



Dear friends and family,

Welcome to another edition of our monthly newsletters.

Increased attacks by non-state armed groups against civilians in Nigeria, compounded by the effects of climate change, natural hazards, the pandemic and other disease outbreaks have plunged more Nigerians into further vulnerability. World Health Organization in March 2020 estimated that over 800,000 more people than the 7.1 million vulnerable people in 2019 are in dire need of life-saving aids in 2020.

Centre for Family Health Initiative (CFHI) continues to provide material and logistic assistance to the most vulnerable populations in rural communities with the help of funders and partners. The aim is to promote health and protect the wellbeing of families affected by these crisis. Read the article on “Tackling Humanitarian crisis in Rural Communities” for more understanding of the humanitarian crisis faced by mostly rural community dwellers in Nigeria and CFHI’s role in managing humanitarian crisis.

Enclosed in this publication are project reports of CFHI in the month of August. These

reports cover the following projects: Achieving Control of HIV/AIDS Epidemic Through Evidence (ACHIEVE) Orphans and Vulnerable Children (OVC) project report; Global Action towards HIV Epidemic Control in Sub-national units in Nigeria (4GATES) Orphan and Vulnerable Children (OVC) project report; and Improving Maternal and Child Health Through Capacity Building and Community Awareness Approach in Imo State Project (CCAP).

Do have a pleasant reading.

Kind regards,

Princess Osita-Oleribe

Co-Founder, CFHI.

TACKLING HUMANITARIAN CRISIS IN RURAL COMMUNITIES



Countries, regions, communities and villages in many parts of the world have experienced or are experiencing events affecting the health, well-being and safety of its citizens. United Nations High Commission for Refugees (UNHCR) affirms that at least 79.5 million people around the world have been forced to flee their homes due to insecurities, wars and natural disasters. It also states that among the 26 million refugees globally, about 13



million are under the age of 18.

Nigeria is confronted by multiple humanitarian crises. According to UNICEF Nigeria, the insurgency in North-East Nigeria continues to devastate the lives of civilians, affecting 7.7 million women, men and children who are in acute need of help and protection. The report states that since the start of the conflict in 2009, more than 20,000 people have been killed, more than 4,000 abducted and 1.7 million people remain displaced. The militancy in Niger Delta region of Nigeria and the increasing hostility between herdsmen and community farmers in Nige-

Ria contributes to the security challenges in the country. World Health Organization in March 2020 also estimated that 7.9 million people are in dire need of life-saving aids in 2020.

The sources of these crises, spring up from a number of factors. The world is dominated by humans and human activities affect the environment positively or negatively. Crisis emanating from human errors, negligence, ignorance, deliberate acts and even inactions play significant roles in generating man-made humanitarian crisis. Also, disease outbreaks from water and soil pollution may occur in rural communities because of lack of proper drainage systems. The overflowing water can contaminate water sources and form stagnant pools that breed disease vectors, leading to mass morbidity and mortality in the regions.

Some of the world's natural processes stimulate disasters that can destroy the very existence of its inhabitants, damage properties and cause environmental disruption. These disasters occur purely without human interference. Natural disasters are plagues, floods, cyclones, storms, tsunamis, floods, avalanches, droughts, earthquakes, volcanic eruptions, hurricanes, landslides, and tornadoes. Flood is the most common natural disaster found in Nigeria. 2012 Nigeria floods were reported by National Emergency Management Agency (NEMA) to have killed 363 people and displaced over 2.1 million people by November 5, 2012. The flood affected 30 of Nigeria's 36 states and was termed the worst in the last 40 years.

No place is entirely safe from humanitarian crisis, but rural areas seem to suffer a higher level of vulnerability to man-made and natural disasters. The poorest and most vulnerable in rural settlements cannot afford housing in habitable areas and are forced to live in locations prone to humanitarian crisis. **Continues on page 3**

CENTRE FOR FAMILY HEALTH INITIATIVE (CFHI) ON MANAGING HUMANITARIAN CRISIS

Centre for family Health Initiative saddled with the responsibility of protecting lives and improving the well-being of families has over the years worked in several communities across Nigeria to alleviate vulnerable populations from vulnerability. CFHI continues to provide child protection through Child Protection Committee, promote good nutrition through Home Feeding Programs, provide educational interventions especially



the female children through Orphans and Vulnerable Children projects, provide vocational training and starter packs for out of school adolescents, provide access to clean water, sanitation and hygiene by building boreholes in schools with no access to clean water, support health facilities and set up outreach

sites during the commemoration of United Nations special days, and many more.

In the month of August 2020, CFHI trained 100 adolescent (50 in-school and 50 out of school) in vocational and skills acquisition program. Starter packs were distributed upon completion of the training. Also, schools were provided with a borehole, two 4.5 KVA generator, teaching materials, and renovated a Basic Science Laboratory. More details can be found in the project reports.

... TACKLING HUMANITARIAN CRISIS IN RURAL COMMUNITIES

Some of these vulnerable populations live on hills, mountains, valleys, in caves, poorly erected tents, landfill sites, and in sub-standard houses that can easily be swayed by gale-force winds. Inhabitants of rural areas are usually less prepared for natural disasters even with the awareness that it may occur because of financial constraints. Relocating to more habitable areas, getting insurance for natural disasters, or strengthening the structure of the housing to withstand some natural disasters may be too expensive to afford. Hence, are left with no option but to resort to fate.

Through skill acquisition programmes, good security, legal awareness, improved food education and provision, and access to basic amenities such as electricity, clean water, good roads and infrastructures in all parts of the country, humanitarian crisis may be mitigated. Well planned affordable housing unit should be created and made available to the masses. Incentives should be provided regularly to low or no income earners in rural areas to enable them meet their basic needs, including health, housing, educational, nutritional, socioeconomic, and security needs. Also, more drainage systems should be built in rural areas and maintained properly to minimize the effects of natural disasters like floods.

