



First Step Action for Children Initiative

End of Project Report

Submission Date: XX



Rapid and Effective Action Combating HIV/AIDS (REACH) Project
Report Form

Name of Sub-Award Recipient:	First Step Action for Children Initiative Nasarawa State
Sub-Award Number:	234A0042
Sub-Awardees Email	firstaction.children@gmail.com
Reporting Period: (From inception to date)	February 2013-February 2014

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	YEAR 1 (dd/mm/yyyy)	YEAR 2 (dd/mm/yyyy)	YEAR 3 (dd/mm/yyyy)	YEAR 4 (dd/mm/yyyy)	YEAR 5 (dd/mm/yyyy)
Start Dates					
Award Amount:					
Obligated Amount:	10,796,300.00		8,399,678.90		
Actual Amount Received:			7,717,185.25		

S/N	Year 1 LGA(s)	Year 2 LGA(s)	Year 3 LGA(s)	Year 4 LGA(s)	Year 5 LGA(s)
1	Obi LGA	Obi LGA	Obi LGA		
2					
3					
4					
5					
6					

S/N	Year 1 Community(s)	Year 2 Community(s)	Year 3 Community(s)	Year 4 Community(s)	Year 5 Community(s)
1	Gidan AUSA	Gidan AUSA	Gidan AUSA		
2	Abioga	Abioga	Abioga		
3	Ajaula	Ajaula	Ajaula		
4	Ishigu	Ishigu	Ishigu		

5	Bubba	Bubba	Bubba		
6	Dazogwa	Dazogwa	Dazogwa		
7					
8					
9					
10					
11					
12					
13					

Introduction/Executive Summary:

In the past three years working with PACT Nigeria, the organization implemented a comprehensive care for Orphans and vulnerable children in Ishugu, Gidan Ausa, Bubba, Dazhogwa, Abioga and Ajiola in Obi LGA, Nasarawa State. The project has a holistic and an integrated approach to care for OVC, delivering intervention using locally available resources through household and community based practices. The purpose is to ensure that VC survive, grow, develop and are being protected from harm and exploitation by ensuring access to basic needs. The goal of the project is to improve the overall wellbeing of 2000 VC and their households through access to comprehensive care and support services in six rural communities by the end of the project.

The project has the following objectives:

- To strengthen the capacity of FIRST staff, community members, and at least 350 caregivers to provide comprehensive care and support services for 2000 vulnerable children in six communities.
- To ensure access for 2000 OVC to essential care and support services (including education, nutrition and psychosocial support).

At the end of the project year, the organization documented the following achievement:

FIRST enrolled 1917 (928 males and 989 females) who were most vulnerable in the intervening communities. Most of the VC are children orphaned and made vulnerable by AIDS, some due to constant communal conflicts and ethno-religious crises, endemic diseases, such as malaria, tuberculosis and the high level of poverty which has had a negative effect on the health and living conditions of millions of productive adult and has affected the survival and development of children. The organization was able to serve all VC with essential services which includes food and nutrition, shelter and care, health, education and psychosocial support based on specific areas of concern or potential problems that could affect the VC survival, growth and development issues if actions to address such issues are not carried out.

In education, there is significant improvement in school attendance and performance. Reports from school teachers revealed that there is a lot of improvement in school work and the attendance register also shows that there is a decrease in school drop-out cases, especially among the females.

Children reported that their caregivers are now supportive of their education, whereas before children were obliged to perform household chores rather than attend school. Seven children who have dropped out of school were enrolled. Also reports from their teachers' shows that they are now

coping with school work and the attendance register also shows that there are less drop out of OVC in school especially among the females.

Community members, Migili Development Association and other indigenous Associations are very active on child protection issues, they take leadership responsibilities in addressing issues of child protection in the community, but this action needs to be complemented by building their leadership and communication skills.

The interventions in health related activities shows a lot of improvements in the Childs wellness and most have been receiving health care services when sick with a lot of care. There is a lot of increase in the practice appropriate behavior for child health at home, including health seeking behaviours, care giver practice appropriate child care including facility visit for preventive and curative health. The organization linked with the Roll Back Malaria to provide ITN to VC. About 100 households were supported with ITN for prevention of malaria Health education on prevention strategies has proven to be the best and cost effective ways in prevention of illnesses for VC.

Several intervention for psychosocial support were conducted to include Kids club, different play activities such as foot ball, children Day's celebration and traditional games, counseling in group and one on one. Caregivers were also provided with home visits and encouraged on positive ways of upbringing their children. The intervention shows great improvement in social interaction between the FIRST staff and OVC and even visitors. They interact more freely with very little signs of timidity. The caregivers are beginning to demand for service in health, education of for their VC.

VSLA: The organization worked on savings, through VSLA to ensure caregivers put aside a portion of their available resources for future use. The organization worked closely with agents of VSLA to ensure they are supported to perform their roles of mobilizing the intervening communities to act appropriately and to ensure, they are on the right track. 8 savings groups were formed in 5 communities with 65 caregivers.

1.1 Activity 1: Advocacy Visits

In order to get the buy-in of key stakeholders, advocacy visits were conducted at the initial stage of the project to: the Chairperson and Council of Obi LGA; Second Class Chiefs and members of their Council during their monthly meetings; HOD Health, LACA at the Local Government level. Twenty people participated in the meeting. The expected gains from these advocacy visits was that the organization was able to sell the project at the highest level of decision making in the LGAs and solicit for their support and commitment. The result of the advocacy shows an increase

understanding on the VC project in the LGA. Topics during the meeting were the definition of a child, who a vulnerable child is and issues that affect vulnerability. The objective of this is to enable the LGA provide leadership especially of VC unit towards care and support for VC. The VC unit was involved in the trainings of all staffs and volunteers in order to build their capacity to function as a coordinating agency of VC in the LGA. This was also used as a sustainability effort by ensuring they have capacity to deliver quality service. The LGA willingly participated in the organization activities of periodic monitoring and biannual meeting but their actions need to be sustained.

