

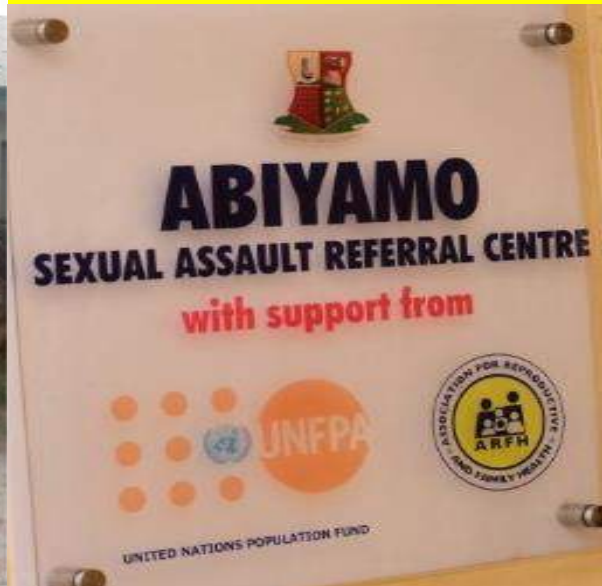


ARFH
Working Together, Building a Healthier Future

Project Close-Out Report

On

EU BASKET FUND 'RISK COMMUNICATION AND COMMUNITY ENGAGEMENT' (RCCE) UNDER THE UN SUPPORT TO THE NATIONAL COVID-19 MULTISECTORAL PANDEMIC RESPONSE PROJECT



OCTOBER, 2020 -MAY, 2021

Project Close-Out Report

By

29th April, 2022.

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LIST OF ACRONYMS:

ARFH=Association for Reproductive and Family Health
ART= Anti Retroviral Therapy
CAN= Christian Association of Nigeria
COVID-19= Corona Virus Disease, 2019
FP = Family Planning
FGM= Female Genital Mutilation
HIV= Human Immune Deficiency Virus
HTP=Harmful Traditional Practices
IEC = Information, Educative, Communication
LGA= Local Government Area
LGSC= Local Government Service Commission
LPE= Life Planning Education
MAN= Muslim Association of Nigeria
M&E=Measurement and Evaluation
MoH=Ministry of Health
MoE=Ministry of Education
MoJ=Ministry of Justice
MoWASI=Ministry of Women Affairs and Social Inclusion
MH&PSS=Mental Health and Psycho-social Support
NIS=Nigerian Immigration Services
NPF= Nigerian Police Force
NSCDC=National Security and Civil Defence Commission
PFA =Psychological First Aids
PPE=Personal Protective Equipment
PHC= Primary Health Centre
RCCE= Risk Communication and Community Engagement
RH =Reproductive Health
SARC= Sexual Assault Referral Centre
SGBV= Sexual and Gender Based Violence
SGBVRT= Sexual and Gender Based Violence Response Team
SPHCB= State Primary Health Care Board
SRHR= Sexual Reproductive Health and Rights
TB =Tuberculosis
TOT= Training of Trainers
UNFPA= United Nations Population Funds
VAPP= Violence Against Person Prohibition
VAWG= Violence Against Women and Girls
WRA=Women of Reproductive Age

1.0. EXECUTIVE SUMMARY:

The Association for Reproductive and Family Health (ARFH) had a contractual agreement with the United Nations Population Funds (UNFPA) to implement a project titled “**Risk Communication and Community Engagement (RCCE) under the UN support for the National COVID-19 Multi-sectoral Pandemic Response**”, which had a three-pronged approach of; (i) broader risk communication and community engagement and sensitization for social and behavioural change; (ii) alleviating the economic impact for the most vulnerable women and girls and their households; and, (iii) ensuring adolescent, youth and women’s constituencies play a role in monitoring the overall pandemic response and its appropriateness for women, men, girls, and boys.

The project award involved capacity building of the knowledge of girls and women of Reproductive age (WRA), Health workers, Social workers and the Community about COVID-19 preventive measures, information on GBV/FGM/HTP and training school students on livelihood skill acquisition for production of liquid soap, hand sanitizer, and re-usable sanitary pads. Peer Educator training was also included and capacity building on Mental Health and Psycho Social Support for Nurses/Midwives, and Social workers.

The RCCE project implementation held between October, 2020 and May, 2021. The project built on the gains and successes of the initial pilot stage in three LGAs in Oyo state -(Ibadan North, Oyo West, and Ogbomosho South) between October and December 2020, to scale up to three more LGAs, namely; Ibadan South East, South West, and North West.

The scale-up intervention encouraged the leadership role of adolescents, youths, and women in the response and community cohesion as well as ensuring continuity and access to essential services. The project provided information and services on GBV, HIV, TB, and SRH including Family Planning (FP). Dignity/Menstrual kits, condoms, including COVID-19 prevention packages were also distributed on the project.

Project LGAs:

The project was implemented across six LGAs in Oyo state namely; Ibadan North, Oyo West, Ogbomosho South, Ibadan North West, Ibadan South West and Ibadan South East, in Thirty (30) Educational institutions, and Twenty-four (24) Primary Healthcare facilities.

Proposed Beneficiaries

5,000 women and girls of reproductive age, to be reached with services.

2,000 menstrual hygiene kits (pads, soap, tooth paste cream, and towel) to be distributed to women and girls, of Reproductive age (WRA);

250,000 pieces condom to be distributed.

Project Sites:

Six (6) LGAs in Oyo state (Ibadan North, Oyo West, Ogbomosho South, Ibadan North West, Ibadan South West and Ibadan South East).

