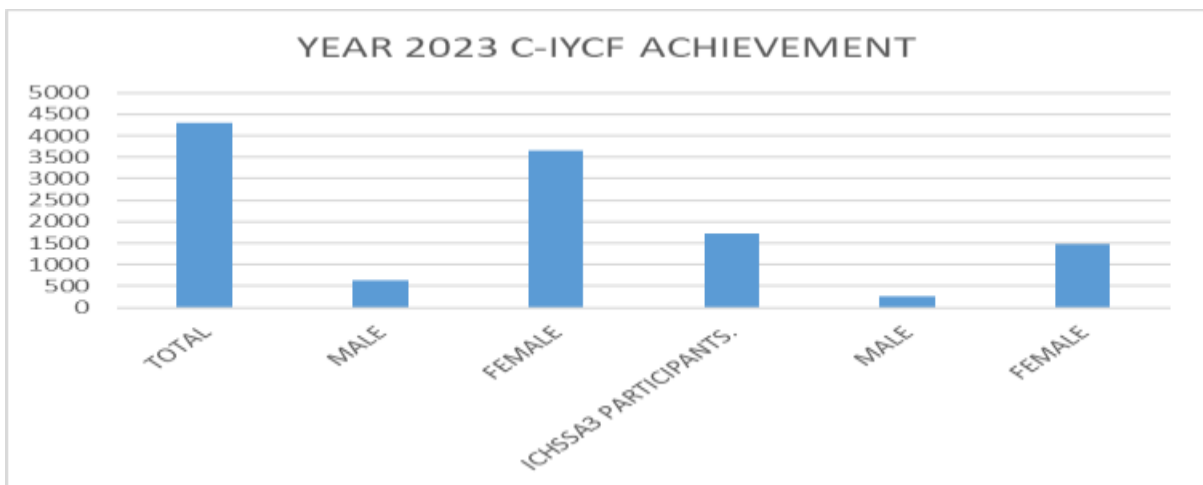
Tree planting exercise at Ushafa A& D Neighbourhood



Agriculture and Food Security: In promotion and attainment of the foundation’s mandate, under this focus, household economic projects of the Foundation are integrated as Chanelle’s for carrying out related activities of this focus. The following reported activities thus show cases significant results in this field.

In the year under review, Community Infant and Young Child Feeding (C-IYCF) support group meetings were educative as well as informative as the beneficiaries across communities in L.G. As of implementation were reached with the messages from the National Counselling Cards No: 1,2,3,4, & 5, personal experiences about exclusive breast feeding from lactating mothers, pregnant women to women of child bearing ages were shared during the sessions as participants learnt and well-informed with the experiences from others. The messages from the national counseling cards disseminated to the participants were importance of early initiation,

breastfeeding in the first 6-months, breast feeding on demand, breast feeding position and good attachment. Some of the importance of early initiation emphasis by CCMWs facilitating the session were: beginning breast feeding within the first 30 minutes of birth helps the baby learn to breastfeed while the breast is still soft and to the mother, it helps reduce bleeding and ejection of placenta. Participants aired their breastfeeding practice over time including their limiting factors to practicing exclusive breast feeding and their intended breastfeeding practice during the session. Participants were made to understand that, breast milk provides all the food and water that a baby needs during the 6 months however, medicine can be given to the baby's if recommended by health provider. As tracked a total number of cohort's session 286 cohort sessions, participants-4290 (Female- 3656 & Male- 634). Beneficiaries of the ICHSSA3 project who participated in the C-IYCF support group meetings were 1716 (Female-1463 & Male- 253) participant across the ten LGAs of project implementation.



Caregivers Reached with C-IYCF

Activity Picture



CCMWs Conducting C-IYCF in Madalla and Gbacidan Community in Chanchaga & Suleja L.G.As respectively



CCMW in Kamba, Kotaworo and Angwan Nasara community in Suleja, and Gurara L.G.A holding their C-IYCF Meeting.



SUPPORTIVE SUPERVISION OF CAREGIVERS FARM AND SPOT VIEWING OF THEIR AGRICULTURAL HARVEST.

In the FY under review, the HES officer with the support of the CCMWs conducted supportive supervision and monitoring visits to caregivers' farms and homes for spot view of their harvest from the improved seedlings distributed to caregivers (CG) in year 2023. Previously, a good number of beneficiaries on ICHSSA3 were engaged in subsistence farming and had small seedlings for cultivation and even limited knowledge on how to cultivate seeds to produce high yields for commercial purposes. After the training conducted for caregivers' farmers' beneficiaries who received improved agricultural seeds (Maize & Soya beans) cultivated massively for commercial purposes. Beneficiary's farms visited were filled with healthy harvested soya beans for consumption and commercial purposes. Caregivers' beneficiaries expressed gratitude to USAID while commenting that, the project has not only empowered them to own improved seeds for next planting season but also established a medium to generate income for the household food stability. 19 homes were visited for spot view of their harvest food storage.



Caregivers and Community Case Management Workers Sun drying Soya beans yield from The Provided Improved Seeds distributed in Tunga Mallam and Guaraka Community Tafa & Paikoro L.G.As respectively.



Caregivers and Community Case Management Workers Sun Dry Soya Beans Yield from the Provided Improved Seedlings Distributed in year 2023, in Paiko, Tunga Mallam and Suleja Kaduna Road Communities.

- *Summary of relevant indicators being tracked and their results*

OVC_EDU: In this reporting year 2023,41% of school aged children enrolled on the project attended school regularly and did not miss attending school for more than two days in a month avoiding interrupted academic or vocational training session. This percent is derived from numerator **8,826** of school aged children on the project attending school regularly and denominator **16,816** number of school aged children enrolled in the project.

OVC _ECON: *56% of active beneficiary households (HHs) who are earning an income to support household expenses at the local minimum wage per month* {Numerator: **3,794** Number of active beneficiary households (HHs) who are earning an income to support household expenses at the local minimum wage per month. Denominator: Total number of **6,688** active beneficiary households (HHs) that received HES services in the reporting period.

Homestead Gardening: In this reporting period, some CGs cultivated pepper, scent leave, vegetables and tomatoes within their resident for home consumption in other to improve their nutritional status. Most importantly, considering some of the CG proximity to farm the item listed above cultivated within their premise contributed greatly in easing caregiver’s accessibility of the items while saving money for other things that will contribute in making the food tasty for consumption such as crayfish. A total number of 8 female caregivers cultivated items listed above.

Picture 1. Photograph of Caregiver’s home stead vegetable garden at her backyard.

1.



2.



Picture 2. Director of Agriculture in Paikoro L.G.A Supported with improve Pawpaw Seedlings in the Quarter in view.

CROSS CUTTING THEME:

Entrepreneureship/Economic empowerment & Poverty Eradication

Programme objective: To improve the socio-economic status of the rural and urban poor by facilitating the empowerment towards evolving social-economic activities among urban and rural poor community members, particularly women and youth.

Strategy of implementation:

- Partnership with project IPs.
- Community Volunteers engagement
- Capacity building for skill development
- Cooperative scheme (VLSC).
- Income Generating Scheme/Activities.

Reports:

FORMATION OF VILLAGE SAVING AND LOAN ASSOCIATION.

VSLA as an intervention, aim at ensuring vulnerable households are able to develop habit of saving funds from their various income generating activities were form and monitored across the ten L.G.A of implementation facilitated by CCMWs with technical support from HESO & AHESO successfully in the Fiscal year under review. During group meetings, participant purchased their share price base on their capacity and contributed their social funds respectively while eligible members, took loan after satisfying all criteria of having two guarantors from the group and as well as repaying their loan along with their service charge during loan meetings as constitution demands. Also, newly formed VSLA were grounded with technicalities of group formation as facilitators ensured constitutions were developed unanimously by group members. Again, during change of naira note by Central Bank of Nigeria, respective groups during supportive supervision were guided as they select five trustworthy members of the group to change the old naira note at the bank for a new note as the process lingered for long some groups purchase agricultural products, stored and resold it adding additional profit to respective VSLA fund. Table below explicitly details VSLA tracking information for year 2023.

<i>SN</i>	<i>Indicator</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1	<i>Number of CGs VSLA Groups formed</i>			83
2	<i>Number of Adolescents VSLA Groups formed</i>			9
3	<i>Total Number of VSLA Groups formed</i>			74
4	<i>Number of members in VSLA Groups</i>	92	1926	2018
5	<i>Number of ICHSSA3 beneficiaries in VSLA groups</i>	29	619	648
4	<i>Total amount of money accrued by the VSLA groups in reporting period</i>			₦ 18, 655, 290

5	Total Social fund contributed			N1, 799,660
6	Amount of loan disbursed to eligible members			₦5, 397, 660
	Total amount of cash out			3,311,940.
7	Number of HHs provided emergency food support			146
8	Number of care givers linked/supported to set up IGA	29	114	143

Picture



HESO Providing Technical Support During Supportive Supervision to VSLA Groups in Angwa Nasara, Kwaka and Lambata Community of Implementation.



The HES Officer Providing Technical Support to Existing VSLA Groups in Angwa Nasara and Kwaka Community in Gurara L.G.A of Implementation.

