



2013

WORKING TOGETHER BUILDING HEALTHIER FUTURE

ANNUAL REPORT 2013

BACK OF FRONTCOVER

WORKING TOGETHER BUILDING HEALTHIER FUTURE



ANNUAL REPORT 2013

Association for Reproductive and Family Health



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- Africa Regional Conference on Population and Development (ARCPD) (30th Sept- 4th Oct 2013)
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- 17th ICASA 2014, Cape Town South Africa (Dec. 7th – 11th 2013)

Our Contacts

ACRONYMS

| | | |
|-----------|---|---|
| ACT | - | Artemisinin Based Combination therapies |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ANC | - | Antenatal Care |
| AONN | - | Association for Orphans and Vulnerable Children Non Governmental Organizations of Nigeria |
| ARFH | - | Association for Reproductive and Family Health |
| APIN | - | AIDS Prevention Initiative in Nigeria |
| ARH | - | Adolescent Reproductive Health |
| ASRH | - | Adolescent Sexual Reproductive Health |
| BBC WST | - | British Broadcasting Corporation World Service Trust |
| BCC | - | Behavioural Change Communication |
| CBD | - | Community Based Distribution |
| CBOs | - | Community Based Organizations |
| CHEWs | - | Community Health Extension Workers |
| CSOs | - | Civil Society Organizations |
| CTBC | - | Community TB Care program |
| Cvs | - | Community Volunteers |
| ESMPIN | - | Expanded Social Marketing Project in Nigeria |
| FCT | - | Federal Capital Territory |
| FLHE | - | Family Life and HIV /AIDS Education |
| FMoH | - | Federal Ministry of Health |
| FMWA & SD | - | Federal Ministry of Women Affairs and Social Development |
| FP | - | Family Planning |
| HCT | - | HIV Counseling and Testing |
| HIV | - | Human Immuno- deficiency Virus |
| ICAP | - | International Center for AIDS Prevention and Treatment |
| IEC | - | Information Education and Communication |
| LAPM | - | Long Acting Permanent Method |
| LGA | - | Local Government Authority |
| LGA | - | Local Government Area |
| LLINs | - | Long Lasting Insecticide Nets |

ACRONYMS *Cont'd*

| | | |
|--------|---|---|
| NGOs | - | Non Governmental Organisations |
| MARP | - | Most At Risk Population |
| MHNN | - | Men's Health Network Nigeria |
| MCP | - | Malaria Control Program |
| MNCH | - | Maternal Neonatal and Child Health |
| MTs | - | Master trainers |
| NGO | - | Non Governmental Organisation |
| NMCP | - | National Malaria Control Program |
| NSCDC | - | Nigerian Security and Civil Defense Corps |
| NTBLCP | - | National Tuberculosis and Leprosy Control Programme |
| NURHI | - | Nigerian Urban Reproductive Health Initiative |
| NYSC | - | National Youth Service Corps |
| OVC | - | Orphans and Vulnerable Children |
| PAAC | - | Project Advisory and Advocacy Committee |
| PEPFAR | - | Presidential Emergency Plan for AIDS Relief |
| PETs | - | Peer Educators Trainers |
| PNC | - | Post Natal Care |
| PR | - | Principal Recipient |
| PSI | - | Population Services International |
| PSR | - | Physicians For Social Responsibility |
| RH/FP | - | Reproductive Health/ Family Planning |
| SCiN | - | Shell Companies in Nigeria |
| SDAs | - | Service Delivery Areas |
| SFH | - | Society for Family Health |
| SMOH | - | State Ministry of Health |
| SRs | - | Sub Recipients |
| SSRs | - | Sub Sub Recipients |
| STIs | - | Sexually Transmitted Infections |
| TB | - | Tuberculosis |
| UNFPA | - | United Nations Population Fund |
| USAID | - | United States Agency for International Development |

LEADERSHIP AND MANAGEMENT TEAM

Patrons & Patroness

- | | | | |
|----|-------------------------|---|-----------|
| 1. | Chief (Mrs) Nike Akande | - | Patroness |
| 2. | Prof O.O. Akinkugbe | - | Patron |

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Management Staff

| | | | |
|-----|-------------------------|---|--|
| 1. | Professor O.A Ladipo | - | President/CEO |
| 2. | Mrs. G.E Delano | - | Vice President/ED |
| 3. | Mrs. Kehinde. Osinowo | - | Director of Programs |
| 4. | Mr. Joseph Majiyagbe | - | Director of Finance & Administration |
| 5. | Dr. Queen Ogbuji | - | Program Coordinator (TB) |
| 6. | Dr. Abiodun Hassan | - | M&E Coordinator |
| 7. | Mrs Mobolaji Olokodana | - | Program Coordinator (HIV) |
| 8. | Dr. Nihinlola Mabogunje | - | Program Manager (Malaria) |
| 9. | Dr. Felix Iwuala | - | Program Manager (OVC) |
| 10. | Dr. Adewala John Osho | - | Program Manager (TB) |
| 11. | Mr. Adeyemi Oladeji | - | Program Manager (CSS-HIV) |
| 12. | Mrs. Bukola Ehimatie | - | M&E Manager (HIV) |
| 13. | Mr. Richard Fokolade | - | M&E Manager (TB) |
| 14. | Mr. David Asonibare | - | Audit Manager |
| 15. | Mrs Olujoke Ojo | - | Finance Manager (HIV) |
| 16. | Mr. Martins Adewunmi | - | Finance Manager (TB) |
| 17. | Mr. Kennedy Amadi | - | Procurements & Logistics Specialist |
| 18. | Mrs. Yinka Akinpelu | - | Deputy Manager (HR & Administration) |
| 19. | Mr. Babatunde Adesina | - | Deputy Manager (HR & Administration) |
| 20. | Mr. Yusuf Lawal | - | Program Manager, ESMPIN |
| 21. | Dr. Sylvester Utulu | - | Deputy Director, SIDHAS |
| 22. | Mrs. Ronke Areshodeinde | - | Quality Improvement Advisor (QIA), NURHI |

INTRODUCTION

Association of Reproductive and Family Health (ARFH) is a leading Non-profit, Non-Government Organization in Nigeria. Established in 1989, ARFH has a mission that is premised on initiating, promoting and implementing in partnership with other organizations, sustainable sexual and reproductive and family health and other contemporary public health information and services for adults and young people. ARFH's philosophy rest on meeting the sexual and reproductive health needs of disadvantaged rural and urban communities through innovative low cost but quality interventions and efficient management.

Within its 24 years of existence, ARFH has successfully implemented and managed innovative reproductive health and developmental projects in all the states across the federation and within neighboring countries most of which have gained national recognition and are being replicated nationwide. Some of such innovative projects include community based distribution of family planning commodities, using volunteers, traditional birth attendants and others within the communities to generate demand for such products and services. The Life Planning Education project which is a public-private partnership, implemented among secondary schools students in five states is now being replicated nationwide as Family Life, HIV & AIDS Education. ARFH has also implemented projects building the private health sector capacity on family planning service provision in Kebbi, Gombe, Yobe, Borno, Ogun, Bauchi, Kogi, Kastina, Ondo, Edo states.

