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 Association for Reproductive & Family Health-ARFH

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# 2017 ANNUAL REPORT

*...working together ...building a healthier future*



## VISION

A model Non-Governmental Organization working towards an African continent free of diseases

## MISSION

To collaborate with other strategic partners in designing and implementing innovative and high impact programmes for improved health and well-being of individuals and families in Africa

## CORE VALUES

- Excellence
- Professionalism
- Integrity
- Transparency and Accountability
- Empowerment
- Equity

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## 1.0 ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association for Reproductive and Family Health
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis and Malaria
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
CTBC	Community TB Care
CVs	Community Volunteers
DOTS	Directly Observed Therapy Short Course
EVA	Education as a Vaccine
FC	Female Condom
FMOH	Federal Ministry of Health
FP	Family Planning
FCT	Federal Capital Territory
FY	Fiscal Year
GDF	Global Drug Facility
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH	General Hospital
GHW	General Health Workers
GLRA	German Leprosy Relief Association
HAF	Health Alive Foundation
HBC	High Burden Countries
HCT	HIV Counseling and Testing
HH	House Hold
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
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

NHREC	National Health Research Ethics Committee of Nigeria
NURHI	National Urban Reproductive Health Initiative
NTBLCP	National Tuberculosis and Leprosy Control Programme
OVC	Orphans and Vulnerable Children
PC	Private Clinic
PHC	Primary Health Centre
PMTCT	Prevention of mother-to-child transmission
PPM	Private Public Mix
PR	Principal Recipient
PPP	Public Private Partnership
SUBEB	State Universal Basic Education Board
SR	Sub Recipient
SRHR	Sexual and Reproductive Health and Right
SSRs	Sub-Sub Recipients
TB	Tuberculosis
TBLS	Tuberculosis and Leprosy Supervisor
TLMN	The Leprosy Mission Nigeria
TS	Treatment Supporters
UNFPA	United Nations Fund for Population Activities
VSLA	Village Savings and Loans Association
WHO	World Health Organization

## 2.0 LEADERSHIP AND TOP MANAGEMENT TEAM



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Mrs Grace E. Delano  
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Prof. E.O. Otolorin  
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Prof. Mrs Wuraola Sokunbi  
(MBBS, FMCPATH, FWACP) Chair,  
Board of Directors, ARFH



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



Mrs Kehinde A. Osinowo  
(MPH, FWACN) Director of  
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### 3.0 INTRODUCTION TO 2017 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 sexual reproductive and family planning services in Nigeria. For over twenty-eight years, the organization has successfully managed and implemented over 100 innovative reproductive health/development projects across Nigeria and other neighbouring countries, most of which had gained international recognition and are being replicated nationwide.

ARFH through its highly dedicated employees and the support of donors and partners have continued to be at the forefront of Sexual and Reproductive Health, Family Planning, HIV/AIDS, TB, Malaria, youth development and other emerging diseases of public health concern in Nigeria. ARFH's dedication stems from the commitment to improve the overall quality of life of underserved and vulnerable communities by promoting access to quality health care services and empowerment of communities for sustainable development.

The year 2017 was a high impact year as evidenced by ARFH interventions that provided succor for people living with AIDS in Nigeria, orphans and vulnerable children and their caregivers, pregnant women, and vulnerable communities at risk of TB. As a Principal Recipient on the Global Fund grant to fight Tuberculosis and HIV/AIDS, and a partner to many other international and local health organizations, ARFH is recognized as a very reputable key player in Nigeria's response to many public and family health issues.

The 2017 Annual report highlights the impact of the organization's key interventions for the year, its successes and lessons learnt from all its programmes, conducted in strict adherence to the core values of excellence, integrity, positive change, empowering, learning and equity and in line with approved National Guidelines and international best practices.





#### **4.0 MESSAGE FROM THE EXECUTIVES**

For ARFH, the year 2017 was remarkable for the considerable progress we made towards our commitments to providing quality health care for disadvantaged communities. Through our work with the Nigerian Government, Donors, International Partners, Civil Society Organizations and Community Based Organizations, we have successfully implemented projects that have greatly impacted the lives of vulnerable populations and transformed Nigeria's development sector.

We remain committed to supporting global efforts to ensure that no one is left behind through our programmes in sexual and reproductive health & rights, family planning, HIV Counselling and Testing, Active TB Case Finding, Maternal and Newborn Child Health, Malaria Prevention, and other public health diseases. We have come to understand, through our community systems strengthening interventions, the importance of harnessing inherent capacities through intensive capacity building, mentorship, technical assistance, operations research, and evaluation to scale up the impact and reach of national programmes to ensure sustainability.

In collaboration with the National TB partners, 2017 recorded the highest TB case notification in the country in the history of TB programme with a total of 104, 904 TB cases notified and treated for free in 22 high burden states through our active TB case finding. Our sincere appreciation goes to Global Fund for their financial and strategic support to the implementation of this programme. To ensure the continuum of care, it is important that we recognize the need to provide counterpart funding for tuberculosis testing and treatment programmes in Nigeria.

Despite the global efforts to combat HIV/AIDS, it continues to remain a major concern as it requires a holistic national response to curtail the high prevalence in vulnerable populations. ARFH through the LOPIN, SIDHAS and STEER projects was able to provide interventions for over 100,000 Orphans and Vulnerable Children (OVC). And with the support of Global Fund, the prevalence of mother to child HIV transmission has been reduced through our community HIV Counselling and Testing services for pregnant women. The Community HIV Testing Services



was primed in Lagos State under the Global Fund project and was also extended to vulnerable groups especially those living in hard-to-reach communities. At the end of the year, over 182,002 pregnant women and 114,428 General Population were reached with HIV Testing Services. The identified positive cases were escorted to Global Fund supported facilities for anti-retroviral treatment.