OVC ECONS: CASH TRANSFER AND KOBO COLLECT CAPTURING

In the YEAR 2023, under review, CCMWs across 10 L.G. As of implementation conducted HHs assessment for enrolled beneficiaries more especially CLHIV HHs for 1st and 2nd phase cash transfer eligibility with ICHSSA3 customized kobo collect software mobile phone application. Validation of shortlisted Cash transfer CGs was conducted by key staff, then sensitization meeting with beneficiaries who were shortlisted was successful. The caregivers were sensitized that cash transfer intervention is to cushion hunger and boost IGA and will last only for three months to enable them cope with the shocks and develop their resilience while responding to basic consumption and protection needs (e.g. food, health, education, acquiring productive assets). Caregivers were further intimated of the following:

- Cash Distribution Period
- Duration of Cash Transfer: 3 months.
- Cash Transfer Frequency: Monthly.
- Amount of Cash Transfer to be disbursed monthly: ₦70,000 no bank charges.
- Out of the ₦70,000 naira, 49,070.00 of the cash is for HHs food consumption while income generating activities is 21,030.00 from the monthly cash savings.

Furthermore, beneficiaries were encouraged to call the CRM number to acknowledge receipt of cash and to provide feedback anytime the need arose.



HESO Sensitizing CG on the Cash Transfer.

Cash Transfer Disbursement and ATM collection. 1ST & 2ND Phase

Beneficiaries of cash transfer were provided with ATM cards by SFH finance officer supported by HESO & AHESO at zenith bank in Suleja and Minna axis respectively. At point of ATM card collection by beneficiary's, ART treatment card from facility, national identity card and voters card used during validation as means of identification was utilized for authentication before giving and activating the card for beneficiaries, the exercise was successful. As follow up, supportive supervision and monitoring visits was conducted to ascertain the quantity of food items bought and their expenditure of the fund by caregiver.

During visitation to respective CT beneficiary's households, findings revealed that, over 100% of 235(M:25 & F:210) enrolled HH (CALHIV-HH 72, HEI-HH 49, SVAC-HH 30 & CKP HH-84) beneficiaries given ATM card were able to access the cash through ATM machines and POS business centers. Caregivers who withdraw the funds as provided due to their low financial resilience, poor shelter and poor living environment purchase food items worth 70% of the cash support while 30% of the fund were saved for income generating activity. Beneficiaries ensured they call the CRM number to acknowledge receipt of cash respectively. Contrary to the routine process of 3-month withdrawal of seventy thousand naira as in the case of 1st phase, 2nd phase CGs received one hundred and forty thousand naira for first & second month of support.



HESO & SFH Team Distributing ATM Cards to caregivers.

BENEFICIARIES COMMENCED INCOME GENERATING ACTIVITY.

During onsite supportive monitoring visits, a total number of 38CG (F: 31 & M: 7) commenced petty trading, animal and livestock rearing, which is still ongoing.

CROSS CUTTING THEME

Organisational Development, Human Resource Management and Capacity Development

In the year 2023, the Board of Trustees was reconstituted, requiring the changes be submitted to CAC for approval and re-incorporation. The changes are in program focus and review of board members, bringing on board new board members.

The existing registered Board of Trustees are:

1. Mrs. Ngozi Angela Obilor President BoT
2. Dr. John Atumonyeogo Ex-President
3. Arc. Ibecheole, Julius Executive Secretary
4. Dr. Steven Nwaedozie Member
5. Mrs. Regina Agbo Onyemowo Member
6. Mr. Bamai Shamang Dawuda Member

	NAME	STATUS	PROFESSION	SEX	TRIBE/STATE	SECTOR	LOCATION
Existing Active Registered Board of Trustees Members							
1	Mrs. Ngozi Obilor	Current President.	Public Administration.	Female	Igbo	Public Services	SMEDAN, Abuja.
2	Arc. Ibecheole, Julius	Current Secretary.	Architect & Environmental Resource Mgt.	Male	Igbo	Social development sector	Abuja.
3	Mr. Bamai S	Former Vic President.	IT/Computer Engineer.	Male	Southern Kaduna	Public Service	NYSC Abuja.
Withdrawn Board of Trustees							
1	Dr. Steven Nwaedozie	Former member	Medical Doctor	Male	Igbo	Private service	Kubwa

2	Mrs Regina A. Onyemawo	Former member	Nursing education	Female	Edoma	Private consulting	Nassarawa
New Board Member to be registered							
1	Prof. Uzoma Ukoye	In coming member.	Social Work.	Female	Igbo	Academician	UNN Nsukka, Enugu State.
2	Dr. Collins A. Kalu	In coming member	Medical Doctor.	Male	Igbo	Public service	Kubwa Gen. Hospital, Abuja.
3	Mrs. Stella Awudu	In coming member	Chartered Accountant	Female	Igala	Private service	Abuja Clinic
4	Pastor Micheal A.	In coming	Construction expert	Male	Yoruba	Church administrator	Abuja
5	Bar. Mike Bello	In coming member.	Legal Practitioner	Male	Egira	Private Practitioner	Abuja.

To streamline the activities of the Foundation, the BoT took a review of the strategic focus/thematic areas of the foundation while considering the emerging challenges in the today Nigerian society while keeping in check the core values and philosophy that the foundation is built upon.

REVIEWED THEMATIC FOCUS.

Core thematic coverage	<p>Community/Public Healthcare and Support Services</p> <ul style="list-style-type: none"> • HIV/AIDS, TB, HEPATITIS AND MALARIA INTERVENTIONS (Structured Prevention intervention, Treatment literacy education, Home-Based Care, PMTCT of HIV/HEP B&C, Counselling and Testing, Referrals and Impact Mitigation) • Maternal & infant mortality/morbidity reduction programming (Family Planning, Exclusive Breast feeding, Nutrition, Immunization, Health education, Malaria, Vitamin supplication, De-worming and Water & Sanitation) • Food Security and Nutrition Programming. • Adolescent Reproductive Health Education and Programing. • STI Testing and Treatment.
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	<ul style="list-style-type: none"> • Cancer Screening and Referral. • Family Planning Services. • General Laboratory Services. <p>Child Protection and Gender development in Development and Humanitarian Action.</p> <ul style="list-style-type: none"> • Vulnerable children care services in emergency (Health-WASH, Education, Food & Nutrition, HES, Shelter & Care, Protection and Psychosocial Support) • Child right education and protection • Widow Care Services. • Case management on child sexual abuse, trafficking and violence against children. • Gender Mainstreaming • Gender Based Violence/Abuse intervention. • Victim support/impact mitigation and reintegration programming for returnees of irregular migration. <p>Environmental Resource Management & Agriculture/Food Security.</p> <ul style="list-style-type: none"> • Environmental Conservation and Protection (education, forestry and land/water pollution) programming • Climate Change Impact mitigation and Adaptation Programming/Intervention. • Urban & Community Water, Sanitation and Hygiene programming. • Environmental Policy Advocacy. • SMART Agriculture & Food Security.
Cross –cutting focus	<p>Enterprise and Capacity Development</p> <ul style="list-style-type: none"> • Skill Acquisition training. • Business start-up and Management training. • NGO Development and Management Training. • Health/Allied workers Practitioners Competency-based training programs. • Project Volunteers specific program services capacity building. • National Development Summit (NDS). <p>Governance and Leadership</p>

	<ul style="list-style-type: none">• Education,• Citizenship engagement/participation programing,• Public accountability,• Budget tracking.• Third Party Monitoring.
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HUMAN RESOURCES MANAGEMENT.

The Foundation's management conducted staff satisfactory survey among all core and volunteers' staff, in addition to its annual staff performance appraisal for all staff including management and non-management staff. The result of which informed the quest by the foundation to expand the scope for its management staff to include the role and designation of a substantial Human Resource & Organisation Development Officer to ensure the personnel and institutional developmental need of the Foundation.

CAPACITY DEVELOPMENT

Within the year under review personnel and volunteers received significant training, supportive supervision both internally and external sources. Below are accounts of the various capacity building activities.

3 Day Training on First Line Support-GBV "Lives" Training Held Between 31st -2nd August 2023 At NSDC Hotel, Minna Niger State.

- After the opening prayer, self-introduction was done by all participants. All participants introduced themselves stating name, organization, and designation.
- Mrs. Hajara Idris -GBV Desk Officer, gave the welcome remarks. In her remarks she stated the purpose of the training and encouraged all participants to listen attentively and pay attention during the course of the training.

Training Objectives

- To familiarize participants with the LIVES framework, including how to conduct routine enquiry and provide first line support to an individual who discloses GBV
- To learn how to identify signs and symptoms of violence in community and clinical context
- To review existing referral and support system for survivors of sexual violence

Overview of ICHSSA 3 Project

- The facilitator from Society for Family Health gave an overview of the ICHSSA 3 OVC project. The Integrated Child Health and Social Services Award 3 is a USAID-funded five-Year project which is expected to end in September 2024 as it has been in implementation since October 2019 said the facilitator.
- According to the SFH focal person, the project is a consortium of three organizations led by the Society for Family Health (SFH) with Save the Children International (SCI) and the American International Health Alliance (AIHA). SFH is the OVC Team Lead with Elohim Foundation as the CSO partner.
- ICHSSA 3 Project Locations are Kano, Niger, Borno, Yobe, and Jigawa.
- ICHSSA 3 aim is to reduce the impact of HIV and AIDS on orphans and vulnerable children (OVC) and therefore assist in attaining epidemic control. The goal is to ensure that OVC is cared for and protected by their households, communities, and local and state governments.
- ICHSSA3's life of project target is 118,999 beneficiaries in Niger and Kano States.