ARFH has grown under the strong and able leadership of Prof. O. A. Ladipo (*OON, FRCOG*) and Mrs. Grace Ebun Delano, both *President/CEO* and *Vice President/Executive Director* respectively. The duo is backed by a skilled, experienced and dedicated work force of 168 staff backed by the expertise of a core of highly resourceful consultants with wide range of experience in Sexual and Reproductive Health programming from different geo-political zones.

MESSAGE FROM THE EXECUTIVES



Prof O. A. Ladipo (OON FRCOG)
President/CEO



Mrs Grace E. Delano
Vice President/Executive Director

In 2013, we saw how far reaching ARFH's influence has become 24 years after it was established. The investment we have received from donors and friends continues to make a difference in people's lives in poor and underserved communities across Nigeria. Notable in 2013, **104,848** Long Lasting Insecticidal Net (LLINs) were distributed routinely in four States while a total of **589,619** children under five were treated for malaria.

Through our Youth ACCESS Project, we have strengthened the capacity of 79 health facilities in Benue, Jigawa, Katsina and Niger States to provide quality and comprehensive reproductive health services to adolescents and young people. Our strategic Global Fund supported Community System Strengthening (CSS) Project which is focused on mobilizing the people through demand generation for increased service have improved the health seeking behavior of people at the grassroots. This is evident in increased utilization of health services at project facilities with effective linkage between the community and facility components on AIDS, TB and Malaria project through improved referral system.

The major focus of measuring the success of ART programs have shifted from the number of patients initiating ART to ART adherence since the virus is highly mutable and requires a lifetime of treatment. Our Home Based Care project under the global Fund has strengthened the capacity of 210 support groups and 840 adherence supporters in providing adherence and psychosocial support to people living with HIV. The capacity building activities has enhanced the skills of the adherence supporters on provision of quality adherence, and psychosocial services, as well as increased awareness and understanding of issues of adherence and psychosocial concern.

ARFH continues its tradition of using innovative ways of distributing health commodities including family planning commodities through trained community health workers who are in traditionally conservative states as well as in peri-urban and other poor locations. In line with the Federal Government task-shifting policy, ARFH began nation-wide training of trainers for CHEWs to improve family planning uptake in Nigeria. This is a part of our contribution towards reducing maternal, newborn, neo-natal and child mortality and morbidity.

ARFH will continue to play unique roles in promoting positive health outcomes of the communities. It will remain forward looking and flexible, poised to continue

delivering the best returns of investment in the community health through innovative interventions and working together for a healthier future in Nigeria. We will continue to play complimentary roles to the larger global effort to fight AIDS, TB, Malaria and other public health diseases, but we are proud that we are making such a contribution to National development.

We wish to acknowledge the support received from both national and international organisations including the Global Fund, United Nations Population Fund (UNFPA), AIDS Preventive Initiative in Nigeria/ Presidential Emergency Plan for AIDS Relief+ (APIN/PEPFAR+), Save the Children UK, Bill and Melinda Gates Foundation, United States Agency for International Development (USAID), Federal Ministry of Health as well as other implementing partners, NGOs and CBOs, Government Agencies and other organisations who supported us in the implementation of our various projects. Indeed, the achievements of the year 2013 would not have been possible without the efforts of our committed and dedicated staff; we therefore appreciate and acknowledge their contributions. We also appreciate members of the Board of Trustees and Board of Directors for their esteemed guidance and valued inputs.

REPRODUCTIVE HEALTH PROGRAMMES

Building Leadership Support for Urban Reproductive Health

Nigeria is the most populous black nation in the world with a current population of 167 million and a growth rate of 2.55% (UN, 2011). It is estimated that Nigeria will be one of the countries responsible for most of the world's total population increase by 2050 (UNICEF, 2007). The broad base population structure of the country is not unconnected with the high fertility rate (5.7%) and poor contraceptive prevalence (10%). The focus on urban population was due to the increasing rural-urban migration which is impacting negatively on infrastructure and quality of life of the urban dwellers especially those living in the urban slums. In response, the National Policy on Population for Sustainable Development was launched. The policy recognized that population factors, social and economic development and environmental issues are irrevocably interconnected and are critical to the achievement of sustainable development in Nigeria. In spite of this policy and advances in the health sector reforms, there exist gaps between these policies, reforms and ability of government to operate these processes.

To bridge the identified gaps, Association for Reproductive and Family Health (ARFH), with support from Futures Institute, USA ARFH implemented the ***“Building leadership support for Urban Reproductive Health in six cities in Nigeria Project”*** in Ibadan, Ilorin, Kaduna, Abuja, Benin and Zaria. Through innovative advocacy that have been useful for the creation of supportive policy environment and resource mobilization, active involvement of civil society and media and effective coalition building through policy champions, the project achieved its objectives.

- In Abuja Municipal Council (AMAC), The RAPID Model, a demographic information tool that stakeholders can use to demonstrate the effect of rapid population growth on different sectors and the benefits of FP programs was presented and policy dialogue conducted among the multi-sectoral stakeholders.
- Similarly, in Bwari Council in Abuja, budget line and prompt release of funds for FP commodities for family planning was created
- In Benin city, copies of RAPID booklet were made available to the Family Planning network in the city. The network conducted advocacy to Edo State House of Assembly on the need to create a budget line for family planning
- In Zaria, community dialogue focusing on male dominated groups was used as a point of entry into the community. Also. National Union of Road Transport Workers (NURTW), Civil Defense and Road Safety were identified as major groups with male dominance for the community dialogue
- In Kaduna, child spacing was included in the state's free Maternal and child health bill.

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- Sustainability plan was initiated for all the advocacy networks. These include registration of networks, opening of bank accounts and emails, and presence in the social media.



