**TENDERLIFE RESCUE INITIATIVE (TRI)**

Title: **AN INTEGRATED SYNERGY TO RESCUE AND PROVIDE SHELTER AND CARE FOR INFANT ORPHANS AND VULNERABLE CHILDREN BEYOND THEIR FIRST YEAR OF LIFE, NIGERIA, AFRICA.**

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* The mission of the organization: TenderLife is dedicated to improving the well-being of vulnerable groups in society. It envisions a world where a life is valued above other valid reasons or pressure. As its mission, TRI desires a world where every child has the right to live.
* Purpose of grant and relation to Mission:
* This project will provide shelter and care for 50 Orphans and Vulnerable Children especially those below one year of age and whose survival is threatened by all causes. Nigeria's under Five Mortality Rate increased from 87 in 1997 to 120.77 Per 1,000 Births in 2018 making Nigeria rank the 9th leading country globally (WHO) . TenderLife will provide key food/nutrition, shelter and care needs (immunizations, Baby milk, Organically/locally sourced nutritional foods, diapers, clothes and baby cots)

TenderLife Rescue Initiative is a non-profit, incorporated trustee, non-governmental organization duly registered with the Federal Government of Nigeria (CAC/IT/NO 113298)



1. Problem Statement: Provide a brief summary of the problem that your organization will be addressing by this project (maximum 300 words)

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| In 2008, almost 9million children below five years of age died globally and two third of them never attained their first birthday especially due to disease and under nutrition [[1]](#footnote-2)(UNCF, 2010). Added to the large population of Nigeria, about 20% of the population (approximately 24million) is under five years of age[[2]](#footnote-3) (Kefas, 2008). Amongst this figure are infants who may barely see their first birthday due to poverty, poor nutrition, poor access to health care and sanitation otherwise known as infant mortality. Worst hit are Orphans and Vulnerable Children (OVC) who are more susceptible to neglect, vaccine preventable diseases and HIV. As social vices, poverty and epidemiological issues continue to ravage African societies, it leaves behind an increasing number of orphans and vulnerable children (OVC). Today there are more than 11 million AIDS orphans worldwide, of which 80% live in Sub-Saharan Africa (SDCE, 2009). The 2008 OVC situation analysis showed that 17.5 million OVC are in Nigeria, orphaned by all causes. This means that one in every four children living in households was classified as OVC. With the estimated 120,000 persons living with HIV in Rivers State resulting from a 5.8% prevalence, it is estimated that HIV infection has so far produced 83,000 orphans, whose parents had died from AIDS related diseases alone; (RVS Sentinel Survey, 2013 - 2014). Other sweeping products of OVC are unwanted pregnancies and rape. Many young girls who get pregnant realize by the second trimester, in their confused state they take different oral medications and herbs to terminate it in futility. They barely attend ante-natal classes nor do they take their routine drugs. These trends impact negatively on the unborn child thereby leading to a low birth weight and increased mortality rates in the first month of life.  |

1. Specific Aims : Provide a description of the specific aims of your project; that is what the project intends to accomplish (Maximum 1 to 3 aims and 400 words)
* Institutional Care Approach: Tenderlife Rescue Initiative (TRI) has an orphanage/transit home caring for infant OVC and wants to intensify efforts of seeking out OVC within this age group that are most vulnerable and have no one to care for them especially in scenarios where nuclear and extended family ties are strained. TRI will work to provide the basic needs required to ensure the survival of these infants past their first birthdays. By also giving them a good start in life, it is envisaged that they will live longer healthier lives that will ultimately create a foundation for psychosocial and neurotic balance. TRI wishes to explore the introduction of local organic highly nutritious but easily-digestible grains into formula of infants for only infants above six months of age. In cases of acute severe malnourishment, TRI will recommend the use of Ready-to-Use therapeutic foods (RUTF) such as plumpy nuts.
* To promote Exclusive breastfeeding in the first six months of life of an infant
* Ensure children (both institutional or community based) receive their scheduled immunizations. This can be done by leveraging on media stations especially radio to run health jingles for sensitization at little or no cost. Radios are one of the fastest channels to reach many families at the community level.
* Community Based Approach: Use of a health Communication platform for Early Warning Signal to forestall danger in the first year of life of an infant. Example, is the use of Calls, SMS or text messages to get medical advice or referral of an endangered OVC in cases of emergency especially in hard-to-reach communities
1. Background: Provide the relevant background information about the issue, how and why your NGO decided to address the issue, and the ability of your organization to address this issue. (maximum 1000 words)

