



**Women & Community Livelihood Foundation  
FY 17 QUARTER 3 Project Implementation  
Report  
1<sup>st</sup> April – 30<sup>th</sup> June 2017**

**Strengthening Integrated Delivery  
Of **HIV/AIDS** Services (SIDHAS)**

**Community System Strengthening (CSS) New  
Funding Model (NFM)**

**Local Partners Initiative in Nigeria for Orphans &  
Vulnerable Children (LOPIN 2)**

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### **A BRIEF WOCLIF PROFILE**

Women & Community Livelihood Foundation (WOCLIF) is a registered not-for-profit organization located at 3, Ebiyak Street, Etinan with branches in GRA Ikot Ekpene, Uyo, Ibesikpo and Itu. The organization was established in January 2007 to positively change the lives of the poor in the community. With the vision of a society where everyone enjoys good health and is empowered for better life, to achieve this, our mission is to promote access to good health and empowerment to our target beneficiaries through education, capacity building and collaboration.

WOCLIF's core values are integrity, accountability, transparency, commitment and team spirit.

## Acronyms

ARFH	Association for Reproductive and Family Health
ART	Anti- Retroviral Therapy
CBO	Community Based Organization
CIT	Community Improvement Teams
CIYCF	Community Infant and Young Child Feeding
CV	Community Volunteer
DIs	Direct Implementing Teams
FHI-360	Family Health International 360
HES	Household Economic Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IA	Implementing Agent
IP	Implementing Partner
LACA	Local Action Committees on Control of HIV/AIDS
LGA	Local Government Area
LLIN	Long-Lasting Insecticide Nets
LOPIN	Local Partners Initiative for Orphans and Vulnerable Children
MAP	Most at Risk Population
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NOMIS	National Orphans & Vulnerable Children Management Information System
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
QI	Quality Improvement
SACA	State Agency for the Control of HIV/AIDS
SCFN	State Committee on Food and Nutrition
SFH	Society for Family Health
SMART	Standardized Monitoring and Assessment of Reliefs and Transition
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
TOT	Training-of-Trainers
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VC	Vulnerable Children
VSLA	Village Savings and Loans Association
WEWE	Widows and Orphans Empowerment Organisation
WOCLIF	Women & Community Livelihood Foundation

# **Strengthening Integrated Delivery Of **HIV/AIDS** Services (SIDHAS)**

Funded by the President's Emergency Plan for AIDS Relief through U.S. Agency for International Development

## **Executive Summary**

Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project in collaboration with Akwa Ibom State government from April - June, 2017 sustained efforts in the implementation of HIV and TB services across the sustained response LGAs of Etinan, Nsit Ibom, Ibesikpo Ikono and Ibiono and 2 priority LGAs of Uyo and Uruan in line with its mandate of ensuring increased access, improved cross-sectional integration of high quality comprehensive HIV/AIDS services and promoting project ownership and sustainability.

To further improve on service delivery and enhance quality across the SIDHAS supported facilities with human resource, WOCLIF team provided technical assistance to our CVs, referral focal persons, Adherence counselors in all the facilities we work through supportive mentoring on community services as well as proper use of referral forms for documentations of facility-community linkages. All community gaps identified were also addressed alongside.

In continuation of providing basic care and support for people living with HIV (PLHIV), 18 support group meetings took place in Uyo, Ikono, Ibiono, Uruan, Etinan, LGAs to boost retention, viral load suppression, client tracking, identification of new cases in the communities with 395(M: 105, F: 290) in attendant. PLHIV were reached through support group meetings with health talk on drug adherence, nutritional counselling, Income Generating Activities/VSLA, Household Nutrition, Personal Hygiene, light exercise and use of basic care kits. Positive Health Dignity and Prevention interventions (PHDP) were promoted along with the administration of chronic care checklist/Gender Based Violence Questionnaire and benefits of disclosure of HIV status to partners. Members were counseled on correct and consistent use of condom for protection safety. During the period under review, 25(M: 12, F: 13) were referred from Communities to Health Care Facilities out of which 3(M: 1, F: 2) were fresh reactive cases referred for ART at UUTH. WOCLIF also received 29(M: 5, F: 24) referrals from facilities.

500(M: 167, F: 333) PLHIV classified as defaulters were reached by community volunteers through home visits with information from client tracking lists generated from facilities. The outcome of the tracking were as follows 196(M: 69, F: 127) were returned to care and treatment, 205(M: 69, F: 136) were not reached, 31(M: 10, F: 21) were self-transferred, 64(M: 18, F: 46) stopped their treatment while 4(M: 1, F: 3) were known death within the month under review.

WOCLIF also conducted kids club during the quarter under review where 2831 (M: 1421, F: 1410) kids were met and services provided includes psychosocial, nutritional, educational

counselling was offered. Kids got to know about life building skills. They apply the new skills learnt so far effectively in their day to day life. Life skill, goal setting, value clarification and good moral standard were taught and 523(M: 178, F: 345) were met at caregivers forum. Caregivers were taken on good parenting using parenting guide, income generating activities (IGA) was also emphasized. 38(M: 17, F: 21) people participated in two CPC meetings that took place in two communities of Uruan and Uyo. Community prevention and mitigation activities continued within the reporting period with the aim of increasing access and improving quality service delivery with a focus to achieving epidemic control within the scale up LGAs, the community volunteers with the mentoring and supervision of WOCLIF's PO and M&E Officer conducted enrolment of OVC through house to house and Paediatric Intensify Case finding strategies. Also, the service forms were used to provide health, educational, HTS, legal protection, nutritional and psychosocial services where necessary. 6139(M: 3063, F: 3076) OVC were enrolled and served. 1002 (M: 492, F: 510) are newly enrolled. Also, during the period under review, WOCLIF enrolled 3(M: 1, F: 2) reactive cases through pediatric testing and enrolment out of which 2(M: 0, F: 2) is adult and 1(M: 1, F: 0) OVC. 1773(M: 872, F: 901) as number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (OVC SERV) within the period under review while 4366(M: 2191, F: 2175) OVC graduated out of the program during the period under review and 657(M: 314, F: 343) were given birth certificate. WOCLIF/ARFH Organized Community/Facility assessment visit to UUTH, Palmer Hospital Ikot Usen ibiono, Handmaids Hospital Ikot Mbang Ibiono, Etinan General Hospital, PHC Nwaniba, Methodist General Hospital, Precious Seed Clinic Uyo, Ituk Mbang, PHC Idu, Police Clinic, PHC Base in Uruan and Uyo LGAs and field work to assess and monitor the level of impact on the lives of empowered caregivers, OVC, PLHIV and the communities. Community/Facility Linkage to ensure and strengthen community/facility linkage effectiveness was factored. Response contact list was also generated during the meetings to enhance proper follow up.