PROJECT REPORTS

ACHIEVING CONTROL OF HIV/AIDS EPIDEMIC THROUGH EVIDENCE (ACHIEVE) ORPHANS AND VULNERABLE CHILDREN (OVC) REPORT



Presentation of Starter Packs to Participants of Skill Acquisition Training

Centre for Family Health Initiative Orphans and Vulnerable Children (OVC) team in August facilitated strategic meetings and review meetings to aid the timely accomplishment of the month's objectives.

The two major milestones accomplished in the reporting month are the commissioning of educational block grant and provision of start-up kits to one hundred (100) adolescent enrolled into the vocational/skills acquisition programs.

Projects implemented and commissioned through the educational block grant in the month of August include the renovation of a block of two classrooms at Local Government Education Authority (LEA) primary school Kunyamin, the drilling of portable water borehole at LEA primary school Sabon-Lugbe, provision of eight (8) teachers' desks and chairs, 4.5 KVA generator, ten (10) white boards, ten (10) dusters and a pack of marker to LEA primary school Waru, provision of two (2) computer desktops and two (2) UPS to Junior secondary school Karmo Tsoho and renovation of a Basic Science Laboratory at Junior secondary school Gosa.

A total of five thousand nine hundred and fifty six (5,956) beneficiaries across assigned communities were

provided care, twenty six (26) reactive vulnerable children and households were enrolled into OVC program, and three households comprising of 12 beneficiaries were graduated from care. Also, to reduce the economic vulnerability of teenage youths in rural communities in Abuja Municipal Area Council, 10 Sewing machines, 60 tailor's beginner tool kits, 18 hair dryers, 18 hair stretcher, 2 clippers, 1 aluminium casting work tools, 1 catering kit, 1 tiling tool kit, 2 mechanic tools kits, 1 phone repair tool kit, 1 welding tool kit, and 2 electrical tool kit were given to participants of the vocational and skills acquisition program upon completion.

The Quarter three (3) review meeting had participants across all Institute of Human Virology (IHVN) stakeholders including Community Based Organizations (CBOs), representatives from health facilities, and representatives of Government of Nigeria.



The Renovation of a Basic Science Laboratory at JSS Gosa

IMPROVING MATERNAL AND CHILD HEALTH THROUGH CAPACITY BUILDING AND COMMUNITY AWARENESS APPROACH IN IMO STATE PROJECT (CCAP) REPORT

The second phase of the CCAP training for Traditional Birth Attendants (TBAs) commenced in Okigwe senatorial zone. Preparations started in earnest as the team contacted and sent out invitations to the participants, contacted the facilitators, and ensured other logistics were put in place for the training.

Just like the first phase of CCAP training in Orlu Senatorial zone, the TBAs were educated on the roles of TBAs and ways to handle the limitations.



Traditional Birth Attendants (TBAs) Training in Okigwe senatorial zone

The TBAs were enlightened on the danger signs of pregnancy for mother and newborn and emphasis was made on history taking of pregnant women, early referral of women who have been identified to be at risk to the hospital and the importance of good documentation. The TBAs were advised to adopt the modern maternal health care practices rather than the obsolete.

Aside sensitizing the TBAs to the importance of ante natal services, good nutrition, and hygiene, they were taught the immunization schedule and encouraged to always make sure the babies who are delivered in their maternity are given immunization as at when due. They were advised to work with the primary health care centres located in their communities for better service delivery.

One of the highlights of the TBA training was the formation of a TBA association in Okigwe for traditional birth attendants, as these participants showed interest in having an association that would bring them together. Executives were elected amongst them and were inaugurated.



Traditional Birth Attendants (TBAs) Training in Okigwe senatorial zone

**GLOBAL ACTION TOWARDS
HIV EPIDEMIC CONTROL IN
SUB-NATIONAL UNITS IN NI-
GERIA (4GATES) ORPHANS
AND VULNERABLE CHILDREN
(OVC) PROJECT REPORT**



Child Protection Committee (CPC) and Community Quality Improvement Team (CQIT) stakeholders' meeting in Owerri

In August 2020, the 4GATES project activities began with stepdown training for Community Volunteers on Household Economic Strengthening (HES). It was a five-days training that started on 3rd and ended on the 7th of August 2020. The training took place at Urban Development Secondary School, World Bank New, Owerri with the aim of reducing the economic vulnerability of families and empower them to provide for the crucial needs of the children under their care. The training was organized to upgrade the knowledge and skills of community volunteers in providing the needed services within the communities they manage.

The team successfully facilitated the registration and issuance of birth certificates to one thousand, four hundred and seventy three (1,473) Vulnerable Children, coordinated inauguration of Caregiver forums and Nworieubi in Owerri West and Mbaitoli local government areas. At Nekede, 15 caregivers were sensitized to effective parenting skills during the Care-

givers Forum, 12 adolescents participated in Adolescents' Forum with capacity building on life skills, and the second caregivers' forum which held at Nworieubi, had a total of 21 caregivers in attendance with capacity building on parenting skills. Also, the team facilitated home gardening session for caregivers in Umualum-Nekede community with fifteen (15) caregivers benefiting from training on home gardening practices, and how to grow local food and vegetables with

very high nutrition.

Through home visitations and counselling in the month of August, two (2) beneficiaries who discovered to be stigmatized in the community. The team provided psychosocial support, and both beneficiaries were able to understand how to live with their status, reconcile with their families, deal with disclosure to their spouses and improve adherence.

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:

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