There are about 7.6 billion people living in the world today; of which about a quarter of them are rural women. About 43% of these women contribute substantially to the agricultural labour force, providing informal and sometimes unpaid skills such as tilling the land and planting the seeds, from which the produce is used to feed the 80% of the Asian Saharan African population. Yet, of 60% the suffering from 80 million people hunger in the world today are the rural women because they are affected by multi-dimensional and extreme poverty.

ADDRESSING GENDER GAPS IN AGRARIAN POPULATIONS: A MAJOR STRATEGY FOR ACHIEVING SUSTAINABLE SOCIETIES

In continuation of its provision of training and mentoring exercises to Health Workers (HWs) and Key Population (KP) in Kaduna state, the assigned team and its volunteers organized and supervised various meetings in the targeted 10 Local Government Areas (LGAs). During these community forums, the team continued sensitizing the participants on the need for families to adopt the use of Long Acting Reversible Contraceptives (LARCs) as their Family Planning/Post-Partum Family Planning (FP/PPFP) option due to their effectiveness and viability. In previous months of this Clinton Health Access Initiative (CHAI) project, the project team had successfully activated 6 of the 10 LGAs through forums organized for HWs and Key Influencers (KIs) such as Traditional and Religious rulers, Traditional Birth Attendants (TBAs), Christian Women Organization (Zumuntan Mata) and Islamiyyah (Islamic school) Teachers. For this reason the 4 remaining LGAs- Kagarko, Kajuru, Chikun and Igabi, were then activated within the month; with 24 forums held and 993 KIs reached. The learnings from these meetings were then cascaded to other caregivers and pregnant women by the Islamiyyah Teachers and TBAs in 97 meetings. A total of 2,310 women were reached through these sensitization sessions in Igabi, Chikun, Kachia, Zango-Kataf, Kagarko and Kajuru LGAs.

At the close of the month, a total of 6,476 KIs and Caregivers were in attendance of the 243 different forums that occurred. This is so that the behavioral change being advocated for can be well understood by all members of the communities, especially women of child bearing age; and then adopted as common practice by the communities. So far, 110 Cascade Sessions occurred in Soba, Kudan, Kubau, Zango-Kataf, Chikun, Kajuru, Kagarko and Ikara LGAs. These succeeding sessions had a total of 1,078 Muslim women and 2,095 pregnant women in attendance of 32 Islamiyyah and 78 TBA meetings.
Dear Friend of the Family,

In this month’s Newsletter, we explore the state of a very important unit of the global society- The Rural Women. These women are majorly responsible for the sustenance of mankind; because they are the major contributor of the world’s agricultural sector, which is the primary source of the world’s food. Yet, they are the worst hit by poverty in the world today.

Through the article, Addressing Gender Gaps in Agrarian Populations: A Major Strategy for Achieving Sustainable Societies, we look into the inequalities and limitations these women face and the ways we can address them; especially on their Sexual Reproductive Health and Rights (SRHR). For more on the issue, please read the article enclosed in the newsletter.

Other information included in this edition of our publication are reports on the ongoing Family Planning sensitization project in Kaduna state and the newly begun Positive Action for Child Fund project in Obi LGA, Nasarawastate.

As always, I hope you have a pleasant time reading the 9th edition of our monthly newsletter.

Kind regards,

Princess Osita-Oleribe
Director, CFHI
every year or 20-fold per century; causing there to be more young individuals available for a limited number of jobs per time. This eventually placed high financial burden on the governments and families alike, straining resources and increasing their odds of becoming a failing state. Therefore, the lack of family planning increases a population’s growth per time and then people become less likely to have access to already scarce resources; which were minimally available to women in rural areas. 215 million women do not have access to family planning information and services and 59% of these women are mainly from sub-Saharan African countries and India.

The understanding of the role family planning plays in increasing the economic productivity and growth of Nigeria, in addition to improving maternal and child health, led our organization to collaborate with Clinton Health Access Initiative (CHAI) in a project that aims to increase Nigerian women’s, especially those in rural areas, access to family planning information and services. In order to achieve this goal, we are employing a community engagement strategy of training and mentoring health workers and Key Influencers (KIs) on a cost-effective and reliable Post-Partum family planning method- Long Acting Reversible Contraceptives (LARCs), in 10 Local Government Areas of Kaduna state- a state with about 80% of their inhabitants involved in the agricultural sector. The participants of these on-going trainings include Traditional Birth Attendants (TBAs), Traditional and Religious Leaders, and Christian Women Groups (Zumuntar Mata). Furthermore, the Muslim leaders would step-down the trainings to members of their Islamiyyahs (Islamic Schools), to ensure that all in the target group are adequately reached. In total, our project team members will be disseminating this information to at least 900 TBAs, 20 Christian Women Organizations, 50 Islamiyyah schools with a maximum of 30 participants per time, 109 Religious leaders and 400 Traditional heads. Also, women who state their interest in utilizing any LARC option, either implants or Intra-Uterine Devices (IUDs), would be adequately linked to community and health facilities, thereby increasing their access to family planning services. There will also be a distribution of Information Education Communication (IEC) materials to the participants and the community on family planning in the most common language in all areas reached. This is to ensure that the participant understands that the issue is attained and as a result more families will demand for and utilize implants or IUDs instead of not as effective FP methods like Breastfeeding or no FP at all. According to the United Nations Population Fund (UNFPA), a slower growth rate would give governments’ ample chance to provide better social services such as education and healthcare; to sustainably manage their natural resources for the economic growth and development of their nations. It also aids to limit the nations’ dependent populations as more skilled people, particularly the women, would be available to duly contribute to the labour force. Therefore, it seems paramount for the global society to increase rural women’s participation in decision making, especially when it concerns their reproductive health; while also expanding their access to resources and opportunities, so that the overarching Sustainable Development Goal of Ending World Poverty can be achieved.