Miss Onaolapo Olajumoke (ARFH) making a presentation entitled *“Building a Thriving City that Contributes to Nigeria’s Development and Success”* at the policy dialogue with stakeholders in AMAC, Abuja

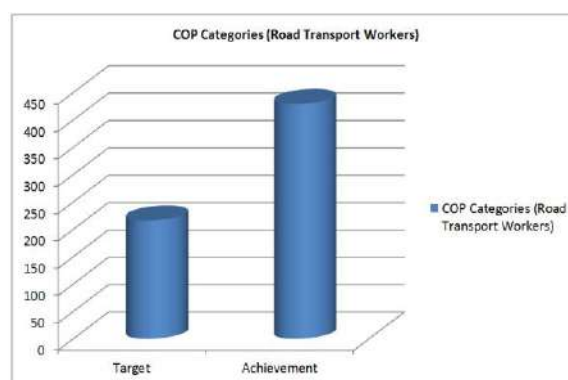
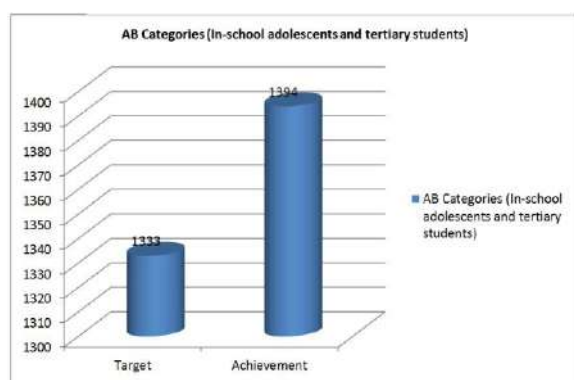
Increasing Access To Comprehensive HIV Prevention Information

In line with the Nigeria government's goal of providing universal access to HIV prevention, care and treatment to achieving Millennium Development Goal (MDG) 6 “to halt and

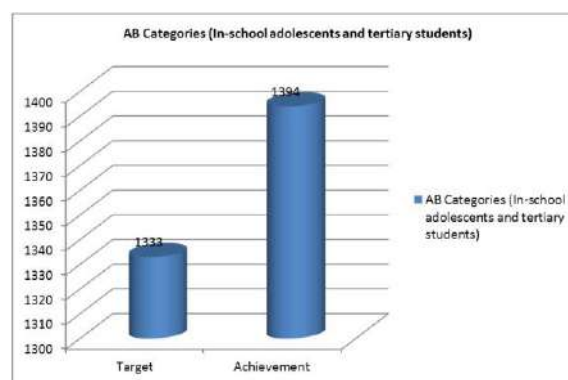
reverse the spread of HIV by 2015”, ARFH, with support from the AIDS Prevention Initiative in Nigeria (APIN) implemented a project titled ***“Increasing access to HIV Prevention Information among At-Risk Persons in Oyo State”***. The project aims at achieving behavior change that will curb the spread of HIV thereby preventing and reducing the incidence of new infections and disease among at risk persons in Oyo State.

Institutions that had not been reached with HIV prevention programs were selected for both Abstinence/Be-Faithful (AB) and Condom and Other Prevention (COP) components including Nigeria Police Force (NPF), Federal Road Safety Corps (FRSC), National Union of Road Transport Workers (NURTW), Youth wing of Federation of Muslim Women Association in Nigeria (FOWAN) and Feeder Team Shooting Stars of

Ibadan. The project advanced the adoption of risk reduction behaviors by reaching 429 members of NURTW and 306 Most at Risk Persons (MARPS) including officials of Nigeria Police Force (NPF) and Federal Road Safety Corps personnel, intravenous Drug Users and Female Sex Workers with Condom and Other Preventive messages. HIV Counseling and Testing services were provided to 5383 individuals.



Shooting Star Feeder-team Out for HIV Prevention Education Programme



Strengthening Providers' Competences for Quality and Sustainable Family Planning Service Provision

As a core partner on the Nigerian Urban Reproductive Health Initiative (NURHI) project, We are working with other partners to strengthen family planning services from both the supply and demand sides in selected urban areas in Nigeria (Ibadan, FCT, Kaduna and Ilorin), working to eliminate the supply and demand barriers to contraceptives use in order to increase the contraceptives prevalence rate (CPR) by twenty percent point in project sites. We have enhanced the capacity of clinical and non-clinical service

providers to update knowledge and skills in family planning services, continued supportive supervision of providers and engagement with members of Family Planning Providers' Network (FPPN) to improve referrals.

In addition our team conducted and/or provided oversight in various quality improvement activities across projects and facilities in Abuja, Ibadan, Ilorin, Kaduna, Benin and Zaria. Most critical was the completion of training of 439 clinical FP providers from public and private Family planning providers, FP Contraceptives Logistics management Training (CLMS) for 144 Nurse/midwives from Abuja, Ibadan, Ilorin, Kaduna, Benin and Zaria with an improved CLMS data collection and more



Training of Family Planning Service Providers

The Female Condom Advocacy Project: Scaling up Female Condom Programming as an Integral part of Family Planning Programming in Nigeria

In Nigeria, reproductive ill health have been a great concern to many stakeholders as maternal mortality and morbidity are very high compared to many countries in the developed world. Also reproductive health knowledge and access to quality of care maternal health services in Nigeria are poor with significant health consequences. Family planning is of benefit to everyone (women, children, families). Specifically, it protects women from unwanted pregnancies, thereby saving them from high risk pregnancies or unsafe abortions. It is common knowledge that most family programs have access to contraceptives as a key component. Unfortunately however, most times when the condom is presented as a contraceptive option, the emphasis is usually on the male condom. One of the 13 'over looked' life-saving commodities is Female Condom which is a power tool to empower women with

partners unwilling to use condom, protecting her against unwanted pregnancy and sexually transmitted diseases. In October 2013, in collobation with the Federal Ministry of Health, ARFH successfully launched the Female Condom Advocacy Project with the aim of scaling up Female Condom programming as an integral part of family planning programming in Nigeria. Working with Education As Vaccine (EVA) and with financial support from Rutger WPF of Netherlands, The Project works to achieve following objectives; improve the knowledge and understanding of key national level decision and policy makers on reproductive health and rights issues of women, initiate and drive advocacy efforts to bring to the front burner of discussions, the need to scale-up female condom programming in Nigeria and to build a high power advocacy group that would drive the process of acceptance of female condom. Other collaborative partners include Society for Family Health (SFH), Oxfam in Nigeria, UNFPA. A high powered Female Condom Champions were identified and inaugurated in Sept 2013.



female
CONDOMS 4All
UAFC
joint programme





A Cross-section of High Powered Female Condom Advocacy Champions

Improving Youth Reproductive Health in Northern Nigeria

Young people in Nigeria need basic information about sexuality and reproduction. They also need to learn how to protect their reproductive health. The *Project Improving Youth Reproductive Health in Northern Nigeria Project (Y-ACCESS)* is in its second year remained focused on its pursuit towards strengthening the capacity of health service outlets to provide quality and comprehensive reproductive health services to adolescents and young people and improved knowledge and skills of adolescents and young people, to access reproductive health information and services across northern Nigeria.

Implemented in four northern states of Nigeria; Benue, Jigawa, Katsina and Niger in partnership with Education as a Vaccine (EVA) and Society for Women Development and Empowerment of Nigeria (SWODEN), the project team conducted youth-led quality assessment and selection of health service outlets (private, public and pharmacies) to serve as youth-friendly health service delivery sites and successfully carried out capacity assessment of 79 health facilities for youth friendly health service delivery in the 4 project states. Through funding from the project, 192 health service providers were trained on adolescent and youth friendly health service provision and the use mobile phones to provide SRH information, and refer out-of-school youth and married adolescent girls to facilities to access service.



