



2015

WORKING
TOGETHER,
BUILDING
HEALTHIER
FUTURE



**ASSOCIATION
FOR REPRODUCTIVE
AND FAMILY HEALTH**

ARFH

2015 ANNUAL REPORT



OUR VISION

Enhanced quality of life including reproductive health and rights of communities in Nigeria and elsewhere in Africa

OUR MISSION

To initiate, promote and implement in partnership with other organisations, sustainable sexual and family health and other contemporary public health information and services for adults and youths.

OUR FOCUS

Training in Reproductive and Family Health Programme Management and Service Delivery.

Managing community Sexual and Reproductive Health, HIV & AIDS, Tuberculosis and Malaria Programming.

Building the capacity of other organisations (NGOs, CBOs and FBOs) through training, technical assistance, mentoring and monitoring activities.

Designing and implementing Youth Development Programmes.

Operations Research.



ARFH

...Working together, building healthier future.

ARFH | 2015 Annual Report 1

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH (ARFH)

ANNUAL REPORT 2015

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1.0) ACRONYMS

| | | |
|----------|---|---|
| ACSM | - | Advocacy, Communication and Social Mobilisation |
| ARFH | - | Association for Reproductive and Family Health |
| CBO | - | Community Based Organisation |
| CCM | - | Country Coordinating Mechanism |
| CTBC | - | Community TB Care |
| CVs | - | Community Volunteers |
| DFB | - | Damien Foundation Belgium |
| DOTS | - | Directly Observed Therapy Short Course |
| GDF | - | Global Drug Facility |
| GF | - | Global Fund |
| GFATM | - | Global Fund for AIDS, Tuberculosis and Malaria |
| GHW | - | General Health Workers |
| GLRA | - | German Leprosy Relief Association |
| HAF | - | Health Alive Foundation |
| HBC | - | High Burden Countries |
| HIV | - | Human Immunodeficiency Virus |
| IEC | - | Information Education and Communication |
| IHVN | - | Institute of Human Virology Nigeria |
| ILEP | - | International Federation of Anti Leprosy Associations |
| KAP | - | Knowledge Attitude and Practice |
| LFA | - | Local Funding Agents |
| LG | - | Local Government |
| LGA | - | Local Government Authority |
| LMIS | - | Logistics Management Information System |
| M & E | - | Monitoring and Evaluation |
| NACA | - | National Agency for the Control of AIDS |
| NASCP | - | National AIDS and STDs Control Programme |
| NLR | - | Netherlands Leprosy Relief |
| NTBLCP | - | National Tuberculosis and Leprosy Control Programme |
| PPM | - | Private Public Mix |
| PR | - | Principal Recipient |
| SR | - | Sub Recipient |
| SSRs | - | Sub-Sub Recipients |
| STBLCO/P | - | State TB and Leprosy Control Officer/ Programme |
| TB | - | Tuberculosis |
| TBLS | - | Tuberculosis and Leprosy Supervisor |
| TLMN | - | The Leprosy Mission Nigeria |
| TS | - | Treatment Supporters |
| WHO | - | World Health Organisation |



2.0 LEADERSHIP AND MANAGEMENT TEAM



Prof. E.O. Otolorin
(FRCOG, FICS)
Chair, Board of Trustees,
ARFH



Prof. Mrs Wuraola Sokunbi
Chair, Board of Directors,
ARFH



Prof. O.A. Ladipo
(MB.Bch, FRCOG, FMCOG, FWACS, OON)
President/CEO,
ARFH



Mr Joseph Majiyagbe
(FCA)
Director of Finance & Administration,
ARFH



Mrs Kehinde A. Osinowo
(MPH, FWACN)
Director of Programmes,
ARFH



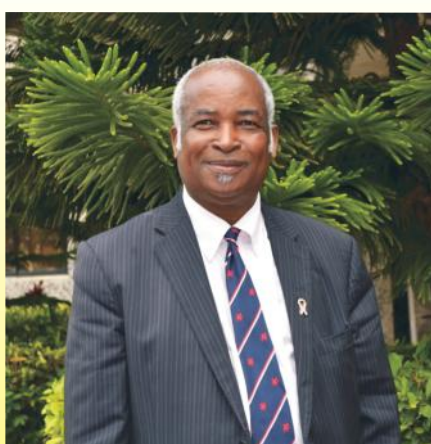
3.0 INTRODUCTION TO 2015 ANNUAL REPORT

Association for Reproductive and Family Health (ARFH) is a not for profit, Non-Governmental Organization in Nigeria, with a history and track record of excellence and success stories in enhancing the quality of reproductive and family health services in Nigeria. For over twenty-five years, ARFH has been promoting family planning policies and rendering quality health services towards achieving Sustainable Development Goals (SDGs), realizing the dreams of its founders, through the magnanimous efforts of its employees, board, donors and partners.

ARFH celebrated the 25th anniversary of its establishment in 2014. 2015 was therefore, an important year in the life of the organisation because it marks a new beginning of achieving expanded vision within the next 25 years. Specifically, 2015 is also the year when ARFH commenced the implementation of the fifth strategic plan with a focus on deepening its work on current programmes which are all national and international priorities, as well as expanding its coverage to two non-communicable diseases, hypertension and diabetes; silent killers that have not received enough national and international attention.

The 2015 annual report is focused on reporting ARFH's efforts in designing and implementing innovative and high impact programmes for improved health and well-being of individuals and families in Nigeria and beyond (Africa).

As a Principal Recipient on the Global Fund grant to fight Tuberculosis, HIV/AIDS and Malaria, and a partner to many other international and local health organisations, ARFH is considered a very reputable key player in Nigeria's response to most public and family health issues. This report will showcase the activities of all its programmes and achievement in strict adherence to the core values of excellence, integrity, positive change, empowering, learning and equity.



Professor Oladapo A. Ladipo
President/CEO, ARFH

ARFH Founders



Mrs Grace E. Delano,
Former Vice President/ED, ARFH



4.0 MESSAGE FROM THE EXECUTIVES

2015 was the beginning of another new era for the Association for Reproductive and Family Health (ARFH), having celebrated our 25th anniversary in 2014. ARFH's commitment to improving the quality of health services in under-served communities culminated in great successes recorded in advocacy and implementation of programmes on improvement of reproductive health, prevention and treatment of malaria, prevention of HIV/AIDS and support for people living with the virus, testing and treatment of tuberculosis and many other efforts geared towards enhancing the quality of life of individuals and communities in Nigeria.

As an organisation that understands the positive socio-economic impacts that improved sexual and reproductive health and rights have on families, ARFH continues to contribute to the national efforts geared to achieve the Sustainable Development Goals, through inputs in the Family Planning Blueprint developed for Nigeria; through implementation of tax-shifting policy and training of CHEWS as wells as other MNCH policy documents and programmes.

This year, ARFH joined the world to take stock of the impact of the millennium development goals, and despite the visible contributions of the organisation in Nigeria's health sector, and its key role in the fight against communicable diseases in Nigeria, ARFH will be expanding its work to cover diseases such as hypertension and diabetes through improvement of health literacy.

We are grateful to our stakeholders and partners, who for the past 25 years, have provided financial and technical support that enabled us to achieve our mission. We wish to appreciate our staff whose passionate dedication to duty aids our work of improving the quality of life of underprivileged Nigerians.

Finally, we would not have succeeded in our programmes without our Community Based Organisations (CBOs). We are inspired by the CBOs we support, who are working tirelessly and courageously, sometimes in very challenging terrains and circumstances, in an effort to bring succor to disadvantaged communities.



5.0 REPRODUCTIVE HEALTH PROGRAMMES

5.1 INCREASING ACCESS TO CONTRACEPTIVES THROUGH TRAINING OF CHEWS (INACT) PROJECT AS PART OF TASK-SHIFTING POLICY IN NIGERIA

The INACT project is focused on increasing access to contraceptives through task-shifting to CHEWS and assuring enabling policy/community environment for sustainable service delivery and utilization. With funding from the UNFPA for this project in late 2014, the project focused on high-impact activities in 2015, using the theory of change model to overcome the constraint of finances which was experienced in the year. In spite of the fact that the project funding was scaled down by over 50%, ARFH was able to showcase significant achievements to meet all objectives for the year in the project states.

