



## HEPATITIS (Finding the missing millions)

Hepatitis is a general term which refers to the inflammation of the liver, resulting from various causes, both infectious (viral, bacterial, fungal, and parasitic organisms) and noninfectious (alcohol, drugs, autoimmune diseases, and metabolic diseases). This article however focuses more on viral hepatitis.

Presently, Nigeria is facing a grave health crisis as only 5% of people with viral hepatitis are aware of the chronic nature of a disease that kills five million Nigerians every year.

Presently, about 20 million Nigerians have hepatitis and experts have blamed the high number of deaths linked to this liver disease on the relatively poor awareness about the disease among health care providers, social service providers and the general public.

## HAPPY! REPORT



### MEETING

Project *HAPPY!* seeks to prevent new HIV infection among adolescents and young women, through high-quality Sexual and Reproductive Health Education and HIV testing while supporting positive mothers and their affected families economically thereby reducing their vulnerability. It also seeks to address the barriers adolescents and young women face in accessing HIV prevention services through community engagement and partnership with community structures. This project is aimed to give them a sense of ownership, afford them leadership of the intervention and empower them to control negative health outcomes.

This month, the team carried out Monitoring & Technical support visits

to six (6) *HAPPY!* Clubs (both in-school and community) across four (4) different communities and supervised COMETs meetings with in-school and community adolescents and young people across Obi LGA; GSS Olosoho, GSS Kaduna Koro, Foundation Model Secondary School Obi, Government College Obi, Agada II community and Odoibu community. COMETs were encouraged to continue with their mentorship of outstanding members of their respective clubs as HIV prevention champions as this is a sustainable way of gradually moving to a peer led education club.

The team collaborated with Primary Health Care facilities to carryout HIV testing in two *HAPPY!* clubs. Out of the 127 club members tested in GSS Olosoho and GSS Agwatashi, 1 was positive. This led to further follow ups to ensure he is enrolled into care.

The tailoring skill acquisition training program continued into the week eight (8) through to week twelve (12). The training was structured and progressive with regular assessments conducted over this period.

The meeting with the Director, Nasarawa State Primary Health Care Development Agency (NAPHCDA) to discuss partnerships, collaborations

and visibility within the state was a huge success, as he assured the team of his full support.

On Friday, 26<sup>th</sup> July, 2019, the team commemorated World Hepatitis Day in Obi community with one hundred and eighty persons in attendance and one hundred persons screened for Viral Hepatitis B & C. Fifty (50) of the participants were vaccinated.



## CAMDIN Report

### Catalyzing accountability for maternal death in nigeria

(CAMDIN) *also known as Giving birth in Nigeria.*

Having met with stakeholders at the State and LGA levels, the CFHI team proceeded on advocacy visits to Gudun Karya, Orozo and Byazhin communities introducing the CAMDIN project to the relevant stakeholders and the Primary Healthcare Centres. The chiefs presented the team to the youth .....



Welcome to another edition of our newsletter.

Recognizing that there are many reasons why the global diagnosis rate of hepatitis is so low, the World Hepatitis Alliance commissioned a global survey in 2018 to understand the main barriers to hepatitis B and hepatitis C diagnosis globally. Building upon this data, WHA's Find the Missing Million's campaign implements a global advocacy and awareness-raising campaign to tackle the main barriers to diagnosis.

CFHI, in the month of July, joined the rest of the world to find the missing millions, as we commemorated world hepatitis day in four locations across 3 states in Nigeria; Abuja, Nasarawa state and Imo state. Aside the community interventions, the team decided to also focus on a key populations: female sex workers, youths in hard to reach communities, and healthcare providers. Participants were screened, vaccinated and referred for treatment as the case may be.

Article on Hepatitis (finding the missing millions), reports on ACHIEVE OVC, HAPPY!, Catalyzing Accountability of Maternal Death in Nigeria (CAMDIN), Diabetes Awareness and Care (DAC) and National Social Investment Program (NSIP) projects report are featured in this publication.

Do have a pleasant reading.

Kind regards,

*Princess Osita-Oleribe,  
Executive Director,  
(CFHI).*

## VIRAL HEPATITIS

The Hepatitis A virus (HAV) is more common in areas of low socioeconomic status with a lack of adequate sanitation. It spreads through contaminated food and water or close person-to-person contact. Children often transmit it. A person with HAV will excrete the virus in the stool, or feces. It can be passed on when an uninfected person consumes food or water that has been contaminated with the feces of an infected person.

Hepatitis B is an infection of the liver by the hepatitis B virus. It can be acute and self-resolving, or it can be chronic, leading to cirrhosis and liver cancer. The hepatitis B virus (HBV) is found in blood and bodily fluids. It can be transmitted through semen, vaginal fluids, blood, mother to child during delivery, sharing needles and having unprotected sex with an infected person.

