



... Changing lives is our Concern

FAMILY HEALTH CARE FOUNDATION (FAHCI)

ANNUAL REPORT, 2017,



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Cover page	1
Table of Contents	2
List of Abbreviation	3
1. Executive Summary	4-5
2. Introduction	5-6
Our Vision	6
Our Mission	6
Values	6
3. OVER VIEW OF PROGRAMS	6
3.1 Economic empowerment	6-8
Income generating Activities (IGA)	8-9
Health department	9-12
Youth Department	12-13
Organizational development	13
Organizational assessment	13
Human resource development	13-14
System development	15
Resource Mobilization	15-16
Partnership and Networking	16-17
M&E department	17-19
FAHCI FUNDING PROGRAMS	19
PPGlobal (Family planning)	19-20
Sustainable Mechanism For Improving Livelihood And Household Empowerment (Smile)	20-24
Action Plus	24-26
90-90-90 Outreach	27-28
NHICRIN	28
PropComMaikarfi	29-30
Conclusion	30
Activities Pictures	32-32

List of Abbreviations

AIDS Acquired Immune Deficiency Syndrome

ARV Anti-retroviral

CHEW Community Health Extension Worker

CTBC Community TB care

FAHCI Family Health Care Foundation

FP Family Planning

HCT HIV Counseling and Testing

HIV Human Immunodeficiency Virus

ICT Information Communication Technology

IGA Income Generating Activities

LGA Local Government Area

NAEC Nigeria Agricultural Enterprise Curriculum

NECAIN Nela Consortium AIDS Initiative in Nigeria

OD Organizational Development

OI Opportunistic Infection

OVC Orphans and Vulnerable Children

PABA People Affected by AIDS

PFD Partners for Development

PHC Primary Health Centre

PLHIV People Living with HIV

PMTCT Prevention of Mother to Child Transmission

PPGlobalPlanned parenthood Global

SMILESustainable Mechanisms for Improving Livelihood and Household Empowerment

RH Reproductive Health

TB Tuberculosis

USAID United State Agency for International Development

VSO Volunteer Service Overseas

FALCUNGO

1. Executive summary

Family health care foundation (FAHCI) is a voluntary, non-governmental, non-profit making organization that is committed to the total well-being of people, especially women, children, youth, people living with and affected by HIV/AIDS in rural areas and amongst the urban poor.

FAHCI had made a significant achievements of improving the well-being of the rural community people in 2017 through economic empowerment, specifically micro credit provision and agricultural enterprise and also reproductive health interventions especially HIV intervention, care and support, impact mitigation of HIV/AIDS, family planning, adolescent, water and sanitation, reproductive health information and services. The implemented activities yielded positive impact to the target communities as revealed by beneficiaries' success stories and lessons learnt during activity monitoring and evaluation exercise.

FAHCI organization has disbursed **N10, 141,000** micro credit funds to **348** active existing and new borrowers especially women of reproductive age in **94 communities of 3 LGAs** for trading and farming business. Amount recovered from the activity was **N13, 508,430** for the year under review.

Demand creation for HCT was carried for **20,998** for both MARPs (Female sex workers, pregnant women, youths and general public who were reached with reproductive health information and services. These activities greatly increased participation of youths, women and men in RH activities and information seeking behavior as well as knowing their HIV status and also accessing services at designated health facilities in Nasarawa State.

The organization intensifies HIV prevention activities through mobile HCT and trained **28** peer educators on Minimum Prevention Package Intervention (MPPI) for clients, female sex workers, pregnant mothers and Men having sex with Men as well as having access to HIV information and services. The number of clients that accessed HIV information and services was **5,196 (M- 2524 and F-2672)** were counseled and tested with **58 positive (M- 24 and F -34)** and were referred for further care and services

Over **347** accessed family planning information and services such as condoms, noristerat, depoprovera, Jadelle and Sayana Press were accessed at different health and non-health facilities. Likewise over **2,446** pieces of condoms was distributed.

FAHCI facilitated accessed to care and support services for **532 PLHIV (M – 185 and F – 347)** through designated facilitators in the organization for both Nasarawa and Benue State (5 support groups in Nasarawa and 1 in Benue) respectively. This provided an opportunity for

PLHIV to share their experiences and other basics information on reproductive health issues and other health related problem through support groups meetings.

Within the year under review, the VC programming rendered services in the area of psychosocial, nutritional, educational, health, Adolescent girl child, legal support and linkages to government and private establishment for vocational skill training for over **13,643 (M- 7315 and F - 6328)** VC received one service or the other in Lafia and Obi LGAs.

Other activities included malaria prevention and treatment campaign, reproductive health information and services for youths and home visit to improve the reproductive health and general well being of the community people.

Furthermore effort was also stressed toward improving internal systems and structures so as to strengthen the management, institutional capacity and program effectiveness of the organization. Staff capacity were built in different thematic areas through trainings and mentorship, while policies were developed and reviewed to ensure the administrative procedures are strengthened for effective management

The organization was very mindful of organizational sustainability as different approaches to mobilizing resources were employed to reduce dependency on donor funding such as rental services, cost recovery on commodity and interest on micro credit. Consequently, the income generating activities has accounted for sources annual income of the organization.

FAHCI achievements for the period was quite impressive as over **91%** of activities was accomplished reaching maximum number of target groups, although lot still need to be done to move the organization higher

2. INTRODUCTION

Family Health Care Foundation (FAHCI) is a voluntary, non- governmental, non-profit making organization that is committed to the total well-being of people. Especially women, children, youth, people living with and affected by HIV/AIDS in rural areas and amongst the urban poor

FAHCI was established and incorporated in 2002 with a seven (7) member Board of Director and a five (5) member Board of Trustees. FAHCI's key activities includes: HIV/AIDS awareness; HIV counseling and testing (HCT) and referral services; home- based care and support for people living with HIV/AIDS (PLHIV); sanitation and hygiene education; counseling and family planning services; child health and nutrition; OVC support; adolescent sexual and reproductive health; youth leadership development; economic empowerment, and also TB and malaria prevention. The organization has a constitution that guides its' operation as well as policy guidelines for practices and procedure.

FAHCI works in Nasarawa, Plateau and Benue State currently and the report of activities carried out are being generated and collated in this annual report for 2017.

FAHCI's core strategies include: research, community awareness and mobilization, training on economic empowerment and service provision.

Our vision:

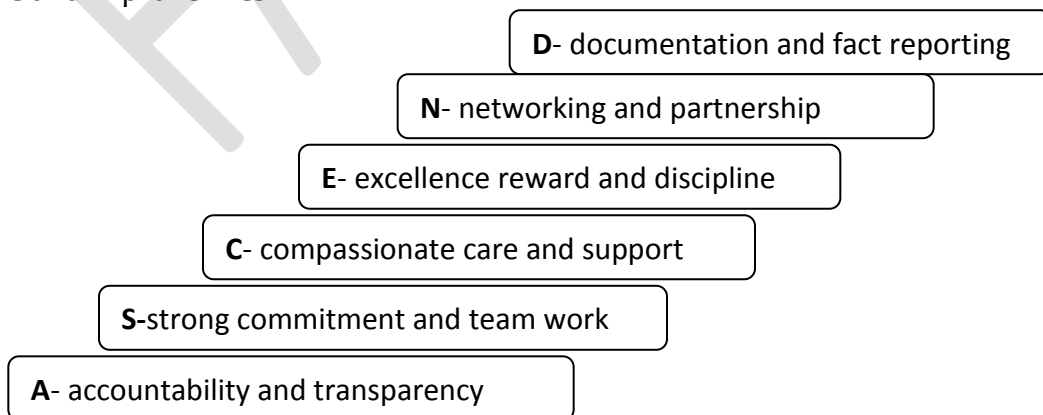
FAHCI' vision is "an empowered society where people enjoy improved quality of life".

Our Mission:

"To improve the health and socio-economic well-being of the poor and vulnerable communities in Nigeria through participatory trainings, advocacy and quality service delivery"

Our values:

Our value is "**ASCEND**", which enables us to rise to the peak of excellence in all that we do to save and improve lives.



FAHCI had planned and implemented programs/projects to improve the health condition of children, youths, women and PLHIV while strengthening them to effectively address their socio economic needs.

3. OVERVIEW OF PROGRAMMES

Economic Empowerment (Micro credit Finance)

The Micro-finance department have reached and empowered target communities with programs that have direct bearing toward their health and economic well-being. MF unit have being a source of income, finance, capacity building on business skills and agricultural enterprise to most borrowers which have changed their social status over years. The unit has first six (6) major component projects aim at strengthening the micro- credit activities and economic base of the community beneficiaries.

Components of micro finance:

- ☐ The SED program is a financial assisted project aim at supporting community women of reproductive aged with soft loans to engage them in petty trading business with a minimal interest rate of 18% payable in six months period.
- ☐ While PRI focuses on agricultural loans to provide support for productive farmers to increase yield for business purposes with interest rate of 9% payable quarterly.
- ☐ NAEC is an integrated activity into micro-credit program which focuses on training potential farmers to employ a commercial methodology to their agricultural activities rather than using subsistence farming practices. The curriculum is tailored toward changing farmers' orientation, mind-set from subsistence to best practices in production for efficient and competitive commercial marketing of their products to improve well-being.
- ☐ Whereas BDS is integrated into micro- credit for existing and new borrowers to acquire knowledge on business concepts and skills to help them facilitate effective and profitable business venture.
- ☐ The training also is to build clients' capacity on long term rural business plan for sustainability in the event when supporting loan funds are not accessible from any organizations.
- ☐ The Netherland funds are targeted towards PLWHIV in supporting them with soft loan and also to build their capacity on skills acquisition program. In order to engage in an economic activities and this will help for their medication and positive living.

