

NEWSLETTER 2020

THE OFFICIAL NEWSLETTER OF ROYAL HERITAGE HEALTH FOUNDATION

THE COVID-19 FOOD RESPONSE

Touching lives during the
pandemic

Royal Heritage Health Foundation, distributed a package of palliatives of Rice, Garri, Spaghetti packs with Beans to households, in Kilanko area of Ilorin, to last them for considerable period of time even as he begged others to come to the rescue of the masses at times like this.

The CEO of the foundation, therefore, urged the philanthropists across the nation and those who can afford more to reach out to their neighbours saying that people don't have to be a millionaire to help the masses during this period.

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CEO'S FOREWORD

Over the last 13 years, RHHF has worked to improve the lives of the less privileged in many underserved communities thereby improving national health outcomes. Drawing motivation and inspiration from our vision as the driving force, we have remained focused on our vision of creating a society where the poor and the vulnerable have equal access to quality education, health, infrastructure and dignity of human person. RHHF existence and achievement over the last 13 years has been due to its staff dedication, contribution, teamwork, diligence and selfless sacrifices. It's our hope that as we begin the journey of subsequent years, the current momentum will be maintained and even surpassed. RHHF core values of integrity, transparency, teamwork, service excellence, punctuality, innovation and respect remain our guiding principles and watch word as we continue blazing the trail as a non-governmental organization in Nigeria.

We remain grateful to all our partners and donors for the opportunities given us to serve humanity and for their commitment to strengthen communities towards better outcomes.

This newsletter is a collective insight of the projects executed in the year 2020. It contains reports on United Nations Population Fund (UNFPA)- (Sexual Reproductive Health and Gender Based Violence (GBV) and so on), Mines Advisory Group (MAG), Polio Eradication Project and a host of others.

I want to encourage us all to remain committed to the vision of the organization while finding innovative ways to enhance our service to humanity and contributing to the sustenance of our beloved organization. I believe together we can achieve more.

Mr. Olusoji E. Sogunro
CEO, RHHF

ABBREVIATIONS AND ACRONYMS

ACRONYMS	MEANING
ACOMIN	- Civil Society in Malaria control, Immunization and Nutrition
AFP	- Acute Flaccid Paralysis
BAY	- Borno, Adamawa and Yobe State
CAT	- Community Accountability Team
CBOs	- Community Based Organizations
CGPP	- Core Group Partners Project
CEI	- Client Exit Interview
CID	- Criminal Investigation Department
CMR	- Clinical Management of Rape
CSO	- Civil Society Organization
CVs	- Community Volunteers
EORE	- Explosive Ordinance Risk Education
ERW	- Explosive Remnants of War
FGD	- Focus Group Discussion
FY2021	- Fiscal Year 2021
GBV	- Gender Based Violence
GBVIMS	- Gender-Based Violence Information Management System
HIV	- Human Immuno-deficiency Virus
IMC	- International Medical Corps
IEC	- Information, Education Communication
IPC	- Inter Personal Communication
IPDs	- Immunization Plus Days
IWEC	- Integrated Women Empowerment Center
KII	- Key Informant Interviews
LEDAP	- Legal Defense and Assistance Project
LGA	- Local Government Authority
LLIN	- Long Lasting Insecticidal Net
M&E	- Monitoring & Evaluation
MAG	- Mines Advisory Group
MEAL	- Monitoring Evaluation Accountability and Learning
MHPSS	- Mental Health and Psychosocial Support
MVO	- Motor Vehicle Operator
NAPTIP	- National Agency for Prohibition of Trafficking in Persons
NC	- Non compliance
NCDC	- Nigeria Center for Disease Control
NTS	- Non-Technical Survey
NGO	- Non-Governmental Organization
OSCs	- One Stop Centers
PEI	- Polio Eradication Initiative
PO	- Program Officer
PPE	- Personal Protective Equipment
PSS	- Psychosocial Support
RE	- Risk Education
RH	- Reproductive Health
RHHF	- Royal Heritage Health Foundation
SMoH	- State Ministry of Health
SRH	- Sexual and Reproductive Health
STI	- Sexually Transmitted Infection
UITH	- University of Ilorin Teaching Hospital
UNFPA	- United Nations Population Fund
VCM	- Volunteer Community Mobilizer

RETREAT 2020!





“

I'M A PENSIONER, I DON'T HAVE ANY MONEY AGAIN AND THE FOODS MY CHILDREN SENT TO ME HAVE BEEN EXHAUSTED SINCE DAY BEFORE YESTERDAY. I DIDN'T EAT ANYTHING LAST NIGHT. THIS FOODS CAME WHEN ALL HOPE IS LOST, THE GOVERNMENT'S PALLIATIVES DIDN'T REACH HERE. EVEN IF I DIDN'T PRAY FOR THEM, THEIR PRAYERS HAVE ALREADY BEEN ANSWERED.

”

THE COVID-19 FOOD RESPONSE

The Chief Executive Officer of Royal Heritage Health Foundation, Mr. Soji Sogunro on Thursday 6th April 2020, distributed a package of palliatives of Rice, Garri, Spaghetti packs with Beans each to households, in Kilanko area of Ilorin, even as he begged others to come to the rescue of the masses at times like this.

