



RC: 28911

JIREH DOO
FOUNDATION

P.O. BOX 1660,
NO 34 MODERN MARKET ROAD, MAKURDI

2014 ANNUAL REPORT

Table of Content

1. Board of Trustee's Note
2. Acknowledgement
3. Acronym
4. Executive Summary
5. Introduction
6. Technical Programmatic Report
7. HIV/AIDS and Health Programme
8. Child Development Programme
9. Gender & Single Parent Programme
10. Information and Research Programme
11. Good Governance and Policy Programme
12. Success Stories
13. Challenges
14. Recommendations
15. Conclusion

1.0 Board of Trustee Notes

I want to thank God for another milestone achievement by Jireh Doo Foundation this year. I am especially pleased to be part of these great successes. Striving for a better life for the underprivileged is a mass action not for JDF alone however, with these feats attained; it is an attestation that that better life is possible. Dear partners, these achievements can only be known if shared to the outer community. It is with this pleasure that I again on behalf of the board of trustees, management and members of staff of Jireh Doo Foundation (JDF), share with you and our beneficiaries the 2014 Annual Report for Jireh Doo Foundation.

The report narrates activities, projects, programmes and interventions of the organization in several communities across Benue and Nasarawa States. Largely, these interventions and programmes were under different thematic areas of the organization; HIV&AIDS and Health, Child Development, Gender & Single Parents as well as Information and Research. Though these successes recorded as contained in the report were novel and laudable though with lingering challenges. Raging from the constant crises in Nasarawa and other project communities in Benue State did affected implementation.

The report contain also key success stories, challenges encountered in the course of implementation of activities and recommendations that will serve as possible ways forward for the organization and partners. I also want to earnestly appreciate the staff and management of Jireh Doo Foundation for seeing the implementation of these activities to deepen the change we crave for and greatly the support provided by the Board of Trustee over this period.

My solemn anticipation is that, reading through the pages of this report, you will be significantly inspired by the stories of change recorded and contained from the communities in Benue and Nasarawa State and be moved to supporting the organization more. I am certain that the content will not only be beautiful to see but will be nourishing and resourceful to not only to our stakeholders close and beyond, but also to the academia.

lastly, I want to expressly appreciate all our esteemed partners and other relevant stakeholders, while been optimistic that Jireh Doo Foundation will redouble her efforts towards achieving her goal of bettering the life of the under privileged in our society. Remain blessed.

Mrs. Rosemary Nanji Hua
Board Chair
Board of Trustees
Jireh Doo Foundation

2.0 Acknowledgement

The successes recorded in the year under review are monumental. Wholly, the organization would not have been able to achieve this hence partnered and collaborated with other organizations. It therefore become pertinent to acknowledge various contributions of various organizations and individuals who contributed to these achievements.

- Greatly, our first regards goes to God Almighty for bringing us thus far, for life and strength and for making it possible for us to achieve these feats and for successfully reaching target beneficiaries with quality and comprehensive services in the year 2014.
- To the Board of Trustees (BOT) of Jireh Doo Foundation, I want to humbly appreciate your leadership, advisory role, advocacy efforts, technical, financial and moral support which has greatly impacted on the growth and development of the organization in the year past, we cannot appreciate you enough, but we say thank you.
- I also acknowledge the dogged staff and management of the organizations for giving their all to seeing that tasks, timelines and targets were met. Most especially in ensuring that the organizations vision is been pursued across the States and communities of implementation while delivering services to the relevant stakeholders.
- To our tremendous partners over the year; Enhancing Nigerians Capacity for AIDS Prevention (ENCAP), Catholic Relief services (CRS), Christian Aid (CA) Aids Health Care Foundation (AHF), Institute for Human Virology Nigeria (IHVN) Population Council (PC) not negating our networks; Civil Society on HIV in Nigeria (CiSHAN), Benue Non-Governmental Organizations Network (BENGONET), Network of People Living with HIV&AIDS in Nigeria (NEPWHAN) Harvest Plus and Ministries Department Agencies (MDA) like the Ministry of Health, Ministry of Women Affairs, Ministry of Education, Benue State AIDS Control Agency (BENSACA) and National AIDS Control Agency (NACA) whose coordination roles have deeply impacted on the programes and interventions of the organization.
- JDF has not cease to enjoy the partnership of bilateral organizations such as Benue Links Nigeria Ltd, Radio Benue, NTA and Radio Nigeria Harvest FM Makurdi, SUN Newspaper. Other Community based Organizatins like New Life Resource Center, Parish Action Committee on AIDS (PACA) Katsina-Ala and Freedom Heritage Foundation (FHF) Gboko, Excellent Joy and Hope Care Foundation and WOCAH Gboko, Glorious Teens Ministries and a host of others who have contributed immensely to the success of the organization in this year past.
- We also acknowledge all religious and traditional, women, youths institutions like the Zhe Duglu, Ad'Ado, Ad'Oju, Ter Kwande, Ter Tarka, Ter Ukum, Ter Makurdi, Ter Katsina-Ala, Ter Kior and Ter Gboko Ter Buruku, Activista Benue, among others. More so, we particularly acknowledge the efforts and contributions of community members for their continued support without which the organization will not achieve her mandate. We remain resolute that in the current year, your support and zeal expressed in the past will also contribute to the society we want to see devoid of challenges for the vulnerable children.

Josephine Habba
National Coordinator
Jireh Doo Foundation

ACRONYMS

AHF: Aids Health Care Foundation

AIDS: Acquired Immune Deficiency Syndrome

ANC: Ante-Natal Care

CA: Christian Aid

CDC: Community Development Committee

CHA: Community Health Agents

CIT: Community Improvement Team

CRS: Catholic Relief Service

CV: Community volunteers

FSW: Female Sex Workers

HBC: Home Based care

HH: Household

HIV: Human Immunodeficiency Virus

IDP: Internally Displaced Persons

IHVN: Institute of Human Virology Nigeria

IYCF: Infant and Young Child Feeding

JDF: Jireh Doo Foundation

LGA: Local Government Area

MEF: Micro Enterprise Fundamentals

MSM: Men Sexing Men

NACTAL: Network of Civil Society Organizations against Child Trafficking Abuse and Labour

NAPTIV: National Agency for the Prohibition of Trafficking in Persons and other related matters

NHIS: National Health Insurance Scheme

OSY: Out of School Youths

PHC: Primary Health Care

PWD: People with Disability

TB: Tuberculosis

VC: Vulnerable Children

WASH: Water Sanitation and Health

3.0 Executive Summary

Jireh Doo Foundation (JDF) a Non-Governmental Organization with 11 year of community presence in 13 Local Government Areas of Benue and Obi Local Government Area of Nasarawa States has recorded landslide achievements as she tirelessly advance towards improving the lives of the under privileged in the society through. This vision is been facilitated through different thematic areas zealously offering sustained interventions in Strengthening HIV and Community Health, HIV Prevention and education, Household Economic Strengthening for Care and Support of Orphans and vulnerable children, responding timely and consciously to the needs of the depressed as well as advocating for favorable policies for these target groups.

Year 2014 was extremely remarkable for the organization considering the recorded successes. This is because the organization has continued to aspire towards attaining her vision by providing series of holistic and inclusive services to the general populace. Her response to the needs of the distressed within the year past can only suffice as an instance. This and other chain of activities were made possible through the unwavering support of various stakeholders which has diffused several impact beyond the State.

There has been a 28% increase in the number of persons tested within the year judging from figures obtained the previous year. The HIV/AIDS & Health Programme made land mark achievements by reaching a number of 23,683 (M11, 132, F12,551) with testing and counseling as compared to 13,285 last year. This figures covers that of the Maternal Neonatal and Child Health Week which JDF also coordinated in Kwande and Buruku LGAs of the State, those achieved on the WAD and through the research conducted which incorporated biomedical aspect by the research and information unit. Out of this number, 683 (M117, F461) were reactive cases. Relatedly, 80 (M35, F45) TB suspects were identified and referred for testing at various facilities representing a 42.8% from the previous year which recorded 32 clients. Out of this number, 25 were confirmed positive of TB out of the 25, 2 HIV cases were also identified. During the internally displaced crises

of TIV/Fulani within the year, JDF reached out and treated at the various camps 1193 persons. Out of this number, 535 were children, 582 adults and 76 were pregnant women. 273 (M82, F191) PLWHA were reached with home based care services. This shows a 91.5 % increase from what was obtainable in the previous year.

More so, Family planning outreaches were carried out reaching 903 (M12, 891) members. Health promotion activities have continued across 3 LGAs of Kwande, Tarka and Oju reaching a total of 9350 (M4243, F5107) with messages cutting across Malaria, HIV, ANC, PMTCT, Ebola, Nutrition, Family Planning, Environmental Sanitation amongst others. During the World Malaria Day, the organization reached a total of 71 (M56, 15) With malaria prevention messages in 5 LGAs of Ukum, K/Ala, Konshisha, Oju and Ado. On HIV prevention, the organization continued and reached 891(M592, F299) Out School Youths in ukum, 570 Female Sex Workers in Gboko and Vandeikya and 292 Male sexing Men in Gboko.