Project Duration:

8 Months (October, 2020 to May, 2021)

Project Activities

The activities approved and implemented on the project included:

- ❖ Capacity building of 60 RCCE community champions (20 per LGA; Ibadan North, Oyo West, Ogbomosho South) participants on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services..
- ❖ Capacity building of 75 RCCE Peer Educators (25 per LGA), alongside 15 teachers (1 per school x 5 x 3 LGAs; in Ibadan South East, South West, and North West), on increasing access of women and girls to Sexual Reproductive Health and Rights (SRHR), including information on FGM, rape prevention and care services and Livelihood skill building (liquid soap production, hand sanitizer production and making of re-usable menstrual pad).
- ❖ Capacity building (TOT) of 31 (Nurses and Social workers), on the provision of Mental Health and Psycho-social Support (MH&PSS) for girls at risk and survivors of rape.
- ❖ Capacity building of 45 RCCE Community Champions (15 per LGA: Ibadan South East, South West, and North West) on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services including SRHR .
- ❖ Capacity building of 30 Peer Supervisors (School Teachers) (2 per school x 5 x 3 LGA: Ibadan South East, South West, and North West) on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services including SRHR.
- ❖ Capacity building of 31 Peer Supervisors (Christian and Islamic Religious Teachers) (5 per religion x 2 x 3 LGA: Ibadan South East, South West, and North West) on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services including SRHR.
- ❖ Capacity building of 21 SARC workers on how to care for survivors of SGBV, Rape, and other HTP.
- ❖ Establishment of a well-equipped point of care for Sexually Assaulted/Gender Based Violent Survivors and Referral Centre (SARC) at Jericho Nursing Home, Ibadan North West LGA, Oyo State for FGM/C, SGBV and Rape Survivors.
- ❖ Awareness creation among adolescents and young people for GBV/SRH information and services including COVID-19 prevention guidelines.
- ❖ Provision of information, education, and voluntary testing on HIV/AIDS
- ❖ Created referral linkages for TB, SRH services including GBV within the community.
- ❖ Distribution of dignity/menstrual hygiene kits to women of reproductive age, including in and out of school youths including people living with disabilities
- ❖ Distribution of male and female condoms during community outreach and mobilization activities.

The capacity building activities were delivered in a conducive learning environment using the Life Planning Education (LPE)/Adult literacy training approach in line with the National SRHR/UNFPA training curriculum. All participants of the capacity building activities had a pre-test administered, to identify knowledge gaps and collate an objective assessment of the training impact afterwards. Analysis of the pre and post test scores showed significant knowledge gain and skill acquisition.

The key activities listed, approved and implemented on the project included;

- Project Kick-off Meetings
- Engagement meetings and discussions with RCCE team
- Courtesy visits to key stakeholders in the State including the MoH, MoE, MoWASI, MoJ, LGSC, NIS, NPF, NSCDC, The ES (SPHCB), and the project LGAs, including LGA Chairmen, and focal persons in each LGA.
- Development of the implementation work plan including, training plan, monitoring/ Supportive Supervisory schedule
- Approved list of proposed state trainers and Supervisors was secured.
- Training of Master Trainers on MHPSS
- Distribution of Consumables to the project health facilities.
- Awareness creation and Mobilization/Outreach activities

All the under-listed approved project activities in the work plan were successfully implemented and accomplished including,

- i) Project Planning/Review Meetings
- ii) Stakeholders' Engagement and Update visits.
- iii) Capacity building of 105 RCCE Community Champions
- iv) Capacity building of 75 RCCE Peer Educators including Skill acquisition and livelihood training.
- v) Capacity building of 60 RCCE Peer Supervisors (educational and religious institutions)
- vi) Capacity building (TOT) of 31 (Nurses and Social workers), on provision of Mental Health and Psycho social Support (MH&PSS).
- vii) Capacity building of 21 SARC workers on Clinical Management of Rape Survivors.
- viii) Establishment of a well-equipped point of care for Sexually Assaulted/Gender Based Violent Survivors and Referral Centre (SARC) at Jericho Nursing Home, Ibadan North West LGA, Oyo State for FGM/C, SGBV and Rape Survivors.
- ix) Creation of awareness among adolescents and young people for GBV/SRH information and services including COVID-19 prevention guidelines.

Tangible results achieved on the project included:

- ❖ Availability of 105 Community Champions to disseminate information on COVID-19 precautions and prevention of GBV/FGM/HTP in their various communities.
- ❖ Availability of 75 RCCE Peer Educators in the three project LGAs to educate/influence their peers on COVID-19 precautions and prevention of GBV/FGM/HTP in their various educational institutions. They also gained Skill acquisition and livelihood training on production of hand sanitizer, liquid soap, and reusable sanitary pads.
- ❖ Availability of a pool of 60 RCCE Peer Supervisors (educational and religious institutions) to supervise the Peer Educators in the process of service delivery among their peers on COVID-19 precautions and prevention of GBV/FGM/HTP in their various educational institutions
- ❖ Availability of a pool (TOT) of 31 (Nurses and Social workers), in the project LGAs for subsequent service delivery to provide quality Mental Health and Psycho-social Support (MH&PSS) to survivors of GBV/Rape/HTP, and act as referral linkage to the SARC.

- ❖ Availability of a well-equipped and the first point of care SARC for Sexually Assaulted/Gender Based Violent Survivors and Referral Centre (SARC) for FGM/C, SGBV and Rape Survivors at Jericho Nursing Home, Ibadan North West LGA, Oyo State.
- ❖ Community awareness creation among WRA, Men, adolescents and young people for GBV/SRH information and services including COVID-19 prevention guidelines in the various project LGAs and communities.
- ❖ Demand generation/Awareness creation/Outreach activities on GBV/FGM/HTP/Family Planning held in the project LGAs and the state in general.

Covid-19 Preventive Measures

The physical environment of each venue during project implementation was assessed to ensure its suitability for the training and compliance with COVID-19 preventive measures. There was the provision of wash hand stations, hand sanitizers, and face masks. Social distancing arrangement was also ensured during the whole period of training. The COVID-19 preventive measures were strictly adhered to all through training period. All the trainers effectively complied with the prevention guidelines.