Activities carried in the year 2017:

The activities carried out within the year by MF are as follows:

- Sensitizations were carried out in benefited communities for stakeholders support for micro finance activities.
- Identification of new communities also carried out in the communities of Nasarawa State.
- Community mobilizations were carried to selected communities.
- Facilitated the selection and formation of group and development.
- Pre- loan trainings were conducted to newly identify clients for six weeks on basic e
- Refresher, BDS/NAEC trainings were conducted to new and existing clients/ borrowers on the principles and practice of small and medium scale enterprises finances.
- Conducting bi-weekly meetings with borrowers to ascertain the level of impact, tracking of defaulters and retrieval of loan.
- Groups/individual loan and saving ledgers were updated for references and documentation of borrowers' information.
- Business development Skills training were conducted to borrowers to enhance and diversify clients business.
- Basic information on reproductive health issues such as: Child spacing/Family Planning, personal & environmental hygiene, STIS/HIV and AIDS, Safe Motherhood and make referrals where is necessary.
- Funds disbursements were carried out to benefiting clients.
- Recoveries of loan funds and interest were carried out in all the benefiting communities and individuals groups.
- Deposits from clients were also mobilized.

Achievements:

- **46** new clients have benefited from the micro credit loan. (**40** female and 6male)
- A total of **195 new clients** have received reproductive health information, education and services.(**193** female and **2** Male)
- Total number of **733** received training on NAEC/BDS (**44** male) and (**689** female)
- 40 new depositors/savers were mobilized during the year (2 male and 38 female).
- **94** clients were graduated from micro credit scheme and FAHCI has disbursed their savings and 2% interest capitalized.
- **1** new communities identified and benefited from the micro-credit program in Lafia- (TuduAmba)

- Report of MF(SED, PRI, NAEC/BDS, PropcomMaikarfi and end of year report) were all written and documented for organizational reference.

Challenges:

- **239 New** clients have benefited from the micro credit loan. (**231female and 8male**)
- A total of **270 new clients** have received reproductive health information, education and services.(**263 female and 7 Male**)
- Total number of **366** received training on NAEC/BDS (30 male) and (**336 female**)
- 180 new depositors/savers were mobilized during the year (2 male and 178 female).
- **15** clients were graduated from micro credit scheme and FAHCI has disbursed their savings and 2% interest capitalized.
- **5 new** communities identified and benefited from the micro-credit program in Lafia- (TuduGwandara, Alakio, Azuba, GindiLemu and KiniAkwanga)
- Report of MF(SED,PRI,NAEC/BDS, PropcomMaikarfi and end of year report) were all written and documented for organizational reference.
- Awareness creation as one of the strategies has opened up and gaining access to community micro finance activities.
- Daily interactions with community members broaden the status of the organization.



Executive Director addressing a cross section of group leaders in FAHCI Hall, Lafia

Challenges:

- Less money in circulation in a recessed economy, affect sales as clients could not pay their credit/ loan as at when due resulted to high defaulting rate.
- Pretense on the side of the borrowers in collecting the loan for business is fallacy instead diversion for untrained clients/borrowers.

- Some defaulters have been reported to their spouse, community, religious leader, vigilante group and letters served by management before monies are recovered.
- Cost and time spend for taking FAHCI to court by some clients has affected credit and Group savings activity while other integrated services suffered.
- Poor coordination of members by their leaders that are eager to access the credit also served as a constraint to credit intervention initial plan and activities procedure.
- More cost of operation incurred as a result of consistence phone call made during credit meetings and activities for both individual and communities beneficiaries at large is weaken the system.
- Some groups always bring clients from far communities to form access loan and is always difficult to trace as a result of default.
- MSME funds yet to be disbursed by CBN affects NAEC technical support training target for the year.
- Poor coordination of members by their leaders that are eager to access the credit also served as a constraint to credit intervention initial plan and activities.
- More cost of operation incurred as a result of consistence phone call and follow up made during group meetings and individual affected credit scheme.
- Some clients don't want to come for group meeting because they don't have money to pay their loans that is why we have shortfall in revolving loan.

Challenge of road network in FAHCI working communities.



Lesson learnt:

- ❖ Involving community and group leaders in mobilization, disbursement and repayment/collection built group's consciousness and trust among them.
- ❖ Disbursed loan more than what will covered the borrower trade/business leads to high rate of default.
- ❖ Diversion of loan by clients always results to default.
- ❖ Knowing calendar of social events and civic responsibility of the Nation help plan for activities.
- ❖ Persistence pre loan training reduces the rate of default.

Recommendation:

- ❖ There is need to strengthen the capacity of community structure of leadership. Example, community, centre and group leaders.
- ❖ Need to always involve health personnel to provide reproductive health information during meeting with borrowers.
- ❖ Need to develop IEC materials to promote micro finance activities and advertisement of her product.
- ❖ FAHCI need to identify more clinics facilities close to micro credit communities for easy referrals.
- ❖ Borrowers husband/wives need to be guarantee each other on group loan taken.
- ❖ Reduce individual loan disbursement to curtail rate of default.
- ❖ Need to institute loan default management, strong internal control mechanism and loan disbursement committee within the organization to be headed by E.D. (Micro Credit Committee)
- ❖ Need to know client's community leader, spouses, businesses and residences before commencing credit intervention activity(s) and disbursement of loan.
- ❖ FAHCI needs to source for agricultural loans for trained participants to scale up farm produced.
- ❖ Prolong pre loan training in other to know credit worthy clients.
- ❖ Need for community consent note before any activity of micro credit.
- ❖ All the borrowers businesses should be thoroughly evaluated and assessed by the loan officers with comprehensive and detail report from guarantor and reference before disbursement.

Plans/Target for next year:

- Value chain intervention.
- To collaborate with NADB for linkages and other technical assistance for Agricultural inputs to our clients.
- Dynamics and Leadership training for price influence and ownership of product by producer.
- Credit intervention proposal to be written to PFD, BOA,BOI and CBN for SME funds.
- Search and link with international micro finance institutions, organization and industry through the donor web address for more credit fund to meet the demand of prospective traders and farmers.
- To increase the number of borrowers as well as intensifying health program.

- Loan Disbursements, recoveries, Pre-loan/refresher trainings.
- Identification/mobilization of more communities for more credit intervention activities.
- Linkages between beneficiary and the facility to access any service or support through referrals and intensive follow up.



4. Income Generating Activities (IGA)

The income generating activities (IGA) unit has been providing alternative funding source to the organizations financial base. Within the reporting period, the available number of rental materials was 510 chairs, 30 tables, 4 canopies (4 medium canopies), 2 projectors, flip chart and rentable Hall.

For the year under review, IGA unit has generated income **N281, 200** naira only. The frequency of materials rented out is detailed below:

a	Qter 1 N	Qter 2 N	Qter 3 N	Qter 4 N	Total N
Chairs	6,000	20,000	8,000	37,800	71,800
Tables	800	-	-	9,600	10,400
Canopy	12,000	3,000	3,000	9,000	30,000
Hall	87,000	20,000	23,000	3,000	133,000
Projector	6'000	12,000	9,000	9000	36,000
Flip Chart stand	-	-	-	-	-
Sales exhibition	-	-			

Total	113,800	55,000	43,000	68,400	281,200
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Achievement:

- For the year under review, the department generated the sum of N281,200 from the various rental services.
- Close monitoring and weekly check of materials reduced huge experience of lost of item in the unit.

Challenges:

- Canopies are old modern
- Tables are not in good shape(not balance)

Recommendation:

- The organization staff should help in selling out the IGA items we have
- There should be proper booking before renting out items
- There is the need to purchase modern trampolines in order to attract customers as well as moves with the global like minds.
- There is the need for replacement of new tables.
- The organization should purchase more table clothes for renting.
- Modern rental items should be purchase to meet competitive challenges

5. Health interventions (Health Department)

“Health is the complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO). Health is equally referred to as a state of complete wellness

The department is responsible for coordinating health activities of the organization which includes all programmes and activities that has to do with health they are as follows; HIV/AIDS counselling and testing, orphans and vulnerable children, family planning, home base care, reproductive health, safe motherhood, STIs, laboratory services (such as HBV, HCV, Mp, Blood sugar, Widal, Blood grouping Urinalysis, PT etc.), NHICRIN registration and STDs. The health unit has modern equipment such as delivery bed, weighing scale, electron microscope, manual centrifuge, Sethoscope, Sphymagnomanometer etc.

FAHCI interventions in various health programs focuses on increased awareness and improved changed of people health seeking behavior. The health program thematic areas focusing Family planning, HIV Counseling/Testing, Malaria and Hepatitis and , care and support for people with and affected by HIV and AIDS; facilitation and management of

support groups of PLHIV, community sensitization on Water Sanitation and hygiene (WASH) in communities, malaria and tuberculosis prevention, treatment and referrals.

a. HIV Counseling and Testing:

The organization adopted two strategies in providing HIV counseling and testing to adults, youths and children namely, facility based service and outreach based services.

Facility based service are clients' initiated services, where clients visit FAHCI clinic for the purpose of HIV status confirmation. These clients were either referred from other facilities or from other projects of FAHCI mentioned above.

