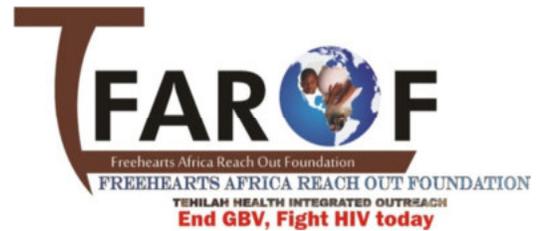


# THE FREEHEARTS AFRICA REACH OUT FOUNDATION (FAROF)



## ANNUAL HIV/AIDS NARRATIVE REPORT 2016

**Please Contact Us at: FAROF, Plot 6 Rahama Road, Narayi Highcost,  
Barnawa, Kaduna State, Nigeria. P.O. Box 3350, Kaduna, Nigeria**

**Phone: +2347081333335, 2348034157369**

**Email: [Info@Farof-Thionigeria.Org](mailto:Info@Farof-Thionigeria.Org)**

**Website: [www.farof-thionigeria.org](http://www.farof-thionigeria.org)**

**FAROF ANNUAL NARRATIVE REPORT 2016**

## **Targeted Project Geographical locations and LGAs in Nigeria**

Kaduna state

Abuja

LGAs for kaduna State: Kaduna North, kagarko,Igabi, Birnin gwari and Chikun

LGAs in Abuja: Kubwa

### **Title of Projects Execution:**

- COMMUNITY PREVENTION, OVC, HTC AND CARE AND SUPPORT PROJECT(FGHIN/CDC/PEPFAR)
- USING ICT TO FIGHT HIV/AIDS
- FAMILY SUPPORT PROJECT
- ADOLESCENT GENDER PROJECT
- GENDER BASE PROJECT(Enhancing Adolescents and young women's AYW's Capacity to Prevent and Respond to Gender Bases Violence through community participation) FGHIN

## **ACRONYMS**

**FAROF-Freehearts Africa Reach out Foundation**

**TB-Tuberculosis**

**JMMH-Jibrin Maigwari Memorial hospital**

**AIDS -Acquired Immunodeficiency Syndrome**

**LGA- local government area**

**ICT-Information and communication Technology**

**CD ROMs -Compact Disc Read Only Memory**

**KADSAKA-Kaduna State Aids Control Agency**

**HIV -Human Immunodeficiency Virus**

**NGO- Non-Governmental Organization**

**HTC-HIV Testing and counseling**

**HCT-HIV Counseling and Testing**

**AYP-Adolescents and young persons**

**OVC-Orphans and vulnerable children**

**GBV-Gender Base Violence**

## **TABLE OF CONTENTS**

1. Projects Summary
2. Background
3. Methodology (Priority Intervention)
4. Key Activities
5. Success Stories
7. Challenges
8. Recommendation/Conclusion
9. Lesson Learnt

### **Appendices**

Appendix A: FAROF Websites Related To HIV/AIDS

Appendix B: Picture Gallery

Appendix C: Accomplishments

Appendix D: Key Informants

## **PROJECT SUMMARY**

In preparation for FAROF 2016 project for Adolescent and young persons with the use of ICT to fight against HIV/AIDS in Northern west region of Kaduna State, it is summaries under the listed activities

- a. ICT education
- b. HIV/AIDS workshop
- c. Group Discussion forum
- d. Community response and questionnaires

FAROF continues to seek avenues for productive collaborations for the improvement in HIV/AIDS/STI and TB services in Kaduna state. FAROF has designed a community based intervention where communities are trained in practical oriented ICT to support HIV/AIDS care, treatment and support, as well as STI and tubaculosis.

This project reaches Adolescents and young persons in remote areas and train them in the capacity of using ICT from basic to advance in a one month duration, using a full practical approach in training, this which is aimed in using ICT to fight HIV/STI in Kaduna state through preventive measure by using ICT medium to disseminate HIV/STI information within communities and as such building a network of Adolescents who are to serve as peer educators.our projects covers many areas centered on HIV/AIDS in Nigeria.