2.0. INTRODUCTION:

The term Gender Based Violence (GBV) is mostly associated with violence against women and girls; acts of abuse and molestation also exist among the male gender but the majority of the survivors are overwhelmingly women and girls, who are often disadvantaged to speak out, seek help, and get adequate, timely, and appropriate Sexual Reproductive Health and Right (SRHR) care services. Most of the survivors of sexual abuse or gender-based violence do not report the incidence at all, while those who report does so at a later stage when they finally summon the courage to speak out, which may be due to lack of capacity and ability to report to appropriate authorities, limited support, fear, feeling of self-blame, shame, guilt, and threats by the perpetrator and a lack of perceived protection against recurring victimization, which are attributed to the prevalence of SGBV (Talon, 2009), and resultant effect of Psychosocial trauma, and other health challenges. (Fawole, Ajuwon, Osungbade, and Fawega (2002).

This GBV was further escalated by the emergence of COVID-19 pandemic, which brought a steady rise in the risk of gender-based violence, child marriage, female genital mutilation, reduced uptake of sexual and reproductive health services, and increased socio-political violence. Furthermore, the outbreak of Corona virus has worsened the high unmet need for family planning which currently stands at 19% due to limited access to FP commodities, sociocultural objections, intimate partner preference, and male partner refusal for method use.

For nations to recover from the effects of COVID-19 there is the need for governments to put women and girls at the center of their efforts and make the prevention and redress of violence against women and girls a key part of their national response plans for COVID-19 (UN Secretary-General 2020).

3. 0. STRATEGIC ACTIVITIES IMPLEMENTED ON THE PROJECT

3.1.1. Planning Committee/Review Meetings: The planning committee members (Project Coordinator, Finance Manager, Program Officer, M&E Officer) had an initial

start-off meeting, and also met at various times in line with each program implementation period. Information about the project aim, objectives, strategies, activities, and expected outcome was shared, to enable all have an in-depth understanding of the project. Other valuable discussions and brainstorming at ensuring the on successful implementation of the program and achieving project milestone deliverable within the expected time frame was also deliberated upon.

3.1.2. ADVOCACY/STAKEHOLDERS' ENGAGEMENT VISIT: The visit came up at different times before commencement of each activity on the program. Concerned stakeholders in the Ministries of Health (MoH), Education (MoE), Justice (MoJ), Local Government Service Commission (LGSC), State Primary Health Care Board (SPHCB) were visited, in order to buy in and obtain Government's approval to enter into the communities for project implementation, and to enlist their support for a conducive environment. The visits received the gracious approval and full support of the stakeholders at the State and LGA levels. Visits were conducted by ARFH's project staff.



Advocacy visit to the Hon. Comm. For Health, and Ogbomosho South LGA stakeholders

3.1.3. DEVELOPMENT OF TRAINING MANUALS AND TRAINING SCHEDULE CONTENT:

According to the peculiarities of each group to be trained, up-to-date age appropriate SRHR information for participants were carefully developed using international technical guidance on sexuality education as a guide as well as other in-country resource materials including Family Life and HIV Education for Junior Secondary Schools, COVID-19 prevention principles, FGM and other HTP.



Peer Educator Training Manual

Other training manuals were developed with special consideration for the target groups, their challenges, how to respond to their psycho-social issues, and how to render effective healthcare services to those in need of MH&PSS, those at risk/victims/survivors of SGBV, Rape, and other HTP.

3.1.4: CAPACITY BUILDING:

ia) Capacity building of Seventy-five (75) RCCE Peer Educators:

A three (3) day Capacity building program held between 22nd and 24th of February, 2021 (simultaneously for two LGAs) at St.Teresa's College, Oke-Ado, and between 25th-27th February, 2021 at Oba Abass Alesinloye Secondary School, Eleyele, Ibadan; for 75 Secondary School students (girls) drawn for five schools in each of the project LGAs on the theme "*My body, my life, my world*"; how to develop self-dignity, self-worth, how to have a vision and be optimistic about their future, to dominate, and appreciate their bodies as very special and personal to them, to refuse any external influence on their bodies, and to speak out against any form of intimidation and violence against them. A total of 15 Schools selected across 3 LGAs participated in the training and they had similar meaningful engagements with facilitators irrespective of the venue or location of the training.

There was an opening speech by the State School desk officer from the Oyo State Ministry of Education in the person of Mrs Abiola, who charged the girls to make the best use of the program, to enable them to become positive influence among their peers.

Dr. Mrs Esther Somefun, the UNFPA Gender/RH Analyst also gave her charge to the participants through a video message.



Dr. Somefun Esther, the Gender/RH Analyst at United Nations Population Fund (UNFPA) addressing the participants via a video message.

Pre- and Post-test was administered, to assess the participants' depth of knowledge before the training, and to identify the knowledge gap and the impact of the training afterwards.

Brainstorming, group work, energizers, flip-chart, power point presentations, picture slides, storytelling, video, music, art, interactive sessions, true life experience sharing, role play, meta-analysis among many other facilitation techniques were employed in training the peer educators.

The students were in company of their teachers (1 per school), who will serve as supervisor to them in their school environment. Students were also taught some livelihood skills; such as how to make liquid soap, hand sanitizer, and reusable sanitary pads, and the students laid their hands on these skills.



Participants training Manual



Training session by UNFPA trainer



Training Session by another UNFPA trainer, and session on how to make re-usable sanitary pad



Participants return demonstration on how to make reusable sanitary pad.



Training Video session and samples of re-usable sanitary pad made by Peer educators.



Practical session on how to make liquid soap, with samples of liquid soap and hand sanitizer made by the participants

Participating students also composed some songs during the training, like ” *My body is mine*”, *I am so wonderfully made*” which would always remind them of their dignity, prepare them for a better future; this reflected their understanding of the objectives of the program, and how well they have come to appreciate their bodies and adding values to themselves as a Girl child. They were given a mandate of reaching out to at least five peers in a week, with reporting tools to work with. Students also had a training manual; “*My Orange guide*” to be used in the course of their assignment, and customized T-shirts, and camp bags.