In view of the need to provide quality service and better HH care planning, OVC Case Management/Savings Group Methodology for CBOs Staff, CVs and Local Government Welfare officers on the 2<sup>nd</sup>-4<sup>th</sup> May 2017 held at Bassey Albert Akpan's Liaison Office, Ewet housing Estate, Uyo. ARFH and fhi360 visited WOCLIF for Peer Review, field trip to monitor empowerment of OVC and Caregivers and inauguration of ECCDC in Anan Ikono, Uyo. The

entourage which was led by (ARFH) deputy Director, Dr. Sylvester Utulu, included Dr. Emmanuel Mshelia, SPM fhi360, Dr. Daniel Umoren, SPO ARFH Akwa Ibom State, Dr. Anulika SPO Edo State, Mr. Emmanuel DHSP, PM on SIDHAS, Mr George Ayaraekpe fhi360-AKS, Nneka Nnodum ARFH PV-AKS on the 14<sup>th</sup> June 2017. April, May and June project review meetings with CVs to assess the level of impact of the project, challenges and way forward was held on the 16<sup>th</sup>, 23<sup>rd</sup> May and 23<sup>rd</sup> June 2017 respectively at WOCLIF office, Etinan with 17(M: 8, F: 9) CVs in attendance.

Summary Table

Indicators	Target	Quarterly Achievement			FY16 Cumulative Achievement
		M	F	TOTAL	
<b>Active beneficiaries:</b> Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS ( OVC_SERV)	17741	3063	3076	6139	9489
<b>Transferred beneficiaries:</b> No of children or their families who require ongoing support are handed over to a different program or service provider not supported by PEPFAR					
<b>Exited beneficiaries:</b> no of OVC beneficiaries who have exited without graduation		677	486	1265	1265
Number of active beneficiaries accompanied or otherwise supported for transport to HIV testing, care and/or treatment services at least once every three months (OVC_ACC	2344	1030	1032	2062	2594
Percent of children who have a birth certificate	100	49	50	99	88
Percent of children regularly attending school	100	32	41	73	73
Number of orphans and vulnerable children (<18 years old) whose HIV status is known or unknown	7033	1030	1032	2062	2594
No of older OVC (15 – 18 yrs.) trained on entrepreneurship and vocational training	100				5
No of Beneficiaries provided with startup materials	200				15
No of clients tracked during home visits		167	333	500	1445

1. **Progress in Specific Program Areas** *Insert technical area (e.g. HTC & PMTCT)*

1. **OVC**

**KRI**

**OVC Service provision**

# of OVC enrolled and served both in the community (disaggregation by sex).  
*Number should reflect figures entered into NOMIS*

6139(M: 3063, F: 3076) OVC were provided with services. HIV Testing and counseling services, Birth registration, CSI follow up during home visit across the SIDHAS targeted communities in two priorities Local Government Areas covered by Community Volunteers of WOCLIF. The Community Volunteers adopted the strategy of Intensify Pediatric Case finding in their enrollment.

**OVC\_ACC**- Number of active beneficiaries accompanied or otherwise supported for transport to HIV testing, care and/or treatment services at least once every three months

**Graduation** - Exit of beneficiaries (OVC/Households) from PEPFAR support having met a set of “pre-determined criteria” that imply support from the program is no longer required

4366(M: 2191, F: 2175) OVC who have made a set of pre-determined criteria that support from the program is no longer required. Some of undergone skill acquisition training. Some caregivers have also been given HES and start-up materials.

**Transition:** Children or their families who require ongoing support are handed over to a different program or service provider not supported by PEPFAR e.g. Government, at project deadline

**Exited beneficiaries:** OVC beneficiaries who have exited without graduation

1262(M: 677, F: 486) exited by lost to follow up and age out

**Economic Strengthening**

# of Beneficiaries (SG & Caregivers) and older OVC (15 – 18 yrs.) trained on micro enterprise finance and record keeping and management

# of Beneficiaries (SG & Caregivers) provided with startup materials)

# of older OVC (15-18yrs) trained on vocational skill acquisition

**Nutrition**

i. # of OVC under 5 yrs. of age who are undernourished

ii. # of severely undernourished OVC referred to the health facility  
*(MUAC strip in RED)*

**Child Protection**

# of OVC registered and issued birth certificate  
Child Protection Committee intervention (either on-site or through referral) to provide services e.g. respond to

883(M: 446, F: 437) were registered and issued birth certificate

violence, Longer term psycho-social support, Legal counsel, success stories etc.

### Health

Preventive measure in place:

# of children Immunized

# of children growth monitored

# of children who received Vitamin A supplements

# of children de- wormed

6139(M: 3063, F: 3076) OVC were provided with HIV Testing and counseling services during home visit across the SIDHAS targeted communities in two priorities Local Government Areas covered by Community Volunteers of WOCLIF.

# of children who received HIV counseling and testing

6139(M: 3063, F: 3076) OVC were provided with Health Education counseling during the month through Home Visits by CVs. 3(M: 1, F: 2) discovered new reactive cases through pediatric testing and enrolment received access to HIV care during the period under review.

# of OVC who received health education.

#of OVC who received access to HIV care.

### Home Visits

# of CVs that conducted home visits

17(M:8, F: 9) CVs conducted home visits

29(M: 5. F: 24)

# of children who received treatment of minor ailments during home visits

# of children referred to health facility

### Psychosocial Support

Kid's club in place and functioning  
(indicate if meeting held)

14 kids' club meeting took place at Anan Ikono, in Uyo LGA and also took place at Mbiakong and Ituk Mbang in Uruan LGA.

# of children that attends Kid's club

2831 (M: 1421, F: 1410) During the quarter under review, kids club was held. The kids were treated to moral messages, sing songs, dance competition, games, communication skills, value clarification, self-esteem, personal skills, how to avoid premature and unprotected sex to adolescent club members, gender equality, how to avoid derogatory words, peer education, etiquette, simple exercise and refreshment was also given while household nutrition, income generating activity, personal hygiene, positive

health living are some of the activities conducted at caregivers forum. They learned how to communicate effectively, learned how to cope with emotions, how to avoid derogatory words, learned how to choose peers. They also learned how to have self-esteem. The caregivers on the other hand, learned how to care effectively for their wards. They got acquainted with household nutrition and balanced diet.

#### APRIL

Total Number reached: 242(M: 110, 132)

Mbiabong Ikono: 242(M: 110, 132)

#### MAY

Total Number reached:1936(M: 954, F: 982)

Ikot Ekpeyak Ikono: 227(M: 102, F: 125)

Ndon Ebom: 211(M: 91, F: 120)

Ikot Obio Mkpong Ikono: 227(M: 105, F: 122)

Anan Ikono: 113(M: 65, F: 48)

Atan Offot: 204(M: 107, F: 97)

Ikot Ayan Ikono:227(M: 122, F: 97)

Mbiabong Ikono: 204(M: 107, F: 97)

Mbiakong Uruan: 117(M: 62, F: 55)

Nung Ikono Ufok: 223(M: 108, 115)

Ikot Nsung Ikono: 183(M: 68, F: 115)

#### June

Total number reached: 653(M: 357, F: 296)

# of caregivers that attends Care giver's forum

Types of activity conducted and outcome during the meetings (Kid's club & Caregivers forum)

Care giver's forum in place and functioning (*indicate if meeting held*)

Ituk Mbang: 232(M: 118, F: 114)

Anan Ikono: 212(M: 124, F: 88)

Mbiakong Uruan: 209(M: 115, F: 94)

523(M: 178, F: 345) Care givers attended caregivers meetings that took place within the quarter under review. Emphasizes was on personal hygiene and balanced diet. With the application of parenting guide, responsibilities of a parent, role model, good parenting were taught.