Participants Making A Presentation During the Training of Health Service Providers on Adolescent and Youth Friendly Service Provision in Rimi LGA, Katsina State

Improving Reproductive Health Service Delivery Through Innovation In Community Based Reproductive Health Services



Mrs Idowu, ARFH's Community Health Officer, Providing FP Information and Services to a Market Woman in Oje Market in Ibadan, South-Western Nigeria.

ARFH's Community-based Mobile reproductive health Service (keke-ARFH) Project in Ibadan brings reproductive health including family planning information and methods to the people rather than requiring them to visit health facilities. This community-based mobile health outreach is an extension of activities ongoing in ARFH's clinic located in Ibadan. The goal of the program is to increase access to reproductive health services including family planning methods thereby increasing contraceptive prevalence rate among the people in the communities. Using our trained community health worker, we have provided over 13,639 Family Planning commodities in addition to health related IEC material in Ibadan, South West Nigeria

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This is a solution to the human resource challenges of health care systems in Nigeria. With mobile services, a team of health care providers travels from a health facility to a community to offer reproductive health including family planning services and methods in areas where services are limited or do not exist. Clients are counseled generally on reproductive health issues bothering them and non-prescriptive services are provided based on the need of the client while referrals are made for the prescriptive services when available on the field which is provided by the clinic staff or referrals are made to the clinic.

With support from TY Danjuma Foundation, ARFH implemented a community driven

intervention to address the reproductive health needs of rural dwellers in two selected local government areas of Taraba state, North Eastern Nigeria (Takum and Ibi) of Taraba state through strengthening of the Primary Health Centers (PHCs) and use of various cadres of community health workers to provide quality services to community members. Specific areas of focus include increasing access to family planning; antenatal care (ANC), safe delivery and post natal care (PNC) services; and increasing access to treatment of STIs, HIV prevention information, HCT services, and Adolescent Reproductive Health (ARH) information and services.



Community Outreach Event in Taraba State

Expanding Access to Child Spacing and child Survival in Nigeria through the private Sector Market: ESMPIN Project

ARFH is one of the implementing partners on *Expanded Social Marketing Project in Nigeria (ESMPIN)*. ARFH is implementing the Community Based Distribution of Child Spacing commodities and other Child Survival products in four North West States namely Katsina, Jigawa, Zamfara and Kebbi States. The ESMPIN Project is improving the health of women and children in Nigeria primarily by increasing the use of child spacing methods and through increasing use of child health products and thus reducing maternal and child morbidity and mortality using social marketing approach and Community-Based Distribution strategy. The Community-Based Distribution (CBD) component that Association for Reproductive and Family Health is bringing to the table, messages, commodities and services are delivered to the poor and vulnerable populace in remotest areas through trusted Community Based Distribution Agents (CBDAs). By bringing the services to the last miles, the project's expanding and improving knowledge of, access to, availability of and

effective and sustained use of Child Spacing and other. In the four States, the project is advancing in delivery of life-saving maternal and neonatal health products and in providing health messages that is enhancing and promoting health seeking behavior among the rural communities.

Significant achievement recorded include 540 CBDAs from 17 LGAs (5 each from Kebbi, Katsina and Jigawa with 3 from Zamfara State). These agents were identified, selected according to set criteria in consultation with the community leaders, trained and kitted with products to move around. IPC was introduced during the training (second quarter) that yielded a positive result. In addition to that, commodities especially combination 3 was double and buffer stock provided to address stock out. Monitoring of activities by WDC/ POs/SPOs was intensified. In addition, quarterly monitoring and supervision was done by M&E officer and Project Manager.



Strengthening Integrated Delivery of HIV/AIDS Services: SIDHAS Project

Association for Reproductive and Family Health is part of the FHI 360 led consortium implementing the community based programs of the Strengthening Integrated Delivery of HIV and AIDS Service (SIDHAS) Project funded by USAID in Edo, Akwa Ibom and Rivers States focusing on three component; Reproductive Health/HIV Integration, TB/HIV integration, Care and Support to Vulnerable Children (VC)). ARFH takes responsibilities for all the community activities that incorporate the three components in a family focused and sustainable manner.

The SIDHAS project is integrating prevention within care and treatment and support for PLHIV in other to optimize their own health. Through SIDHAS, ARFH is working to integrates training in RH/HIV,

TB/HIV, malaria in pregnancy and gender issues into standard ART and PMTCT training packages. Facilities providing PMTCT and ART services at the minimum package are being supported to provide an integrated package of RH/HIV, TB-HIV, MIP and PHDP with the Chronic Care Checklist. Comprehensive referral networks at the LGA level has strengthened the continuum of care by linking a wide range of facility- and community based services to meet the multifaceted needs of PLHIV, OVC, families/households and caregivers.

Working with three umbrella CBOs (David Bassey Ikpeme Foundation-Rivers, Society for Community Development - Edo, and AIDS Care Manager – Akwa Ibom), ARFH is working to deliver on the three key results areas and with eighteen performance indicators for activities 2013. In spite of the daunting challenges ARFH has acquitted itself well by achieving overall 93% of her

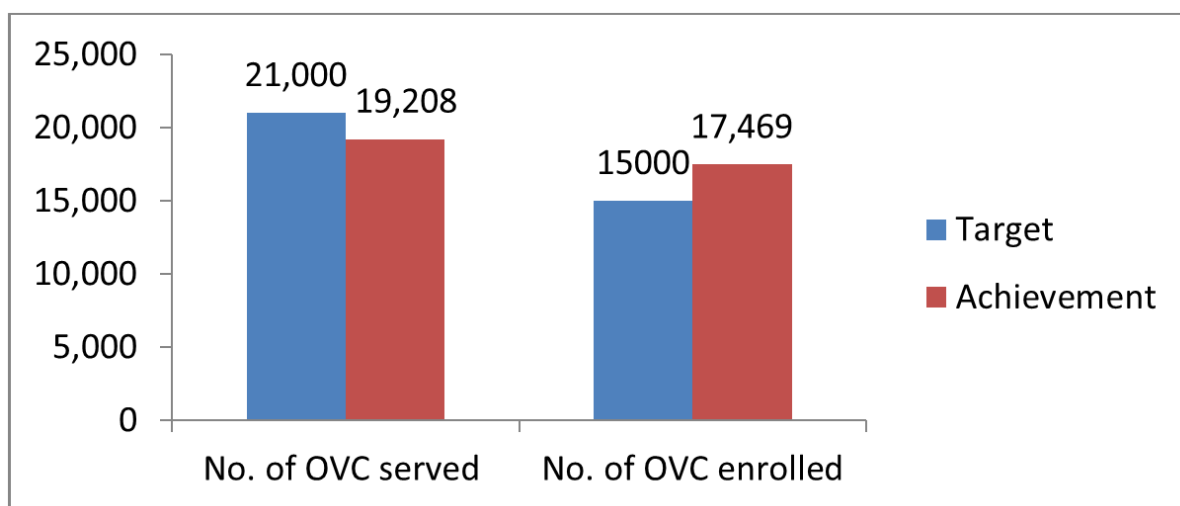
targets. This has formed our take off point on solid foundation for quality service delivery in FY3.

