

**ANNUAL
REPORT FRAMEWORK**



REPORT AT A GLANCE

Executive Summary	LHI Overview / Introduction	Contractual Project	Outcome and Result analyses	Success stories
--------------------------	------------------------------------	----------------------------	------------------------------------	------------------------



Table of Contents

Acronym-----2
 Executive Summary-----2
 LHI Overview/Introduction-----2
 Contractual Project-----2-3
 Outcome and Result analyses
 i. Health-----4-8
 ii. Education-----8
 iii. Livelihood-----8-10
 iv. Gender & Governance-----10-11
 v. Agriculture-----12
 Challenges-----12
 Recommendation-----12
 Success stories-----13-14
 Pictures-----15-16

Acronyms

- ANC- Ante-Natal
- CAAFAG- Children Associated with Armed Forces and Armed Groups
- CBCPs- Community-Based Child Protection
- CBHV- Community-Based Health Volunteer
- CCDRN- Centre for Community Development and Research Network
- CFGB- Canadian Food Grain Bank
- CPs- Community Pharmacists

CPIMS- Child Protection Information Management System.
CVs- Community Volunteers
CWSN- Children with Special Needs
DCO- Data Compliance Officer
EI- Early Initiation
EBF- Exclusive Breastfeeding (EBF)
Fraction in Activated Polio Vaccine- FIPV
FP- Family Planning
GBV- Gender-Based Violence
GSLA- Group Savings & Loan Association
IFA- Iron Folic Acid
IDP- Internally Displaced People
IHP- Integrated Health Program
IPC- Interpersonal Communication
IMAM- Integrated Management of Acute Malnutrition
LHI- Life Helpers Initiative
MAM- Moderate Acute Malnutrition
MIYCN- Maternal Infant and Young Child Nutrition
MNCH- Maternal Neonatal Child Health
MSF- Monthly Summary Forms
ODK- Open Data Kits
PPMVs- Patent and Proprietary Medicine Vendors
PSS- Psychosocial Support Sessions
PTSD- Post-Traumatic Stress Disorder
PWD- People with Disability
RI -Routine Immunization
RUTF- Ready to Use Therapeutic Food
SAM- Severe Acute Malnutrition
SCI- Save the Children International
SCRF- and sick child recording form
SEMA- State Emergency Management Agency
USAID- United States Agency for International Development
VSLA- Village Saving and Loan Association
WASH- Water Sanitation and Hygiene

Executive Summary

Life Helpers Initiative is a non-governmental organization established in 2004 as the Beulah project and later renamed Life Helpers Initiative (LHI) in 2006 as it enlarges its vision and scope of work. The vision of LHI is “A more fulfilled Life for everyone.” LHI's mission is to be a leading non-governmental organization working to maximize opportunities to empower marginalized people with value, love, honesty, and inclusion. Health, education, livelihood, gender and governance, and agriculture as thematic areas targeting marginalized people such as women, children, people with disability (PWD), and community structures. The core strategies LHI is deploying to achieve its mission and vision are system strengthening, strengthening networking and linkages, strengthening capacities, and strengthening partnership and collaboration.

Implementation

a. Overview of Life Helpers Program Focus

LHI focuses on system strengthening that has to do with displaying initiatives and strategies that improve the functions of the health system and that lead to better health through improvements in access, coverage, quality, or efficiency in the communities of its implementation. Through strengthening networking and linkages, LHI is partnering with different organizations and government agencies to provide adequate services to its beneficiaries through linkages and referrals. Strengthening capacities of community stakeholders, and service providers to provide adequate services to beneficiaries in health (Nutrition, malaria, ANC, WASH, HIV/AIDs, Family Planning, and MNCH), Education (Access to basic education, education support services, and education governance), Gender and governance (Basic participation for marginalized groups, Governance Education and counseling, and child protection) and Livelihood (Vocational/Technical Skill Training, Group Savings & Loan Association, Cash Transfer Program, business/financial education counseling & training). strengthening partnerships and collaboration is one of the key strategies that have kept LHI on as it continues to work with other potential partners/donors to deliver competency services effectively and efficiently to its beneficiaries as it puts smiles on a face across Sokoto, Zamfara, Ebonyi, Bauchi, Plateau, Yobe, Adamawa, Borno, Kebbi and FCT.

b. Contractual Project

Within the year, the Integrated Health Program (IHP) a USAID-sponsored project with Palladium as the Prime recipient is an 18-month project, the overall goal of the intervention is to train and mentor 700 Patent and Proprietary Medicine Vendors (PPMVs) and Community Pharmacists (CPs) on timely identification and management of uncomplicated common childhood illnesses (malaria, pneumonia, diarrhea, nutrition screening), improving access to family planning services and products and referral of pregnant women/newborns and severely ill patients to health facilities for appropriate care in Sokoto and Kebbi state.

Also, LHI implemented TO3, TO4 TO5, and TO6 an IHP project in which USAID is the donor and Palladium the Prime Recipient in an 8-month project carried out in Bauchi, Ebonyi, Kebbi, and Sokoto states respectively. The project aimed to build the capacity of healthcare workers at primary healthcare centers, including those recognized as IMAM centres, to effectively treat and track the progress of children under 5 years of age identified as MAM and SAM and prevent relapse among recently recovered malnutrition cases. The service providers were trained and mentored.