**RECORD KEEPING:** WOCLIF team encouraged caregivers' on effective, quality and proper record keeping. The caregivers also brainstormed and exposed to how to prepare income and expenses accounts, loss and profit accounts.

1. Use for taking informed decisions
2. To know the business you should invest more
3. Helps identify the strengths and weaknesses in one's business

4. Helps to reveal debtors, amount due and when payments are due so as to avoid heavy costs of bad debts
5. They reveal fast moving goods, slow moving goods
6. They reveal those goods that are about to expire and other vital information in the business
7. They help in calculating business profits or losses
8. Helps in business planning
9. They are needed by lenders of business finance
10. Will help you plan to meet financial commitments such as paying creditors or employees

Finally, caregivers were exposed to time management, accountability, transparency, integrity, commitment, assertive, communication, self-motivation, negotiation, confident, flexibility, planning, hardworking, risk taking, curious, experience, ethical, honest as qualities of good business person

#### HOW TO SAVE MONEY

According to the participants, money can be saved in the following ways:

1. In the box
2. Village savings and loans
3. Banking
4. Daily savings(carding)
5. Investing(storage)

#### BENEFITS OF SAVING MONEY

1. To achieve dreams and goals
2. Security in old age
3. Saved money multiplies(i.e. for making interest)
4. For protection disaster (theft, fire outbreak etc.)

#### ACTUAL OUTCOME

1. Caregivers learned different skills they can engage themselves
2. Savings, empowerment and economic strengthening were discussed

3. Parents applied the right parental care to their children
4. Members planned for their forum's Income Generating Activities (IGA)
5. Members shared their concern and got their questions answered
6. Demonstrate the ability to find an attractive market that can be reached economically with the right kind of product.
7. They have learned business planning
8. They also learned how to find out what consumers want, planning and developing a product or source that will satisfy those wants, determining the best way to price, promote and distribute that product or services.
9. They learned time management in business.

#### **APRIL**

***Total Number reached: 48(M: 19, F:29)***

***Mbiakong Uruan: 48(M: 19, F:29)***

#### **MAY**

***Total Number reached: 129(M: 16, F: 113)***

***Nung Ikono Ufok: 36(M: 2, F: 34)***

***Ikot Obio Mkpong Ikono: 50(M: 2, F: 48)***

***Ikot Nsung Ikono: 26(M: 11, F: 15)***

***Mbiakong Uruan: 17(M: 1, F: 16)***

#### **JUNE**

***Total Number reached: 346(M: 143, F: 203)***

***Anan Ikono 111(M: 36, F: 75)***

***Ituk Mbang Uruan: 148(M: 69, F: 79)***

***Mbiakong Uruan: 87(M: 23, F: 79)***

#### **Education**

Advocacy for waiver of school fees by advocacy team

# and name of schools advocacy conducted?

# and name of schools provided with school supplies ( duster, table, chair etc.)

in place of school levies  
# of OVC who benefitted from school supplies  
# of children who progressed in school  
# of children regularly attending school

Caregivers Forum 523(M: 178, F: 345) attended in 13 caregivers meetings that took place within the month under review.

Child Protection Committee activities

### 3. BASIC CARE & SUPPORT

#### KRI

#### Increasing access to HIV services

##### Support group activities

1. # of meetings held in reporting period, attendance (M:F), activities & outcomes 395(M: 105, F: 290). 17 support meetings took place in Uyo, Uruan, Ibiono, Etinan, Ibesikpo and Ikono LGAs.

2. # of PLHIV screened for chronic care during support group meetings 395(M: 105, F: 290). In continuation of providing basic care and support for people living with HIV (PLHIV), 11 support group meetings took place in Uyo, Uruan, Ibiono, Ikono and Etinan LGAs to boost retention, viral load suppression, client tracking, identification of new cases in the community with 395(M: 105, F: 290) in attendant. PLHIV were reached through support group meetings with health talk on drug adherence, nutritional counselling, Income Generating Activities/VSLA, Household Nutrition, Personal Hygiene, light exercise and use of basic care kits. Positive Health Dignity and Prevention interventions (PHDP) were promoted along with the administration of chronic care checklist and benefits of disclosure of HIV status to partners. Condoms were also provided to support group members and beneficiaries were counseled on correct and consistent use of condom for protection safety.

25(M: 12, F: 13)

3. # referred for further management of suspected chronic conditions

##### Stigma & discrimination reduction

Community dialogue meetings to reduce stigma and discrimination (dates, locations and # of participants) 38(M: 17, F: 21) people participated in two CPC meetings that took place in two communities of Uruan and Uyo at Ikot Oboi Mkong Ikono and Ifiayong Usuk on the 8<sup>th</sup> and 9<sup>th</sup> May 2017

##### Client Tracking

1. # of defaulting Clients tracked (M, F). 500(M: 167, F: 333) PLHIV defaulted clients were tracked during the month by the Community Volunteers.

#### DATA SUMMARY FOR TRACKING 500(M: 167, F: 333)

2. Outcomes of client tracking for reporting period (# returned to care, self-transferred, 196(M: 69, F: 127) people returned to care, 205(M: 69, F: 136) people were not reached 31(M: 10, F: 21) people self-transferred 64(M: 18, F: 46) stopped their treatment

stopped care and treatment, not reached, known deaths)

4(M: 1, F: 3) were known death  
The breakdown are as follows:

**1. PHC Base, Uyo 72(M: 16,F 56)**

24(M: 5, F: 19) people returned to care,  
44(M: 10, F: 34) people were not reached  
2(M: 0, F: 2) people self-transferred  
2(M: 1, F: 1) stopped their treatment  
0(M: 0, F: 0) were known death

**(2) PHC Idu Uruan 90(M: 24, F: 66)**

29(M: 8, F: 21) people returned to care,  
39(M: 10, F: 29) people were not reached  
3(M: 1, F: 2) people self-transferred  
16(M: 4, F: 12) stopped their treatment  
3(M: 1, F: 2) were known death

**1. Police Clinic Uyo 167(M: 69, F: 98)**

91(M: 38, F: 53) people returned to care,  
65(M: 28, F: 37) people were not reached  
2(M: 1, F: 1) people self-transferred  
8(M: 2, F: 6) stopped their treatment  
1(M: 0, F: 1) were known death

**2. Methodist General Hospital, Ituk Mbang 91(M: 26,F 65)**

13(M: 4, F: 9) people returned to care,  
32(M: 12, F: 20) people were not reached  
22(M: 7, F: 15) people self-transferred  
24(M: 4, F: 20) stopped their treatment  
0(M: 0, F: 0) were known death

**3. Handmaid Hospital 30(M: 11,F: 19)**

19(M: 7, F: 12) people returned to care,  
6(M: 2, F: 4) people were not reached  
1(M: 0, F: 1) people self-transferred  
4(M: 2, F: 2) stopped their treatment  
0(M: 0, F: 0) were known death

**4. University of Uyo teaching Hospital (UUTH) 40(M: 18,F 22)**

20(M: 7, F: 13) people returned to care,  
11(M: 6, F: 5) people were not reached  
0(M: 0, F: 0) people self-transferred  
9(M: 4, F: 5) stopped their treatment  
0(M: 0, F: 0) were known death

**5. Precious Seed Clinic 10(M: 2,F 8)**

0(M: 0, F: 0) people returned to care,  
8(M: 1, F: 7) people were not reached  
1(M: 1, F: 0) people self-transferred  
1(M: 1, F: 0) stopped their treatment  
0(M: 0, F: 0) were known death

**Referrals and Linkages**

# of clients referred from  
Community to health facility  
with completed Referrals within  
reporting period.

During the period under review, 25(M: 12, F: 13) were referred from  
Communities to Health Care Facilities for both ART and other services out of  
which 3(M: 1, F: 2) were fresh reactive cases referred for ART at UUTH.

