

# ORPHANS AND VULNERABLE CHILDREN (OVC) PROGRAM

## Implementing Partners Semi-Annual Narrative Reporting Template

Quarter 3 & 4, Year 2019: April 1, 2019 – September 30, 2019

**Submission Date:** 5<sup>th</sup> October, 2019

**Implementing Partner:** Widows and Orphans Empowerment Organisation (WEWE)

**CoAg Number:** ????????

**Project Year:** 3

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## **LIST OF ACRONYMS**

Centers for Disease Control and Prevention (CDC)

Federal Ministry of Health (FMOH)

Federal Ministry of Women Affairs and Social Development (FMWASD)

Institute of Human Virology Nigeria (IHVN)

National OVC management Information Systems (NOMIS)

Orphans and Vulnerable Children (OVC)

United States Presidents Emergency Plan for AIDS Relief (PEPFAR)

Widows and Orphans Empowerment Organisation (WEWE)

Victorian Clarion Foundation (VICLAF)

Support for Mankind Development Initiative

Hope and Care Foundation

Rhema Care Integrated

Lifetime Care Foundation

Rivers State Agency for Control of AIDS (RIVSACA)

Rivers State Ministry of Social Welfare and Rehabilitation (RMSWR)

Rivers State Primary Health Care Management Board (RBHCMB)

**DETAILS OF SUB-CONTRACTED COMMUNITY BASED ORGANIZATIONS (CBOS)**

<b>S/No.</b>	<b>Name of CBO</b>	<b>State / LGA of Implementation</b>	<b>Reporting FY Target</b>	<b>Achv. at reporting period (OVC_SERV)</b>
<b>1</b>	ELEME WEWE DIRECT	ELEME	<b>4325</b>	5985
<b>2</b>	ELEME WEWE DIRECT	OKIRIKA	<b>156</b>	162
<b>3</b>	PHALGA WEWE DIRECT	PORTHARCOURT	<b>6529</b>	6747
<b>4</b>	VICLAF	PORTHARCOURT	<b>4001</b>	3996
<b>5</b>	VICLAF	OBIO/AKPOR	<b>2372</b>	2404
<b>6</b>	SUPPORT FOR MANKIND	PORTHARCOURT	<b>12494</b>	12872
<b>7</b>	HOPE AND CARE	PORTHARCOURT	<b>16616</b>	15707
<b>8</b>	LIFETIME	ELEME	<b>10173</b>	9148
<b>9</b>	RHEMA CARE	OKIRIKA	<b>249</b>	231
<b>10</b>	RHEMA CARE	OBIO/AKPOR	<b>15468</b>	12907
<b>11</b>	OBIO/AKPOR WEWE DIRECT	OBIO/AKPOR	<b>3338</b>	3030
<b>12</b>	<b>TOTAL</b>		<b>75721</b>	<b>73189</b>

## NARRATIVE REPORTING OUTLINE

(Kindly provide LGA-level semi-annual narrative status updates on thematic areas line items below as applicable)

### 1. Program Description / Introduction

Widows and Orphans Empowerment Organization (WEWE) is currently a sub-implementing partner for IHVN ARCHIVE project in Rivers State with focus in Port Harcourt, Obio/Akpor, Eleme and Okrika Local Government Areas (LGA) of the state. WEWE has engaged all the communities in the 4 LGAs to provide technical and support services to children and adults infected and affected by HIV/AIDS, exposed adolescents and children of key population particularly, children of Female Sex Workers (FSW).

Services provided fell within the OVC 7 services based on needs as carefully planned for using the Care plan with the aim of making households to be Healthy, Schooled, Safe and Stable. The communities received series of sensitization in the areas of HIV/STI awareness, gender norms, child protection issues, financial education etc.

WEWE in the last 2 quarters has scaled up enrolment of HIV positive beneficiaries into OVC program and graduating responsibly households that has attained resilient having received services from the previous (LOPIN 2) project.

### 2. Activity Implementation Progress (towards achievement of numerical and service delivery targets)

**OVC SERV** (# of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV, disaggregated by sub-population, age, sex)

Services were provided to transitioned beneficiaries as well as the newly enrolled with the aim of improving their wellbeing with integrated quality care, protection and support services. These services were provided largely via home visits, referral, club activities (e.g. Adolescent and Kids clubs). Support were given to beneficiaries living with HIV to access ART and other clinical services, beneficiaries were escorted to facilities to access required treatment this was in furtherance to achieving vision 95:95:95. A total of **73,189** (Male 28,303, Female 44,886) beneficiaries received at least one direct service or through referral within the reporting period.

**OVC HIV STAT** (# of OVC (<18) that the Care givers know their HIV Status)

In line with the 95-95-95, enrolled beneficiaries are categorized into negative, positive and unknown. The table below shows the HIV status of beneficiaries.

Negative		unknown		Positive		Total OVC_HIVSTAT
Male	Female	Male	Female	Male	Female	
23,597	25,030	2237	2333	102	141	<b>53440</b>

**OVC\_ENROLLED** (# of beneficiaries (OVC, caregivers, or parents) who are enrolled (newly or re-enrolled) into the program and received services within the reporting period)

In collaboration with health facilities, LACA, and support group leaders enrolment were carried out based using the CDC target streams, within the period under review. A total of 186 (M: 69 F: 117) beneficiaries were enrolled.

**OVC\_HIVRISKASS** (# OVC (<18) with negative or unknown HIV status risk assessed using an HIV risk assessment tool)

A total of 1324 (M: 627 F: 697) were assessed using HIV risk assessment tool. The breakdown of the risk assessment is given in the table below.

Number of OVC with Unknown or Negative HIV status			Number of Risk Assessment		
Male	Female	Total	Male	Female	
23405	24840	48245	627	697	1324

**OVC\_PROTECT** # (OVC <18 with a demonstrated and/or documented case of violence, exploitation, neglect or abuse that have been successfully linked to a Government of Nigeria Social Welfare and other post-violence and child protection services)

Seventeen (M: 6 F: 11) cases of sexual and physical abuse were identified within the reporting period. The rape survivors were referred to MSF for PEP and other post-rape services and cases reported to Social Welfare. The physical abused with injuries were referred to Health facilities for treatment of injury.