In Borno state, a funded project by the Dutch Ministry of Foreign Affairs, World Renew, Canadian Food Grain Bank (CFGB NGA2302) project for which the prime recipient is ZOA, a 3-year project focusing on helping women set up income-generating activities. The project provides cash transfers to support families to purchase food and fuel from the functioning markets. The transfer modality is unconditional cash which has proven to be effective and preferred in the target area.

In partnership with CARE International the prime recipient of the project call, (Lafiya Yan Yara) is an 18-month project that focused on Healthy Child whose aim is to reduce the mortality rate of children under 5 through a community- based health system-strengthening approach that ensures that communities have a core package of services. The target beneficiaries are under 5 children, women of reproductive age, adolescent girls, women groups, and pregnant mothers. This was implemented in Yobe State.

The USAID/Bureau of Humanitarian Assistance is funding the 'Integrated Multi-sectoral life-saving assistance for conflict-affected households' in 5 LGAs (Geidam, Gujba, Gulani, Tarmuwa and Damaturu) of Yobe State and Rabab and Goronyo LGAs in Sokoto State. The project is implemented by a consortium, including Life Helper Initiatives (LHI), CARE International, and Save the Children International (SCI) as the principal partners, to meet the urgent needs of

the affected households, foster resilience, and remove harmful coping strategies. The project thematic areas are Nutrition, Health, Protection, Water Sanitation and Hygiene (WASH), Livelihood/Agriculture, and Multi-purpose Cash Assistance, of which LHI, whose contract came into effect on the 1st of June 2023, is implementing three of the components, focusing more on the community aspect of Nutrition, Protection and WASH promotion in Yobe state while in Sokoto it is implemented by a consortium, including Life Helpers Initiatives (LHI), COOPI in Sokoto, ALIMA, in implementing in Katsina along with IRC. IRC is the prime recipient.

The project is designed to essentially provide an integrated response to the displaced population of internally displaced people (IDP) within the camps and the host communities in the selected local government areas in Nutrition, Health, Protection, Water Sanitation and Hygiene (WASH), and Multi-purpose Cash Assistance, of which LHI, whose contract came into effect on the 1st June 2023, is implementing in Sokoto, working on Health and Nutrition.

The EU project was launched to provide awareness, training, and capacity-building on digital skills to selected CSOs in Yobe State. Digital skills of women to reach youth and individuals with a disability to foster an inclusive digital transformation hub.

To improve Maternal Infant and Young Child Nutrition (MIYCN) outcomes in Sokoto and invariably in Nigeria, driving on platforms of advocacy, interpersonal communication (IPC), community mobilization (CM), demand creation (DC), mass media (MM), and strategic data use, Alive & Thrive project, the prime recipient is FHI 360 while the donor Bill Gate and Melinda is 5years project but the first year of the project was in Bodinga and Dange Shuni LGA. The project Optimizes current health systems delivery platforms to increase the coverage of key MIYCN interventions in the focus LGAs, create supportive data, policy, financing, service delivery, and learning ecosystem for MIYCN innovations such as multiple micronutrient supplements (MMS), Balanced Energy Protein (BEP), and others. Also, leverage the existing and evolving PHC MOU/Basket Fund mechanism to advance MIYCN.

Life Helpers Initiatives with Financial and Technical Support of The PLAN International ASPIRE Project is a five-year (Dec 2021- March 2027) focused on Adolescent Sexual and Reproductive Health and Rights (ASRHR) project, funded by Global Affairs Canada and individual Canadian donors, with the ultimate outcome of improving the realization of sexual and reproductive health and rights (SRHR) for adolescent girls and young women (AGYW), including vulnerable populations, in Bauchi and Sokoto states. The project aims to reach 877,868 direct beneficiaries, of which 732,784 are AGYW, aged 10-14, 15-19, and 20-24 in 10 Local Government Areas (LGAs) of Bauchi and 23 LGAs in Sokoto state.

c. Outcome and Result analyses following our program focus

1. HEALTH



Overall strategies/methodologies

Human resources deployed in each category (sub-thematic) Key

achievements in each category (narrative with numbers)

i. Maternal and Child Health

LHI in 2023 aimed at supporting the government of Nigeria and states to reduce maternal mortality and morbidity among children under 5 and pregnant mothers through capacity and system strengthening. Within the year, LHI in partnership with USAID IHP implemented Prompt Management of Common Childhood Illnesses and Provision of Family Planning Services using Patent and Propriety Medicine Vendors (PPMV) and Community Pharmacist (CPs) in Sokoto and Kebbi states. In consortium with IRC, COOPI, and SCI in Yobe, and Sokoto states carried out Bureau Humanitarian Assistance (BHA) project.