The facilitators engaged the Teachers, during the training sessions, since they are gatekeepers and important tools for the success of the outreaches by students in their various schools and communities. Teachers were therefore engaged on the second and third day of each training, and during the engagement, the facilitator shared her personal experience as a teacher herself to motivate them for service, they went on to discuss other issues that will make the project a success.

Vital key points raised during meetings included the following:

- Teachers in Oyo State have not been trained in Sexuality education and this training is their first and eye opener.
- When students come with very sensitive issues, teachers do not handle them because they are not empowered to do so; they just refer to them to other teachers who may also do the same and leaving the child's sensitive need unattended.
- Many of the students in their schools are the bread winners in their family and this affects their studies and lifestyles.
- Many of the students have to hawk or stay in the shop to make early sales before coming to school, so some have been exposed to series of sexual abuse which has made some of them to be sexually active.

ib)Engagement with Youth Volunteers:

The project follow-up plan was designed to include 3 youth volunteers who were saddled with the responsibility of continuous engagements with the trained peer educators, monitoring and collating reports of their activities. As such, it became important for the facilitators to have a one on one engagement with the youth volunteers. The facilitator discussed issues bothering on confidentiality and prompt response to the girls concern. They also discussed the reporting format for youth facilitators and deadline for submission of report was agreed on. Youth facilitators asked questions to clarify their roles and appropriate answers were provided.

ii) **Capacity building of Sixty (60) RCCE Champions:** A 1-day capacity building of Sixty (60) Community Champions (20 per LGA) which included Secondary School Teachers, Health Care workers, Artisans, Community leaders, Youth, and Religious Representatives came up in their respective LGAs (Ibadan North, Oyo West, and Ogbomosho South between 24th and 26th of November respectively on COVID-19, Adolescents/Youth SRH, GBV, FGM/C, HIV/AIDS, Child Marriage, and Tuberculosis. Participants were intimated with the goals and objectives of the project, and their responsibilities as Community Champions. The training was facilitated by a team of ARFH staff, with both didactic and practical demonstrations. M&E component was also shared with them, and how to record their data, alongside submission date.

The RCCE Champions have been trained to act as advocates of positive Behavioural Change on the various issues identified, and referral agents to victims of various challenges, in order to promote the sustainability of the project in the project schools, and their various communities. The Champions will also help to bridge the gap in service delivery that has been jeopardized due to fear of clients visiting health facilities, which has resulted in the delay of health seeking behaviour of community people. Training manuals, reporting tools, and reflective jackets were provided for the participants to carry out their assignments, and put on regularly as a form of propagation of the project in their respective places of work and communities.



Participant registration process and cross section of participants during Community Champions Training.



Participants with Oyo west LGA Chairman, and passing out ceremony of Champions with Chairman Ogbomoshos South LGA.

iii) Training of Trainers (ToT) on MHPSS: Capacity building activities of a pool of 31 health/social workers as Mental Health and Psycho Social Support (MHPSS) Providers.

The training was conducted between, Monday, March 01 – Wednesday March 03, 2021, at Mubo Laoye Hall of Association for Reproductive and Family Health (ARFH), ARFH House, Plot 815A Army Officers Mess Road, Agodi, Ibadan, Oyo State. The training time for each day was 9.00 am – 5.00pm.

The team of Facilitators was led by Mrs Juliet Olumuyiwa-Rufai an experienced and seasoned Gender Based Violence prevention/response consultant, and a Child Protection expert, who is vast in providing psycho-social support to survivors of GBV.

The overall objective of the MHPSS training was to equip the participants (health and social workers) with skills to efficiently provide timely, gender and culturally-appropriate psycho-social support to survivors of Gender Based Violence (GBV) in Ibadan, Oyo State.

Participants' capacity was built on the following:

- ❖ Understanding the concept of GBV as a potential traumatic event and the associated traumatic consequences on survivors,
- ❖ Identifying survivors of GBV and their specific psycho-social needs,
- ❖ Acquiring basic skills in responding to the psycho-social needs of survivors of GBV.

- ❖ Understanding, organizing and implementing service referral pathways to support GBV survivors.
- ❖ Knowing the basic concept of mental health and psycho-social support as it relates to GBV survivors.
- ❖ Integrating self-care strategies when responding to the psycho-social needs of survivors of GBV.
- ❖ Organizing and facilitating larger community support activities.

A total of 31 participants (**28 females and 3 males**) attended the training. Pre-test and post-test questions to determine knowledge transfer were administered to the participants.-The pretest average score was 46.5%, while the post-test average score was 84.6%, which reflected an increase in knowledge gain during the training.

The specific topics covered in the course of training were **Understanding SGBV and the concept of psychological trauma, Ethics in providing Psycho social Support (PSS) to survivors of SGBV, Assessing and addressing the psycho social needs of survivors of SGBV and Caring for the caregivers**, which were broken down into the following sub-topics: Definitions of stress and psychological trauma, SGBV as a potential traumatic event, the effects SGBV and other traumatic events on the survivor, confidentiality, safety, respect, non-discrimination, participatory approach, observation, active listening, Psycho-education, Community sensitization/information dissemination on SGBV, Trauma counselling – how to talk to survivors and how to help them tell their stories, Individual (one-on-one) counselling, Group/community counselling, carrying out effective referrals, presentation of the algorithm of care for survivors of rape, understanding the concepts of secondary traumatization and compassion fatigue, self-care strategies, importance of clinical supervision and mutual team support.