As an organization that understands the socio-economic impact of overpopulation, we recognize the need for more stakeholders' commitment to moderating Nigeria's population growth to ensure reduction in unacceptable maternal and child mortality and morbidity and also ensure that every Nigerian citizen has an opportunity for quality education, access to quality healthcare, access to food and equitable opportunities for growth. We pride ourselves in conducting quality operations research whose impact has contributed to policy decisions towards improving health sector service delivery in Nigeria.

In the coming years ARFH will strengthen her relationship with other national and international NGOs to support the Federal Ministry of Health in their effort to provide UHC and improve SRH services in Nigeria.

## 5.0 LOCAL PARTNERS FOR ORPHANS AND VULNERABLE CHILDREN (LOPIN – REGION1)

The goal of ARFH LOPIN REGION 1 project is to mitigate the impact of HIV/AIDS on children and families in 17 LGAs in Lagos, Akwa-Ibom, and Rivers States.

Using a multi-sectoral approach, the project improved the welfare of HIV Orphans and Vulnerable Children (OVC), using a three pronged approach:



Picture 1: A Village Savings and Loans Meeting in Kosofe, Lagos State

- (i) Systems strengthening of community, LGAs and State structures to provide responsive care, protection and support services for 300,000 OVCs and 60,000 Households in Lagos, Rivers and Akwa Ibom states.
- (ii) Strengthening the organizational and technical capacity of Community Based Organizations to offer services to OVC and their families.
- (iii) Facilitating public, private partnerships in order to increase ownership and increase available local resources for OVC.

### KEY HIGHLIGHTS OF THE LOPIN PROJECT:

#### 5.1 Increase in HIV services uptake by HIV positive OVC & caregivers:

In the fiscal year 2017, the project enrolled a total number of 120,773 (53,383 male and 67390, Female) active beneficiaries that were provided with various welfare services ranging from HIV Counselling and Testing, nutritional services, protective services, psycho-social and educational support.

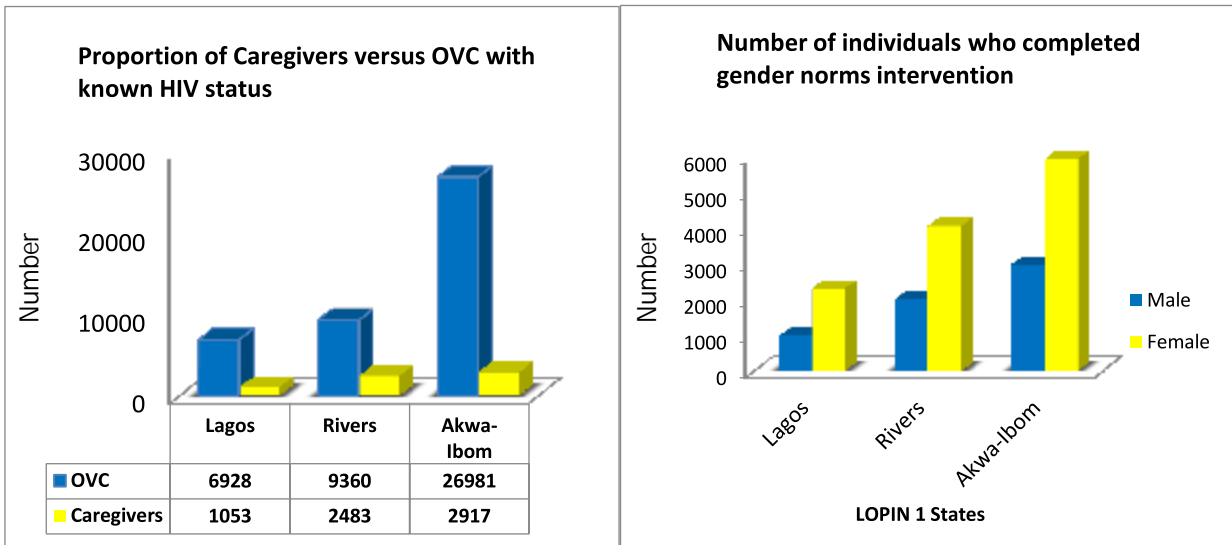


Figure 1: Proportion of Caregivers versus OVC with known HIV status

Figure 2: Number of individuals who completed gender norms intervention

The project also achieved major impact through **the Block Grant intervention** that provided funding for 1,400 OVC beneficiaries in 6 schools across the project states in collaboration with State SUBEBs to complete their education without the payment of levies and fees. This intervention also supported the transformation of an abandoned classroom to a library, renovation of children's playground and the provision of chairs, tables and white boards to selected Lagos state schools in need.



Picture 2: LOPIN Chief of Party, Dr. Iyabode Olusanmi delivering a MoU to the PTA Chairman, Mr. Oyebaiyi Abass in Lagos State.



Picture 3: Before and after transformation of Irepodun Primary School Agege, Lagos State, an abandoned classroom transformed into a modern library by ARFH-LOPIN 1 Project with support from USAID.



Picture 4: Before and after renovation of Children's Play Court at Community Primary School, Oto-Awori Lagos

## 5.2 Building Economic Resilience through Village Savings and Associations

Through the establishment of Village Savings and Loans Associations (VSLA) OVCs and vulnerable households had additional funding for items such as food and HIV testing kits which were readily accessible as a form of 'Community Pooled Funds.'