Project Objectives:

- A. Map existing PHCs and the population of community health extension workers in Nigeria
- B. Engage with policy makers and community leaders, engender enabling policy and community environment for the delivery of contraceptives by CHEWS including injectable contraceptives
- C. Strengthen the capacity of CHEWS to deliver contraceptive services including injectable contraceptives
- D. Increase access to and continuation rate in the use of injectable contraception and referral for long acting and permanent methods.

Accomplishments:

Building on success achieved in preceding year, the advocacy efforts in the project states resulted in improved stakeholder support and engagement for the implementation of the task-shifting policy of the Government of Nigeria. A Need Assessment-Based survey of FP landscape was subsequently conducted within Jigawa state to assess the baseline FP situation in the state. However, owing to funding constraints and other pressing demands by UNFPA, the project could not continue implementation in all the states for the year. Training of Trainers workshops were only conducted in two states (Kebbi and Ebonyi). A total of 62 Nurse/Midwives were trained across all the project LGAs in the two states. The project leveraged on these trainers to carry out subsequent cascade training for CHEWs. The INACT project trained 324 CHEWs in 9 LGAs within 3 implementation states (Gombe, Kebbi and Ebonyi). Full service delivery commenced following the training, with ARFH conducting follow up structured supportive supervisory visit to ensure the CHEWs achieve competency on use of injectable contraceptives as well as providing quality services, among other methods. Anecdotal improvement of RP uptake are being observed in the facilities.



PROJECT ACHIEVEMENTS TO DATE

Number of Nurse/Midwives Trained

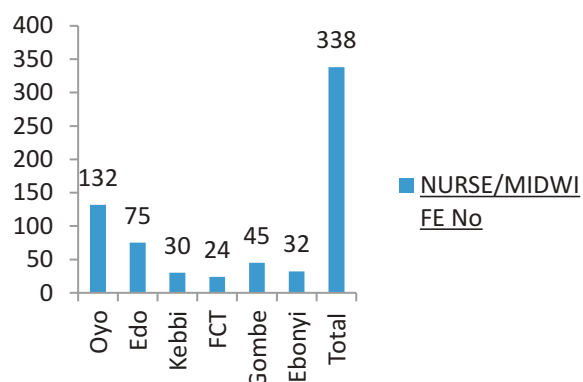


Figure 1: Number of Nurse/Midwives trained in three LGAs each in Gombe, Kebbi, and Ebonyi states.

Number of CHEWs Trained on INACT Project

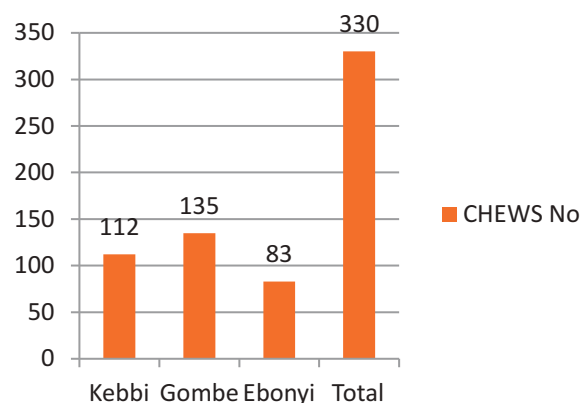


Figure 2: Number of CHEWs trained in the three implementation states.

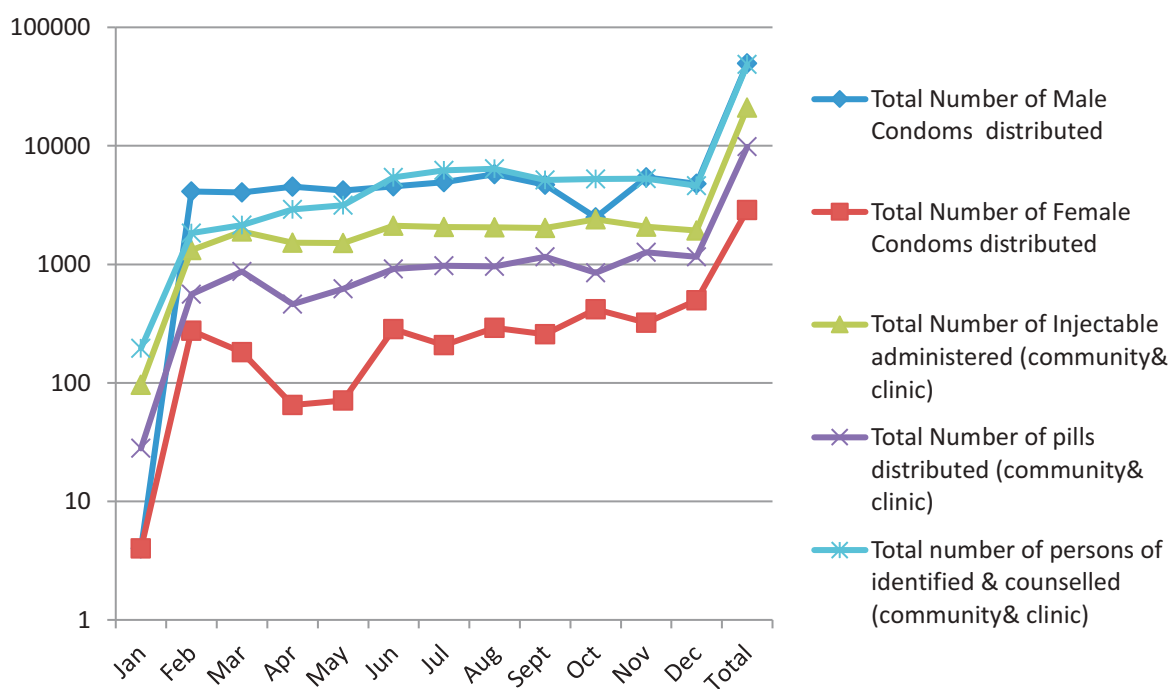


Figure 3: Illustration of the family planning commodities consumption (Jan-Dec, 2015) in Gombe state one of the benefiting states where data collection was conducted.



5.2 COMMUNITY CHANNELS OF DELIVERY FOR FAMILY PLANNING (C2D4FP) /SAYANA PRESS PILOT PROJECT

ARFH is one of the organisations pilot testing the administration of Sayana Press. ARFH is leveraging on the community channels to deliver family planning services. The trainings provided an opportunity to include contents on Sayana Press injection, a self-administrable form of DPMA which UNFPA was piloting in Nigeria. Sayana Press offers a self-injection opportunity for women, which is particularly attractive because of the arduous clinic visits that it eliminates for women in accessing contraceptives.

ARFH conducted multiple trainings for various community resource persons that support the project.

These trainings were planned in such a way that the project commenced in Kebbi state in July and in Ebonyi state in November 2015. A total of 251 agents were trained on the provision of non-prescriptive family planning methods, including referral for other prescriptive methods; client education; FP commodity resupply; and the administration of Sayana Press injection.



Cross-section of consumables, tally sheets and other documents distributed during the exercise.

Kebbi and Ebonyi states benefited from the Sayana Press pilot project, with 45 Community-Based Voluntary Health Workers and 56 Patent Medicine vendors trained on family planning methods, informed choice counseling, injection safety, sharps disposal, record keeping and administration of Sayana Press injection.

Initial anecdotal evidence has shown that most new FGP users prefer Sayana Press to other forms of injectables in the two states. ARFH looks forward to further results in the coming years that will encourage further investments in the scale up of this project.