WOCLF also received 29(M: 5, F: 24) referrals from facilities to the  
community for PLHIV support.

# of clients referred from health  
facility to community services  
who completed referrals within  
the reporting period.

# of L.G.A Cluster coordination  
committee meetings held during  
the reporting period.

**K2**

Trainings & external meetings  
(dates, locations and # of  
participants)

Mentoring & supportive  
supervision

Fhi360 M&E visit on the 9<sup>th</sup> and 18<sup>th</sup> May 2017

**OBJECTIVE**

To offer technical assistance

To validate data at the M&E unit

To Supply of newly approved M&E tools

**EXPECTED OUTCOME**

To set modalities for requirement for the use of the new tools

To strengthen the synergy between program and M&E units

**ACTUAL OUTCOME**

The M&E officer know how to use the new tools supplied

Daily work sheet, client intake and HIV test and result forms were supplied

Registers were also validated

AKS SPO visit on the 19<sup>th</sup> MAY 2017

**OBJECTIVE**

To offer technical assistance

To offer information on the latest development and strategies of implementation

ACTUAL OUTCOME

WOCLIF know the newest area of concentration

Quality service delivery was emphasized

Graduation bench marks was set

CSI follow-up tools was supplied for follow-up

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Participation at TWG Meetings  
(Objectives, venue, date,  
participants, main outcome):

# Local Partners Initiative in Nigeria for Orphans & Vulnerable Children (LOPIN 2)



**USAID**  
FROM THE AMERICAN PEOPLE



## 1.1 Program Description/Introduction

### Project Goals:

Women & Community Livelihood Foundation (WOCLIF) is a registered not-for-profit organization located at Plot 20, Holy Child International School Road, GRA Ikot Ekpene, Akwa Ibom State. The organization was established in January 2007 to positively change the lives of the poor in the community.

In order to achieve WOCLIF's vision of "a society where everyone enjoys good health and is empowered for better life and to key in to WEWE's mission of "harness the potentials of widows, orphans, and vulnerable segment to become productive entities in the society through advocacy, capacity building, economic empowerment and human right program", **WOCLIF is committed to improving the quality of lives of 2449 vulnerable children and 853 households (including HIV infected and affected households) and making the four communities of Ikot Obong Edong, Ikot Idem, Ikot Inyang and Ikot Udoe the best place to live in Ikot Ekpene Local Government Area of Akwa Ibom State for vulnerable children.**

### Project Objectives:

1. To improve the capacity of the community structures in the LGA, to provide quality services to 2449 VCs and 853 HHs in Ikot Obong Edong, Ikot Inyang, Ikot Udoe and Ikot Idem communities in Ikot Ekpene LGA of Akwa Ibom State.
2. To facilitate access to Education and Training, Psychosocial Support, Protection, Health, Shelter and Care, Nutrition and Food Security and Household Economic Strengthening to the targeted VCs and HHs
3. To develop a strong referrals system and PPP within the LGAs, to mobilize the resources for the provision of quality care and support to the targeted VCs and the HHs.
4. To facilitate HIV prevention for adolescent girls and addressing other gender norms affecting female caregivers and girls.

To achieve the aforementioned objectives, the following strategies adopted:

- Advocated for the support of the targeted communities and other key stakeholders where WOCLIF will be working
- Enrolled and trained credible and reliable community volunteers to help in providing services for vulnerable children and the households.
- Formation and training of Community Improvement Team in the four targeted communities of Ikot Obong Edong, Ikot Udoe, Ikot Idem and Ikot Inyang to serve as frontline responders identifying and responding to children and households having challenges.
- Conducted massive HCT in the targeted communities in order to know HIV status of already enrolled vulnerable children and households
- Identified HIV infected and affected households and enrolled them in the project
- Referrals of infected and affected households to the facility for ART services
- Conducted Counseling Support Service through Home Visit.
- Leveraged resources from other partners/facilities that are working with children and refer them for services that are not funded by WEWE-LOPIN project.
- Monitored to ensure all these activities are performed.

1.2 Summary of Results to Date

1.1 Summary of Results to Date

Standard Indicators	Baseline FY YYYY	Annual Target	Q1 FY17	Q2 FY17	Q3 FY17	Q4 FY17	Annual Performance Achieved to the End of Reporting Period (%)	On Target Yes or No (Y/N)
OVC_SERD: # of active beneficiaries (VC) served by PEPFAR OVC programs for children and families affected by HIV/AIDS		3161	1664	1515		1389		
# of Vulnerable Household newly enrolled		353	4	5		9		
Cumulative # of Vulnerable Household enrolled		353	451	457		466		
NC5.2D: # of Vulnerable Children newly enrolled		1059	14	57		32		
Cumulative # of Vulnerable Children Enrolled		1059	1483	1506		1538		
# of care givers trained to improve their ability in caring for OVC			0	0				
# of caregivers provided with economic strengthening			0	1				
# of CITs formed and trained on Improvement Science and the National Service Standard on improving the quality of life of VC		40	0	0				
# of persons trained on			0	0				



Standard Indicators	Baseline FY YYYY	Annual Target	Q1 FY17	Q2 FY17	Q3 FY17	Q4 FY17	Annual Performance Achieved to the End of Reporting Period (%)	On Target Yes or No (Y/N)
# of OVC receiving primary direct support (≥ 3 services)								
# of OVC receiving supplemental direct support (< 3 services)								
% of VC with improved wellbeing using CSI								
# of eligible adults and children who received food and/or other nutrition services								
# Number of OVC receiving educational and training support								
# of OVC provided with basic material needs of shelter/care								
# of OVC provided with health support								
# of OVC provided with psychosocial support								
# of OVC provided with legal assistance and protective care services								
GEND_NORM: Number of individuals completing an intervention pertaining to gender norms within the context of HIV/AIDS that	403	0	20	20				

<b>Standard Indicators</b>	<b>Baseline FY YYYY</b>	<b>Annual Target</b>	<b>Q1 FY17</b>	<b>Q2 FY17</b>	<b>Q3 FY17</b>	<b>Q4 FY17</b>	<b>Annual Performance Achieved to the End of Reporting Period (%)</b>	<b>On Target Yes or No (Y/N)</b>
meets minimum criteria.								
PP_PREV: Percentage of individuals from priority populations who completed a standardized HIV prevention intervention during the reporting period.	583	0		8			48	
# of households graduated								
# of children whose HIV status is known.			0				191	

## 2. ACTIVITY IMPLEMENTATION PROGRESS

### 2.1 Progress Narrative

Women & Community Livelihood Foundation (WOCLIF) is committed to ensuring that Orphans and vulnerable children enrolled into WEWE LOPIN 2 Project benefits from the services across FY 17 four key domains: **healthy**, **“schooled”**, **“stable”** and **“safe”**. **In third quarter of FY 17**, A total number of 1389 (M: 859: F:530 ) children were provided with services across seven services area while 9 HIV infected and affected vulnerable households with a total of 32 OVC were enrolled into WEWE LOPIN 2 Project across the four communities of Ikot Obong Edong, Ikot Udoe, Ikot Idem and Ikot Inyang.