- The facilitators further added that the Project focuses on four result areas to achieve the project goal: 1) Households have increased access to basic services and care for OVC, 2) Communities ensure that OVC secures their rights, 3) Local and State Governments deliver basic services and detect and respond to child rights violations, 4) Prioritized targeted services for specific OVC sub-populations utilized.
- The facilitator stated that the general strategies deployed are Advocacy and Partnership (Capacity strengthening), Engagement (Community and Facility), Home visits, Home visits, Engaging Community structures, Case Management process, Care plan development, Monitoring and Reviewing

Section 1: Defining terminologies of Gender and Sex

In a discursive and participatory approach, the trainer guided the participants in exploring the differences between sex and gender, gender identity and sexual orientation. Thus;

- **Sex:** The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitalia.
- **Gender:** The socially-defined set of roles, rights, responsibilities, entitlements, and obligations of females and males in societies. The social definitions of what it means to be female or male vary among cultures and change over time.
- **Gender Identity:** A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- **Sexual orientation:** An enduring pattern of romantic or sexual attraction (or a combination of these) to another person. These inherent attractions are generally subsumed under heterosexuality, homosexuality, bisexuality, or asexuality

Section 2: Understanding GBV as a Public Health Problem

Gender-based violence (GBV) is described as an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. GBV is rooted in structural gender inequalities, patriarchy and power imbalance and it is characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse. Statistics has it that one in every three women will experience physical or sexual abuse from a partner or a sexual violence from a non-partner. In other words, 1 in 3 women, have been beaten, coerced into sex or otherwise abused in their lifetimes. 1 in 4 girls first sexual encounter was unwanted. 1 in 5 women abused have a higher likelihood of acquiring HIV. 47% of males living with HIV aged 15 and above are on ART compared to 60% among females. Some of the causes of GBV are Male preference ignorance/Lack of beliefs/traditions/cultures, Gender inequality and social norms condoning use of violence, man's childhood exposure to violence etc. with devastating consequences of mental health issues, higher likelihood of HIV/STD infection and spread and death.

Key points on GBV Data

- There is a clear link between exposure to violence in childhood and the experience or perpetration of violence as an adult with a clustering of risk factors for HIV. Addressing VAC is an essential piece of HIV prevention.
- Women who experience of IPV is associated with a 50% increase in the risk of HIV.
- There are very high rates of violence against adolescent girls and young women (AGYW), particularly in countries with high HIV prevalence among this population. There is a need to increase reach among this population with PrEP and post-violence care services.

Stages of abuse through life cycle

- Infancy (Female infanticide)- Neglect in terms of health care and nutrition
- Childhood-This takes the forms of child abuse, early marriage, malnutrition, FGM, child trafficking
- Adolescence: Forced marriage, forced sex and IPV
- Reproductive age femicide-Dowry related violence, IPV, Non-partner sexual assault, sexual harassment, honour crimes etc
- Elderly: Widow abuse and economic abuse

GBV and Adverse Health effect

- Mental health: Women who experience GBV are twice as likely to experience depression and Almost twice as likely to have alcohol abuse/disorder
- Sexual and Reproductive health: 16% more likely to have low birth weight and 15 times more likely to acquire HIV
- Death and injury: 42% of women who experienced physical or sexual violence at the hand of a partner have experience injuries as a result and 32% of murder of women globally were reported to have been committed by an intimate partner

A brainstorming session was led by the facilitator on the Barriers to Epidemic Control and the following response were elicited

- Late reporting
- Stigmatization and discrimination
- Harmful cultural practices
- Lack of awareness

A discourse on the matter further revealed that:

- Harmful gender norms and unequal attitude about gender put individual at risk for HIV and serve as barrier to uptake of HIV prevention, testing and care and treatment service thus affecting epidemic control
- Violence is also a barrier to PrEp initiation and adherence
- Violence and harmful gender norms practices also affects one' s ability to access testing service or disclose their status. Many persons report fear of abandonment if their partner learns their status

- Harmful gender norms inhibit men health seeking behaviour. Violence is associated with reduced linkage to HIV Care Services and initiation on ART
- Women who experience violence are less likely to adhere to treatment and achieve viral suppression. GBV is also associated with reduced ART adherence among adolescent

Ignoring violence can do harm

- When a service provider blames or disrespect survivor, it can lead to emotional distress
- When a service provider does not provide post rape care or address GBV in HIV setting, survivor receives inappropriate or inadequate care
- When a provider breaches confidentiality, it can lead additional violence

Role of Health Care Providers

- Do no harm
- Identify violence
- Empathetic response
- Clinical Care
- Referrals as needed
- Documentation
- Medico-legal evidence
- Advocacy as community

Section 3: Core competencies, part 1: Guiding principles for survivor-centered care

The facilitator argued that these discuss will help participants understand guiding principles of survivor-centered care in a culturally appropriate way and to understand how to apply the guiding principles in practice. The facilitator began by explaining the concept Trauma and Violence Informed Care. Thus; Trauma-informed care seeks to create safe environments for clients based on understanding the effects of trauma and the links to health and behavior. Trauma- and Violence-Informed Care (TVIC) also deals with intersecting effects of systemic and interpersonal violence and It entails the following that the service provider

- Understand trauma, violence, and their impact on people's lives and behavior.
- Create emotionally and physically safe environments for all clients and providers.
- Foster opportunities for choice, collaboration, and connection.
- Use a strengths-based and capacity building approach to support clients.

Guiding principles for working with people who experience GBV

- Do no harm
- Privacy, confidentiality and informed consent
- Meaningful engagement of PLHIV and GBV survivors
- Accountability and M&E

Providing Survivor-Centered Care-A Right Based Approach

In providing survivor centered care-rights base approach, it is noted that everyone is entitled:

- life free from violence

- Highest attainable standard of health
- Freedom from discrimination
- Privacy and confidentiality

Providing Survivor-Centered Care: Gender Sensitivity and Equality

- Be aware of how gender power differences impact access to resources and interactions with the health system
- Reinforce value
- Respect dignity
- Listen, believe and validate
- Do not harm or judge
- Provide information and counselling to support autonomous decision making

Also, the facilitator highlighted some factors/considerations as it pertains to children and adolescent who have been sexually abuse as follows:

- Children low economic status (especially for girls) and the fact that they are not fully developed mentally or physically
 - Violence against children is surrounded in secrecy and seen as a private matter especially when the perpetrator is a family member
 - When children disclose, it is often part of long process and not a single event
- To further understand survivor centered approach, an Orientation to WHO Clinical Handbook was imperative. The Handbook has four part;
- Part1: Identifying women subjected to violence
 - Part 2: Providing First Line Support (LIVES)
 - Clinical Care for Sexual Assault/Abuse
 - Mental Health Care

Part1: Identifying women subjected to violence

- Ongoing emotional health issues
- Thoughts, plans, or acts of self-harm or attempted suicide
- Injuries that are repeated and not well explained
- Repeated sexually transmitted infections
- Unwanted pregnancy
- Repeated health consultation with no clear diagnosis

What should I do if violence is suspected?

- Raise the issue with the client, if client is alone
- Ask the client empathetically; in a non-judgemental manner
- Choose your words; use words that is survivor-sensitive

Part 2: Providing First Line Support (LIVES): First-line support provides practical care and responds to a survivor's emotional, physical, safety, and support needs, without intruding on their privacy. First-line support is the most important care that can be

provided. Even if this is all a provider can do, the provider will have greatly helped the client. First line support is the immediate care given to a GBV survivor upon first contact with the health or criminal justice system. First line support is denoted by the acronym LIVES which stands for:

Listen-Listen closely with empathy not judging

Inquire about needs and concerns: assess and respond to the survivors need and concerns (emotional, physical, social and practical)

Validate-Show that you believe and understand the survivor

Ensure safety-discuss how to protect the survivor from further harm

Support-Help the survivor connects to services and social support

The goals for first-line support include:

- Identifying a survivor's needs and concerns
- Listening and validating a survivor's concerns and experiences
- Helping a survivor to feel connected to others, calm and hopeful
- Empowering a survivor to feel able to help themselves and to ask for help
- Exploring what a survivor's options are
- Respecting a survivor's wishes

Part 3: Clinical Care for Sexual Assault/Abuse: This involves the following

Firstly: Listen, Inquire and Validate (First-line support)

Secondly: Follow the six steps below viz-a-viz:

- Take a history and conduct the examination
- Treat any physical injuries
- Provide emergency contraception (*if survivor is female*)
- Prevent sexually transmitted infections (STIs)
- Provide PEP (*only if survivor presents in 72 hours*)
- Plan for self-care

Thirdly, ensure safety, facilitate Support (First-line support)

Part 4: Mental Health Care: Even providers are not trained mental health experts, they can provide basic psychosocial support, assess mental health status from moderate to severe depression, suicide tendencies and post-traumatic stress disorder and refer to a specialist as needed

DAY 2

Core Competencies, part 2: When and how to identify IPV

Who identifies Survivor?