Activities carried out

b. Family Planning

Family planning is simply described as a practice where the desired numbers of intended children are promptly planned through spacing by the use of contraceptives

The department provides quality information and services on birth control methods, which is family planning or child spacing. These methods includes;

- Pills-All kinds of pills, both emergency contraceptive(post pills) and hormonal pills
- Injectables-Trimester injection e . g Depo-provera and Sayana press
- Implant – jadelle and implano
- Male and female Condoms
- Intra uterine contraceptive device IUCD
- Injectable-Bimonthly injection e.g.Noristerats

The Overall Analysis Of Clients are as follows:

- Clients counselled
- Clients on revisit
- Clients that are new
- Clients for clinical diagnosis
- Clients for family planning
- Clients that received services from FAHCI supported facilities
- Clients given service during the Home visit
- Clients on referral

The above analysis was concluded based on multifaceted activities in both FAHCI Clinic and all FAHCI supported facilities across the project LGAs on family planning (includes Private and Government facilities). In addition, the components were also used as indicators for clinical services in FAHCI laboratory.

NEW CLIENTS THAT ACCESSED FAMILY PLANNING SERVICES

QUARTER	FIGURES
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st 1 QUARTER	4642
nd 2 QUARTER	8497
rd 3 QUARTER	6319
th 4 QUARTER	21047

SUMMARY OF FAMILY PLANNING SERVICES

The total number of 183,999 clients approximately received counseling and uptake family planning services in FAHCI clinic and across FAHCI supported facilities in Nasarawa State. The various family planning methods uptake is as follows:

- 172,112 condoms were given out
- 5369 pills were given out
- 386 clients received IUCD
- 3543 clients received jadelle
- 2589 clients received sayana press

Other injectables contraceptives e. g Depoprovera and Noristeratsclients who received Depo-provera and Noristerat were 8,617

c. Home Base Care (Home Visit):

This is a routine health activity carried out by the health officers of the department.

Home base care holds either weekly or biweekly depending on the prevailing climatic change of the season because it is a determining factor that spells the success of the activity. During Home visit the health officer emphasizes on the following among others

- Environmental health
- Personal hygiene
- Nutrition
- Immunization
- Sexual Reproductive Health
- Societal ethics and value
- Epidemic outbreak
- Information on obtainable health activities in FAHCI

AGGREGATED NUMBER OF HOME VISIT IN 2017(JAN-OCT)

A total number of 130 houses with 248 people were visited.

Besides, health talks and tips on a healthy living were equally given at different micro-credit disbursement points. The houses were located in Bukan-sidi (a larger proportion of Jos road), millionaire quarters

e. Vitamins Angel

Vitamin Angels is a project that is targeted at eradicating malnutrition and also to enhance proper body growth. It involve distribution of vitamin A supplement and Deworming tablet

to children within the age of 6-59months(vitamin A supplement).The Deworming tablets is also administered base on age specification

Distribution of Vitamin A Supplement and Deworming Tablet

The distribution of vitamin A and Deworming tablets was carried out by the health officers in partnership with FAHCI service providers in all FAHCI supported facilities across PPGLOBAL project communities. But emphasis on Nasarawa Eggon LGA

The specific service providers that were involved in this distribution were the CHEWs.

- Primary Health Care, Agidi Development Areas, Nasarawa Eggon
- General Hospital Nasarawa Eggon
- Primary Health Care Akpata, Nasarawa Eggon
- During Home visit, children that could not assess this commodities were identified and also given the service after scrutiny based on the certified outlined conditions for the commodity

AGGREGATE QUANTITY OF VITAMIN ANGELS COMMODITY DISPENSED

Below is the outline description of the commodity received and distributed between July to October 2017.

- | | unit | pack | quantity |
|--|------|-------|-----------------|
| • Vitamin A 100,000IU | --- | 500 | 3(1500) |
| • Vitamin A 200,000IU | --- | 500 | 18(9000) |
| • Chewable Albendazole | --- | 1,000 | 9(9000) |
| • Number of children between 6-11months that were reached and served with vitamin A 100,000IU(30mg) | --- | 1000 | |
| • Number of children between 12-59months that were reached and served with vitamin A 200,000IU(60mg) | --- | 6500 | and total-7500 |
| • Number of children between 12-23months that were reached and served with Deworming tablets(albendazole500mg) | | 5000 | |
| • Number of children between 24-59months that were served and reached with Deworming tablet | | 4000 | and total-9000. |

d. World Drug Abuse Day Celebration

The Organization in her zeal for education awareness creation and sensitization against drug abuse and illicit substance use was able to carry out an activity on this noble day across Jenkwe Development Area in Obi LGA of Nasarawa State. The obligations were laid on the department to implement and actualize a successful rally to that regard with some youths, LGA officials and stakeholders in Obi local government,particularly Jekwe Development area for the unprecedented program.

f. FAHCI Supported Youths and Non-Supported Youths

The Organization has some youths who have been trained across five LGAs of Nasarawa state as peer educators on drug abuse and illicit substance use. The names of the LGAs are:Lafia, Doma, Akwanga, Obi and Nasarawa Eggon. These youths were trained by the Organization as FAHCI supported youths and commissioned by the Organization for a

continuous education awareness creation on the subject of focus across the five LGAs. Also over sixty out of school youths were trained.

g. FAHCI NON-SUPPORTED YOUTHS

These youths were present in hundreds of number during the event at the LGA secretariat for further address on different types of drug that are abuse by all categories of people both locally available and industrially synthesized pharmaceutical products that are meant for the purpose of anti-pyretics, anti-inflammatory and anti-depressants.

h. IN-SCHOOL YOUTHS

This category of youths are equally integrated into constant education awareness creation on drug abuse and illicit substance use through the health club established in three secondary schools in Lafia LGA metropolis on Sexual Reproductive Health. The in-school health club activities are made operational with the collaborative effort of the HIV Care and Support officer and health department.



FAHCI Support Group:

FAHCI health department has four support groups meeting for PLWHIV(People Living With Human Immunodeficiency Virus) viz; 1. Alheri support group meeting in Lafia, 2. Kauna support group meeting, PHC Nasarawa Eggon, 3. Godiya support group meeting at General Hospital Nasarawa Eggon and 4. Bangeskiya support group meeting in Agyaragu.

It is a special meeting fashioned to care for PLWHIV which aimed at having mutual interaction among members, Ego boosting, for Nutritional purpose, Drug adherence, Eradicating stigmatization and Impactful societal value.

Numbers of Clients for HTC

QUARTER	NO TESTED	NO POSITIVE	NO NEGATIVE
1 st QUARTER	323	3	320

2 nd QUARTER	130	1	129
3 rd QUARTER	No report		
4 th QUARTER	No report		

HIV/AIDS COUNSELING AND TESTING SUMMARY

The number of 532 people was counseled and tested (226 males and 306 females). A total number of 13 people tested positive (6 males and 7 female). The number of 519 tested negative (220 males and 299 females) and the 13 positive clients have been referred for ARV in the various treatment centers (DASH, Obi GH, Shabu PHC, GH N/Eggon).

i. HEPATITIS SUMMARY

The organization has 244 people who were counseled and tested for hepatitis where 79 are males and 165 are females. The total number of 14 people tested positive were seven (7) males and seven (7) females and 230 people tested negative (72 male and 158 females). The 14 positive clients were referred to DASH for treatment.

OTHER PROJECTS IN HEALTH DEPARTMENT

PP Global (Planned Parenthood global) is a project that focused on provision of sexual reproductive health information and services on family planning. The project coverage is within 5 LGAs in Nasarawa State (Akwanga, Doma, Obi, Nasarawa Eggon and Lafia) and its environs. The department recently have been engaged on another family planning project known as Sayana Press from Planned Parenthood Global (PP Global).

The project is targeted to prevent maternal mortality and unwanted pregnancies in reproductive women within the age of 14-45 years. The project starts by identification of facilities through Directors of PHCs across the LGAs. There has been successful Education and awareness visits, community outreaches, training of Service providers, Procurement and distribution of Sayana Press to service providers. The Article publication, Media chart, Jingle airing Clinic education in facilities, Monthly review meeting of service providers, Supportive monitoring and supervisory visits, Trainings for community health extension workers (CHEWs) and youth peers providers (YPPs) to promote sexual reproductive health on Sayana Press and 60 out of school youths, conduct baseline assessment information on Sayana Press, Quarterly reports and data computation on Sayana Press, Monthly data collation from project facilities on Sayana Press were carried out in the communities of 5 LGAs mentioned above within the year 2017.

Achievements

There was awareness creation/sensitization on family planning services in our project communities and other communities to women, men and youths accessed family planning information and services which made the following achievement:

- 362 people were counseled and tested on HIV/Aids.
- 707 clients successfully accessed family planning services in the department both through service providers and individual visit.
- 14 clients were referred to DASH for hepatitis treatment.
- The department generated the sum of N161,500.00 from the various services rendered except the laboratory.
- Fliers were printed and sign post on health services rendered in FAHCI
- The instrumentation of service providers has tremendously help in the spread and acceptance of family planning commodities
- Home based care(HBC) or Home Visit has significantly increased the clients' patronage both at the clinic and the laboratory.

Challenges:

- Religious and cultural belief affects family planning services in some communities.
- Poor turn up of clients on support group meetings due to financial challenge of transport.
- Limited clients accessing other services render in the clinic.