At the community level, advocacy and community engagement was done to Chairman and secretary of Ward Development Councils (WDC), opinion and traditional leaders (women, youth, religion NURTW, heads of support groups of PLHIV, church leaders etc.), and prominent women group at the community level were identified. About 20 people in each of the six communities were involved. The purpose is to ensure community involvement and participation in the project. Topics discussed during sensitization include who is an Orphan and vulnerable children, situation analysis of VC in the community, what the project is all about, issues that need to be addressed and who should address the issues identified. The result shows increase understanding on OVC issues in the focus communities. Community leaders began action during the period of our work by supervising activities such as Kids' club meetings, support group meetings, VSLA, Early Child Care Center and also intervened when volunteers were not committed in their work.

The advocacy visit also continued throughout the project cycle one on one, quarterly and as the need arose. The purpose is to update the leaders on progress so far and the available challenges.

1.1 Activity 1: Community Sensitization /Dialogue

Mapping of all social amenities in each community was carried out. The output from this was a list of all community groups in the area, where the various groups meet, who their leaders are and what are their activities. Furthermore, through the mapping the organization understood the diversity of the communities and how this knowledge will be used to the advantage of the project. The community mapping exercise also facilitated the planning of the next activity which is community dialogue using focused group discussion approach and selection of people who will participate.

Sensitization meetings at the community level were organized for influential community members, health workers, hygiene promoters, Water and Sanitation Committee (WASHCOM), mothers' groups, civil servants residing in the communities, farmers associations motor cycle associations and

other CSOs working in the area on a similar project. The objective is to acquaint the key stakeholders with the project concept and plans; and to solicit their inputs, participation as this would foster ownership and sustainability. The organization reached fifty (34 males, 16 female) community members in each focus community. Issues of VC were discussed during the dialogue meeting; more issues were collected in terms of knowledge, attitude and practice for VC care and support in the focus communities. At the end an action plan was developed on how to address such issues with communities taking the lead. Throughout the project community members were involved in addressing issues of child violation in their community by educating community members during group meetings and also ensuring that caregivers found molesting their children were referred to the chiefs for counseling.

1.2 Activity 2: Selection of Community Volunteers

Volunteers played a vital role in FIRST VC program in PACT project as they are on the frontlines providing critical support and services to vulnerable children and families. Fundamentally, the project is built upon the notion that, “It takes a village/community to raise a child,” meaning that the care and support of highly vulnerable children is everyone’s responsibility.

Based on the above need, community volunteers were selected to serve as community service providers on the project. At the community dialogue meeting, the stake holders were charged with the responsibility of identification and selection. The selection of the community volunteers was based on selection criteria developed by FIRST in conjunction with the community. Fifty seven (7 females, 50 males) volunteers were selected who worked with 1976 children and 357 caregivers. They were made up of community health workers, teachers, religious leaders, youth leaders and women leaders. The selection was done in a very transparent manner. Anyone who was qualified based on the criteria was ask to apply in writing and an interview was conducted individually to ensure they meet the criteria. The organization sets clear expectations for the community based volunteers in VC work. Their task includes identifying the most vulnerable children/ households that may be considered eligible for enrolment, enrolling children, assessing the needs of identified children, holding monthly caregivers’ meetings, facilitating kids’ club meetings, and providing services. Each volunteer was responsible for an average of 30-35 children each and their caregivers. A letter of appointment was also given to each volunteer with their roles and responsibilities attached. They were trained on CSI, OVI, and integrated care services to ensure they have increase performance on service delivery.

In order to keep children safe, each VC signed a commitment form that they will not harm or abuse children in the program or outside the program. Volunteers were not on salary scale; instead they received a monthly stipend of not less than N3, 000.00 each

The organization also initiated an incentive package, to the most committed volunteer every month. To this end, the best volunteer's award are given to the best 2 volunteers, especially to those volunteers that have increased productivity and performance on home visits, kids club and outreach activities. The M and E officer and Program officer monitor, supervise, coach and mentor them on a continuous basis.

Each volunteer was given a T-Shirt with the logo of the organization on it and wears it when on duty and during any volunteer meetings

1.3 Activity 3: Central Trainings

In other to enhance FIRST staff capacity for effective project implementation, PACT Nigeria organized various central trainings for our staff. The trainings include: Start-up Grant Finance and Admin training, Monitoring, Evaluation and Reporting training, District Health Information System, Project Management training, Strategic planning workshop, Integrated Care for VC, VSLA, Child-to-Child Methodology and approach, Child Protection, Peer Educators training on life skill development, and Prevention Intervention for children. These training have further enhanced program success by providing our staff members with relevant skills and knowledge required to achieve project objectives.

1.4 Activity 4: Step down trainings and Trainings of Caregivers and Community Volunteers

Several steps -down trainings were conducted to FIRST staff who did not attend central training, volunteers, caregivers, children to ensure they have capacity to respond to the needs of the children in the focused communities. The step-down training includes:

Psychosocial support: The step down training on psycho social support provided skills and knowledge to volunteers and other community service providers who will assist VC and their caregivers in coping with mental and emotional challenges that they face resulting from traumatic experiences they have gone through. This is because VC in the focus communities have lived through situations that have considerable effects on their emotional and mental status. For instance, many VC that FIRST worked with, in PACT project were living in extreme poverty while other are victims of violence and abuse, others have parents who are ill or who have died from HIV/AIDS and there are children who are internally displaced persons due to constant communal conflicts. The

situation has also affected normal activities such as going to school, playing and going about daily routines within the family which are interrupted or ceased, and children no longer have a sense of stability or safety. This has been corrected during the project cycle. Topics discussed during the training include who is a child, the family, gender dimension in programming for VC, communication with children, children and discipline, loss and grief reaction, traditional practices during time of grief, Coping with stress and trauma, confiding in children, will writing, and Kids Club. Case studies were also used to provide for practical and group session in order to give a clearer understanding of the issues and to also understand issues of psychosocial support in a scenario. The training was done at the beginning of the project and also a retraining/training was done at the beginning of the second year at the community level.

