



CERVICAL CANCER

Cervical cancer is a type of cancer that occurs in the cells of the cervix, the lower part of the uterus that connects to the vagina. Cervical cancer is the fourth most frequent cancer in women with an estimated 570,000 new cases in 2018 representing 6.6% of all female cancers. Approximately 90% of deaths from cervical cancer occurred in low- and middle-income countries.

The high mortality rate from cervical cancer globally could be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment programs. There are currently vaccines that protect against common cancer-causing types of human papilloma virus and can significantly reduce the risk of cervical cancer. In a small percentage of people, however, the virus survives for years, contributing to the process that causes some cervical cells to become cancer cells. The risk of developing cervical cancer can be reduced by having screening tests and receiving a vaccine that protects against human papilloma virus infection.

Signs and symptoms of more-advanced cervical cancer include: Vaginal bleeding after intercourse, between periods or after menopause; Watery, bloody vaginal discharge that may be heavy and have a foul odor; Pelvic pain or pain during intercourse; Cervix, squamous and glandular cells.

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ACHIEVE OVC REPORT



In January 2020, the ACHIEVE Orphans and Vulnerable Children team procured items for the various psychosocial activities and distributed to volunteers in communities. The team also received from Institute of Human Virology, Nigeria, 50 jotters, 50 biro, 50 wristbands (all branded) and 50 bags containing; menstrual pad, towel, branded T-shirts, disposable undies, talcum powder, petroleum jelly, hand mirror, bath soap, hand sanitizer, big size toothpaste, tooth brush, comb and a nail cutter for a total of 134 (F=133, M=1) participated in this month's gender norms meeting at Tudun-wada and Kabusa communities, 24 (all females) participated in the better parenting meeting at Sabo-Lugbe community and 409 (F= 204, M=205) children across Shereti, Angwa-Sayawa, Saburi and Old Karmo, participated in kiddies club activities. They were engaged in in-doors and out-door games. Adolescent club meetings had 351 (F= 145, M=206 participants across Dape, Jahi, Sauka-Kahuta and Sabo-Lugbe communities.

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Dear friend of the family,

Welcome to another interesting edition of our Monthly Newsletters.

In Africa, Cervical Cancer is one of the deadly diseases that have been downplayed. It is often not talked about, despite the increasing number of its victims. To enlighten people about this and create more awareness, CFHI decided to educate people on this platform and our social media platform the effect and the length at which this can destroy womanhood, both adolescents and grown up women and on early means of prevention and control. Kindly read the article on “Cervical Cancer” in this publication.

To keep you abreast of CFHI project activities, detailed reports of ACHIEVE Orphan and Vulnerable Children report, HIV/AIDS Prevention and Empowerment Project for Young People and Positive Mothers, Giving Birth in Nigeria Project, and Diabetes Awareness and Care projects are featured in this edition.

Enjoy your reading.

Kind regards,
Princess Osita-Oleribe
Executive Director, CFHI

CERVICAL CANCER...

The main types of cervical cancers are squamous cell carcinoma and adenocarcinoma.

Squamous cell carcinoma: This type of cervical cancer begins in the thin, flat cells (squamous cells) lining the outer part of the cervix, which projects into the vagina. Most cervical cancers are squamous cell carcinomas.

Adenocarcinoma: This type of cervical cancer begins in the column-shaped glandular cells that line the cervical canal. Sometimes, both types of cells are involved in cervical cancer. Very rarely, cancer occurs in other cells in the cervix.

Some of the risk factors for cervical cancer include many sexual partners, early sexual activity, smoking, exposure to miscarriage prevention drug (diethylstilbestrol), etc. To reduce the risk of cervical cancer;

Ask your doctor about the HPV vaccine- Receiving a vaccination to prevent HPV infection may reduce your risk of cervical cancer and other HPV-related cancers. Ask your doctor whether an HPV vaccine is appropriate for you. Have routine Pap tests- Pap tests can detect precancerous conditions of the cervix, so they can be monitored or treated in order to prevent cervical cancer.

Most medical organizations suggest beginning routine Pap tests at age 21 and repeating them every few years.

Practice safe sex- Reduce your risk of cervical cancer by taking measures to prevent sexually transmitted infections, such as using a condom every time you have sex and limiting the number of sexual partners you have.

Quit smoking- If you don't smoke, don't start. If you do smoke, talk to your doctor about strategies to help you quit.

World Health Organization recommends a comprehensive approach to cervical cancer prevention and control that includes multi-disciplinary interventions across the life course. Community education, social mobilization, vaccination, screening, treatment and palliative care are needed to improve cervical cancer control. Almost all cervical cancer deaths could be avoided if known effective interventions were available to all women and implemented, including immunizing adolescent girls against human papilloma virus and cervical screening and treatment of pre-cancerous lesions.

...ACHIEVE OVC REPORT

A total of forty six (46) girls participated in this month's ACHIEVER'S (DREAMS Like program) in-school adolescent girls club. Aside providing the participants with IHVN branded jotters, biros, wrist bands and refreshment, the team sensitized them to the importance of building self-confidence and how to believe in themselves. At the Child Protection Committee in Angwa sayawa and Lugbe District, 1, 23 (M=15, F= 8) participants were lectured on the danger of child trafficking and community role in combating the menace. While, advocacy visit was conducted to the Nigeria Police Force, Karmo Division requesting their support for child protection committee to be inaugurated at old Karmo. A letter of support and collaboration was sent to the chief of old Karmo for his support in the community.