Recommendation:

- More family planning education awareness should be created in more communities.
- There should be training for PLWHIV on income generating activities.
- Religion clerics should be more diplomatically participatory in family planning messages
- Project that will take to cognizance the plight or uptake grievances of transport fare by PLWHIV should be sought for so that attendance during monthly meetings can be appreciable



g. Care and support

The unit has coordinated support group meetings of PLHIV and home base care services for those living positive and also to improve their knowledge on reproductive health information. In the meetings topics are treated especially drugs adherence etc. Provide comprehensive information on care and support to PABA and home visit. Home based care activities to people living with HIV and AIDS in 6 communities of Lafia, Nasarawa Eggon and Obi LGA with the aim of improving positive living among PLHIV and their families with a total of **532 PLHIV (M – 185 and F – 347)** were reached during monthly support group meetings within the year

h. Water and Sanitation/Hygiene (WASH):

This activity is targeted towards reducing infectious diseases with special attention to BukanSidi community and its environs in Lafia LGA. The activity is integrated in all programs to health of our household is secured and healthy.

6. Youth development

The department is saddled with responsibility of addressing the concerns of young people as one of the primary target population of FAHCI's program areas.

Activities carried out for the period include:-

- Conduct monthly meetings with the FAHCI's registered youth to identify and discuss certain challenges that arises within the peer groups. During the meeting, they learn about life and leadership skill, discuss about their reproductive health issues.
- FAHCI collaborate with Hallmark, Nasara High school and ERCC Secondary school, all in BukanSidi community to conduct youths' activities on reproductive health information and health related issues.

Topics covered within the year 2017:

- Basic facts about HIV, how it is transmitted and how it can be prevented
- Psychoactive substances and negative effects on peer group
- Menstrual hygiene, health implications of bad menstrual hygiene practices
- Personal hygiene
- Anatomy of male and female reproductive organ
- Reproductive health
- Puberty and adolescence signs and behavioral pattern from the opposite sex

Age group for secondary students is (14 - 17) years while in Hallmark Academy is (11 - 17) years. FAHCI also has Youth Health Counsel Committee (YHCC) that has their routine

meetings to create and synergies for proper information dissemination. Topic was on sexual health education

7. Organizational development

FAHCI had undergone series of organizational development process to strengthen the management, institutional capacity and program effectiveness of the organization. The different organizational development process was to strengthen capacity to conceptualize, define establish, and implement policies and action for effective organizational functioning. It also improved internal capacity for organizational health, balance and growth.

The following approaches were adopted to drive the organizational development processes;

8. Administrative Department:

The admin department is core and focal point of FAHCI programs saddled with the responsibility for creating an enabling environment and facilitation of effective support for program delivery.

- The department is key and most essential to coordinates, supervises, assesses, provide information and technical assistance to staff for improved program performance
- Facilitation of Board members and staff meetings
- Review of FAHCI personnel policy document
- staff recruitment
- Recruitment of Office volunteers and industrial training students (IT)
- Review of staff job description, staff list and organizational profile
- Resource mobilization
- Organizational partnership and Networking
- Organizational assessment
- Facilitate the completion of Daudu office structure and FAHCI office extension complex

Overview of Admin Activities:

For the year under review, the department facilitated board, management and staff meetings with the view to assess, disseminate project activity information and indeed to proffer solution to challenges faced during implementation.

- Strengthened departments through effective coordination, activity planning, reports writing and documentation
- Course to share experience, lesson learnt and way forward for effective service delivery
- Recruitment of new employees (staff) and volunteers as well as IT students.
- Opening and Documenting staff information as well as job description for better understanding of job specification and responsibility. The JDare intermittently reviewed to reflect current position or responsibility of staff.

- Regular update of staff list and FAHCI profile to reflect the current status of the organization human resource
- Conduct orientation for new staff, volunteers and IT students to know the, **Do and Don't** of FAHCI.
- Coordinate and facilitates the printing and production of FAHCI first quarter Newsletter
- Facilitates and organized FAHCI 15 years Anniversary and Thanksgiving Prayers for the organization and staff.

FAHCINGO

Organizational Assessment:

FAHCI undergone series of organizational capacity assessment from partners as follows:-

- Project assessment by Catholic Relief Services/SMILE team to ensure project implementation, data quality assurance and compliance
- Pact Nigeria carried out organization assessment of FAHCI Daudu office to implement *Increasing Care Seeking Behavior in Nigeria for Childhood Illnesses ICARE* project, Benue State
- Organizational capacity assessment by AIDS Health Care Foundation for project implementation on access to HIV and TB services through demand creation for Daudu office
- Field visits and impact assessment conducted by IHVN in project communities
- Sustainable Mechanism for Improving Livelihood and Household Empowerment (**SMILE**) Project conducted organizational capacity assessment for project implementation.

9. Human resource development:

FAHCI made great effort at staff training and mentoring through routine capacity building training organized by partner organization. Staff members and volunteer undergo series of step down trainings for skills development, improved project management, resource mobilization, OVC programming, palliative care and Nutritional management for PLHIV/VC and family counseling and services.

Within the year under review, FAHCI advertised vacant position for staff recruitment. The position advertised were Care and support, Office assistant as well as Nutrition and program officers for SMILE project. The staff recruitment followed due process as stipulated in the policy document. Vacant positions are advertised, applications screened, interviews and selection based on performance and skills.

The project affiliated step trainings by SMILE, IHVN and PPGlobal was conducted for staff and community volunteers. The in-house capacity building for staff provided platform for wider knowledge and skills on program implementation to enhance effective service delivery.

In furtherance of the human resource development, FAHCI in partnership with SMILE, Management Strategies for Africa (MSA) and other organizations encourages recruiting skillful and experience staff, however, FAHCI with this have been recruiting its personnel as stipulated in the human resource policy.

Consequently, the human resource composition and strength of FAHCI as at the end of 2017 stood at;

- 7 Board members (**M-5 and F- 2**)
- 32 staff members (**M- 19 and F- 13**)
- 6 volunteers (**M- 3 and F- 3**)
- 7 Industrial Attachment Student for Nasarawa State Polytechnic, Lafia and one from college of education, Akwanga.
- 78 community volunteers as well as registered volunteer and international (**about 60% female and 40%male**)

Achievements:

- Periodic review of programs/activities implemented through daily desk review of activities, developing work plan and also **retreat** by the end of the year created a platform for the organization to assess its progress, success stories and identify gaps to help in decision making as well as program planning
- Improved knowledge and skills of staff on project management
- Enhanced presence and participation of FAHCI in networking activity
- Increased recognition in the state HIV/AIDS response through participation in the development of state strategic plans
- Strengthen organizational policies and procedures
- Staff recruitment standardized and best practice as stipulated in the personnel policy and procedure document
- Management and staff meetings hold intermittently for decision making
- Constant reviewing and step down on PMD Pro and others improved staff skills and knowledge on programming.
- Assessment of FAHCI by partners on programming, data quality assurance, success story and proposal development add impetus to sustainability drive
- Team work was a driving force to project accomplishment

Challenges:

- Attitudes and compliance of staff to certain policy statement
- Inadequate internet facilities and poor network/services
- Inadequate office space to accommodate increasing of workforce
- Internal information dissemination are not link to organogram

10. System development:

The development of policies and procedures was identified through the different assessment conducted as an effective strategy to organizing coordinating and sustaining the organization.

Consequently, some existing policy documents were reviewed and development of new policies was conceived to enhance documentation and compliance. Some of the document developed and reviewed includes human resource manual operation, organizational profile,

volunteers' policy, staff assessment training needs, code of conduct, procurement manual, Vehicle policy and travel policy.

Other monitoring systems developed include staff movement log book, visitors log book, equipment lending forms and equipment handling and maintenance policy

11. Resource mobilization

In view of sustainability plan, FAHCI adopts resource mobilization through proposals and submission of concept notes to different National and International donor agencies for project implementation as follows:-

- Refundable proposal submitted to CRS to implement the SMILE project (FY16)
- Refundable project by PPGlobal for RH information and services
- Proposal submitted to US Embassy for OVC and Household on economic empowerment for Jos office, Plateau State. **Still under review for approval**
- Proposal submitted to Pact Nigeria on *Increasing Care Seeking Behavior in Nigeria for Childhood Illnesses (ICARE)* project in Guma LGA (Daudu), Benue State **Not funded**

a. Refunding of Projects

- 5th year Refunding grant from Planned Parenthood Global (PPG) on Reproductive Health information and service project on **Sayana Press** for the general population especially women and youths
- 3rd year refunding grant from Institute of Human Virology, Nigeria (IHVN)
- 3rd year refunding project from SMILE by Catholic Relief Services (CRS)
- Grants and loans from partners for development (PFD) for micro credit provision to rural people especially women traders and farmers.

b. Proposals written for funding support

FAHCI mobilize resources through writing of proposals and concept notes to different International donor agencies for financial support as follows:-

- Refunding Proposal submitted to Catholic Relief Services (CRS) on Sustainable Mechanism for Improving Livelihood and Household Empowerment (SMILE) – **Successful – (implementation on- going) project**
- National Agency for the Control of AIDS (NACA) on conducting HTC **Yet to receive feedback/No respond**
- WAVA Small Grant for Immunization Advocacy **Yet to receive feedback/No respond**
- Proposal to Switzerland Embassy **Yet to receive feedback/No respond**
- Proposal to Nethope on devices **Yet to receive feedback/No respond**
- Grant proposal to Aspire Coronation Trust (ACT) **Yet to receive feedback/No respond**
- Grant proposal to Australian Embassy **Yet to receive feedback/No respond**
- African Women's Development Fund (AWDF) **Yet to receive feedback/No respond**