Following the training of mentors in 2022 the mentors continuously provide regular monthly post-training supportive supervisory visits to trained 319 PPMVs/CPs outlets across the implementing states to improve and ensure the quality of services provided by the trained PPMVs and CPs. The routine mentoring was conducted using the predesigned mentoring checklist (adapted from the national Integrated Community Case Management (iCCM) mentoring checklist and services include problem-solving, support to the PPMVs and CPs, review of iCCM and CHMIS data capturing tools and outlet performance review, providing effective feedback and develop follow-up mechanisms. Within the year, 10 mentoring visits were carried out in each of the PPMVs/CPs outlets. The checklist helped the mentors to provide structured mentorship to the mentees by providing support, guidance, coaching, and hands-on mentoring and training to improve the competency and standardize the skills of trained PPMVs and CPs in the management of common uncomplicated childhood illnesses and family planning services and the use of data tools such as the MNCH register, FP register, monthly summary forms (MSF), and sick child recording form (SCRf). The mentoring has helped the PPMVs/CPs to understand and apply newly learned skills in their daily services to their clients. Mentoring was done one-on-one at each outlet and mentors were able to deduce the quality of care, identify areas that were checked and corrective actions to be taken, and work this out at convenience. A total of 632 PPMVs and CP outlets (31 CPs and 546 PPMVs) in Kebbi and Sokoto States were mentored within the reporting year.

Driving an inclusive approach, within these periods, LHI working on Integrated Multi-sectoral life-saving assistance for conflict-affected Household' in 5 LGAs (Geidam, Gujba, Gulani, Tarmuwa, and Damaturu) of Yobe state and Rabah and Goronyo LGAs of Sokoto state, provided health support services through health facilities, following the recruitment, training, and deployment of the various health categories of the workforce. Through these service points, LHI focuses on Maternal Neonatal Health (MNH)/Sexual Reproductive Health (SRH) delivered antenatal and post- natal care, delivery services, and family planning counseling, to over 400 women for ANC/PNC and family planning and above 130 labor deliveries. The intervention has helped to reduce possible complications that occur during pregnancy as well as

delivery. To strengthen the capacity of the health workers through targeted on-the-job mentoring and the provision of guides additional health workers were deployed to the existing facilities in the catchment areas. This has also contributed to these vulnerable populations to access quality services and reduced the overwhelming burden of the health care providers in these existing facilities. The other continuum of services

being provided ranges from immunization services for children, assessing, classifying, and treatment of illnesses for children using the IMCI protocols, and Outpatient Department (OPD) services through treating adults with communicable and non-communicable diseases. Our mental health efforts provide services such as psychological counseling on a one-on-one or group basis, promoting the mental and psychological well-being of more than 10 female IDP beneficiaries, which essential are non-clinical issues. Through Traditional Birth Attendance (TBAs), LHI conducted sensitization with the caregivers on infectious diseases such as causes and preventive measures of malaria, diarrhea, measles, and acute respiratory and referred suspected cases to the health facility for proper investigation and treatment. The TBAs continue promoting awareness of the importance of facility delivery, family planning, and bringing these women on time, identification, and referral of pregnant women, with and without complications; delivery, postpartum, and newborn referral (appropriate decision-making). A total number of 2547 (954 male and 1590 female) were reached.

Table 1: CHMIS Data Elements source

Children 0-59 months seen within the community	71,428
Children (0-59 months) followed up in the community	18,205
Children (6-59 months) given Vitamin A supplement dispensed in the community	1,555
Children (0-59 months) identified with fast breathing in the community	9,050
Children (0-59 months) with fast breathing given Amoxicillin DT dispensed in the community	8,136
Children (0-59 months) identified with chest indrawing in the community	2,253
Children (0-59 months) with fast breathing or chest indrawing in the community are referred to health facilities for further treatment	2,414
Children (0-59 months) with diarrhea seen in the community	24,819
Children (0-59 months) with diarrhea given LO-ORS only dispensed in the community	9,074
Children (0-59 months) with diarrhea are given Zinc tablets only dispensed in the community	5,624
Children (0-59 months) with diarrhea given Zinc+ORS dispensed in the community	18,277
Children (0-59 months) with diarrhea in the community referred to the health facility for further treatment	2950
Children (6-59 months) who received Deworming tablets dispensed in the community	3,031
Persons seen with fever less than 5	44,009

Table 2: Community Sensitization

	# Of men sensitized	# Of women and girls sensitized.	# Of under 5 children referred to the PHCC/PHC	
			Male	Female
January	201	3001	158	220
February	250	2895	123	154
March	456	2453	104	125
April	1080	2055	161	163
May	1620	2315	240	281
June	1080	2512	163	104
July	742	3120	185	189
August	556	2561	161	164
September	832	2003	241	204
Total	6,817	21,196	1536	1604

ii. Sexual Reproductive Health

Implementing a series of activities in the IDP camp, It was noted that the beneficiaries have been subjected to the challenges the new environment has thrust them into, and there were some risky health behaviours that the adolescents were subjected to or practised. The LHI timely strategy deployed 18 recruited and trained adolescent mentors comprising 9 males, and 9 females who through the formation of 32 groups of 15 members, each per group have been providing in a systematic manner, critical information, messages, and counselling to 480 (240M, 240F) members of the internally displaced communities. Impact of drug misuse and abuse (which is common due to the traumatic experience) smoking, rape, and other sexual or physical abuses and its treatment, hygiene practices for girls and boys. Using a balanced counselling strategy, the LHI health personnel supported the family planning service providers in providing Family planning commodities to a total of 48 women at the established family planning unit of Rabah Health Post and Gandi. Family planning activities have also commenced in the Goronyo LHI mobile clinic. 262 PPMVs/CPs are offering FP services in Sokoto state as a result of capacity strengthening provided through the IHP project.