In order to ensure that the WEWE LOPIN 2 beneficiaries are healthy, WOCLIF team conducted community health outreaches across the four communities WOCLIF is implementing, HCT was conducted for 296 (M: 142: F: 154) children and none of the children was tested reactive to HIV.

To ensure that the children enrolled progressed in the academic activities, academic performance of 231 (M: 118: F: 113) children enrolled into public schools were assessed using educational performance assessment tool during school visits and home visits. The outcomes of the assessments were discussed with their caregivers and this has led to improvement in their academic performance.

Relatively, in order to ensure that the capacity of the caregivers are strengthening in order to provide for the children without depending on external assistance, WOCLIF team ensured that monthly caregivers forum across four communities were conducted. During these forums, better parenting manual was adapted to enable caregivers improve on their parenting styles and responsibilities. Similarly, 24 caregivers completed their 12 hours better parenting sessions.

A total of 48 persons completed HIV prevention with adequate information on HIV, ABC messages and other life building skills that strengthened their capacity to say NO to societal pressure that may want them to be vulnerable to contracting HIV infection. Also working to achieve 90-90-90- USAID HIV epidemic control, a total number of 231 (M: 118: F: 113), also In accordance with the 3<sup>rd</sup> 90 (Viral Load Suppression), escort services and regular home visits by WOCLIF team helped to ensure beneficiaries’ adherence to ART.

### 2.2 Implementation Status

In the 3<sup>rd</sup> quarter of FY 17, WOCLIF team conducted her activities in line with quarterly implementation plan. These services were provided in line with improving the quality of lives of OVC and their caregivers. A total number of 1389 (M: 859: F: 530) beneficiaries served with services based on identified needs and the services were provided in line with improving the qualities of their lives. The resources for providing these services were derived through Public Private Partnership and with WEWE LOPIN 2 intervention.

Implemented program objectives include:

**Program Objective 1:** The following activities were planned and implemented in the quarter under reporting:

- **Enrolment of New Beneficiaries:** A total number of 32 (M: 13, F: 19) children in 9 households were newly enrolled in Ikot Udoe and Ikot Obong Edong communities. The enrolment of HIV infected and affected households were as a result of robust sensitization to ART unit of General Hospital Ikot Ekpene and Primary Health Centre across four target communities. Furthermore, the enrolment was as a result of the collaboration with SHERO a CBO implementing SIDHAS project in Ikot Ekpene LGA, WOCLIF team linked up with the support group member and enrolled the children of the support group member in WEWE LOPIN 2 Project.
- **Nutrition and Food Security:** In order to improve the nutritional status of the children in the households; nutritional education especially on the use of locally available food items, food preparation and utilization were provided to caregivers during the regular home visits and monthly caregivers forums. Nutrition assessment of children under five years was done using (MUAC tapes), during the children nutritional assessment, total number of 158 (M:87: F: 71) children accessed were green, an indicator that the caregivers were using locally available foods for their children and are adhering to nutritional education and counseling provided during regular home visits and caregivers forum.
- **Health:** WOCLIF provided access to health to 726 (M: 435: F: 291) beneficiaries through community health outreaches, home visits and club activities. During the community health outreaches, health education such as maintaining personal hygiene and use of mosquito treated net was provided to the beneficiaries, apart from health education, free malaria test was conducted and beneficiaries tested for RDT were provided with free malaria drug, courtesy of collaboration with PHCs in WOCLIF's communities
- **HIV Testing and Counseling Services:** In fulfillment of the 90:90:90 HIV epidemic control, WOCLIF conducted HCT for 231 (M: 118: F: 113) across the four communities. All the children tested were negative while tracking and escort services were provided for PLHIV beneficiaries to ensure adherence to ART and viral load suppression.
- **Village Savings and Loan Association (VSLA) Meetings:** Currently, WOCLIF has 3 functional VSLA groups across the 3 communities of Ikot Inyang, Ikot Idem and Ikot Obong communities. These VSLA groups meet regularly and contributed their shares expect Ikot Idem group that still have irregular meetings due to the expectation of the caregivers concerning the financial empowerment
- **Kids Club Activities:** Kids club meetings were conducted in the 4 communities that WOCLIF is implementing. The meeting afforded WOCLIF team opportunity to provide 742 (M: 426: F: 316) children with group based psycho-social support. During these kids club meeting, WEWE kid's club manual was used to provide life building information that aimed at improving psycho-social wellbeing of the children. Apart from given life building information, various recreational activities were also

incorporated in the kids club to ensure that the children psychosocial wellbeing is improved.

- **Gender Norms Intervention Sessions:** Gender Norms being one of the USAID key indicators, WOCLIF integrated gender norms to our adolescent boys and girls session, and as well as caregivers forum. WOCLIF team ensured that gender sessions were participatory and modules covering gender norms, gender based violence and HIV was discussed with the beneficiaries. For the quarter under reporting 114 (M:20:F:94) beneficiaries completed their standardized 10 hours gender session
- **Adolescent/Youth Club Meetings:** During the period under review, the club meetings for youths were held across the 4 communities that WOCLIF is implementing. Discussions centered on life building skills. Gender and HIV prevention messages targeted at behavioral change were also integrated into the sessions. A total number of 48 adolescent completed their standardized prevention session.
- **Caregivers club:** The caregivers' forum meetings took place monthly in the four communities of Ikot Obong Edong, Ikot Udoe, Ikot idem and Ikot Inyang communities. During these caregivers forum, better parenting manual in Nigeria was used and topics such as parental responsibilities, culture and social norms and parenting styles were discussed with caregivers during the meetings. For the period under review, 24 caregivers finished their 12 hours better parenting session.
- **Objective 2: Program objective 2:** In line with this objective which is aimed at building capacity of local service providers and structures to provide care and support for beneficiaries, the following activities were conducted.
  - **Volunteers' Monthly Review Meeting.** Volunteers monthly review meetings held in WOCLIF's office. The meetings afforded WOCLIF team opportunity to review data collected by the community volunteers, feedback from the community and feedback to community volunteers was conducted based on their volunteering services and its implication on WEWE LOPIN 2 Project. Apart from monthly review meeting, WOCLIF team conducted supportive supervision visits to the communities and gaps identified especially in home visits and quality of information during home visits were bridged. Furthermore, monthly review meetings afforded WOCLIF team opportunity to step down trainings on Financial Education, facilitation of kids and youth club, child protection and safeguarding, stigma and discrimination and gender.
  - **Community Improvement Meetings:** Community Improvement Teams meetings were held in the month of April and May 2017. During these improvement meetings, discussions were centered on sustainability of VSCA, continuous care and support for the children and their caregivers, empowerment and graduation of the households.
- **Financial Education:** Financial Education was defined as a training that promotes and develops knowledge, skills, attitude, practice and behavior that can improve how household members can better manage their money in a way that can improve the standard of living of the family. Importance of financial education as essential survival tool that must not been taking for granted was emphasized, community volunteers were made to understand that which when taking for granted can lead to poor financial choice and decision with undesirable consequences on households. In the light of this, community volunteers were encouraged to imbibe culture of savings because they cannot

give what they don't have and ensure that they counsel caregivers on need to always save for dry session.