- Facility based Health Care Providers
- Community based Health Care Providers

How to Identify IPV

Clinical Enquiry: It involves Identifying individuals who had experience violence via healthcare settings through the use of questions based on presenting conditions, the history and, where appropriate, examination of the client. Healthcare providers are trained on how to identify signs/symptoms of violence and respond appropriately. It is recommended in care and treatment sites that can provide the minimum package of post-GBV care

Routine Enquiry: Asking individuals about violence without resorting to the public health criteria of a complete screening program (i.e., asking everyone). Routine Enquiry for IPV is recommended in PrEP, index testing, and OVC programming. Note that for index testing, Routine Enquiry for IPV is often referred to as the “IPV Risk Assessment.”

Universal Screening: Large scale assessment of whole population groups whereby no selection of population groups is made. WHO does not recommend universal screening for violence.

Six Minimum requirements that must be in place for site to ask about experience of violence

- Providers offer First-Line Support e.g. LIVES
- SOP for asking about experience or fear (routine or clinical enquiry) e.g. Site checklist of minimum standards needed. Roles and responsibilities of site staff, including requirements and actions for mandatory reporting. Referral cards and supporting materials. Client flow chart (e.g., Pathway of Care)
- A standard set of questions were providers can document responses e.g. Providers must ask about violence compassionately, without judgement, using a standard set of questions – that they are trained on using – to ask about IPV, in a private setting. There are three types of questions relevant in eliciting response: open-ended questions (e.g. how are you feeling in your relationship), focused questions (e.g. tell me about the last time you had an argument), closed-ended questions (Are you afraid of your partner?) while leading questions (e.g. you agreed that getting professional help is the only way you will get better?) and compound questions (Tell me, have decided to disclose your status to your partner and would like to start treatment today?) should be avoided
- Providers are trained on how to ask about and identify signs and symptoms]
- Providers only ask questions Providers only ask about IPV or sexual
- violence
- Referrals

Core Competencies part 5 & 6: First line Support

This session began with a group work on Active Listening. Participants were divided into three groups to brainstorm on: Active Listening, Inquire and Validate (LIV) of the

LIVES acronym. In the section, the facilitator dissected one after the other first line support (LIVES);

LISTEN: One of the most critical components of communicating with a survivor is active listening. Active listening is demonstrated both **verbally** and **non-verbally**. Active listening entails:

Communication tips for talking with a client

- Sit at the same level as the survivor
- Slightly incline toward the survivor, which can convey interest and active listening.
- Make frequent and soft eye contact with the survivor, which can convey that the provider is attentive, although this should be guided by cultural context
- Nod, which can convey encouragement and compassion, as well as understanding.
- Tell the survivor “I understand” or “I see how you feel” which can convey understanding.
- Be gentle. Encourage the survivor to answer but do not insist that they do.
- Ask one question at a time. Speak simply and clearly. Ask for clarification or detail if needed.
- Give the survivor time to answer and allow responses. Do not rush

Also, a checklist while listening includes the following do and don'ts.

DO'S

- Offer supportive reassurance
- Be present
- Remind them it wasn't their fault
- Acknowledge their pains
- Accept their decision for healing
- Practice active listening

DON'TS

- Minimize their experience
- Interrupt
- Press for more details than they want to share
- Challenge their experience

INQUIRE about needs and Concerns: this has to do with inquiring about the survivor's needs and concerns in a caring way, putting the survivor at the center of decisions

VALIDATE: Validate what the survivor is saying. Demonstrate understanding of what they are saying and that what they say is believed without judgement or conditions. The facilitator concluded this section with the emphasis that Active, effective listening within LIVES can be a **powerful healing tool** for survivors. Remember to minimize distractions and focus on the client for most effective communication.

ENSURING SAFETY: Discuss how to protect the survivor from further harm

- Demonstrate the skill to assess immediate risk/safety and to support safety planning
- Know how to collaborate with partners to help survivors access other services and to provide referrals
- In demonstrating certain questions can aid investigation e.g. Has the physical violence happened more often or gotten worse over the past 6 months?
- Where the survivor is not safe; help them make a safety plan/necessary referral. e.g identifying a neighbour, friend, relative or shelter to go to, planning how to get there and knowing essential items to take along.

SUPPORT: Help the survivors connect to services and social support. Healthcare workers play an important role by connecting survivors to needed resources and, through warm referrals, encouraging them to seek support. The provider should let the survivor know that they are available to meet again to talk about other issues. Always provide referrals that respond to the survivor's stated needs. As much as possible, make warm referrals.

DAY 3

Provider-survivor communication skills (discussion with a survivor)

Participants had an opportunity to discuss with a survivor of sexual abuse. The survivor was abused by a cousin and currently in primary school. After the interactions, individual performance was analyzed and appraise

Care for mental health and wellbeing of providers

Psychosocial support to survivor: Providers can

- Offer first line support (LIVES) at each meeting
- Help strengthen positive coping methods
- Teach and document stress reduction exercises
- Engage in relaxing activity
- Spending time with them can help a survivor

Care for mental health and wellbeing of providers: Providers often suffer vicarious trauma also known as secondary traumatic stress or compass fatigue. Vicarious trauma is a negative reaction to trauma exposure and includes a range of symptoms that are similar to experiencing trauma directly

Signs and symptoms

- Social withdrawal
- Aggression
- Relationship difficulty
- Difficulty managing boundaries with clients
- Cynics
- Physical symptoms (aches)

Self-Care for providers

- Exercise
- Relaxation
- Healthy diet

- Adequate sleep
- Spending time with nature
- Volunteering

PICTURES



Cross section of participants during GBV LIVES training, NSDC Hotel Minna



Cross section of participants during GBV LIVES training @ NSDC Hotel Minna



L:R: GBV LIVES training group presentation and communication with a survivor.



Participants during VAC training in Lace Hotel Suleja.



Participants during VAC training in Lace Hotel Suleja.



Pictures of participants (CCMWs) during balloon game.



Participants at VAC Workshop in Minna.

A summary of the HES strategies.

The services offered by HESO& AHESO supported by CCMWs in community and FCMW at facility were: Nutrition counselling, financial education, formation and linkages to VSLA groups in communities, emergency food support, counselling support on the utilization of locally produced food for prevention of malnutrition of VCs under 5Years, practice of exclusive breastfeeding for children for at least 6months without water, sanitation and hygiene in all L.G.A of ICHSSA3 implementation.

3 DAY CHILD PROTECTION/VIOLENCE AGAINST CHILDREN (VAC) WORKSHOP AT MINNA (17th to 19TH Brighter Suite) SULEJA (20TH -22ND -LACE HOTEL)

INTRODUCTION

After the opening prayer self-introduction was done by all participants starting from caseworkers, ICHSSA3 PMTs to facilitators. All participants introduced themselves by starting with name, organization, designation and favorite foods. After that opening remarks was given by OVC advisor Mrs. Mary of purpose of the training and she further encourage everyone to listen attentively and pay attention during the course of the training. The meeting had the following objectives:

- To improve the understanding of child protection

- To increase the capacity to prevent abuse
- To strengthen skills to recognize diverse child protection issues
- To gain skills in upholding child rights
- To increase awareness on how to create a protective environment
- To strengthen the ability to identify child protection issues without stigmatizing or targeting the child

CHILD SAFEGUARDING

The conventional right of a child was further explained by him, he said there's 54 conventional child's right, out of it 42 speaks about the children, 9 deals with children general principles while 3 deals with procedures. The basic four right of children was also stated by him which are;

- **Right to survival:** children have right to live within their family, country and community.
- **Developmental right:** in this right, it's important to ensure children have access to basic services and to equality of opportunity for children to achieve their full development. For example, a child with a disability should have effective access to education and health care to achieve their full potential
- **Protection Right:** in this right, it talks about children been protected from all forms of abuse.
- **Right to participation:** it means that the voice of the child must be heard and respected in all matters concerning his or her rights. For example, those in power should consult with children before making decisions that will affect them. He said Children should take part in all actions and decisions concerning a child, and must be used to resolve conflicts between different rights.

History of child right

In 1989 all the governments of the World were asked to sign a special agreement called the Convention on the Rights of the Child. UN Convention on the Rights of the Child became an international law on the 2nd September 1990. After the UNCRC, African Leaders adopted the African Charter in 1990.

After the history of child right which was explained by Mr. Abdullahi, he further moved to next in the agenda which was a practical session on who is a child, understanding, and child and childhood which he asked some of the participants to give their childhood experiences and how it impacted in them. Different participants gave their childhood experiences and he further contributed by saying all child have different experience that may have impact in their future life and Children learn in much the same way, developing associations between things in their environment and potential consequences. He added that learning occurs day-to-day, there are a number of other experiences that can play a major role in shaping a child's development.

Child upbringing: Healthy and Unhealthy corn (Practical Exercise).

Participants were shared into two groups to gives reasons of healthy/unhealthy development in corn likewise in children. Assigned task was done and presented by representative from the

groups giving their reasons on healthy and unhealthy development in corn such as lack of fertile land and good seedlings while for children reasons for unhealthy development as mentioned by them was as a result of poor relationship between Caregiver and child, caregivers not accepting their responsibilities and has not set boundaries which will promote training of the children.