5.3 EXPANDED SOCIAL MARKETING PROJECT IN NIGERIA (ESMPIN)

The Association for Reproductive & Family Health (ARFH), is part of the consortium comprising the Society for Family Health (Lead partner), BBC Media action and Population Services International (PSI); implementing the ***“Expanded Social Marketing Project in Nigeria” – ESMPIN.***

The five year project which commenced in April 2011 funded by the United States Agency for International Development USAID has the goal of improving the health of women and children in Nigeria by increasing Contraceptive Prevalence and Reducing Maternal and Child Morbidity and Mortality through distribution of socially marketed products and behavior change communication through the private sector. The objective is to Expand and Improve Knowledge of, Accessibility, Availability, Effectiveness and Sustained Use of modern FP/RH, and Child Survival Methods and Products. The program mix includes family planning, diarrhea management, malaria and nutrition (exclusive breast feeding).

ARFH is responsible for the community based distribution (CBD) component of the ESMPIN project in four North Western states of Jigawa, Katsina, Kebbi and Zamfara. The community based distribution component of the ESMPIN project entails the provision of family planning services, child survival products and information by trained and trusted members of the local community who are referred to as community based distribution agents (CBDAs). Currently, two thousand, one hundred and seventy-eight (2,178) CBDAs trained are conducting one on one and group IPC sessions, referrals and sales (social marketing) of oral contraceptives, condoms (male and female), water purification products and co-packed oral rehydration salts/zinc in sixty four (64) LGAs (17 LGAs in Jigawa, Katsina, Kebbi and 13 LGAs in Zamfara state).



***Sample Wall Mural Painting
in a Health Facility in Kebbi State***

ESMPIN's success is measured directly by its Intermediate Result (IR), which is to achieve sustained use of family planning, maternal, neonatal and child health methods and products. The ESMPIN IR is further divided into four Sub-IRs:

1. Methods and products available, accessible and affordable;
2. Knowledge, attitude, perception and practices of healthy behaviour improved;
3. Collaborative partnerships with private health providers sustained; and
4. Capability of the commercial/private sector to locally manufacture health products improved.

However, the Community Based distribution component of ESMPIN contributes to only the first three sub-intermediate results.



| <i>Sales/Referrals</i> | <i>Total Achieved for the Fiscal Year</i> | <i>Projections</i> | <i>Q1: Jan 15 – Mar 15</i> | <i>Q2: Apr 15 – Jun 15</i> | <i>Q3: Jul 15 – Sept 15</i> | <i>Q4: Sept 15 – Dec 15</i> | <i>Performance (%)</i> |
|-------------------------------------|---|--------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|------------------------|
| <i>Combination 3</i> | 803,139 | 1,000,000 | 188,775 | 289,310 | 234,082 | 90,972 | 80% |
| <i>Cycle Beads</i> | 6,739 | 20,000 | 1,374 | 3,107 | 1,925 | 333 | 34% |
| <i>Gold Circle</i> | 187,703 | 200,000 | 54,320 | 67,099 | 49,442 | 16,842 | 94% |
| <i>Female Condom</i> | 10,165 | 30,000 | 2,985 | 3,831 | 2,713 | 636 | 34% |
| <i>Water Guard</i> | 1,286 | N/A | 0 | 325 | 811 | 150 | N/A |
| <i>PUR</i> | 316,066 | 600,000 | 70,802 | 121,351 | 90,760 | 33,153 | 53% |
| <i>ORS/Zinc</i> | 117,921 | N/A | 25,409 | 40,597 | 35,601 | 16,314 | N/A |
| <i>IPC Figures</i> | 2,576,828 | 3,054,240 | 641,348 | 885,477 | 771,762 | 278,241 | 84% |
| <i>Number of Referrals issued</i> | 37,195 | 264,960 | 7,277 | 13,777 | 11,164 | 4,977 | 14% |
| <i>Number of Referrals redeemed</i> | 23,854 | N/A | 6,050 | 8,569 | 6,929 | 2,306 | NA |

A total of 803,139 packs of combination 3; 316,066 sachets of PUR; 187,703 pieces of gold circle condoms; 117,921 packs of Co-packed ORS/ZINC; 10,165 pieces of female condoms; 6,739 pieces of cycle beads and 1,286 bottles of water guard were sold in the past year. During the same period, 2,576,828 persons were reached during the one on one and group IPC sessions which resulted in 37,195 issued referrals, of which 23,854 were redeemed.

ESMPIN project is currently focusing on capacity building for developing sustainable structures both at community, local and state levels to ensure CBD strategy implementation post-March 2016. Towards this end in the year under review, CBDAs have formed registered CBD networks at local and state levels.

The CBDA networks contributions now total over N1.4 million, with the recoupment of seed stock also going on simultaneously. The CBD networks are at various stages of opening bank accounts and securing office accommodation. They have in no small measure enhanced the spirit of ownership of the project by the CBDs in their various communities.



5.4 IMPROVING YOUTH REPRODUCTIVE HEALTH IN NORTHERN NIGERIA

(Y-ACCESS) PROJECT

Introduction: The Improving Youth Reproductive Health in Northern Nigeria Project (Y-ACCESS) is a three-year capacity strengthening and reproductive health improvement project targeting adolescents and young people (aged 10 – 24 years), funded by the British Government's Department for International Development (DfID) under the Global Poverty Action Fund (GPAF). The Association for Reproductive and Family Health (ARFH) is the lead recipient and is in partnership with Education as a Vaccine (EVA) and Society for Women Development and Empowerment of Nigeria (SWODEN).

The project is being implemented in four northern states of Nigeria; Benue, Jigawa, Katsina and Niger. Under the partnership arrangement, EVA is responsible for implementing project activities in Benue and Niger states while SWODEN is responsible for implementing the project activities in Jigawa and Katsina states.

The project continued to work in line with the project goal of contributing to the reduction of the impact of poverty and improve the reproductive health status of adolescents and young people in the project states.

This has been implemented through the scale-up, availability and access to comprehensive reproductive health services for adolescents and young people. To achieve this purpose, the project delivered the following outputs at state, LGA and community levels:

1. *Strengthened capacity of health service outlets to provide quality and comprehensive reproductive health services to adolescents and young people*
2. *Improved knowledge and skills of adolescents and young people, to access reproductive health information and services*
3. *Improved social, financial and policy environment that enable young people exercise their rights in accessing reproductive health information and services*

The project is currently in the 4th and final year of implementation which commenced in April 2015 according to the DFID year.

Key highlights of Y-Access project in 2015

- i. Project Midterm Review Meeting.
- ii. Conducting of various capacity building trainings to enhance the capacity of implementing organisations, e.g. Rapid. Other trainings conducted include advocacy training for youth advocates at youth levels, refresher training for health service providers.
- iii. The project trained 1,578 youths as peer educators, delivered SRH services to about 800, 000 and reached about 1 million youths with different SRH information, achieving 100% its targets.





Technical Session: Finance during the mid -phase review meeting



Group photo of participants at the Advocacy and RAPID Training

5.5 FEMALE CONDOM ADVOCACY PROJECT (FCAP) IN NIGERIA



With financial support from Rutgers, Netherlands, through the Universal Access to Female Condoms (UAFC) Joint Programme and in collaboration with the Federal Ministry of Health (FMOH), ARFH implemented the Female Condom Advocacy Project in Lagos, Kaduna and the FCT from 2013- 2015. Other collaborating partners on the project include: Education As a Vaccine (EVA), Society for Family Health (SFH), Oxfam Nigeria and UNFPA.

The objectives of the project are as follows:

1. To improve the knowledge and understanding of key national level decision and policy makers on the reproductive health and rights issues of women
2. Initiate and drive advocacy efforts to bring to the front burner of discussion, the need to scale-up female condom programming in Nigeria
3. Build a high power advocacy group that would drive the process of acceptance of female condom

The following are highlights of FCAP activities conducted by ARFH in 2015:

Inauguration of FC Advocacy Champions in Lagos State

ARFH, in partnership with Lagos State MoH and Pathfinder International Nigeria, held a sensitization meeting on Female condoms and its integration into advocacy activities of the Lagos state Family Planning Advocacy Group on the 28th of August 2015 at Conference Room of Lagos Chamber of Commerce and Industry, Ikeja, Lagos.