- **Stigma and discrimination:** stigma and discrimination was defined as wrong labeling of other based on individual perception. Community volunteers were made to understand that people engage in stigma and discrimination based on what we see externally without looking at their own life. While reiterating the implication of stigma and discrimination on the beneficiaries in the community, WOCLIF team maintained that discrimination affect the dignity of the victims and erode their self-esteem. With this, community volunteers were encouraged to keep the status of PLHIV beneficiaries closed and never to engage in labeling them because of their HIV status. Also, they were encouraged not to stigmatize OVC in the community by calling them names and by denying them active participation in the kids' activity in the community.
- **Step down training for community volunteers on child protection and child safeguarding:** the step-down training was facilitated by WOCLIF's Improvement Manager David Okon. During the step down, community volunteers were made to understand that as organization working with children; it is their responsibilities to always protect the interest of the children. In the light of this, child safeguarding was explained as putting activities in place to ensure that risk and harm are maximized during the project implementation. This is ensuring that children in the community are free from abuse- be it physical, emotional, sexual, neglect, exploitative and bullying. The implication of these abuses on children is that it affects their self –esteem and increases their vulnerability. Community volunteers understood that ways through which they can abuse children are by violating the right of children, taking advantages of their title and designation in the community and by exploiting the beneficiaries in the community. Finally, community volunteers were encouraged to promote a culture that respect and listen to children, and promptly report any case of child abuse in the community. They were also reminded that child protection policy signed by them is binding as WOCLIF will not hesitate to punish any staff or community volunteer that abuse and violate the right of children in the community.

Apart from building the capacity of the local partners in improving the quality of lives of OVC in the community, WOCLIF team participated in the following trainings.

### **3 days Training on Facilitation of Kids and Youth Club in Owerri on 19<sup>th</sup> to 21<sup>st</sup> April 2017**

WOCLIF team participated in three days extensive and participatory training on facilitation of Kids and Youth Club. During the training, capacity of WOCLIF's team was strengthened in the area of facilitation of club activity. The training which was facilitated by WEWE QID Miss Ngozi Orame had participants across the four states of Imo, Anambra, Rivers and Akwa Ibom.

The methodology for the training was role play, interactive session, questions and answers session. All the participants were encouraged to facilitate sessions. During the training, methodology adopted were role play, interactive session, questions and answers session and practical approach to organize kids club and youth club was discussed. The first 2 days of the training focused on facilitation of kids club. The sessions in the kids' club manual were divided into 5 parts. Part 1: Getting Ourselves Comfortable and Building Trust, Part 2:

Building Our Confidence to Share and Open Up, Part 3: Revealing the Hero in Me, part 4: How We Can Acknowledge and Deal with Our Feelings, and Part 5: Understanding Our Rights. Part one of the manual focused on exciting games such as Falling Games, the Blind Trust Game, Follow the snake, Learning How to Work Together and Understand one Another's Needs. Part 2 of the manual focused on My Best Five Points, Communicating Our Strengths, and Our Trees of Life. Part 3 of the manual focused on Towards Understanding Our Life Goals, Ourselves and Our Current Heroes, Our Roads of Life and Circles of Support, Mapping out Where We Live, Tactics and Tricks to Overcome Our Obstacles and Problem, the Hero in Me, and Sharing Our Stories. Finally, part four focused on Understanding Our Feelings, Understanding How We Can Deal with Our Anger, How We Can Deal With Feeling of Guilt, How to Cope When We Feel Sad, Sharing What Makes us Feel Scared and Learning How We Can Cope with Stress . Part 5 focused on what are Our Rights? and How We Can Protect Our Sexual and Reproductive Rights. Youth club manual is divided into 8 modules, the modules are Your Goal and Yourself, Knowing Your Selves, Relationships, Sexual Relationships, Pregnancy, Sexually Transmitted Infections, HIV and AIDS and Protecting Yourself. WOCLIF team facilitated session 1.3 and 1.4, Setting Our Long-term Goals and Creating Plans to Achieve Our Career Goals.

At the end of the training, the QID encouraged the participants to conduct step down training to community volunteers and ensure that correct information are passing out to the beneficiaries during the facilitation of club. The objective of the training was met as participants explained that the training really exposed them to another stage of learning.

#### **Program Supportive Supervision Visit to WOCLIF by WEWE Akwa Ibom State Team on 25<sup>th</sup> April 2017.**

On 25<sup>th</sup> April 2017, WEWE's Akwa Ibom State Improvement Coordinator Mrs. Nneka Chijioke-Dikeocha and State M&E Officer Juliet Ibor conducted Joint Supportive Supervisory Visit to WOCLIF. During the visit, WOCLIF's approach to WEWE LOPIN 2 Project implementation was redirected, challenges were identified and way forward was provided. Furthermore, emphasis was placed on HIV infected and affected households, Household Economic Strengthening assessment, case closure, care plan, VSLA and Financial Management and Reporting. At the end of the visit, which comprises of field trip to Ikot Idem community, an action plan was developed to bridge the gaps identified and WOCLIF implemented the plan for compliance and improved project implementation.

#### **Supportive Supervisory Visit on Sims Administration on 2<sup>nd</sup> June 2017**

On 2<sup>nd</sup> June 2017, WEWE's State Improvement Coordinator Mrs. Nneka Chijioke-Dikeocha visited WOCLIF's office for supportive supervisory on SIMS Administration. The purpose of the visit was to prepare WOCLIF team for the proposed SIMS administration by DEV-TECH.

During the activity, SIMS tool was administered to WOCLIF staff and the following gaps such as WOCLIF's improvement plan, rewarding outstanding staff, CIT, CV for excellent performance, DQA findings for improved programming, training of staff and community volunteers on child safeguarding, stigma and discrimination and work place policies, referral directory and log book, gender intervention, and adolescent girls intervention were identified. In the light of the gaps identified, detailed action plan was designed to address the gaps. WOCLIF team addressed the action points in the action plan.

#### **Supportive Supervision Visit to Ikot Inyang community VLSA on 16<sup>th</sup> June 2017**

On 16<sup>th</sup> June 2017, SIC and the State M&E Officer visited Ikot Inyang community VLSA for supervision visit. The visit was in preparation for the proposed USAID visit on July 13<sup>th</sup> 2017. During the visit, the VLSA member conducted their routine meeting procedures such as calling the meeting to order, reading of the minutes and shares contribution. Following this,

friendly questions on savings and contribution were asked and the VLSA members were encouraged to keep on with the group as it has potential for improving their financial resiliency.