A total number of 15 communities were reached and 35 staffs in health facilities were trained on management information system usage in facilities, each session of training was made in a discussion forum approach after which a 5 days HIV/STI and TB workshop was carried out

**Our common goal for this project** is to reverse and stop the spread of HIV/STI and TB in Nigeria by 2020 and by building the capacity of community through the medium of using ICT to disseminate HIV/AIDS information ,using members within the communities as advocate groups

## **OUR VISION:**

FAROF envision to serve as a source of humanitarian excellence where there is provision of Free Education, Free Health Care Service delivery and end Gender violence in Africa.

## **OUR MISSION STATEMENT:**

FAROF mission is to reach out to the Vulnerable groups, through commitment to Children, Women and Youths into The Lime LIGHT of PROVISION of free Education, Health service delivery and empowerment Programs That Are Sustainable, Replicable and Appropriate For Hard-To-Reach-Areas.

## **CORE VALUE**

Our core values are: Excellence (quality in service delivery), Humanitarianism (care for our target individuals), Transparency (Openness in our dealings), Accountability (responsible and answerable), Commitment (dedicated to our service) and Resourcefulness (value addition).

## **Specific Objectives**

1. To reduce Gender-based violence (GBV) rate among Children and Adolescents (girls) by 90% in Nigeria by the end of 2020.
2. To Improved health condition and stop the spread of sanitation related diseases and dirty environment in Northern Nigeria by the year 2020.
3. By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.
4. To improve the nutrition of mothers and children, as well as reduce the number of maternal death rate and illness from various disease/infection.
5. To strengthen the economical system and reduce the level of unemployment, poverty and hunger in our society through vocational

skills, empowerment programs and most especially through Agriculture.

6. To Build the capacity of Health facility Staffs, community leaders, Guardians/Care givers, Adolescent and young persons and implementing partners and stake holders on GBV and other HIV programs.

## **PROJECT BACKGROUND**

The purpose of this review is to look at the role of Information and Communication Technologies (ICTs) in addressing the challenge of HIV / AIDS in Nigeria and Kaduna state as a pilot location . The report provides an overview of HIV/AIDS, the ways FAROF use ICTs to address the pandemic, and some preliminary information on the need for other CSO and CBO in the state to inculcate this intervention.

ICTs are seen as a potential tool in the global response to the pandemic because they offer the feasibility, at relatively low cost of providing access to information and knowledge for those working on the problem, to those who are suffering from the disease or its effects, and to those who need to take preventive actions. It allows for networks that have the potential to link partners in different spheres and locations.

There is a general concern that reaching adolescents in hard to reach areas will require more resources to be spent on technology and education infrastructure.

This report is based on Funded project by CDC/PEPFAR and other philanthropist and gathered through the innovation of community participation, through organised capacity building workshop, use of demand creators and community volunteers.

FAROF program is center on orphans and vulnerable children, Adolescents and young persons, and to integrate ICTs into our HIV/AIDS strategic approach and current efforts. It is also evident from this brief review that

ICT is the fastest medium of passing information and making wider awareness, There are huge amounts of information on HIV/AIDS available through the Web for many working on different aspects of health project

The major challenge in Nigeria is the poor ICT knowledge and not knowing how to access this service, surfing various sites provide very useful, often reliable and current information.

FAROF has developed a quarterly Discussion groups that offer a forum for information exchange among those who have been trained by FAROF on her ICT/HIV/AIDS Project and for updates on current issues. It is agreed that ICTs do provide a cheap, reliable link to communities and others working in the field.

Our major challenges are limited funding and the need for sustainability and long term continuity is of essence, It is apparent for many reasons reviewed below, that Internet-based technology in Nigeria will remain 'limited' in availability and use for large numbers of people. The lack of infrastructure is inhibiting the use of ICTs among community groups and individuals.

FAROF seeks to improve this situation with the help of grantors and international donors to support this intervention. Slowly but surely we shall get there. However, in spite of the barriers, FAROF is still working to support communities through building the ICT Capacity of Adolescents within the community and ensuring follow up through the quarterly discussion meeting and alliance with community Association.

+FAROF empower intermediary groups such as community members, health care providers, and those working with OVC's, the poor and vulnerable groups, can make good use of ICTs to improve the lives of people living with HIV/AIDS. The resources allocated to ICTs for HIV/AIDS must be in balance with and a small percentage of the overall funding, as the bulk of resources needs to be dedicated to the immediate needs of people who are affected/infected through those not infected/affected.

