

NEWSLETTE



HIV/AIDS IN ADOLESCENT

According to a report from UNICEF (United Nations International Children's Emergency Fund) "Adolescents and young people represent a growing share of people living with HIV worldwide. In 2016 alone, 610,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 260,000 were adolescents between the ages of 15 and 19. To compound this, most recent data indicates that only 15% of adolescent girls and 10% of adolescent beyond 15 and 10% of adolescent beyond 15 and 10%. and 10% of adolescent boys aged 15-19 in sub-Saharan Africa – the region most affected by HIV - have been tested for HIV in the past 12 months and received the result of the last test. If the current trend continues, hundreds of thousands more will become HIV-positive in the coming years. In addition, AIDS-related deaths among adolescents has increased over

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World Health Day

CFHI joined the rest of the world to commemorate the World Health Day (WHD) on the 7th of April 2018. The event kicked off with a Health Sensitization rally, as CFHI team supported by trained Volunteers from the community took to the street distributing materials, holding sessions of brief question and answer with community dwellers, while the rally was in progress across Obi community. Community dwellers were invited to be a part of the Health Outreach immediately after the rally.



CFHI staffs and COMETS on rally at Obi community Nasarawa State during the World Health Day.

There was an outstanding turnout, as CFHI team recorded as approximately 100 Community dwellers turned out for the HIV screening exercise just to know their status. Also, about 436 IEC (Information, Education and

Communication) materials, 4 packets of condoms were distributed. In addition, Obi team carried out malnutrition test for children under the ages of 13 and below, the aim of the Malnutrition test exercise was to ascertain their nutritional level and growth problems, over 80 children participated in this exercise. Also, an educational session on healthy eating and proper dieting was held with over 200 persons listening to the health sensitization during the

The Health outreach featured; health check-ups, counselling sessions by the doctors, distribution of condoms to adults above the age of 25 years, health talks and quiz session, physical exercise and more. Members of the community in attendance benefitted from various health deliverables offered by the organization.



HIV Test going



One of CFHI Team conducting Weighting exercise

In conclusion, over six hundred and sixteen (616) target population were reached with interventions during the World Health Day held in Obi local Government area Nasarawa

World Malaria Day (WMD)

In 2016, there was a total number of 216 million related cases of malaria in 91 countries with an estimate of 445,000 people dying from malaria globally, this out-grew the cases of malaria outbreak in the year 2015. In addition, in every two minutes, a child dies as a result of the disease. African has a total number of 194 million related cases resulting in 407,000 deaths as reported by WHO



Dear Friend of the Family,

Welcome to another exciting edition of our monthly newsletter. This month, we began the commemoration of the special days with the World Health Day rally in Obi, Nasarawa State. We also joined the rest of the world to commemorate the World Malaria Day (WMD), knowing the menace malaria causes in our society. Lastly, we will update on the progress made with our current projects.

On Achieving Control of HIV/AIDS Epidemic through Evidence (ACHIEVE) Project, CFHI team have increased the number of enrolled beneficiaries to about 7,559. In Nasarawa State, as expected, our HIV/AIDS Prevention and Empowerment Project for Young People and Positive Mothers (HAPPY), targeted adolescents, youths and HIV positive mothers, enrolling one hundred and eight (108) out-of-school Adolescents and Young People into HAPPY Club.

This edition of the newsletter reports on activities that we undertook in April 2018. Also enclosed in this newsletter is an article titled "HIV/AIDS IN ADOLESCENTS".

Enjoy your reading and be sure to follow us on our social media handles and website!

Kindregards,

Princess Osita-Oleribe, Director, CFHI.

HIV/AIDS IN ADOLESCENT

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the past decade while decreasing among all other age groups, which can be largely attributed to a generation of children infected with HIV perinatally who are growing into adolescence."

Perinatal transmission may also be another reason for the increased number of HIV/AIDS in adolescents. A report from UNAIDS states that "in Mother to child transmission which can occur during pregnancy, delivery or breastfeeding, is responsible for more than 90% of HIV new infection in children worldwide." Perinatal Transmission is the transmission of HIV from a Mother to her child.