TABLE I: FY2 ACHIEVEMENT

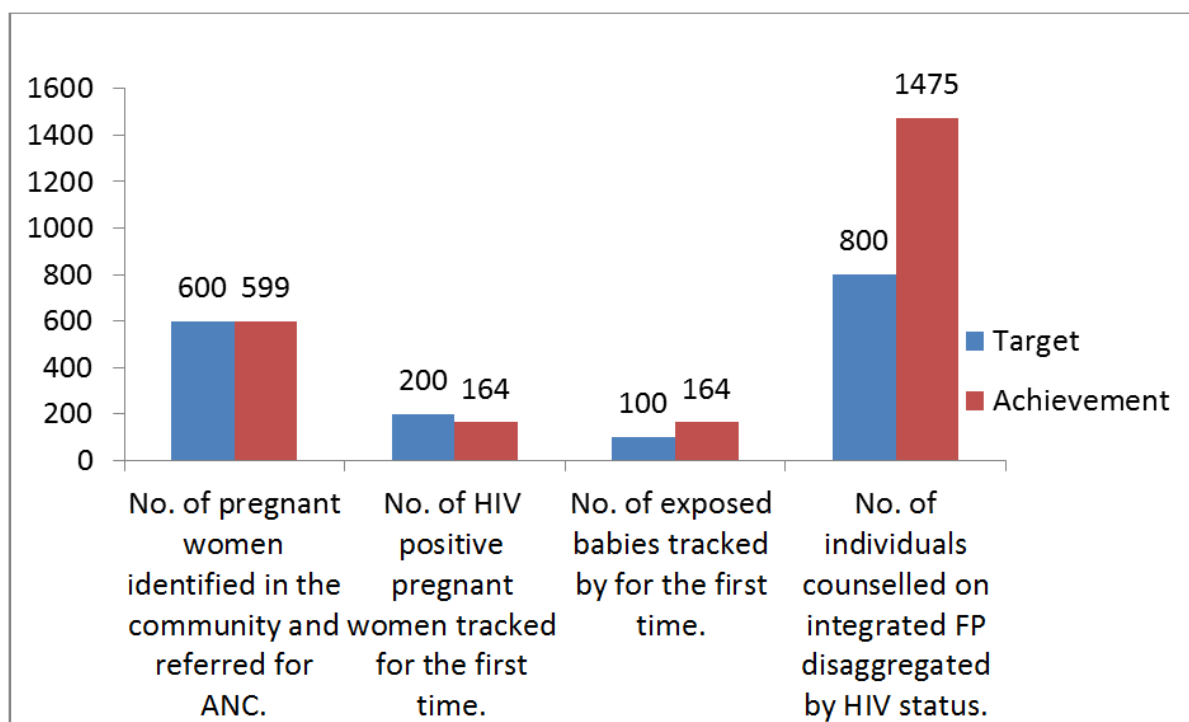
| S/No | Indicator | Targets for FY13 | Achievements for the Quarter July-Sept 13 | Achievements for FY2 | % Achievement FY2 |
|------|--|------------------|---|----------------------|-------------------|
| 1. | No. of OVC enrolled | 15,000 | 11,083 | 17,469 | 116 |
| 2. | No. of OVC served | 21,000 | 12,365 | 19,208 | 91 |
| 3. | No. of individuals referred for PEP by CVs and PEs. | 132 | 10 | 11 | 8 |
| 4. | No. of blood units collected and linked to HLP-BS sites through CBO-efforts | 30 | 0 | 85 | 283 |
| 5. | No. of Out of School Youths reached with minimum HIV prevention package of intervention. | 500 | 439 | 704 | 141 |
| 6. | No. of FSWs reached with minimum prevention package. | 1200 | 633 | 923 | 77 |
| 7. | No. of MARPs counseled, tested and received results | 1900 | 995 | 1996 | 105 |

GRAPHS OF ACHIEVEMENT VS TARGET 2013

1. OVC



2. PMTCT





Distribution of BCK at Auchi



Distribution of BCK at Onoshoagbe Auchi



Health Worker Facilitating speaking at a SIDHAS supported Support Group Meeting

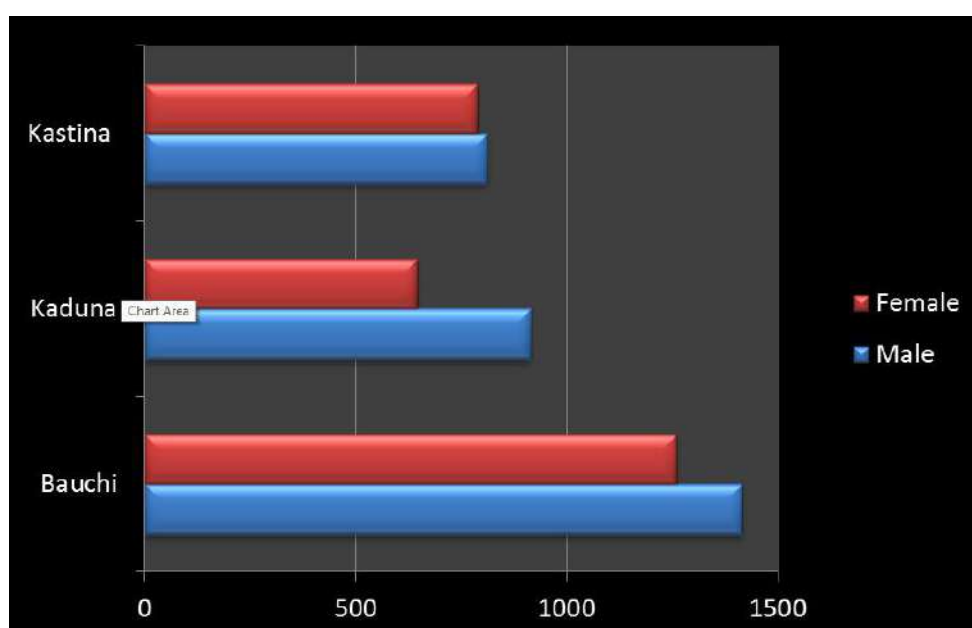
GIRL CHILD EDUCATION PROGRAMMES

Transforming Girls' Education In Nigeria

The Education for All Global Monitoring Report (EFA GMR) indicates that Nigeria is home to the largest number of out-of-school children. Percentage of Nigerian children aged 6 – 16 who have never attended school is 31% nationally, 52% in north west, while states like Bauchi, Yobe, Sokoto, Zamfara and Borno States have as much as 52%, 58%, 66% 68% and 72% respectively.