In responding to these issues, FAROF, either alone, or with the help of funders play a significant role. FAROF alone, find ways for using existing resources to leverage additional resources, both financial and knowledge, in order to address poor ICT and HIV/AIDS critical problems.

## **METHODOLOGY**

This project method of execution begins with community baseline questionnaires after which beneficiaries within the age of 15 to 40 are recruited and engaged as project Volunteers to participate in baseline assessment on households, capacity building and routine monitoring.

A designed 5years FAROF Strategic plan is adopted containing a structured M&E framework to aid the process.

## **PRIORITY INTERVENTIONS**

		HIV/AIDS-AFFECTED CHILDREN & FAMILIES	HIV/AIDS-AFFECTED COMMUNITIES
STRENGTHENING MONITORING AND EVALUATION SYSTEMS AND CAPACITY, SUPPORT TO DEVELOPMENT AND IMPLEMENTATION OF EVIDENCED-BASED QUALITY STANDARDS	CHILD & FAMILY	<ul style="list-style-type: none"> <li>• Parenting skills &amp; support groups</li> <li>• Assist families to access economic-strengthening opportunities including social grants &amp; benefits</li> <li>• Home visiting to at-risk &amp; affected families inclusive of early child development</li> <li>• Succession planning</li> <li>• Testing referrals, adherence support, HIV prevention knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Structured home visiting in high-prevalence catchment areas inclusive of early child development</li> </ul>

		<ul style="list-style-type: none"> <li>• Nutritional assessment, counseling and support</li> <li>• Disclosure and bereavement support</li> </ul>	
	COMMUNITY	<ul style="list-style-type: none"> <li>• Organizational and service delivery capacity building with community-based partners to respond to children and families affected by HIV/AIDS (including creation of child safeguarding practices)</li> <li>• Create child-friendly, gender-sensitive classrooms; sensitize to the unique needs and interests of children affected by HIV/AIDS.</li> <li>• Establish linkages and referral systems between community-based programs and clinic-based HIV/AIDS support programs</li> <li>• Establish "safe spaces" for children at high risk, especially adolescent girls</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborhood health/social service centers (including safe spaces for children's recreation)</li> <li>• Child protection committees</li> <li>• Savings clubs</li> <li>• Early child development centers</li> <li>• School block grants</li> <li>• Provide remedial education opportunities to help girls complete school</li> </ul>

## KEY PROGRAM ACTIVITIES

1. **Objective 1: Conduct Orientation for 380 peer educators to promote HIV/AIDS prevention through abstinence, be faithful and consistent and correct use of the condom, and seek early treatment of STIs in Zaria, Birnin Gwari, and Igabi LGAs in Kaduna State .**
  - Conduct a needs assessment and select volunteers to conduct orientation for as Peer Educators which should be competency-based and include initial and ongoing evaluation of competencies.
  - Conduct orientation for peer educators in Kaduna state to promote HIV/AIDS prevention through behaviour change using **Abstinence, Be faithful and correct and consistent use of Condom (ABC)** strategy, using a standard, Peer Education training curriculum;
  - Provide effective supervision of Peer Educators;
  - Ensure appropriate documentation of services including required data reporting in line with GoN and FGHIN guidelines;
  - Submit monthly data as stipulated by FGHIN that documents agreed upon milestones.
  
2. **Objective 2: Reach 35,000 - individuals (5,000 key population and 30,000 general Population) through community outreach that promotes HIV/AIDS prevention through consistent and correct use of the condom as a multiplier effect of the peer educators Zaria, Birnin Gwari, and Igabi LGAs in Kaduna State .**
  - Facilitate community education through the trained peer educators to promote HIV/AIDS prevention through behaviour change using **Abstinence, Be faithful and correct and consistent use of Condom (ABC)** strategy;
  - Open at least **80** outlets for condom distribution and demonstration;
  - Provide secure and appropriate storage for the condoms;
  - Ensure that Peer Educators assist peers to access condoms, life building skills and STI treatment;
  - Ensure that Peer Educators participate in HIV outreach, awareness and other events.

**3. Objective 3: Seek early intervention for STIs using syndromic management of STIs in Zaria, Birnin Gwari, and igabi LGAs in Kaduna State .**

- Refer and Provide effective linkages for all STI cases for treatment services at FGHIN supported sites in **Zaria, Birnin Gwari, and igabi LGAs in Kaduna State .**
- Ensure appropriate documentation of services as per GoN and FGHIN guidelines;
- Submit monthly data as stipulated by FGHIN that documents agreed upon milestones.