Advocacy meetings with key stakeholders in Commemoration of International Women's Day (IWD):

In commemoration of the International Women's Day 2015 (March 8th) with the theme: "Make it Happen", ARFH, EVA and other partners held advocacy meetings for female condoms with NACA officials (10th March 2015) and at the FMOH (18th of March 2015).

PICTURE: Advocacy visit to the Director Family Health

FMOH and team in commemoration of International Women's Day 2015



ARFH organized Update meeting for FC Advocacy Champions

ARFH facilitated an Update meeting with Female Condom Advocacy Champions, including youth advocates on the 25th of June 2015.

International Conference on Family Planning (ICFP)

ARFH's abstract titled "Advocacy for Change: Building Alliances for Stakeholders' Buy-in towards Improving Female Condom Uptake in Nigeria: was accepted as an oral presentation at the 2015 International Conference on Family Planning in Nusa Dua, Indonesia.

Global Female Condom Conference

ARFH participated and made presentations at the Global Female Condom Conference (GFCC) in Durban, South Africa held from December 1-3rd 2015.



6.0 HIV/AIDS PROGRAMMES

6.1 GLOBAL FUND HIV PROGRAMMES

6.1.1 BRIDGING THE GAPS BETWEEN COMMUNITY AND HEALTH FACILITY INTERVENTIONS THROUGH COMMUNITY SYSTEMS STRENGTHENING (CSS) PROJECT

ARFH is responsible for the community mobilization and demand for uptake of HCT on the Global Fund Round 9 Phase 2 grant. ARFH has been coordinating the Community Systems Strengthening (CSS) project since 2013 in partnership with Civil Society for Malaria, Immunisation and Nutrition in Nigeria (ACOMIN) and Civil Society for the Eradication of Tuberculosis in Nigeria (TBN), has significantly addressed most of the challenges above. The project has succeeded in building the capacity of over 400 Community Based Organizations, strategically positioning them to address the health needs of their communities.

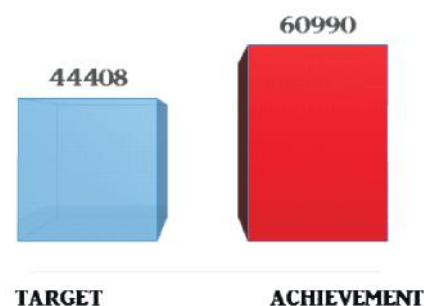
One of the key achievements of the project is that the CBOs continued to be the source of referral to the facilities, through the oversight of ACOMIN and TBN, and have been able to work with the health facilities to take HIV, TB and Malaria services to various nooks and crannies of the communities in 220 LGAs which are focal LGAs of the grant across 36 States and FCT. Through this method, trained CBOs are linked to Global Fund supported facilities in their various LGAs. The facilities managements appoint a key staff designated as Facility Referral Focal Person to work specifically with the CBOs, harmonize their work-plan and jointly implement the work plan within their communities. At the end of Round 9; Phase II of the grant (June, 2015), 60,990 received HIV, TB & Malaria services out of 44,400 target allocated to the project (137% Achievement)

The facilities management appoint a key staff designated as Facility Referral Focal Person to work specifically with the CBOs, harmonize their work-plan and jointly implement the community testing component of the work plan. The CBO staff, who have been trained in advocacy and community mobilisation ensure involvement of community leaders, who support the bid to mobilise community members for community HIV testing. It is overwhelming to note that the CBOS have been able to address the apathy associated with HIV testing.



Mobilised pregnant women waiting to be registered for HCT by WFI in Kuje Area Council, FCT

NUMBER OF INDIVIDUALS REFERRED FOR HIV, TB & MALARIA SERVICES



6.1.2 ARFH'S OVC PROGRAMME CAPPED FOR CONCLUSION IN 2015



Nutritional Support Action meal distribution



Nutrition Health talk for caregivers in Kabusa, Abuja

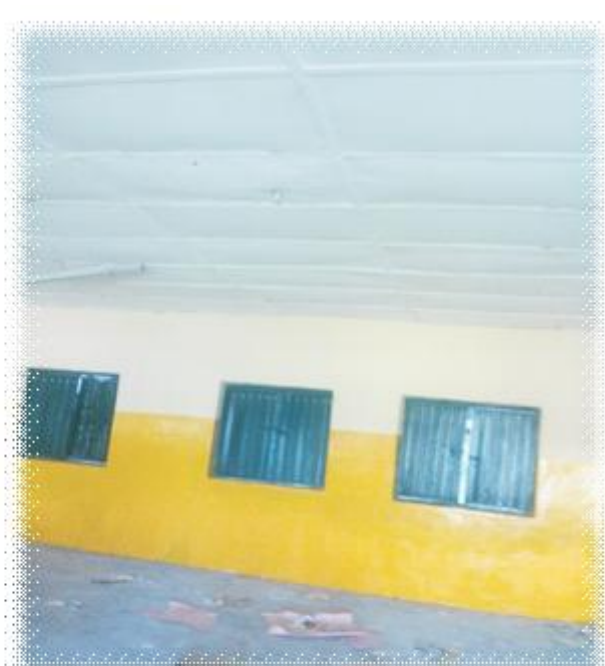
BLOCK GRANTING



Kids in an Imo State School that benefitted from Block Granting



Before Renovation



After Renovation



6.2) LOCAL PARTNERS FOR ORPHANS AND VULNERABLE CHILDREN

(ARFH LOPIN-REGION 1): Introduction: About LOPIN-REGION 1 Project

The LOPIN REGION 1 project aims to mitigate the impact of HIV/AIDS and other forms of vulnerability on orphans and vulnerable children. The five year project (August 2014 to August 2019) is designed to model **inclusiveness** in programming for Orphans and Vulnerable Children in selected states of the country in accordance with the National Priority Agenda the guiding principles which include systems strengthening; providing services using family based and community based approaches and Private sector partnerships in 3 states, Lagos, Rivers & Akwa Ibom states.

The prevalence of HIV in Nigeria varies from state to state, with officially reported in LOPIN Region 1 states ranging from 15.2% in Rivers State to 2.2% in Lagos

Thirteen Local Governments in Lagos, Rivers and Akwa-Ibom states benefitted from the project in 2015. Expectedly, 300,000 OVCs and 60,000 households will be assisted to access services and household economic empowerment in a sustainable manner by 2019.

Key Objectives:

- To improve the systems & structures at community, LGAs and State in providing responsive care, protection and support services for 300,000 OVCs and 60,000 HHs in the 3 states over 5 years.
- To improve organizational and technical capacity of local Nigerian partners to offer services to OVCs and their families (NGOs/CBOs)
- To facilitate local Nigerian CBO partners to engage more effectively with LGA and private sector partners (PPP)

BASELINE SURVEY

| | Lagos | | | Akwa Ibom | | | Rivers | | | Grand Total | |
|-----------------------------|-------|--------|-----------|-----------|--------|-----------|--------|--------|-----------|-------------|-----|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | | |
| Number of children enrolled | | | 34,056.00 | | | 23,590.00 | | | 12,904.00 | 70,550 | |
| Number of CG enrolled | | | 12,897.00 | | | 7,075.00 | | | 4,060.00 | 24,032 | |
| Number of children served | 17190 | 16688 | 33,878.00 | 10237 | 10034 | 20,271.00 | 6520 | 6384 | 12,904.00 | 67,053 | 95% |
| Number of CG served | 688 | 6101 | 6,789.00 | 0 | 0 | - | 0 | 0 | - | 6,789 | 28% |
| Number of Children tested | 9149 | 8959 | 18,108.00 | | | | | | - | 18,108 | 26% |
| Number of CG tested | 522 | 4839 | 5,361.00 | | | | | | - | 5,361 | 22% |