Picture 5: A total of 364 active adult and 45 adolescent VSLA groups were established with a membership of over 8,000 caregivers as at the end of 2017.

## 6.0 SYSTEMS TRANSFORMED FOR EMPOWERED ACTION AND ENABLING RESPONSES FOR VULNERABLE CHILDREN AND FAMILIES (STEER) PROJECT

The Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families (STEER) project was a five-year project running from April 29, 2013 to April 28, 2018 to scale up care and support services for orphans and vulnerable children (OVC) in seven states in Nigeria - Kaduna, Bauchi, Sokoto, Plateau, Cross River, Lagos, and Kano.

The project provided technical and administrative support to strengthen the capacity of the states' Ministry of Women Affairs and Social Development (SMWASD) to provide, manage, and monitor comprehensive services for OVC, and also improved the operational systems of 56 CSOs in the project communities.



Picture 6: Participants at the Cross River State Plan of Action Development Workshop in Calabar. Front row (sitting): Chief of Party of STEER project; Permanent Secretary and Director Child Development, Cross River State Ministry of Women Affairs; Representatives of Federal Ministry of Women Affairs and Social Development; and representative of National Human Rights Commission.

### KEY HIGHLIGHTS OF THE STEER PROJECT:

#### 6.1 Strengthened capacity of state & LGs to provide, manage and monitor integrated comprehensive care to OVC and their families.

The project states SMWASD were supported to organize monthly Vulnerable Children's Technical Working Group (VC TWG) meetings to strengthen their coordination and supervision of VC supported activities in their states which cascaded to other activities. The project state SMWASDs conducted stakeholders' workshops to support the adaption of the National Priority

Agenda (NPA) 2013 -2020. They also held adaptation workshops for stakeholders (government, civil societies, and private sectors) to improve knowledge of the NPA and facilitate the development of State Plans of Action (SPA) development to be used by the project states as:



Picture 7: Kaduna State Deputy Governor and Commissioner for Women Affairs (center) flanked by representatives of STEER project, Save the Children and UNICEF at the Launch of the VC State Plan of Action and End VAC campaign in Kaduna state.

## 6. 2 Strengthened organizational and technical capacity of CSOs to manage OVC programs

Support was provided to CSOs in all project states through the provision of on-demand technical assistance for the implementation of their respective Organizational Capacity Development Plans.

As part of the mechanisms to measure the project CSOs' improved capacity to develop, implement and monitor vulnerable children programs, STEER collated information about additional funding accessed by partners since the inception of the project. Details are represented in the table below:

<b>1</b>	<b>Total number of CSO assessed</b>	<b>55</b>
<b>2</b>	Period Covered	2014-2017
<b>3</b>	Total Amount Generated	NGN 2,602,329,905 (USD 7,228,694)
<b>4</b>	Total Number of Beneficiaries served	1,207,012
<b>5</b>	Categories of Beneficiaries served	VC, Children, Caregivers, General Population, Women, Vulnerable Populations, etc.,
<b>6</b>	Number of Staff engaged	1,693
<b>7</b>	Program areas	Health (HIV, TB, Malaria etc.), Education, Nutrition, PSS, Child Protection, Agriculture
<b>8</b>	Source of Funds	Donor (USAID, DFID, Canadian Embassy, US Embassy, Foundations etc.), Government (Federal, State), Others (Private Sector, Philanthropists, communities, etc.)

An analysis of the funding trend from 2014 to 2016, which coincides with the most active period of the CSOs' engagement with STEER project showed that the total funds accessed by the CSOs, in addition to STEER funding, grew from NGN 330,582,139 (918,283 USD) in 2014 to NGN 589,409,114 (1,637,247 USD) in 2015 and NGN 1,175,450,709 (3,104,029 USD) in 2016.

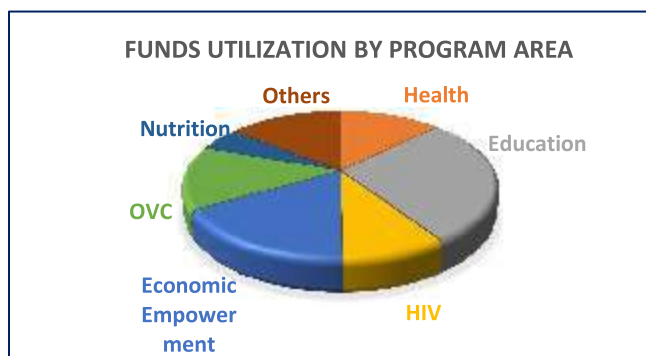


Figure 1: Funds utilization by program area

The funding analysis showed improvements in the CSOs' organizational capacity and their ability to generate additional funding. The CSOs accessed the funds to implement various interventions to 1,207,012 additional target beneficiaries across the 7 project states as captured in figure 3.

## 7.0 STRENGTHENING INTEGRATED DELIVERY OF HIV/AIDS SERVICES (SIDHAS) PROJECT

The focus of the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project is to assist the Nigerian government to reduce the burden of HIV/AIDS by building sustainable Nigerian capacity to deliver high-quality, comprehensive treatment, care and related HIV and TB services for OVC through community based programs in Edo, Akwa Ibom and Rivers States. ARFH through the SIDHAS project was able to provide intervention for 7766 OVC with various services during home and school visits, and at kids' club meetings.

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Services provided include psychosocial support, life skill education, counseling support, nutritional assessment and education, educational support and health education with about 3531 adults and children supported to access HIV services.