**OVC\_HTSLINK** (# OVC (<18 years old) with unknown/undisclosed HIV status or previously documented HIV-negative status referred for HIV testing services who got tested and received their test results).

A total of 1324 children with HIV negative or unknown status after HIV risk assessment were referred for HTS, a total of 447 (M: 243 F: 204) were tested and result received.

**OVC\_TXLINK** (# of OVC (<18 years old) newly tested HIV-positive OVC successfully linked to treatment)

A total of 69 (M: 28 F: 41) children tested positive having being referred for HTS.

**OVC\_ART\_SUPP** (# of HIV+ OVC on treatment self-reporting adherence to treatment for the last six months within the reporting period)

57 (M: 24 F: 33) CLHIV adhered to treatment during the reporting period. The beneficiaries received medication and other clinical appointments as scheduled.

**OVC\_NUTRITION** (# of malnourished OVC provided with and/or linked to appropriate Nutrition services (disaggregated by Type: Clinical; Counseling; others)

Nutritional status of children were assessed to identify the nutritional needs of these children. All the positive children <5 were assessed using MUAC. A total of 243 CLHIV were assessed out of which 16 were malnourished. Nutritional supplement was given to them as well as adherence counselling and health education for their caregivers to help improve their nutritional status. Food demonstration, referral for and/or provision of therapeutic food for undernourished OVC. As part of plan to empower the caregivers through food demonstration training using the caregiver forum platform, they are trained on custard preparation using locally available products around them, TOMBROWN, a nutritional drink for malnourished VC made also from locally produce.

**OVC\_BIRTHCERT** (# of OVC (<18) with a birth certificate.)

In collaboration with NPOPC units at the LGAs, children without birth certificates were provided with birth certificates. A total of 12561 (M: 6100 F: 6461) children currently have birth certificates.

**OVC\_EDU** (# of school age OVC (aged 5-17 years) enrolled in the OVC program within the reporting period who are regularly attending school or vocational training)

Education assessment was conducted for children of school age who are in school. Also, progression from one class to another was also monitored. A total of 9212 (M: 4504, F: 4708) were assessed using the educational performance assessment tool out of the 9213 enrolled in the program.

**OVC\_HIVPREV** (# of OVC (aged 10-17) that received adolescent HIV prevention and/or sexual reproductive health services)

Adolescent (boys and girls) and young women were provided with HIV/STI prevention and Sexual and Reproductive messages during home visits and cohort adolescent meetings. A total of 18905 (M: 8829 F: 10076) were reached and completed the 6 minimum sessions within the period under review.

**OVC\_ECON** (# of active beneficiary HHs that have access to money to pay for unexpected household expenses, school fees and other important expenses [ESI])

**OVC\_HHGRAD** (# of active beneficiary HHs that achieved full resilience and stability status, and graduated in line with the national graduation benchmark)

Beneficiaries who had attended resilient and affirmed by assessment using graduation tools were graduated. A total of 22,297 children and 13,483 households were graduated. The beneficiaries' folders were updated with case closures and stored in a safe cabinet. Contacts of the community volunteers and Community Improvement Team members were given to the families to reach out when the need arises.

Also, a total of 4422 (M: 1808 F: 2614) beneficiaries served within the period exited the project without graduation. This was due to relocation and children attaining the age of 18 thereby aging out of the project age considerations.

3. LGA-level Implementation Status (include numbers/figures as applicable)

**WEWE/IHVN familiarization visit to Eleme, Obio/Akpor, Port Harcourt Local Government Areas**

WEWE facilitated familiarization meeting between Institute of Human Virology, Nigeria (IHVN) and Local Government Area stakeholders of the 4 LGAs LOPIN 1 and 2 projects were implemented 9<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> April, 2019. The essence of the meeting was to introduce Institute of Human Virology, Nigeria to stakeholders in Local Government Areas. The stakeholders present at the meeting included Head of LGA, Supervisory Councilors, LACA members, National Population Commission, Primary Health Centre Officers –in –charge, Nutrition Officer, Security agencies, Social Welfare, M&E Unit, Community stakeholders, Universal Basic Education Board. Community representatives testified to the



Figure 1: A cross section of participants during the LGAs familiarization visit

impact of the project in their communities. One of the Lessons learnt during the visit is that a broader technical working group meeting is indispensable and as often as possible for effective partnerships

**Outcome:** LGA stakeholders gave their support towards the project and prayed for utmost involvement and inclusion in the project design and implementation.

3.1. . **Strategic Objective 1: To promote Optimal Health of Vulnerable Children and their Households (Linkage Coordination, Health and Nutrition Services)**

3.1.1. Linkage Coordination: Optimization of target streams (ART, PMTCT, Key Population, HTS etc.) for identification and enrolment of eligible beneficiaries

WEWE teams and CBOs were assigned health facilities across the 4 LGAs to carry out within the reporting period. Collaboration was established with health facilities, support groups, key population, to enroll a total number of 186 (M: 69 F: 117) beneficiaries into the ACHIEVE surge Project. The enrolment was done within the ambit of the CDC target streams.

3.1.1.1. Direct Linkage Coordination with Facility Entry Points/Focal Persons; ART, PMTCT/EID, HTS etc. ((HIV-exposed infants, HIV infected and affected children and adolescents)

As part of its strategy to achieve enrolment target, WEWE assigned every Health facility providing comprehensive HIV/AIDS services to Health Linkage and Referral Officer who coordinated enrolment and follow-up of HIV positive clients from the facility into the OVC program. The HL&R officers were also to track and follow-up these beneficiaries to introduce the program other family members.

Escort services to enrolled beneficiaries on drug refill, viral load test and treatment of minor illness were conducted in critical/emergency cases and on need. Referral of clients to facilities for uptake of HTS was intensified across all project sites.