Other key topics were Essential Services for GBV survivors (Health, Social Services, Police/Justice, etc.); reporting GBV at Police Stations, Basic concept of Mental Health and Psycho social Support of GBV Survivors, Concept of Resilience and common MHPSS effects on GBV survivors, MHPSS activities/services for GBV survivors and the LIVES (**Listen, Inquire, Validate, Enhance safety, and Support**) system for Psychological First Aid (PFA).

The facilitation and discussion processes were highly interactive and very engaging for the participants. Participants did series of individualized assignments and largely participated in group works and role plays to internalize and be able to recall learning. They also asked questions which were answered. There were 5 groups of 6 participants each. At the end of each group assignment, each group presented their works which were critiqued by the other groups and the facilitators, while corrections were respectfully made.

Participants had their knowledge of subject matter tested The result of the tests shows that there was obvious knowledge transfer from the facilitators to the participants in the course of training. In addition, daily and final evaluation was done by participants, to assess participant's view of the training content and environment to enable ARFH, UNFPA and the teams of facilitators improve on similar future workshops and training.

Trainees were to conduct step down training in their various facilities and LGAs for their colleagues who could not attend the ToT program. Banners containing the names and contact numbers of MHPSS providers were made, and the banners were pasted at the entrance of all ARFH trained facilities on RCCE project



Participants training manual



Training session by a facilitator



Recap session during the training



Closing ceremony picture of participants.

Prioritize your mental health, there is no health without mental health.

LIST OF FACILITIES ON UNFPA/ARFH RCCE PROJECT LGAs AND CONTACTS

LGAS	FACILITIES	CONTACT	PHONE NUMBER
1. IBADAN SOUTH EAST	MCH	Mrs Adotunji Bolanle	08055675619
	Health Educator	Mrs Omolade E. O.	07082454218
	Aperin Oniyere Health Centre	Mrs Ojo yebunde	08052382432
	Oranyan PHC, Ibadan	Mrs Adesola R. B.	07068550365
	Eyin Grammar PHC, Molete, Ibadan	Mrs Babatunde Asiat B.	08055222241
	Molete PHC,(ASAS junction) Ibadan	Mrs Oke R. M.	08032381078
2. IBADAN SOUTH WEST	MCH/FP	Mrs Iyioku Funmilayo	08033853313
	Health Educator	Mrs Mustapha T. B.	08165625305
	Primary Health Care Centre, Sharp corner	Mrs Ogunsowo	08056726982
	MCH, Apata, Ibadan	Mrs Adenekan	08033745489
	PHC Akuro, Oke-Ado, Ibadan	Mat Agboola	08067818508
	Adifase Primary Health Centre, Apata	Mat Olaleye	08067818508
3. IBADAN NORTH WEST	MCH/FP	Mrs Abdulmojeed K. A.	08052989433
	Health Educator	Mrs Morunfolu M. T.	08052456309
	Oniyarin PHC, Ibadan	Mrs Oladejo Esther	08038513921
	Eleyele PHC, Ibadan	Mrs Amoo Esther	08073617279
	Onireke Health Centre, Ibadan	Mrs Abolaji O. G.	08034387662
	Jericho Nursing Home, Ibadan	Mrs Oyewole R. O.	08079832748
4. MINISTRY OF WOMEN AFFAIRS AND SOCIAL INCLUSION	MINISTRY OF WOMEN AFFAIRS AND SOCIAL INCLUSION/ Gender D.O	Akinpelu Olafunmilayo Bukola	07080236389
	MINISTRY OF WOMEN AFFAIRS AND SOCIAL INCLUSION/ Social Welfare Officer	Aderibigbe Olafunmilayo Adebukola	08068146895
5. OYO STATE PRIMARY HEALTH CARE BOARD	OYO STATE PRIMARY HEALTH CARE BOARD /SR Officer	Olawayin Bilikisu Oluwakemi	08034369664
	OYO STATE PRIMARY HEALTH CARE BOARD/FP Coord	Awakan Adeola Omolola	08033347087
6. MENTAL HEALTH EXPERTS	Mental Health Program Officer	Abodurin Funmilayo Kemi	08056713662
	Adolescent Health Desk Officers	Adeniyi Ademola Olaoluwa	08035562322
7. SOCIAL WORKERS	Owoola Bolanle Olesunmba	Ibadan South West	08035707401
	Ibadan South East LGA	Olukunle Otaekan	08033230568
	Ibadan Northwest	Animasahun Ibrahim	08069347484

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State Response Number: 08004004040

Sample of banner with list of all facilities trained on the RCCE project for easy location by survivors and other community members.

iv) Capacity building of 45 RCCE Community Champions: (15 per LGA: Ibadan South East, South West, and North West).

A 1-day capacity building of Forty-five (45) Community Champions (15 per LGA) which included Secondary School Teachers, Artisans, Community, Youth, and Religious Representatives came up in their respective LGAs (Ibadan South East, South West, and North West), between 4th and 6th of March, 2021 respectively on COVID-19, Adolescents/Youth SRH, GBV, FGM/C, HIV/AIDS, Child Marriage, and Tuberculosis. Participants were intimated with the goals and objectives of the project, and their responsibilities as Community Champions.

The training came up at Lasebikan Hall of ARFH house, and was facilitated by a team of ARFH staff, with both didactic and practical demonstrations. M&E component was also shared with them, and how to record their data, and submission date communicated to them. The Champions are to advocate for positive Behavioural Change on the various issues identified, and referral agents to victims of various challenges, in order to promote the sustainability of the project in the project schools, and their various communities.

The Champions will also help to bridge the gap in service delivery that has been jeopardized due to fear of clients visiting health hospitals, which has resulted in the delay of health seeking behaviour of community people. Training manuals, reporting tools, and reflective jackets was provided for the participants to carry out their

assignments, and put on regularly as a form of propagation of the project in their respective places of work and communities.