Transforming Education for Girls in Nigeria had a mandate to contribute to improving the quality of education in Nigeria through promoting access to girls child education, quality teaching, sustainable school management and funding. We focused on girls because of the exclusion suffered by many girls across Northern Nigeria. Together with HSBC's support, we have built on our existing programme in Bauchi, Kaduna and Katsina states. Working in partnership with HSBC Africa and complementing our existing programme in these areas, we aimed to give 12,720 children improved access to a quality basic education or vocational skills.

Together we enrolled to school 5,831 (*3139 male, 2722 female*) [Bauchi - 2674 (*1415 m, 1259 f*); Kaduna - 1558 (*913 m, 645 f*); Katsina - 1599 (*811 m, 788 f*) (4977 were enrolled in the period July – Dec 2013)] out-of-school children through continued meeting with School Parents Teachers Associations/Child protection Committees (PTAs/CPCs) and the community leaderships.



No. of Children Enrolled Back to School (July - December 2013)

Trained 42 (with 24; 12m, 12f; trained in the period July–Dec 2013) older children on child protection, safeguarding policies and coaching to be able to support younger children in their communities during the holiday, and their lessons as mentors to younger children who have already been identified as vulnerable, especially girls in need of additional support to improve their performance in school.

Trained 1453 (with 674 trained in the period July-Dec 2013) parents and caregivers on savings, loans and other financial services. Since the beginning of the project, 1528 parents and caregivers have been supported with loans in this period, 740 parents have been trained on savings, loans and other financial services. These parents are now accessing loans from 92 savings groups established to carry out small-scale trading

activities in their communities to increase their income.

We renovated and constructed 11 blocks of classrooms ranging from two to four class rooms across nine schools and constructed 42 toilets in five schools; Renovated three and constructed two water points in five schools, including boreholes, overhead tanks and laying pipes to connect water from the tanks to the toilets. Through the project, 1900 three-seated desks were distributed to thirteen schools so children can learn in a safe and comfortable environment

736 (with 311 in this reporting period) young people were enrolled and have completed various vocational courses. They are now able to earn an income to support themselves, their families and their school-aged siblings to continue at school.



A Renovated Toilets and Protected Drainage During the Hand-over Ceremony at Dr. Kabir Usman Primary School, Katsina State

ORPHAN AND VULNERABLE CHILDREN (OVC)

Links For Children Project

Links for Children (LFC), is a five year project funded by the USAID, managed by Save the Children International (SCI) is being implemented in three states in northern Nigeria with the goal to expanding access to treatment services, care, and support for children infected and affected by HIV and AIDS using a proven community-based approach, while building the capacity of indigenous organizations to enable children and families to continue to access such services in an effective and sustainable manner. The project's core strategies include: building and promoting replicable service delivery models, a household and 'whole community' approach; local partners, child focus and child participation and gender equity.

to ensure that policies, strategies, and action plans for care and protection of orphans and vulnerable children have been strengthened at sub-national levels

In providing comprehensive and quality care to VC in Katsina, 3,038 children were provided with comprehensive services in Health, education shelter and care, nutrition, psychosocial, protection and economic strengthening.

Furthermore, through the project ARFH has been working with the relevant government agencies to strengthen policies and strategies for OVC programs in the states so that any other agency that will come into the states to implement VC project must follow the blue print as laid down by the National priority agenda for OVC. Some of the activities conducted includes submission of monthly data to the Local government desk officer OVC, monthly coordination meetings with the government agencies, training and retraining of the officials on child protection, NOMIS/M&E tools, village savings and loan scheme, child safeguarding policy and working towards the domestication of the Child rights Bill in the state of which it has passed through the first and the second reading in the house of assembly.

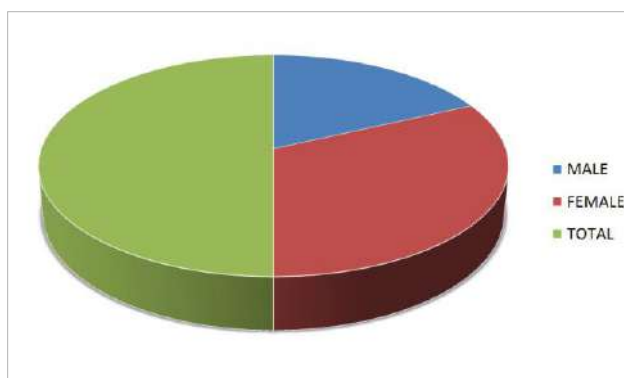


Chart Showing
Services Rendered
to VC 2013



Sani Sadiq is a 14 year old boy from a family of 14 and lives in Kofar Marusa community of Katsina State. Sani was among the young people that were trained in vocational skills.

After the training, Sani started his small marketing business with N200 selling shampoo, liquid soap, Vaseline and room fresheners. This motivated his elder brother who supported him with N500 which he invested in the business and got a profit of N300. He continued and was able to save N3, 000. From his

business, Sani bought a bicycle which helps him to be in school on time. He said the days of late coming to school are over for him. He also goes to market to buy his business items with the bicycle, as well as run errands at home.

Today Sani is a retailer and also a wholesaler, people now patronize him and buy in large quantity at a discount. He sells N100 at wholesale price and N130 at retail price. Sani is now an instructor, where he teaches his younger ones and solves some of his problem like buying of clothes and school books without necessarily involving his parent. *"I feel important in my family because I assist my parent and myself"*.



THE GLOBAL FUND PROJECT

The Global Fund to fight AIDS, Tuberculosis and Malaria continued work with ARFH on the round 9 HIV and Tuberculosis grant while we remain a sub-recipient on the Malaria grant

THE GLOBAL FUND HIV PROJECT

Mobilizing the people through demand generation for increased service uptake – Community System Strengthening (CSS) Project