Health care:

In the intervening communities, children in extreme poverty have no access to health care because their caregivers cannot pay for services and do not know where to obtain such services. Access to health services is a right and many of the Articles listed in the Child Rights Convention promote the health of OVC. Again, healthcare is one of the main social services essential for the well-being of OVC. It includes preventive care (which involves actions aimed at preventing or avoiding illness), promotive and curative care (which is centred on actions that are taken once a person falls ill or is injured to reduce or completely remove pain). It is based on the above issue that volunteers, other community service providers and members of CBO were trained on Healthcare support services for VC and their caregivers with the following objectives:

1. To describe health needs of VC and their households.
2. To list the barriers the VC face in trying to access to health care services
3. To identify the effects of poor access to health services on VC
4. To discuss possible community based initiatives for improved access to health care services by VC.

Top on the agenda discussed during the training were the preventive and promotive health care support. The advantages of these two strategies are that they are very cheap and effective. Other advantages are that they improve knowledge, skills and practices of good personal hygiene by OVC and their carers by:

- Educating the caregivers/children on the importance of and methods of preventive healthcare (especially common childhood illnesses, immunisations, proper hygiene, de-worming, preventing malaria etc.)
- Educating the caregivers on the kind of immunisations to take to prevent the killer diseases (which include tuberculosis, whooping cough, diphtheria, polio, tetanus, and measles).

The discussions revealed that in almost all the intervening communities, VC live in unsanitary conditions and practice open defecation with only a few VC homes having traditional latrines. The participants attributed this to the inability of the local government to engage them on hygiene and sanitation activities. During the workshop, ten (10) selected households in Dazhogwa community were visited so assess if they had hand washing facilities situated near/by their latrines, which is critical to knowing if hand-washing is practiced by VCs at critical times. The entire households visited did not have hand washing facilities and only very few practice hand washing with soap and water at critical times. Most of the households surveyed, practice the one-container system (i.e. everybody washes their hands inside one bowl of water before eating). On safe water chain, most caregivers depend mainly on water obtained from open/unprotected sources like the river or streams. In most cases as well, the women and children (especially VC) trekked some distance away from the community to fetch water. The discussions also revealed that during fetching water in the stream, some of them take their baths nearby and open defecation also occurs nearby. Most households visited covered their drinking water.

The facilitator used pictorials of the different good and bad hygiene practices (72 in all) in the communities and provided a set for representatives of each community to look at. The pictures triggered a lot of discussion and interest on the topic among participants. The organization leveraged on the IEC material from UNICEF. The materials were used to promote hygiene and sanitation practices in the community. This was distributed to the 6 communities to be used during home visits and to educate caregivers at household level. Also discussed were the different types of health care support services to be provided for VC and their caregivers. They include the following: Reproductive health, Education on disease prevention such as hygiene practices, ORS, use of ITN, HIV/AIDS education, Referral to health-care centers, procurement of drugs etc.

112 (79 males, 33 females) were trained.

Food and nutrition support

Volunteers, VC desk officer and selected caregivers were trained and retrained **to ensure they have** capacity to promote access to nutritionally adequate food that will reduce chronic food insecurity at household level. It will also assist VC live an active and healthy life.

Content discussed that affects availability of foods at household level includes production, distribution and consumption, effects of food insecurity on VC was also discussed. Few among others discussed include malnutrition (stunted growth, low intelligence, body deficiencies, poor health and low resistance to disease and poor school attendance/reduced education opportunities for VC. Growth monitoring of young children growth in order reduce hunger and save the lives of young children was as one of the components for discussion during the training. This was followed by a practical demonstration of nutritional assessment of young children using shaker trip and hectometre.

The participants made lists of foods in the community, which was extensively discussed and the use of locally available foods in the community was also emphasised in the preparation of adequate meals for VC.

Community members trained were 62 (38 males, 24 females)

Village Savings and Loan Association (VSLA)

Village Saving and Loan Association has been identify as one of the strategy that is sustainable to be used to improve caregivers economic conditions within the household in rural settings. This will improve efficiency and sustainability of the project of providing support for vulnerable children.

Training was organized for 12 (8 males 4 females) community volunteers and caregivers, to build their capacity on VLS. They have in turn support the formation of VLSA in the intervening communities. During the training several methods were used to deliver the content, they include playing of videos for viewing by the participants. This video showed how a savings group is formed and what a savings group is all about. Role play was used to show how to stimulate the scenario where the officials enact a law binding the savings groups as well as forming the constitutions. They also worked in groups to ensure that everyone understands the concept. At the end of each session, they had practical demonstration on how to make the sessions workable in a real life situation

Twelve volunteers have increased skills and understanding on VLSA. This was shown in their post and pretest as most scored above 50%. The organization planned to facilitate a visit to the chairman of LGA to solicit for support with the new initiative of VSLA.

Peer Educators Training:

In the first year of our work with PACT, 30 (15 males and 15 females) peer educators were trained on sexuality and life skills. The content of the training include life skills, negotiation and refusal skills, building self esteem, decision making, knowledge of HIV/AIDS infection and STI and types of STIs, gender and sexuality, benefits of counseling and testing, stages of human development etc.

The methodologies used for the training include lecture, group discussion, role play and drama, songs and case studies using the facilitator guided training manual. The purpose of the training is to develop skills of peer educators to facilitate peer education sessions at community level using training manual.

At the end of the training, peer educators and facilitation training manuals were provided for use.

Prevention intervention for children

2 day Step down Training for VC-Peer educators, Caregivers and Community Volunteers, with the aim of integrating the Peer Education curricula into the VC-Prevention Intervention with a focus on addressing gaps in AB HIV prevention and VC programming. The skill was used to educate caregivers and children during caregivers' support group meeting and kids' club. The purpose is to ensure effective prevention intervention.