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The CBOs provided entrepreneurial skills to 75 caregivers and were taught to improve their health seeking behaviour, knowledge on gender and income generation, through support group meetings. To ensure the sustainability of care and support at the end of the project, discussions are ongoing between partner CBOs and the project state Ministry of Women Affairs to provide care for the OVC beneficiaries.

### KEY HIGHLIGHTS OF THE SIDHAS PROJECT:

In collaboration with strategic partners, the project sets to achieve three key results:

1. Increased access to high-quality comprehensive HIV/AIDS and TB prevention, treatment, care and related services through improved efficiencies in service delivery.
2. Improved cross-sectional integration of high-quality HIV/AIDS and TB Services.
3. Improved stewardship by Nigerian institutions for the provision of high-quality comprehensive HIV/AIDS and TB Services.

**Service Provision:** 3531 adult and children were supported to access HIV testing services, care and treatment in the facilities in the fiscal year 2017. To ensure that the OVC received complete ART treatment, positive clients were escorted to ART centers.



**Economic Strengthening:** Economic empowerment was provided for parents and caregivers so they can provide for their children’s basic needs. About 75 Caregivers and 61 older OVC were provided with vocational skills.

**Mentoring & supportive supervision:** 8 ARFH supported facilities in Edo, Akwa Ibom and Rivers State were visited by the Project Director every quarter to strengthen their operational system and validate their data documentation.

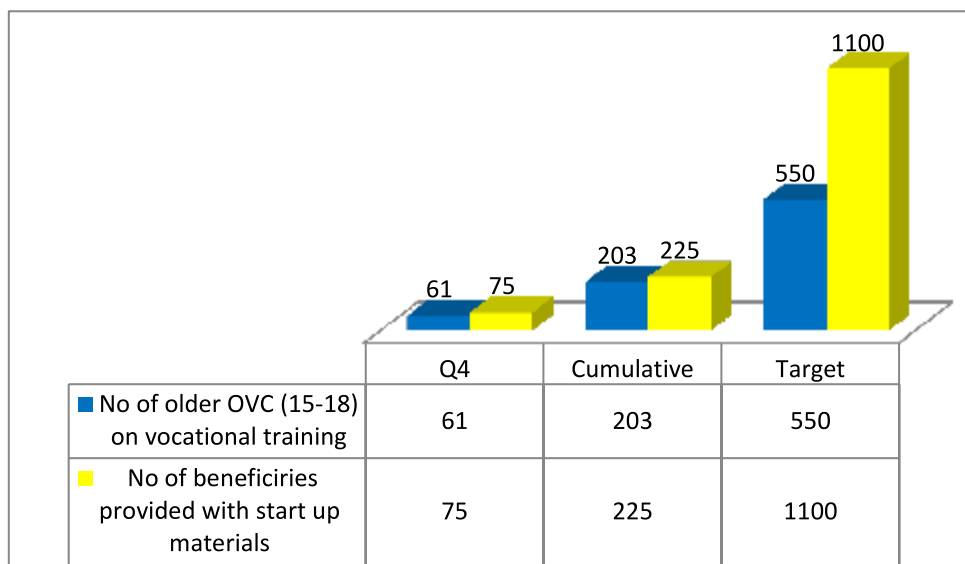


Figure 2: Number of caregivers and OVC who were provided with vocational skills.



**SIDHAS Beneficiary Receiving A Grinding Machine**

Anthonia Ohue, a person living with HIV, a widow and a mother of two received a grinding machine during the Household economic strengthening activity in Iguisi Community in Ubiaja. She was enrolled into the SIDHAS project in April 2017 after her community was assessed. Her household was classified as vulnerable and were given food and other services through the OVC program.

## 8.0 GLOBAL FUND TUBERCULOSIS PROJECT

**A**RFH is one of the principal recipients of the Global Fund Tuberculosis grant in Nigeria. ARFH provides technical assistance to seven (7) sub-recipients, consisting of the National TB and Leprosy Control Program (NTBLCP), ILEP partners, TB Network and Health Alive Foundation (HAF) towards the elimination of Tuberculosis by 2030. This support was to ensure successful implementation of the project across all levels. Some of the major activities carried out by ARFH during the project implementation in 2017 include oversight visits, onsite data verification, joint data quality assessment with partners, review meetings and supportive supervisory visits.

### KEY OBJECTIVES OF THE GRANT

- To achieve an increase in the case notification rate of all forms of TB.
- Provision of quality TB diagnosis and treatment.



Picture 8: Ordinary Ahmed of Brekete Family addressing participants at the World TB Day Community Outreach



Picture 9: 2017 World TB Day Road walk and rally



Picture 10: Participants at 2017 TB PR/SR Review Meeting

## KEY ACHIEVEMENTS RECORDED IN THE YEAR 2017:

Year 2017 recorded the highest TB case notification in the country in the history of TB program with a total of 104, 904 TB cases notified. The house to house TB case search by the Community TB workers in 22 states led to the detection of 11,883 TB cases, an increase of 98.9% over the 5, 973 TB cases referred from the communities in 2016.



Picture 11: Community TB Workers searching for PTB in slum areas in Lagos state

ARFH supported the expansion of high quality DOTS to 1531 sites and 1896 AFB laboratories, and scaled up the engagement of private health care providers to provide diagnosis and treatment for notified TB cases. There was also increased collaboration between the TB and HIV program which led to improved referral and management of TB/HIV co-infected patients.

The project provided resources that increased awareness on TB through airing of radio jingles on several radio stations in the 22 priority states and produced IEC materials which contributed to an increase in political support in 2017.