Sogunro speaking with journalists after the distribution of the food items to the beneficiaries, said the food items would last two weeks stressing that his NGO must source for funds to repeat the same gesture if after two weeks the state at home order is not vacated by the government.

He, therefore, urged the philanthropists across the nation and those who can afford more to reach out to their neighbours saying that people don't have to be a millionaire to help the masses during this period. "People who have should please help your immediate neighbours, if everyone does that, the pressure of hunger pervading everywhere would relax," He said.

On what prompted the gesture, Mr. Sogunro said residents of Kilanko area of Ilorin have individually been trooping his office to assist them for foods, saying that the food they have at home have been exhausted. " instead of assisting individually, the executive members in the community were asked for, through which we identified houses of people who are truly in need. So we gave each member of a household a coupon with which we distributed the foods "He said



One of the beneficiaries, Mrs. Funmilayo Salawu speaking to journalists was moved to tears as she was heaping prayers on her benefactor and the NGO, saying that the foods came when all hope is lost. She said, "I'm a pensioner, I don't have any money again and the foods my children sent to me have been exhausted since day before yesterday. I didn't eat anything last night. This foods came when all hope is lost, the government's palliatives didn't reach here. Even if I didn't pray for them, their prayers have already been answered." The Chairman of Ifesowapo Community, Kilanko Area, Alhaji Abdurashheed Adegoke who also commended the gesture of the organization, noted that it wasn't the first time the organization would reach out to the community since it joined them. He said, 'Anytime, we contribute money, they used to give more. The government both national and international should find ways to help an NGO like this to thrive particularly because of people like us. No, government both at state and federal could give out these kinds of palliative they have given us. They have done very well and we are very grateful to them because as they say a friend in need is a friend indeed"

Read more at:

<https://www.vanguardngr.com/2020/04/ngo-donates-food-items-to-last-two-weeks-to-fifty-households-in-ilorin/>



INTERNATIONAL WOMEN'S DAY 2020

International Women's Day, 8th March, is a global day of celebration where women from all countries and of different political, economic, social, linguistic and ethnic backgrounds can join together to reflect on the struggle for equality over the past century, celebrate the achievements to date and identify the challenges for the future.

In Nigeria, women and girls suffer disproportionately from poverty, lack of education, and access to health-care. They also experience gender inequality and have restricted access to resources and opportunities.

To promote positive attitudinal change, reduce discrimination against women and girls, the International Women's Day presents a unique opportunity to mobilize global action to achieve gender equality and human rights of all women and girls.

To commemorate the International Women's day, Royal Heritage Health Foundation (RHHF) organized a 3 day activity (10th-12th March 2020); to increase sensitivity to the needs of women in Ifesowapo community, Kilanko, Ilorin, Kwara State.



The activities aimed to create awareness of gender equality for a healthy society and to improve the knowledge and perception of women about their health. The organization conducted advocacy to the relevant stakeholders to obtain their support towards the successful implementation of the intervention, sensitization to enhance awareness, motivate actions towards positive changes in matters related to women in the community. A total of 52 women and 8 men were reached with information to improve their knowledge and practices on personal hygiene, environmental sanitation, family planning and STI/HIV.



RHHF Director of administration, PO and other RHHF staff presenting PPE to the officer in charge of Arobadi PHC (10 hand sanitizers, 10 nose masks, 5 bottles of liquid hand wash and a bucket with tap)

COMMUNITY ADVOCACY AND ACCOUNTABILITY MALARIA PROJECT AT MORO LGA, KWARA STATE.

Global Fund grant for Malaria was for three years (2018-2020). The grant was implemented through a consortium that is led by Catholic Relief services. Civil Society in Malaria control, Immunization and Nutrition (ACOMIN) as a network was engaged for the purpose of implementing the community component and to coordinate efforts of Community Based Organisations on oversight, advocacy and accountability at the community, LGA and State levels.

ACOMIN worked in 5 LGA in Kwara state implementing through 15 CBOs and Community accountability teams while Royal Heritage Health Foundation is the Community Based Organization engaged to directly implement the project activities at the community level with the Community Accountability Team at Moro LG in Kwara state and the wards RHHF implemented in 2020 were Wumi mayaki, Maletе, Bode Saadu, Ejidongari and Arobadi.

The activities carried out by RHHF through CATs were: Working and interacting with community members through Focus group discussions (FGD), Interacting with clients who had accessed malaria services at Health facilities through Client Exit Interviews(CEI), Interacting with health facility staff particularly the Officer in charge and community stakeholders through key informant interviews(KII), Advocacy meetings with Key stakeholders for prompt resolution of issues at the wards and LGA levels, Physical observation of facilities to ascertain suitability to offer services to communities and Physical observation of stores where LLINs and other commodities are kept for suitability. The main beneficiaries of this projects were pregnant women, Women with under 5 children, Health workers and the community members. Furthermore, the focuses of the accountability initiatives were Accountability for Commodity utilization, Accountability for value for money, Accountability for budgetary appropriations, Accountability for Human Resources deployment.