**4. Objective 4: Provide HTC services to 82,200 clients through community outreaches in Zaria, Birnin Gwari, and igabi LGAs in Kaduna State .**

- Carry out mass campaign/mobilization in Kaduna State;
- Create a demand for HIV testing and counseling (HTC);
- Identify HTC outlets;
- Activate and supervise the identified HTC outlets;
- Carry out HTC as follows:
  - Number of individuals to receive counseling and testing for HIV and their test results is **82,200** in the target locations by the end of the project period. Testing and counseling is expected to be done among the general population in order to increase the chances of capturing the HIV+ individuals;

**5. Refer and ensure linkage of at least 4,603 clients who test HIV+ to comprehensive sites Zaria, Birnin Gwari, and igabi LGAs in Kaduna State for comprehensive treatment, care and support;**

- Provide monthly data concerning key project indicators (number of people tested and who received their results);

**6. Objective 5: Form Support Groups for HIV+ clients where preventive counseling can be given which will include**

**promotion/instruction regarding correct and consistent use of the condom and information, education and communication about mutual faithfulness in Zaria, Birnin Gwari, and igabi LGAs in Kaduna State .**

- Facilitate the creation of PLWHA support groups for effective patient adherence support and follow up;
  - Convene monthly meetings of support groups and submit minutes of meetings to FGHIN monthly;
  - Liaise with FGHIN state office in Zaria and invite the State Manager to the Group meetings;
7. Provide effective linkages to the care and treatment services of FGHIN sites in **Zaria, Birnin Gwari, and igabi LGAs in Kaduna State** for clients testing positive to HIV;
- Ensure appropriate documentation of services as per GoN and FGHIN guidelines;
  - Submit monthly data as stipulated by FGHIN that documents agreed upon milestones



***HIV TESTING, MALARIA and Condom promotion kawo(Kaduna North LGA)***



Deworming of OVC and provision of malaria Long lasting insecticidal nets LLIN, Testing and treatment. **Date: 8<sup>th</sup> April 2016**

## **PROJECT OUTCOMES**

1. Out of 2000 target, 2230 OVCs were enrolled=111.5% achievement.
2. 400 OVCs were identified for graduation but 508 OVCs are currently being graduated and 70 OVCs are either married or relocated=37% Achievement
3. Out of 30,000 target for HTC, 22,115 underwent HTC.
4. 156 found reactive, 23 newly infected were escorted and linked for treatment care and support program at the JMMH facility
5. 7755 adults underwent condom promotion program
6. 20,644 given IEC materials.

7. 35 facility health staffs and 15PCVs were trained on ICT(data management) and one month practical computer program on (MS word, Excel, Power point and internet)and 5days HIV Workshop (using ICT to disseminate HIV information( Outside of the OVC funded project)
8. Number of OVC accessing Healthcare services\_Male=76
9. Number of OVC accessing Healthcare services\_Female=58
10. Number of OVC accessing Education services\_Male=873
11. Number of OVC accessing Education services\_Female=509
12. Number of OVC accessing Nutrition services\_Male=124
13. Number of OVC accessing Nutrition services\_Female=113
14. Number of OVC accessing Psychosocial services\_Male=156
15. Number of OVC accessing Psychosocial services\_Female=113
16. Number of Caregivers provided training to improve their ability in caring for OVC\_Male=64
17. Number of Caregivers provided training to improve their ability in caring for OVC\_Female=47
18. Wider awareness and workshops on contraception usage and promotion of female condom usage under our Family Planning FP program was carried out in primary health care centers and homes Location:(Kakangi,Kungi and dawaki Bassa).(Outside of OVC funded project)
19. A Total of 4300 LLIN were distributed to OVCs and pregnant mothers, 4000 children and women were tested on malaria and 300 ACT was given to malaria infected person.
20. 13 government schools reached with educational support materials.
21. About 400 + 520 educational materials such as school writing materials, bags, shoes etc and 300+120 school chairs and tables were distributed to 15 schools
22. All education materials (school chairs and tables)constructed and transported to designated schools.