12. Partnership and networking

One of FAHCI's core values is partnership building; effective collaboration and networking with other organizations both local and international have add value to the organization success year in and out. FAHCI has been actively participating and supporting local networks and updating financial due. Fulfilling all partnership agreements and conditions entered with government agencies and funding donor organizations for specific projects support.

a. Local partners and NGOs

Thus include:

- Federal and State Ministry of Women Affairs and Social Development
- National Planning Commission (NPC)
- Ministry of Women Affairs and Social Development
- Ministry of Health
- Ministry of Agriculture and Water Resources
- Nasarawa State Agricultural Development Programme (NADP)
- Nasarawa State AIDS Control Agency (NASACA)
- National Directorate of Employment (NDE)
- Ministry of Commerce, Industry and Cooperative
- Local government Areas
- Health Facilities (PHC) in Lafia, Doma, Awe, Obi, Akwanga and Nasarawa Eggon LGA, Nasarawa state
- Association of small-Scale Agro Producers In Nigeria (ASSAPIN)

b. International partners:

- Partners for development (PFD)
- Planned parenthood federation of America (PPGlobal)
- Institute of Human Virology Nigeria (IHVN)
- Catholic Relief Services (CRS)
- Strengthening Advocacy and Civic Engagement (SACE)

c. Network and coalitions:

- Civil society for HIV/AIDS in Nigeria (CiSHAN)
- Youth Network on HIV/AIDS population and development in Nigeria (NYNETHA)
- Nasarawa state NGO network (NANGONET)
- Nasarawa state Network of people living with HIV/AIDS (NASNET)
- CBO-NGO Forum
- Christian rural and urban Development Association of Nigeria (CRUDAN)
- Association of Civil Society on Malaria control, immunization and Nutrition (ACOMIN)
- Civil society coalition for tuberculosis (TB Network)
- Association for OVC NGO in Nigeria (AONN)
- Anti corruption revolution Nigeria (ANCOR)
- Association of micro finance institutes (AMFI)
- Child Protection Network (CPN)

Achievements

- Increase in the number of skilled staff recruited to facilitates and execute supported and funded projects
- Regular Management and staff meetings is a platform for information sharing and decision making
- Constant step down for staff and community volunteers, improved the workforce skills and knowledge on programming and implementation
- Regular assessment of FAHCI by partners on programs implementation, data quality assurance really add value to project accomplishment as well as tantamount to development and sustainability drive
- Team work was a chain binder and driving force to projects accomplishment
- FAHCI first quarter Newsletters produced and distributed to stakeholders especially funding donors/partners broaden the organization's scope on service delivery
- Completion of FAHCI office complex in Daudu as well as long awaited completion of FAHCI head office extension respectively! This effort was a visionary dream to create an enabling environment for staff, volunteers and prospective beneficiaries for quality service provisions

Challenges:

- ☐ Attitudes and compliance of staff to certain policy statement e.g truancy, no documented permission before travelling amongst others is a common practice
- ☐ High staff attrition affects programs execution as staff leaves without one month notice
- ☐ Internal information dissemination sometimes does not follow due process visa-visa organogram or top down/bottom up principle of hierarchy
- ☐ Submitting weekly work plan, monthly reports, departmental meeting reports and quarterly reports within stipulated timeframe is not strictly adhere to.
- ☐ Pride blindfold most to acquire the basic skills on NGO principles

13. M&E

The M&E unit is saddled with the responsibility of collecting and collating summary report of activities from the various departments weekly, monthly and harmonized into annual M&E report. The unit at a glance summarizes all activities carried out in quantitative and qualitative numerical figures of services provided according to program areas vi-as- vis services provided.

S/N	Program Activity	Activity/Service indicators	Sex		Total
			M	F	
		No of VC enrolled	4898	4515	9413
		No of Household enrolled	–	–	2141
	Care and Support for				

1	Vulnerable Children (Source data SMILE and IHVN projects)	No of caregivers enrolled	177	2419	2596
		Total no of services provided for VC	4856	4464	9320
		Total no of service provided for caregivers	174	2392	2566

2	HIV Testing and Counseling (collation of all HIV testing from other projects, SMILE, IHVN/90-90-90 and FAHCI clinic)	No of persons tested	1524		315
		No of positive	36	263	299
			6	7	13
			226	306	532
	Malaria prevention and testing	No of people tested for malaria	16	11	27
		No of positive		4	4
	Hepatitis Testing	No of people tested	79	165	244
		No of positive			4
	Family Planning counseling and services	No of people counseled and uptake of FP commodities	–	183,999	183,999
	Reproductive Health Information	No of people reached with RH and information and services			184,775
3	Micro Finance/training and recoveries	Total amount of loan disbursed to 348 clients	9	339	N10,141,000
		Total amount of Loans recovered from new and old clients	61	800	N13,508,430

		Total no people reached with MF trainings (BDS/NAEC/Pre loan/refresher)	2713	35	2748
		Total no of clients withdrawn and received their savings	-	-	-
4	Income Generating Activities (IGA) rental services	Rental services of chairs, canopies, Tables, projector and Hall)	-	-	N281, 200

SOURCE OF DATA

The data collected from various activities and programs/project and departments in FAHCI in 2017.

- ▶ SMILE
- ▶ IHVN
- ▶ PROPCOM MAIKARKI
- ▶ ADMINSTRATIVE DEPARTMENT
- ▶ MICRO FINANCE DEPARTMENT
- ▶ FAHCI CLINIC/HEALTH DEPARTMENT
- ▶ INTERNAL GENERATING ACTIVITIES UNIT

Challenges:

- ▶ Volunteers always make mistake in the monthly reports thereby making analyses of the report difficult.
- ▶ CV enter invalid services
- ▶ Mistakes in Data entry
- ▶ Late release of funds from donor
- ▶ Lack of full commitment from CV

Recommendation:

- ▶ Data quality assessment.
- ▶ Continues capacity building to community volunteers
- ▶ Data validation/ verification
- ▶ Community entry

FAHCI FUNDING PROJECTS

13.PPGlobal (Family planning)

PP Global (planned Parenthood global) this project focused on provision of sexual reproductive health information and services on family planning. The department recently have been engaged on another family planning project known as Sayana Press from planned parenthood global (PP Global).

FAHCI provides comprehensive family planning information and services in the organization clinic. And 5 selected PHC in Lafia, Doma, Akwanga, Obi, Nasarawa Eggon LGA and other affiliated facilities for health services supported Planned Parenthood Global (PPGlobal).

In 2017 toward end of the year, FAHCI resigned MoU with PPGlobal to implement the 'Nasarawa Reproductive Health Information and Services' to promote and create access to the new family planning commodity known as **Sayana Press** for the four (4) years by (PPGlobal). The project is targeted to prevent maternal mortality and unwanted pregnancies among Reproductive age women of 12-45yrs. There have been series of trainings/sensitization/outreaches for Health service providers and Artisans as well as rigorous sensitization and awareness campaign on sayana press the new family planning contraceptive commodities in the selected health facilities across 5 LGAs.

There has been successful training of Service providers. In the 5 LGAs

Identification of facilities through Directors of PHCs across the LGAs, Education and awareness visits, community outreaches, Procurement and distribution of Sayana press to service providers, Article publication, Media chart, Jingle airing Clinic education in facilities, Monthly review meeting of service providers, Supportive monitoring and supervisory visits, Trainings for community health extension workers (CHEWs) and youth peers providers (YPPs) to promote sexual reproductive health and Sayana Press, and 60 out of school youths, conduct baseline assessment information on sayana press Quarterly reports and data computation on Sayana Press, Monthly data collation from project facilities on Sayana Press.

The activities greatly increased youth involvement and full participation on information dissemination to address Reproductive Health issues among them as well as reduce youth restiveness in the community and unwanted pregnancy. The outreach has increased the number of clients accessing the new Sayana Press commodities. There has been increased knowledge of community people on malaria prevention and treatments.

SUMMARY OF OTHER SERVICES RENDERED

Nine (9) people were tested for malaria (2 males and 7 females) and all are negative. Total number of 5 women had pregnancy test, 2 positive and 3 negative. Two (2) men had urinalysis test. The total number of 3 persons had widal test (2 males and 1 female) and one (1) female had blood sugar test in 2017.

Achievements:

- Improved knowledge and access to family planning commodities in our project communities
- 335 (M- 32 and F- 303) reached with Sayana Press information and services

Challenges:

- Language barrier in all the community during Sensitization and support group meeting.
- Religious and cultural beliefs, impedes effective family planning services in communities.
- Ignorance of some OVC's guardians led to mal-treating of the OVCs living with them since they are not their biological children.
- Some care givers are not honest in providing information which makes it difficult for follow up during Home base care.

14.Sustainable Mechanisms for Improving Livelihood and Household Empowerment (SMILE)

The SMILE program is a USAID funded for Orphans and Vulnerable children (OVC) program. The Project begins in the 2014 the program has scale-up care and support services for ten thousand five hundred (10500) Households, vulnerable children and five thousand (2500) house hold accessed improved quality lives through capacity building for viable economic empowerment in the project.