Trained community-based facilitators on Adolescent Sexual Reproductive Health and Right

With support from PLAN in ensuring that there is an improved knowledge on adolescent sexual reproductive health and rights series of training were conducted for community-based such as fathers forums, women's support groups, and champion of change Boys and girls the trained facilitators on adolescent sexual reproductive health and right have increased awareness and Knowledge gain a deeper understanding of the complex issues surrounding adolescent sexuality, reproductive health, and rights. This knowledge has equipped them to provide accurate information, address misconceptions, and promote healthy behaviors among adolescents and young women in their community through their monthly/weekly session.

Weekly/Monthly sessions by the trained facilitators

Through weekly/monthly sessions conducted by the trained facilitators, adolescent boys and girls/young gained the knowledge and skills needed to make informed decisions about their sexual and reproductive

health which is crucial for ensuring they can assert their rights, access essential services, and navigate relationships safely. positive sexual and reproductive health behaviors among them. They have an on topics such as contraception, sexually transmitted infections (STIs), consent, and healthy relationships, encouraging them to adopt safer practices and seek appropriate healthcare when needed. The adolescent can differentiate between myths, and taboos, concerning sexual reproductive health and rights and stigmas surrounding their sexuality, trained facilitators help create more supportive and inclusive environments. They were informed on their right to access sexual and reproductive health services, regardless of their age, marital status, or socioeconomic status and the services they are entitled to and how to advocate for themselves if those rights are denied. Overall, the session. Is equipping them with the knowledge and skills they need to navigate their sexual and reproductive lives safely and responsibly. The demand has been created through community structures such as champion of change, women support groups, father’s forum, school health club and women power holders whom are serving as the advocate.

S/N	FACILITATORS TRAINED	TARGETED NUMBER	TARGET ACHIEVED	NUMBER OF PEOPLE REACHED
1	Fathers’ forum	117	117	11,232
2	Women support groups	117	117	11,232
3	Champion change	15	15	144,000
4	Champion of change	15	15	144,000
5	Women power holders	33	33	2178

iii. Nutrition -Maternal Infant Young Child Nutrition, Nutrition in Emergency

Seeking to support the government in improving the nutritional status of under 5 children, LHI in partnership with USAID Integrated Health Program (IHP) in Sokoto, Kebbi, Bauchi, and Ebonyi states, in consultum with Coopi, SCI, IRC in Sokoto and Yobe states implement Bureau Humanitarian Assistant (BHA) projects, FHI 360 in implementing Alive and Thrive project in Sokoto state carried nutrition projects to strengthened the capacity of the service providers to provide quality services on strengthening the quality of outpatient treatment and management of severe acute malnutrition (SAM) and moderate malnutrition (MAM), creating demand for the utilization of maternal, infant and young child nutrition (MIYCN), and on BHA project, is providing an integrated response to the displaced population of internally displaced people within the camps and the host communities in the selected local government areas Sokoto and Yobe states. LHI engaged trained and competent medical practitioners and nutritionists who provided onsite and off-site training and mentoring of service providers on service delivery and the use of tools. The approaches deployed during at the course of the year were facility-based and community-based approaches enhancing the knowledge of service providers, and community health volunteers in timely screened of under 5 children for malnutrition using Mid-Upper Arms Circumference (MUAC), weight and height measuring board, and bilateral pitting edema. Providing counseling to community members and caregivers using counseling cards to educate them on the use of available local recipes to manage MAM at home, practicing exclusive breastfeeding, and early initiation within one hour of birth. Community outreach and food demonstration were strategies deployed to

enhance the knowledge of the caregivers/community members and service providers on available local recipes that can be used to improve the nutrition status of children under 5 and MIYCN services using notable days such as Maternal Newborn Child Health (MNCH) week to conduct sensitization to community members and caregivers on MIYCN services, the use of Folic Acid and IFAs. The case managers and LHI staff facilitated food demonstration/outreach in communities and Internally Displaced Person (IDP) camps. The food demonstration session was conducted using the recipe book developed by the state and partner as the guideline and reference and conducted using different locally available recipes to prepare meals for children 6-24 months of age. During this food demonstration, the caregivers/community members were able to identify and understand the importance of locally available recipes and how they can be prepared at home as a home remedy to improve malnutrition in a child

Below are some of the meals prepared based on the categories of children aged:

1. 6-8 months- Home Fortified Pap made from maize with dried crayfish, groundnut paste, and palm oil
2. 9-12 months- Beans Porridge, vegetables, Mashed fish, tomatoes, onions, red palm oil, and iodized salt
3. 12-23 months- Tuwon - masara and okro soup and Bean Cake
4. Fruits – watermelon, oranges, banana, garden egg.

Mentoring and supportive supervision of the service provider in the management of service providers, using counseling cards, child health cards, nutrition trackers, and other facilities health registers such as monthly summary form (MSF) nutrition registers to capture data of services provided.

Below are the key targets achievements table within the year under review.