3.1.1.2. Collaboration with support groups and mentor mothers for identification and enrolment of eligible beneficiaries (HIV-exposed infants, HIV infected and affected children and adolescents)

Support group leaders were engaged in the enrolment of members into the OVC program. Members were visited at home and the ACHIEVE project introduced to them and with their consent were enrolled, similarly, tracking of lost to follow-up clients at the facilities was also involved, hence, a total of 29 (6VC and 23 Caregivers) declared Loss to Follow Up at the facility were tracked and re-enrolled back into care. Targeted HIV/AIDS testing where conducted (with the help of Community Testers of health facilities) to provide PNS and index testing for sexual partners of HIV positive beneficiaries whose status is unknown and positive beneficiaries with children less than age 5 who hasn't been tested for HIV before. This strategy has yielded efforts as new cases where identified and linked to care. Antenatal appointments for pregnant women were also used to provide PICT where HIV test was mandatorily carried out for pregnant women.

3.1.1.3. Collaboration with Key Population programs for identification and enrolment of eligible beneficiaries (children of Key Population)

In collaboration with DAIDEM Consult, Female Sex Workers their children were identified and enrolled (brothel and non-brothel based) into the project. The interface were initiated at the various hotspots and homes to make known the objectives of the program to the beneficiaries. A total of 51 FSWs were enrolled, after risk assessing the children and referred for HTS 6 children tested positive to HIV and were linked to care.

3.1.1.4. Collaboration with community streams for identification and enrolment of other eligible beneficiaries (high risk adolescents, children and adolescents who experience abuse/violence and in need of child protection services)

To reduce the disproportionate level of new HIV infection amongst adolescent girls and boys in our target area owing to lack of sexual and reproductive health education, poor life skills, absence of mentorship, livelihood skills, harmful gender norms and gender-based violence; the implementing agencies organized programs and activities that educated the adolescents using various media such as home visits and club activities on the following topics; sexuality and HIV/AIDS, life skill, sexually transmitted disease, drug and alcohol abuse, HIV/AIDs basic, importance of formal education/vocational skill, career counseling etc. The small-sized group (minimum 10 maximum 20) of adolescent girls and young women were formed across each community to provide safe space for the members and build residence and improved knowledge of HIV/STI issues.

3.1.2. HIV risk assessment for OVC with unknown HIV-status or HIV-negative

HIV risk assessment was administered to HIV negative and children with unknown HIV status. The aim was to assess the child's level of predisposition to HIV due to factors such as involvement in risky behaviour or possible transmission from mother to child (TMTc). A total of 1324 (M: 627 F: 697) negative and/or unknown children were assessed within the reporting period.

3.1.3. Provision of HTS for OVC at the CBO or by linkage to health facilities

During tracking and follow-up of households, partners and children of HIV positive beneficiaries who are yet to know their HIV status was linked to health facilities for HTS. This was made possible by intensive counseling on disclosure and its numerous benefits. Though many are still refusing disclosure efforts are still put-in to create behavioural change.

3.1.4. Knowledge of and documentation of updated HIV status of all OVC in the program

Within this reporting period, 243 (M102,F141) OVC are positive, 48,627 (M23,597,F25,030) are negative while 4,570 (M102,F141) are unknown. Targeted risk assessment has also been conducted for 1,234 of the unknown OVC. They were referred for HTS. All these activities were carefully captured in the OVC and caregivers' service forms with test results documented in the beneficiaries' case folders.

3.1.5. Linkage to care and treatment services for identified CLHIV

All the positive children identified were successfully linked to health facilities and initiated into ART. Community volunteers were attached to the households to monitor adherence and conduct escort services for drug refill and viral load test where necessary. Nutritional supplement (Action meal) was given to the positive children to boost their nutritional status especially the malnourished ones. Caregivers of the positive OVC were educated on nutrition and health for proper management of their children's health and overall wellbeing. For income sustainability, they were encouraged to join Village Savings and Loan Association and some were supported to improve on their business.

3.1.6. Provision of community-level adherence support for OVC and caregivers

Support group meetings were supported with adequate technical personnel who share correct and consistent information with members of the support group. Beneficiaries received adherence counseling during home visits and share side effects and other health challenges or improvements with the case manager. Furthermore, escort services are provided for children and families who live far from the facilities to assist their adherence and meet up with other clinical appointments.

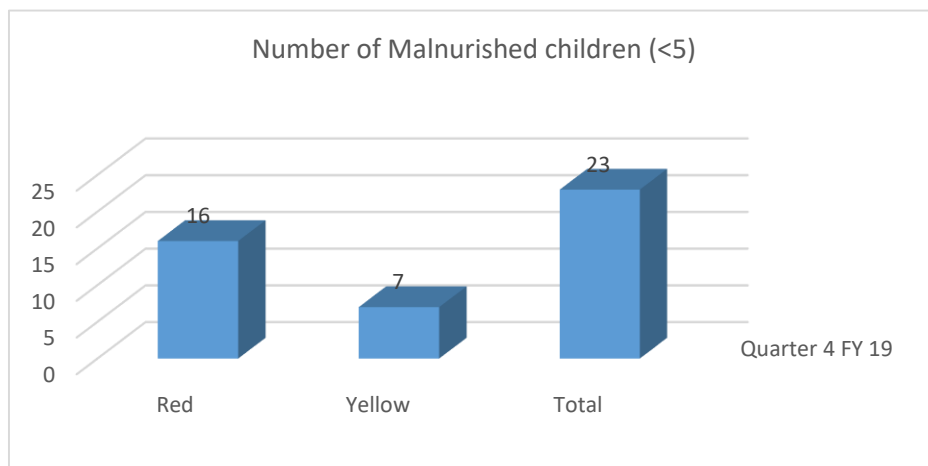
3.1.7. Linkage to other community- and facility-based health services for OVC

### 3.1.8. Growth monitoring and nutrition assessment for OVC

A total of 191 (M: 88, F: 103) children below 5 years were assessed using the MUAC assessment tool. Of the total assessed, 7 (M: 2, F: 5) VC had symptoms of micronutrient malnutrition with YELLOW while 16 were severely malnourished RED and 19 (M: 10, F: 9) are moderately nourished GREEN.



Figure 2: A child being assessed using MUAC.