During Key Informant Interview for CAT Project at Arobadi primary Health Centre, the Head of the Facility complained bitterly about insufficient PPE for the Staff to protect them against COVID'19, she mentioned Bucket with tap for washing hands by clients visiting the Facility. Remedial Action was taken by RHHF to support the Facility with Some PPE.



GENDER BASED VIOLENCE (GBV) IS AN INTERNATIONAL PUBLIC HEALTH AND HUMAN RIGHTS ISSUE THAT IS WIDESPREAD. GBV IN ALL ITS FORMS HAS UNLIMITED PHYSICAL, EMOTIONAL AND SOCIAL CONSEQUENCES FOR SURVIVORS WHO EXPERIENCE VIOLENCE. THE ONGOING HUMANITARIAN CRISIS IN NORTH EAST NIGERIA HAS EXACERBATED THE RISKS OF EXPERIENCING GBV. FACTORS SUCH AS LACK OF COMMUNITY AND STATE PROTECTIONS, DISPLACEMENT BECAUSE OF CONFLICT, SCARCITY OF ESSENTIAL RESOURCES, WEAKENED INFRASTRUCTURE, DISRUPTION OF COMMUNITY SERVICES, CHANGES IN CULTURAL AND GENDER NORMS, DISRUPTED RELATIONSHIPS, INCREASED MILITARIZATION AMONG OTHERS CONTRIBUTED TO THIS INCREASE. THE COVID-19 PANDEMIC HAS SEVERELY DISRUPTED ACCESS TO LIFE-SAVING SEXUAL AND REPRODUCTIVE HEALTH (SRH) INFORMATION AND SERVICES.

UNFPA

INTEGRATED ONE STOP APPROACHES TO SEXUAL REPRODUCTIVE HEALTH AND GENDER BASED VIOLENCE (GBV) PREVENTION, MITIGATION AND RESPONSE IN BORNO, ADAMAWA AND YOBE STATES.

• Key achievements

•A total of 21 medical personnel (11 males, 10 females) were trained on Clinical Management of Rape (CMR) including handling male survivors across the BAY states. This significantly improved the quality of medical services and care available to survivors of GBV and improved their health outcomes.

•A total of 27 (14 males, 13 females) legal, paralegal and security actors were trained on integrated provision of security and legal services to GBV survivors. Practitioners identified the gaps in the legal/ security system and the struggles survivors face in accessing justice. They all committed to handling survivors in their context better and walking them through the legal maze

•The capacity of 67 (19 males, 48 females) SRH/GBV frontline workers were enhanced on the provision of mental health and psychosocial support services.

•A total of 20 (3males, 17 females) SRH/GBV frontline workers were trained on GBV case management including handling child survivors.

A total of 371 survivors accessed comprehensive GBV response services at the OSCs across the BAY states in the Year 2020 (147 (141 females, 6 males) cases in Mubi, 175 (157 females, 18 males) cases in Potiskum and 49 cases (1 male, 48 Female) in Borno). Five cases of Rape were transferred to the State CID in Yola for further investigation and Prosecution of perpetrators.

The One stop center approach to service provision for survivors of GBV is an effective approach for addressing the needs of survivor in a dignifying manner. The availability of a range of services in one facility has improved the access and utilization of comprehensive SRH and GBV services by survivors within the communities and ease the recovery process for survivors. The dignity kits provided to survivors of GBV and vulnerable women and girls helped to address their critical menstrual hygiene needs and restore their dignity. Additionally, community sensitization and awareness campaign targeting key community stakeholders improved knowledge of GBV and uptake of services at the OSC. The procurement of the Keke Ambulances will facilitate effective access to SRH and GBV services for survivors at the OSC.



TYPES OF GBV INCIDENT REPORTED AT THE POTISKUM OSC 2020

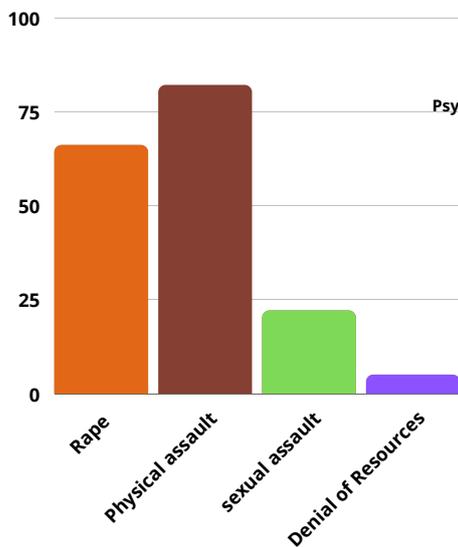


Fig 1: showing the incidences of GBV reported at the OSC in Potiskum, Yobe State

In Yobe state, a total of 46 (3 Male and 43 Female) GBV survivors were provided with Psychosocial support counselling while two (2 female) survivors were referred for specialized mental health service during the reporting period. 75 survivors were treated for common illness/ailments (such as high blood pressure, cold, diarrhea, headaches, Malaria), bruises, pain, lacerations, ulcer, STIs and other minor injuries, Syndromic management of STI was provided to a total of 27 Survivors while 31 (12 children and 19 adults) survivors received Post Exposure prophylaxis. A total of 7 GBV survivors stayed at the temporary shelter for a minimum of 2 days during the reporting period, 51 survivors accessed various legal services and support and 81 survivors accessed various security and protection services at the OSC in Potiskum, Yobe state.