The Child Development Programme in the year past have sustained efforts at rendering Household and Economic Strengthening services to vulnerable children. More enrollment were carried out within the year reaching 7474 (M3794, F3680) in Gboko, Buruku, K/Ala, Makurdi and Gboko. A total of 1661 (M467, F1197) caregivers were enrolled through 1663 Households. In ensuring economic strengthening of the HH, several trainings including MEF was organized to support the caregivers. In service provision, 2191 (M1029, 1162) children were provided with educational service this show an increase of 39.1% from the previous year. Psychosocial support, health, legal and nutritional services were also provided within the year. The 11 edition of the OVC camp was attended with 172 (M82, F90) children. This show a sharp decrease in number compared to the previous year which had 206 attendance. This is due to the insecurity issues in Nasarawa which denied children from the state opportunity in partaking. 2 health clubs were set in Uplift and Government Secondary schools all in Gboko in an effort to promoting health and sanitation within the schools.

Through the Gender & Single Parents Programmes, the organization commemorated the world day against trafficking, identified new partners viz; Network of Civil Society Organizations Against Abuse Child Trafficking and Labour (NACTAL) and the Global Modern Slavery and developing a draft of a gender policy. This shows the organizations greater commitment to gender equity in all her interventions.

The Information and Research Programme within the year conducted two basic researches on out of school youths and adolescent in Tarka and Makurdi and on people with disabilities in Makurdi, Oju and Gwer East LGA. It also conducted a local survey on sexual reproductive issues. Also, the unit has continued with the management of organizational information and creating of staff emails for the new staff of the organization.

Within the year under review, JDF also empowered a lot of her CDCs, IDPs, PLWHA and caregivers with pro-Vit A cassava stems for cultivation as part of economic strengthening, assessed 8 PHCs, established JDF cooperative savings and a charity shop. The report also covers a lot of success stories recorded within the year from facility strengthening which was facilitated by JDF and implemented by the CDCs in different communities and economic empowerment of her CHAs. A part from the successes, the report highlights challenges encountered as well as recommendations towards resolving those.

4.0 Background

Jireh Doo Foundation (JDF) was founded in 2003, became operational in the same year and was registered with CAC in 2008. JDF's uniqueness lies in her interventions for poor and excluded communities including services to single women and their children, orphans and vulnerable children with special considerations for those orphaned by HIV, Persons Living with HIV, displaced persons Youth as well as advocating for favorable policies for these target group. JDF make particular effort to nurture partnerships with public institutions, non-governmental organizations and Ministries Department and Agencies towards improving the lives of women, children, young people and other marginalized populations through participation, service delivery, capacity building and networking amongst others in the achievement of sustainable development. The organization strive more in mobilization and facilitating communities in the achievement community development efforts as well as empowerment in desired areas.

4.1 Vision

Jireh Doo Foundation envisions a better life for the under privileged

4.2 Mission Statement

Jireh Doo Foundation is committed to improving the lives of the underprivileged through quality service delivery, resource mobilization, capacity development for relevant stakeholders and inclusive partnerships.

4.3 Core Values

Jireh Doo Foundation upholds the following values

- Respect for human rights
- Ensuring integrity in our relationship with stakeholders
- Make transparency and accountability a priority in all our actions.
- Encourage team work
- Effectiveness, Efficiency and Excellence
- Value for Money

4.4 Aims and Objectives

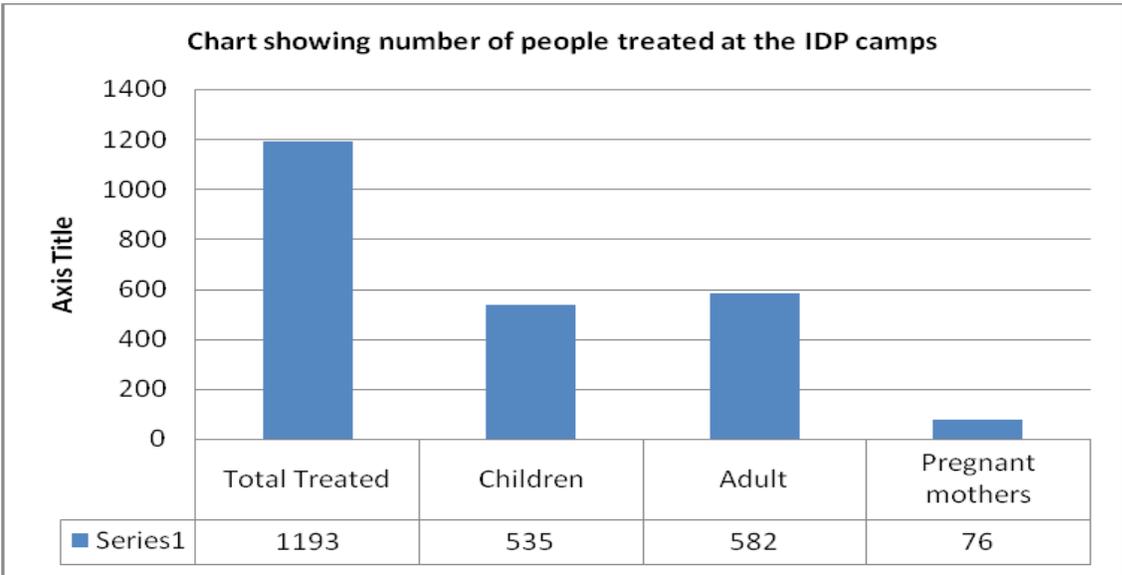
- a. To improve the livelihoods of the marginalized and their communities through empowerment and inclusive solidarity.
- b. To provide a purposeful and transparent leadership in the management and administration of the resources of Jireh Doo Foundation towards achieving her desired goal.
- c. Build and retain a workforce that is bold, responsive and innovative capable of delivering high quality services to our target beneficiaries
- d. To strengthen the capacity of our stakeholders to respond to their socio-economic challenges
- e. Develop a sustainable and credible referral systems that ensures the social wellbeing of target beneficiaries
- f. To ensure gender equity in the access and utilization of community resources and the respect for human rights
- g. To respond to the needs of the distressed in our society

5.0 TECHNICAL PROGRAMMATIC REPORT

5.1.0 HIV/AIDS and Health Unit.

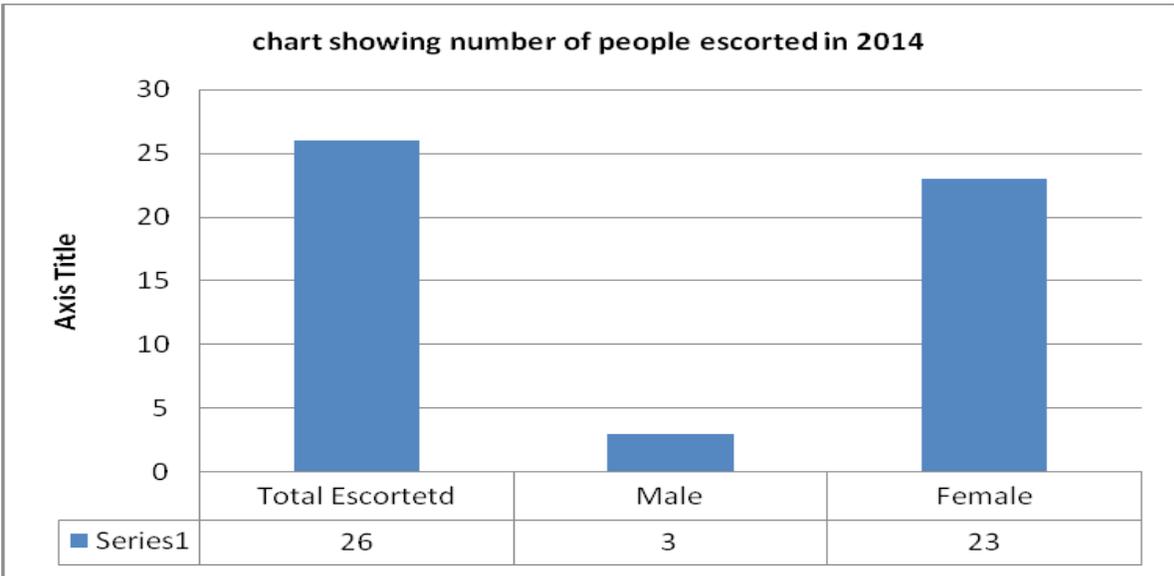
5.1.2 IDP Camp treatment

The unit was able to give treatment of minor illness to children, adults and pregnant women to internally displaced persons at various camps during the TIV/Fulani crisis that happened within the year. The locations were; NEPA camp, Federal Housing Estate, NKST primary school Asunkuya, Army primary school, primary school Ichwa, Daudu and primary school Wurukum respectively. Most children tested were having Gastro-enteritis, malaria and some other minor medical conditions. Also due to some complicated issues, severe anemia cases were quickly rushed to GHN B for blood transfusion. Importantly, referrals were made on some chronic medical and surgical conditions that could not be handled at the camps as they needed laboratory investigations and were referred to the Hospitals. The outcome of this exercise is that many people got treatment for their various illnesses thus saving as a follow up to this, there were registration and distribution of relief material across the locations after the flag off at Ichwa camp. Among the materials distributed include buckets, toiletries (Bathing soap, washing soap, detergent)water guard, pregnancy kits, jerry cans, drugs and food items (grains, millet, guinea corn, dried cassava and yams) In all, 1193 persons were treated which include 535 children, 582 adult and 76 pregnant women.