Table 3. Cumulative Monitoring Indicator

Indicators	Target	Cumulative Achieved
Number of Case Managers and Supervisors trained	108	143
Number of nutrition focal persons supported per LGA	77	77
Number of PHCs trained on food-based nutrition approach	506	506
Number of health workers who received nutrition training with scores 85% and above (post-test)	1455	1644
The number of community health-based volunteers who received training on food-based nutrition and support community nutritional services.	1120	1120
Children <5 years given ORS and Zinc supplementation during episodes of diarrhoea,	0	2022
Children 6-59 months provided with Vitamin A supplementation in the past 6 months	0	29822
The number of children under five who received multiple micronutrient powder (MNP) supplementations.	0	397
The number of caregivers, pregnant and lactating women counseled to increase dietary diversity with locally available and affordable nutritious foods and appropriate infant and young child feeding	00	97916
The number of children under five (6-59 months) reached with nutrition-specific intervention through nutrition programs.	00	285363
Number of children under five identified with SAM and MAM enrolled on the program	00	73399
Number of children under five identified with SAM (Severely Acute Malnutrition) either using a MUAC tape or weight for height	00	21175
The number of children under five identified with MAM that entered the food-based nutrition intervention program at an IHP-assisted PHC.	00	50396
Total number of return visits	00	15306
Number of enrolled MAM and SAM children who improved their nutritional status (from SAM to MAM)	00	5248
The number of enrolled children achieving normal nutritional status (from MAM to normal) weight, height and MUAC.	00	6279
The number of SAM cases referred to higher-level care.	00	10767
The number of cooking demonstrations provided.	00	2371
Number of caregivers reached with WASH-related information	00	135487
Number of individuals receiving WASH NFI Assistance		1091

iv. WASH (WASH in Emergency)

To achieve the goals and objectives regarding the identification and selection recruitment process of hygiene promotion, a selection exercise of 25 Hygiene Promoters (Male-12 and Female-13) was carried out in the 5 implementing LGAs and communities in Yobe state. Capacity strengthening was provided to the Hygiene Promoters to enhance their skills, approaches, practices, Sanitation attending health/protection services, and behavioural change among the community members in the Yobe State. Through these Hygiene Promoters, LHI deployed different

strategies which include household sensitization visits, group sensitization at the facilities and schools, facilitation of Child-friendly space (CFS) activities, and referrals when identified to either the Nutrition or Protection sectors. During the period under review, LHI through the hygiene promoters reached 14,136 (F-6,032, M-8,104) individuals during sessions. Some of the salient issues identified during the session included open defecation and lack of water points in some of the communities.

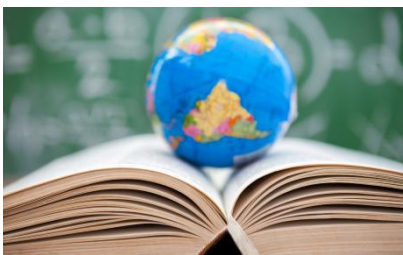
LHI planned, procured, and distributed Non-Food Items (NFIs) to the IDP camps in Yobe state. The first round of the distribution to the caregivers of SAM cases commenced across the implementing LGAs. So far, a total of 446 Caregivers have been reached with a complete NFI kit. Emerging problems were addressed throughout distribution promptly, and where necessary, feedback was provided. The contents of the kit include 1Packaging bag, 18 Bathing soap, 18 Laundry soap, 2 (2L) Kettles, 2 (500mls) Cups, 1Touch, 1Reusable sanitary pad, 3Pants, 1(20L) Jerry can. 1 (5L) and Plastic bowl.

v. Malaria

Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects a certain type of mosquito that feeds on humans. If adequate measure is not taken, malaria could be deadly, to this effect, LHI through its strategies which include system strengthening, strengthening networking, and linkages provided a series of activities to combat the causes of malaria in both children and pregnant women through mentoring and supportive supervision, LHI strengthened the capacity of health care providers on malaria Case management and data entry at primary and secondary healthcare facilities across the 8 security challenge areas of Anka, Bakura, Bukkuyum Maradun, Maru, Shinkafi, Tsafe & Tsafe LGA. During supervision, the team cross-checked the data reporting tools in the facilities.

At the end of the narrative, use the indicator table and graphs to illustrate results.

2. EDUCATION/EDUCATION IN EMERGENCY



Overall strategies/methodologies

Human resources deployed in each category (sub-thematic) Key

achievements in each category (narrative with numbers)

1. Girls' Education,
2. Non-Formal Education

In an endeavor to promote education and address the issue of out-of-school children in the Binji, Kware and Tangaza communities, a three-day initiative workshop was organized. The event aimed to foster co-creation with out-of-school girls and caregivers and engage traditional and religious leaders in dialogue t

understand the reasons behind the low enrollment rates in these communities. Additionally, the initiative recognized the critical importance of addressing gender-based violence (GBV) as a significant barrier to girls' education. The Ministry of Women and Children Affairs Sokoto State with support from UNICEF is embarking on a case management program for about 249,523 identified vulnerable children (Almajiris and out-of-school adolescent girls) across 23 LGAs of the State. The program in 2023 is targeted to reach 7,000 children in three LGAs and work with about 100 community-based structures with the support of UNICEF, women affairs and Arabic commission six thousand six hundred and twenty five almajiri and out of school adolescent girls were enroll into formal school

LOCAL GOVERNMENT	ALMAJIRI	OUT OF SCHOOL ADOLESCENT GIRLS
BINJI	476	733
TANGAZA	307	298
KWARE	630	1,078

At the end of the narrative, use the indicator table and graphs to illustrate the results.