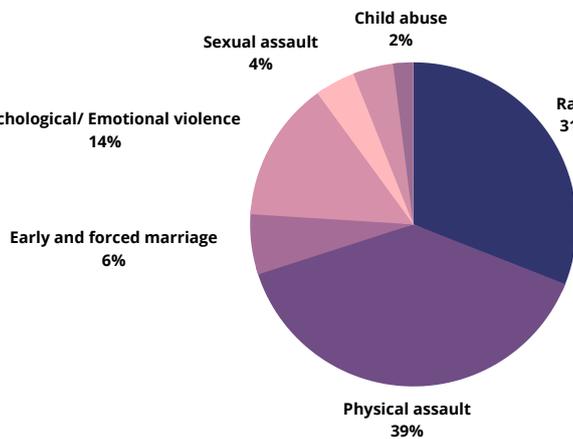
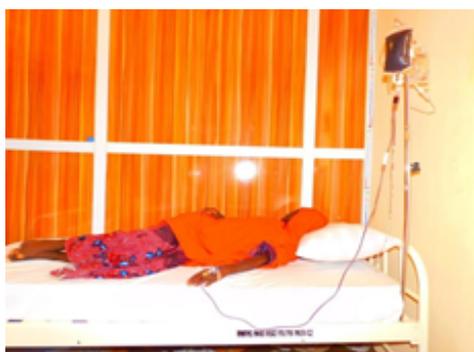


Fig 2: showing the incidences of GBV reported at the OSC in Borno State

In Borno state: Eight (8) GBV survivors accessed clinical management of rape services, nine (9) survivors were provided with legal counselling services, Six (6) survivors accessed police protection services during the year. Two (2) survivors were referred for Family tracing and reconnection services at ICRC while a child survivor was referred for child protection services at the State Ministry of Women Affairs and Social Development. Additionally, three of the survivors were referred for delivery, postnatal and immunization services at the State Specialist Hospital, Maiduguri, Borno State while two survivors were referred for livelihood support and economic empowerment at the Ministry of Women Affairs and Social Development. Also, two survivors were referred to the rehabilitation center in Maiduguri for specialized Mental health services and long-term shelter.



INCIDENCES OF GBV REPORTED AT THE MUBI OSC, 2020

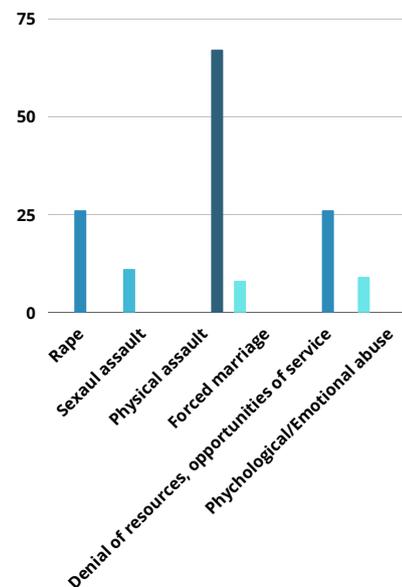


FIG 3: GBV response services accessed by survivors at the OSC in Adamawa State, 2020

In Adamawa state, three survivors (2 males and 1 female) were referred to CPPLI for Child protection services, their family was traced and the survivors reunified with them. Five survivors were referred to JRS for livelihood support and economic empowerment.

- A total of 457 (119 males, 338 females) [210 people (69 males, 141 females) in Mubi, 139 people (34 Males & 105 female) in Yobe, 108 people (16 Male, 92 Female) in Borno] persons were reached with SRH, GBV and COVID-19 prevention information through the tollfree hotline across the BAY states. Forty six (46) females referred for further services including comprehensive GBV care at the OSC through the mobile toll-free hotline in Borno State.
- A total of 1800 dignity kits were distributed to women and girls at risk of GBV and GBV survivors in Mubi and Yola LGAs.
- A total of 7,813 beneficiaries (2,098 males, 5715 females) (5,108 beneficiaries (1289 male, 3819 female) in Adamawa, 2,705 (809 male, 1896 female) in Yobe state) including vulnerable women and girls at risk of GBV and GBV survivors were provided with COVID-19 protective materials such as re-washable face masks, alcohol based hand sanitizers and liquid hand wash.



RHHF with funding and technical support from UNFPA and KOICA conducted a five-week vocational skill empowerment training for 100 indigent fistula repaired survivors to improve their quality of life and community integration through income generating activities.

VOCATIONAL SKILL EMPOWERMENT TRAININGS FOR 100 REPAIRED INDIGENT FISTULA SURVIVORS INCLUDING PROVISION OF SEED GRANT FOR BUSINESS START-UP AND ENGAGING PSYCHOSOCIAL SUPPORT SERVICE (PSS) COUNSELORS.