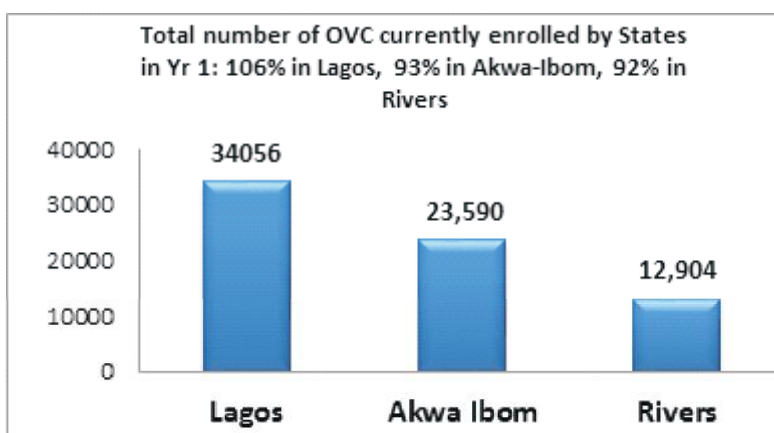
Progress Report – 2015

The project had a total of 21 results, spread across 3 intermediate results. In spite of the delay experienced in Rivers & Akwa Ibom states, significant achievements were still recorded. Nine of the results were fully achieved, 11 were partially achieved/ongoing, while two results, i.e. states and Local Governments to fund OVC interventions was not achieved and linking caregivers to microfinance outfits were not achieved.

Among the results that were fully achieved are: the baseline survey in the 3 states; establishing the M&E System, including the National OVC Information Management System; selection, and organizational capacity assessment for CBOs; developing the capacity of CBOs, partners and LOPIN staff through various trainings and mentorship; enrolment of OVC and caregivers and linking them to service; adaptation of CSP and the establishment of community level structures. A total of 326 community volunteers and 77 professionals (44 CBO staffs and 33 Government workers) were taken through various relevant trainings. Several partners received multiple trainings depending on their expected roles in OVC programming.

A total of 70,552 (M: 35,631; F: 34,921) which is approximately 100.8% of year 1 target of 70,000 were enrolled during the year. A total of 67,233 (94%) of the enrolled children in the 3 states received at least one of the six primary services of Health, Education, Nutrition, Shelter and Care, Protection and Psychosocial support (PSS), while 52,584 children were provided with psychosocial support. Protection services were provided for 196 children through linkage with National Population Commission and other service delivery points including PHCs and General Hospitals. All the 60 project wards in the 5 LGAs in Lagos state set up functional Child Protection Committees which provided a platform to monitor the issues of child abuse, exploitation, and neglect at the community level. Counseling support was provided to OVCs and their caregivers during enrolment in Rivers and Akwa Ibom states. A total of 67,233 children in the 3 states were provided with nutrition service, including nutrition education and anthropometric measurements (weight, height and mid-upper-circumference measurement) both during enrolment and subsequently during home visit by Community Volunteers. Children found to be malnourished were referred to treatment facilities in the communities.

Through the concerted efforts of the project and with the close collaboration with other USAID NGOs (FHI 360) and State AIDS Control Agencies (SACA), a total of 23,469 (M: 9,671; F: 13,798) OVC and caregivers in Lagos (target of 8,000 for LOPIN Region 1 project) were reached with HIV testing (HCT) as at the end of September 2015 and by the end of December additional 8,396 OVCs (including 6,745 in Akwa-Ibom and Rivers) accessed HCT. Persons that required treatment were referred to USAID treatment centers.



PHOTOS



Presentation of equipment to CBOs by the Commissioner for Women Affairs, Akwa-Ibom State



Visit of USAID and LOPIN Team to Rivers State Deputy Governor, Dr. Ipalibo Harry Banigo



Visit of USAID and LOPIN team to the Deputy Governor of Akwa-Ibom State



Visit to Badagry LGA led by ARFH CEO/President, Professor O.A. Ladipo



6.3) STRENGTHENING INTEGRATED DELIVERY OF HIV AND AIDS SERVICE (SIDHAS)

The Association for Reproductive and Family Health is part of the FHI360 led consortium on a USAID funded grant titled Strengthening Integrated Delivery of HIV and AIDS Service (SIDHAS).

ARFH is implementing the community-based programmes' components of Reproductive Health/HIV Integration, TB/HIV integration, Care and Support to Vulnerable Children (VC), in Edo, Akwa Ibom and Rivers States. ARFH has engaged 9 CBOs in the three States to deliver on these three components assigned. The SIDHAS program aims to assist the Government of Nigeria (GON) to reduce the burden of HIV/AIDS by building sustainable Nigerian capacity to deliver high-quality, comprehensive treatment, care and related services over the long term. The project is effectively achieving its goal which is to "sustain cross-sectional integration of HIV/AIDS and TB services by building Nigerian capacity to deliver sustainable high-quality comprehensive prevention, treatment, care and related services."

SIDHAS 2015 ACCOMPLISHMENTS

| Indicators | Target | Qtr4 | FY15 Achievement |
|--|--------|-------|------------------|
| No. of OVC enrolled | 0 | 9022 | 15488 |
| No. of OVC served | 40,329 | 19569 | 47735 |
| No. of individuals referred for PEP by CVs and PEs. | 66 | 2 | 4 |
| No. of active beneficiaries receiving support to access HIV services (HTC, PMTCT, ART) | 8750 | 4465 | 10630 |
| No. of blood units collected and linked to HLP-BS sites through CBO-efforts | 30 | 0 | 119 |
| No. of FETS reached with minimum HIV prevention package of intervention | 1600 | 390 | 1080 |
| No. of FETS counselled, tested and received results | 1600 | 516 | 614 |
| No. of pregnant women identified in the community and referred for ANC | 1200 | 185 | 635 |
| No. of HIV positive pregnant women tracked for the first time and sent for PMTCT | 200 | 103 | 138 |
| No. of exposed babies tracked for the first time | 100 | 74 | 128 |
| No. of individuals counselled on integrated FP disaggregated by HIV status | 4000 | 7767 | 9063 |
| No. of individuals provided with condoms | 2500 | 5951 | 21034 |
| No. of condom units distributed | 5000 | 15500 | 85033 |
| No. of TB suspects referred by CVs for TB diagnosis | 50 | 5 | 120 |
| No. of TB suspects referred by CVs diagnosed with AFB smear-positive result | 10 | 2 | 18 |
| No. of TB patients receiving treatment support from CVs | 25 | 30 | 136 |
| No. of PLHIV provided with minimum PHDP-package intervention. | 5368 | 5188 | 9140 |