Tenderlife is currently caring for some infant OVCs in its orphanage/transit home (seven infants) all around/below the age of one year and targets to enroll 40 OVC especially in war/terrorist torn areas of Northern Nigeria. Current kids were born in peculiar conditions by girls mostly students of tertiary institutions in Rivers State who were either raped or denounced by their partners when they got pregnant. With poor knowledge on Sexual Reproductive Health (SRH) skills such as contraceptive use and life skills, these girls eventually get far long into the pregnancy. Unwanted and grappling with life, Tenderlife rescued and is currently caring for the babies born and by August, 2019, TRI will be caring for more than Ten (10) of such babies. Due to the unanticipated nature of their conception, many of these babies were born with a low birth weight but are being nursed back to care by TRI. TRI provides nutritional, psychosocial support, health care, shelter and care to these OVCs to enable them live beyond their first birthday, grow up and give back to the development of the society. Tenderlife hopes to rescue more infants in similar conditions across the State even into the Niger Delta Region to ensure their survival and curb infant mortality. Steps include, identification and enrolment of infants, SRH capacity building and provision of innovative services to ensure the longevity of these infants. As a Quality Assurance mechanism, Growth and well being monitoring would be administered after the first four weeks of life using the Child Status Index (CSI) tool in line with the OVC guidelines of the National Priority Agenda of Nigeria. Interventions will be focused on TRI’s orphanage/transit home while the Early Warning System (EWS) intervention will be further channeled to targeted communities of the State.

. TenderLife is dedicated to improving the well-being of vulnerable groups in society. It envisions a world where a life is valued above other valid reasons or pressure. Between September 2018 and January 2019, Tenderlife enrolled seven children (5 babies and two toddlers) in its orphanage/transit home and may double this number by mid-year 2019 due to the level of referrals to its home from the hospitals and other organizations. One of such referral points is from Medicines Sans Frontiers (MSF) and Hope and Care Foundation (HCF) where an MOU has been signed with TRI to care for these babies. In order to prevent infant death/mortality and diseases, it is important that adequate provision and care be given to them. Tenderlife has been recommended by the Rivers State Ministry of Social Welfare and Rehabilitation to implement in-kind specialized and institutional services to Orphans and Vulnerable Children (OVC). TRI’s thematic areas include Adolescent Guidance & Counseling/Psychosocial Support/Social Education Activities, Orphans and Vulnerable Children (OVC) Care and Support, *Accommodation Support/Institutional care, Skill Acquisition/Entrepreneurial Training,* Research and Data Management and Cross-Cutting Programmes: Youth development, Health Promotion, HIV/AIDS, M&E Consultancy, Programme Evaluation, Orphans and Vulnerable Children Care. The CVs of relevant staffs is a strong indicator of the capacity of the organization to implement project activities. TRI has a good human resource base – with professional officers, four consulting specialists, three officers, three entry level officers and volunteers, TRI can continue exactly the same kind of work it started since 2018 successfully. The ED possesses strong programme and M&E skills with 13 years experience to effectively coordinate the work successfully.

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1. Innovation: What are the unique aspects about your proposal that makes it stand out from the current methods (maximum 500 words)

Three innovative aspects of this proposal make it different.

* First, is the introduction of locally sourced organic grains and foods medically recommended to improve the nutritional wellbeing of Infants pre-disposed to malnutrition.
* The second innovation is the use of the Early Warning System (EWS) – an early indicator flashpoint to draw the attention of health professionals to malnourished or low birth weight babies in their first month of life. This can also be applied in communities where health centers do not have an incubator and a pre-term baby may require that attention. The EWS will work in these steps-
* First, an EWS platform channel will be created which is primarily an SMS code number. This code must be synergized across all telecommunication companies in the country instead of having a different code for each service provider network.
* This code will be linked to a server accessible to different ranges of health professionals, NGOs, transport companies and other relevant stakeholders. Most importantly, possible responses relating to nutrition, health and general wellbeing will be pre-installed into the server. In cases where a response does not satisfactorily respond to a distress message from the community relating to an infant, then the server will immediately send that message as a notification to all stakeholders registered on the EWS for a possible solution and necessary action.
* When a caregiver observes that the life of an infant is threatened, he/she will send a short message to the unique code (example – ‘help – stooling and vomiting’, help-malnourished, help-incubator, etc). When sent, an automated response with possible solutions will be offered. But If not satisfied, the caregiver can re-send to speak with a life health professional, police, firefighter or child welfare department depending on the case then eventually referral to TenderLife.

This is important because many hard-to-reach communities lack access to quality health care. Available health centers in such places are sometimes poorly equipped. Worse still, many community members live way below the poverty line and can barely afford the enrolment fees in a health center. Through the EWS, many preventable deaths can be avoided and can serve as an epidemiological avenue to curb disease outbreak and spread.

* The third is the promotion of immunization and nutritional education/intervntions
1. Approach: Explain what you propose to do in your project and how you will evaluate it.  Provide as much detail as possible to describe what will happen, who will actually carry out the work, and the timeline for the project (maximum 1000 words)

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# The approach of the project is contained in the monitoring logical framework below