Child Abuse

He stated the UN convention of children right (1989); parties shall protect the children from all forms of physical or mental violence, injury or abuse neglect, maltreatment or exploitation including sexual abuse.

Definition of Child Abuse was further explained by Mr Abdullahi as defined by different authors such as;

- **Save the Children Alliance:** defines it as the deliberate act of ill treatment that can harm or is likely to course harm to a child's safety, wellbeing, dignity and development.
- **Save the children UK child Safeguarding Guidance Note:** they define child Abuse as a cause of inflicting harm or by failing to prevent harm.
- **National Commission in Child Abuse:** child Abuse was defined as anything which individuals, institutions or processes do or fail to do which directly or indirectly harm child or damage their prospect of healthy and safe development into adulthood.

Scale of the problem

He said around 1 in 3women on developing countries (excluding china), married before the age of 18 and 700newborn babies die each day in Nigeria. And about 40million children around the world are abused each year which up to 15% of all abused children are sexually abused while 57,000 children under 15 were murdered.

Forms of abuse

Forms or categories of physical abuse was further stated with briefly explanation: He said Physical abuse happens when a child has been hurt or injured, and it is not an accident. Physical abuse does not always leave visible marks or injuries. Examples of it are; hitting, shaking, choking, burning, biting, poisoning, using physical restraints and so on.

- **Sexual abuse:** Child sexual abuse happens when an adult, teenager or child uses their power or authority to involve another child in sexual activity e.g Rape
- **Emotional abuse:** Emotional abuse happens when a child is treated in a way that negatively impacts their social, emotional or intellectual development. Emotional abuse can be caused by e.g rejection, name calling, teasing or bullying, yelling, criticism, isolation or locking a child up for extended periods and exposure to domestic and family violence. Experiencing domestic and family violence can also lead to emotional harm. A child who experiences violence at home is at greater risk of not having their basic needs met, including their protection and care needs which can affect a child's emotional wellbeing and development
- **Neglect:** Neglect happens when a child's basic needs are not met, affecting their health and development. Basic needs include: food, housing and clean-living conditions, and health

care, adequate clothing, personal hygiene and adequate supervision.

- **Exploitation:** it is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually for personal gain. Exploitation comes in many forms e.g slavery.
- After that forum for questions and answer was given by Mr Abdullahi, Questions was asked by the participants and appropriate answers was given to them. At about 4:30pm Day 1 training came to an end with closing remarks by Mrs Mary and she encourage all participants to endeavour come early for the next day training.

DAY 2

Guiding principles responding to violence against children

- Best interests of the child
- Safety and protection of child / staff
- Health and psychological support of the child
- Confidentiality
- Access to national authorities and justice
- Timeliness
- Reporting / managerial involvement for referral
- Partnership working
- You have a requirement to tell someone (can't promise to keep it a secret or promise total confidentiality – “need to know” basis)

Reporting and Responding

What stops children from reporting abuse?

- Are scared because they or their family have been threatened
- Believe they will be taken away
- Believe they are to blame
- Have no alternatives because they rely on the abuser for food or care
- Feel embarrassed and guilty
- Don't want the abuser to get into trouble
- Have communication or learning difficulties
- May not have the vocabulary for what happened
- Are afraid they won't be believed
- Have no one to turn to

What stops adults (parents, caregivers, neighbours) from reporting child abuse?

- Lack of confidence in how the report will be handled
- Person(s) to be reported to is not accessible, isolated and/or not approachable
- Fear of getting oneself or someone else into trouble
- Fear of seen as poke-nosing (not minding his/her own self)
- Nonchalant attitude since the child is not their own (in cases of a neighbour)
- Fear of witchcraft

- Fear of being wrong (not enough evidence)

What might stop someone from taking action when s/he gets a report of child abuse?

- Individual/cultural values and attitudes to abuse
- Doubts about the accuracy of report (level of truthfulness)
- Your own stress and lack of support
- Uncertainty of how to respond
- Not wanting to interfere (perceiving it as a 'family affair' and therefore should not be intruded)

Understanding Vulnerability

Vulnerability refers to a state of being in which a person is likely to be in a risky situation, suffering significant physical, emotional or mental harm that may result in their human rights not being fulfilled. Children are necessarily vulnerable because of their:

- **Physical status** – smaller, less powerful, less strong, less resistant to ill treatment and ill health
- **Societal status** – unable to provide for most basic human rights/needs eg, shelter, food, warmth

Factors that can increase risks or cause abuse to a child

- No access to education/no school fees due to having no income or parent to provide fees
- Lack of nutritional food
- No shelter
- Distrust
- Little discipline or extreme discipline
- No role models
- Physical punishment
- Feeling of humiliation
- Isolation

DAY 3

What is communication?

- Transfer of messages/ideas from one place to another
- Give, receive, understand and respond to messages
- Ways messages are transmitted from one person to another or a group

Types of communication

- Verbal: talking/facilitating, singing, crying, shouting, making an announcement megaphones to summon a meeting,
- Non-verbal: letters, sign-language, eye-to-eye contact, facial expressions

- Use of simple and clear language
- Good listening skills
- Children have other forms of expression: storytelling, drawings, songs, poems, dramas, etc. Give them a chance to express themselves in such ways if needed
- Be patient
- Comments or remarks that make children feel valued
- Conducive environment
- Gentle eye contact

Barriers to communication

- Dress code
- Customs and traditions
- Use of interpreters
- Use of big terms
- Environment
- Lack of trust

Confidentiality

To ensure the protection of the children we work with

It strengthens the confidence between the person collecting the information and the children they work with

It prevents further harm to the child

How to ensure confidentiality

- Do not take records home
- Do not leave records lying on the desk
- Documentation should be kept in a locked cabinet
- Personal information should be kept secret
- Always seek the permission of the child should you think it is necessary to share any information and explain to the child the reasons for this sharing

What information is kept confidential

- Name and address of the child
- Detailed information on the nature of the issue
- Source of information
- Safety security plans for the child

Situations when confidentiality might be broken

- Emergency or life-threatening situations (e.g. suicidal acts/attempts)
- When it poses danger to the child
- When there is an intent to commit further crimes

How to address issues of confidentiality with a child

- Always discuss confidentiality with a child immediately after an incident occurred
 - Inform the child about the exceptions of confidentiality

Ways of building confidence in Children

- Tell your child something good about him/her daily
- Set simple short term daily/weekly goals that your children can meet & encourage them to achieve them
- Award their accomplishments, especially the small accomplishments by praising them and encouraging them to aim higher
- As parents we must endeavour to keep the communication lines open with children and be 'friends' to our children

What is child participation?

Child participation is the involvement of children in discussing issues that affect their lives considering their age and ability

Why is child participation important?

- As spelt out in article 12 of the CRC, children have the right to express the views or opinions on matters that affect them and these views must be listened to and respected.
- The importance of this is that every society hopes and expects that children will grow up to be capable and responsible citizens who contribute to the well-being of their society.
- Children can make meaningful contribution in addressing their own issues and also have a feeling of belonging when their views are listened to and respected.

Why is child participation important?

- Participation builds the confidence of children.
- Children form 65% of the world's population therefore, they should participate fully in the community

Different level of child participation

- Children decide - adults are invited and get involved if children ask them to
- Children take the lead with help from adults
- Adults and children decide on basis of equality
- Adults consult children and consider their opinions
- Adults invite children's ideas but make decisions of their own terms
- Adults decide what to do, afterwards children are allowed to decide on minor aspects
- Adults decide while children take part by singing, dancing or performing ceremonial functions
- Adults decide what to do and ask children if they agree

- Adults make all decisions; children are told what to do and are given reasons by explanation
- Adults make all decisions; children are told only what they must do
- Children are not given any help or consideration they are always ignored

Barriers to child participation

- Cultural beliefs, traditional laws in the area
- Parents do not allow for children to participate

Closing Remarks

Closing remarks was made by the PM Elohim Foundation. In her remarks she appreciated the trainers for the capacity building, noting that the training has helped to strengthen the CCMWs and Staff skills to recognize and respond to child protection issues in respective communities.

PICTURES



Participants during VAC training in Lace Hotel Suleja



Participants during VAC training in Lace Hotel Suleja



Participants at VAC Workshop in Minna



Cross section of participants during GBV LIVES training, NSDC Hotel Minna



Cross section of participants during GBV LIVES training @ NSDC Hotel Minna

Still in the year under review, the implementing partners on the ICHSSA-3 Project “SFH” conducted a 3 days’ capacity building for EF M&E unit on Improvement training, which the main focus is to introduce improvement of service delivery and how it can be used to improve the quality-of-service delivery for vulnerable children as they are being interface with in the community. *The 3day Quality* Improvement training was held at Suleja, having in attendance data and Research team (M&E and data clerks,) SWKO, TSO PM, the training was facilitated by Community service advisor, SI Director and SI Niger state, capacities of participants were built on Improvement methodology and PDSA cycle in problem solving.

LEARNING SESSION OF THE TRAINING: this is a forum for sharing and exchange of knowledge and best practices on improvement teams to identify and provide for the needs of vulnerable children in the society.