Women suffering from obstetric fistula are often stigmatized in the community and face a life of isolation, psychosocial challenges including Low self-esteem, rejection, stress, anxiety, mental health dysfunctions, post-traumatic stress disorders, loss of dignity and self-worth, loss of sexual pleasure, depression and suicidal thoughts as well as exclusion from normal social and economic activities within their communities. Social reintegration of fistula patients requires a combination of services aimed at improving their social, psychological, and economic recovery and well-being. These combination approach include family and community support, counselling, follow-up care, income generating activities, and vocational skill training. Equipping repaired fistula survivors with self-sustaining skills can strengthen their capacity to care for themselves with a view to helping them reclaim their lives and return to their communities with pride and independence.

The vocational skill acquisition training was conducted at the UNFPA supported Integrated Women Empowerment Center (IWEC) located at Budum, Maiduguri, Borno State. The survivors were grouped into three different units (Tie and dye unit, Confectionaries and pastries Unit, as well as Production of House Hold cleaning agents and body products Unit) and during the training based on their area of interest and given unique identification number after which they were taken to the bank in batches to open an account.



- A total of 100 fistula repaired survivors were identified and profiled to participate in the vocational skill and empowerment training.
- The identified survivors were divided into the following skill acquisition Unit: 33- pastries making and confectionaries, 34-cleaning agents and body product such as liquid soaps, disinfectants, perfume etc and 33 -Tie and dye).
- The participants were further divided into 2 groups {morning groups contains 16 participants while the afternoon group contains 17 participants} with each group being further divided into four subgroups containing 4 participants. The participants were trained intensively over a 25-day (Monday to Friday) period.
- The trainees were grouped into morning and evening sessions and each group contains approximately seventeen (17) participants to ensure adherence to National COVID-19 precautionary measures of maintaining social distancing and gathering in small groups.
- All the participants and facilitators were given face masks/face shields and alcohol-based hand sanitizers. The use of the face masks/face shield, washing of hands, use of alcohol-based hand sanitizers and maintaining physical distance were enforced all through the training. Additionally, Aprons and caps were given to each of the trainees.

- A total of 100 repaired fistula survivors who has completed the vocational skills training were equipped with the requisite skills and knowledge essential for establishing a viable small-scale enterprise and managing such businesses.
- Products made by the Fistula survivors were showcased during working visit of the honorable Commissioner of Women Affairs and Social Development and other media partners to the Integrated Women Empowerment Center.
- A total of 8 PSS Counsellors were orientated to provide MHPSS as well as referrals for repaired fistula survivors using home visit and follow-up strategies.
- A total of 14 social mobilizers were orientated to conduct community sensitization and awareness campaigns on obstetric fistula prevention and covid-19 messages across the intervention sites.
- A total of 12,709 (Male- 433 Female- 12,276) persons were reached with obstetric fistula prevention messages while 28 persons were referred for obstetric fistula medical services and 6 were referred to OSC for GBV services across the intervention sites in Jere, Konduga and MMC LGAs of Borno State during the reporting period.
- A total of 200 (Konduga=32, Jere= 38, MMC= 130) follow-up and home visitation on MPHSS were conducted to support community reintegration and business startup of indigent repaired Fistula Survivors during the reporting period.

- Majority of the fistula survivor have short attention span and cannot focus on the training for a long period of time. Training the participants in batches (each session last for 2-3hrs) has been an effective strategy in training the fistula survivors and it enables the participants to understand the training contents clearly
- Provision of food and money for the trainees daily made them punctual and eager to learn.
- The participants were taught marketing strategy – as the products they made were sold on a daily basis. The gain from the sales was used to buy the ingredients and chemicals used for subsequent sessions.
- The use of storytelling during a session as a means of facilitation helps to improve active participation among the participants which improves the knowledge of the participants.
- Engagement of community stakeholders, Men and Boys at all stages of the project mobilized wide community acceptance and increased participation of women and girls.



ESTABLISH 3 SAFE SPACES AND OPERATE A PROTECTION SYSTEM FOR GBV SURVIVORS IN BORNO STATE

Evidence suggests that women and girls' friendly spaces promote women's protection and empowerment, helps to reduce the risks of GBV and prevents exposure to further harm. These spaces support women and girls to recover from violence, form networks and access support, safety and opportunities.

The establishment of safe spaces for GBV survivors especially women and girls help to reduce GBV risks and prevent further harm as well as support survivors' access to post GBV services and help recovery from such violence. RHHF in collaboration with the Borno State Ministry of Women Affairs and Social Development established 3 safe spaces in MMC, Jere and Konduga LGAs of Borno State.

The safe spaces provide opportunities for women and girls to speak confidentially about their experiences, needs and concerns, as well as enable them to receive practical assistance and advice, including referral to specialized GBV response services such as GBV case management, psychosocial support, safety planning and risk reduction, skills-building, and recreational activities. The safe space has been equipped with basic equipment, furniture and solar for 24hrs power supply. Raw materials essential for conducting vocational skill acquisition training has been procured.

RHHF CEO (Mr. Olusoji Sogunro) inspecting one of the sites to be used as Women and Girls friendly Safe Space in Jere LGA



Safe space in Konduga LGA of Borno State



Safe space in MMC and Jere LGAs of Borno State



Despite strong evidence showing a rising trend of GBV across Nigerian communities, the act remains shrouded in secrecy. The silence surrounding GBV in Nigeria contributes to the poor reporting of cases and even when reported, there is lack of appropriate mechanisms to effectively respond to survivors needs.