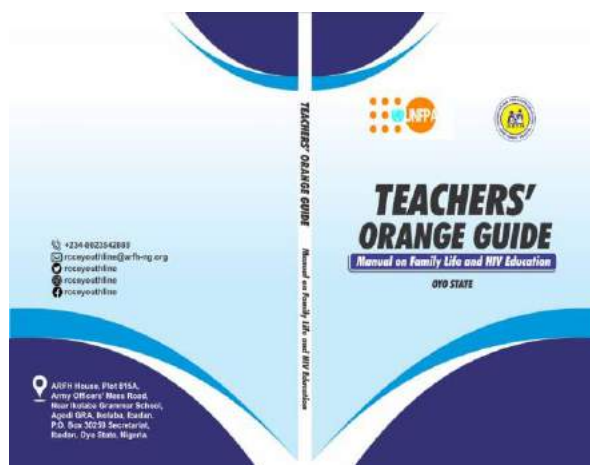
v) Capacity building of 30 Religious Peer Supervisors (Christian and Islamic Religious Teachers): (5 per religion x 2 x 3 LGA: Ibadan South East, South West, and North West).

30 School Teachers: 2 per school x 5 x 3 LGA; and 30 Christian and Islamic Religious Teachers: 5 per religion x 2 x 3 from Ibadan South East, South West, and North West LGAs) on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services including SRH, dignity/menstrual and condoms.

The training program, which ran concurrently, took place at Koltol Guest House between 22nd-24th April, 2021. During the training sessions, Teachers as gatekeepers and important tools for the success of students both morally and spiritually, in their schools, churches and communities, were engaged with various live experiences, SRHR information, how to handle adolescents, and other issues that will make the project a success. They were to educate and supervise the students in their various educational institutions on the ills and detriments of GBV/FGM/HTP, and to serve as voices/referral linkage for detected cases/survivors of such.

Vital points raised during meetings included:

- ❖ How Teachers in Oyo State will handle SRHR issues differently from now on, and work towards understanding and restoration of any adolescent from veering off the good course of life.
- ❖ When students come with very sensitive issues, teachers should handle them better because they are now empowered to do so, they should form a kind of bond with the students, so as to be able to attend to the sensitive needs of their wards.
- ❖ Parents should be meaningfully engaged in discussion on how to give preference to their children education.
- ❖ Behaviour that can expose the students to series of sexual abuse should be avoided, and students should be well monitored for their safety.



Peer Supervisors training Manual



Participating School Teachers forum



Participating Religious Teachers forum

Practical session by School teachers



Class activity by Religious Teachers

Dr Esther Somefun, UNFPA Gender/RH analyst addressing participants

vi) Capacity building of 20 SARC workers on Clinical Management of Rape/ SGBV/ HTP:

Twenty (20) participants which comprises of Doctors, Nurses, Social worker, Gender desk officers from the Nigerian Police Force, NSCDC, and Nigerian Immigration Services, Legal officers, Lecturers of higher institution of health in the state, and ARFH staff had a three day capacity building between 26th -28th April on clinical Management of Rape Survivors and survivors of GBV, FGM/C for the proposed Sexual Assault Referral Centre (SARC).

The three day training program held at Lasebikan Hall of ARFH, and entailed both didactic and practical session. Sessions on Understanding SGBV, Concept of psychological trauma, Ethical considerations and laws, Survivor centered GBV case management, Running of SARC, Data Management, and Reporting, Caring for the caregivers, were taken by the seasoned facilitators: Mrs Juliet Olamuyiwa-Rufai, and Barrister Awosemusi, the state Coordinator for Gender Based Violence Response Team (GBVRT); while online sessions on Role of Forensic evidence in Sexual Violence management, investigation, and testimony; and history taking, examination, and follow-up of sexual assault medical report were also taken by Dr. Ja'afar, and Mrs Abiola O. Adefolaju, on behalf of Dr. Mrs Somefun.

Role play and activity sessions also took place during the training period.

The new Violence Against Person Prohibition Act (VAPP) that has just been passed into law in Oyo state was extensively discussed.



Participants Training Manual



Facilitation on Case Management



Facilitation on Existing state laws and legal requirements for SGBV survivors.



Participants and facilitators group photograph

4.0. ESTABLISHMENT OF SEXUAL ASSAULT REFERRAL CENTRE:

Establishment of a well-equipped point of care: The Oyo State government under the able leadership of Engineer Oluseyi Abiodun Makinde graciously approved an apartment to cite the first Sexual Assault Referral Centre (SARC) unit inside Jericho Nursing Home, State Hospital complex. This is to serve as a one-stop centre for Sexually Assaulted/Gender Based Violence Survivors, for FGM/C, and Rape Survivors, which is also in line with His Excellency’s vision of transforming the state and bringing in new idea that will promote the health of girls and women in the state.

The SARC centre also known as “**ABIYAMO**” Sexual Assault Referral Centre situated inside Jericho Nursing Home, Hospital in Ibadan North West LGA, is at a very advantaged position for easy accessibility by all from different areas in the state. The approved space given by the State government was renovated by ARFH in collaboration with UNFPA.

The centre was commissioned on the 18th of May, 2021 by the UNFPA Country Rep. in Person of Ms Ulla Elisabeth Mueller, with the support of the Oyo State Hon. Commissioner for Justice/Attorney General, Justice Oyelowo Oyewo, and Hon. Commissioner for Health, Dr. B.V.A. Bello; ably represented by the Permanent

Secretary of the Ministry of Health. Other dignitaries from UNFPA, ARFH, Ministries of Education, Justice, Women Affairs/Social Inclusion, Men/Women of Press were also in attendance.

The SARC unit consists of; Reception, Administrative office, Treasured Kids corner, Consulting room, Nurses room, Treatment room, Lying-in-ward, Kitchenette, Interface room, Counselling room, Conference room, with conveniences, and a mini Store. The centre has also been well equipped and well-staffed for use.