Objectives in learning sessions includes sharing and experience from implementing the service standard to strengthen capacity and skills on the improvement process for problem analysis, identifying possible changes, defining improvement objectives and indicators and developing improvement plans.

The Methodology used in learning sessions includes: Storytelling, flipchart presentation, exchange visit, questions, group work and sharing in plenary

Tools used in learning sessions are service standard, flipchart, cameras, projector, etc.

Things to consider during learning session includes: It is recommended that learning session takes place in the community, the hall should be large enough to contain participants' movement, learning session is conducted quarterly and at the end of the learning session, there must be a work plan on next action steps

Types of participants for learning Community improvement team (CIT), LGA Improvement Team (LIT), State Quality Improvement Team (SQIT), Representatives of Line Ministries (MDAs), CBOs representative, etc.

The activities during learning sessions includes welcoming speech, introduction of participants and purpose of the learning session, update & reflection on assessment of gaps in service delivery in line with the service standards, update on baseline assessment conducted using the child status index, etc.

Pictures:



A cross section of participants during Quality Improvement Training on the 21st of November, 2023 in Elohim Foundation Office, Suleja, Niger State



Group work Presentation by a Data clerk in group 2.



Group picture of participants and SFH facilitators during the Quality Improvement Training on the 23rd of November, 2023 at the office premises of Elohim Foundation, Suleja, Niger state.

SFH, DATAFI visit to EF Office on NOMIS Roll-Out (Capacity Building Orientation)

On the 9th of February, 2023, a capacity building orientation was held. The venue was at the EF Office, Suleja. The activity which was organized by Data for Implementation (DATAFI) was under the auspices of SFH. Participants included all members of the EF M&E Unit, led by M&E Officer, Patrick Ijomah, others included, SFH SI&DA, and two officers from DATAFI organization (Niyi Ogungbemi & Ogbonna Chidinma).

The SFH MIS Advisor, Mr. Endurance Ehimere, during his opening remark, informed that the objectives of the event were to introduce the new NOMIS Roll-Out and in addition provide an

orientation to the M&E Team. He further explained that the essence of the event is to ensure smooth migration from the old NOMIS to the new NOMIS for more efficient data reporting.

During the meeting, the conveners of the activity, staff of DATAFI conducted the M&E Team through: 1 Review of the New NOMIS Tools, 2, the indicators and 3, the Domains. Also, a review of the number of beneficiaries entered into the old NOMIS was conducted. This was with the view to affect the total migration of the entire enrolment into the new NOMIS.

However, from the report generated by the new NOMIS, the following data was confirmed to have been captured: Total No. of beneficiaries enrolled = 11, 997 (VCs-8937, CGs-3060), out of this number, 4142 VCs were marked with Household, whereas, 4795 VCs were not. While on the other hand, 1580 Caregivers were not marked with Households.

Following these findings, the DATAFI Team therefore observed that the migration could not continue, rather advised that there was need for the Households to be updated first in the NOMIS, in order to facilitate the smooth migration exercise from Old to New NOMIS.

The M&E Officer, Patrick Ijomah, in his vote of thanks at the end of the event expressed appreciation to DATAFI on behalf of EF, for bring such innovation into the Data reporting system, which he said would go a long way to improve the data reporting efficiency.

Meanwhile, the NOMIS Roll-Out was also conducted in the Minna Office of Elohim Foundation, where DATAFI organization also conducted migration of data to the New NOMIS for immediate commencement of data entry through the new NOMIS. However, this initiative was put into use, but the exercise could not continue due to challenges emanating from the inability of the New NOMIS to function effectively, thereby prompting the M&E Team to revert back to the use of the old NOMIS for data entry.

Outcome:

1. Participants received Orientation on the New NOMIS reporting channel
2. A total of 1580 households to be updated.
3. NOMIS migration was suspended till future date.



Photo 1&2 shows participants, during capacity building orientation sessions on New NOMIS Roll-Out, conducted by DATAFI consultant firm, Courtesy of SFH.

Monitoring and Evaluation: At Elohim Foundation, participatory monitoring and evaluations of projects with the project stakeholders is the approach for measuring true evidenced based results. Hence, the under listed are accounts of monitoring and evaluation activities within the year under review. These may be informed of review meetings, supportive supervisory meetings/visits and spot monitoring visits by the project prime partner.

Technical support visit of SI Advisor

On the 16th of May, 2023, the SI Advisor for SFH, Mr Endurance Ofeimu, was in Suleja Office of Elohim Foundation. The SI during his opening remark, that the objective of his visit is to provide technical support to key officers under the HES, social worker on Gender norms register documentation, review Q3 achievements, look into indicators on the reporting templates with some thematic staff and also deliver project procured folders for documentations.

Highlights of the visit includes:

- Delivery of 3600 folders for filing of beneficiary's documents.
- Supervision of cabinet for storage of folders
- Discussion on way forward on how to achieve the remaining enrolment target for the FY2023.

SI Advisor while speaking during the meeting held with Key staff (M&E, TSO, PM HES Officer as well the Project Director) informed that graduation of CKP Households would be conducted in quarter 4. In line with this plan, he directed that enrolment of CKP households should commence, but on a small scale. Speaking further, he informed that graduation of beneficiaries would be based on benchmark criteria. However, whether they meet up or not they must be graduated, he said while providing updated on the enrolments conducted, he reported that a total number of 1030 CL beneficiaries has been enrolled, out of this number, 1010 beneficiaries are active.

He maintained that what is utmost now, is to get those who are yet to be enrolled, to be enrolled, and those whom had been tagged inactive to be adequately investigated and their status properly confirmed.

Meanwhile, during the handing over of the folders to the EF M&E Officer, Patrick Ijomah, Mr. Endurance Ofeimu advised that the documents should all be transferred to the folders, stressing to advantage of the new folders (rubber proof) for documents storage as against the paper folder.

Also, during the visit, EF M&E Officer, took SI Advisor round the cabinet for folders supervision, he expressed satisfaction of the arrangement of folders in the cabinet. However, responding on the capacity of the available cabinets in containing the folders, Mr Patrick Ijomah, confirmed that the number cabinet available is sufficient in the interim, but whenever it can no longer accommodate the incoming folders due to more enrolment, then the project would be communicated.



M&E TEAM, PM, TSO, and M&E Advisor in a dialogue meeting during the latter's technical supportive supervisory visit to Elohim Foundation.

Description of activities and accomplishments, including the impact of COVID-19 on these activities:

- *How is the project strengthening the capacity of state and local governments to recruit, incentivize, retain and effectively deploy high-performing human resources to protect and care for OVC?*

In this reporting month also, a 3-day capacity building training on GBV was held for CCMWs, the aim of the meeting was to provide participants with knowledge and skill on to identify and manage issues of GBV cases across the LGAs of implementation. The meeting was attended by stakeholders from the State, LGA, project staff of Elohim Foundation and treatment partners who were also facilitators in the event.

ICHSSA3 project has built the capacity of Local & state Government persons through Human resource trainings organized by SFH. In the same vein, a 3-day Organisational Capacity Assessment (OCAT) and Site Information Management system (SIMS) was conducted on the Organisation-Elohim Foundation. The activity which was held at the Suleja corporate office was organized by SFH and was attended by the state Team lead, Mr Ladan Mohammed, the Assessor Mustapha Taila (CBA) SI Advisor, Ehimere Endurance and project management team. The Capacity Building Advisor, Mr Mustapha, who facilitated the process, the activity, was conducted using the OCAT and SIMS assessment tools, the exercise was to identify gaps that exist in EF (system) and ICHSSA3 activities implementation so as to develop steps for addressing the gaps, as well as strengthen the existing system. The assessment contributed to the building of organisation's capacity and increased knowledge of staff on implementation process.



Elohim Foundation PMT and SFH PMT during the OCAD & SIMS assessment visit facilitated by the Advocacy and Capacity Building Advisor, Mr. Mustapha.

- *How is the project supporting the state and local government authorities to identify and where necessary, train a pool of child protection and social services cadres within the non-governmental sector to be deployed as needed by government and other programs, under the supervision of the government?*

In this reporting YEAR 2023,, effort has been made with the various LGAs director of social Development/Welfare to constitute LGA OVC technical working group to mobilize resource for child protection programs and activities the communities in the 10 LGA in Niger state.

CCMWs/FCMWs REVIEW MEETING

YEAR 2023, SFH ICHSSA-3 REVIEW MEETING WITH CSO ELOHIM FOUNDATION NIGER STATE

A 2-day Program Performance Review meeting was held on the 26th and 27th September, 2023. The meeting which took place at the Lace Hotel, Suleja., was attended by SFH Management (COP, SI Director, Finance director) and staff of SFH as well as EF ICHSSA-3 project management team. The objective of the meeting was among other things to review program performance for year 2023,, fine tune the FY24 implementation work plan, identify, gaps/challenges and proffer way forward. The DoP, while addressing participants stressed the need for adequate, reliable and quality data reportage as far as OVC programming is concerned, she also emphasised on putting adequate measures HIV prevention with regards to the adolescent children who may be involved in risky behaviours. To this end emphasis was made on the need to increase case findings in the communities and facilities alike.