5.1.3 Escort and Tracking Activities:

Tracking and escort services been an essential activity of the unit, this is because most clients tested and diagnose reactive feel reluctant in accessing treatment due to stigma and discrimination except they are escorted to the hospital. This year the organization was able to track 4 female clients that defaulted treatment to hospital for their ART programme. In escort, the unit was able to escort 26 clients (M3 F23). Within this period also, the organization transferred two clients who were not responding to treatment at GHNB to FSP Agan where more care and attention was given to them to regain their full health. Ensuring that clients referred all enroll and attend their clinic services, the unit head paid a working visit to General Hospital, Mbagen community Hospital and Mbagen community Hospital Abwa in Buruku and General Hospital North Bank to check compliance from the clients. The outcome of the visit was successful for all the hospitals as all referred cases had enrolled on ART exception of GHNB were the staff on duty was not around to provide the needed information and we were asked to return on another date.



5.1.4 Formation of Support Group

Considering the importance of a support group to the care and support of PLWHA, within the year, JDF formed a support group at Unzughul PHC in Guma LGA. Considering the necessity to identify with Network of people living with HIV/Aids, a letter was officially written to BENPLUS informing them of this development. The Msendoo support group meets monthly and has been growing in numbers. As part of organizational support, cassava stems and water guards were distributed as palliative to support their living. Health talks are given to them monthly on different medical topics including drug Adherence, positive living diet, good proper sanitation etc. Presently, the support group has a population of 45 members.

5.1.5 CAPACITY DEVELOPMENT Events

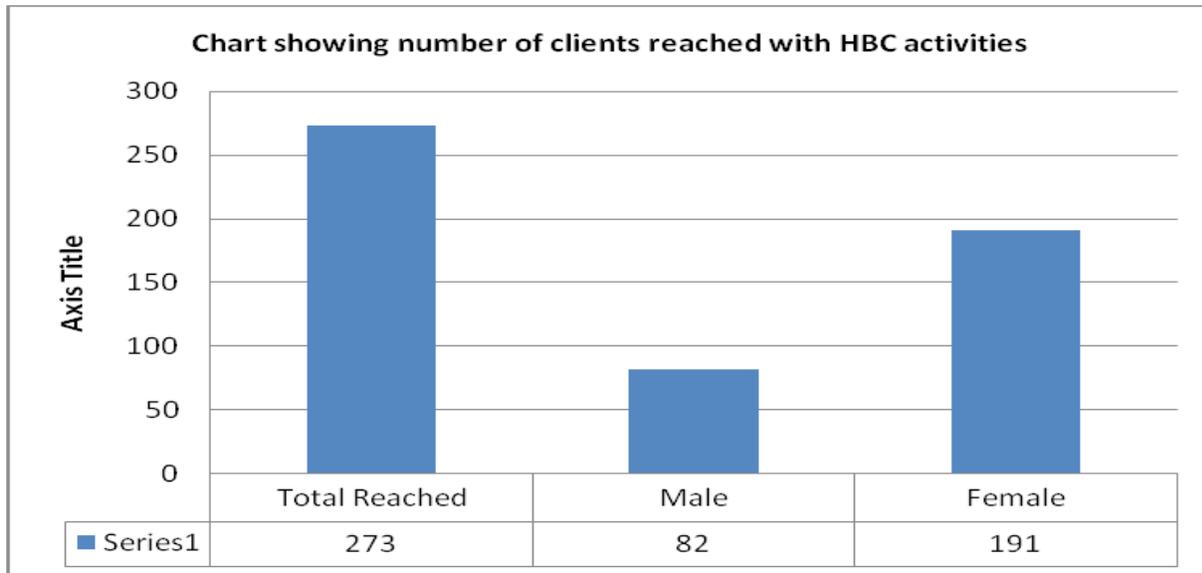
As part of efforts towards reduction of stigma and discrimination within the State, the unit attended a capacity enhancement workshop in Makurdi on behavior communication dialogue on stigma and discrimination against persons living with HIV and AIDS. The training did sensitize staff and other Health personnel who partner with on the role of Health care workers in eradicating stigma and discrimination in Benue State and beyond. Also, HCT training was organized by AHF at positive media initiative with two JDF staff in attendance. These were conscious efforts towards developing organizations capacities to effectively deliver timely on their projects.

5.1.6 Courtesy VISITS

Courtesy visits were paid to various communities of implementation within the year as a platform to solicit for approvals towards the conduct of HCT activities within the respective domains. The visit was done to the community gate keepers. In all, 24 courtesy visits were paid to 5 communities in Makurdi and 19 in Guma Local Government of Benue State respectively.

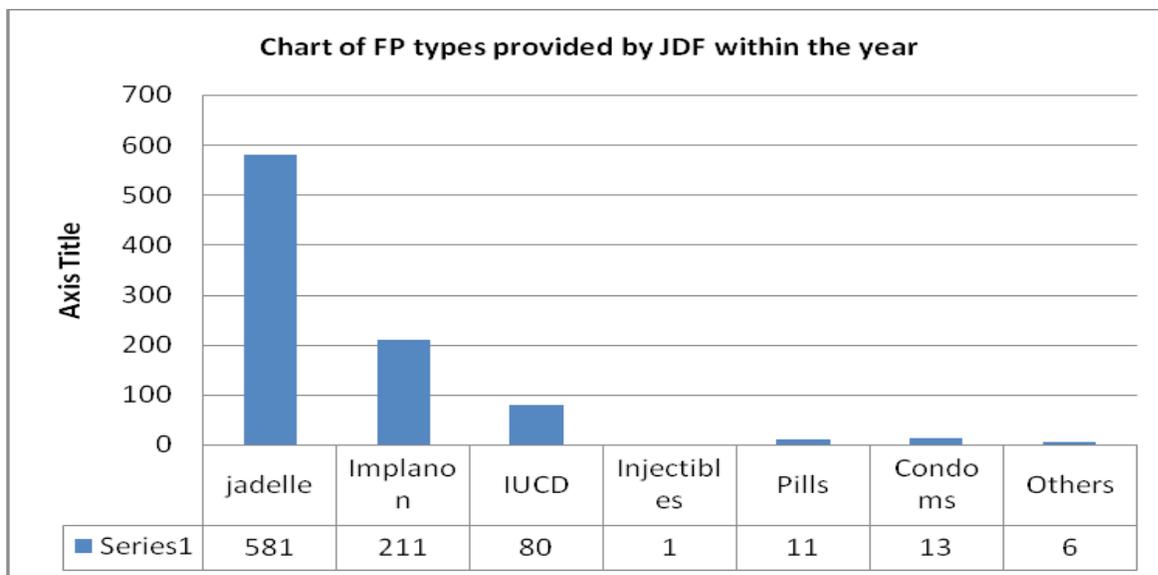
5.1.7 Home Based Care

Home based Care services remains crucial to the unit's activities. The organizations HBC providers have continued to offer this service to most of our clients. AN array of services are been provided to include; psychosocial, nursing care, treatment of minor illness, dressing of wounds, bed bath, feeding those that are very ill and cannot eat by themselves and referral of those whose issues are beyond their care. This service is been provided in Makurdi and Gwer West LGA. In all, 273 (M82, F191) clients were reached with this service.



5.1.8 FAMILY PLANNING

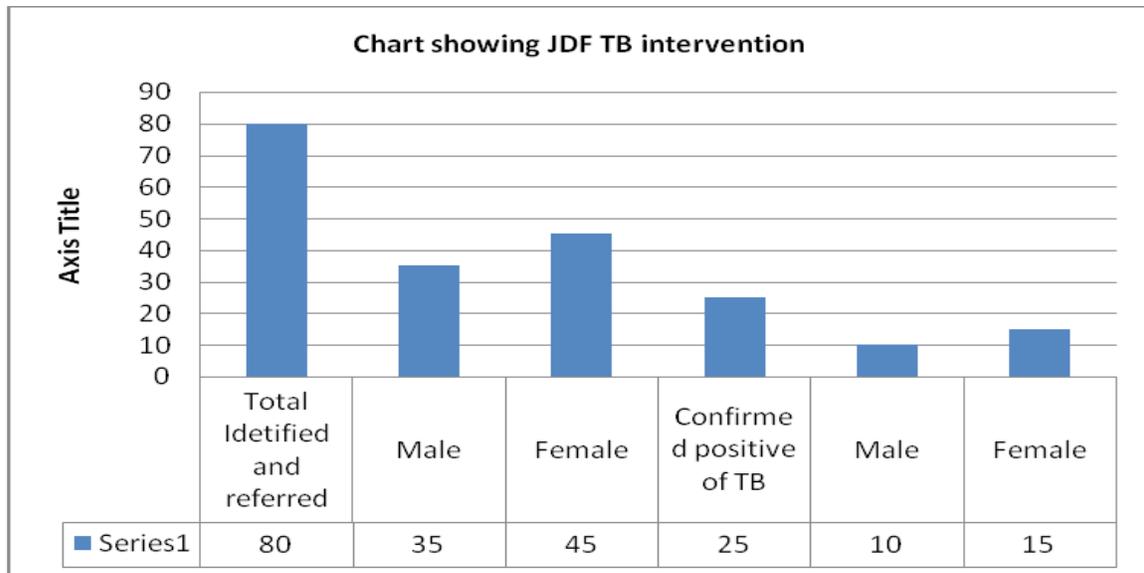
Family planning outreaches were held within the year across the different communities of implementation by the organization. The following types of FP were provided; implants, IUD, injectable, pills, Jadelle and Condoms. This was to enable community members have children by choice and not by chance. This will further enable them to plan better while maintaining the health of the woman by allowing her to space her children. A total of 903 (M12, F891) persons were reached during these outreaches.