### **3 days training on Gender and Adolescent Girls and Young Women in Awka on 19<sup>th</sup> - 21<sup>st</sup> June 2017**

On 19<sup>th</sup> -21<sup>st</sup> June 2017, WOCLIF's Improvement Officer David Oyebade participated in the 3 days training on Gender and Adolescent Girls and Young Women. The training was organized by Widows and Orphans Empowerment Organization and facilitated by Gender and AGYW Consultant Yewande Ogunubi and WEWE's Gender Specialist Lillian Ngusuu-Unaegbu. The methodology of the training was role play, participatory, review of case studies, questions and answers session. During the training, overview of gender assessment in Rivers and Akwa Ibom States, basic concept of gender and child protection, gender terms, Gender Based Violence and HIV/AIDS, gender and child protection, PEPFAR gender strategy and SIMS, child protection, emerging gender and child protection issues in Akwa Ibom and Rivers States and adolescent girls and young women intervention were discussed.

### **2 Days training on Child Protection and Child Safeguarding in Awka on 22<sup>nd</sup> & 23<sup>rd</sup> June 2017**

On 22<sup>nd</sup> -23<sup>rd</sup> June 2017, WOCLIF's Improvement Officer David Oyebade participated in the 2 days training on Child Protection and Child Safeguarding. The training was facilitated by WEWE's Deputy Chief of Party and Program Director Mr. Sola Onifade and Quality Improvement Director Miss Ngozi Orame. The methodology of the training was role play, participatory and questions and answers session.

During the training, distinction between child protection and child safeguarding was explained, understanding abuse, measures to prevent abuse and reporting abuse were also discussed. At the end of the training, strategies to implement program aiming at keeping children safe and free from harm was understood, and there was increased knowledge on understanding signs, symptoms and impact of child abuse on children and their development. Finally, the training ended with familiarization with the WEWE's Child Safeguarding policy.

# **Community System Strengthening (CSS) New Funding Model (NFM)**

**Funded by**

**Network of People Living With HIV/AIDs in  
Nigeria (NEPWHAN),  
35 Justice Sowemimo Street,  
Off T.Y. Danjuma Street,  
Asokoro, Abuja.**

## 1.0 Executive Summary

In the quarter under review, Women & Community Livelihood Foundation carried out eight outreaches in eight communities in Ibesikpo Asutan LGA to include Ikot Akpaso, Mbak Ekpe, Ikot Obio Odongo, Afaha Ikot Obio Nkan, Afaha Etok, Ikot Ediom, Ikot Akpa, Nung Udoe, Ikot Ide Etukudo, Ikot Nkim, Ikot Akpaoso and Mbikpong Atai. The outreaches took places in markets, village halls, churches etc. WOCLIF also conducted advocacy visit to the relevant stakeholders and conducted monitoring at the facilities WOCLIF is working. Finally, review meetings with the Service Delivery Actors (SDAs) were conducted and their activities were reviewed. A total of **1,015** clients were referred for HIV/AIDS testing during the reporting period. **470** General Population, 545 pregnant women were referred by the Service Delivery Actors (SDAs) and all accessed services at the facilities. 12 reactive cases (2 male, 8 females and 2 pregnant women) were discovered during the reporting period and all were enrolled at the facilities. In total **1,015** people were referred and the same accessed services.

### 1.1 OBJECTIVES

To contribute to the restoration of public confidence in health care services in Nigeria thereby reverse the decline in the utilization of health facilities.

### 1.2 INDICATOR:

- Number of pregnant women referred for HCT by Community-Based Organizations (CBOs)
- Number of individuals from the general population referred for HCT by Community-Based Organizations (CBOs)

#### KEY ACHIEVEMENTS:

##### NUMBER OF PEOPLE REFERRED

S/N		Male	Female	Total
	Number of Pregnant women referred for HCT		545	545
	Number of General Population (Excluding Pregnant Women) referred for HCT	189	281	470
	<i>Total Number Of People Referred</i>	189	826	1,015

#### KEY ACHIEVEMENTS: ACCESSED SERVICE

S/N		Male	Female	Total
	Number of Pregnant women referred by CBO who accessed HCT		545	545

<b>Number of individuals (Excluding Pregnant Women) referred by CBOs accessed HCT</b>	<b>189</b>	<b>281</b>	<b>470</b>
<b>Total Number of individuals who Accessed HCT</b>	<b>189</b>	<b>826</b>	<b>1,015</b>

Percentage of people who Accessed services compared to those Referred

$$\frac{1,015 \times 100}{1,015} = 100\%$$

S/N	NAME OF SERVICE DELIVERY ACTOR	PHONE NO	NUMBER REFERRED	NUMBER ACCESSED
1	Mary Okon Umodia	07035210822	84	84
2	Nse Emmanuel Udaha	08135026944	72	72
3	Ime Edet	07064966512	107	107
4	Imaikop Udobia	07030262807	107	107
5	Eno Ebenezer Okon	08080376637	84	84
6	Inemesit Peter	07038358562	89	89
	CBO		2	2
	<b>TOTAL</b>		<b>545</b>	<b>545</b>

### KEY ACHIEVEMENTS FOR THE QUARTER

- 1,015 people accessed the facility making 100% of number referred..
- Restoration of good health to communities members whom after been tested came out reactive and started taking their drugs.
- Establishment of good rapport with community stakeholders/gate keepers

### CHALLENGES

- Lack of sufficient test kits at Model PHC Nung Udoe, PHC Ikot Obio Edim, PHC Afaha udo Eyop, PHC Okop Ndua Erong and PHC Ikot Iko
- Lack of ART drugs at the Facilities

### 8.0 CONCLUSION

Community members were sensitized on ATM awareness through outreaches conducted in their communities by the CBO and interpersonal communication by the service Delivery

Actors (SDAs). Referrals were made with a total of 1,015 people (545 pregnant women & 470 General Population). All 1,015 clients accessed health service, 12 clients were discovered reactive and linked up with the facility for enrollment for care and treatment.

**M& E Update**

**Meetings:** WOCLIF M&E unit participated in various meetings within the quarter under review and strengthened partnership among the stakeholders, target beneficiaries and provide technical support to community volunteers. WOCLIF M&E team also conducted in:

- **Mentoring and Supportive Supervision:** Routine monitoring, mentoring and supervision were regularly carried out across all the project sites throughout the period under review. These were aimed at providing on the job mentorship to Community Volunteers in the area of monitoring of program activities, reporting, and proper documentation, and to enhance data quality.

**Service Provision:** WOCLIF M&E Unit ensured that Programs team was guided and ensured that all the beneficiaries were provided with services in line with the identified needs. Services were provided across all the communities that WOCLIF is working. While providing these services, measures were taken to ensure data quality, by counting only individuals and not services and ensuring that all the beneficiaries are old, new and those that have received same services were properly identified during documentation to avoid double counting.

**Data Verification and Validation:** Data verification and validation is a routine exercise done to enhance data quality. The aim of validating and verifying data is to ensure correctness, validity, accuracy, consistency of data and proper documentation of service in line with donors reporting standard before it is being reported.

The process of verification and validation followed accessing the service registers NOMIS database to compare the data reported on the MSF against the register, and data quality test to check for the accuracy and correctness. The process also reviewed the VCs and caregivers registers, care plan, service forms and attendance of meetings, ensuring that all reporting source documents are available, correctly entered into the register, documented and properly stored.