Meanwhile during the meeting, presentations were made by SFH team and Elohim Foundation team respectively, during which some gaps were identified, in the area of graphic presentation. The Senior SI Advisor, Mr. Innocent Pius used the occasion to provide guidelines on the best practice. In the same vein issues bothering on salary increase for CSO staff and CCMWs were discussed. However, the following recommendations were made to include: the conduct of training for CCMWs, increase in case findings, provision of birth certificates to OVCs etc. The

high point of the event was the development of the program implementation work-plan for the FY24.

In this reporting year 2023,, Suleja CCMWS/FCMWS quarterly review meeting was held in their respective LGAS. challenges and gaps discussed were folder realignment, HTS testing/risk assessment, home visit and follow up on CALHIV HHs, pending folder update, nutrition assessment and counselling service (NACS), work plan and monthly report submission, sensitization on cash transfer/collection of cash transfer card and distribution of Nagari Nakowa manual to Lapai, Agaie and Bida CCMWs, Birth certificate registration, folder update and collection of ICHSSA3 manuals and review of case workers hard cover notebook. CCMWs air their areas of concern area of concern, technical support and mentoring was provided and mitigation strategies developed. Words of appreciation was given by project director and project manager for the case worker assiduous efforts, commitment and collaboration in the year 2023,, she urged them to work harder in FY24 as their stipend has been increased by 100%.

Pictures



PM giving welcoming remark/providing technical support to case workers on documentation.



PD Presenting gift of appreciation to ICHSSA3 LGAs Supervisors for their commitments and display of good leadership skills.



EF-

PMTs and case managers celebrating YEAR 2023, in success.



EF Project Director Addressing cash Transfer Gaps and AM&EO addressing documentation gaps during the at Minna.



EF-PM appreciating CCMWs supervisors in Bosso, Chanchaga and Agaie especially for their commitment in displaying good leadership skill in the YEAR 2023,.



Key Officers reviewing CCMWs case folders and providing technical support in the Q3 meeting.



Pix1 shows the ED Elohim Foundation, Arc Julius Ibecheole (Ph.D) addressing participants at the SFH-EF Program Review, while the Director of Programs Dr. Felicia Mariga, looks on.

Pix 2 (standing) EF Program Officer, Joy Opara, making presentations during the Program Performance Review meeting held, in Suleja.

Monitoring and Supportive Supervision to CCMWs in communities of Project LGAs.

In the year 2023, the PMT led by M&E Officer conducted a monitoring and supervisory visit to communities as well as facilities in 10 project LGAs of Suleja, Tafa, Gurara and Paikoro, Bosso, Agaie, Chanchaga, Bida, Lapai. The purpose of the visits was to provide supportive supervision and technical support to the CCMWs and FCMWs on the enrolment process, ensure proper usage of the data capturing tools, target reached and other activities, identify gaps/challenge and provide possible solutions. It was also a veritable ground for the officers to identify areas of strength and weaknesses and addressed some of the difficulties the CCMWs encountered during enrolments and home visits.

Among other activities monitored during the period is the Households Bi-Annual Assessment for graduation of CKP Households in the project. The activity which was scheduled for a 2-day was however, carried out in the communities by CCMWs. However, the expected target could not be achieved within the time frame, due to:

- Insufficient time-line for accomplishment of the exercise.
- CCMWs lacked understanding of the kobo-collect tool, as a result of no orientation on how to access it.
- Target beneficiaries could not be reached within the time frame allowed.

Folders Update:

Service update in the folders as well as the NOMIS platform continued, with CCMWs coming to the office for the exercise. The objective is to ensure that all services are updated in the folders up to quarter 4 of the project period. However, efforts towards achieving this, was grossly affected by unavailability of relevant tools, and poor attitude of CCMWs in fulfilling that obligation.

However, data entry into NOMIS continued, with the aim of updating all services provided at the community level in the NOMIS Platform before the end of the FY, during the exercise

issues bothering on data quality, reliability and credibility of data were prioritized, while suggestions were made for gaps identified.



Pix 1&2: (standing) M&E Officer, Ijomah, Patrick providing technical support to CCMWs, during the activity of service update of beneficiaries' folders at EF Office.



Pix 3&4: A cross section of CCMWs conducting services updates on beneficiaries' folders, while the M&E Officer, Ijomah, Patrick (standing) supervises the activity.

PM, carried out monitoring and supportive supervision to the LGAs in this reporting quarter, during her visit to Bida LGA, home visit to CAL HHs that benefited from Health assisted referral for hospital bill and emergency food support. The caregivers appreciated ICHSSA3 project for intervening and salvaging their situation in providing scour to their HH. Visit to GH Bida was carried out in replacement of disengaged FCMW, the new FCMW was engaged and introduced to GH Bida management, HSS, ART coordinator, CCRN treatment case workers, as well as to CCMWs in Bida for effective service delivery to VC on treatment. HSS enjoined the new FCMW to put hands on desk in discharging his duties.



Picture of CCMWs , caregivers, PM during home visit at Mayaki, Gbazhi & Makwala communities in Bida LGA.

Nutrition Assessment

growth monitoring, nutrition referral, and counseling for children <5 years

In this reporting period, Nutrition assessments were conducted by the FCMWs and CCMWs, in doing this, weights, heights, and MUAC of the children were taken at facility and during home visit activities across project LGAs. In the reporting period, emergency health and nutrition services to address illnesses or malnutrition were provided to identified HHs. Twenty-one (21) SAM VC were provided nutritional supplement/routine drugs such 0-12 OVC peak milk, Vitamin Angel, Tom brown their CGs counseled. 152 MAM vulnerable children Caregivers were given nutritional counselling. 12946 VC (5825M & 7121F) received nutrition assessment services this reporting period.

Summary of relevant indicators being tracked and their results

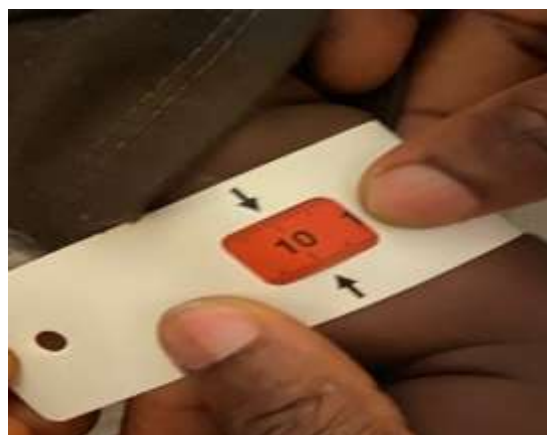
OVC_NUTRITION: 100 % of malnourished OVC (<18) linked to appropriate Nutrition services {Numerator: 173 malnourished OVC linked to appropriate Nutrition services (disaggregated by Type on Nutrition type (SAM-21 & MAM-152) Denominator: 173 Malnourished OVC identified through nutrition assessment)}

Activity Picture



Tafa Nutrition Focal Person Supporting Ichssa3 with 47 Pieces of MUAC Tape During their Visit to EF Office Suleja.





CCMW taking SAM VC in AGAIE, Suleja and TAFALGAs

SN	Indicator	Male	Female	Total
1	<i>Number of project beneficiaries enrolled into school or vocational training within the reporting period</i>	0	0	0
2	<i>Number of school age Project beneficiaries in school or vocational training</i>	0	0	0
3	<i>Total Number of school Age Project Beneficiaries</i>	0	0	0
4	<i>% of project beneficiaries currently in school or vocational training</i>	0	0	0
5	<i>Number of children supported with school fees waivers, school materials this reporting period</i>	0	0	0
12	<i>Number of nutrition Assessment conducted</i>	5825	7121	12946
13	<i>Number of identified malnutrition cases (MAM)</i>	55	97	152
14	<i>Number of identified malnutrition cases (SAM)</i>	7	14	21
15	<i>Number of SAM referred to CMAM centers through Assisted referral</i>	7	14	21
16	<i>Number of children with changed MUAC readings (from yellow to green)</i>	45	97	142
17	<i>Number of children with changed MUAC readings (from red to green)</i>	3	5	8
18	<i>Number of Food Demonstration sessions conducted</i>	0	0	0
19	<i>Number of IYCF groups formed</i>	0	0	0
20	<i>Number of Caregivers in IYCF groups</i>	0	0	0

OVC ECONS KOBO COLLECT CAPTURING

CCMWs across the respective 10 L.G.As of implementation conducted Post OVC Econs assessment for HHs who were beneficiaries of cash transfer. The assessment revealed that the fund was utilized as instructed (30% for business & 70% for food/medicals) except for few exceptions where fund was used to fix broken shelters. The income-generating activities engaged by caregivers were businesses they had experience with, others expanded their already existing business. Out of the total number of 243 beneficiaries of cash transfer, a total number of 239 CGs had either expanded their business or commenced income-generating activity

Pictures



CCMW assessing cash transfer beneficiaries' businesses in Agaie and Lapai LGAs.



CCMW assessing cash transfer beneficiaries' businesses in Paikoro and Bosso LGAs

EMR LAMIS LINE-LIST UPDATE

In this fiscal year, from the month of October 2022 to September 2023, FCMWs in their various hub facility in implementing LGA carried out EMR update with the treatment partner M&E officers in the facility.