5.1.9 NTBLCP

JDF been one of the organization implementing on TB participated with other CBOs in the world TB day celebration within the State. A rally was organized which culminated in a health talk held at a Wadata Market where women and men were sensitized on tuberculosis by JDF on what TB is, how

TB is spread ,how can one know if he or she has active TB, how to prevent the spread of TB. Programming holistically, JDF within the year through her TB project did identified counseled and referred 80 (M35, F45) for testing out of which 25 (M10, F15) were confirmed TB positive. This feat was achieved through 5 community volunteers on the project and the Gboko Confidence Center. Out of this number, 2 females were also confirmed to be HIV positive.



5.1.10 CONDOM DISPENSERS

Recognizing the level sexual activities at various hotels and brothels, the organization within the year placed condom dispensers boxes in 9 hotels and 4 brothels with Makurdi LGA which are been refilled monthly. This is a conscious effort reducing the spread of STI and HIV as well as reduces unwanted pregnancies. In all, there are 14 condom dispensers running. In total, 42,768 condoms have been distributed within the year through this medium.

5.1.11 WORLD AIDS DAY

JDF also participated in the WAD commemoration in Benue State right from the planning to the day's activity. Marking the day, there was paper presentation on ***“getting to zero, zero new infections, zero deaths from AIDS related illness and zero discrimination”*** by the Director of public Health after a road walk from K/Ala Street to IBB square. At the organizational level, mobile HCT was organized and carried out in Ukum, Buruku and Guma LGAs of the State. Condom demonstrations were also part of this activity. Total number of people reached during this day were 2708 (M1717, F991) and those found reactive were 62 (M18, F44). This data is captured inclusively in the HCT data.

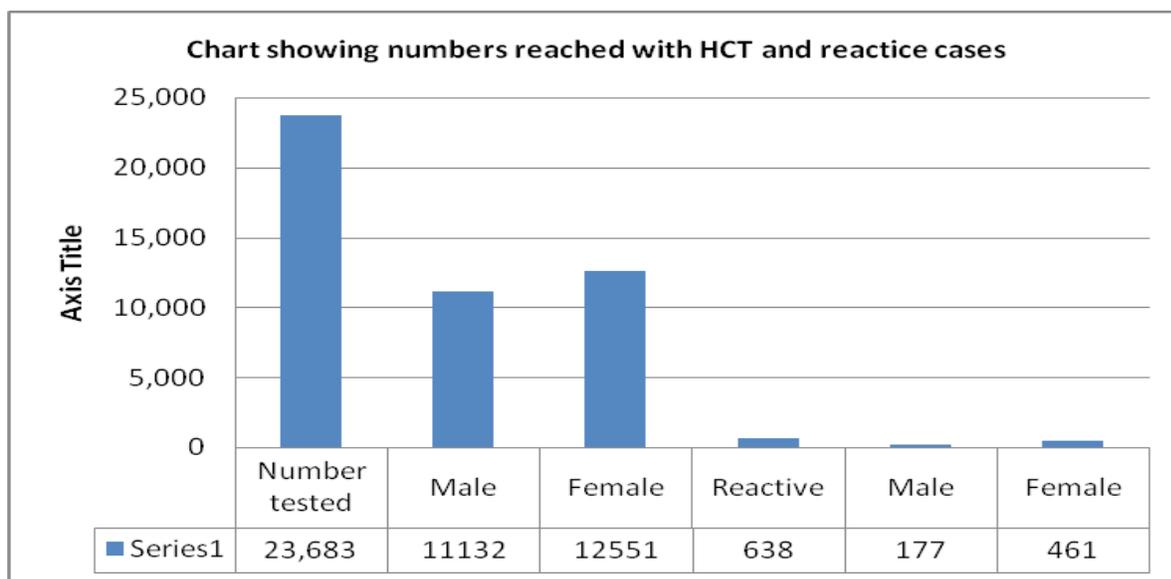
5.1.12 PARTNERSHIPS

JDF been one of the active players in the fight to eradicate HIV spread within the State did partnered with most stakeholders towards actualizing her desire. Through this, 50 female condoms and 3 packets of male condoms and other IEC materials were gotten from SFH and also Ministry of

Health also supplied the organization with a lot of test kits which facilitated the HCT activities of the organization within the year.

5.1.13 HCT ACTIVITIES

Within the year, the organization has conducted several HCT activities across different communities within the State. Importantly, the organization took part in the Maternal Neonatal Child Health Week with PMTCT component. In total, the organization counseled and tested 23,683 (M11,132 F12,551) out of which 638 (M177, F461) were reactive cases. These were achieved through series of mobile HCT outreaches across 9 LGAs and through the organizations stand alone site, the confidence center and in collaboration with the Police Action Committee on HIV/AIDS. This number is inclusive of the two researches conducted under the research and information unit.



During post test, condom messages and subsequent distribution was done. Messages centered on correct and consistent use as it is a sure way not just to HIV prevention but STIs and unwanted pregnancies. This brought a number of condom distribution to 13997 during outreaches.

5.1.14 HEALTH PROMOTION

Within the year, the organization delineated more communities on her Christian Aid project been implemented in Kwande, Tarka and Oju for more impact. This process was done following lessons learnt from the previous months of implementation and was done with community participation. This followed a training of more CHAs and CDCs in the respective communities. A total of 53 M31, F22) CHAs and 126 (M75, F51) CDCs were trained across the 3 LGAs using the Strengthening HIV and Health Manual and the outline for establishment of CDCs. Following the training, the CHAs through IPC sessions have been able to reached 9350 (M4243, F5107) with several messages across an array of health related issues. Referrals were also made to members whose issues were beyond management at home.

Also, as part of the organization way of promoting behavioural change among community members, and a conscious way to holistically reach the young population, JDF in collaboration with Artist in

development organized a musical talent hunt to bringing HIV and Malaria prevention messages through music. The grand finale held at AIK on the 23rd May, 2014 where the organization mainstreamed her HCT component for youths how attended. Data from this test is also included in the HCT total for the year.

5.1.15 MALARIA PREVENTION

Within the year, the organization commemorated the WMD in 5 LGAs of Ukum, K/Ala, Konshisha, Oju and Ado. The central message during the sensitization was on malaria causes, prevention and the need for testing before treatment. All messages provided were centered on the year's theme of investing in the future to defeat malaria. During this period, a total of 71 (M56, F15) were reached..

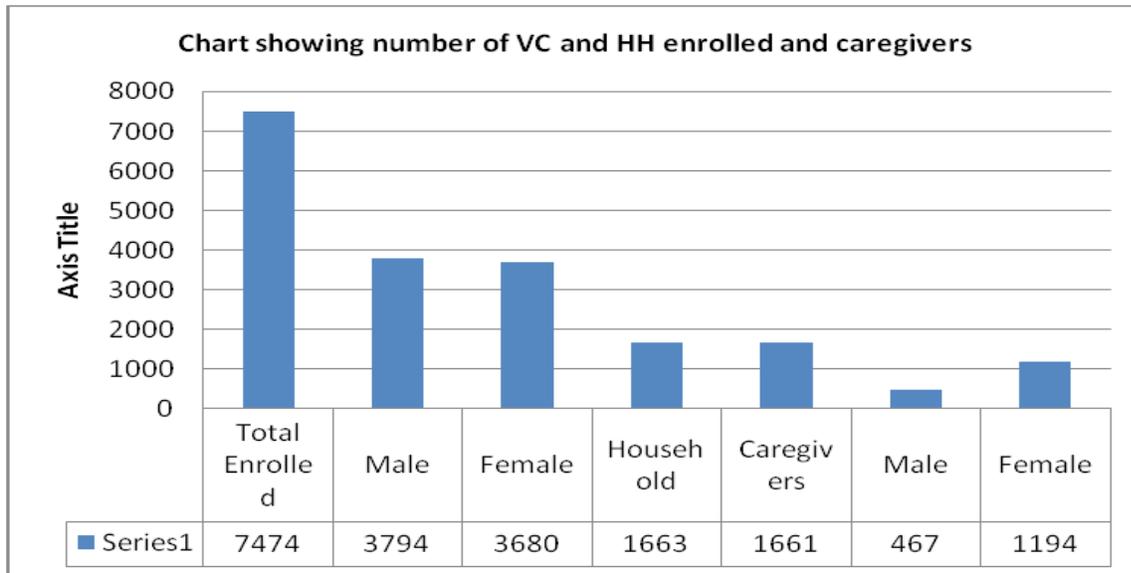
5.1.16 HIV PREVENTION WITH MARPS

HIV prevention activities were also been carried out within the year in Ukum, Gboko and Vandeikya using the Minimum Prevention Package Intervention (MPPI) with the FSWs, MEM and the Out of School Youth. Towards this, 36 PEs were trained to deliver comprehensive MMPI strategy with peers. Within the year, the organization was able to graduate 4 sessions reaching 570 FSW, 292 MSM and 891(592, F299) OSY.