### 3.1.9. Linkage to other community and health facility nutrition services for undernourished OVC

The caregivers of the children that were slightly (yellow) and severely (Red) malnourished were provided nutrition counselling and supplement (action meal) the malnourished VC were referred to MPHC Rumukurusi and BMH respectively for nutrition services and were also provided with action meal. Follow-up report after 3 weeks shows great improvement with the MUAC assessment showing Green and Yellow respectively. **OUTCOME:** After nutrition counselling, all the malnourished VC were referred to relevant government ministry and nearest PHC for nutrition services. They were also provided with action meal. Follow-up report after 3 weeks shows that 2 of that all VC scoring **YELLOW** has normalized to **GREEN** while the VC severely malnourished improved to **YELLOW**. Further follow-up on the 30<sup>th</sup> of August, 2019 shows 5 out of the 16 malnourished children has normalized to **GREEN**. Monitoring is on-going to ensure the remaining 11 graduates to green by next reporting period



Figure 3: A malnourished HIV + child.

### 3.1.10. Food demonstration, training on infant and young child feeding practices, referral for and/or provision of therapeutic food for undernourished OVC.

Nutrition is important to aspect of care or need for people living with HIV/AIDS, hence the need to intensify efforts to promoting healthy living and response in addressing malnutrition in the communities. WEWE through its implementing agencies conducted and monitored implementation of facilitated food demonstration across project communities. The food demonstration concentrated on production of tom-brown (a complementary feeding product that boost nutritional state of children). Tom-brown is produced using grains (millet, guinea corn, corn) Crayfish, soybeans and groundnut. Caregivers were taught how to prepare the delicacy for the healthy consumption among people in the households. The essence of the activity was to maximize the use of locally available food items in the community for a healthy living. OVC Desk Officer, Ministry of Social Welfare and Rehabilitation together with WEWE Rivers State Improvement Coordinator and other program team members monitored the activity. A total of 67 (M: 9, F: 58) attended the food demonstrations.



Figure 4: The recovering of the malnourished child.

3.1.11. HIV prevention, risk reduction, sexual reproductive health services, life skills and empowerment interventions for adolescents

HIV prevention services were provided using cohort adolescent platforms. The provided with HIV prevention and sexual reproductive health messages life skills and recreation. The capacity building for adolescents through this platform will aid in reduction of HIV incident increase among adolescents, contracting STIs, early/teenage pregnancy. A total of 18905 (M: 8829 F: 10076) were reached with using this platform.



Figure 5: A cross section of adolescents during role play

**Skill Acquisition Training:** Project team conducted rapid monitoring and evaluation for our adolescents

on skill acquisition within the reporting period. Those monitored were on various skill acquisition activities. They were 10 (m=5, f=5) on computer training for four (4) months; 7 male on electrical for one year while 6 (f=4, m=2) adolescents are on sachet and bottle water productions for six (6) months. It is noteworthy that those on sachet and bottle water productions receive N5000 monthly transport allowance from the owner of the company. All the skill acquisition started in the month of March 2019. Those on computer training are expected to graduate with certificates in the month of July, 2019. Eleme WEWE Direct is monitoring these individuals to ensure that opportunity provided is adequately utilized.



Fig 6: Program Manager assessing the adolescents during monitoring visit

3.2. **Strategic Objective 2: To promote Safe Environment for Children and their Households (Child Protection, GBV and Legal Protection)**

3.2.1. Community Violence Against Children Prevention Interventions

Caregivers were educated on creating a safe environment for their children and the need to protect their children from all forms of abuses and violence. To enhance gender consciousness and sensitivity among beneficiaries and other community members. Gender norms were mainstreamed into all activity done in this reporting period. Based on the skills gained, they can now discuss gender related issues among their peers and community at large. Thus they have realized the consequences of some harmful traditional practices such as FGC, early marriage, lack of girl-child education, child labor and Wife battery and rape.

3.2.2. Identification and Response to Violence Against Children in the community

Linkage with relevant stakeholders to aid in response to cases of abuse particularly sexual abuse (rape) has been on the front-burner of the projects priority. Linkage is maintained with Community leaders, Social welfare, FIDA, Nigerian Police, and Doctor without Borders. Rape cases identified in the communities are referred immediately to Doctor without Borders for Post Exposure Prophylaxes to prevent case of HIV infection, emergency contraceptive, to avoid pregnancy. The case is further referred to Social welfare and security agency for legal actions and prosecution. While its challenging in most cases as some families refuse legal actions and prosecution. Hence, WEWE has over time ensured the rape survivor receives PEP and is duly reported to Social welfare unit. Within the reporting period, a case of a 17 cases of violence against children were identified. Those who were raped were referred to MEDECINS SANS FRONTIERES for post rape services. These cases has been reported to Social Welfare unit of Obio/Akpor, Okrika and Port Harcourt LGAs.

**PSS;** Eliogbolo volunteers conducted various games activities at the Palace of HRH. Eze Nwanwa to mark this year's Children's Day. The sessions were held by different facilitators for different age categories. Games such as Scrabble (for ages 10 and above) proved to be a veritable learning tool for adolescents to improve their vocabulary and communication skills. There were also building blocks for little kids below ages 6. Another impact of the Children's Day is the creation of awareness on the needs of a child, the importance of taking interest on adolescent matters with the view to assisting them. The game items which were carefully selected for both sexes are classified for cognitive perception, mental alertness, diction and physical fitness.

### 3.2.3. Community advocacy and mobilization to change harmful norms

Community advocacies and mobilization to push for behaviour change in communities that still observe harmful norms. Community leaders and stakeholders, parents and selected adolescent were engaged with the aim to discuss some of the gender issues evident in the communities. The community dialogue treated gender based violence and child protection issues such as wife battering, child abuse, rape, sexual health rights amongst others. This was to help engage both sexes at the same time and eliminate all forms of Gender Based Issues or violence. The pilot was organized in at least one community of the implementing agencies, a total of 37 (M: 14, F:23) attended.



*Fig 7: LCF advocacy team at Deeyor community with some members of the council of chiefs.*

### 3.2.4. Collaboration with government, social welfare and community structures on child protection activities

### 3.2.5. Community awareness creation on birth registration and certification for OVC.

Birth registration awareness was given to caregivers during home visits. Most parent put to birth in TBAs to that end are not duly informed about birth registration. Caregivers were encouraged to register in PHCs for antenatal when pregnant and should request for the birth certificates of their children before leaving the health centre after delivery.