The health facility has been described as most often the first point of call for GBV survivors, however service providers were found to be poorly trained and equipped with referral services to respond to GBV survivors appropriately. Beyond commonly cited barriers that hinder the uptake of available health services, non-existence of routine post-GBV care poses a great risk in the delivery of quality healthcare to women and children in the Northeast of Nigeria.

In order to provide a comprehensive response, care and support services to survivors of gender- based violence (GBV), Royal Heritage Health Foundation received fund from United Nations Populations Fund (UNFPA) to implement One Stop Centre project and running of Dignity Kit Production Centre in Maiduguri, Borno State. To ensure attainment of the project goals and objectives, there is need to supervise and monitor the implementation of the project activities on a regular basis at the community level.



Program Officer (Ms. Ajayi Oluwasefunmi) providing technical support to the clinical and paramedical staff of the OSC.

TECHNICAL COORDINATION IN BORNO STATE

RHHF project implementation team conducted advocacy to Ministry of Health department of Medical services, Ministry of Women Affairs and Social Development, Ministry of Justice department of Public Prosecution, Traditional, Religious and Community leaders in Borno State prior to the commencement of the project.

The project implementation team identified and selected 20 women previously engaged to work at the dignity kit production center. The team subsequently conducted a day orientation for the women working at the production center.



The team provided technical guidance, monitoring and mentoring during the production of the reusable sanitary pads, hijab and dignity kit gown at the production center. Weekly briefings were also held with the staff of the center to ensure adherence to safety procedures during the production of the reusable sanitary pads, hijabs and dignity kit gowns. The team also supervised the assembling of the content of the dignity kit as well as conducted spot checks regularly to ensure completeness in the number of items packaged in each of the dignity kits in adherence to the guidance note. The team provided technical support to the staff of the OSC during provision of comprehensive SRH/GBV services as well referrals to next level of care.

Restriction of movement due to COVID-19 has affected the capacity of RHHF staff to conduct physical monitoring and supportive supervision. However, the lifting of movement restriction and the use of virtual means has improved UNFPA capacity to continue proper supervision of the project.



Cross section of the women working at the production center, holding the packaged reusable sanitary pads and the dignity kit bag

LOCAL PRODUCTION, PACKAGING AND DISTRIBUTION OF 1000 DIGNITY KITS AND IPC INFO SHEETS IN BORNO STATE

Dignity kits help women and girls maintain their dignity during humanitarian crises and support women's self-worth and self-confidence by assisting them in providing care and protection to their households at large. The Dignity Kits containing PPE materials such as rewashable face masks, alcohol-based hand sanitizer and IPC information sheet was procured from the UNFPA supported Dignity Kit production center in Maiduguri, Borno state and distributed to vulnerable women and girls living across IDP camps and host communities in the state.

For COVID-19 precautionary measures, the women were provided with personal protective materials such as face mask and alcohol - based hand sanitizers. In addition, a mechanized foot operated hand washing machine was mounted at the production center and the women were mandated to wash their hands before entering the centre.

The women were grouped into 5 units namely:

- i) cutting unit, ii) sewing unit, iii) branding unit, iv) packaging unit, and v) weaving unit.

The women in the sewing unit were later grouped into 3 sections, namely: i) sewing of re-usable sanitary pads, ii) sewing of Hijabs (of various sizes for women and adolescent girls) and iii) sewing of Gown (of various sizes such as Small, Medium, Large and Extra Large).

Additionally, the women produced vaseline and bar soaps, liquid hand wash, rewashable face mask and alcohol-based hand sanitizer locally in the 1st quarter. The women working on the production of Hijabs and dignity gowns can produce an average of 250 hijabs and 200 dignity gowns per week while the women working on the production of vaseline and bar soaps can produce an average of 400 vaseline and 350 soaps weekly.

The products produced by the women were branded with UNFPA and RHHF logos.



- **Key Achievement**

A total of 10,135 dignity kits were assembled during the year. The dignity kit was shared as follows according to each quarter:

Quarter 1: 3,335 (835- Adamawa State, 2500 – Sokoto, Katsina and Zamfara States),

Quarter 3: 3,000 shared among the BAY States thus: 1000 -Yobe State, 1000-Borno State and 1000- Adamawa State and Quarter 4- 3800 for Borno State.

The dignity kits for quarter 4 has been produced and packaged and will be distributed to vulnerable women and girls in selected IDP camps and high-risk host communities in Borno state by UNFPA and partners from the Borno GBV subsector.

- **Challenges and way forward:**

The panic caused by the COVID-19 pandemic slow down the production rate at the dignity production center as the staff are scared of being infected while working, precautionary measures such as provision of hand washing spot and hand sanitizers were put in place to mitigate this effect.

Additionally, the women were sensitized on how to prevent covid-19 using the NCDC guidelines.

The COVID-19 pandemic has also slowed down the process of registering the products produced at the dignity kit production center with NAFDAC.

- **Recommendation**

The number of women working at the production center should be increased so as to enable the organization produce more context specific locally produced dignity kits that meets the demand for such products.