5.2 CHILD DEVELOPMENT UNIT

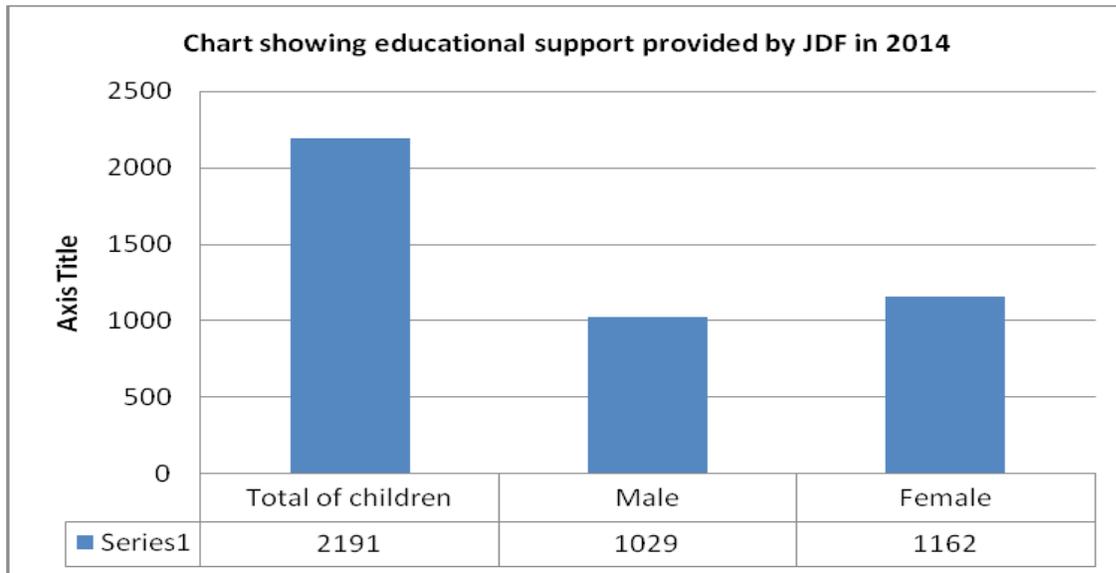
5.2.1 Project Introduction Visits: As part of activities on the IHVN project, a staff of the unit was introduced at Benue State University Teaching Hospital (BSUTH) on the 21/03/2014. The visit was aimed at introducing JDF as an organization to the staff of IHVN at the health facility to foster a smooth running of the project. It is expected that while they encounter vulnerable children and refer them to JDF for enrolment and services based on needs of such children, the organization will also refer children who need medical care to the facility. Also, on the SMILE project, 3 introduction visits were made to the community gate keepers. The visits were aimed at equipping community members with knowledge of the project content as well as soliciting support and cooperation during the period of implementation.

5.2.2 Enrollment of OVC: Within the year, the organization through this unit enrolled a total of 7474 (3794M, 3680F) vulnerable children were enrolled from Buruku, Katsina-ala, Makurdi and Gboko LGAs all in Benue State. The number of households from which the children came was 1663 and by the time of this report, we had 1661 (467M, 1194F) caregivers looking after the children. The enrolments were possible through community leaders and volunteers in all of the locations.



5.2.3 Service Provision: Service provision to the children enrolled in the year commenced at enrolment but not limited to current enrolled children. This was achieved through enhanced Community Volunteers within the project communities by regular home visits to enrolled households to provide services in line with the National VC guidelines. Key services provided are health education/referrals, educational awareness, nutrition education to caregivers and referrals for malnourished cases identified. Education on the Ebola virus disease has also been provided to caregivers and VC. A total of 6417 (3160M 3257F) VC received atleast 3 services from the 6+1 package of services for VC in the year under review.

5.2.4 Educational Support for Children in IDP Camps- As a follow up from the assessment at the internally displaced persons camp at Ichwa in October, the need for educational support was obvious. The assessment was to 18 (M9, F9) persons. The organization in partnership with Activista Benue piloted and educational support project aimed at bridging the educational gap of the children. Through this means, a total of 85 (54M 31F) children were reached with this support. In general, a total of 2191 (1029M, 1162F) children benefited from this service within the year spreading from the IDPs, at the Christmas camp and through home visits. These covered creative class for children under 13 years, HIV education session on the SHUGA series for children above 13 years of age. This clearly show that the units efforts of promoting girl child education is gradually yielding its desired result.



Internally displaced Children enjoying class at Ichwa.

5.2.5 HEALTH SUPPORT

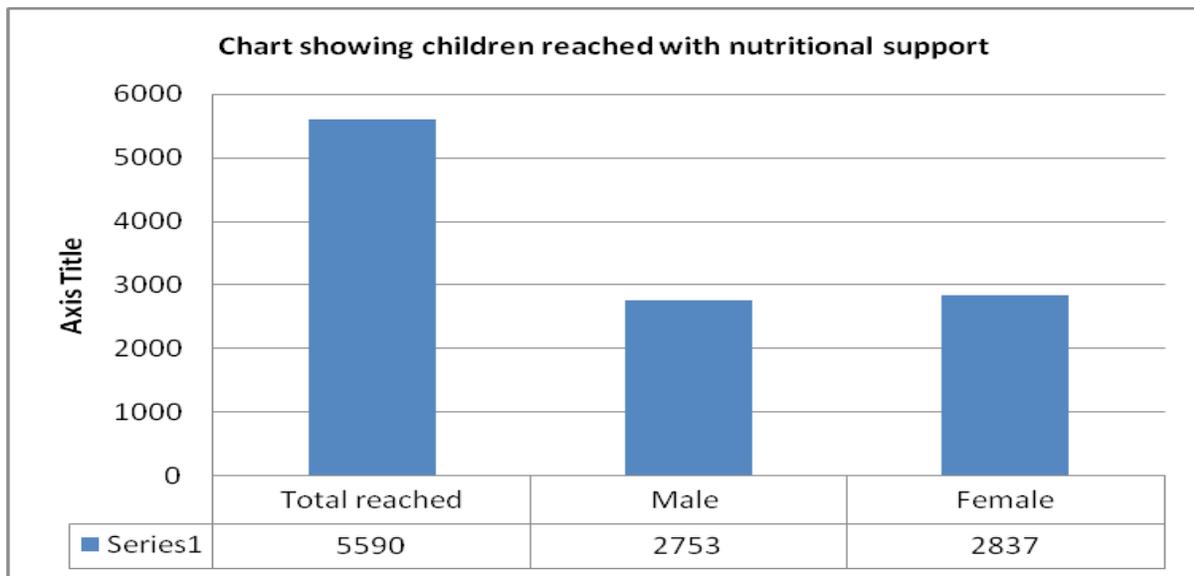
Health education served as the major service under this category since knowledge is power. The community volunteers through IPC sessions provided health education at household levels about personal hygiene and environmental cleanliness. The need for referrals was however been emphasized. Through this platform, educations about Ebola were also presented considering the threat the disease had to public health. Under this heading 6056 (2981M 3075F) vulnerable children were reached with this service.

5.2.6 LEGAL SUPPORT Follow-up on a rape case - In the month of October, the unit got information of the defilement of a school child by a teacher at the Makurdi International Nursery and Primary School. The case was said to have been taken up by Police at 'B' Division. The unit followed the National coordinator to the station where there was information that the case was taken over by the state police headquarters. Contact was made with the officer who handles such cases and she confirmed that the case was with them. It was also learned that the case had been forwarded to the court. Efforts were also made by the unit to know the house of the child to provide

moral support if necessary but it was not possible. Follow up would be on-going in the coming year to know the progress of the case.

5.2.7 NUTRITIONAL SUPPORT

The children that benefitted from this service were 5590(2753M 2837F). This came in different forms such as nutrition education which emphasizes the combination of the right mix for children hence producing the right diet for the children. Direct distribution of vitamin A fortified cassava was also done by the community volunteers.



5.2.8 PSYCHOSOCIAL SUPPORT

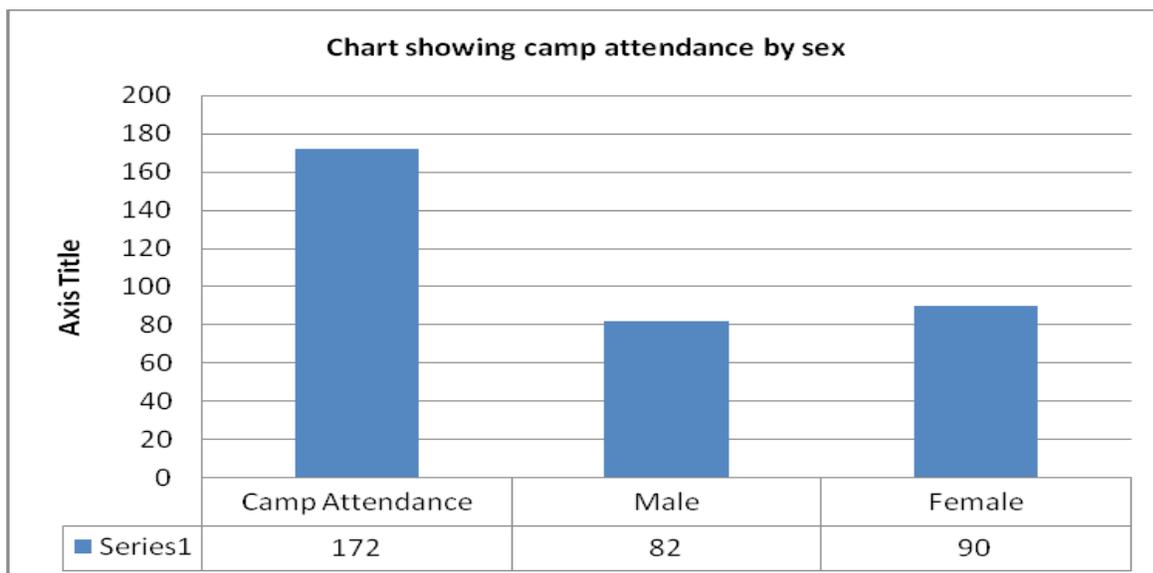
Through established structures like the Original Vision Club, psychosocial support and counseling was provided in different areas as well as plans on how to improve the club. Within the year, the development of the club members, resuscitation of dormant ones and the growth of the club were topical. Quiz and games were among the activities implemented through this plat form. Though meetings were not consistent in other branches like in Obi LGA of Nasarawa because of security challenges, a total of 136 (82m 75f) children enjoyed this service this year through club meetings and IPC sessions. This contributed to total of 6417 (3160M 3257F) children that benefitted from this essential service.