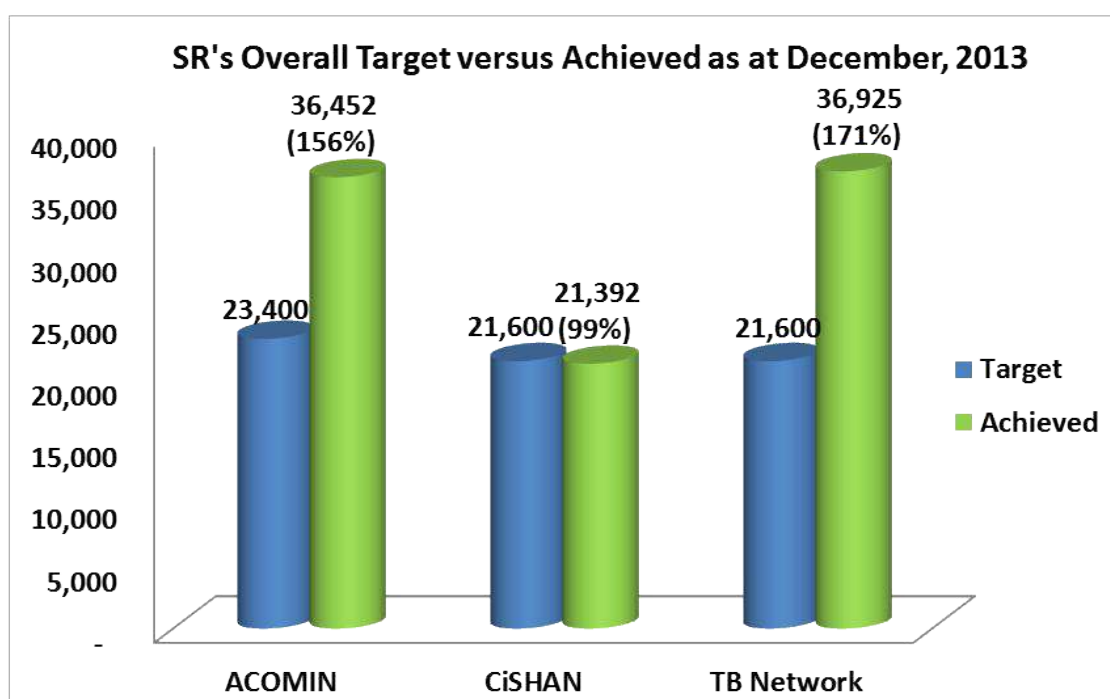
HIV & AIDS, Tuberculosis and Malaria (ATM) are among the major diseases responsible for the burden of morbidity and mortality in Nigeria. However, the civil society has been a major force in the multi sectorial approach in fighting AIDs, Tuberculosis and Malaria in the country through enlightenment of Nigerians especially those at the grass root. Nigerian Civil Society Organizations are contributing to reduction in the spread of these infectious diseases and stigma as well as discrimination that go with them. The CSOs also provide care and support to people affected especially by TB and HIV



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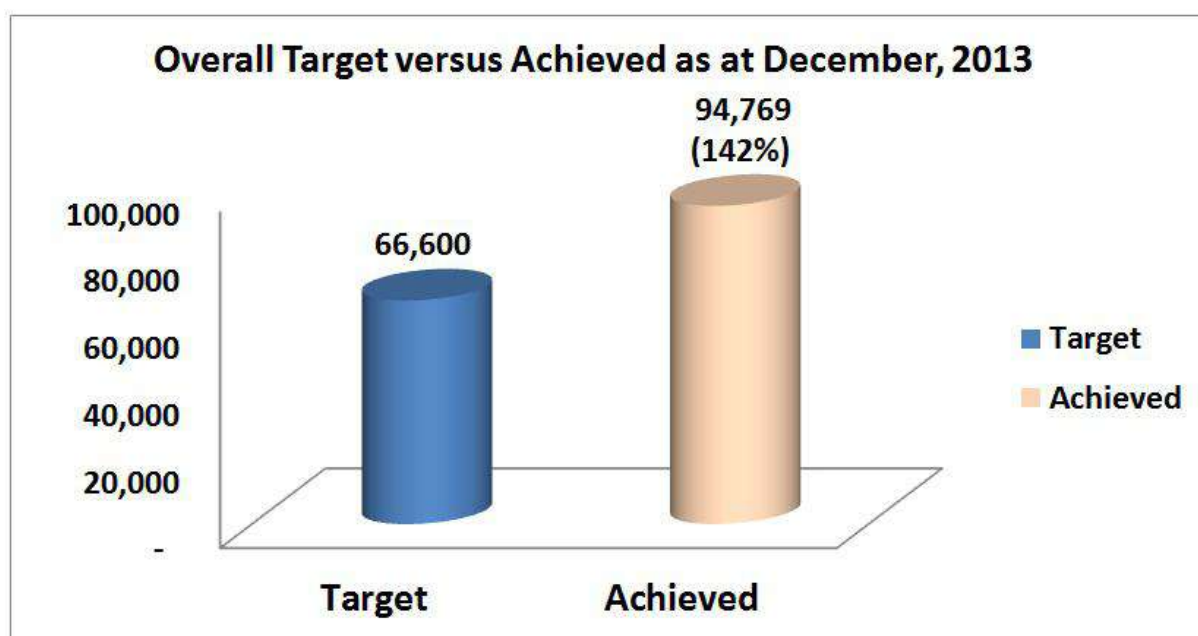
(CiSHAN) and Civil Society for the Eradication of Tuberculosis in Nigeria (TBNetwork) as sub recipients, we have engaged and empowered 370 Community Based Organizations across the three networks (Ten in each state including the FCT) to work with selected facilities providing the ATM services through demand generation of activities for services and follow up of clients. Each of the CBOs provides a certain number of referrals for the three diseases.

The three networks have made significant achievements especially in the area of improving the health seeking behaviour of people in rural communities. This is evident in increased utilization of health services at project facilities. A major achievement of this project is seen in the strengthening of the programmatic and financial capacities of the three network organizations we have engaged. This has hence their effectiveness and sustainability beyond the funding period.



We recorded remarkable and effective linkage between the community and facility components through improved referral system. Players in the facility component now participate in the community coordination meetings and vice-versa. This is seen as a positive development (in stigma reduction) as challenges are jointly discussed and common solutions proffered. Through

various capacities building exercise which include; trainings, regular oversight visits, provision of implementation guidelines and standard operational procedure we have recorded an enhanced capacity in programme and financial management. Our quantitative achievement is shown in the chart below:



Community actors meeting with Facility Head to address barriers to access to AIDS, TB and Malaria services at the General Hospital Tse-Agbaragba, Konshisha, LGA, Benue State



Group Photography of Participants at HIV/GF Review Meeting

Scaling Up Gender-sensitive HIV/AIDS Prevention, Treatment, And Care For People Living With HIV/AIDS Through Treatment Adherence And Home Based Care (HBC)

The major focus of measuring the success of ART programs have shifted from the number of patients initiating ART to ART adherence since the virus is highly mutable and requires a lifetime of treatment. The importance of adherence can never be over emphasized. Studies have shown that greater than 95% adherence to ART is needed to achieve virologic success. Failure to achieve high levels of client adherence in ART programs will lead to an increase in the rates of