- **Conclusion**

The production and packing of context specific locally produced and packaged dignity kits at the dignity kit production center will address gaps in the demand and supplies of dignity kit to vulnerable women and girls living in Internally Displaced Persons camp and high-risk host communities in north eastern part of Nigeria. Engagement of vulnerable women and girls as staff of the dignity kit production center serve as the source of income and economic empowerment for such women and girls as well as help in building their resilience, and mitigate the risk of GBV.



The Interior of the production centre extension and the Extension unit partition into various sections for the production of Soaps, Vaseline, Hijabs and Gown.

RHHF SUPPORTS DELIVERY OF TWINS AFTER REFUSAL OF CAESAREAN SECTION



The family of Rev & Mrs Ogundare christened their twins; Wednesday 17th June, 2020 at Omupo, Irepodun LGA of Kwara State.

Mrs Ogundare who was at the Verge of losing her life and the children on 10th of June, 2020 because they could not afford the money for C.S operation as suggested by the Doctor in charge of Cottage Hospital, Omupo due to her health condition that can put the babies and her life in danger and she could not go through the normal delivery.

The State program officer for ACOMIN was at the hospital on a supervisory visit for CAT Malaria project during this period, when she learnt about the woman's incident and situation, she contacted the Executive Director; Royal Heritage Health Foundation (RHHF) for support so that the operation can be carried out.

RHHF took it upon herself to support the family financially so that the woman can undergo the operation that very day after 10 days of refusal of caesarean section, and the operation was successful although there were series of complications after the operation, today, we rejoice with the family because both the mother and the twins are doing fine.



To cushion the effect of the medical bill, RHHF also supported the family with food items, diapers and baby wears.



Staff of RHHF and ACOMIN with the Doctor in-charge of Cottage Hospital, Omupo



The CLOs conducting village mapping



MINES ADVISORY GROUP (MAG)

Explosive Ordnance Risk Education (EORE), Non-Technical Survey (NTS) and Victim Needs Identification for conflict affected population in Pulka, threatened by the presence of Improvised Landmines and Explosive Remnants of War (ERW) in Pulka ward of Gwoza LGA, Borno State

The project “Explosive Ordnance Risk Education (EORE), Non-Technical Survey (NTS) and Victim Needs Identification for conflict affected population in Pulka, threatened by the presence of Improvised Landmines and Explosive Remnants of War (ERW)” in Pulka ward of Gwoza LGA, Borno State is a two-month (August 5th to October 5th 2020) Mines Advisory Group (MAG) funded project implemented by Royal Heritage Health Foundation (RHFF). The project targets internally displaced persons (IDPs) that is, women, girls, boys and men living in high risk host communities and IDP Camps in Pulka town and aims to ensure access of most at-risk populations to EORE messages that specifically address activities that put individuals at risk of harm from ERWs, accidents involving (EO) and promote adoption of positive behaviour.

The participants were sensitized on explosive ordnance, how to recognize and report dangerous weapons and items as well as how individual can adopt safe behaviour practices when confronted with potentially harmful unknown objects. The RE sessions were conducted daily for four weeks by the CL for approximately 10-15 individuals. The COVID-19 precautionary measures were adhered to. The sessions were conducted in the local languages of Hausa and Kanuri through direct presentation, group discussions and songs that pass relevant messages. Additionally, IEC materials such as bags, books, stickers and fliers were distributed during each of the RE session to the participants to reinforce messages shared during the sessions.

During the project, the community members were reached with EORE through community liaison, village meetings, and Risk Education activities. A total of 200 Risk Education (RE) sessions were conducted across eleven (11) Host communities and four (4) IDPs Camps in Pulka ward of Gwoza LGA of Borno State. A total of 26 attendees with disabilities attended RE sessions. Twenty-one (21) Community leaders were engaged actively for the RE activities in Pulka, Gwoza LGA. A total of 3,019 (1,437 Male {Boys (6-11) =433, Male Youth (12-17) =343, Adult men (18+) =661} and 1,582 females {Girls (6-11) = 314, Female Youth (12-17) =207, Adult women (18+) =1061} persons were reached with Risk Education. 18 Victim accident form was filled and 7 Non- Technical survey, 4 case studies and 4 Remote contaminations assessment were conducted during RE activities in Pulka community of Gwoza LGA.



VCM (Hadiza Sheriff Kukuwa) vaccinating a child at Fulatari, Nduza Wuyaram, Damboa LGA

“

I COMMEND THE CGPP TEAM FOR THE GOOD WORK THEY ARE DOING IN MY COMMUNITY. WE SEE THE GOOD WORK OUR VCMS ARE DOING. BE REST ASSURED, WE WILL CONTINUE TO SUPPORT THE VCMS AND ENSURE NO HOUSEHOLDS REFUSE VACCINATION

Bulami Abdullahi
Community Head
Dalori, Konduga

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POLIO ERADICATION PROJECT WITHIN THE FRAMEWORK OF THE CORE GROUP PARTNERS PROJECT (CGPP) IN BORNO STATE.

Royal Heritage Health Foundation (RHHF) continued the implementation of the Polio eradication project within the framework of the CORE Group Partners Project (CGPP) in Borno State. The project support Polio eradication intervention in 10 Focal LGAs of Borno State. The project focused on strengthening global and national Polio Eradication Initiative (PEI).