Adolescence is a transition from childhood to adulthood usually within the ages of 10 -19, this is the period were puberty is experienced; increase in breast, hair in the pubic area, deep voice for the boy, Menstruation in girls and most importantly sexual maturation which may lead to intimate relationship among peers or older ones as the case maybe. Report shows that one of the highest vulnerable set of adolescents are those found in rural areas and they maybe expose to a lot of dangerous vices such as; adolescent sex workers, child labor, child trafficking, childhood sexual abuse, drugs intake and others.

WHY FOCUS ON ADOLESCENTS

Adolescence is a vital stage in a child's life. Some call it the formative stage as the child begins to develop some character from habits they have seen in their environment. According to a report from WHO (World Health Organization) the adolescent psychological and social changes; Linked to the hormonal and neuro-developmental changes that are taking place are psychosocial and emotional changes and increasing cognitive and intellectual capacities. Over the course of the second decade, adolescents develop stronger reasoning skills, logical and moral thinking, and become more capable of abstract thinking and making rational judgements.

Adolescence exceeds just the bodily development, at this stage the child begins to develop abilities; to love, think and make certain decisions on their own. One important aspect to note about the adolescent period is that at this stage, the brain begins to develop making it easy to learn, adjust and adapt easily to anything and everything around them. Therefore, it is necessary to note that at this stage there is every tendency to be misled.

World Health Organization (WHO);

adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Therefore, it is at this stage that proper mentoring needs to be in place in order to shape the life of the child.

Among the most vulnerable set of adolescents, adolescent girls in the hard-to-reach-areas may be the highest at risk of contracting HIV/AIDS and because of the physical changes in their bodies, they may come under undue pressure from peers and family members as a result of the difficult conditions in the rural areas. The International Organization for Migration (IOM) recently completed Displacement Tracking Matrix (DTM1) identifies over 1.82 million Internally Displaced Persons (IDPs) and 958,549 returnees in need of humanitarian assistance in the north east. Of these 55% are children and 53.6% are women. Most of them (adolescents) live in dire situation and are pressured into:

Transactional sex:

(sex in exchange for money or material gift). It is one form of sex practiced commonly in the hard to reach areas. Adolescents are forced to practice this type of sex to survive in the hardship. They go as far as to having sex/intimate relationship with older men, who may coerce them (adolescents) to having sex without protection.

Force/Early Marriage: Family using their adolescent girls as collateral for monetary purposes, this may be considered as another driver. This may not be for only material gifts but could also be for cultural/religious purposes. "Marriage" could be defined as union binding two matured persons with their consents. Around the world, 18 years is recognized as the official age of adulthood and usually in child marriage one or both parties may be below the age of 18 and most often the marriage may be conducted without the consent of the child or the child may give their consent as a sign of respect to their family and community. In order words, any marriage conducted were one of the parties is under the age of 18 is considered child/force marriage, and this is a clear indication of the child right violation.

Another driver may be lack of proper sex education and this may put them at risk to contract HIV/AIDS. For instance, from part of a report from Oversea

Development Institute (ODI) Briefing, a research carried out on HIV-sensitive social protection (a case study carried out in Nigeria), shows that Low awareness is another driver of the HIV/AIDS epidemy, although 90% of women and 94% of men in Nigeria have heard of HIV and AIDS, comprehensive knowledge about prevention is inadequate, particularly in the three northern zones, where women's knowledge is especially low.

EFFECTS OF HIV/AIDS ON ADOLESCENTS

The Stigma: this has become a major concern especially with the adolescents. Fear of stigma for adolescents and youths is one of the major factor limiting the puissance of HIV-testing programs. For the fear of Stigma and discrimination, individuals may refuse disclosing their status and accessing services. UNICEF in 2010, conducted a study amongst adolescents living with HIV in Harare in which was found that psychosocial well-being in this group was poor (median score on Shona Symptom Questionnaire [SSQ] 9/14). Sixty-three per cent (63%) of adolescents were at risk of depression with 23 per cent reporting suicidal ideation within the last week. Median SSQ score was higher amongst those with poor adherence. Qualitative findings suggested that challenges faced by HIV positive children include verbal abuse, stigma and discrimination in their homes and communities and this is contributing a great deal to the low self-esteem of adolescents.