ARFH conducted a national inventory stock for the audit and data reconciliation of all first line TB products received between January – December 2017 to prevent risk of product diversion and theft. Logistic mentorship was also provided for 792 facilities across the 36 states and the Federal Capital Territory (FCT) to enhance their capacity on logistics management information systems, commodity quantification and supply planning, management of procurement cycle, quality assurance and control of medicines.



Picture 12: PR Oversight visit to Jamaa' Community Development Initiative (CBO) Programme & PHC Kofar-rini in Sokoto State.



Picture 13: Onsite Supervision of CBOs and CTWs by SR and PR

## 9.0 GLOBAL FUND HIV PROJECT

The Association for Reproductive and Family Health (ARFH) implemented the Community System Strengthening component of the Global Fund New Funding Model Grant in Nigeria as a Principal Recipients from 1<sup>st</sup> January, 2013 to 31<sup>st</sup> December, 2017. The grant was designed to strengthen the institution and grant management capacity of the three national networks of civil society on AIDS, TB and Malaria and their affiliate members in twelve selected states (Akwa-Ibom, Benue, Cross-Rivers, Imo, Nasarawa, Oyo, Kaduna, Kano, Sokoto, Taraba Rivers, and FCT).

The national CSOs selected as sub-recipients on the grant to support the implementation of the project were Civil Society in Malaria Control, Immunization and Nutrition in Nigeria (ACOMIN), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and Civil Society for the Eradication of Tuberculosis in Nigeria (TBN). The SRs with approval from ARFH selected 106 CBOs (one per project LGA) to provide health literacy and generate demand for AIDS, TB, Malaria services at GF supported health facilities.

### KEY HIGHLIGHTS IN THE GLOBAL FUND HIV PROJECT:

ARFH provided regular supportive supervision and mentorship to the SRs in the areas of grant management, mentorship, accountability, financial management, and documentation to improve the performance and capacity of the 106 SSR CBOs. Trained State Programme Officers conducted regular monitoring to the CBOs to ensure adherence to the various guidelines and technical documents developed by ARFH to guide their performances in delivering quality services at the grassroots.

Another major component of the grant is in the area of generating demand for HCT among pregnant women and vulnerable general population through targeted HIV Testing. In order to gain access to pregnant women that were not accessing services at health facilities, various community actors such as traditional birth attendants were engaged by the CBOs. Health talks were provided with emphasis on need for HIV counselling, testing and PMTCT.



Picture 14: Community mobilization at Omuma Community, Rivers State.



Picture 15: Outreach at Ekerekana community, Okrika, Rivers State



Picture 16: ARFH Staffs enroute a remote community in Rivers State on boat

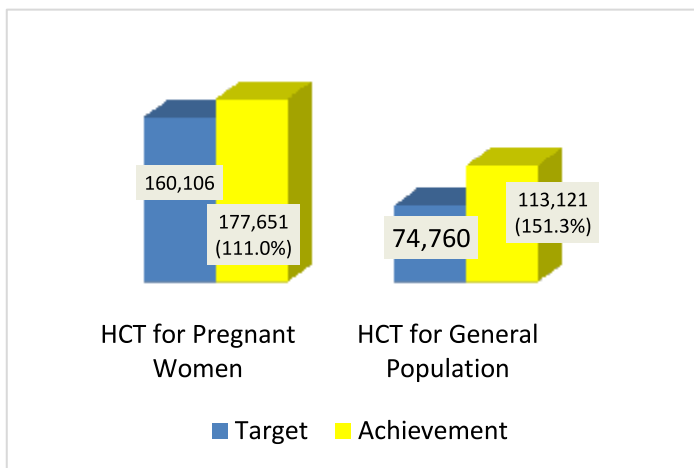


Figure 3: Representation of 2017 Achievements at the National comparing target versus achievements

At the end of the year, a total of 182,002 pregnant women were mobilized for HCT by the CBOs. Out of the pregnant women mobilized, 97.6% of 182,002 ((177,651) had access to HCT services. Of this number, 792 were detected to be HIV positive. Apart from Imo State which recorded 1.7% positivity rate, all other states had rates lesser than 1%.

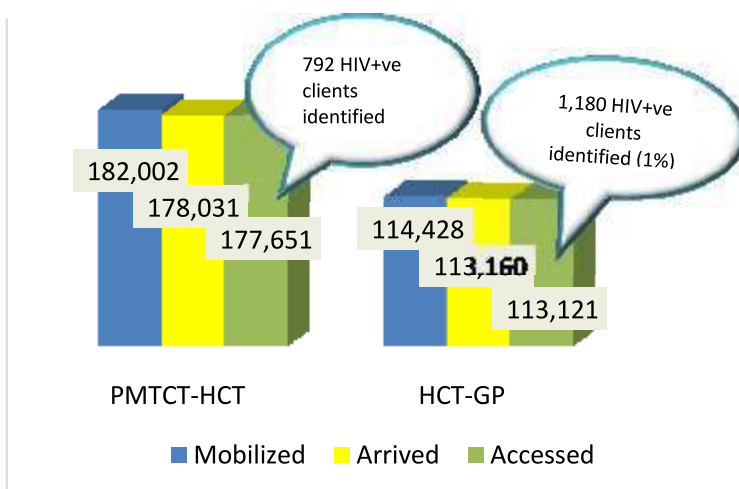


Figure 4: Representation of 2017 Service Cascade at the National Level

The target for January – December 2017 was 74,757, at the end of 2017, a total of 114,428 persons from the general population were mobilized for HCT, out of which 113,121 persons got tested for HIV. Out of this 113,121 from the national 11 states and FCT population that received HIV Testing services from the general public, 1,180 were reported to be HIV positive which accounted for 1% positivity yield.