Monitoring and Evaluation Logical Frame Work

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| --- | --- | --- | --- | --- | --- |
| Project Objectives | Indicators | Output | Data Collection Sources/ MOV | Responsible Persons | Timeline |
| Goal: An Integrated Synergy To Improve The Wellbeing Of Infant Orphans And Vulnerable Children Beyond Their First Month Of Life |
| Objective 1.1 Develop an Early Warning System (EWS) to Combat Infant mortality |
| *Conduct stakeholders meeting and introduction of project*b. Develop an EWS platform and add all relevant stakeholders | -Number Of relevant stakeholders sensitized -Number Of relevant stakeholders added on the platform | -Atleast 20 Organisational representatives are sensitized and linked to the EWS | Training/Activity report | Programme Director | First month of Project implementation |
| .c. Publicizing immunizations and the EWS to community members across 21 LGAs of Rivers State, Nigeria as a pilot | - Number Of Mass Media Information Disseminated Disaggregated By Type And Channel. | - Families domiciled in communities across 21 LGAs are reached with EWS message- At least 120 infants are Saved From mortality due to the EWS intervention | - Activity report-EWS e-generated reports | Media channelsPublic Health WorkerRelevant Government Agencies/stakeholders | Monthly |
| Objective 1.2 To Provide For The Clients And Their Babies Basic And Essential Needs  |
| A. *Promote quality shelter and care for 50 infant OVC* | - Rescue 40 additional babies from mortality across Nigeria especially Northern Nigeria- Provide basic needs | - At least 50 infants have access quality shelter and care services  | -Referral forms- Monthly report | Caregivers/MindersTenderlife Rescue Initiative | Daily/Monthly report |

1. Dissemination: Briefly describe how you will disseminate your results and who will be the target for the dissemination (e.g. health agencies, community groups, others).

The mass media (Wazobia FM radio, Radio Rivers and Rivers TV) will be the mass media communication channel to publicize the EWS code and how caregivers can get expert advice on the ailing infants. Implementation reports will be sent to the Ministry of health and child welfare department of social welfare. After project has been implemented, final programme reports will be submitted to all relevant stakeholders who were present at the introductory meeting.

1. Mentorship: Will your project have guidance from a more senior, experienced person to help guide the project?  Often, projects can be assisted when they have guidance from such a person.  This person could be someone from your country (such as from a university or a larger volunteer organization) or from another country with whom you could communicate via email or Skype.

Yes, the project would need the services of an EWS expert to share technical support when required.

**12-MONTHS BUDGET**

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| --- | --- | --- |
| **Projected Expenses**  |  **USD**  |  **Local Currency**  |
| **DIRECT COSTS (Programme Activities)** |  |  |
| Media activities (Billboards, OVC identification and enrolment, Donation boxes, social media & town hall meetings) |  $ 66,666.67  |  24,000,000  |
| Local transportation |  $ 3,333.33  |  1,200,000  |
| Sub-Total |  $ 70,000.00  |  **25,200,000**  |
| **DIRECT COSTS (PERSONNEL)** |  $ -  |  |
| **TRI** Consulting Doctor and Lawyer |  $ 3,333.33  |  1,200,000  |
| Nurse  |  $ 1,333.33  |  480,000  |
| Minders, housekeeper, Finance&Admin |  $ 2,500.00  |  900,000  |
| PD/M&E |  $ 6,666.67  |  2,400,000  |
| Public Health worker and Programme officers |  $ 5,000.00  |  1,800,000  |
| Sub-Total |  $ 15,500.00  |  **5,580,000**  |
| **DIRECT COSTS (EQUIPMENT/COST OF OPERATIONS FOR ACTIVITY)** |  $ -  |  |
| Nutritional Cost (Lactogen Milk, Pap, organic nutritional supplementary feeding and Plumpy nut) |  $ 2,666.67  |  960,000  |
| Baby diapers |  $ 1,320.00  |  475,200  |
| Health care and drugs (Pre natal drugs, delivery, infant medical checks and drugs and sick bay facilities) |  $ 25,000.00  |  9,000,000  |
| Food supplies |  $ 6,666.67  |  2,400,000  |
| Sub-Total |  $ 35,653.33  |  **12,835,200**  |
| **DIRECT COSTS (OFFICE SUPPLIES)** |  $ -  |  |
| Printing and stationeries |  $ 1,866.67  |  672,000  |
| Phone credit |  $ 3,333.33  |  1,200,000  |
| Internet modem/subscription |  $ 1,326.67  |  477,600  |
| Sub-Total |  $ 6,526.67  |  **2,349,600**  |
| **Total Projected Budget** |  $ 127,680.00  |  45,964,800  |

1. United Nations Children’s Fund (2010) *Facts for Life* [*http://www.factsforlifeglobal.org/resources/factsforlife-en-full.pdf*](http://www.factsforlifeglobal.org/resources/factsforlife-en-full.pdf) [↑](#footnote-ref-2)
2. Kefas .N. (2008). *Health Care Delivery And The Prevalence Of Infant And Maternal Mortality In Jos North Local Government.*[*http://www.academia.edu/4937819/HEALTH\_CARE\_DELIVERY\_AND\_THE\_PREVALENCE\_OF\_INFANT\_AND\_MATERNAL\_MORTALITY\_IN\_JOS\_NORTH\_LOCAL\_GOVERNMENT*](http://www.academia.edu/4937819/HEALTH_CARE_DELIVERY_AND_THE_PREVALENCE_OF_INFANT_AND_MATERNAL_MORTALITY_IN_JOS_NORTH_LOCAL_GOVERNMENT) [↑](#footnote-ref-3)