Do you know that: There are more than 1.5 billion young people in the world today, making up the largest youth generation in history, half of them are girls and young women, with approximately 600 million adolescent girls living in developing countries. The choices and opportunities made available to adolescent girls in the coming years will shape their lives and those around them.

In conclusion, considering the sensitivity surrounding the adolescent age, there are actions being taken all over the world to reduce the increasing cases of HIV/AIDS in adolescents. Different projects are being implemented and ongoing which focus on the adolescents. There is a need to reach out to these vulnerable ones especially those in the hard-to-reach-areas. HIV/AIDS in adolescents is a subject that needs immediate intervention and CFHI joins in the fight.

World Malaria Day (WMD)

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(world Health Organization). In order to create awareness on the menace malaria has caused in our society, 25th of April was set aside specially to provide "education and understanding of malaria" spread information on "year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention, treatment in endemic areas" and to showcases global efforts to control and eliminate malaria. Partners came together to celebrate the success, recognize health workers, and highlight the need for expanded investment as well as sustained the programme commitment for malaria prevention, control and elimination.

This year, **CFHI** in collaboration with **EFMC** carried out joint activities at PHC Idu to commemorate this year World Malaria Day. The year's theme for the WMD was tagged "Ready to Beat Malaria" which emphasized on prevention. CFHI staff were at Idu Karmo Primary Health Centre to commemorate the day with the nursing mothers, pregnant women that were present for immunization. We began with health talk on Malaria; malaria in pregnancy, signs and symptoms of malaria in children and adults. Emphasis were made on the causes of malaria; the plasmodium parasite that the female anopheles mosquito carries. At the end of the health talk on malaria, some of the mothers asked relevant questions bordering on prevention and treatment with appropriate answers given by the CFHI team.

Furthermore, growth and development monitoring were conducted for babies and blood pressure check conducted for 47 nursing mothers including pregnant women present in Idu Karmo community. Also, about (48) were tested for malaria and given immediate medical care. To encourage prevention following the theme of the year. Finally, the CFHI team distributed about (47) Happy Mothers with Long-Lasting Insecticide Nets (LLIN). Let's join the world to fight against Malaria in Africa and the world.

Other CFHI Activities

HAPPY PROJECT

The HIV/AIDS Prevention and Empowerment Project for Young People and Positive Mothers (HAPPY) enters its fourth month still inception. It began with the first formally initiated Town Leader's Meeting; meeting with the leaders in Obi community. Twenty-one (21) participants were in attendance. The team identified various Key Influencers (KIs) within the Obi local government area, who were briefed and educated on the subject matter. The meeting with the Town Leaders is intended to get the support of the leaders, to engage them in the project and also to gain free access into the community. Graced with the support of the community leaders, the programme is ongoing swiftly.

CFHI team initiated an Educational and Mentoring class for adolescent and Youths solely for the purpose of enlightening and educating them on HIV/AIDS, reducing the risk of new infection and further reducing the impact of HIV/AIDS on the community and the world in general. An approval was gotten from the State Ministry of Education Nasarawa State to establish HAPPY CLUBS in the schools in Obi community. About one hundred and eight (108) out-of-school Adolescents and Young People were enrolled into HAPPY Club. This project is intended for both the in-school and out-of-school-children.

and out-of-school-children. The CFHI HAPPY project team, further plans to train/educate more volunteers especially within the target population in the communication transparent, appreciated and assimilatable. One of the objectives of CFHI is to end HIV/AIDS by eliminating the incidence of new HIV infections among children and reducing new infections among adolescents and young women. The team is working tirelessly to making sure this objective is achieved.