5.0. CREATION OF AWARENESS:

a) **School Outreach Program:** Awareness creation was intensified by school outreaches to all 30 project schools in the six project LGAs. The school community which comprised of adolescents and young people totaling about 4,500 (including boys and girls) were provided with information and services including COVID-19 prevention guidelines, GBV/SRH prevention among others. 2,000 female students were also given hygiene kits which contained; toothbrush, toothpaste, sanitary towel, hand soap, body cream, and hand tissue. They were also served light refreshments during the outreach program.

b) **Community Mobilization/sensitization:** a) Simultaneous community mobilization was carried out in the three project LGAs (Ibadan north, Oyo west, and Ogbomosho South) Secretariat on Dec. 1st, 2020, to commemorate the World AIDS day. This also included voluntary counselling and HIV testing.

Likewise on Tuesday 27th April, 2021, simultaneous community mobilization was also carried out in Ibadan South east, South west, and North West respectively to promote the International Women's day and International zero tolerance days for FGM. This was jointly carried out by Community Champions, MH&PSS trainees, and both the secular and religious bodies teachers on the major streets of the project LGAs; from Molete to Dugbe centre (Ib. S/W), from Molete-Eyin Grammar to Challenge area (Ib. S/E), from Onireke/Jericho junction to Eleyele roundabout (Ib. N/W). Informative messages of zero tolerance for SGBV, FGM, HIV, Rape etc were disseminated, along with condom and handbills distribution. Other group and individual outreaches were also carried out by trained participants in their various environments.

c) **Community Outreach:** Community Outreach Program was also carried out in the six project LGAs where the grass root people were reached with information on zero tolerance for SGBV, FGM, HIV, Rape etc. Financial empowerment for 1,500 people was included, along with condom and handbills (IEC) distribution. The various outreach program centre were Oje and Coca-cola/Sango area (Ib. North), Baba Iyaji and Ona Isokun quarters (Oyo west), Ijeru and Arowomole (Ogbomosho south) communities.

These was aimed at creating awareness about SRH issues and information, including Behavioural Change Communication on COVID-19, HIV/AIDS stigmatization, Warning signs on GBV risk communication, SRH Prevention of Child Marriage and raising critical consciousness of the community on FGM.

A total of 18 primary level outreach was carried out and many secondary level outreaches.

6.0. PROCUREMENT OF TRAINING MATERIALS:

Prior to the training, ARFH received approval to proceed with the procurement of the training materials required for participants needs. Training manuals, Champion jackets, T-shirts, consumables (chemicals for hand sanitizer, liquid soap) and stationery were procured for the Peer educators, Peer supervisor's, Community Champions, MHPSS, SARC worker's training and Community Outreaches, as approved in the budget. ARFH proceeded using the best standard procurement process with due process, with all available supporting documents to the procurement process:

- Invoices
- Delivery receipts
- Proof of payment
- Evidence of vendors' receipt

Donation of Consumables to project health facilities: In order to protect the front-line health workers and alleviate the effect of COVID-19, UNFPA made a donation of some consumables to the project health facilities. List as attached in the appendix.

7.0. REVIEW MEETING:

Review meeting was held with the Youth Volunteers at the end of every other month to receive feedback from the activities of the Peer Educators and Peer Supervisors by extension. All detected issues were adequately addressed and solutions proffered as needed.

8.0. CHALLENGES:

- ❖ Shortened training days: The curriculum for the training has several detailed SRHR content. If well taught over a longer duration, will be more effective as studies have shown that adolescent girls have short attention span.
- ❖ Initially, the peer educators were not comfortable asking questions and contributing to discussions during the training because, their coordinating teachers (one teacher per School) were in the same hall where the training is been held.
- ❖ Lateness of some Peer educators to training, which also shortened the training duration also a daily basis.
- ❖ Restriction of students in participating fully in the training by some of their parents.

9.0. STRATEGIES TAKEN TO TACKLE CHALLENGES:

- ❖ Engagement of training methodologies that made the training more participatory such as picture slides, key messages converted to music, role play, group work (while observing COVID-19 protocols) and interactive sessions.
- ❖ Swapping of teachers per LGA. e.g. Ibadan South-west coordinating teachers participated in Ibadan South-East Peer Educators Training and vice-versa.
- ❖ We also ensured that teachers had separate engagement sessions at intervals on the second and third day of the training when issues of sexual and gender based violence was to be discussed with peer educators. This strategy enabled the girls opened up and share personal stories.
- ❖ Appeal was made to the parents, and more parents especially men were involved in the outreach programs.
- ❖ Networking with the SGBVRT on detected SGBV cases

10.0. LESSONS LEARNT:

- ❖ Adolescent girls are always looking for answers to questions bothering on sexual and reproductive health.
- ❖ Maximizing similar training and programs to provide safe space for girls proved effective in providing accurate SRHR information to adolescent and providing help for survivors of gender based violence.
- ❖ Sustained engagements with adolescent girls can help empower them to speak out against gender based violence.
- ❖ A separate engagement session with the teachers proved effective as teachers were more enthusiastic and committed towards supporting peer educators following the engagement.

11.0. RECOMMENDATIONS:

- ❖ Increasing the number of training days up to 5 days should be considered for subsequent training.
- ❖ A sustained follow-up mechanism should be designed for Peer Educators to help monitor the impact of the training over a specific period of time.
- ❖ A separate engagement should be considered for teachers during subsequent Peer educators training.
- ❖ In subsequent training that will feature skills acquisition, separate days should be set aside for skills acquisition, for a better result.
- ❖ For a skill like reusable pad, target population can be girls with good sewing skill and will be supported to help make pads for their friends, as not everyone has sewing skills.

12.0. CONCLUSION:

The UNFPA/EU Basket fund RCCE project has shed more light on SGBV/FGM/HTP in the state, and has “given a voice” to WRA and members of the public who has been suffering in silence hitherto under the burden of SGBV, and societal ills, cum faulty patriarchal system in our society, thus addressing the cyclic effect of GBV and its implications.