This is a plan to integrate sexual prevention program into the Peer education curricular of the VC program in conformity with the current nationally acceptable recommended AB and OP strategies.

Peer education on the other hand is a popular concept that implies an approach, a strategy or a methodology that has been used in many areas of public health including nutrition education, family planning, substance use and violence prevention... During the two day step down training, the participants were taken through REACH Nigeria VC-Prevention Strategy to integrate sexual prevention program into the VC program.

Some of the content of the training includes the different thematic areas such as nutrition education, family planning, Gender & Sexuality, domestic violence, sexual and reproductive health with particular focus on intervention communities.

The methodology includes Power Point presentations; Group Discussions/Presentation; Role Plays; Videos Presentation; and Pictorials.

The result of the training showed an increase in the knowledge and understanding of the participants on VC-prevention strategy integration. This was shown as they facilitate effectively during Kids club meeting. Peer educators training manual were provided to facilitate peer education session in the community.

The strength of the intervention is credited to the support gotten from Jenkwe development area. They provided training venue free of charge and welfare office also participated in the training. 60 (39 males, 21 females) participants in all participated in the training, of which 30 (15 males, 15 females) of them were Peer educators, while 30 were made up of Care-givers and Community Volunteers (some are from the CBO in the intervening communities).

Caregivers and community members Training on Early child care

Caregivers of young children especially those affected and infected by HIV and AIDS were trained on early child care concept. The purpose is to empower caregivers and community members with knowledge and skills to be able to care for and support young children who are made orphans and vulnerable by AIDS. It is hoped that at the end of the training, caregivers will acquire knowledge and skills to be able to give the desired care for young children aged 0-5 years.

The content of the training includes:

How children learn **was** discussed in a group. The emphasis was on the following ways; Imitation, listening to stories, seeing, and doing, the emphasis of the discussion was that children learn through the use of 5 senses such as smell, etc

Most participants appreciated the session and said they did not know that children learn through various means especially through stories, which they made a commitment to continue at household level.

Needs of children: The different needs of children at 0-5 years of age were discussed to include the following:

- Good and adequate food, clean air, and water in order to survive and grow physically.
- Protection from danger and sickness.
- Safe and stimulating environment (surrounding) in which she/he can be actively engaged.
- Stimulating environment from which he or she can learn the basic life skills, through exploration and discovery.
- The company of other children and adults with whom she or he can play, communicate, and interact in other ways.
- Love and approval from parents, other adults and children, in order to build up self confidence.
- Opportunity to develop as an independent, active and creative individual.

- Above all, the child needs to enjoy his or her early years as a child.

Participants reacted that most of the needs of children cannot be met due to poverty and ignorance and they made a commitment that now that they know those needs, they will try and meet up with such needs but they said they need constant reminder because this is completely new to them.

It was emphasized that all the needs will be provided at the center and also at household level.

During discussion it was discovered that young children in the community die of simple preventable disease and actions that can be controlled through Key household Health practices (KHHP) that include growth promotion and development, disease prevention, home management (care seeking practices when sickness persist, taking children to complete full immunization etc.), this was discussed extensively. The KHHP are simple low-cost actions that parents/caregivers can take at the household level, which will prevent death and illness of children and save the lives of mothers. Participants were exposed to taped radio programs of role play in immunization, malaria treatment and prevention, antenatal care, ORT, exclusive breast feeding, and facility visit. Those are key priority areas of child survival. Participants had increased awareness on priority intervention of child survival.

Indigenous stories were compiled by the participant that teaches morals. This was compiled in a group work and presented in plenary sessions. The participant demonstrates how stories were told to children. This was an interesting session and kept the participants busy competing with each other.

The curriculum was extensively discussed; it was emphasized that it provides for total development of a child. The content includes health, nutrition, physical development, language development, and cognitive development. The discussion reveals that the caregivers need continuous mentoring on the use of the curriculum. The reason is because they were seeing it for the first time, and it is an informal curriculum, not structured as they are used to. A copy was donated to the center.

Caregivers of ECC centers demonstrated their skills by conducting a mini teaching sessions in the center and were observed by participants. This was followed by comment and discussions for improvement. Mentoring and coaching continue throughout the project on the use of curriculum

Simple and cost-effective toys and learning materials were constructed using locally available materials. They include cutting different shapes of blocks and painting with different colors, making picture reading books out of old calendars, drawing picture alphabets and coloring, sewing soft dolls and stuffing them etc

This exercise was very rewarding, one of the participants expressed happiness by saying that she did not know she can do such a thing as painting and sewing.

Orientation of School Based Management Committee (SBMC) on monitoring and supervision of the ECC work in the center was done. Tools for monitoring were developed; this will be used to track progress in the school. Standard of practice document for ECC was shared to participants that will serve as a guide for supervision of the center. They made a commitment to ensuring that their work is done properly.

The above trainings were also step down to caregivers during support group meetings and community members during community events celebration especially church meetings and community associations meetings.

60 (30 males, 30 females) caregivers and community members were trained.

Child Status Index training

The training/retraining of volunteers, staff of the organization and other community service providers (CSP) on CSI was conducted, which is aimed at developing the capacity of CSPs in assessing the well-being of VCs in the 6 intervening communities, which includes vulnerability status, as well as needs assessment of the VC using CVI and CSI assessment tools. The tool has pointed out specific areas of concern of a child. Community Service Providers (from the same community), are used in order to ensure that people living in the same community as the Vulnerable and disadvantaged Children are in the best position to monitor the health of those Children on a regular basis. This has created better impact, ownership and sustainability.

The content of the training program includes, who is a vulnerable child as well as the different categories, the six domain (food and nutrition, shelter and care, child protection- abuse and exploitation, health and wellness, psychosocial- emotional health and social behavior, education and performance, education and work), the right of the child, gender issues etc The CVI and the CSI was explained; its uses and a field practical demonstration of each were used to identify as vulnerable child and his/her needs. Case studies were also used during the sessions, why, when and who should use the CSI was also discussed in greater detail. The role of community service providers was explained and agreed upon by the participants.