### 3.2.6. Facilitation/provision of birth certificates for OVC.

WEWE worked with NPOPC units at the LGAs to provide children without birth certificates with birth certificates. A total of 12561 children have birth certificates after being registered within the reporting period.

### 3.2.7. Facilitation of Succession planning and Will Writing for beneficiary households (caregivers and OVC)

## 3.3. **Strategic Objective 3: To attain Household Stability, Resilience and Food Security (Household Economic Strengthening and Psychosocial Support)**

### 3.3.1. Financial management, planning, savings (VSLA) initiatives/interventions for caregivers and older OVC

Village Savings and Loans Association were formed across the project sites. The VSLAs are used as a hub to provide financial management and education. The group is primarily formed to encourage savings amongst women as women rarely have savings and any disaster in the life of the household bread winner the vulnerability status of the woman and children becomes high. As such, WEWE through CBOs and implementing agencies formed and trained 67 VLSAs with women occupying 98% of the groups' membership. The VSLAs have save one million and forty three thousand, six hundred and fifty eight naira (#1,043,658.00) only within the reporting period.

To ensure sustainability, 8 outstanding VSLAs were strengthened in record keeping and group governance and registered as cooperative society making them legal entities capable of operating thrift, loan, savings and cooperative farming in the various communities. When shared out, members will reinvest their savings in their business or start a new one. This further increases the family's access to income and reduce vulnerability as they can afford their basic needs.



Figure 8: Share out meeting of VSLA in Eleme

### 3.3.2.Linkage to and/or provision of vocational skills training for caregivers and older OVC

Adolescents undergoing vocational training were supervised to ascertain their level of seriousness and knowledge gained for far in the course of the training; 28 adolescents learning skills on electrification, tailoring, and ICT were supervised and level of impact and knowledge gained is satisfactory. Collaboration meetings with vocational centers/artisans owners to seek their collaboration in training out of school adolescents in their various vocation of their interest.

### 3.3.3.Linkage to and/or provision of microcredits, conditional and unconditional start up grants and materials for caregivers and older OVC

6 Village Savings and Loan Association were registered as cooperative society within the reporting period. This will help them access any government loans/grants to improve their businesses.

### 3.3.4.Monitoring of income generating activities (IGA) for caregivers and older OVC

All the VSLAs were provided with Income generating materials to increase their savings, 178 caregivers who were supported with business items to boost or initiate new business, were monitored. During monitoring visits to see how the funds were expended, the beneficiaries business are flourishing in their various businesses and recorded visible improvements.

### 3.3.5.Facilitating/supporting food security strategies (home gardens, community food banks etc).

### 3.3.6.Facilitation of parents/caregivers and family support forums (parenting education)

The total number of 229 (M: 13, F: 216) caregivers participated and completed the Better Parenting sessions. Caregivers forum were centered on better parenting, gender, financial management and business development, HIV prevention etc.

### 3.3.7.Facilitation of kids and adolescent club sessions

Kids club and adolescent clubs were held in groups based on age range. For kids it is divided into 2, 1-5 years and 6-9 years. Adolescents are divided into age range 10-13 and 14-17. During these sessions children learn poems and recite songs as well as carry out games that communicates life skills.

### 3.3.8.Facilitation of community caregiver/case worker support for treatment adherence (especially for caregivers)

### 3.3.9.Graduation of resilient and stabilized households in Scale up and Sustained Plus LGAs

WEWE through its implementing agencies graduated beneficiaries who had through services received developed resilience and are stable. Prior to graduation, every households were assessed using the standard graduation/care plan achievement tool to the households attained the graduation benchmark. Also, households and children who do not fall within the CDC target stream were graduated. A total of 43,774 (M: 17,255 F: 26519) beneficiaries exited the program via care plan achievement.

3.3.10. Graduation of stabilized households, transfer of beneficiaries and transition of CDC OVC program in Sustained Support LGAs

**3.4. Strategic Objective 4: To ensure Early Childhood Development and Basic Education and/or Vocational Skills Training for School-age Children (Education Support)**

3.4.1. Facilitation of early childhood development activities for caregivers and OVC

3.4.2. Facilitating the achievement of age-appropriate developmental milestones for OVC

3.4.3. Community advocacy and mobilization to reduce barriers to formal education uptake

3.4.4. Facilitation of enrolment and attendance of OVC in school

3.4.4.1. Block granting activities

3.4.4.2. Private Sector scholarships

3.4.4.3. Government education waivers

3.4.4.4. Other community efforts

3.4.5. Monitoring of performance and progression of OVC in school and/or vocational learning activities

Education Assessment was conducted for 201 (M: 100, F: 101) who are of school age and are attending school were assessed within the reporting period to ascertain their performance, regular attendance and progression. All VC accessed progressed to next class and attended regularly

3.4.6. Collaboration with school and PTA groups to promote safe, child-friendly, HIV/AIDS- and gender-sensitive learning environments.

WEWE held meetings with leadership of secondary schools with the aim of kick starting adolescent HIV prevention (peer education) program in schools. The schools received the idea and willingness to provide the required structure for the program.

3.4.7. Facilitation of the Transition of OVC (especially girls) from primary to secondary school

3.4.8. Facilitation/provision of vocational skills training for older out-of-school OVC

**4. Program Monitoring, Data Management and Reporting (provide narratives on activities completed to fulfil the below requirements)**

4.1. Site assessment of CBO service delivery (SIMS-like)

4.2. Data Quality Assessment (DQA) of OVC program

4.3. IP-level data management and validation

***Joint Household Verification***

A randomized list of the households was generated by IHVN and WEWE team and used to carry out actual household verification. Representatives of ARFH were not available for all joint activities. The verification exercise was done in two phases; CBO level verification done to validate transitioned numbers and community household verification to ascertain existence of supported household. The verification was executed by community volunteers and CBO staffs from both organizations supervised by IHVN staff to ensure transparency and accuracy. Volunteers and CBO staff were trained on the use of coversheets which is a one pager summary of household composition. The community volunteers responsible for households randomly selected, led a team with an IP representative to the community where households are situated. At each household, the CBO staff validated details on the coversheet which included, among others, the name of household head, caregiver age, sex, HIV status (caregivers and children) etc. Caregivers were asked to confirm that they were beneficiaries of the project and had received interventions at least in the last 3 months. See tables below summarizing household verification outcome.