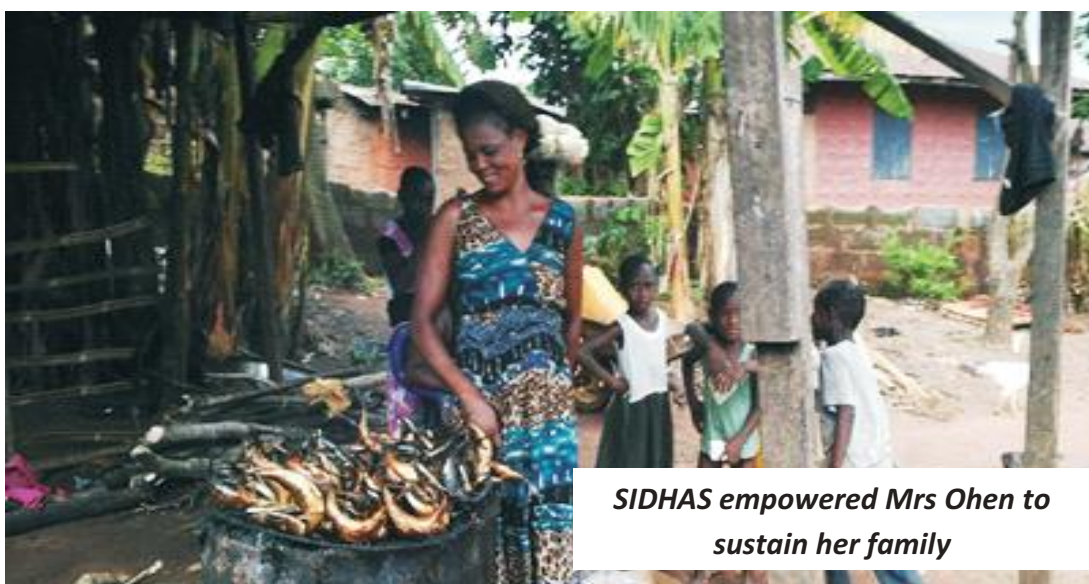
PICTURES



FETS in cohort session

SUCCESS STORY

Mrs. Mabel Ohen Ebohon: Mrs. Ohen Ebohon is a 40 year old widow who resides at Idigunogo, Igueben LGA of Edo state. Mrs. Ohen was selling fish before the death of her husband. Her income was insufficient as she had 6 children to cater for. To enable her start-up her business again, SIDHAS supported her with start-up materials in January, 2015, for initial purchase of three cartoons of fish. Today, Mrs. Mabel's daily income is about ₦1,500. She is now able to feed her children adequately and they now attend school regularly.



SIDHAS empowered Mrs Ohen to sustain her family

6.4) SYSTEMS TRANSFORMED FOR EMPOWERED ACTIONS AND ENABLING RESPONSES (STEER) PROJECT

The **Systems Transformed for Empowered Actions and Enabling Responses (STEER)** is a USAID funded five-year project targeting five states namely: Kaduna, Bauchi, Sokoto, Plateau and Kano. The project is a consortium of five organizations led by **Save the Children International (SCI)**, the other partners are: the **Association for Reproductive and Family Health (ARFH)**, **American International Health Alliance (AIHA)**, **Management Sciences for Health (MSH)** and **Mercy Corps (MC)**. STEER aims at improving the wellbeing of Orphans and Vulnerable Children (OVC) in Northern Nigeria by enabling them to access and utilize comprehensive and coordinated services to realize their full rights. STEER targets 575,000 children and 125,000 care givers in the five states.

The following are highlights of STEER activities conducted by ARFH in 2015:

Technical support to Ministry of Women Affairs and Social Development in Project States
Technical and administrative support was provided to the Ministries of Women Affairs and Social development (SMWASD) in Kaduna, Kano, Plateau Bauchi and Sokoto States in organizing and holding monthly Vulnerable Children's Technical Working Group (VC TWG) meetings to strengthen their coordination and supervision of VC supported activities in the state. TWG members are now meeting regularly to discuss VC needs and ways to strengthen support for children in need.

VC Technical Working Group Meetings conducted in Kaduna and Plateau States



Advocacy meetings with leadership of Ministries of Women Affairs and Social Development

Advocacy visits were conducted in 3 States (Kano, Bauchi and Plateau) to the new leadership of the Ministry of Women Affairs and Social Development. This was aimed at intimating the new management on the STEER project implementation in the State, strengthen coordination of VC responses and to strengthen the existing partnership and collaboration.



ARFH Representative discussing with Hon. Commissioner and Permanent Secretary, Plateau State Ministry of Women Affairs and Social Development

Institutional and Technical capacity building for Partner Civil Society Organizations (CSOs)

There is ongoing support for partner CSOs on the STEER project to improve their technical and institutional capacities. To achieve that, STEER Project conducted an Organizational Capacity Assessment (OCA) and developed a corresponding Organizational Development Plan (ODP) for each of its partners. To implement those ODPs, the project supported the CSOs to review obsolete policies in their organizations and to develop new ones where they are non-existence. Some of the CSOs reconstituted their boards while others adopted new management structures.

Capacity building trainings in the areas of Financial Management, Resource Mobilization, Monitoring and Evaluation, Child Protection etc., were organized for the CSOs to enhance their systems and strengthen their structures.

Continuous mentoring visits to CSOs provided platforms for the improvement of the capacity of the CSOs. The outcome of the visits was strengthened staff capacity and financial systems. This has also improved CSOs' financial reporting and their timeliness.



CSO Partner staff participating in the Report Writing and Documentation Training organized by STEER Project in Kano



CSO Partner staff participating in the Report Writing and Documentation Training organized by STEER Project in Kano



Supportive supervision visit to Community Support and Development Initiative (CSADI), Kano

7.0 GLOBAL FUND TUBERCULOSIS PROJECT

As the Principal Recipient (PR) of the TB DOTS grant, the Association for Reproductive and Family Health is primarily responsible for the provision of on-going support to the six (6) sub-recipients (SRs) of the grant as part of her oversight functions. ARFH is also responsible for the procurement and supply chain management (PSM) of anti-TB drugs and commodities for the National program as well as the Monitoring & Evaluation (M&E) component of the consolidated round- 9 TB grant. This report gives a summary of all programmatic, PSM and M&E oversight functions conducted by ARFH from January to December, 2015.

The goal of this grant is to provide support to the Government of Nigeria through the National TB & Leprosy Control Programme and other 5 sub recipients including 4 ILEP partners and Health Alive Foundation.

52-year old Gajere Mohammed from Sokoto South LGA, Sokoto State, Nigeria, BEFORE (40kg) and 8 months AFTER (70kg) receiving treatment for Tuberculosis



Dr Queen Ogbuji, ARFH TB Project Coordinator, presenting a speech at 2015 World TB Day Commemoration

Major achievements recorded in the year 2015 included:

- Obtained approval for the New Funding model TB work plan and budget for the next funding round
- Provided the required effective procurement & supply obligations through international procurement of all anti TB drugs as well as ensuring systems for uninterrupted supplies of anti-TB drugs
- Capacity building of facility staff on inventory management and Logistics management information system in 26 states plus FCT.

Other achievements accomplished within the year are:

- Expansion of high quality DOTS to 5,863 sites and 1,881 AFB laboratories as at end of 2015
- Achievement of uninterrupted supply of quality-assured TB commodities all year round
- On-going engagement of Private health providers in TB control
- Improved political support and resource mobilization for TB control at all levels
- Effective collaboration between the TB and HIV program which improved the referral and management of TB/HIV co-infected patients.
- Sub-Recipient manage for efficient implementation.

ARFH assisted the National Program in the procurement of TB drugs and commodities.

Support was also provided in the following areas:

- Participation in the GDF mission 16th-20th March, 2015.
- Printing of Recording & Reporting tools
- Conduct of the State Baseline Assessment in the 13 plus 1 priority states took place from 2nd to 6th March, 2015
- Analysis of the baseline assessment reports was done from the 16th to 20th March, 2015
- Development of Costed State Operational Plans in the 13 plus 1 priority states (20th to 24th April 2015)
- Finalization of the DOTS expansion plan

Effective communication and engagement on the social media during the commemoration of the World TB day: 24th March 2015



2015 (Targets and Achievements)

The Table below shows the semester-2 period of 2015 (July to December, 2015) achievement

| Indicator No. | Indicators | Target | Over-all Achievement |
|---------------|---|---------|--|
| DOTS-1a | Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses | 140,887 | 90,584 (64%) |
| DOTS-2a | Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period | 22,823 | 20,167 (88%) |
| DOTS-3 | Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period | 88% | 73% (83%) |
| DOTS-4 | Percentage of reporting units reporting no stock-out of first-line anti-TB drugs on the last day of the quarter | 88% | 90 (102%) |
| DOTS-5 | proportion (%) of under-6 child contacts of bacteriological diagnosed PTB cases placed on IPT | 25% | 11% (44%) |
| DOTS-7a | Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities | 14% | 14% (100%) |
| DOTS-7c | Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals | | 22% (Baseline to compare result with has not been determined for this indicator in the Performance Framework) |
| TB/HIV-1 | Percentage of TB patients who had an HIV test result recorded in the TB register | 95% | 96% (101%) |
| TB/HIV-2 | Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment | 85% | 75% (88%) |