Persons nominated for the training were community volunteers made up of, teachers, community leaders, health workers, representative of religious organizations, Christian women associations. All together 106 (69 males, 37 females) were trained since the inception of the project.

One of the strengths of the activity is, the presence of the Local Government Desk officer on 'VC's who was present at the training as a participant, which was very encouraging, as it showed the Government's commitment and support to the project...

One of the key achievements is a significant improvement in partnership in terms of interaction, between the government and non- state actors (FIRST) that needs to be translated further, into positive action and support. The participants had increased skill on the use of the CSI tools, which was demonstrated through the outcome of the practical sessions and gained understanding on the issues affecting children within communities.

1.5 Activity 6: Service Provision

Activity 6.1: Psychosocial Support to OVC

Kids' Club has been running in the focused community since the inception of the project. . The clubs are extracurricular after school activity for vulnerable children. The main aim of kids' club is to bring love and hope for vulnerable children. The children come together in a meeting every week to overcome the lack of hope and self esteem. This is because most Vulnerable Children have low self esteem which has an effect in their mental health. This has lowered their resilience and ability to cope with stress of life.

The activity is usually managed by 2 youth leaders who are peer educators of the same age group. They are overseen by volunteers and FIRST staff in the 6 intervening communities. The children actively participated in the sessions especially the girls.

During the project year, new initiatives were incorporated into the Kids' club to promote comprehensive care for children of all ages across the communities. The new activities were introduced to the peer educators, community stakeholders and staff of First Step by the Program Coordinator. The new programs include: children's dances, colouring of objects/pictures, playing football, running, singing local poems, cultural dances, riddle and jokes, story-telling and traditional games such as tug of war etc. The additional programs made the kids' club sessions to be much more interesting and fun for the children.

On the average, a total of 1500 children (850 boys and 650 girls) participated. More children are beginning to participate in the club. This is because their parents are beginning to see the benefits and are beginning to interact freely with their children.

Home visits were also conducted on a continued basis to 45 grandmothers caring for VC. It was discovered that most of them have communication problems with their children and have different understanding on the child's responsibilities and his/her rights. For example, most grandparents are still in support of corporal punishment and they find it difficult to understand the bad side-effect of this. Also, many grandmothers still view a boy as more important than a girl and have prioritized education for boys over girls. The grandmothers also share roles/responsibilities and work according to gender (for example, cooking is for girls) rather than promoting equal sharing of roles and responsibilities.

The organization was able to educate them and carry out a Need Assessment to enable them make a family case-plan that will describe the problems faced by the grandmothers as well as when they would be referred to the CBO for action.

The organization worked with the existing community based organization and build capacity of grandmothers with the necessary skills to care for their children.

Activity 6.2: Health Care Support to OVC

In ensuring adequate health care for children and their families, the organization facilitated activities that will promote preventive, curative and promotive health care practices, and focused on educating children, families and community members during support group meetings and household meetings on Key Household Health care Practices (KHHP). The activities include prevention of childhood diseases, immunization, and prevention of malaria by promoting the use of Insecticide Treated Nets (ITN), and household management of malaria. Others are environmental sanitation practices, and other illnesses such as water born and hygiene related diseases. Through preventive intervention there is a reduction in diarrhea, anemia, respiratory infection, malaria and malnutrition (these are some of the biggest threat to child survival).

Activity 6.3: Food and Nutrition Support to OVC

The organization provided nutrition education to caregivers and older VC on a continuous basis during support group meetings, to families and households and emphasized the use of affordable, locally available food items. Through sensitization, churches, women groups and community members continued to provide food for the most vulnerable. Caregivers and older VC were also supported with improved seedlings for cultivation and this has helped to increase household food security and community self-sufficiency. Furthermore, we worked on strategies to increase agricultural production and strengthen food security (irrigation initiatives to support dry season gardening and animal husbandry) were employed. Nutritional assessment was also one of the

activities that were conducted on a monthly basis in order to reduce hunger for the under 5 year old children. This has reduced mortality and morbidity amongst the under 5 year old children during support group meetings, FIRST engaged an extension worker in agriculture to educate caregivers on a continuous basis on the importance and benefits of herbicide application. This has further increase food production and enough food at the household level.

Caregivers were taught on the various use of herbicides and correct methods of application.

Usually during the meeting, different categories of chemicals were displayed during discussion. They include herbicides; (against plants) pesticides; (against pests) and insecticides (against insects). All the types were explained in great detail, including the methods of application and the importance of reading the information on the back of the container, before application. The different products were displayed and the application was demonstrated. The sessions were usually very interactive, with questions and answer session...

On the average a total of 602 caregivers participated in the meeting, (332 female, 270 male) in the 6 intervening communities. Participants have increased knowledge and skills in herbicide application.

One of the participants, a caregiver Mr. Godwin Philip from Bubba said that, ***“the meeting has actually affected him positively as he gained new knowledge on the usage of agro-chemicals that will help him in applying his own”...***

Most participants expressed a feeling of relief, as most of their myths and misconceptions were discussed and dispelled. The caregivers suggested that the meeting should be on continuous basis so that they will improve on crop production.

Activity 6.4: Education Support to OVC

Despite the government’s policy of Universal Basic Education (UBE), there are many children (the majority of whom are orphans and vulnerable children) not in school in the community. A number of obstacles to schooling have been identified in the intervening communities, including those related to poverty especially children from grandmothers headed households.

It is based on this that the organization developed an assessment tool and each child was assessed before providing scholastic material to VC in the focus communities. Supports were leveraged from indigenous philanthropist to support those in dire need. Those supported were two hundred (90 males and 110 females) VC, they were provided with scholastic materials such as uniforms, sandals, text books. A selection committee was selected including the following persons:

- The program officer of FIRST.
- One volunteer
- A community representative and
- A caregiver

A criterion was developed in a participatory manner for the selection which includes: whether the child is from a grandmothers headed household, and is a double orphan, if the parents are ill with HIV/AIDS, if the child has dropped out of school and needs to be put back in school.