## **SUCCESS STORIES**

1. SFH supported FAROF with a total of 18,000 HCT kits, 20,000 IEC Materials, and 1400 male condoms
2. KADSACA supported FAROF with 10,000 male condoms, 5000 female condoms, and 5000 HCT kits in 2015 and 2000 HTC in 2016
3. Airtel Nigeria supported the HCT Outreach exercise, through provision of 300 chairs and 40 tables for the flag off event, as well as provided tables and chairs to be used continually for the outreach exercise.
4. Birningwari general hospital supported the project through the donation of free ACTs/drugs and staffs as volunteers
5. Letters of recommendation was given to FAROF by Airtel Nigeria, JMMH, Ministry of Education and ministry of local Government.
6. 100% of reactive clients were escorted to facility and ensured enrolled for ART.
7. Using the free medical checkup approach made the turn-up of this outreach very impressive.
8. Support group meetings were always exciting and Clients were satisfied on all sessions,each session was a boast in moral of clients.

9. Some client admitted that their session was an unpayable session and were very appreciative.



***GROUP PHOTO OF TRAINED FACILITY STAFFS ON DATA MANAGEMENT***

## **CHALLENGES**

- Persistent rain fall made it difficult to meet client in their respective houses as it was discovered that most of them, especially the men go out for family activity
- Difficulties in identifying the houses as most of them does not have phone.
- Most client complaint on lack of transportation faire to attend CD4
- Some clients felt reluctant to come to the facility for drugs until FAROF escort and fend for all transportation cost outside of budget
- None availability of mobile phones made followup challenging

- Inability to continue HCT due to financial strength, as a lot of cost is being incurred to carry out a successful outreach
- Start time and end time was cut short: HCT daily exercise time frame was cut short between 9.30am to 1pm due to distance difference and bad road network to remote villages and effect of the persistent rainy season.
- Rainy season affected this exercise, as community members, especially the men preferred going out to attend to their farm product rather than engaging in this exercise.
- HCT activities is disrupted by continuous/persistent rain fall
- The turn up of women were more compared to the men
- Movement into communities was difficult due to bad road network and not having a vehicle that can withstand the pressure of the roads.
- Clients complaint about poor confidentiality at the JMMH facility and this made them reluctant in attending treatment,
- Most client complaint on lack of transportation faire to attend CD4
- Movement into communities was difficult due to bad road network and not having a vehicle that can withstand the pressure of the roads.
- Clients complaint about poor confidentiality at the JMMH facility and this made them reluctant in using the FGHIN facility.
- Insufficient funds for facilitators and program maintenance
- Insufficiency of IEC materials in terms of language and messages
- Community internet service is poor.

## **RECOMMENDATION**

1. More resources can be used more efficiently with the support of the state government, international donors and NGO.
2. Funds be channel to promotes the use of information and communication technologies in Kaduna state

3. Encourage schools to share their computer-related skills with NGOs; and encourage HIV/AIDS experts to assist in prevention efforts and in training peer educators.
4. Provision of vehicle in other to effectively have access into hard to reach areas.

### **LESSON LEARNT**

1. Use of strategic plan during project implementation is key.
2. More young people should be engaged in program design, planning and implementation process
3. Reactive clients should be provided escort services
4. Increase in AYP and OVC health service delivery.
5. Life skills-based education uses a combination of participatory learning experiences that aims to develop knowledge, attitudes and especially skills needed to take positive actions on social and health issues and conditions.
6. Skills-based health education uses life skills-based education (above) to encourage positive actions to create healthy lifestyles and conditions.

### **2016 FUNDING**

Funding was limited for 2016 to the salary of the facilitators, training materials(education and equipment), transportation cost for both equipment and monitoring, project administration expense, website maintenance

### **Appendix**

FAROF Website: [www.farof-thionigeria.org](http://www.farof-thionigeria.org)

Picture Gellery: <http://www.farof-thionigeria.org/projectgallery.html>

Accomplishments: <http://www.farof-thionigeria.org/accomplish.html>

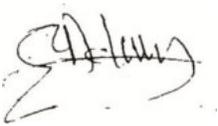
REPORT COMPILED BY FAROF COORDINATOR

**Adams L. Michael**



REVIEWED DATA ANALYST

**Dr. Uche Kelechi**



APPROVED BY FAROF CEO

**Ambassador (Chief Matron) Eunice A.(Chief Nursing Officer)**