Many believe that the HIV virus has been globally subdued; hence, the frequent talks about its decline. But the reality is that several countries, especially developing countries are still struggling to contain the disease prevalence rate in a sustainable declined state.

For instance, according to the United Nations Programme on HIV and AIDS (UNAIDS), Nigeria had 220,000 new HIV infections, with about 37,000 children newly infected through mother-to-child transmission (MTCT), and 160,000 AIDS-related deaths in 2016. These statistics show that though the country recorded a 21% decrease in new HIV infections and a 6% reduction in AIDS-related deaths in 2010, a more deliberate HIV programming needs to be employed to ensure that this...

ACHIEVE PROJECT

In this month, CFHI will continue its Orphans and Vulnerable Children programming but will begin this new phase with financial and technical support for its activities from the Institute of Human Virology, Nigeria (IHVN) through its US President’s Emergency Plan for AIDS Relief (PEPFAR) funded Achieving Control of HIV/AIDS Epidemic through Evidence (ACHIEVE) project. For this cycle, the CFHI team would be providing similar interventions as in the FY17 SUSTAIN project, to 10,000 Orphans and Vulnerable Children (VC) and their households in the Abuja Municipal Area Council (AMAC).

To begin this phase of the project, a step-down training was given to 19 selected community volunteers by the ACHIEVE project team. The objective of this training was to inform the volunteers, who will be instrumental to the enrolment of the children and their households, on the overall goal of attaining an AIDS-free generation by keeping children orphaned or made vulnerable by HIV/AIDS safe, healthy, schooled and stable. The participating volunteers were also updated on the criteria of enrolment, key services and the target population; which now includes high-risk adolescents such as out-of-school youths and the children of Female Sex Workers (FSWs).

For an efficient progression of the ACHIEVE project to be achieved from the concluded SUSTAIN program, a meeting was held for two Community Improvement Teams (CITs) in Karimo and Mabushe. Through these meetings, the project team were able to evaluate the previous outputs and determine the impact of the strategies adopted during the project. They also explained to the members of these teams the expected results and the various interventions that will be included in the ACHIEVE project; like the introduction of a health insurance scheme to enrolled households and several Household Economic Strengthening (HES) schemes such as communal farming and block granting.

With emphasis being placed on Youth and Adolescent Services (YAS) in this cycle, CFHI’s OVC and Network Coordinator and a team are now reviewing numerous materials for the development of an operating club manual. This manual would provide the guidelines to which all club activities are carried out and the behavioural change to look out for among the participants.

HIV/AIDS PREVENTION AND EMPOWERMENT PROJECT FOR YOUNG PEOPLE AND POSITIVE MOTHERS IN OBI COMMUNITY (HAPPY) PROJECT

To attain long-term and high level of community engagement in the HAPPY project’s activities by the community members and all stakeholders, the CFHI coordinating team was focused on carrying out Advocacy and Sensitization meetings for the month. To begin, through a Stakeholder and Power Analysis, the team identified various Key Influencers (KIs) within the Obi local government area and conducted Courtesy Visits to them. Some of these KIs included the traditional rulers of several communities in the LGA; such as the Chief of Ungwan Tashi, the Chief of Obi town (Osuko of Obi) and his Dalhatu (Deputy), the Chief of Adudu (Sarkin Adudu), and the Chief of Daddare (Sangarin Daddare). Others KIs were relevant government officials like the...
Dear Friend of the Family,

We have entered another strategic time of the year, the month of January. We welcome you to a new year as our team strive to give you the best in coverage of all of our activities.

In this Month’s newsletter, we will continue to update you with our ACHIEVE Project, as our team strategizes on how to reach the target population which includes: out-of-school youths and children of Female Sex Workers (FSWs). On the other hand, the HAPPY project team focuses on carrying out Advocacy and Sensitization meetings.

How has the Insurgency brought about an increase in the rate of HIV/AIDS? Find out more with our featured article titled; INSURGENCE AND NEW HIV INFECTIONS.

For your enlightenment, see other activities undertaken by CFHI as they are all highlighted in this edition. You could also visit our social media handles and website for other relevant information.

Enjoy your reading.

Kind regards,

Princess Osita-Oleribe,
Director, CFHI.

HIV/AIDS PREVENTION AND EMPOWERMENT PROJECT FOR YOUNG PEOPLE AND POSITIVE MOTHERS IN OBI COMMUNITY (HAPPY) PROJECT

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Director of Personnel Management in the OBI Local Government Council and the Officers in Charge at the LGA’s General Hospital. During these visits the KIs were informed about the project goals of eliminating the incidence of new HIV infections among children and reducing new infections among adolescents and young women; the strategies to be employed and the areas of their involvement. As a result of these visits, they pledged their support for the project’s activities and to be actively involved in the various roles they will be assigned.

The identified key stakeholders were also instrumental to the CFHI team’s mapping process as they provided valuable information on the most vulnerable communities, HIV treatment facilities, prospective schools and dependable community members that could be engaged as community volunteers. The importance of this information to the team is that high priority areas could be determined and reached; data on positive mothers enrolled into care could be attained; potential in school adolescents to participate and benefit from the project could be gotten; and the identified persons that could be added to the Community Enlighteners (COMETs). With these facts considered, attaining the project objectives will then be plausible.