In FY14 and 17, FAHCI/Catholic Relief Services (CRS) implemented the SMILE project in 8 communities; TudunGwandara, TudunAmba, Kwandare, AngwanWaje, Azuba , Shabu, B.A.D and Awange communities of Lafia LGA. The project has been implementing in collaboration with government agencies, community stakeholders, civil societies, etc to ensure a coordinated provision of quality services in a sustainable manner. The project has collaborated with relevant agencies and community stakeholders for quality service provision to target beneficiaries.

GOAL: Well being of OVC and care givers is improved through sustainable, comprehensive & coordinated program

OBJECTIVE:

- Strengthen capacity of stakeholders to manage and monitor integrated comprehensive support to VC and their families.
- Enhanced the capacity of caregivers to cater for their basic needs and that of the OVC.
- Increased VC access to integrated comprehensive services and rights.

Project Activities

- Constitution of project management team
- Advocacy to community stakeholders in 8 communities including new project sites, all in Lafia LGA
- Sensitization/Community mobilization for project implementation in 8 communities
- Selection/training of 54 volunteers
- Constituting/Inauguration of community Improvement Team
- Trainings/Service provision to CV and VC
- Project monitoring and follow up to ensure quality service provision
- Procurement/Supply of VC data collection tools
- Development of Referral directory.

Strengthening collaborations/partnership with government agencies and private organizations to provide technical support on National Population Commission (NPC), Nasarawa State relevant technology Board, National Directorate of Employment (NDE), Nasarawa State Agricultural Development Programme (NADP) and Ministry of Women Affairs and Social

Project trainings

- Integrated training for CSOs in view of project commencement
- Household Economic Strengthening (HES)
- Home Gardening
- Food and Nutrition
- Parenting and Gender, Care and support (HCT) among others

Project meetings

The possible platform for project improvement and feedback were motorized through;

- Project management team meeting
- Monthly review meeting with community volunteers
- Quarterly meetings for Community Improve Team
- Monthly Care givers and IYCF support meetings
- Kids club meeting/activities
- Quarterly review meetings for CRS implementing partners
- Community of practice meetings for HES and Nutrition as well as program managers/Executive Directors at CRS level
- Monthly Referral Network Meetings for service providers within the LGA

Service delivery

The SMILE project goal and objectives is tailored towards reaching Households and VC with comprehensive and quality services with either one or two of the service areas thus;

- 10500 (M-4829, F-5671)VCs accessed health services.
- 10500 (M- 4764, F-5736) VCs accessed Nutritional services
- 10500 (M-4782, F-5782) were provided PSS services

- Number of VC provided with at least one services 9357 (M 4837 F 4520)
- Number of VC withdraw from the project 351 (M 186 F 165)
- Number of VC known to have died 7 (M 6 F 1)
- Number of VC who have migrated 149 (M 71 F 87)
- Number of VC lost to follow up = 0
- Number of VC received three or more services 10500 (M 4732 F 4732)
- Number of VC received less than three services 108 (M 58 F 50)
- Number of VC graduated from the project 350
- Number of VC accessing shelter service 32 (M 14 F 18)
- Number of VC accessing EDUCATION services 10500 (M 6623 F 3877)
- Number of VC accessing PROTECTION services 1633 (M 839 F 794)
- Number of VC accessing economic strengthening services 1210 (M 621 F 581)

HES Summary of Services Served in the Fy17

- Agric Input:
 - Orange flesh sweet potato and pro-vitamin A cassava = 870 (F=420, M=450)
- Number of beneficiaries received H C T services.
 - 4504 (M = 1817, F = 2687)
- Cash Transfer=174 (F=139, M=35)
- Vocational Skill=95 (F=49, M=36)
- Financial Education= 3351 (F=2588, M=763)
- Microfinance Support=190 (F=140, M=50)
- Number of Infants and Young Child Feeding [IYCF] support groups formed, 66 with 2021 [M 101 F 1920]
- 830 care givers (M- 327 and F- 503) were reached with financial education within the first phase of the SMILE project

Other services like establishment of home gardening, food demonstration and supplements for malnourished children were key strategies for nutrition and food security

Achievements

- (M-2264 and F-1962) VC were enrolled and served with various services
- 1138 (M-252 and F-886) caregivers/HH benefited through capacity building and accessed to financial support (micro credit)
- Strong partnership with relevant agencies for technical skills to support the project implementation
- Improvement of households' livelihood through agric inputs supplies. This increase and improve the food security of HH.

- 3137 (M- 1617, F-1520) VCs were reached with HTC in FY15
- 1336 (M-183, F-1153) Caregivers were reached with HTC in FY15
- Conducted and Facilitated 9 Referral Network Meetings from FY15 till date.
- Researched and produced a Referral Directory to enhance referral system.
- Establishment of community farm in OmbiAnzaku, Kwandare
- Improvement in households' food nutrition

Lesson learnt

- Involvement of community leaders and stakeholders increases success in project communities
- Trainings educates VC to be aware of their rights and also enable them to carry out needs assessment about their well being
- Inclusion of community leaders and community volunteers improves community participation and ownership of the project



15. CARE AND SUPPORT (SMILE)

HIV Prevention Care and Support

HIV Service provision in Fiscal year 2017 started in October 2016 to September 2017. During the project life of FY17, HIV service activities conducted were as follows: Direct service provision (HIV testing and counseling, Pediatric HIV Adherence and disclosure support) Referrals and linkages (conducting referrals for beneficiaries and attending Referral network meetings), provision of escort services, and capacity building (Participation in central SMILE trainings, CV step-down trainings conducted, mentoring and supportive supervision)

Direct Service Provision

HIV Testing and counseling: In facilitating access to HIV services, HIV testing and counseling activity was conducted to beneficiaries found at risk after the risk assessment that took place in SMILE project communities (Azuba, B.A.D, AwongeAngwanwajenlalle, Tudungwandara, and Kwandare) in FY17.

The risk assessment was conducted by the care and support HIV/AIDS officer alongside the SMILE PMT and CVs with other trained consultant from CRS. A total of 2451 VCs were referred to facilities for HIV testing and counselling).

The table below gives the breakdown of the HTC conducted in FY16 and FY17.

ACTIVITY	2016	2017
Total number of people that were risk assessed for HIV	0	2451
Total number of PLHIV in the project	27	330
Total number of PLWHA that received escort	27	258
Total number of support group meetings held	10	10
Total number of Corpers trained on peer education and HCT	128	135
Number of beneficiaries screened for TB	1022	7164
Number of beneficiaries reactive to TB	0	0
Total number of beneficiaries given health counselling	9133	9979

Success Stories

- One PLHIV VC who has been sick for a while have regained her strength and is now able to attend school regularly due to SMILE intervention with emergency support of #10,000 to buy some food items and drugs.
- Another PLHIV caregiver in Tudungwandarahas increased in financial stability due to the HES intervention of orange flesh sweet potato that was distributed. She planted it and is feeding from it with her family and selling also.

Challenges

- Unavailability of test kit in the state at large.
- Tracking of referral forms from facility back to the office is a challenge because beneficiaries feel they don't need to go to the clinic for testing since they are not sick.



Training in progress.

16. Nutrition (SMILE)

17. Action Plus Up Project Supported By Institute Of Human Virology, Nigeria (IHVN)

Action Plus Up project is geared towards providing comprehensive care and support for 3000 orphans and vulnerable children (OVC) in 2 Lafia and Obi L.G.A'S of Nasarawa state spreading across the following communities: (1). Lafia (facility),(2). Ashangwa,(3).Gidan-Mai(4).Akuya(5).Ashige&Akunza (6).Gidanbuba(7).Agwadand (8)Gidinye.

Project Objectives:

- To strengthen recreational centre for clubbing activities
- Develop the capacity of staff to undertake required community based HIV/AIDS services and ensure the continuity of care for patients to increase adherence and treatment.
- To ensure 3000 OVC access essential care and support services including education, nutrition, healthcare services, and psychosocial support) by the end of the project in two LGA (Lafia, and Obi) of Nasarawa State
- To empower OVC households /families for continued sustainability.
- To support monthly meetings by NGO's concerned staff and volunteers.

Project Goals:

To support FAHCI to improve the overall health and well-being of 3000 VCs and their households in Nasarawa State by implementing quality community based HIV/AIDS services such as: Paediatric Palliative care, OVC services and referrals for HIV/AIDS care and treatment services following the Nigerian National guidelines.