The implementation was achieved through the transitioning of staff and volunteer comprising of 10 Local Government Area Coordinators (LGACs - 3 female and 7 male) VCMS-413 (all female) and VWS (20 Male and 26 Female) from IMC to RHHF. The volunteers and LGACs were supported by RHHF core staff (PM, MEAL Officers, Surveillance Officer) with technical support from IMC state team.

During the reporting period, RHHF conducted some key activities as enclosed in the project work plan towards the actualization of the project objectives. The project key objectives are to support the eradication of polio by increasing herds immunity and enhancing active surveillance for Acute Flaccid Paralysis (AFP) among under 5 children living in: Non-compliant households, Migrant communities, International border communities, Hard to reach communities and Areas with a history of poor performance in Routine Immunization (RI).

The project key activities include house to house sensitization and awareness creation, AFP surveillance, compound meetings among others. These activities were implemented by ensuring adherence to COVID-19 Infection, Prevention and Control (IPC) measures such as proper and correct use of Personal Protective Equipment (Face Mask, Hand Sanitizer and soaps for hand washing) by all volunteers and staff involved in the project implementation. The Prevention control measures were also followed by observing the advisory in the volunteer's house to house protocol and other etiquettes on COVID-19 prevention.



The Assistant MEAL officer (Hadiza Mele Mustapha) addressing the VCMS of MMC at the state specialist hospital Maiduguri during supportive supervision.

Challenges

- **Insecurity**

Some of the implementing LGAs such as Damboa, Monguno, Ngala and Nganzai are inaccessible due to the security challenge in the state. This has limited the capability of the team to conduct frequent supportive supervisory visits to these LGAs.

- **Poor Network Coverage**

Due to frequent issues with the network of some hard to reach implementing LGAs, there has been delay in the submission of their weekly data. The LGAs include Damboa, Ngala and Konduga.



Recommendations/way forward

- Prompt submission of report from hard to reach LGAs, electronically using internet access from other organizations present within their communities.
- Reports can also be sent through commercial vehicles to Maiduguri.

Best practices

- To ensure accurate and timely data entry by the VCMs and retrieval by the VWS, the M&E team conducted Data verification exercises.
- Conducting Pre advocacy meeting with the LGACs enlightened them on the importance of the meeting and the key messages to be delivered during the advocacy.





DONATION TO PAIN & PALLIATIVE DEPARTMENT, UITH, ILORIN, KWARA STATE.

A Great way to end the year 2020

On the 29th of December, 2020, Royal Heritage Health Foundation (RHHF) made a donation of a vehicle to the Pain and Palliative Care Unit of the University of Ilorin Teaching Hospital, Ilorin, Kwara State.

At the presentation, the CEO; Olusoji Sogunro stated that the reason for the donation was as a result of the disposition of the patients in the unit as described by Mrs. Oyenike Sogunro, a director at the Unit. He also stated that the organization would be happy to sponsor and be part of the unit's quarterly get together.

RHHF staff present at the program were; The CEO; Olusoji Sogunro, Director of Admin; Sunday Adewoye, Admin Officer; Tomi Tundun, Procurement manager; Dele Elijah, MVO; Olalekan Ajala, Communication officer; Sogunro Chibuzor. The staff of Pain and Palliative Care Unit and the administrative department of the teaching hospital were represented.

The representative of the Pain and palliative care unit was glad and thanked the organization for this kind gesture and promised that the vehicle will be used and maintained for the patients as desired by the organization. He also encouraged that other individual or organization can emulate this kind gesture as demonstrated by RHHF.



WORD SEARCH

Diseases and Pandemics that have affected the world

F E D B J S U O I G A T N O C
I E O C I M E D N A P Z M T V
S X K L E N I T N A R A U Q M
E P A R A S I T E Z J B M A A
N N O I T A R D Y H E D L R V
I E P I D E M I C R V A E P A
C U R N Y Y H M C N R T J L F
C M O P L A G U E I C W O H D
A O D A H E L L A A P B A N I
V N E P E O U T B R E A K S S
I I N D S A N I T A T I O N S E
R A T I N F L U E N Z A H R A
U H S M A L L P O X G J R I S
S B L D D E V A S T A T E D E
R T P Y A C T I V I S T A V N C

ACTIVIST

BACTERIA

CONTAGIOUS

DEHYDRATION

DEVASTED

DISEASE

EBOLA

EPIDEMIC

INFLUENZA

MALARIA

OUTBREAKS

PANDEMIC

PARASITE

PLAGUE

PNEUMONIA

QUARANTINE

RODENTS

SANITATION

SMALLPOX

TUBERCULOSIS

VACCINES

VIRUS

Learn and have fun!

VISION STATEMENT

A society where the poor and vulnerable have equal access to quality education, health, infrastructure and dignity of human person.

MISSION STATEMENT

To promote the quality of life of women, children and youth through quality education, infrastructure and health service programmes in Africa.

OUR CORE VALUES

- INTERGRITY
- TEAMWORK
- TRANSPARENCY
- RESPECT
- PUNCTUALITY
- INNOVATION
- SERVICE EXCELLENCE

THEMATIC AREAS

• Health

• Livelihood

• Humanitarian Services

• Education

• Social Marketing

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