Hepatitis C is a contagious, viral liver disease, spreads by blood-to-blood contact, and primarily by the use of injectable drugs and unsafe sex. Other at-risk groups include healthcare workers who are exposed to sharps, and infants born to mothers with HCV.

Also called delta hepatitis, Hepatitis D is a serious liver disease caused by the hepatitis D virus (HDV). HDV is contracted through direct contact with infected blood. Hepatitis D is a rare form of hepatitis that only occurs in conjunction with hepatitis B infection. The hepatitis D virus can't multiply without the presence of hepatitis B.

Hepatitis E is a waterborne disease caused by the hepatitis E virus (HEV). This virus is mainly found in areas with poor sanitation and typically results from ingesting fecal matter that contaminates the water supply.

## ACUTE AND CHRONIC HEPATITIS

Acute hepatitis is the initial phase of hepatitis which is called the acute phase. The symptoms are similar to mild flu, and may include: diarrhea, fatigue, loss of appetite, mild fever, muscle or joint aches, nausea, slight abdominal pain, vomiting, weight loss and Jaundice. The acute phase is not usually dangerous, but in certain people, it can result in acute liver failure and death. It may also progress to a chronic infection. This is most likely with HBV or HCV.

Chronic Hepatitis on the other hand can lead to progressive liver failure, resulting in jaundice, swelling of the lower extremities, confusion, and blood in the feces or vomit, dark urine, hives, itchy skin, light-colored feces, yellow skin, etc. Acute hepatitis lasts under six months, while chronic hepatitis lasts longer.

## VACCINATION

Significant progress is being made in both the prevention and treatment of the various forms of hepatitis. Given the large number of people who are affected by hepatitis, it is important to have a better understanding and management of the risk factors for the disease, as this can effectively reduce many cases. For those at risk, vaccines are available for both hepatitis A and hepatitis B, and since hepatitis D only occurs along with hepatitis B, many of these diseases are now preventable with vaccination.



## TREATMENT

**Hepatitis B:** Acute hepatitis B doesn't require specific treatment. Chronic hepatitis B is treated with antiviral medications. This form of treatment can be costly because it must be continued for several months or years. Treatment for chronic hepatitis B also requires regular medical evaluations and monitoring to determine if the virus is responding to treatment.



(CAMDIN Report, continuation)...leaders, women leaders, Pastors and Imams within the three communities.

The team in collaboration with the EpiAfric team conducted the CAMDIN baseline survey across the three LGAs and communities. The HODs for health, supervisory counsellors for health, traditional leaders, religious leaders, women leaders, youth leaders, NURTW representatives, traditional birth attendants, private care providers, pregnant/breastfeeding mothers, market women association, farmers, head of PHCs, CHEWs and midwives were available for the survey. The various groups were sensitized and written consent of all the participants were obtained before administration of the questionnaires.

Monthly stakeholders meeting in Gudun Karya, Orozo and Byazhin communities held successfully. The meeting had in attendance key stakeholders from the communities and the PHCs.

The CFHI team began plans and preparation for the stakeholder's workshop across the three communities. Stakeholders at the communities were contacted and notified of the workshop.



CAMDIN workshop at Gudun Karya  
FCT Abuja, Nigeria.



CAMDIN workshop at Orozo  
FCT Abuja, Nigeria.

## DIABETES AWARENESS & CARE (DAC) Project

In order to create demand for diabetes mellitus services and to increase sensitization on Type2 Diabetes Mellitus risk factors, prevention and access to care, CFHI set up a three days screening camps at Umunkwo, Umuokwara and visited National Youth Service Corps (NYSC) orientation camp in Ezianya Obaire community, Nkwerre LGA of Imo State.

Women in Umunkwo market in Isiala-Mbano LGA, Amurie-Omanze market in Isu local government, Umuokwara in Orlu local government, and Ikenegbu in Owerri Municipal were sensitized and screened in July, 2019. Four advocacy visits to community leaders, religious leaders and Market leaders were carried out in the intervention communities.

Consequently, eight thousand (8,000) persons were reached with Type 2 Diabetes Mellitus awareness message while One thousand, one hundred and ninety-three (1,193) persons were screened for diabetes. Over two thousand IEC materials were distributed during sensitization. Forty-eight (48) persons who had elevated blood sugar and blood pressure and who are not on care were counseled and referred to various HSDF supported facilities for further management.



## ACHIEVE REPORT

In the month of July, the ACHIEVE OVC team coordinated referral and linkage across assigned facilities and communities: 8 referrals received, 4 persons referred to other CBOs, 2 enrolled by other CBOs and 2 enrolled by CFHI.