Project Start-Up

- Constituting of project management team

- Supply of VC data collection tools
- Gender norms implementation
- Community mobilization in 5 communities

Trainings for communities' volunteers:

- 1 day step-down training on the use of enrolment and service tools
- One day training on Gender Norms implementation
- Interactive and learning session on ovc program

Project Meetings

- Project management team meeting
- Monthly meeting with community volunteers
- monthly Care givers forum/better parenting meeting
- Gender norms implementation meeting
- Kiddies club/vulnerable children meeting
- Traditional community stakeholders council meeting
- Community Quality improvement meeting
- Child protection meeting
- Monthly meeting with kauna support group

Service Delivery

- Educational and vocational support services
- Psychosocial support services
- Nutritional support services
- Shelter and care support
- Health support services
- Child protection services
- HCT for OVCs in families
- Household Economic Strengthening
- Gender norms activities

Referral Centres for OVC

- DalhatuAraf Specialist Hospital(DASH)
- FAHCI Clinic BukanSidi
- PHC Shabu
- PHC GidanmaiAkuya
- PHC Assakio
- PHC GidanBuba

Partnership and Networking

- Child protection network (CPN)
- National Population Commission
- National Directorate of employment NDE

Achievements

- 1800 VC (940 males & 860 females) received services in the five communities
- 3,562 VC (2010 males & 1552 females) received basic health support
- 3,530 VC (1991 males & 1,539 females) received food and nutrition support
- 202VC (125males and 77 females) have been registered and received birth certificate as a component of child protection
- 3,314 VC (1,859 males & 1,455 females) received psychosocial support
- 1,213 (725 males, 488 females) received education support
- A total of 60 desks/seats, 3 teachers tables, 6 teachers chairs was successfully handed over to Gidanbuba and Ashige communities each.
- 1 Male positive client was referred PHC Shabu
- 119 (M-56,F-63) VC were tested and 1 is positive on drugs
- 194 (M-4, F-190) care givers were strengthened economically i.e. Household Economic Strengthening HES and VSLA.
- Establishment of home garden by some caregivers/households

Challenges:

- Late funding really slow our work for HES and block grant
- The attention of the farmers is divided because of the raining season, as most are mobile farmers
- Distance is another setback in accessing the new communities
- Insufficient staff for data entry into NOMIS
- Insufficient Test kits for OVC/caregivers HCT
- Insufficient water for the sustainability of some home gardens

Lesson learnt:

- Involvement of community leaders, stakeholders volunteers improves Community participation and ownership of the project and increases success in project communities
- Involvement of VC enable them to be aware of their rights and also to carry out needs assessment about their well being

Recommendations:

- Linkages should be established in all project communities to facilitate referral.
- Linkages should be created to the Ministry of Education for establishment of early child education.
- There is need for more advocacy visit to government ministries and agencies e.g. SMLGCA, SMWH and social welfare departments at the LGA level
- Continual training for volunteers to improve their skills and knowledge on child protection and gender base violence
- Data Quality assurance should be given priority.

18. 90 – 90 – 90 (DOOR TO DOOR) PROJECT

As part of the 90 – 90 - 90 (door to door) project, it is geared towards providing comprehensive care and support for 15000 people in ALAGYE ward DOMA LGA in Nasarawa state.

PROJECT OBJECTIVES

- Develop the capacity of staff to undertake required community based HIV/AIDS services and ensure the continuity of care for patients to increase adherence to care and treatment.
- To ensure easy access of positive client to the facility for care and support) in Alagye ward.
- To ensure access of people in the community to test and know their status for free

PROJECT START-UP

- Advocacy to the stakeholders in Doma LGA
- Constitution of project management team
- Supply of VC data collection tools
- Community mobilization in Doma LGA (Alagye Ward)

PROJECT ACTIVITIES

- HCT for people in the community
- Enrolment of positive clients
- Referring/linkages of positive clients to the facility
- Follow – up on positive client

REFERRAL CENTRES

- General Hospital Doma(GH)
- Primary Health Care Center (PHCC)

ACHIEVEMENTS

- **11467(M-6530,F-4937)** clients were tested in Doma LGA.

- A total of 33 (M-12,F-21) clients were positive and referred appropriately.

CHALLENGES

- Delay in the release of fund
- Low participation of community during the door to door HCT due to farming season.
- Terrible road linkages to rural communities in Doma for HCT

20. PROPCOMMAIKARFI project

Introduction

Nigeria has all the essential ingredients to be a successful agricultural country with self-sufficiency in food production and availability to her 160,000 estimated million people. Most of the states have favorable climatic and suitable soil and weather conditions for the production of food, local birds and chickens.

Generally, agriculture provides gainful employment and livelihood for the people as a result; large quantities of food and meat are produced annually.

In recent times, the chances of increased food /animal production have been greatly enhanced by several interventions from the Federal and state Governments, ADPs, NGOs, Foreign Donor Agencies and Partners, the Private sector, etc.

Recently PM through its rural market project promoted the production of local birds or chickens in 6 LGAs / communities in Nasarawa state.

With these recent overwhelming responses to the call for increased agricultural production, food production is expected to reach an all-time high level.

However, the availability of these meats for consumption and processing over a major period of the year is highly dependent on the effective production techniques employed.

While attention over the years on improving agriculture has always concentrated on increased production, little has been emphasized in the area of post production technology which results in high losses both in quantity and quality of the products.

It therefore becomes pertinent to march all efforts in providing efficient production and preservation techniques to our farmers in order to avoid income loss and wastage, otherwise, the more the farmers produce, the more income they are bound to encounter.

This will lead to physical increase of food material and food security, nutrition and health, level industrial processing, increase in income, standard of living, political stability and deduced societal restiveness.

Propcommaikarfi is an organization with a vision on market based development program, partnering with Agric international Development organization, a producer of agric inputs like improved seeds, fertilizer, vaccine amongst other inputs conducted program assessment and organizational capacity of FAHCI for a project engagement.

PropcomMaikarfi and FAHCI's common interest

Propcommaikarfi partnered with FAHCI on facilitating access to NDV i-2 vaccines, leveraging on FAHCI's strength on community engagement and network to recruit vaccinators and undertake awareness and vaccination. The hope is that FAHCI's work will sufficiently prime the market and establish demand for vaccination in the target communities such that individuals can grow their micro enterprise as vaccinators and farmers' benefit from the vaccination service will be reflected in the reduced mortality, increase in flock sizes and resultant incomes from local chicken sales. Additionally, the demand will drive the sustained supply (rousing the interest and investment of distributors) of vaccines and other veterinary products and services to such locations

Aim of the Project

The main aim of the project is to build the capacity and empower the FAHCI, PM Project rural farmers and vaccinators to be able to effectively and efficiently demand and use NDiz vaccine products by adopting and employing recommended improved and safe preservation and storage methods that add value along the local poultry production value chains.

Objective of the Project

- Establishing a product distribution outlet through the business relations between ACI and FAHCI
- Leveraging on FAHCI network to create awareness and demand for ND-i2 vaccine for preventing Newcastle disease.
- Establish a network of vaccinators through the recruitment and training for interested individuals.
- To raise awareness on Newcastle Disease and NDiz vaccine.
- To train village Based Vaccinators.

- To expand service of vaccination a business opportunity for vaccinators and farmers.

Project Methodology

Presentations and participatory approaches utilized by the facilitator to drive into the participants key NCD and NDiz vaccine initiation and management concepts.

Experiential learning approaches, group discussion, plenary sessions and demonstration where applicable would be employed.

Participatory and adult learning approaches such as brainstorming, use of flip charts, pictorial presentations, and use of projectors, posters and leaflets would be employed where applicable.

Plenary discussions used to encourage active and meaningful participation in an improved practice of local birds production, vaccination and record keeping.

The training delivered to the farmers / vaccinators if possibly at different locations and periods as would be prescribed by FAHCI PM Project.

Village or local chickens or birds are vital assets to the rural smallholders, serving as a source of protein/food, pest control and petty cash for the payment of schools fees, medicine and emergency purchases for the household. Chickens are susceptible to many infectious diseases. One of the most important of these is the viral disease known as Newcastle disease (NCD), which causes devastating losses in both commercial and village chickens. Traditionally, rural smallholders have limited or no access to veterinary products and services, as most companies direct their products to commercial farm. Consequently, outbreaks of Newcastle Disease (which occur primarily during harmattan “called Harmattan disease” lost many of their chickens to a deadly disease.

Project Content

The project content shall concentrate basically on improved recommended modern practices in safe thermo tolerant NDiz vaccine products preservation, storage and improved local birds’ production practice at the vaccinator/ small farmer level.

The project is designed to enhance the farmers’ understanding and application of basic improved practices in those areas in general along with a well elucidation of the concepts, factors, methods and conditions that affects their ability to produce local birds without heavy losses in quantity and quality.

The project is emphasized on areas of production and management that leads to the farmers/vaccinators ability to maximize profit in other to facilitate comprehension and adoption of the improved practice of local birds.

The project content is focus on impact points to emphasize technical areas that are most likely new to the farmers and crucial which if not effectively employed would result to the failure of recommended or adopted technologies.

Activities

Family Health Care Foundation (FAHCI), a Community Based Organization, was engaged from onset to promote NDV-i2 and establish commercial distribution for NDV-i2 and other veterinary products through a network of Village-based inoculators (VBIs) and Campaigns/promotion in the rural communities

Through PM's linkage, FAHCI has established business relations with ACI for an agreed suitable trade terms and logistics requirements for getting NDV-i2 and if possible other veterinary products along with other promotional/ educational materials. Thereafter, FAHCI has brought in their expertise on community mobilization and local knowledge to raise awareness and stimulate community action towards demanding and using ND-i2 to protect local chickens against Newcastle disease, to boost rural vaccination service for local poultry and also create supply of local chickens from rural communities in Nasarawa state.

To stimulate growth and investments in rural markets that will lead to increased participation by the poor within rural community will improved commercial relationships between poor rural poultry farmers and community based vaccinators in Product and service markets as a result of the following project activities:

Advocacy

However, diseases have a major challenge to these birds, as farmers annually lose almost if not all the flock due to disease outbreak .for example Newcastle disease that causes several death in chickens of all ages both male and female.

Advocacy visit was carried out to community stakeholders/gatekeepers of the entire project LGA, through community sensitization and mobilization information on the NCD and the availability, affordability and accessibility of NDi2 vaccine.