4.4. CBO and/or IP Monthly reporting to Government of Nigeria

4.5. Quarterly and Semi-annual reporting to CDC/PEPFAR

**5. Social Welfare Systems Strengthening**

5.1. Training, refresher trainings, mentoring, technical assistance etc. to CBO staff and community volunteers on PEPFAR and national OVC program implementation guidelines/standards, as well as social welfare support

5.2. Training, refresher trainings, mentoring, technical assistance etc. to CBO staff on financial and records management

5.3. Training, refresher trainings, mentoring, technical assistance etc. to CBO staff on OVC program data management, reporting and use.

## 6. Sustainability Planning

6.1. Stakeholders Participation and Involvement (e.g. government staff coming along during SIMS visits, routine engagements and meetings with government stakeholders)

### **Familiarization Meeting between WEWE, IHVN and Rivers State Key Stakeholders at SASCP Office Ministry of Health on 8<sup>th</sup> April, 2019 for Transitioning from USAID to CDC**

Following the process for transition from USAID to CDC, a joint visit with WEWE and IHVN was conducted across all the four USIAD implementing LGAs, Rivers State Ministry of Health and Ministry of Social Welfare and Rehabilitation to update them on the new development. The visit took place from 8<sup>th</sup> – 10<sup>th</sup> April, 2019. Participants cuts across; Line Ministries, The LGA Chairmen, Head of LGAs, Supervisory Councilors, LACA, PHC officers, Nutrition Officer, Federal Road Safety Commission, Social Welfare, M&E Unit, Community stakeholders, Universal Basic Education Board, UNICEF etc.. Outcome: 112 (M46, F 66) key stakeholders had improved knowledge on program directive from the donor (USAID), necessitating early LOPIN 2 project transitioning to IHVN in Rivers State. Service provision should not be interrupted.



*Fig 9: Cross-section of participants during transition meeting*

### **Mapping of IHVN Facilities:**

A facility mapping meeting was conducted on May, 2019 at WEWE Port-Harcourt field office in the presence of 19 (F12,M7) participants representing five Community Base Organizations and Three WEWE Direct teams inherited by IHVN who were asked to continue service provision. They includes: **Support for Mankind Development Initiative, Life Time Caring International Foundation Community, Rhema Care Integrated Development Center, Hope and Care Foundation, Victorian Clarion Foundation, Obio/Akpor Direct Implementer, Port-Harcourt Direct Implementer and Eleme Direct Implementer.**

Outcome: 102 facilities were delineated to COBs presents for effective management of positive clients from the facilities as well as avoid double counting. (SMD 17, RC 14, HC 9, LC 17, VICLAF 10, OAWD 11, PHWD 13 and ELWD 11). CBOs were asked to develop Memorandum of Understanding which will be signed by the facility and the CBOs.

**Closeout and Pre-planning Meeting with Ministry of Social Welfare and Rehabilitation:** The meeting took place at Permanent Secretary's Office, in MSWR Office at State Secretariat Complex, Port-Harcourt on 5<sup>th</sup> September, 2019 with 6 (M4, F2) persons in attendance. The meeting was aimed at updating the ministry on IHVN closeout activities for FY19 and pre-planning activities for FY20. Outcome: Participants updated on closeout activities for FY19 and agreement reached on modalities for Request for Application and Work Planning for FY20.

**Community Volunteers and Staff monthly review meeting:** Community volunteers and staff review meeting were held across all WEWE project site. The meeting served as a focal point to intimate staff and community volunteers on the new directive and harness issues regarding implementation of our program activities. Furthermore, supportive supervision, mentorship,. Additionally, it creates room for learning as volunteers' share their experiences, challenges and ways to surmount them.

## Meeting to Review Applications which responded to the Request for Application (RFA) – OVC – 001 for

**ACHIEVE SURGE Project:** Eleven (Female 5, Male 6) Grant Evaluation Committee members sat between 18<sup>th</sup> through 24<sup>th</sup> September, 2019 to review submitted applications from CBOs, shortlist CBOs for oral interview, conduct interview for selected CBOs and select the best to implement FY20 ACHIEVE SURGE project. The committee was made up of representatives from WEWE, IHVN, RSMSWR and AONN. Out of the twenty one (21) CBOs that collected hard copy of the RFA from Ministry of Social Welfare and Rehabilitation (MSWR), 19 submitted the full RFA application. Out of the 19 that submitted the RFA, 8 were shortlisted for oral interview of which 6 were finally approved by the committee to implement the project for FY20.

Furthermore, a two days' work planning meeting was conducted for the 6 CBOs that were selected by the Grant Evaluation Committee. The meeting housed 31 participants at WEWE office between 25<sup>th</sup> and 26<sup>th</sup> September, 2019. Outcome: FY20 draft Budget developed by the 6 CBOs and the ministry for supervision. To open a whatsapp group for the GEC, WEWE to send a letter to the ministry attaching the CBOs geographical coverage areas and targets. WEWE to develop an MoU.



Figure 10: Cross section of ministry staff during RFA process

6.2. Community-, LGA- and/or State-level advocacy to government for increased commitment, coordination, ownership and financing of national OVC programs

**Technical Meeting with CDC Atlanta Delegates and OGAC:** The meetings which housed 55 (21 Females, 34Males) participants were conducted at Conference Hall, Golden Tuplip Hotel, Port-Harcourt on 4<sup>th</sup> September, 2019. The meeting was aimed at updating CDC on progress made so far by IHVN team in Rivers. An opening speech was made by Institute of Human Virology of Nigeria Deputy Chief of Party. This was followed by an introduction of participants. Presentation of progress report on Rivers ACHIEVE SURGE Project was made by IHVN Team Lead for Treatment in Rivers state. This was followed by question and answers session. Second presentation on Government Collaboration was presented by State AIDS and TB Response Control Program representative (SASCP). This was also followed by question and answer session.