## LAGOS STATE OVERALL ACHIEVEMENTS AND SERVICE CASCADE

It is worthy of note that the Community System Strengthening grant design for Lagos State focused on contributing to the first '90' in the UN!ID 90 -90-90 model in three LGAs of Epe, Ikorodu and Oshodi/Isolo with focus on targeted community testing. Six experienced and highly committed CBOs were engaged to drive implementation in the LGAs and were supported with trained Counsellor Testers to visit various hard-to-reach communities to identify positive clients and escort them to GF supported facilities for immediate enrolment on treatment.

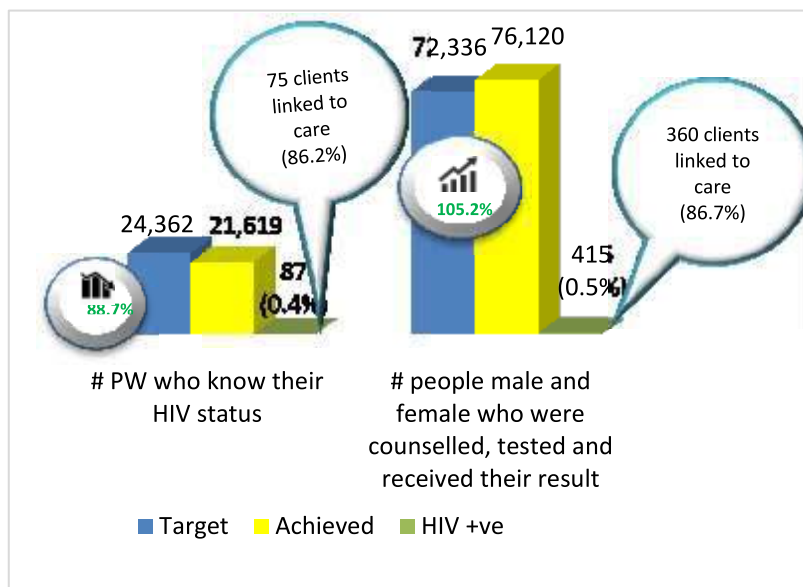


Figure 5: Representation of Lagos State Overall Achievements and Service Cascade

21,619 pregnant women and 76,120 people from the general population were tested for HIV. 87 pregnant women and 415 persons from the general population were identified to be HIV positive. Through the active direct escort services of the CBOs/CTs, 75 of the positive pregnant women were linked to prevention of mother-to-child transmission (PMTCT) services and 360 of the general population were linked to ART services.

## KEY ACHIEVEMENTS RECORDED IN 2017:

- Increased access to health literacy in each project state.
- Availability of at least a functional community based organization in each of the 106 LGAs where the grant was implemented.
- Institutional capacity strengthening for the national ATM networks in grant & financial management, mentorship of registered members, filing and documentation.
- Increased access of PW to HIV Testing Services in all the project states including Lagos
- Enhanced capacity for 106 Community Based Organizations which are better positioned for effective service delivery.
- Increased case detection especially for most vulnerable groups that are mostly neglected in HIV testing services.
- Effective partnership with key stakeholders and community players including Ward Development Committee, TBAs, various Women Associations among others.
- Effective supports for facilities especially in the area of documentation and reporting
- Successful grant close out in all the LGAs.



Picture 17: Oyigbo ACDM at Palace Of Honourable Eze M. A Nnaji of Rivers State



Picture 18: Advocacy visit to the Primary Health Care Coordinator in Kaduna South LGA



## 10.0 ARFH DMPA-SC SCALE UP PROJECT

The UNFPA/ARFH DMPA-SC project aims to contribute to reducing maternal mortality and infant mortality rate by presenting opportunities to expand voluntary access to family planning method mix and services, within the rights based approach among women of reproductive age through the delivery and utilization of services at the health facilities and in the community.

The project's core operational pillars include, advocacy, orientation meeting, capacity development and strengthening, Behaviour Change Communication, massive demand generation for family planning, service delivery, supportive supervision, strategic engagement and partnership with local indigenous organizations, and a strong monitoring and evaluation system to showcase and sustain the success and gains that the UNFPA investment yields in the respective project states.

### KEY PROJECT OBJECTIVES

- Engender enabling policy and community environment for the delivery of contraceptives through active engagement of traditional leaders, policy makers, market leaders and opinion groups.
- Increase the capacity of community based advocates to deliver integrated non-prescriptive family planning services and referral for other methods.
- Improve efficient referral linkage between the community and primary health center for health services.
- Increase new acceptors and continuation rate for existing users by 10% in each of the implementing communities.
- Scale up the administration of Sayana Press Injection in four states.
- Increase male involvement in improving access of women to family planning services.

### KEY ACHIEVEMENTS OF THE DMPA-SC SCALE UP PROJECT:

ARFH was funded to pilot the introduction of DMPA-SC (Sayana Press) injectables in (four) states of Nigeria, including Gombe, Ebonyi, Sokoto and Kebbi between 2015 and 2016. Of the 10 UNFPA supported states by 3 partners, ARFH sites contributed to recruiting 48,500 new DMPA-SC acceptors - 60% to the National pilot increase on DMPA-SC. The encouraging findings from the pilot in terms of sharp uptake of services and new FP cases in the project facilities resulted in a scale up to 10 additional states in Nigeria.