The district head of Obi community, Nasarawa State making a contribution at the Town Leaders' Meeting

OVC ACHIEVE PROJECT

The Achieving Control of HIV/AIDS Epidemic through Evidence (ACHIEVE) is an IHVN Project funded by PEPFAR focusing on the epidemics HIV/AIDS, embodied to provide ART to HIV positive adults already on treatment (ART) across Nigeria and providing TB/HIV collaborated services to those co-infected with HIV and TB (tuberculosis). The target is to provide the adults and the collection of the collection o health education at community and household levels e.g. hygiene, sanitation, and nutrition, advocate and sensitize communities on reduction of stigma and discrimination towards vulnerable children and their households, establish functional child protection committees and networks at LGA and community levels, provide educational services that are tailored to meet the needs of beneficiaries, provide and maintain shelter and care services, map community and provide available economic resources and opportunities and to introduce adolescent programs. The ACHIEVE project has a set target of 10,000 vulnerable children as beneficiaries and with the collaboration of partner health facilities in AMAC, CFHI has recorded 7,559 beneficiaries enrolled so far. The ACHIEVE project promotes optimal health and wellbeing of vulnerable children and their households.

CFHI conducted linkage and referral activities with the ten (10) facilities assigned to her within AMAC. Mentormothers and other treatment support specialists working in the facilities were engaged to ensure HIV-exposed infants, HIV infected and affected children and adolescents were referred and enrolled for community service intervention. Maitama district hospital brought in the highest number of referrals within the reported period with over 200 referrals for children and caregivers on ART resident in CFHI's catchment area. The referred clients were enrolled into the OVC program as beneficiaries. CFHI also referred beneficiaries transitioned from the FY17 program with unknown HIV status to facilities within their communities for HIV testing.

The optimization of target streams through enrolment of key population was facilitated through

Collaborations with Heartland Alliance foundation, servicing the key population. CFHI conducted advocacy to the FCT regional office which directed the OVC team to its stop shops located in communities within its catchment area. Enrolments were facilitated through referrals of clients/beneficiaries with children handled by resident community volunteers. Advocacy was conducted to 16 communities within CFHI's catchment location to introduce the program or a continuation of the program as well as to create a referral base from community to CFHI for enrolment of eligible clients into the program. This advocacy also served as entry point to enable CFHI carry out

community services such as food demonstration and health education.

More so, there was a community Violence against Children Prevention Interventions for the reported period centered on reinstating the four CPC bodies inaugurated in FY17. These CPC present in four communities; Kabusa, Mabushi, Jahi and Karmo were informed of the continuation of the OVC program and the team made enquires on reports of any kind with regards to child protection issues. No cases were reported in all communities in the period under review. Also, advocacy visits were conducted to NPOC to facilitate birth registration activities and FIDA to facilitate succession planning activities for beneficiaries.

Furthermore, financial management activities were carried out in five previously constituted savings internal lending committees (SILC) in four communities with monitoring by the resident

Community Improvement Team (CIT). CFHI and Community volunteers carried out the management activities, conducted brief financial education activities for caregivers and older OVCs. Some households were marked to be prioritized for provision of microcredit grants, Also, there was a monitoring of

group income generating activities (IGA) for Mabushi community where a grinding mill was set up in FY17.

In conclusion, CFHI also conducted community advocacy with efforts from CIT (Community Improvement Team) in two communities, Mabushi and Old Karmo towards reducing barriers to formal education uptake for children resident in the communities. In line with the proposed advocacy carried out within the communities, the team initiated a Kiddies club, which has kicked off fully in Mabushi Community with trained community volunteers as facilitators and with supervision from focal project officer on psychosocial support. The kiddies' club activities are to ensure early childhood development and basic education/vocational skill training for school-age children. CFHI further intend to begin school performance assessment for students in the new school session and to conduct monthly parenting sessions with caregivers, kiddies' & Adolescent club meetings.

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, persons or organizations concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should please contact us.

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