In response, Dr Tedd (the Division Global Health Care & Treatment Branch Chief, CDC Atlanta) expressed their happiness on the progress made and advice that south-south should be conducting quarterly conference call meeting to share best practices. IHVN was however advised to focus more on getting the target rather than volume of people tested. Site visit was also conducted by CDC team to verify information presented by IHVN team. Site visit was scheduled for the next three days to affirm reported information.

6.3. Lessons Learned and the Way Forward

- Involvement of government stakeholders in project design, implementation and monitoring has proven to be the most effective way to own up and sustain a project.
- Home visit during tracking has proven to create trust and willingness to be open for discussion by positive caregivers. This has also increased access to drug refill and viral load test and adherence support. They expressed delight for the home visit being conducted to their homes and are always ready and willing to welcome staff and volunteers.
- Escort services is really bridging the gap in adherence as caregivers/OVC who are defaulting due to lack of transportation, can comfortably go for their drug refill or Viral Load test with ease.
- Action meal has been proven by caregivers as a quick booster to their children' s appetite and nutritional status. This came from a caregiver whose child barely eat, but since introduction of action meal to the child, he can now eat very well and there is a significant improvement in his body. Initial child' s weight was 13 but after a week, it increased to 17, having an added weight of 4.
- VSLA has proven to increased income of caregivers and ensure food security. Two WEWE VSLA groups carried out share out after a successful completion of first circle. 12 and 21 Members shared a total of N144,000.00 and N542,758.00 respectively.
- Using Public Private Partnership Model in communities to support Households.

## 7. **Planned Activities for Next Quarter (including upcoming events)**

Planned activities for quarter 1 FY20 (October-December, 2020.) includes:

- Conduct enrollment for FY20 target using CDC target stream
- Conduct DREAM like Adolescent Programming
- Continue HES assessment for caregivers & older VC and linkage for support
- Health sensitization for community members
- Identify and establish community role models as positive gender norm champions
- Routine Activities: Kids Club, VSLA, Caregivers Forum and Youth
- Continue tracking and escort services for positive beneficiaries
- Community Improvement Team Meetings
- Advocacies, Partnership, collaboration and Mobilization of resources for program support
- Mentorship, Supervision and Monitoring
- Program and M&E Review meetings
- Gender Norms and GBV intervention
- HIV prevention intervention integration
- Monitor empowered HHs
- Identification and assessment of households for graduation
- Graduation of households
- Link Older VC and Caregivers to Skill Acquisition centers.
- Monitoring of Village and Savings Contributions
- Bi-directional referral for community-facility services for enrolled beneficiaries
- Conduct Nutrition Education and Counseling to Caregivers on Food Production, Preparation, Utilization and Storage
- Sensitize Community Improvement Teams and community members on child abuse and exploitation in selected communities with high level of child sexual/physical abuse and exploitations
- Registration of VSLAs into co-operatives

## 8. **Challenges – Facility List and Enrolled on the Program**

**Non-Eligible clients on ART for Enrolment:** Majority of the clients receiving treatment from the facility are not eligible for enrolment into the OVC program; not meeting the target stream while majority are not residing in Rivers state.

**Inadequate cooperation from some facilities and lack of IT materials in some:** Some of the facilities such as MPHIC, Rumokurusi has are reluctant in generating their TX\_CURR list to aid enrolment. While CHC, Oyigbo do not have any supporting device such as laptop/computer to populate such list.

**Refusal to be visited by some of the positive client:** Due to increase in stigma and discrimination by relations and non-disclosure to their spouses/relations. The team will continue to interact with them during drug pick up and also refer them to HIV Intensive Adherence Unit in the facility for proper disclosure counseling.

## 9. **OVC Program Success Stories (with pictures if available/applicable)**

### **HOW I WISH I KNEW EARLIER**

Promise Mercy is a 33 years old mother of 1 in Edeoha community of Ahoada East Local Government of Rivers State.

The Centre for Disease Control funded Action to Control HIV Epidemic through Evidence Surge project Community Intervention category implemented by Widows and Orphans Empowerment Organization through Institute of Human Virology in Nigeria provides social services to Children and People Living with HIV in Rivers State.

Mrs. Promise tested positive to HIV during her first anti-natal visit to Model Primary Health Centre. She met the result with disbelief perhaps because of lack or ill information she had about HIV. She refused being initiated to ART using the reason she has to inform her husband as the buffer. The MPHIC ART focal person immediately alerted WEWE team of the case and provided the required information about the family.

WEWE team visited Promise Mercy's family to provide post-test and Adherence counseling, communicating the benefits of Antiretroviral Therapy to her and the family by extension. The family accepted to have the test for every member of the family. The family was referred to a nearby health facility to have HIV test.

The 2 years old son of Madam Mercy hadn't crawled or walked before with the baby after nutrition assessment returned mal-nourish. The family was provided with Action meal enriched cereal meal, tom-brown, vegetables and other food items to improve household feeding.

The 2 years old son tested positive to HIV alongside with the mother and due to the mal-nutrition was referred to Zonal Hospital, Ahoada for ART initiation and further assessment of the child's inability to walk. The child commenced ART and calcium rich medications were prescribed.

During the last visit, the young Ukela can crawl and stand with the help of an object or person also, he had gain reasonable weight with the flabby skin not visible anymore. In her mother words, I thought my son wouldn't walk, I was just ignorant. Thank God I went to ante-natal that day which was my first day. Seeing my son crawl and stand, I can't thank the funder of this project enough, they have saved my family from shame. Promise and Oguzor is discordant couple, he was counseled to support the wife and son's treatment.



#### “Selling off Chidubem became an Option”

Antinah Joy was enrolled under the Stream of Key Population (FSW). Joy and the Son Chidubem tested positive to HIV in August 2019 during tested testing in hotspots and was linked to a nearby Primary Health Centre for ART. She is sharing an apartment with a fellow sex worker who accommodated her for a period of 6 months.