Training

The delivery of a less costly vaccine in local bird will entail the training of product advocates and village based vaccinators who are the residents in the villages or communities, who will in turn carry the exercise amongst rural farmers through community sensitization, mobilization and vaccination service.

Training of community product advocates (12, F-2, M-10) and village based vaccinators (231, F-17, M-214) for rural vaccination service delivery to local chickens' poultry farmers.

Numbers of farmers reached with information on NCD and NDi2 vaccine 13961 during local poultry production capacity building to especially women.

Sensitization and mobilization

Controlling this disease in rural villages and communities chickens can make positive significant contribution to the lives of farmers in those areas

Community(s) sensitized and mobilized 134 with information on the NCD and NDV2 vaccine affordability, availability and accessibility.

Number of household reached with the awareness on NCD and NDV2 vaccine 11242

Vaccination

The development of a less expensive control and prevention method for Newcastle disease will go a long way on the survival rates of chicken with its benefits to the local community and rural areas

Number of chickens vaccinated by the VBIs and famers 50039 and

Monitoring and evaluation

The provision of monitoring support to PAs/VBIs, for effective and standard delivery of vaccination service, for intervention to local poultry NCD for the farmer, at rural communities in selected 6 LGAs of Nasarawa state

Family Health Care Foundation (FAHCI) serve as a community based organization vaccine (NDV2) delivery channel, to boost rural vaccination service for poultry and to create demand for local chickens in rural communities in Nasarawa state.

SUMMARY ACTIVITY CARRIED OUT

S/N	ACTIVITY	2016	2017	COMMENT
1	Number of Community sensitized and mobilized	103	134	
2	Number of VBVs/PAs trained or capacity building on NDV2 vaccine administration, poultry production and health / business management.	138	231	More capacity on initiation and business management as vet and Para vet indicated interest at community.
3	Number Purchase of NDV2 vaccine	500	550	increased procurement for community outlet
4	Number Household pays VBVs for vaccination service	4760	7257	Vaccinated 50039 chickens

5	Number Household understands NCD and how to prevent NCD and source of NDVi2 vaccine.	6068	11242	Improved local birds production
6	Number Community educational campaigns	5	13	Informed and sourced NDVi2 vaccine
7	Number of community reached	122	164	Becoming more aware of NCD/NDVi2 vaccine
8	Number of LGAs reached	6	7	Increase d coverage areas and LGAs

Importance of Local Birds Production

- Builds up body immunity against diseases
- Enhances good eye vision
- Facilitates good health and development in children
- Enhances brain development and intelligence in children
- Good for the health and well-being of pregnant women and aged parents.
- Strengthens the body immunity system
- Low in fat and good for diabetics and other related deadly diseases.
- Good source of income as all are useful

Impact point:

- Consume local birds for good health and vision

Achievement

New castle disease in local birds cost many lost in income and wealth generation among the rural poultry farmers, as a result the production and prevention is necessitated, by the sensitization and vaccination activation campaign, that might have explore the following: FAHCI has stimulated an additional income for 14,000 poor farmers and small scale rural entrepreneur.

20,000 and above poor local chickens' poultry farmers and small scale rural entrepreneur have access to knowledge service as a result of program local poultry health management intervention activities.

Poor women local poultry farmers have recorded net additional change of income streams as a result of program intervention activities.

FAHCI poultry prevention intervention has contributed to the improved resilience of poor farmers and small scale entrepreneur especially women in rural communities.

FAHCI work to improve local chicken poultry farmers' access to affordable and available NDiz vaccine and new market for local chicken.

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FAHCI intervention has contributed to the improved resilience of poor farmer of poor farmers and small scale rural entrepreneurs.

FAHCI work to improve poultry farmers' access to NDiz vaccine and new market for local chickens.

Challenges

Finance for most trained VBIS to procure Starter Pack of the NDiz vaccine as a cost recovered model and farmers for vaccinations service was a challenge that rendered the VBIs in active.

Farming season and activities as VBVs and farmers are busy on their farms, not always available.

Attitude of both vaccinators and farmers towards the opportunity in local poultry farming is a challenge.

Rural farmers value twenty naira and farm than their birds

Rural farmers not seeing the economic business importance or opportunity rather devoting more time for crop farming activities

Rural chickens most are not housed fed and vaccinated.

Wrong community political and economic ideas and motives

Conclusion/Recommendations

In the year under review, FAHCI/ propcom project activity performance for 2017 was approximately above target of reaching 6LGAs, 60 communities, 8000 HH in the community

pay for vaccination service, 70% HH in the community understand NCD and how to prevent it and the source of NDiz vaccine, trained 134 (F-17,M-117), 14 Awareness and vaccination activation campaigns and procurement of 1050 vials NDiz vaccine of both 50 (200 dose) and 1000(500, 300 and 200(50 dose) doses respectively, as the main activities were implemented as planned, monitored and documented. In view of that, the organization would have made a positive efforts by ensuring wider coverage in promoting NDiz vaccine for community action in demanding and using through media such as radio and television programs, newsletter and newspaper article.

That also a need to partner with NVRI is to be considered for prompt supply of NDiz vaccine. Selected community outlet for NDiz vaccine distribution and sales

21. MAINTENANCE DEPARTMENT

The maintenance unit is critical and responsible for providing maintenance services and management to the organization's owned equipment/furniture for effective service delivery.

In delivering maintenance services and fault management, the unit has structure it activities to ensure equipment safety, functionality and life span requirement. The maintenance unit will attend to request for repairs and services base on priority and urgency of needs of the equipment.

a. Procurements

2 file cabinets was procured for pact Nigeria (REACH project) and Partners for Development (PfD) Micro – Credit unit to support quality and effective documentation of VC information and program reports

2 printers (3 in 1) LaserJet 100 color and M132 MFP product was procured by FAHCI to enhance printing, photocopying and scanning of documents and reports of activities.

FAHCI in response to staff motivation, procured 7 computers at subsidize rate to be paid instalmentaly (six months)

c. Partnership:

FAHCI/PFD partnership both in programs and equipment support exist to strengthen and improve job performance. The closure of PFD office in Benue led to the distribution of the followings items to partners.

Notice board, Computer tables, Writing table, Plastic tables, Steel cabinet, MTN HYNET – D-Link, `swevil chair, Qlink 3000A stabilizer

d. FAHCI Equipment:

The below listed equipment are designated in all offices and others in staff possession

- ☐ Laptop computers comprises of 2 compaq, 3 Dell, 1 HP, 1 Acer all functional and effective
- ☐ 2 Desktop computers
- ☐ 4 Printers
- ☐ 1 spiral binding and 1 laminating machines
- ☐ 2 vehicles (Sharon bus and Vento)
- ☐ 8 file cabinets
- ☐ 2 generators
- ☐ 1 mobile phone
- ☐ 4 motor cycles
- ☐ 3 digital camera
- ☐ 1 Camcorder
- ☐ 2 flip chart stand
- ☐ 2 projectors
- ☐ 4 stabilizers
- ☐ 1 medium fridge

e. Repairs:

The unit facilitated the repairs and servicing of equipment especially the four (4) motor cycles and Vehicle to enhance community activities in the organization.

The motor cycles after repairs it was allocated to department heads to take responsibility of maintenance, monitor usage and reporting of faults

Vehicles and motor cycles repairs were servicing, replacement of tube, changing of engine oil, tyres, engine servicing, among others to keep them effective and functional for office engagement.

Office computers were repaired to facilitate ease office work for proper documentation of reports. The repairs were installation of antivirus (Kaspersky Anti-virus) with one year guaranty and other general computers' maintenance.

Remounting of FAHCI sign and rewriting of FAHCI name on the wall

- ☐ 2 office generators was repaired and serviced every month to keep the generators in good working condition for prompt supply of light for report writings, printings and photocopying documents and other office consumption.
- ☐ The activity carried out was monthly servicing and repairs

f. Achievements made in this in 2017:

- ☐ Departmental ownership and Supervision of equipment makes heads /staff to be responsible and conscious of maintenance culture.

- ☐ Check list help department to know whether equipment have been transferred from one office to another.
- ☐ Equipment are promptly serviced and repaired as requested.

Channel of reporting fault has been established for good management and decision making in Family Health Care Foundation (FAHCI) IN 2017.

g. Challenges:

- ☐ Lack of technical know-how to equipment and maintenance culture.
- ☐ Inadequate power supply from PHCN over stress office generators thus liable to damaged
- ☐ Often used of generators and power fluctuation cause equipment damaging
- ☐ In the case of motor cycles, staff do not report faults for prompt action and repairs caused frequent harm and damages to the motor cycles
- ☐ Bad community road network is a key factor to maintenance issue on all machinery (vehicles and motor cycles).
- ☐ Overused of equipment cause damages at must time

ACTIVITIES PICTURE



HCT at Azuba community



Step down training for CV on Parenting at FAHCI Hall



Vocational skill training for SMILE VC @ Angwan Nungu, Lafia



Sensitization on Micro credit Scheme @ Kwandare



World AIDS Day activity @ Azuba



Community volunteers monthly review meeting



Infant and Young Child Feeding (IYCF) and Care givers monthly meetings in project communities



Training of service providers on Sayana Press contraceptive @ FAHCI Hall, Lafia

Written By: _____ Signed: _____ Date: _____

Admin Assistance

Checked By: _____ Signed: _____ Date: _____

Admin Officer

Approved By: _____ Signed: _____ Date: _____

Executive Director

FALCUNGO