3. LIVELIHOOD



Overall strategies/methodologies

Human resources deployed in each category (sub-thematic) Key

achievements in each category (narrative with numbers)

i. Vocational/Technical Skill Training

Training on Liquid Soap- The GSLA members were taught how to make liquid soap which can be adopted as a vocational skill. This is meant to enhance their skills making what could improve their incoming.

ii. Groups Savings & Loan Association

LHI in partnership with ZOA implementing Livelihood activities in both Borno and Yobe states to strengthen the capacity of target beneficiaries especially those in IDP camps and host communities on self-reliance through income-generating activities. Within the year under review LHI through different strategies such as mentoring and supportive supervision visits, networking and linkages, and community awareness and sensitization were used. LHI staff mentored Group Savings and Loan (GSLA) in communities in which it's working. During visits, LHI staff observe and verify their savings and loan procedures. Each group's ledger was checked, and seating arrangements and healthy discussions among the women. The VSLA were mentored and supervised on all the processes involved in having and sustaining GSLA that helps in reducing economic challenges in homes and to ensure children out of school are enrolled back to school. There was the formation of 347 business beneficiaries into smaller groups. The beneficiaries were grouped into 10 numbers

while some were 20 in numbers. The groups meet once a month and save #1000 at each seating. During the course of the meeting, topics were discussed on how to promote synergy among the beneficiaries. At the end of cycles, the GSLA groups had shared out members in proportion to what they saved. 1091 GSLA members participated in the share-out.

Table 4

Community/IDPs	No of Group	Total of Savings	Total Profit	Total Share Out	Balance
Gongulong community	44	680,880	0.00	2726510	0.00
Adaya	1	230,020.00	58,850.00	288,870.00	
Baba Audu		1176,000.00	1,000.00	177,000.00	-
Bogocho		1334,300.00	48,300.00	382,600.00	-
Boriya		1211,900.00	20,850.00	232,750.00	-
Bula		1373,000.00	133,600.00	506,600.00	-
Damboa		1219,700.00	21,675.00	241,375.00	-
Dogon Zare		2284,410.00	19,500.00	303,910.00	-
Dumbulwa		1263,450.00	31,750.00	295,200.00	-
Firi		1153,270.00	-	153,270.00	-
Gishuwa Dabuwa		1480,700.00	81,083.00	561,783.00	-
Jujin OC		1278,100.00	60,600.00	338,700.00	-
Juma'a		2581,100.00	249,190.00	830,290.00	-
Kampala		1151,300.00	17,500.00	168,800.00	-
Kara		1216,880.00	18,100.00	234,980.00	-
Lailai		1210,370.00	45,500.00	255,870.00	-
Maje		1411,000.00	138,100.00	549,100.00	-
Rigan Fulani		1285,850.00	51,440.00	337,290.00	-
Tandari		1176,180.00	-	176,180.00	-
T-Junction		1213,300.00	73,850.00	287,150.00	-
Yindiski Dorawa		1153,370.00	9,000.00	162,370.00	-
Yindiski New Stadium		1334,600.00	118,300.00	452,900.00	-
Pawari		138,660.00	-	38,660.00	-
Hausari		183,680.00	-	83,680.00	-
Shago tara		137,150.00	-	37,150.00	-
Abbari		116,680.00	-	16,680.00	-
Abbari YBC		14,040.00	-	4,040.00	-
Zanna Zakariya		142,000.00	-	42,000.00	-
3 Bedroom		1138,150.00	-	138,150.00	-
Maisandari		116,650.00	-	16,650.00	-

iii. Multipurpose Cash Assistance (MPCA)

From project inception, part of the proposal aspect is cash disbursement which has been running smoothly for over a year after kick-off. Along the line, the period of disbursement elapses. After much had been done to ensure resilience in their lives and households, there was a need to disburse the leftovers which unfortunately came with a challenge in cash circulation which caused a pause in the distribution of cash. Later, a food-for-cash idea was adopted, and 1091 beneficiaries collected food equivalent to cash. during the process, some beneficiaries were assisted by checking the available balances in their cards using the MPOS and writing it down for them to help enable them to decide on what their balances could afford before they set out to shop for items of their choice at the vendors.

iv. Business/Entrepreneurial and Financial Education

In order to strengthen the skills of women and hard-to-reach youths in Borno and Yobe states to have a source of livelihood through capacity system strengthening, an assessment of the existing IT hub owned by the Yobe State Government was conducted. During the assessment, 3 centers were identified under the Ministry of Women's Affairs only 1 out of 3 is equipped with a computer, and none of them is working. The purpose of this is “Promoting Digital Skills of Women, hard-to-reach Youth and individuals with disability in Borno and Yobe State Fostering an inclusive Digital Transformation”. Within this period LHI aimed to train 12,500 target beneficiaries on Digital skills. Training of trainers (ToT) to CSOs was conducted to enhance their skills on facilitation skills, this is to enable them to step down to selected beneficiaries on digital literacy skills and social media marketing. to continuously enhance the source of livelihood of beneficiaries, business kits were distributed to 744 beneficiaries. The businesses they ventured into include Frying Awara, Rice, Kolanut, Sugar Business, Vegetable oil and Palm oil, Akara, Fish Business, Massa, selling dry ground pepper, and cooking, snacks puff-puff, Groundnut, Groundnut oil extraction, Food selling among many.