In Suleja Axis out of 441 enrolled CLHIV on treatment, 346 CLHIV were updated in the LAMIS across all facilities of implementation .95CLHIV are yet to be updated in the respective five facilities of implementation (44GH Suleja, 25 UMYMH Sabon Wuse, 9 FMPC, 1 rural

hospital Sarkin pawa & 16 IBBSH). From the yet to be updated 95 CLHIV in the facility, 2CL were confirmed Dead, 17CL were aged out, 2 transferred out and 74CL not updated due to busy schedule of the facility M&E.

In Minna Axis, in 6 Facilities of implementation (GH Minna, GH Agaie, GH Bida, FMC Bida, GH Lapai and GH Gulu) EMR update was also carried out by the FCMWs with support by the facility M&E officers out of 654 enrolled CLHIV, 568 Active CLHIV were updated across the facilities while 86CL VC are yet to be updated.

Results

- EMR-LAMIS update was carried out successfully across 11 hub facility of ICHSSA3 project LGAs.
- GH Suleja:162CLHIV updated in EMR
- GH Sabon Wuse: 72CLHIV updated in EMR
- FMPC GAWU: 64CLHIV updated in EMR
- IBBSH: 44CLHIV updated in EMR
- MUNYA RURAL HOSPITAL: 4CLHIV updated in EMR
- GH Gulu: 11CLHIV updated in EMR
- GH Minna: 288CLHIV updated in EMR
- GH Bida: 83CLHIV updated in EMR
- FMC Bida: 88CLHIV updated in EMR
- GH Agaie: 17CLHIV updated in EMR
- GH Lapai: 81CLHIV updated in EMR

Activity: HIV RISK ASSESSMENT OF VC

In this reporting year, from the month of October 2022 to December 2023, enrolled unknown HIV status VC from LGAs of implementation were assessed with the use of risk assessment tools by CCMWs. Total of 1,451 VCs were risk assessed and

Results per hub LGA for VC assessed with risk tool

- Suleja= 570VCs were risk assessed.
- Tafa= 151VCs were risk assessed.
- Gurara= 92 VCs were risk assessed.
- Paikoro= 70VCs were risk assessed.
- Munya= 68 VCs were risk assessed.
- Chanchaga= 161 VCs were risk assessed.
- Bosso= 62 VCs were risk assessed.
- Lapai= 95 VCs were risk assessed.
- Agaie= 40VCs were risk assessed.
- Bida= 142VCs were risk assessed.

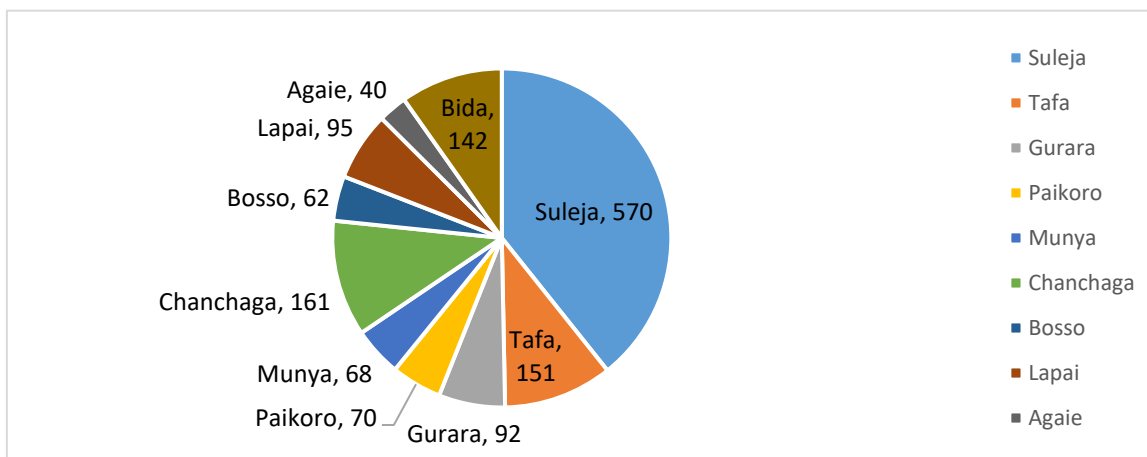


Chart showing the total distribution of VCs risk assessed for HIV in this FY

LIST OF ON-GOING PROJECTS

The under listed projects are currently on-going and shall continue in the year 2024 by the special grace of God.

- *ICHSSA 3 Project (Niger State)*
- *ACOMIN CATL Project (Niger State)*
- *ACOMIN Project (FCT)*

IMPLEMENTING PARTNERS AND SUPPORT AGENCIES:

ELOHIM FOUNDATION, could not have made any remarkable impact and achieve results across her core thematic areas and still remain visible in the sector without the tremendous supports of donors, implementing partners and other relevant stakeholders who are worthy of mention:

- *USAID*
- *SFH*
- *ACOMIN*
- *SOCIAL DEVELOPMENT SECRETARIAT(SDS)*
- *NGSACA*
- *FCT PUBLIC HEALTH*
- *BWARI AND GWAGWALADA AREA COUNCILS*
- *SULEJA LOCAL GOVERNMENT AREA*
- *FCT PRIMARY HEALTH CARE*
- *FCTSACA*

Our partnership with these institutions, have tremendously impacted on our beneficiaries and also rubbed off on us. We look forward to a more enduring collaborative, impactful and rewarding years ahead.

FINANCIAL REPORT

The detailed financial report for the period under review can be source from the audited report by Foundation’s external auditor. Presented here is the summary and graphic representation of the audited report.

Elohim Foundation under financial year received two main grants: the USAID/SFH – ICHSSA-3 and USAID/RTI E-WASH both projects are managed and implemented in Niger State within the 10 LGAs of Suleja, Tafa, Gurara, Paikoro, Munya Chanchaga, Bosso, Bida, Lapai/Gulu and Agaie for ICHSSA -3 project while the E-WASH project was implemented in Suleja, Bider, Bosso and Chanchaga respectively.

Financial inflow:

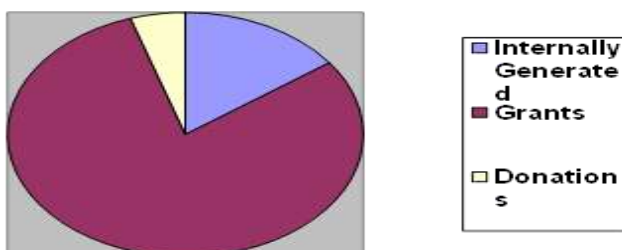
In the year under review, EF was saddled with a target of 1,711 vulnerable children and caregivers and Prevention Target of 8,059 With a total approved budget sum of **₦161,035,000.00** to cover institutional and program cost. While a total of **₦84,229,650.00** was received for the E-WASH project. These put together cumulatively amounted to a total value of **₦245,264,650.00**

There were Supporting Additional Program activity which were not originally in the approved budget for the year under review but which was carried out with an additional fund approved and giving separately as the need for such activity arose in order for the project aim to be achieve while creating value that addresses human needs. Such activities are

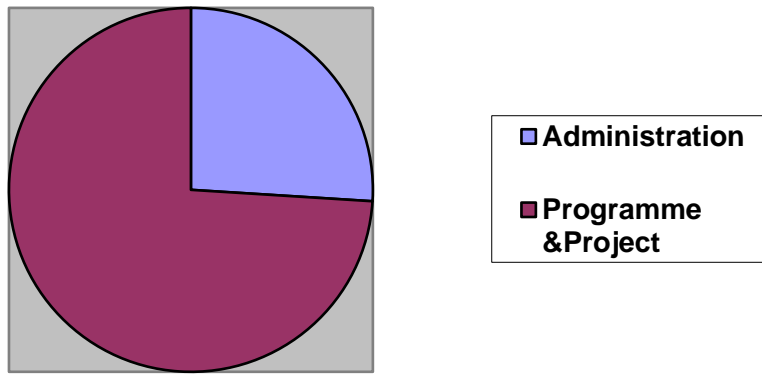
- Mark World AIDs Day with and Approved Fund Sum of ₦702,000
- Referral Coordination meeting with approved fund sum of ₦1,320,000
- Mark World Hepatitis Day with and Approved Fund Sum of ₦901,000
- Marked World Environment Day from a BoT donation of ₦250,000

Income ratio:

Income ratio: 80% Grants, 15% internally Generated Funds, and 5 Donations.



Expenditure ratio: 26% Administrative cost and 74% Program & Project cost



CHALLENGES

The year has not been without some notable challenges; these have helped to build our resilience and resolve to strive to remain visible, relevant and key in our sector, prominent among these were;

- *Limited grant resources.*
- *Beneficiaries being expectant always.*
- *The sudden close out of the KP-CARE 1 Project.*

APPRECIATION

Words are not in any way sufficient to express our profound gratitude to all of those who in no small measures contributed tremendously to the greater achievements in the foregoing year. We sincerely appreciate your enormous supports and contributions of particular note are our funding partners, project communities duty bearers and their council members, community volunteers, project beneficiaries and other relevant stakeholders who are too numerous to mention, you all in no mean way contributed towards a successful 2019. Worthy of note also are our forthright and vibrant Board of Trustee members and our resilient Personnel who worked tirelessly to make the year a successful one. We pray that the Almighty God will reward your selfless efforts with immeasurable and unimaginable goodness, favours and peace.