## UNFPA Data on women reached on the DMPA-SC Scale Up project

State	Number of DMPA-SC Clients (Oct 2016 - June 2017)					
	Partners	New Acceptor	Revisit	Switch	None	Total
EBONYI	ARFH	11,292	307	713	85	12,397
GOMBE		13,124	1,346	1,174	7	15,651
KEBBI		17,997	1,560	1,351	6	20,914
SOKOTO		6,022	500	413	17	6,952

ARFH and its partners have been able to reach over 40,000 women since commencement of the scale up project. Over **6,000** women had access to modern non prescriptive FP methods and more than **500** benefited from referral for other methods.



Picture 19: Practical Session on the Use of Who Adapted MEC Chart for Community Based Group

## 11.0 ARFH, MINISTRY OF HEALTH, DEVELOP LNG-ECPS TRAINING MANUALS TO STRENGTHEN EMERGENCY CONTRACEPTION REVITALIZATION IN NIGERIA

Emergency Contraception Pills is one of the underutilized contraceptives in Nigeria. However, it was officially approved to be included as one of the Essential Medicine list for Nigeria in 2015. ARFH received support from International Consortium of Emergency Contraception (ICEC) to work with the Federal Ministry of Health to develop Training Manuals (Trainers Manual and Participants Handbook) to revitalize Emergency Contraceptives Pills (ECPs) Access and Integration in Nigeria.

The main goal for the development of the manual was to instill service providers with the necessary skills and knowledge to safely provide ECPs accompanied by clear and correct information and explanations. The manuals specifically addressed the following:

- Provided guidance on the types, mechanism of action, effectiveness and side effects of ECPs
- Addresses appropriate precautions and considerations concerning the use of LNG-ECPs;
- Succinctly described how ECPs are used
- The essentials of client counselling and answers to common questions related to ECPs;
- Actions to be taken in the management of side-effects of ECPs
- How to address the Needs of Specific Populations
- The priority areas and roles of partners in EC programming in Nigeria



Figure 6: A picturesque view of the activities carried out by ARFH in the development of the manual. ARFH partnered with the Federal Ministry of Health and key Reproductive Health and Family Planning stakeholders in the state to develop the manuals.

The first draft of the manual were subjected to technical review by key RH/FP expert to ensure it aligns with approved guidelines, after which the manuals were pretested in Kaduna and Oyo

state where a facilitator used the draft Trainers Manual to train selected FP Providers to use the participant's handbook.



Picture 20: Cross section of participants at the technical review meeting

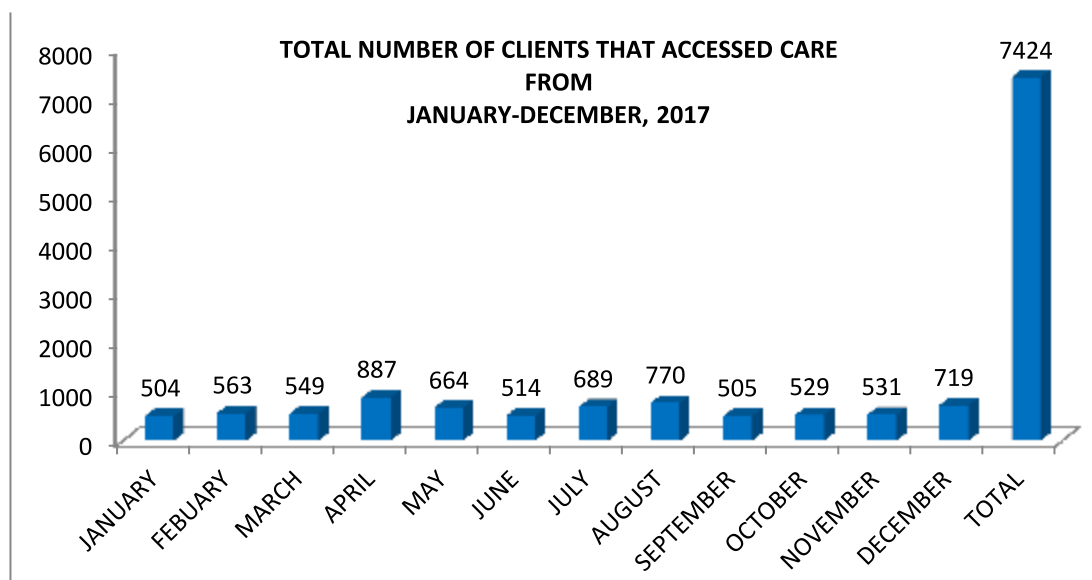
The facilitators and participants provided feedback on the documents and all the necessary reviews and amendments were presented to stakeholders for final adoption, distribution and dissemination for use in 36 states in Nigeria and the FCT.