4. GENDER & GOVERNANCE



Overall strategies/methodologies

Human resources deployed in each category (sub-thematic) Key

achievements in each category (narrative with numbers)

i. Basic participation for marginalized groups

ii. Governance Education and Counselling iii,

High-Level Advocacy & Engagement

iv. Gender-Based Violence against women, and children & Child Protection Issues

To prevent gender-based violence (GBV) which is becoming a global pandemic in our communities of presence and implementations through partnership strengthening and collaboration, networking, and linkages LHI participated in meetings with key stakeholders and capacity strengthening training which aimed to build the capacity of Service providers on the issues of GBV /Child protection and how to overcome them with a lot of topics on GBV. Also worked on bridging conflict issues among community members through capacity strengthening on conflict, the effect of conflict, types of Conflict Causes of conflict, way of Handling a conflict, Perception, factors that determine conflict, Violence, and effect of violence. The engagement of Model Mothers helped to promote social norms that will impact lives of community members in all phases of life. Doing this Social Analysis and Action (SAA) approach was designed to strengthen MMs to facilitate, stimulate, and encourage productive dialogue, equip the community, and build the capacity how to address challenges related to practices that are harmful to their health through community dialogue. 313 (Male- 165, Female -148) Child Protection cases were identified and registered in the various implementing communities from July to October. Neglect, CAAFAG

(Children Associated with Armed Forces and Armed Groups),

child labor, CWSN (Children with Special Needs), vulnerable caregiver, sexual assault, nutritional needs, and sexual violence are among the issues addressed in the instances. Out of the total of 313 cases identified, 186 (Male-91, Female-95) have been vetted and are currently receiving specialized attention from case workers in terms of case management, and 10 cases were supported with emergency funds. The list of approved cases has been submitted to SCI for inclusion in the Child Protection Information Management System (CPIMS).

Training community case workers on child protection is crucial for several reasons:

Trained community case workers

Because Community case workers are often the first point of contact for children who are at risk of abuse, neglect, or exploitation UNICEF in collaboration with the Ministry of Women Affairs and Life Helpers initiative trained them on child protection, how they can recognize signs of abuse or neglect and know how to report concerns to the appropriate authorities. They were trained on Prevention measures within their communities which include positive parenting practices, child rights, and the importance of a safe and nurturing environment for children's well-being.

The case workers during the implementation period play a vital play a pivotal role in providing support and assistance to out-of-school adolescents and Almajiri. Offering appropriate interventions and referrals to services such as counselling, healthcare, education, vocational skills and life skills. They serve as advocate for the rights of children within their communities and raise awareness about child protection issues. Overall, having community case workers on child protection was essential as it has helped in building a protective environment for children, promoting their rights, and ensuring their safety and well-being within communities.

Local Government	Number of case workers trained	Total of out of school reached with psycho-social support	Total number of Almajiri reached with psycho-social support	total number of out of school reached with vocational skill	Total number of Almajiri reached with vocation skill	The total number of Almajiri reached with NFIS
Tangaza	17	350	465	76	113	270
Kware	50	1340	1260	173	230	402
Binji	30	350	1050	177,000.00	-	320

Below is the table of sessions conducted with a number of participants.

Table 5

Month	# Of Sessions Conducted	# Of Participants
January	80	1992
February	71	1771
March	80	1997
April	80	2020
May	80	1980
June	88	2044
July	78	1685

At the end of the narrative, use the indicator table and graphs to illustrate the results.

5.AGRICULTURE/ENVIRONMENT



Overall strategies/methodologies

Human resources deployed in each category (sub-thematic) Key

achievements in each category (narrative with numbers)

i. Agricultural Education,

Within the year under review, 744 micro garden beneficiaries were mobilized and received compost organic fertilizer that is used for the demo plot for effective growth. The compost is formed from varieties of dirt's without the inclusion of leather. Also, during the distribution, seedlings were given to the beneficiaries, and they consisted of spinach, sorrel, lettuce, cucumber, pepper, moringa, tomatoes, and onions. The team continued to support the CFGB beneficiaries who are into businesses and farming. Few data were collected from the 16 villages, so far, a total of 1091 beneficiaries monitored. This has helped in improving households' livelihood has promoted healthy living and which it has also strengthened the caregivers to enroll their children back in school.

Stakeholders meeting provided a comprehensive overview of the Yobe State agricultural landscape and the challenges faced by its farming communities. The meeting brought together diverse stakeholders, including government representatives, local leaders, farmers, and humanitarian partners, to assess the impact of the recent dry spell and

pest infestation, and to discuss strategies for enhancing food security. During the presentation, Key findings, Humanitarian implications, Humanitarian concerns and recommendations, and Outlook for 2024 were discussed.

At the end of the narrative, use the indicator table and graphs to illustrate the results.

CHALLENGES

Access

- Lack of access due to damaged road.
- Lack of complaints, feedback, and response mechanisms (CFRM)

Basic facility

- Lack of toilet facilities in some of the implementing communities.

Recommendations

- Adoption of seasonal calenda.
- Follow-up with Save the children WASH unit for the provision of toilet facility.