From the assessment in this reporting month, 84% of children under care are adhering to treatment while 751 (M=327, F=424) adolescents between age 10-17 were reached with HIV prevention and sexual reproductive health (SRH) services.

To help increase enrolment into care and viral suppression, CFHI contacted an IHVN CBO implementing OVC project in Nasarawa state on effective referral coordination between FCT and Nasarawa state. This was orchestrated as a result of so many children on the line list in Maitama District Hospital whose address shows Nasarawa state. CFHI intends to have a correct directory of CBOs in Nasarawa state where these children can be referred and enrolled into community OVC programme.

On clinic days, CFHI continued to be present at assigned facilities for follow up purposes. The team also conducted adherence counseling and provided food intervention to reactive households. Infant and young child feeding support group meeting was conducted at Saburi 2. Women of child bearing age who participated were educated on the importance of breast feeding. This activity was followed by education of balance diet and preparation of a locally sourced therapeutic meal "tom brown" for children (6 months and above).

A total of sixty six (66) beneficiaries across assigned communities who were previously assessed for various businesses, were empowered with ten thousand naira (N10,000) each as startup capital. The disbursement which took place had important stakeholders in attendance. Other eligible beneficiaries who were unable to attend were able to get theirs at the office at a later time.

CFHI continued monitoring of the seventy (70) older out of school adolescent enrolled into various vocations across assigned communities, interviewed the trainers and caregivers who all gave good reports of their commitment. The team went further to speak with some of the community chiefs who expressed their profound gratitude and satisfaction.

Child protection meeting was conducted at Angwa-sayawa and Lugbe District 1 with stakeholders in attendance. The topic for discussion was on the need for elimination of stigma and discrimination against vulnerable children and their household with three children supported to get birth certificate.

*(continuation of ACHIEVE Report)*

On educational intervention, an assessment of one hundred and sixty (160) students in Junior Secondary School and one hundred in primary school have been completed as enrolment is in progress. While assessment of the remaining one hundred and nine (109) primary school pupils and fifty six (56) junior secondary school students is on-going.

A total of 180 children across two (2) communities: Nyanya and Kagini participated in kiddies club. Aside the recreational activities, they were taught on the topic, "HIV/AIDS and modes of transmission". At the end the session, participants also went home with scholastic materials as gift items.

The team implementation of adolescent club activities in Kaba was a huge success. A total of 65 adolescents attended and 26 adolescent girls and young women were reached in Saburi. 120 caregivers across Kapwa, Sauka-kahuta and Tudun-wada who participated in the seven weeks training, graduated and were issued a certificate each.

In conclusion, 3237 beneficiaries received care in the reporting period, 117 household were responsibly graduated, while 117 are adults, 278 are children 0-17 years.



**2nd batch of Household Economic Strengthening (HES) beneficiaries.**

**NATIONAL SOCIAL INVESTMENT PROGRAMME (N-SIP)**

The National Social Investment Programme (N-SIP) is an initiative of the Federal Government of Nigeria to reduce poverty and unemployment among vulnerable and economically excluded groups of Nigeria. In 2018,

*(continuation of N-SIP)....* CFHI signed an MOU with Action Aid Nigeria (AAN) to serve as Third Party Monitor for Nasarawa State. CFHI in collaboration with 6 Community-Based Organizations monitored the N-Power programme in the State. total of 3423 N-Power Beneficiaries were interviewed across 9 LGAs within the state from September to November 2018. The Home-Grown School Feeding Program (HGSFP) and Government Enterprise and Empowerment Programme (GEEP) were not being implemented in the state as at 2018.

In July 2019, Action Aid Nigeria (AAN) and National Social Investment Office (NSIO) renewed the contract with CFHI to provide third party monitoring of N-SIP across 9 local government areas in Nasarawa state and 2 local government areas in Enugu state (Enugu North and Aninri LGAs).

On 15th July 2019, CFHI held a meeting with the 6 partner Community Based Organisations (CBOs) to review the updated data tools and to agree on targets for the project.

For the month, CFHI together with the partner CBOs carried out third party monitoring and interviews to 1038 N-Power Beneficiaries, N-Teach = 994; and N-Health = 44. In 2019, Home Grown School Feeding Programme (HGSFP) was launched in the state. A total of 77 public schools implementing the HGSFP were monitored under phase 2 of the N-SIP TPM in the state.

In Enugu state, the team interviewed a total of 101 N-Power beneficiaries, but were unable to conduct interview of any beneficiary under the HGSFP as public schools were closed on the long-term vacation.

**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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