Picture 21: Cross section of participants at the unveiling of the Training Manuals

## 12.0 SERVICE DELIVERY AT ARFH HD MODEL CLINIC IBADAN

### ANALYSIS OF SERVICE PROVISION FOR OLIKOYE RANSOME KUTI CLINIC AND LABORATORY IN 2017

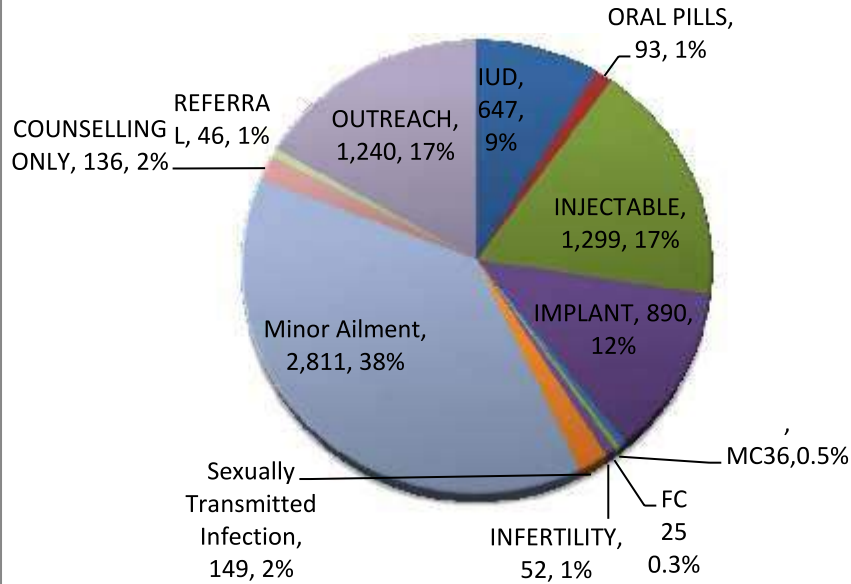


### NARRATIVE ANALYSIS OF SERVICES PROVIDED AT THE OLIKOYE RANSOME KUTI CLINIC IN 2017

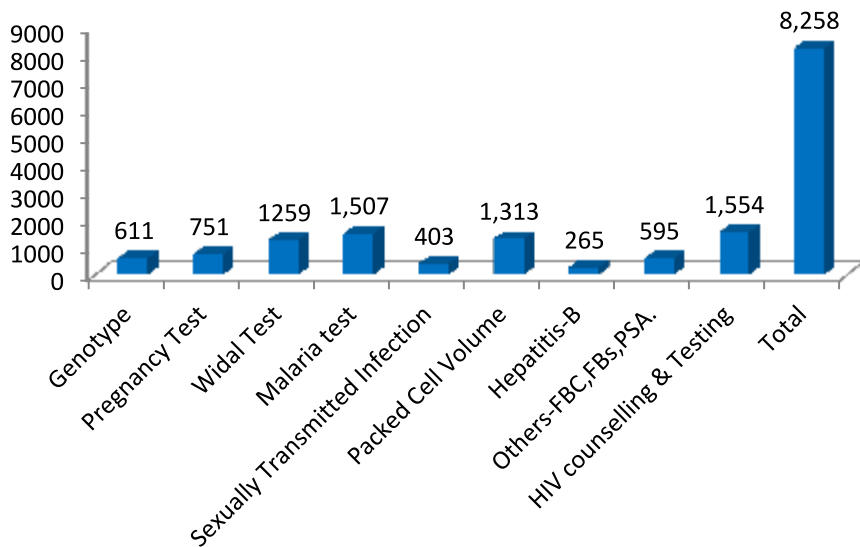
A total number of seven thousand four hundred and twenty four (7,424) clients received various health services within the reporting period of January to December, 2017. Out of these 2,990 clients received family planning services consisting of 647 (9%) IUCD, 93 (1%) oral pills, 1,299 (17%) injectables, 890 (12%) implant, 36 (0.5%) male condoms and 25 (0.3%) female condoms.

During community outreaches conducted by ARFH, 2,811(38%) adults and youths were treated for minor ailments - 149(2%) were treated for sexually transmitted diseases, 52 (1%) were treated for infertility, 136 (2%) were counseled, 46 (1%) were referred. From the family planning outcome results, 17% adopted the injectable method, 12% adopted implant and 9% adopted the IUCD. The least were 0.5% and 0.3%, who were male and female condom adopters. Adoption for the injectable method of family planning was the highest; the clients who adopted the new family planning methods were more than the old adopters who used the old family planning methods, consisting of IUCD and implants.

**NUMBERS & PERCENTAGES OF CLIENTS THAT RECEIVED  
FP/RH, MINOR AILMENT, COUNSELLING, REFERRAL &  
OUTREACH SERVICES (ADULT&YOUTH) CLINICS  
JANUARY-DECEMBER,2017  
(n=7,424)**



**TYPE OF SERVICES RECEIVED IN ARFH LABORATORY  
JANUARY-DECEMBER ,2017  
(n=8,258)**




## 13.0 AUDIT REPORT

**ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH  
STATEMENT OF FINANCIAL POSITION  
AS AT 31 DECEMBER, 2017**

	Notes	2017 ₦	2016 ₦
<b>ASSETS</b>			
Fixed Assets	3	56,576,587	60,502,969
Long Term Investment	4	48,635,700	42,925,797
		<u>105,212,287</u>	<u>103,428,766</u>
<b>CURRENT ASSETS</b>			
Inventories	5	3,868,064	3,397,838
Receivables	6	43,980,546	245,553,767
Cash and Bank		1,252,576,632	2,270,848,028
		<u>1,300,425,242</u>	<u>2,519,799,633</u>
<b>LIABILITIES</b>			
Payables	7	[229,204,371]	[13,624,704]
<b>NET CURRENT ASSETS</b>		<u>1,071,220,871</u>	<u>2,506,174,929</u>
<b>NET ASSETS</b>		<u>1,176,433,158</u>	<u>2,609,603,695</u>
<b>FUND BALANCE</b>			
Accumulated Fund	8	1,176,433,158	2,609,603,695
		<u>1,176,433,158</u>	<u>2,609,603,695</u>

 President/ CEO

 Director Finance & Administration