SUCCESS STORIES

1. Health

- Mrs. Bakana is 27 years old. She lived in the Sugum community and had a 2-month-old baby. Hauwa met Mrs. Bakana during her household visit and conducted sensitization on exclusive breastfeeding for six months using a flip chart guide. Hauwa asked Mrs. Bakana if she practices exclusive breastfeeding. Mrs. Bakana answered yes but complained of painful swelling of the breast (breast engorgement) and Hauwa posed d few important questions to the ask caregiver on exclusive breastfeeding The CBHV asked the woman to demonstrate proper positioning and attachment. The woman demonstrated poor positioning and attachment which can be the cause of her breast engorgement. Hauwa Ibrahim Sugum used the breast model and life role play to demonstrate proper positioning and attachment to the woman. Mrs. Bakana embraces the practice and puts it into play. When Hauwa went for a follow-up, she observed Mrs. Bakana had improved. Mrs. Bakana told Hauwa that the sensitization had widened her knowledge of exclusive breastfeeding. Now she positions her baby properly, feeds her baby until one breast is soft and empty, and observes the baby off the breast when she's satisfied. The painful swelling of the breast is gone. Mrs. Bakana appreciates the effort and support of the CBHV and CARE International/Life Helpers who empowered her for such a wonderful Job.

- · Mallama Hauwa Salisu is a mother of 5 children who lives in the Dawayo community. She is part of the beneficiaries who benefited from the momma kit distributed to Dawayo Primary Health Centre. Hauwa Salisu had all her deliveries at the health facility but was never opportune to receive mamma kits or items from any organizations. This time, the story changes. She received a mamma kit at the Dawayo Primary Health Centre. However, there's a criterion attached, and Hauwa Salisu meets the criteria. She commended the support of Care International/Life Helpers. Hauwa Salisu said, 'I was so excited to receive this mamma kit because I couldn't afford to buy the bag, pampers, baby oil, baby, and mamma bathing soap'. For my previous deliveries, I used reusable napkins for the baby because I couldn't afford money to buy the Pampers. Thank God for this time, I used the Pampers for my baby, and I could experience a big difference. During her baby's naming ceremony, she advised her fellow women at that age of reproductive to register for ANC at an early stage, deliver at the health facility, and take immunization for their babies.

2. Nutrition

Problem

Overview

During the stepdown training in the Month of May, a child of 11month who was severely malnourished was identified. The mother was one of the participants in the stepdown training, learnt how to prepare the fortified pap and Tom brown went home and continued with it. As at that time Ede Chinecherem's MUAC was 11.5cm.

Activity Description

The stepdown training on nutrition GUC 2 for health workers at Shalom Cottage Hospital-Izzi was a huge success. Like I mentioned above after health educating the two (2) mothers and other women present at the time of the training including the health workers, I demonstrated to the understanding of all how to prepare a fortified pap and other locally made foods that will enrich their children's health.

They were glad with the training, even as the two SAM that could not eat, drank the forties pap and equally ate a well-prepared vegetable okro soup with fufu. The children identified were properly referred to CMAM center

Outcome/Impact for the HF and the child

After the stepdown training the CM visited the facility. I had the opportunity of seeing the child during the immunization. There was a lot of improvement as the mother testified that she has been taking the fortified pap and Tom brown with excitement.

During the child's second visit to the facility the mother testified of the wonders of Tom brown and fortified pap, as the child's MUAC was now 12.1cm. Currently the MUAC of the child is 13.1cm which shows the child has bounced back.

Also, the health workers now check MUAC of any child that visits the facility, and document it properly.

Personal information:

Name of Beneficiary/survivor/ community: Ede Chinecherem Age:

13 months (as at July, 2023)

Sex: female

Phone number: 08067153102 LGA:

IZZI

3. Livelihood

Problem

Overview:

Fanna lost her husband during the insurgencies leaving her with 5 kids, life wasn't easy for her her children dropped out of school, and feeding was difficult for her and the children she had to go to the farm and fices firewood and sell before she feeds her family.

PROGRAM/ACTIVITY DESCRIPTION:

With the ZOA intervention in collaboration with LHI introducing GLSA (group savings and loan association) which is aimed to improve the livelihood and Fanna Mustapha Modu had the opportunity to join the GSLA group, after their third savings, within the period of intervention ZOA/LHI distribute businesses kits for selected beneficiaries which make Fanna fall into she was giving measure of beans to make beans cake, pot, frying pan, firewood which make her raised again and enable her to start her existing business afresh.

Outcomes/Impact Statement and story:

A female-headed household by the name, of Fanna Mustapha Modu, 47years old, was given measures of beans to make bean cake for sale, and gathered her profit to buy a grinding machine, the income she got from the grinding machine, she invested in the firewood business, then the turnover from it, she bought charcoal. After packing her GSLA savings, she bought one hen, which has currently hatched 13 chicks. She has 5 children and testified she is currently happy as her 2 children now attend Western education and the 3 children attend Islamiyah.

Pictures

Use pictures across the areas of services.



Participants taking positions for OSCE at the skill lab after the BEMONC training.



Woman feeding her child with the food prepared on the second day of the food demonstration.



Beneficiaries who got grinding machine as source of IGA



Cross section stakeholders meeting on improving livelihood of IDPs.



Section of GBV/Child Protection awareness



The facilitator exposed the trainees to a malaria session



Mentoring and supportive supervision to PPMV/CP



Sensitization of in school children on personal hygiene



Section of GSLA during their weekly meeting



Cash disbursement to beneficiaries in Borno state