Pictures of OVC meetings and winners of the quiz organized within the year.

5.2.9 Orphans and Vulnerable Children’s Camp

The organization organized the 11th edition of the annual VC camp which was a weeklong activity from 23rd - 29th December 2014 at Government Secondary School Gboko. The camp is a JDF platform with that aim of keeping the children safe from the activity hype that come along with the season which can affect their development. This edition was successful after series of spiritual, educative and personal development activities were instilled in the children like HIV education, career path development and entrepreneurial skills were developed. It had in attendance 172 campers (82m and 90f) from Buruku, Naka, Gboko and Makurdi.



5.2.10 Household Economic Strengthening

Recognizing that service provision to children can only be sustained through strengthening of households, the organization in May, 2014 did organized and Trained caregivers in soap making, Vaseline /hair cream production in Buruku. The training was for 2 days which had in attendance a total of 48 (20M, 28F). In addition, a Homestead farming fundamentals training was also organized in August in Gboko for three days with the aim to enable caregivers engage in meaningful homestead farming for nutrition and income for their households. Largely, the training covered how to develop Business planning, Marketing, Business simulation, Education on Ebola, Homestead farming for nutrition and income, Homestead farming resources and Homestead farming course conclusion. It had 21 (M12, F9) In addition, the Micro Enterprise Fundamentals (MEF) training was organized for 3 days to also equip the caregivers with the requisite business skills of becoming self reliant towards improving the livelihoods of their households, their businesses and communities. 18 (M10, 8F) were trained. In all, a total of 87(42M 45F) caregivers benefitted from this service.

5.2.11 Capacity Enhancement for Community Volunteers:

Within the year at different intervals, the organization organized and enhanced the capacities of her community volunteers implementing on the SMILE project in Gboko aside her monthly mentoring and coaching through monitoring visit. These trainings covered the vulnerable children integration training, nutrition, child protection and the infant and young child feeding. This was cognizant of the fact that the success of the project is dependent on right delivery by the volunteers which are domicile within the communities. This focused on identification of vulnerable HH and children, correct application of tools, identifying causes and prevention of malnutrition and relevant information to address nutrition related practice both at HH and to the children. Child protection and the infant and young child feeding were also held.

5.2.12 Basic Health and WASH training

As part of the organizations plan to promote good sanitation and health of schools, two health clubs were formed in government secondary school and uplift secondary school all in Gboko local government area. Prior to this, a 3 day training was organized for 32(12M, 20F) secondary school student. This was a strategy to through the clubs; promote WASH activities within the schools.

5.2.13 Resource mapping and service directory development:

Within the period under review, JDF in collaboration with WOCHAD produced a service directory for her children receiving various services in Gboko on the SMILE project. This was made possible after detailed data was collected around the local government. The directory will be essential in making referrals for children in a bid to providing the needed service.

5.2.14 Improvement science step down training

As part of sustainability and a desire to continuously improve the livelihoods of the children, 6 community improvement Teams were formed in 6 communities of project implementation in Gboko which preceded a 3 day training which was organized to equip the members of their duties which requires monitoring activities at the community level. Due to the project expansion, 2 more CIT will be formed as the project unfolds. A total of 85 (49M, 36F) persons were in attendance during the training.

5.2.15 Staff Capacity Enhancement

In the bid to successfully implement the SMILE project been implemented by the organization in Gboko, series of capacity enhancement activities were also carried out for the staff. Among the trainings organized for the staff include the child protection training, report writing, improvement science and conflict sensitivity training and how to efficiently monitor and evaluate the project activities and the use of National OVC Management Information System (NOMIS) soft ware. These have better position the staff in the implementation of the project.

5.3 GENDER AND SINGLE PARENTS

5.3.1 Staff Capacity Building: In ensuring that staff capacity is enhanced in gender related issues, two staff of the organization in the course of the year attended gender integration training at Enugu organized by ENCAP with the aim of building staff capacities in gender programming and budgeting as well as analysis. The training covered knowledge of gender and its related concepts, terminologies and approaches, developing and applying gender equity strategies to strategic and programming design and implementation, institutionalizing gender mainstreaming, and conducting institutional gender audits and develop strategies to close identified gender gaps and imbalances. Largely, the training empowered staff with requisite knowledge and skills to respond to gender needs of both the staff of the organization and the community beneficiaries of the organization's services. The training also discussed among other things the correlation between gender and the spread of HIV.

5.3.2 Gender Desk Review: The unit in ensuring adequate gender responsive programming and implementation, two desk reviews were conducted in the organization with the Child Development and the HIV/AIDS and Health. These reviews show that there are gender gaps in programming and service provision. The child development unit desk review revealed that more male children benefitted from the services rendered than female children on the PACT-REACH project in Nasarawa State. The HIV/AIDS and Health desk review on the other hand revealed a number of gender imbalances in terms of the number men and women who access services, especially HIV counseling and testing services of the organization. The review revealed that fewer access HCT services yet more of them turn out reactive. In addressing these gaps, the SMILE OVC project being implemented in Gboko has taken gender sensitive steps towards involving men and women actively as important players on the project in the community levels, with an increased presence of women and a relatively balanced number of male and female children beneficiaries. Also, the unit provided supportive counsel on strategies of ensuring gender responsive programming to ensure equitable access to services by beneficiaries to the HIV unit.

5.3.3 Gender Policy: Considering that gender is part of the development world and the gaps that exist in most organization programming and activity implementation, the unit acted proactively in drafting a gender policy for the organization to guide its engagements and operation. Though the draft is pending final inputs for adoption, this will serve as a guild in the organization's engagements within the organization, her communities and all relevant stakeholders when adopted.

5.3.4 Monitor The Recruitment Of Staff To Ensure Gender Responsiveness: To ensure equitable representation of the male and female gender in the organization, the unit did monitor the recruitment process of staff in the organization. This was done by appointing a staff of the unit on the interview panel to incorporate gender perspectives in the recruitment of new staff. Following the employment criteria set out by the organization, more women qualified for the different positions advertized for. However, the women who were offered the employments declined for different personal reasons, and only a woman remained. This was one way to ensuring that gender was taken care of and that our relevant stakeholders who are women are also been served better as women tend to understand their issues more.

5.3.5 Commemoration Of World Day Against Trafficking In Persons: The unit also in the course of the year mobilized and commemorated the world day against trafficking in persons on the 29th and 30th of July 2014. The activities included a phone in radio talk show on the ills of trafficking in persons with the aim to halting it. Also, enlightenment sessions were held at Government Model College for the student, teachers and other relevant stakeholders from MAPTIP, NPF, by the NAPTIP Zonal Commander on the Benue State Child Right Act, the mandate of NAPTIP and Security tips enlightenment. There was also a drama presentation by the Original Vision Club members on the ill effect of TIP.

5.3.6 Investigation of Suspected Cases of Child Abuse: The unit in the course of the year also recorded three cases of sexual abuse and one suspected case of child traffic. The unit however was only able to prosecute one of these cases of sexual abuse, due to challenges of unwillingness of the victims and their families to cooperate with the organization in providing useful information; this led to the withdrawal of the cases of the families concerned. One of the suspected cases of sexual abuse investigated and forwarded to NAPTIP, was in court for a period of one year three months, and this was attributed to the fact that the family of the victim took the little girl away and would not produce her. The suspected case of child traffic was reported to the organization by the Gboko LGA social welfare unit, the social welfare unit also got its information through an informant who told the unit that his suspicion stemmed from the fact that the victim is a boy of about six years old living with an Ibo woman at Awka and the boy speaks nor understands neither Igbo or English languages, except Tiv language. The Gender and Single Parents unit documented the information and forwarded the case to NAPTIP for investigation and rescue of the boy. The case is still being followed up.

5.3.7 Gender Analysis Tool: In order to ensure gender responsiveness in our programs, the unit developed a gender analysis tool for the organization, which is to serve as a tool for conducting baseline assessments to understand gender dynamics as they operate in the communities, towards developing programs and activities that are gender responsive; addressing the needs of both men and women, boys and girls, in the most inclusive way without doing any harm.