Out of 220 children assessed only 200 were selected to benefit from the educational support. The selection process was documented and all those who participate signed. This was a transparent process to ensure only those who need support were selected.

Some of the issues were linked to existing CBO in the community to begin to understand and take action.

Sensitization of caregivers and community members was done on a continuous basis during support group meeting, church meeting and community social group meetings on the importance and benefit of education. The result revealed less drop out of children in the school especially girls and a lot of improvement in school performance.

The organization also worked on early child care center in Gidan Ausa by renovating 2 class rooms and provided learning materials. 114 vulnerable children were enrolled in the center and have conducive learning environment. Also work on non center based (home level) early child care. Parents/caregivers were taught parental skills- teaching parents to understand their children development and respond promptly. 100 from grandmothers household were provided with scholastic materials such as uniform and sandals gotten from community philanthropists.

Activity 6.5: Shelter and Care Support to OVC

Clothes were mobilized outside the communities from individuals and NGOs for donation to VC and their caregivers. This is because most of the community members are subsistence farmers, petty traders, market men/women, hawkers, vendors' etc. they have low economic status. Therefore they are not able to donate clothes for distribution

Used clothes were donated by philanthropies to 364 (125 male and 239 females) VC and 89 caregivers all were female.

Caregivers were empowered with information during support group meeting on how to protect and love their children.

Activity 6.6: Protection Support to OVC

The Migili Development Association and other indigenous Associations were sensitized on need to protect and support VC, they continue to protect VC from abuse and exploitation in the communities. With the new thinking of keeping children safe, the organization with support from Pact Nigeria developed child protection policy that is more comprehensive in approach. This was used to mentor and coach staff and volunteers to support them monitor child abuse and violation issues effectively. A train focal person from the organization was appointed to deal with issues of child violation and abuse in the communities.

VCs who did not have birth registration were provided in collaboration with population commission. The birth of 450 VC was registered with the gender distribution 250 males and 200 females.

Activity 6.7: Household Economic Strengthening Support to OVC

The household economic strengthening intervention has provided for increased income and financial resources for OVC caregivers and allowing them to better purchase school uniforms, pay school fees, buy foods and increase access to medical care. Orphans under their care are shown to receive/provide better care and support, and improve in their overall well being. 42 (5 males and 37 female) caregivers were supported with revolving grant for variety of Income Generating Activities such as sales of grains, assess transfer (goat and pigs) etc. the grant will be revolve to reach more caregivers.

Activity 6.8: Village Savings and Loans

VSLA: The organization worked on savings, through VSLA to ensure caregivers put aside a portion of their available resources for future use. The organization worked closely with agents of VSLA to ensure they are supported to perform their roles of mobilizing the intervening communities to act appropriately and to ensure, they are on the right track. 8 savings groups were formed in 5 communities with 65 caregivers enrolled. The VSLA intervention have succeeded in the focus communities by increasing household income and assets and providing direct benefits to children in the form of better nutrition, increase school attendance, and health care, this interventions are easily monitored through the number of savings group formed, the number saved by each and the uses made by savings

10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Totals				33	115	65				695,990		

2. **Organizational Capacity Development (CD)Activities:**

The organization implemented the CD as was designed. It was a self assessment of the strength and weakness, carried out together with the PACT team and planned on what to do. The assessment was carried out jointly, so as to point out some grey areas surrounding the organization which needs to be aligned with the Government of Nigeria (GoN) and National VC M&E Framework. The organization also develops 'Project Specific' M&E Plans, to systematically assess progress and provide timely information for project management.

The organization has increased capacity to plan and respond to diverse resource base.

The following achievements were recorded: The organization has increased capacity to plan and respond to diverse resource base, availability of experienced trainers at the intervening communities (VSLA, VC HIV/AIDS prevention intervention-AB, Psychosocial, health/nutrition Peer education trainers, child to child and Nutritional assessment), the organization has increase capacity of conducting/ implementing field programs. There is now a wide spread of publicity of the organization work in the LGA and state level. Currently, the organization has the capacity to respond to the need for vulnerable children intervention in Nigeria effectively. Now Programs/Activities are developed in a participatory manner based on the needs of the beneficiaries and are designed using national and state guidelines. The financial systems track all revenue and financial expenditure, prepares reports routinely and on request with no audit queries with very little risk. Accounting systems for receipt utilization of GON and donors in place and used to prepare periodic reports. Job descriptions exist for all positions in the organization and we are beginning to use it to manage job performance. Human resource policy and procedures are in place and are used to hire and retain staff.

We have an office with basic facilities (computers, printers, internet, and website). Monthly, quarterly and annual reports of activities are in place.

The organization has an M&E System that is aligned with the Government of Nigeria (GoN) and National VC M&E Framework. The organization also develops 'Project Specific' M&E Plans, to systematically assess progress and provide timely information for project management.

The outcome of the CD assessment has helped the organization to act on issues that reduces her liability and risks.

Despite all these achievement, the organization still has inadequate skills and capacity to access funds, most especially from USAID due to the complexity and highly competitive nature of the grant systems. The funding guidelines and instructions are not easily understood; Funding criteria are generally not friendly and the application forms are difficult to follow.

Pact can continue assisting the organization through mentoring and coaching, even after the close up of the REACH project. This can be done by involving the organization (FIRST), in subsequent Pact projects at locations where the organization is sighted.