The establishment of Sexual Assault Referral Centre (SARC), the first in the state; has opened the door for obtaining justice for survivors of SGBV, and penalty for perpetrators of the act.

ANNEXES:

1



UNFPA Country Representative, Mrs Ulla Elisabeth Mueller addressing the audience during the Commissioning of the SARC Centre on 18th May, 2021.



ARFH/ UNFPA staff, Peer educators, and some dignitaries during the commissioning of the SARC centre in Jericho Nursing Home, Ibadan, Oyo state, Nigeria.



ARFH/ UNFPA (donor) and some Dignitaries/Government officials at the commissioning of the SARC centre in Jericho Nursing Home, Ibadan Oyo state, Nigeria.



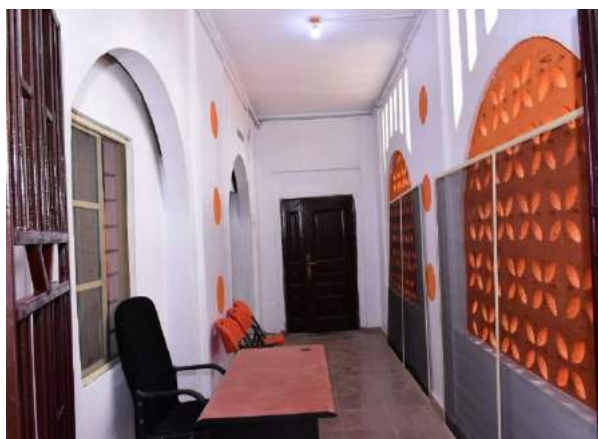
Ms. Ulla Elizabeth Mueller with some of the ARFH trained Peer Educators on the RCCE project in Ibadan



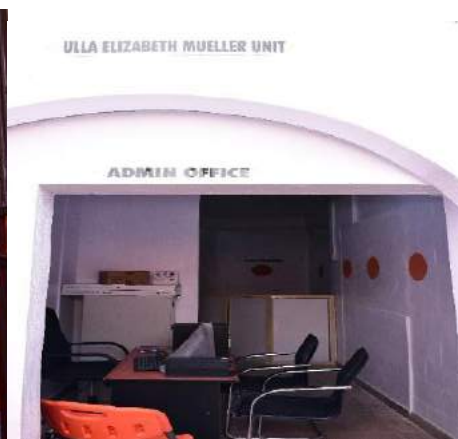
Ms Ulla Elisabeth Mueller Cutting the ribbon and unveiling the plaque at the SARC centre.



Entrance to the SARC named after Oyo state first lady; Engr. Mrs Tamunominini Makinde.



The Reception/waiting room.



The Ulla Elizabeth Mueller Unit/Admin section.



Lateral view of the Treasured Kids Corner (Safe space for minor/ children of survivors), and the Administrative Office.



The Nurses station.



The Consulting room.



Lobby of treatment room and Lying-in-ward with dignity kits on the shelf for survivors



The Lying-in-ward, under Iyalode room



The Chief (Mrs) Egun Delano Unit; housing the Kitchenette. Lobby to the Chief (Mrs) Egun Delano Unit. and Hon. Justice Badejoko Olateju Adeniji (Emeritus CJ of Oyo state) Hall.



The entrance to the Kitchenette, and Hon. Justice Badejoko Olateju Adeniji Hall (Emeritus CJ of Oyo state) housing the Interface room, Counselling room, and Conference room.



Lateral view of the conference room

**Annex 1. List of consumables supplied to the project health facilities.
DISTRIBUTION OF PPE AND CONSUMABLES ON UNFPA/RCCE PROJECT OYO-STATE.**

LGA	FACILITY	FACE MASK	LONG GLOVES	SHORT GLOVES	GOGGLE	LIQUID SOAP	HAND SANITIZER	SODIUM HYPOCHLORITE
IBADAN NORTH								
	AGO TAPA PHC	7 PACKS (350 PIECES)	2 PACKS (200 PIECES)	4 PACKS (400 PIECES)	4 PIECES OF GOGGLES	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
	BODIJA PHC, ADULOJU	6 PACKS (300 PIECES)	2 PACKS (200 PIECES)	4 PACKS (400 PIECES)	4 PIECES OF GOGGLES	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
	IDI-OGUNGUN PHC, GATE	6 PACKS (300 PIECES)	2 PACKS (200 PIECES)	4 PACKS (400 PIECES)	4 PIECES OF GOGGLES	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
	OLUWO-NLA PHC, BASHORUN	7 PACKS (350 PIECES)	2 PACKS (200 PIECES)	3 PACKS (300 PIECES)	4 PIECES OF GOGGLES	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
TOTAL		26 PACKS (1,300 PIECES)	8 PACKS (800 PIECES)	15 PACKS (1500 PIECES)	15 PIECES OF GOGGLES	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
IBADAN SOUTH-EAST								
	APERIN ONIYERE PHC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	ORANYAN PHC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	ALGON PHC, EYIN GRAMMAR	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	MOLETE PHC, ASAS	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
TOTAL						12	24	24
IBADAN SOUTH-WEST								
	ADIFASE PHC, APATA	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	MCH, APATA	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	OKE-BOLA PHC, SHARP CORNER	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
	AKURO PHC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
TOTAL						12	24	24
IBADAN NORTH-WEST								
	JERICO NURSING HOME	XXXXXX	XXXXXX	XXXXXX	XXXXXX	2	6	5
	BABALEGBA PHC, ELEYELE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	5	6
	AYEYE PHC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	5	5
	OGUNPA PHC	XXXXXX	XXXXXX	XXXXXX	XXXXXX	3	6	6
TOTAL		XXXXXX	XXXXXX	XXXXXX	XXXXXX	11	22	22
GRAND TOTAL						35	70	70