5.3.8 Gender Analysis: Gender analysis was conducted in two communities (Kwande and Tarka) using in part the tool developed by the organization. The analysis which took the form of focused group discussion had men and women, boys and girls grouped together guided through time and resource analysis, as well as the common physical and social attributes of men and women, with emphasis on the commonly shared attributes. The exercise was revealing as both sexes were exposed to understanding that though we are different sexes, we are all humans and can perform

same task if given the opportunity. Testimonies were given at the meeting from community chiefs to most other participants. The chief of the community said *'No sensible man would maltreat his wife any more after this kind of meeting, except such a man is useless'*. One of the women present had this to say; *'I am very very happy that I came to this meeting, if only I missed it and someone told me about it later, I would have been very angry. I am happy that I came because it seem as if all that has been said here is about me, now I know exactly how to go and manage my home well'*. The outcome of the exercise was increased active participation of women at a start on the community health project been implemented in that Tarka LGA.

5.3.9 Registration with new Stakeholders: The unit was able through the efforts of the Research and Information unit to register with the Network of Civil Society Organizations against Abuse Child Trafficking and Labour (NACTAL) and Global Modern Slavery. This further positions the organizations for potential access to grants and funding opportunities. The organization has also been published alongside other organizations working in the area of trafficking into the Global Directory of CSOs working in trafficking.

5.3.10 NAPTIP Stakeholders Meeting: within the year, (NAPTIP) National Agency saddled with the responsibility of combating Trafficking in persons and other related matters, organized a one day stakeholders meeting through the Makurdi zonal command, to establish partnerships, identify current trends in TIP in the state and synergized with CSOs to combat TIP and other related matters. For Jireh Doo Foundation, this was an opportunity to strengthen the partnership that already exists between them and to share experience as well as map out workable plans to further eliminate trafficking in persons in Benue State.

5.3.11 Approval to Commence School Based Interventions: In order to effectively empower young people towards overcoming gender stereotypes in the society, and living impactful lives free from the effects of gender stereotypes, which come with denial of certain privileges and opportunities, and even rights on the basis of being born male or female, the organization has taken the initiative to resume school based interventions which it had been implementing in schools previously. This approval was gained from the Benue State Ministry of Education, the intervention could however not commence as schools were already rounding up the session. The intervention would commence in January in Government Model College and Government Girls Secondary School and would be facilitated by trained teachers and supervised by the organization.

5.4. RESEARCH AND INFORMATION PROGRAMME

5.4.1 Conduct of Local survey: The unit during this period did conduct a local survey on sexual and reproductive health issues among secondary school students in two selected secondary schools in Makurdi. The aim of the survey was to ascertain the level and educate this target group on sexual and reproductive health rights and issues confronting selected schools were Government Girl secondary school Kwararafa quarters and Government model secondary school Makurdi. Their selection was a deliberate attempt to reach out to the both gender since these schools were represent different gender. The findings is been used to design programmes of intervention for the youths.

5.4.2 Establishment of new partnership: Within this year of review, the unit identified and established partnership with new agencies. Those identified were Network of Civil Society Organization Against Child Trafficking Abuse and Labour (NACTAL) as the organization scales-up her work to minimize trafficking. Due to the partnership established with NACTAL, the organization became registered and is now being recognized as a member of NACTAL partners. Partnership with Padopass Harmony secondary school, Government Model Secondary School, Anglican Nursery and primary school, Government Girls Secondary school and partnership with the state ministry of Education was renewed with the aim of JDF resuming child abuse and labour intervention within the schools.

5.4.3 Create individual staff e-mail using jireh website: In managing the staff assigned Emails, the information and research unit of the organization created individual staff e-mail for the new staffs and volunteers who joined the organization within this period and also deactivated the e-mails of staffs that are no more in the organization. The unit also worked on the organizations web site by uploading pictures of activities implemented by JDF across her project communities in Benue State. These images were uploaded as part of informing our stakeholders on the activities of the organization within the year.

5.4.4 Documentation and management of the Organization's information base: The unit in the course of the year ensured proper documentation and management of the organization's documents and this has made information retrieval easy at any given time.

5.4.5 Research on Out of school adults and young populations and with People with disabilities in Nigeria: The organization through the unit within the year partnered with population council and conducted two researches; one on out of school adults and young populations and the second with people with disability. The study commenced from 12th – 30th of May which JDF conducted the study for the North Central Zone. IDI were done as well as focus group discussions done in two local government area of Makurdi as urban and Tarka as Rural communities. Also within the year, JDF also pioneered a HIV Testing and Counseling for People With Disabilities PWD in Benue State. Partnering with Population council and Network of People with disability (AWWDI) in Oju, the study was conducted in three local government areas of the State viz Oju, Aliade and Makurdi. Methodologically, the study employed the questionnaire and a biomedical aspect, in-depth interview and the focus group discussion in eliciting information. This group of disabilities cut across the blind, hearing impaired and the physically disabled. In all a total of 155 (M, F) persons were tested amongst which, 8 were diagnosed to be HIV positive. The study lasted between the 14th of October to 6 of November 2014. Findings from these studies have been tabulated under the HIV and AIDS unit.

6.0 Jireh Doo Foundation Midyear Review Meeting

Jireh Doo Foundation held her annual midyear review in place of her retreat in the month of May, 2014. The meeting held on the 9th -10th at Chatau the Victoria Hotel where staff of the organization were camped one night. With the present of the BOT chairperson, programmatic, financial reports were presented as well as the years annual plan for 2014 for the board's approval. The meeting was facilitated by a consultant from the Nigerian Populations Commission (NPC). Other staff related issues were also discussed and policies reviewed and adopted respectively.

6.1 Capacity Development Events

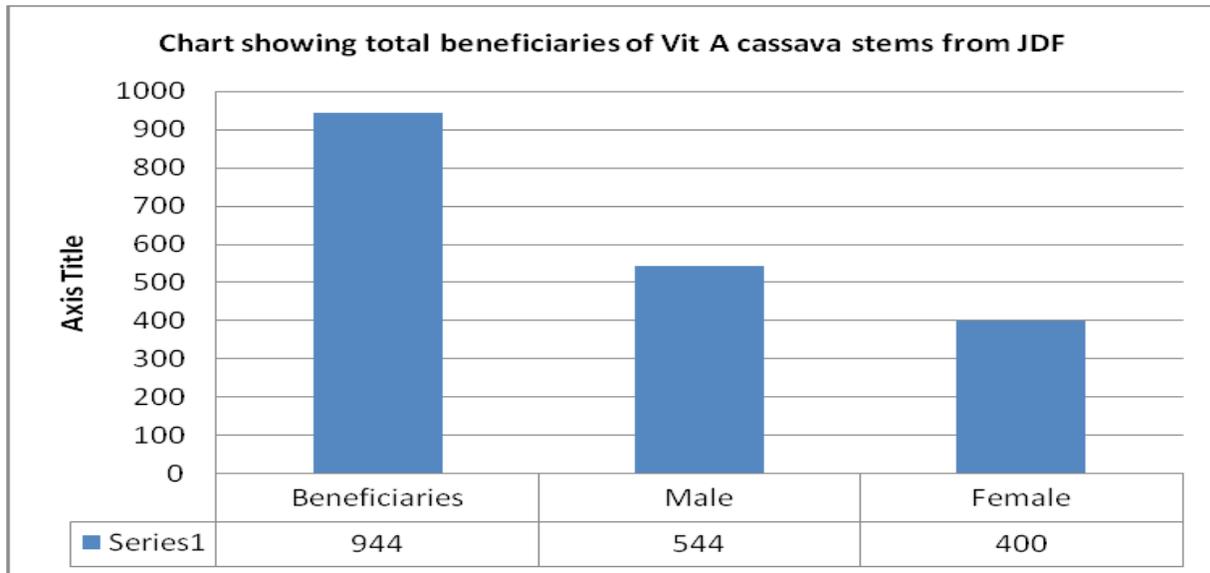
JDF in partnership with Christian Aid Nigeria within the year held a three day capacity building training on emergency preparedness and response for CSOs in Benue State. The training was attended by 3 CSOs, BSEMA AND IDPs representative, personal Advisor to the Governor on emergency response. This training was to enhance CSOs capacity to responding to emergency situations in the State which was born out of the Tiv/Fulani crises which rocked 9 LGAs.

6.2 Launch of youth participation in elections in Nigeria. A symposium was held at steam lounge to sensitize youths on electoral participation in Nigeria. Papers were presented on better ways for youths participation in Nigerian 2015 election beyond just thuggery. The article “Nigerian Youths Agenda on Political Participation” was launched by the INEC commissioner who was represented by the administration head in Benue State. This was a conscious effort of ensuring that youths in Benue State refrain from thuggery in elections and positively participate for the change we desire.

6.3 Assessment of PHCs: Working closely with the Primary Health facilities PHCs, Jireh Doo Foundation within the year was able to conduct an assessment of PHC facilities in three local government areas of Oju, Tarka and Kwande within the state. This assessment was to have a baseline of how the facilities are, understand the basic challenges and the dysfunctional systems towards facilitating their strengthening through the Community Development Committees CDCs established in the various communities. 8 of the PHCs were assessed 3 in Tarka and Oju respectively and two in Kwande. The summary of the result revealed huge gap in staff strength, decayed structures and absence of basic equipments in most of the facilities. Detailed report will be published at the State level.