3. Gender Main-streaming:

The organization provide enabling environment for both sexes of staff and beneficiaries to operate by ensuring active participation of all staff including beneficiaries in all program and projects. Also ensure that women are placed in position of authorities in all our projects. The organization continues to provide social and cultural orientation and awareness (harmful traditional practices that affects both men and women) in churches and social group meetings. Gender is also mainstreamed in both strategic and operational plan of the organization and even selection of community service providers. For example in the selection of volunteers gender is taken into consideration the organization by ensures 1/3 of the total volunteers were women. Even though most have low literacy rates. In the selection of PE it was 50% representation of both sexes

4. Comparison of Planned Versus Actual Accomplishments -

Planned Activities Since Inception	Timeline	Status	Reason for Delay/ Corrective Action
Kid club	From the inception	Completed	This activity continues even when there was no funding. This is because children enjoyed playing together and were guided by their peers
Caregiver support group meeting	From the inception	Completed	completed
Training on CSI	One off activity	Completed	Completed
Child protection training			The training not done but orientation done during CBO meetings and support group meeting
Training on psychosocial support		completed	
CBO formation meeting	Ongoing	Ongoing	This was not a plan activity came out of the need to form association to carry the VC activities for sustainability

Formation of VSLA		Completed	
Growth monitoring and promotion		Ongoing/ Completed	This is nutritional assessment that was conducted bi-monthly
Peer educators training		Completed	
Advocacy visit to LGC		completed	The organization continue engaging decision makers both at the community and LGA level
Strengthening early child care center		Completed	This was scaled up to reach 0-2 years old children at household level, working with parents to support parental skills

5. Challenges -

- Lack of commitment of Village Agents, as most of them claimed to be extremely engaged in farming, to the disadvantage of the association. There is need to find a way of providing incentives to the agent in order to make them participate fully.
- Poor school learning environments that have affected learning achievements and performance of children in schools. There is need to work more on block granting when working with VC that will benefits pupils and teachers without discrimination.
- Constant communal conflict in the communities of intervention that has affected food security of VC. The need to mainstream conflicts resolution and peace education in the areas of intervention.

6. Sustainability Plan and Strategies in Place –

FIRST believes strongly in building the capacities of local communities to be able to provide and protect their children even in the eventuality of loss of donor funds. Caregivers were empowered with skills and resources to start an income generating activity. These caregivers are linked to savings associations that will enable caregivers to save and lend to each other at rates more friendly than those

charged by money lenders or loan sharks. Community leaders and members were mobilized and supported to set up or build on existing committees and strengthen community safety nets that will continue to address the welfare needs of VC long after the life of the project. 2 CBOs were established and one existing CBO (SBMC) was strengthened to expand its scope beyond education related activities to cover issues of survival and growth component of VC.

The CBOs have developed their constitutions and were given an orientation on the advocacy and resource mobilization.

Advocacy was intensified to health facilities to ensure that VC receive timely and free medical services from primary health clinics in the community. This has stated yielding result in PHC Gidan AUSA community. VC were provided with free malaria treatment. The advocacy will continue in order to sustain the action.

The organization will continue to build systems and structures at community and local levels for effective and sustainable response to VC. The organization has trained focal person of OVC unit of Obi LGA on service provision in order to carry out their mandate and responsibilities.

7. Lessons Learned -

- There is the need to use special outreach efforts to address the problems facing elderly caregivers and to provide them with support.
- We discovered that in order to succeed in providing care for OVC, a legal framework for the implementation of child rights laws in the state needs to be put in place.
- Poverty further complicates the issues of child rights violation resulting to inadequate care.
- There is need to institutionalize nutritional assessment of young OVC by strengthening early child care centers.
- There is need to include PMTCT and reproductive health services in OVC programs. This will reduce transmission from HIV infected pregnant mothers to their infant.
- If we must succeed in reducing hunger among OVC there is need to expand the agricultural activities to go beyond the rainy season and to also cover dry season/irrigation gardening.

- There is need to target the whole community members when providing economic strengthening of households, growth monitoring and Kids club etc. this has helped to reduce stigma and discrimination.
- For young children's health to improve, communities need access to quality health clinics, safe water and sanitation.

8. Success Stories -

EARLY CHILDHOOD DEVELOPMENT FOR VULNERABLE CHILDREN

- **LOCATION:** Gidan-Ausa Community, Obi LGA, N/State
- **SPONSORED:** US Embassy and PACT Nigeria/FIRST STEP ACTION
- **WHEN:** February 2012-July 2012
- **PROJECT:** The project has two components:-
 - i. Empowering community members and caregivers to become actively involved in VC-activities in their communities especially young ones (0-5) and ensure they survive and developed.
 - ii. Renovating an existing Early Child Care Center (ECC) and equipping it with toys and learning materials.

ACHIEVEMENTS

- Young Orphans and vulnerable children have increased access to essential services.
- 2 classrooms, pre-school centers and play grounds are functional and being used by the children providing enabling environment for learning.
- The quality of caregivers' interaction with children and caring practices has improved significantly.

SUCCESS STORIES

1. Men were involved in constructing the toys and learning materials during the training.
2. The learning environment is child-friendly. The enrolment has increased from 40-140 children.

Testimonies from community members

- One of the teachers **TIMOTHY AZIGE** said '*there are now assorted learning materials in the centre which has made teaching very easy and child are responding well to learning*'.

- **MRS. MARY AGYA** who has 3 children in the center said *‘the children’s learning has improved, they interact freely with visitors at home and they are anxious to go to school every morning due to the conducive learning environment’*.
- **JONATHAN AWOTU** (Chairman, SBMC) said ‘we will ensure that we mobilize all pre-school children to attend the pre-school center because we just discovered that ECD is a foundation for learning.

CHALLENGES

- Children with disabilities have been excluded due to lack of skills to handle them by the teachers/caregivers. There is need to train teachers, caregivers on how to use them.

LESSONS LEARNT

There is need to care for children 0-2 at household level, which is cost effective and more sustainable.

SUSTAINABILITY

1. School based management committee (SBMC) has a responsibility of monitoring and supervision.
2. SUBEB is paying salaries of teachers and nannies in the center (There are 5 teachers).
3. The organization has continued to mentor and coach staff of the school on a monthly basis to ensure evidence-based programming that can be replicated in the state.