The infant and young child support group meeting took place at Saburi 1. Participants were educated on the importance of breastfeeding and how to source and prepare locally available and affordable food for their infants. A total of 28 women of childbearing age were in attendance CFHI also received ten (10) cartons of vitamin A fortified Action Meal. Food Demonstration; Food demonstration was conducted at Old Karmo with a total of 34 caregivers in attendance. Older out-of-school adolescent skills acquisition programmes were supervision in different communities, while SILC activities was also conducted at Jahi, Sabo-lugbe, Gosa and Wumba.Community.

Linkage & Referral coordination is ongoing with 20 referrals received across assigned facilities.



Three (3) were retained by CFHI, twelve (12) referred to other IHVN CBOs in FCT while plans are in place to refer the remaining five (5) which are outside FCT.

The community volunteers were assigned the task of assessing eligible beneficiaries for household Economic Strengthening. A total of fifty-five (55) community volunteers attended the review meeting this month.

The team also participated in three days' workshop on Social Protection Safety Nets in Nigeria and created awareness on several Social Protection programs coordinated by the World Bank in collaboration with the government of Nigeria (GoN). The focus group discussion enabled the organization to make contributions to the concept note on HIV/AIDS implementation for possible action.

HIV/AIDS PREVENTION AND EMPOWERMENT PROJECT FOR YOUNG PEOPLE AND POSITIVE MOTHERS – *HAPPY!*



The team set out to conclude the end line assessment in selected school and community HAPPY! clubs to evaluate the knowledge impact of students who are members of the club against students that are not members of the club. Furthermore, the team commenced plans to transition the HAPPY! clubs and the rounding up phase of the tailoring programs.

One thousand, three hundred and eighty five (1,385) Adolescents and Young people (AYPs) with a weekly average attendance (for 5-weeks) of 277-AYPs attended the community-based HAPPY! Club meetings, one thousand, two hundred and seventy-six (1,276) Adolescents and Young people (AYPs) with a weekly average attendance (for 4-weeks) of 319-AYPs at the School-based HAPPY! Club meetings.

The team carried out an end-line assessment across fourteen (14) schools and two (2) communities, with a total of two hundred and sixty (260) questionnaires administered and administered the administrator feedback forms to School Principals/Vice Principals and a teacher with consistent knowledge of HAPPY! club activities. This feedback was done to enhance a more effective sustainability plans for schools.

COMETs monthly review meeting held with eighteen (18) persons in attendance. They were informed of the end of the project plans and were encouraged to finalize and not leave any project related work pending. Awards will be given to outstanding COMETs at the end of the project.

The TB-case finding in Daddere community in collaboration with the state/LGA/Health facility recorded sixty-five (65) presumptive cases with sputum samples collected and handed to the Obi TBL Supervisor for testing and further actions.

DIABETES AWARENESS AND CARE PROJECT



Diabetes Awareness and Care Project in Owerri carried out an advocacy visit to the traditional ruler of Amosu-Umulolo community in Okigwe local government with a Community Health Extension Worker (CHEW) at Amosu Primary Health Center - Mrs. Eucharika Obieshie for community entrance permission

On behalf of the traditional ruler, his wife was elated with the DAC project and assured the team of her husband's support. On behalf of her husband, she gave the team the entry permission into the community.

The team also met with Oluchi Osigwe - a Community Extension worker in Umunduka Primary Healthcare Centre as well as the market leader of Umuawusa Market in Amosu-Umulolo. The essence of the visit was to gain permission for a screening exercise in the market. The leader welcomed the idea and assisted the team in getting a strategic spot for the exercise. Community awareness exercise took place at Umuawusa market on the 30th of January 2020. About five-hundred (500) individuals were reached with the message of diabetes, one hundred and seven (107) were screened on T2DM and about Thirteen (13) individuals were referred for further management at various health facilities. Participants were sensitized to Type 2 Diabetes Mellitus, its preventive measures, complications, signs and symptoms and predisposing risk factors.

The team also visited Diligent Secondary School in Amurie Omanze in Isu local government to sensitize students and teachers on T2DM. Anti-Diabetes club was also formed and the guiding manual was presented to Mr. Chidozie Emejue, the club Coordinator.

*Interested in helping
In any aspect of our
work?*

Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family-centred, so that our beneficiaries are reached with activities that proffer sustainable solutions.

Therefore, individuals or groups concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should kindly do so through the channels below.

For Donations and/or others:

Account details:

Name: Centre for Family Health Initiative

Number: 5080117843

Bank: Fidelity Bank PLC

Swift Code: FIDTNGLA

Or Contact us:

Address: Plot 508, Excellence & Friends Road, off Liberty Road (Arab Road), Cadastral Zone, Kubwa Extension II, Abuja (FCT) Nigeria. P.M.B. 12 Kubwa, Abuja-Nigeria.

Mobile numbers: +234 809 608 3336, +234 809 049 2227

E-mail: director@cfhinitiative.org, info@cfhinitiative.org

Website: www.cfhinitiative.org

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