**Data Quality Assurance:** WOCLIF’s LOPIN 2 M&E unit also recorded tremendous improvement during the quarterly DQA exercise. The DQA was conducted by WEWE Rivers State M&E Officer, Mr. Everistus Aneke on the 31<sup>st</sup> May, 2017. The DQA reviewed the quality of programming and services rendered to active beneficiaries of the program for FY17 as well as the organizational M&E System. The exercise covers office and field visits. The exercise also served as a platform for capacity building for WOCLIF staff on OVC programming and documentation best practices. A standardized DQA tool with five assessment categories (Data Availability, Data Consistency, Data Validity, System Assessments and Field Visit) was used during the DQA exercise. The assessment was also participatory as WOCLIF team was given the opportunity to express their feelings towards programming in FY17. DQA assessment is summarized in the following table

**Summary of the entire assessment domain during the DQA exercise for WOCLIF team**

S/N	ASSESSMENT DOMAIN	MAX.SCORE	SCORED
1A	OVC Enrolment	20	14

<b>1B</b>	OVC Service	16	10
<b>2A</b>	Household Eligibility	9	8
<b>2B</b>	OVC Enrolment	15	12
<b>2C</b>	OVC Services	9	7
	OVC QI Services	12	0
<b>3A</b>	Site-MSF Vs Reported Data	90	90
<b>3B</b>	Site-MSF Vs Register	90	80
<b>4</b>	Systems Assessment	24	22
<b>5</b>	Field Visit	50	50
<b>TOTAL</b>		<b>335</b>	<b>293</b>

**Table 1.2: Summary of five key assessment domains**

<b>S/N</b>	<b>KEY AREAS</b>	<b>MAX.SCORE</b>	<b>SCORED</b>
<b>1</b>	Data Availability	<b>36</b>	<b>24</b>
<b>2</b>	Data Consistency	<b>45</b>	<b>27</b>
<b>3</b>	Data Validity	<b>220</b>	<b>170</b>
<b>4</b>	Systems Assessment	<b>26</b>	<b>22</b>
<b>5</b>	Field Visit	<b>60</b>	<b>50</b>
<b>TOTAL:</b>		<b>387</b>	<b>293</b>
<b>%</b>			<b>87%</b>

During the DQA exercise, WOCLIF recorded a great improvement by 27% as against the previous DQA exercise. This entails that WOCLIF is committed towards quality services delivery using the recommended plan of action. However, table 1.3 summarizes the gaps from different areas and the plan of action to bridge these gaps.

#### **IMPLEMENTATION CHALLENGES**

- Late release of funds affected project implementation in the communities. WOCLIF was unable to implement some of the monthly routine activities. Insufficient fund has affected the programmed activities in the organization during this reporting period.
- Introduction of new programs not included in FY17 plan and not funded
- Insufficient tools hindered our progress in terms of CSI follow-up and HH assessment

#### **Gender**

Gender Equality and Female Empowerment: Gender session was incorporated into club activities, especially for caregivers and adolescent boys and girls. The gender sessions afforded WOCLIF team to expose beneficiaries' to discussions on values, values clarification, gender and sex, gender roles, gender based violence and HIV and sexual violence and HIV. WOCLIF team ensured that age appropriate information was given during the gender sessions for in-depth understanding.

## **Sustainability Mechanisms:**

Part of WOCLIF's sustainability mechanism is leveraging resources from other relevant stakeholders to provide services that the projects do not provide. Similarly, WOCLIF's Board of Trustee supports the activity of the organization through donations. Finally, WOCLIF's Farms Limited is strategically established to provide necessary supports for the organization after the close out of projects presently organized by the organization.

**Youth Development:** The adolescent boys and girls constituted the youth club in the LOPIN2 project. During the period under review, peer education manual was used in engaging the youths on different life building skills like Negotiation and refusal skills, Stages in human development, ten top reasons to delay sex etc. The sessions were aimed at building their capacities to tackle the drivers of HIV/AIDS epidemic and also build their self-esteem.

## **STAKEHOLDER PARTICIPATION AND INVOLVEMENT**

Prior to project implementation across WOCLIF's implementing communities, WOCLIF team enjoyed the active support and participation of community leaders and stakeholders such as State Ministry of Women Affairs and Social Development (OVC Desk Officer.), Ministry of Health, (Nutrition Unit and HIV unit), Akwa Ibom State Agency for Control of AIDs, National Population Commission, Ikot Ekpene Local Government Council, Ikot Ekpene Police Division, Local Government Education Authority, Operational Base and Primary Health Centers across the implementing communities, Social Welfare Department and Nutrition Officer Ikot Ekpene. All these stakeholders were involved in SIDHAS, WEWE LOPIN 2 and CSS Projects implementation. The advocacy visits conducted to these stakeholders contributed to the success recorded in quarter under review. The Community Halls were used in the activities with the active participation of representative of Village Council Members. The test kids for the HTC were gotten from AKSACA and Primary Health Centers across the communities.

## **LESSONS LEARNED**

Community members have correct information and knowledge of HIV/AIDS  
Continuous home visit to PLHIV have increased their acceptance to timely and consciousness of keeping appointment.

## **PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS**

### **Planned activities for next quarter include:**

- Continue enrolment of vulnerable households
- Conduct needs assessment for caregivers & older VC on HES
- Identification and assessment of households for graduation
- Conduct Monthly caregivers, adolescent and kids club meetings
- Monitoring of Village and Savings Contributions
- To hold support group meeting and community mobilization in all the eight communities
- Chronic care application, PHDP, IGA for SG members

- Service Monitoring:
- Weekly supervision of CVs on services.
- Conduct contact tracking of pre-ART
- Hospital visitation for collection and Tracking of defaulters list by CVs
- Continuous provision of HTC services and PHDP to PLHIV
- Chronic care application during support group meetings of PLHIV.
- Continue tracking and escort services for positive beneficiaries
- Conduct monthly Community Improvement Team Meetings
- Conduct Volunteers Monthly Review Meetings
- Re-enroll children back to school
- Supportive supervision to CVs during home visit
- Monitoring and Quality Assessment
- Household monitoring and verification exercise
- Provision of start-up/business enhancement materials and items for eligible caregivers preparatory for graduation in project communities in the state
- Administration of HVI and graduation checklist on graduating households
- Graduation of Households
- Monthly review meeting for community volunteers

#### **SUCCESS STORY:**

Establishment and inauguration of ECCD Centers in the communities that WOCLIF is working is reflection of WOCLIF's commitment to ensure that orphans and vulnerable children have a solid foundation for becoming productive adults. Also, establishment of the ECCD center is an indicator and commitment towards ensuring sustainability of the services provided for the beneficiaries in the community. Apart from ECCD centers, WOCLIF also recorded success and ensured that community members have correct information and knowledge of HIV/AIDS, continuous home visit to PLHIV have increased their acceptance to timely and consciousness of keeping their ART appointment, SG members trained conducted continued step down training to other members of their groups, empowered HHs and OVC now have means of livelihood because they can now provide their households needs without depending on external help. Similarly, through series of trainings on business entrepreneurship and effective book keeping, empowered OVC, Caregivers and PLHIV now save money and keep proper record of their businesses with calculated profit and loss account.

## PHOTO GALLERY



Fig 1: representative of AKS Commissioner of Education cutting the tape to commission WOCLIF's ECCDC in Anua Ikono



Fig 2: WOCLIF's children during the club activity



Fig 3: adolescent and young women session



Fig 4: during the caregivers' forum

**Reported by**  
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