6.4 Supply of Pro-Vit A Cassava Stems

Within the year, JDF in partnership with Harvest Plus supplied pro vit A cassava stems in 6 LGAs to CDCs, IDPs and other Caregivers. This part of the organizations efforts to other than motivation, strengthen the economic status of the CDCs, HH and as a nutritional source to solve the nutrition challenges for the displaced persons. In all, a total of 944 (M544, F400) benefited from this service.



6.5 Community Based Organization (CBO) Capacity Development and Mentoring Programme

The Capacity Development and Mentoring of Community Based Organizations by Jireh Doo Foundation have increased with more organizations signing up for mentorship. This year, 2 organizations have submitted letters. The additional organizations include, Glorious Teens Ministry and House of Joy and Hope international all in Makurdi. These organizations have been assessed to understand their baseline capacities and are been provided with the technical assistance in the areas of Governance and Leadership, Service Delivery, Human Resource, Project Management and Implementation, Financial Management and Monitoring and Evaluation, as well as Resource Mobilization. These efforts have deeply impacted on the technical and institutional capacity of the various CBOs.

6.6 Staff Employment

Jireh Doo Foundation has within the year called for applications from qualified persons to fill vacant positions existing within the organization on two different instances. The first interview was scheduled and held in April, 2014 and 4 staff were employed out of the 26 that were shortlisted. Also, due to the increase in workload and staff attrition, another interview was scheduled on 3rd October, 2014. The interview was structured in two aspects for the 5 batches in groups of 4. Each applicant was tested for computer skills and oral. Out of 17 applicants that applied, 13 turned up for the interview and results and recommendations were made to the management for appropriate actions.

7.0 ORGANIZATIONAL PROJECTS

7.1 JDF Cooperative: On the 2nd October, 2014 the organization launched “Jireh cooperative”. This was part of the organizations desire to aid caregivers, staff and other stakeholders to save for the rainy days. “Mop your change” as it is called is meant to help members gather their funds for the future. The cooperative is also a plat form to aid beneficiaries acquire loans and develop business plans individually. Largely, the cooperative is part of the organizations plans to empower her

beneficiaries through lasting business ideas hence contributing to her vision of a better life for the underprivileged.

7.2 Jireh Charity Shop: The organization also set up a charity shop where cloths are been sold to the general community members. This shop is located at No 39 Modern Market road with the aim of addressing one of the basic social need for her stakeholders.

7.3 Funded Projects: Within the year, the organization secured three additional grants while reviewing already existing projects for implementation. The additional grants are from Catholic Relief Services, an OVC project which is a 5 year project on House Hold Strengthening been implemented in Gboko, the Institute of Human Virology, Nigeria, which is also an OVC project implemented in Makurdi and Katsina Ala. Also, the World Bank HAF II project, a HIV prevention project for MARPS and out of school youth was gained as is been implemented in Vandeikya, Ukum and Gboko across Men Sexing Men and Commercial Sex Workers. The organization also received grants and implementing for the Internally Displaced Persons in Benue State during the crises. The grants was from Christian Aid Nigeria.

7.4 Project Suspension: Within the year, USAID suspended her Enhancing Nigeria Capacity for AIDS Prevention in Nigeria. The grant was suspended in May, 2014. Resulting from this, all reports and close out processes has been done and completed.

7.5 Adult and Young Persons Project

Considering the organizations capacity in HCT activities in the State and beyond, it was selected by BENSACA as part of the organizations to implement the Adult and Young Peoples project within the State. Towards the success of the project, the organization committed herself on this project to providing 5 HCT counselors and testers and 6 peer educators for CSW and MSM each in Gboko and Makurdi LGAs where the project will be implemented for HCT mobile outreaches. The project will be implemented within 18 months with a target to counsel and test 1,000,000. Also, a workshop to develop the IEC materials for ISY and OSY and work plan development has been held in preparatory to its commencement in January.

7.6 JDF SCHOOL

During the year, there have been remarkable improvements from children enrolment to community support for the school in Mbaagiir community of Buruku LGA. The school now has a population of 165 children which indicates a 69% increase to 51 pupils registered in 2013. With community support, the schools currently have about 4, 000 blocks and 6 trips of sand ready to commence building of another block as soon as funds come handy. Currently, the school has 165 (M86, F79) pupils registered.

8.0 KET ACHIEVEMENTS

- Within this year, the celebrated firstly the child Trafficking day which was an avenue to promote messages against child trafficking in Benue State.
- The organization has through her rewards system empowered her CHAs across three LGAs to start and own business.
- Through the gender analysis conducted in kwande and Tarka, women are now leading some committee in different communities of implementation.

- Distribution of Vit A cassava stems to caregivers in 6 communities in Gboko and to CDCs in three LGAs of Tarka, Oju and Kwande.
- Developing a Community Response Mechanism for communities of implementation. This is to facilitate a feedback mechanism from our relevant stakeholders.
- Considering the level of social crises within the State and beyond, JDF have Developed her response preparedness plan for the communities of implementation with one of her mentee organization; glorious teens ministries been part of.
- Within the year, JDF Successfully closed out on her ENCAP project
- Facilitate the construction of a 4 room block by CDCs as staff quarters in PHC Ageraga and a two room block for LGHC Upev all in Kwade LGA



9.0 Challenges

For every land slide achievements of any organization, there are inherent challenges that stood against the success of most activities, programmes and projects. The year 2014 despite been memorable, a number of challenges prevailed towards activity implementation:

- There has been a high movement and attrition of staff, a situation in which skills are consistently being transferred and they are not retained.
- Unwillingness of hospitals staff in giving us names of defaulters for tracking still remains a challenging and poses a great threat to the lives of the clients who miss their appointment for ART check up at the health facilities.

- The Gender and Single Parents unit is understaffed as it has just a staff in the unit, and because this staff has other activities, attention gets divided as she has to attend to other official engagements.

- Poor communication in the rural communication has made tracking of clients difficult. Hence, we are unable to effectively calculate and determine the number of persons on treatment as a result of our intervention.

- Refusal of some clients to accept their HIV status thus not accepting referral notes, makes enrolment of such clients on treatment a major challenge as it could pose a death threat to their lives and further spread of the disease.

- The security challenges across the country and especially within and around Benue and Nasarawa has limited a number of activities been implemented in those target communities.

- Security challenges have also resulted in high mobility of most of our target groups like the CSWs which militated against effective implementation of the Peer Education programme on HIV prevention with these target groups.

- Coordination of the Original Vision Club- has been a challenge. Leadership is getting weak by the day and poor linkage between the club and the Child Development Unit lingers.

- The Good Governance and Policy unit still needs a staff as it is more or less dormant.

- Training and capacity building of staff has basically been donor driven and personal efforts. There is no structure and plan for staff training and capacity development by the organization.

- Management of the increasing volume of data has been constantly remained a herculean task.

- Most CVs and CDCs are no longer implementing as they should do. This has made reporting challenging as it has slowed the pace of work to be done.

10.0 Recommendations

- Advocacy visit to General Hospitals where Jireh Doo Foundation is currently referring clients is priority as it will help to address the challenge of getting list of defaulter clients and addressing the importance of capturing client data effectively.
- Concerted efforts are being made to address the challenge of poor commitment from Community Volunteers across the projects been implemented and to replace more zealous ones.
- Jireh Doo Foundation should develop a telephone system where clients are called for a feed back of their activities at the health facilities; to achieve this free toll lines from the telecommunication networks in the country can be secured, if advocated for.
- The Board and Management of the organization need to pay particular attention to staff remuneration and satisfaction to reduce staff attrition in the organization and retain skills.
- We recommend a review of the clubs activity and registration of the original vision club become a cooperate entity which can aid the club raise funds for most of her activities notwithstanding JDF's support.
- More concerted efforts should be made in the area of advocacy on this issues to policy makers at the community level to curtail these wrong practice perpetrated by caregivers towards their wards and these Vulnerable Children.
- There is a need to increase our engagement with government organizations even during peaceful times when we are not necessary carrying or seeking partnership; these partnerships ought to be developed across board in relation to our work and futuristic planning and strategizing.
- There is a need to pursue with vigour staff capacity development in governance, policy interpretations, program planning, development and formulation for the unit.
- There is a need to redesign the terms of reference and Jobs description of the unit and other units indeed to sort out of the issues of cross cutting roles and responsibilities.

10.0 Conclusion

The out gone year was most outstanding for the organization judging from successes at various levels of implementation. The Health Governance and promotion area of the organization has received a boost. For sustainability, the Child Development and Care and Support for Orphans and Vulnerable Children is now focused on Household, the Gender and Single Parents and Information and Research units have all contributed to these achievements. These successes would not have been possible without the strong backings of the Board of Trustees leading, the management and the unwavering staff of the organization. Of immense support to these great successes is our partners who extremely have contributed to the growth and development of the organization within the year. As an organization, we remained resolute more than ever in contributing towards

our vision. Hence, we are certain that year 2015 will deliver more than the year past to her partners, and relevant stakeholders while continuing to build and sustain structures and systems on ground for greater heights.

Approval Page

This report has been presented, read and approved by the Board of Trustee during her annual meeting for the year 2015.

Chairman Sign

Secretary Sign

Date.....

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