Children in ECC center Gidan Ausa playing

Growth Monitoring and Promotion

REDUCING HUNGER IN YOUNG CHILDREN

LOCATION: 6 Intervening Communities

SPONSORED BY: PACT Nigeria/FIRST STEP

WHEN: 2011-2013

PROJECT: Reducing malnutrition in young children 0-5 years by conducting nutritional assessment (GMP)

Problem: Most children under the age of 5 are faced with malnutrition and micro nutrient deficiency. As a result, there is high level of illness and death in the community among these children due to inadequate feeding practices.

ACHIEVEMENTS

- This has helped to address issues of malnutrition and reduces hunger at household levels.
- This has also helped to reduce death and illness among young children 0-5 years.
- Caregivers are now very responsive to their children's feeding practices.

SUCCESS STORIES

1. **Lydia Jonathan:** *A caregivers, who has young children 0-5 years said that 'now I make time to prepare meals for my children because I discovered that food is a medicine that can take care of health of the children'.*

CHALLENGES

Inadequate capacity of some volunteers to interpret the results of the assessment

LESSONS LEARNT

The need to continue mentoring and coaching community service providers on interpretation of the results.

SUSTAINABILITY

FIRST has begun institutionalizing the process by working with community groups to take ownership. Churches make monthly announcement in the church to mobilize parents to take their children for GMP.



The nutrition officer Grace Naptali conducting Nutrition assessment

WASTE TO WEALTH IN IMPROVING FOOD SECURITY

LOCATION: Abioga Community, Obi LGA, N/State.

SPONSORED BY: PACT Nigeria/FIRST STEP

WHEN: February 2012-December, 2013.

PROBLEM: Vegetable and fruits vital for fighting infections and strengthening immune systems is not adequately consumed by VC and caregivers.

Project: Improving adequate meals at household level.

ACHIEVEMENT

- Caregivers practicing dry season vegetable garden using recycle water
- Increased consumption of vegetable at the household level.
- Increased income at household level. This is because the surplus vegetable is used to earn more money.

SUCCESS STORIES

1. There is now a ripple effect in the community more and more community members are now cultivating vegetables during dry season using recycled water, instead of throwing water indiscriminately; which can be hazardous to the health of the family/community.
2. Mrs. Rebecca Jonathan one of the caregivers who has a large spinach garden said '*my vegetable garden has been of much help to my household. That she collected the leaves and us it in place of other costly nutrients she could not afford*'. She further said that 'I never knew that Ugwu sap is also in vitamins until I started giving it to my children before I realize and started noticing major changes in health of my children. It is also a source of income for me. She said she realize N300 every week from the sale of my vegetable.



mrs Rebecca Jonathan in her Spinach vegetable Garden and LADI Audu in her pumpkin farm



Lydia AUDU



Maryamu Umaru

CHALLENGES

- Poor linkage with the Agricultural Extension workers to provide technical assistance in the intervention. This will increase sustainability. FIRST has begun partnering with Agricultural Extension workers in educating caregivers to increase in production of their crops.

LESSONS LEARNT

The need to link most interventions with IGA this will increase participation and involvement.

SUSTAINABILITY: Extension workers in agriculture are continually providing technical assistance on food production consumption and storage during support group meetings.

9. Performance Indicator Report -

S/N	PERFORMANCE INDICATORS	TARGET	RESULT		TOTAL
			Male	Female	
1.1	# of (persons in) the target population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards				
a	# of <i>Behaviour Maintenance</i> activities conducted				
b	# of CBOs formed				
c	# of CBOs Strengthened				
1.2	# of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful. (Subset)				
1.3	# of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful.				

2.1	# of OVC enrolled.		928	989	1917
a	# of OVC served		928	989	1917
b	# of OVC withdrawn (died, graduated, migrated)				
c	# of households on your project				
2.2	# of providers/caregivers trained in caring for OVC.				
a	# of individuals trained on <i>CSI</i>		69	37	106
b	# of individuals trained on <i>BASIC HEALTH CARE</i>		79	33	112
c	# of individuals trained on <i>PSS</i>		77	35	112
d	# of individuals trained on <i>NUTRITION</i>		32	18	62

<i>e</i>	<i># of individuals trained on CHILD PROTECTION</i>			
<i>f</i>	<i># of individuals trained on HES</i>			
<i>g</i>	<i># of individuals trained on VSL</i>	10	4	14
<i>h</i>	<i># of caregivers trained on IGAs</i>			
<i>i</i>	<i># of Caregivers trained to promote HIV Prevention messages</i>	8	7	30
<i>j</i>	<i># of Volunteers trained to promote HIV Prevention messages</i>	10	5	30
<i>k</i>	<i># of OVC trained to promote HIV Prevention messages</i>	15	15	30
2.3	Number of eligible adults and children provided with psychological, social, or spiritual support			
<i>a</i>	<i># of Kids Clubs established</i>			
2.4	Number of eligible children provided with health care referral			
<i>a</i>	<i># of health facilities provided with block grants</i>			
<i>b</i>	<i># of SWASH Clubs established</i>			
2.5	Number of eligible clients who received food and/or other nutrition services			
2.6	Number of eligible children provided with Education and/or vocational training			
<i>a</i>	<i># of schools provided with block grants</i>			
2.7	Number of eligible children provided with shelter and care-giving			
2.8	Number of eligible adults and children provided with Protection and Legal Aid services			
<i>a</i>	<i># of Child Protection Committees established (CPC, CCC, CDC, CWC etc.)</i>			
2.9	# of adults and children provided with Economic Strengthening Services			
<i>a</i>	<i># of caregivers supported with income generating activities</i>			

<i>b</i>	<i># of VSLAs formed</i>				
<i>c</i>	<i># of older VC trained and empowered (15 - 17)</i>		15	15	30
<i>d</i>	<i># of caregivers empowered through IGAs</i>				

NOTE:

- Once you finish writing your report, Save the document using the format below before you send it to Pact:

Organization_eop_report_dd.mm.yyyy For example: Pact_eop_report_25.12.1980

- Ensure that you send your report to the OVC team & Copy the MER team