Furthermore, to gain more community volunteers who would serve as COMETs during the Peer Education sessions, the CFHI team assessed some members of the National Youth Corps and then selected those who met the criteria for engagement. To follow-up on these tasks conducted by the team, a training of the nominated volunteers would ensue to ensure that their ability to adequately facilitate peer meetings is improved on and then those most qualified are selected to join the pool of COMETs. In continuance of the project, the CFHI team would continue with Introductory Visits to more relevant stakeholders, especially the traditional rulers in the LGA, and then supervise the community visits to be carried out by the trained COMETs.

INSURGENCE AND NEW HIV INFECTIONS

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downward trend is maintained, and the goal of an AIDS free generation is realized.

In relation to the global numbers on HIV incidence, Nigeria has the second highest prevalence rate of the disease; and the epidemic affects all population groups in all geographical areas of the country. In 2016, about 3.2 million people were recorded to be living with HIV and though this number includes every population demography, there are some groups of people perceived to be more at risk of becoming infected. Among these groups is the “displaced persons” population, whose susceptibility to the disease significantly increased with the current rise of insurgency in the country.

For instance, a study on 15 Internally Displaced Persons’ (IDPs) camps by the Borno Agency for the Control of AIDS (BOSACA) recorded about 3,800 new cases of HIV infections, of which 70 were children, between January and March 2017. Furthermore, a recent demographic survey by the National Population Commission shows that 2.4% of the state’s population are people living with HIV and AIDS. This shows that with the onset of the Boko Haram insurgency the state’s health indicators in the region have deteriorated. This fact is corroborated in a report written by the United Nations Agency for International Development, which states that the activities of insurgents over the past 5 years has led to the displacement of large populations, most of which are women and children; and as a
result, the numerous clients under the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project which have been disrupted from having regular access to HIV/AIDS care, treatment and support services. The disruption has also affected adherence rates to ART care and treatment amongst displaced Persons Living with HIV/AIDS (PLHIV).

From research, children and young people record higher rates of HIV infection than any other population groups; and it is seen more amongst those living in rural areas than those in urban ones. Reports have also shown that young women and adolescent girls, especially, those in the hard-to-reach-area, may be the highest at risk to contact HIV. Therefore, with the rise of insurgency in Nigeria, which especially occurs in Northern rural areas, the number of new HIV infections among adolescents in this region is on an increase, even exceeding that of children.

There are some associated factors that may have contributed enormously to the above statement and they include but are not limited to:

**Transactional Sex:** The common type of sex practiced in this area maybe known as transactional sex. This is a situation where one exchanges sexual favours for money or material gifts. The poor living conditions of these adolescent girls may push them into indulging in this.

**Early Marriage:** Early marriage may be the option of the family to gain favour or an exchange for money. Consequently, the girls are left susceptible to the disease as some of their partners may be infected and may not divulge their status to the girls or allow them access to prevention tools.

**Gender Inequality:** This is another factor that puts young girls at risk of contracting HIV. Most cultural practices especially in African countries encourage gender inequality, thereby exposing women to gender-based violence and sexual violence, all of which increases vulnerability. Younger women and adolescent girls get brutalized and raped by men who may have been exposed to the virus and/or man who do not even know their status. Furthermore, Gender Inequality can set an imbalance between genders, making the male feel they are superior and in charge, therefore young women can no longer make decisions about their own lives. Gender Inequality has caused more harm in our society.

**Limited Access to SRH Information and Preventive Tools:** Adolescent girls and young women in the hard-to-reach-areas may not have access to educative materials on this subject matter. The essentials on safe sex, condoms and other preventive materials may not even have been heard of by these ones. So, there is an urgent need to meet the HIV prevention needs of adolescent girls and young women, particularly those who are unable to negotiate monogamy, condom use and others.

UNAIDS stated that Nigeria is a Fast-Track country and its response is guided by the National Strategic Framework 2017–2021, which aims at ending AIDS by achieving zero new infections, zero AIDS related deaths, and zero discrimination. Elimination of mother-to-child transmission of HIV is a priority. Stigma and discrimination is a major challenge, especially towards key populations and people living with HIV”.

So, what is Centre for Family Health Initiative (CFHI) doing about this?

One of the objectives of CFHI is to end AIDS by eliminating the incidence of new HIV infections among children and reducing new infections among adolescents and young women. So CFHI coordinating team has started carrying out Advocacy and Sensitization meetings to educate and reach out to her targeted populations such as: women, adolescent girls, orphans and vulnerable children (OVC), Risks Persons (MARPs).

**OTHER CFHI ACTIVITIES: FY18 STRATEGIC PLANNING MEETING AND OVC EDUCATIONAL SUPPORT**

With the organization's new fiscal year commencing this January 2018, the entire CFHI team, including members of other state projects’ teams, conducted a week-long Strategic Planning meeting. The purpose of this meeting was for the team to review its activities in FY17, and assess the impact made on its beneficiaries through these interventions. A second reason the meeting was held was for the team to adequately plan its annual commemorated events so that the various planned activities to be conducted would ultimately lead to an increase in the public’s awareness of CFHI’s projects and impact; thereby, increasing its opportunities for new partnerships and funding.

The provision of educational support was minimally continued in this month, due to limited funds available for the delivery of the services available in this intervention. As such, only one Vulnerable Child (VC) was supported with the tuition fees for a new school term and two others had counselling sessions with CFHI’s VC/Networks Coordinator on various issues common to young adolescents.
Interested in helping in any aspect of our work?

Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family-centred, so that our beneficiaries are reached with activities that proffer sustainable solutions.

Therefore, persons or organizations concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should please contact us.

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