8.0 GLOBAL FUND MALARIA (NEW FUNDING MODEL) PROJECT

1. Introduction

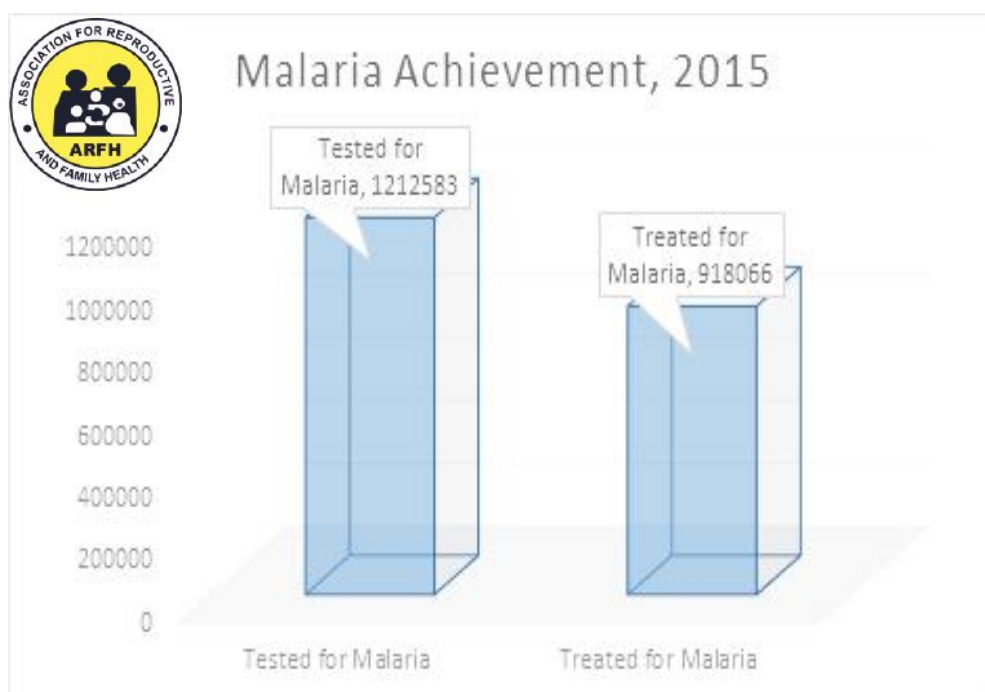
ARFH is a sub-recipient to the National Malaria Elimination Program (NMEP) on the Global Fund New Funding Model (NFM) Malaria Grant in four Nigerian States namely; Kebbi, Niger, Osun and Oyo States. ARFH commenced implementation of the Global Fund NFM in July 2015 following a successful bidding process and following the closeout of the Global Fund Round 8 phase 2 malaria grant in four states (Adamawa, Bayelsa, Niger, Osun and Oyo).

The goal of the NFM grant is to support the National Malaria Elimination Program (NMEP) to achieve its goal of reducing the malaria burden to pre-elimination levels and malaria-related mortality to zero.

The Objectives of the grant as adapted from the 2014-2020 National Malaria Strategic Plan (NMSP):

- (a) At least 80% of targeted population utilize appropriate preventive measures by 2020
- (b) All care-seeking persons with suspected malaria are tested using RDT or microscopy by 2020
- (c) All individuals with confirmed malaria seen in private or public facilities are treated with effective anti-malarial drug by 2020
- (d) Adequate information is provided to all Nigerians such that at least 80% of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020.
- (e) There is timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed by 2018
- (f) At least 80% of health facilities in all LGAs report routinely on malaria by 2020
- (g) governance and coordination of all stakeholders are strengthened for effective program implementation towards an “A” rating by 2018 on a standardized scorecard





Culled from 2015 ARFH PUDR

Over one million (1,000,000) persons presenting in the health facilities were tested for malaria with about nine hundred thousand (900,000) receiving treatment with ACT, thus preventing mortality from malaria. In addition, one hundred and fourteen thousand five hundred and thirty one (114,531) Long Lasting Insecticidal Nets (LLINs) were distributed across the four supported states via routine channels (ANC and EPI). These nets are being utilized particularly by pregnant women and children under five (most vulnerable group) thereby contributing to the overall reduction of maternal and child mortality.

ARFH has through the malaria grant improved the wellbeing and health of a significant proportion of the target population, invariably contributing significantly to reducing the malaria burden including maternal and child mortality. These are directly linked to the sustainable development goals (SDG) 3 and indirectly to 1, 2 and 4.

At the annual National Malaria Program Managers Review Meeting, Niger and Oyo were adjudged the overall 2nd and 3rd best performing states respectively in their implementation of malaria control activities utilizing evidence based strategies and interventions.



9.0 CORPORATE SOCIAL RESPONSIBILITY

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH (ARFH) 2015 YOUTH PROGRAM ACTIVITIES

INDEPENDENCE DAY COMMEMORATION

The Youth Rescue Club, during the 2015 Independence Day celebration, organised a programme in honour of the nation's day of Independence. The programme educated young people about the history of the country Nigeria.



OUTREACH PROGRAMME AT ABA-ODO, IBADAN



YRC members and ARFH VP-ED Mrs Ebun Delano at Family Planning and Child Spacing outreach programme at Aba-Odo Ibadan, Oyo State, to sensitize people on family planning.



(Nana, a YRC member working with the ARFH medical team to conduct free HIV and Malaria tests during the outreach programme at Aba-Odo, Ibadan)



CAREER DEVELOPMENT WORKSHOP



Career Development Workshop for the YRC in conjunction with Generation Revive, on 30th November, 2015

OUTREACH VISIT



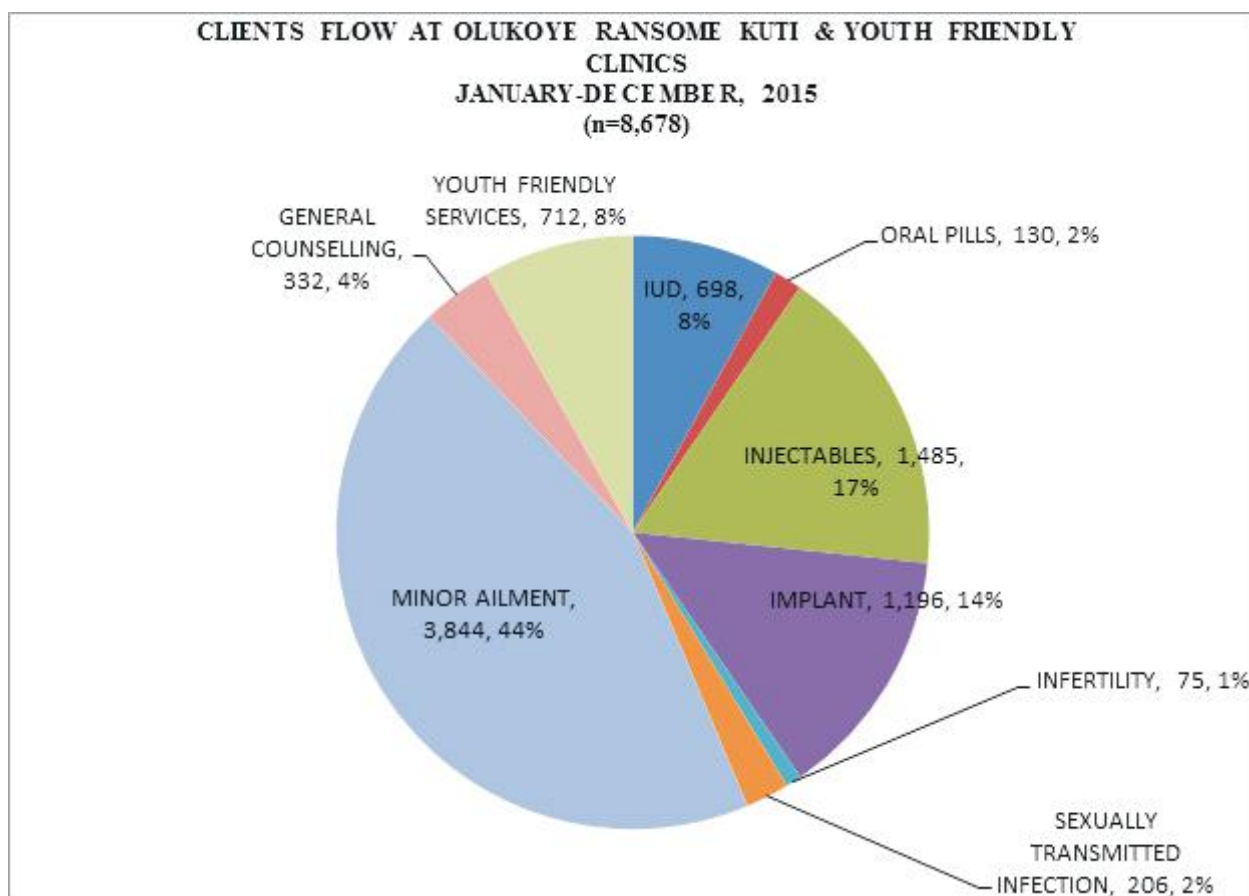
Awareness creation event on World AIDS Day for young people