Traditional and Religious Leaders in a Training Session in Kubau LGA

Continuation from cover page

project were part of these unsafe areas. For instance, 18 TBAs from Chikun did not make it to their cluster forum because of the insecurity in the area and as such some Cascade sessions had to be delayed for a period. In subsequent months of the project, the follow-up sessions will continue in the LGAs that these did not occur. Furthermore, the project team have begun Special Ward Sensitization meetings and have done this in Kachia and Igabi wards. The essence of these special meetings is to discuss and address common myths and misconceptions about Family Planning practices and the team plans to continue similar meetings in other wards.

OTHER PROJECT REPORTS

With the fiscal year of most of our projects ending the previous month, activities in these projects have been minimized. Though, for the successes recorded in these projects to be sustained and repeated, follow-up activities were conducted within the month. For the WYNE project, follow-up visits and calls were conducted to the 25 beneficiaries of the small grants. As a result of these activities, 6 of the women who received these grants have remitted the zero interest loans to the organization. The 19 left have made a good amount of remittance but calls and visits will continue to ensure there is a 100% remittance and then a new set of women can be empowered.

Furthermore, a third Child Friendly Centre was established in the Karimo community, with the support of the SUSTAIN OVC team. This is so that the children in the community are continually provided with psychosocial and educational support, that will prevent more children from dropping out of school and those out of school are kept out of troubles with them being occupied in activities at the centres.

Finally, in continuation of the organization’s OVC and Child Protection programs, the tuition fees of 26 enrolled children were paid for the new session and 10 of these students were provided with essential scholastic materials. Unfortunately, due to limited funds available and increase in tuition fees and the number of eligible children in need of this support service, many children could not get the books and other materials they need and many had to resume late to school. CFHI hopes to get more eligible orphans and vulnerable into school when more donations are made to the organization for this cause. Also, a case of abuse of girl (under 10 years) was followed up on by the Director, OVC coordinator and Child Protection Officer. The child was physically abused by her mother, who put a hot stone into the girl’s mouth as a punishment for taking 150 to buy food. After poor first aid treatment was given to the girl by concerned neighbours, CFHI stepped in and in the end she received quality care from the National Hospital Intensive Care unit for Burns victims. She is now better and the organization is pursuing legal action against her mother.

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A SUCCESS STORY

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.

Our Contact Information

CFHI Head Office, Abuja
Faith complex, Plot 508 Excellence & Friends road, off Liberty road (Arab road) Cadastral Zone, Kubwa extension 2, Kubwa, Abuja.

Kaduna State Office
Suite B3, 2nd Floor, KC Holdings Building, No. 24 Constitution road, Kaduna.

Imo State Office
Plot 4 Commercial Action Area, New Owerri, Imo state

Nasarawa State Office
Suite 14 Maidunama Plaza, Stadium Junction (Beside New CBN), Bukan Sidi, Lafia, Nasarawa.

Obi Project Office
Upstairs, Agada Street, Keana road, Agwada Ward, Obi LGA, Nasarawa State.

Telephone:
+234(0)8096083336, (0)8096083359, (0)8090492227

Website: www.cfhinitiative.org
E-mail: info@cfhinitiative.org
Twitter: CFHInitiative, Instagram: cfhinitiative, Facebook Page: Centre for Family Health Initiative.

The Aboi family is an indigent household identified and enrolled into our SUSTAIN OVC project. The caregiver, Mr Joseph, is a widower and he lives alone with his 15-year-old son, Goodluck.

Goodluck is reactive and had been out of school for a year due to health complications associated with HIV. CFHI got to know about him when he referred from Kubwa General Hospital, where he was enrolled into ART services.

When the project team first met Goodluck, he was severely malnourished and looked at least half his age. This prompted the team to enrol him immediately into the care and support program make a cash transfer to his father.

On subsequent assessments, the team found out that Mr. Joseph was unemployed and daily lived on the support of family, friends and his church. For this reason, he was also granted a micro loan from the Household Economic Strengthening (HES) program; with which he opened a small window provisions shop from his home. Therapeutic meals were then provided to his son, to aid with his nutritional needs.

Goodluck was re-enrolled back to junior secondary school and given school materials. At the start of the new school session, he started his classes and has recorded a subtle weight gain of 3kg.

He was also supported to create a last will and testament to ensure that in the event where he can no longer take care of Goodluck or at his demise, arrangements are in place for succession.

The Abois with CFHI's SUSTAIN OVC Project Staff

Celebrating some of our staff with exceptional service