**Her Case** – Joy was initially tested positive to HIV in September 2018 but due to lack of privacy in her accommodation, and not disclosing to her roommate, she wasn't adhering to the regimen thereby exposing the child to the virus.

**Economic Status:** Joy is currently without trade or formal employment, she previously had a table market (selling oranges, banana, pineapple, paw-paw) dealer during the day and engages clients for sex work at night before she became pregnant.

In her words, “all my money were spent during my pregnancy and at delivery of my baby” Her trauma began when she could no longer get help from anybody including the man who the father of her child, even her own rejected when she visited them with the baby.

Out of frustration, Joy wished to get her life back. She wants to go back to the street and make some money but the presence of Chidubem is a stigma and hindrance. It was on this ground that she wants the baby out of the way by every means.



Joy had contacted several persons that would have bought the baby but his HIV status has limited her from achieving her goal. At the facility, she was bargaining with an intending buyer at the sum of fifty thousand naira (N50, 000) before she was approached for enrolment into WEWE/IHVN ACHIEVE-SURGE Project.

With series of counselling, she accepted to keep the baby if only she can be assisted to set up her fruit business.

Presently, she has received services as psychosocial support, adherence counselling, nutrition counselling, nutrition supplement (action meal), etc.

Having completed her proposed business survey, the total sum of twenty five thousand naira only (N25, 000) is the total sum capital she needed to set up her business –

- a. Space Rent – N6,000 (@1000 per month x 6 months)
- b. Umbrella – 6,500
- c. Fruits – N12,500

Joy received support of *twenty five thousand naira only (N25, 000)* from Widows and Orphans Empowerment Organization (WEWE) to set up her fruit business.

With teary eyes, she said ‘if not for WEWE, I do not know what would have been of me and my baby’. She was taken through financial education and assisted to start her daily savings and records.



Joy’s shop after business support

### “Feeling loved is the epitome of success”

“If you have someone who cares about you, despite the problems you have, be it at school or home, you always get the courage to fight”. I had never believed this miracle would ever come my way with the burden of my family till this organization located us. This was the words of Jeff’s grandmother.

The burden of my grandson’s ill-health has been worrisome to me a grandmother of age 62. All the little profit I have made in my food stuff business all went to treat my child with whom life eventuality has made an orphan.

VICLAF a community based organization enrolled the family into the ACHIEVE project in July 2018. I accepted this program with doubt but since then the support Jeffrey and I have received in the area of health and information has been beyond my expectations.

Today my grandson is healing from the terrible rashes and scabies that overtook her entire skin, preventing him from going to school and sound sleep and concentration, it’s a miracle.

Jeffery who had dropped out of school for over a school year due to his failing health and lack of school fees was reenrolled in school and was referred to University of Port Harcourt Teaching Hospital for skin treatment. Jeffery was also provided with ART/adherence counseling.

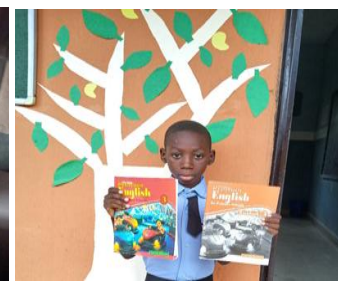
I thank each and every one who made this possible and I’m willing to testify this goodness of God anytime the program coordinators want me to speak. Thank God for he is the father of the fatherless, the overwhelmed Jeffrey with happiness said



Before



After



Child enrolled back to school

**“I dedicate my Joy and this baby to WEWE because they did not fail me”**

Ibeh Joy is a 22 year old, and tested HIV positive in August 2019. She hails from Ihiala Anambra state, but was encouraged by a friend to join her in Port Harcourt, Rivers State to pick up a sales girl job, the job she was denied because of her “smallish” stature. Since the Pup owner also run a brothel, popularly known as short time and Joy’s needs were raining without any aid she resorted to prostitution as the only option for survival.

On the average, she said she was earning a total sum of three thousand five hundred naira only (N3,500) on a daily basis which she used in taking care of herself; feeding, clothing, medications, paying up her accommodation which amounts to two thousand five hundred naira (N2,500) daily.

Uninformed as she was, HIV prevention measures completely eluded her as she lacked proper guidance on protective measures, thereby leading her to contracting HIV and also got pregnant.

Having stopped the sex work, Joy had accommodation issues, she sneaks into an uncompleted batcher at Ama Hausa (Hausa Quarters), Odani Elemenwo Obio/Akpor LGA at night to sleep and leaves the compound very early every morning. Previously, Joy was accommodated by a married woman who has not given birth on the agreement that she will take care of her during the period of pregnancy and delivery but, will take the baby after delivery. The deal was canceled when Joy tested HIV positive on the 28<sup>th</sup> of August, 2019 by IHVN community testers, an apparently, the woman threw her out.

She was referred to Model Primary Health Centre Elemenwo by the IHVN community testers to initiate ART. Similarly, she was enrolled into IHVN ACHIEVE SURGE OVC Program on 28<sup>th</sup> of August, 2019. WEWE has facilitated her obstetric scan; EDD and initiated her enrollment into PMTCT in BMH and other antenatal needs. She hawks pure water to survive presently.

WEWE identified, linked Joy Ibeh to Life Tender Life Rescue Initiative an organization which provides a transition home for young women and girls who are victims of abuse, disadvantaged and homeless. She was taken to the home on the 18<sup>th</sup> of September, 2019 where she was followed up on and attested her satisfaction in staying in the home.

Today, Ibeh Joy is happy that she put to bed safely and has a comfortable shelter over her head and her baby. Out of joy, at the hospital bed, she said **“I dedicate my joy and this baby to WEWE and funders of these project because they did not fail me”**.

**10. Anything else you would like to share with CDC (that you believe CDC should know that has happened within this current reporting period)**

There is a need for community programming for general population positive clients identified from the facilities and index testing. From the line list received from the health facilities, it was observed that some of them are above 18 years and did not have children. This makes it impossible for them to be enrolled in OVC program. In surging, we need to capture and program for all identified positive cases down to community level for optimum result on reducing the impact of HIV in Rivers state.



The young woman house before she was housed by Tenderlife organization



WEWE team, TenderLife team and the girl after delivery