ARFH and YRC HIV Outreach visit



10.0 SERVICE DELIVERY AT THE ARFH HD MODEL CLINIC IN IBADAN

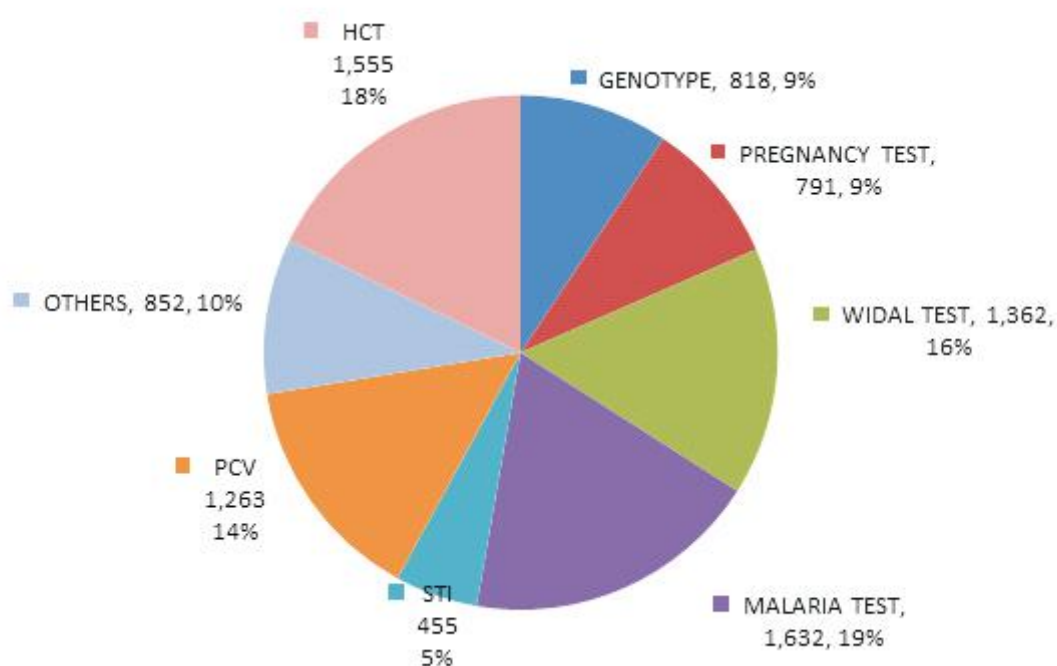


In the ARFH model Clinic, a total number of 8,678 clients were reached through various healthcare services which include family planning and outreach activities between January and December, 2015. An estimated 3,844 (44%) clients were treated for minor ailments while 206 (2%) clients were treated for sexually transmitted infections and 75 (1%) for infertility.

For family planning, out of the 8678 clients who presented at the clinic, a total number of 3,392 received family planning services where 1,196 (14%) clients took up implants; 1,485 (17%) for injectables; 698 (8%) for IUD; and 130 (2%) clients took up oral pills.

Also, other youth friendly services were provided, such as long-acting reversible contraceptives, Intra-Uterine Device (IUD) for 712 (8%) of the clients and general counseling for 332 (4%) of the clients.

FIG2
ROUTINE DATA GENERATED IN THE LABORATORY
FOR YOUTH & ADULT
JANUARY-DECEMBER, 2015
(n=8,728)



A total number of 8,728 clients patronized the laboratory services of the Association For Reproductive & Family Health (ARFH) between January and December, 2015. The services provided include malaria test for 1,632 clients (19%); HIV Counseling and Testing (HCT) for 1,555 clients (18%); widal test for 1,362 clients (16%); Packed cell Volume (PCV) for 1,263 clients (14%); genotype testing for 818 clients (9%); 791 of the clients (9%) came for pregnancy test; 455 (5%) for Sexually transmitted infections (STI) while 852 (10%) visited the laboratory for other tests.

11. AUDIT REPORT

Association for Reproductive and Family Health

Statement of financial position

As At 31 December, 2015

| | Notes | 2015 N | 2014 N |
|-----------------------------|-------|----------------------|----------------------|
| ASSETS | 2 | 67,239,349 | 67,632,092 |
| LONG TERM INVESTMENT | 3 | <u>49,962,614</u> | <u>44,692,991</u> |
| | | 117,201,963 | 112,325,083 |
| CURRENT ASSETS | | | |
| Inventories | 4 | 2,847,690 | 2,589,137 |
| Receivables | 5 | 208,917,853 | 206,378,741 |
| Short-term investments | 6 | 4,513,235 | 5,971,391 |
| Cash and Bank | | <u>2,430,742,817</u> | <u>1,738,373,550</u> |
| | | 2,647,021,595 | 1,953,312,819 |
| LIABILITIES | | | |
| Payables | 7 | <u>(28,677,984)</u> | <u>(16,936,993)</u> |
| NET CURRENT ASSETS | | <u>2,618,343,611</u> | <u>1,936,375,826</u> |
| NET ASSETS | | 2,735,545,574 | 2,048,700,909 |
| | | - | - |
| NET ASSETS | | <u>2,735,545,574</u> | <u>2,048,700,909</u> |
| FUND BALANCE | | | |
| Accumulated Fund | 8 | <u>2,735,545,574</u> | <u>2,048,700,909</u> |



President/CEO



Director Finance and Administration

The Accounting policies on pages 9 to 10 and notes on page 14 to 20 form an integral part of these financial statements.



PICTURE NEWS



Professor Oladapo Ladipo, President/CEO, ARFH and Mrs Kehinde Osinowo, Director of Programmes, ARFH, congratulating Nigeria's Federal Minister for Health, Professor Isaac Adewole, on his appointment.



Professor Oladapo Ladipo, President/CEO, ARFH and Mrs Grace Delano, Former Vice President/Executive Director, ARFH, who retired in 2015.





ABUJA OFFICE

**Millenium Builders Plaza, Block C, 1st Floor,
Plot 251 Cadastral Zone, Adjacent NNPC Towers,
Herbert Macaulay Way, Central Business District, Abuja.
Telephone: +234 706 596 4489
info@arfh-ng.org**

IBADAN OFFICE

**ARFH HOUSE, Plot 815a Army Officers' Mess Road,
Near Ikolaba Grammar School, Agodi GRA, Ikolaba, Ibadan.
P.O. Box 30259, Secretariat, Ibadan, Oyo State.
Telephone: +234 802 354 2889**



www.arfh-ng.org



@ARFHng



Association for Reproductive & Family Health-ARFH