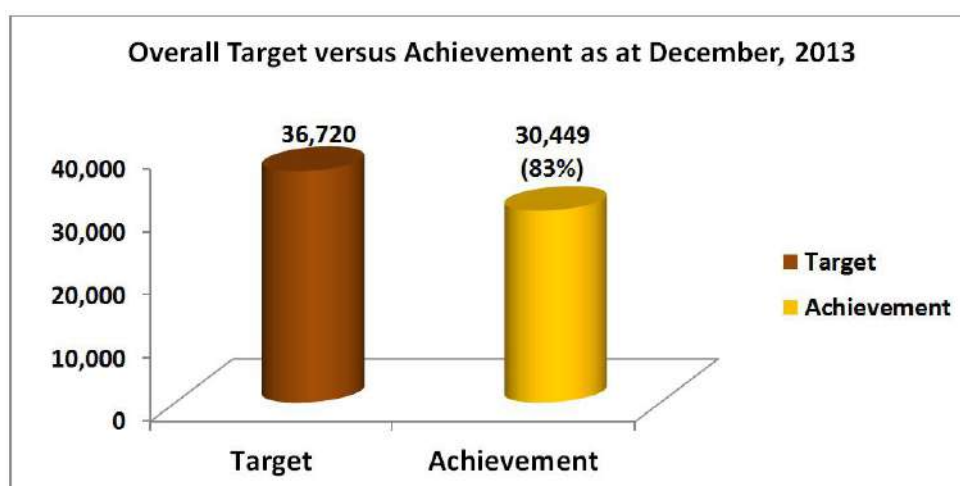
treatment failure and an increase in demand for second-line treatment, which is currently more expensive than first-line treatment. Adherence and psychosocial support forms an integral part of our comprehensive continuum of prevention, care, treatment, and support services provided to clients, in collaboration with Support Groups of PLHIV. ARFH is implementing the SDA in partnership with two SRs in 21 high HIV burden States. The Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) is implementing this SDA in 16 States (Abia, Akwa-Ibom, Anambra, Bayelsa, Edo, Ebonyi, Kogi, Delta, Enugu, Lagos, Borno, Taraba, Rivers, Cross Rivers, Nasarawa and FCT) while the Civil Society for HIV/AIDS in Nigeria (CiSHAN) is responsible for the implementation in 5 States (Benue, Gombe, Kano, Kaduna and Plateau).

Though this project we have strengthened the capacity of **210** support groups and **840** adherence supporters in providing adherence and psychosocial support to people living with HIV, The capacity building activities was aimed at enhancing the skills of the adherence supporters on provision of quality adherence and psychosocial services. This led to an increase in awareness and understanding of issues of adherence and psychosocial concern. The adherence supporters are now able to conduct effective adherence counseling sessions which will educate the PLHIVs on: Health beliefs, Dynamics of HIV infection, Names of Medications, Reasons for dosing requirements, Potential side-effects, Techniques to manage side-effects and Consequences of missed doses. The project has been able to review and produce Adherence manual and user guidelines to guide the activities of the adherence supporters, the manuals and user guidelines have been distributed to the end users. The documents were reviewed with the involvement of key stakeholders responsible for implementing HBC/Adherence program

in-country.

Supported the conduct of Community Dialogue Meeting for stigma reduction:

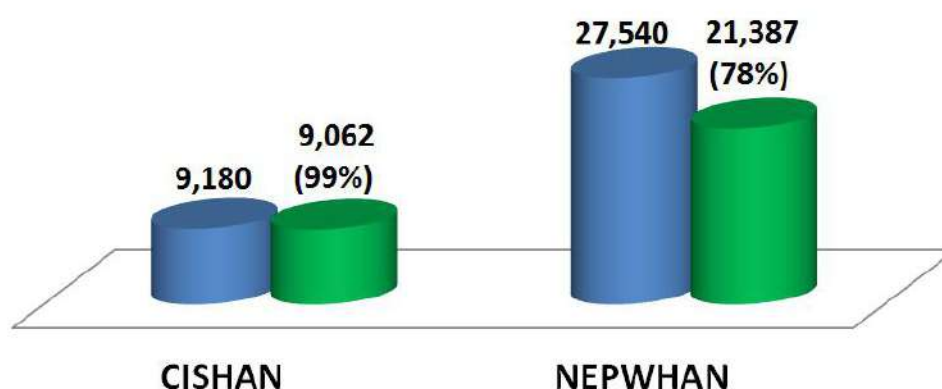
The project has provided an avenue for support groups to interact with the community leaders and key gate keepers in form of community dialogue meetings to sensitize them on the need to give support and address issues on community based stigma and discrimination which has been identified as barrier to adherence to treatment. During these meetings, the support groups discussed with the community leaders on the need and importance of regular support to PLHIV which is expected to increase willingness to uptake HCT and treatment. The project has built capacity of support groups to conduct defaulter tracking and to follow-up on new and existing clients. This activity has had remarkable impact on the HIV treatment at the facilities as clients that had defaulted have returned to treatment/clinic refill; and one of the critical issues being addressed with this activity is tracking clients who miss clinic appointments due to one reason or the other.



As at the end of December 2013, **30,449** clients have been provided with adherence and psychosocial support as against **36,720** clients (achievement of **83%**)

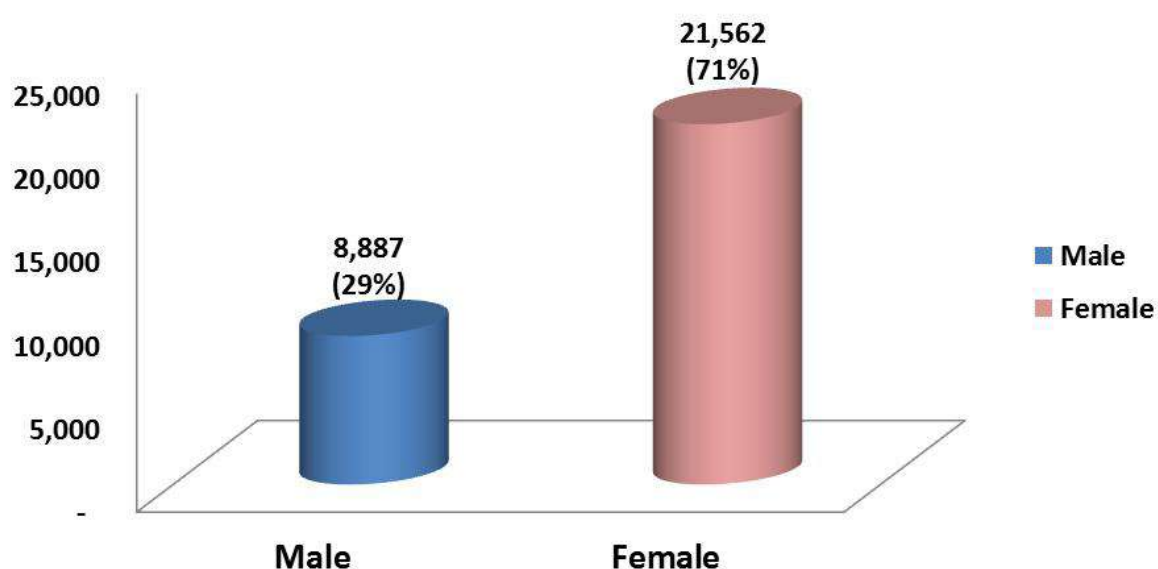
SR's Target versus Achievement of PLHIV Provided with Adherence support service as December, 2013

■ Target ■ Achievement as at December, 2013

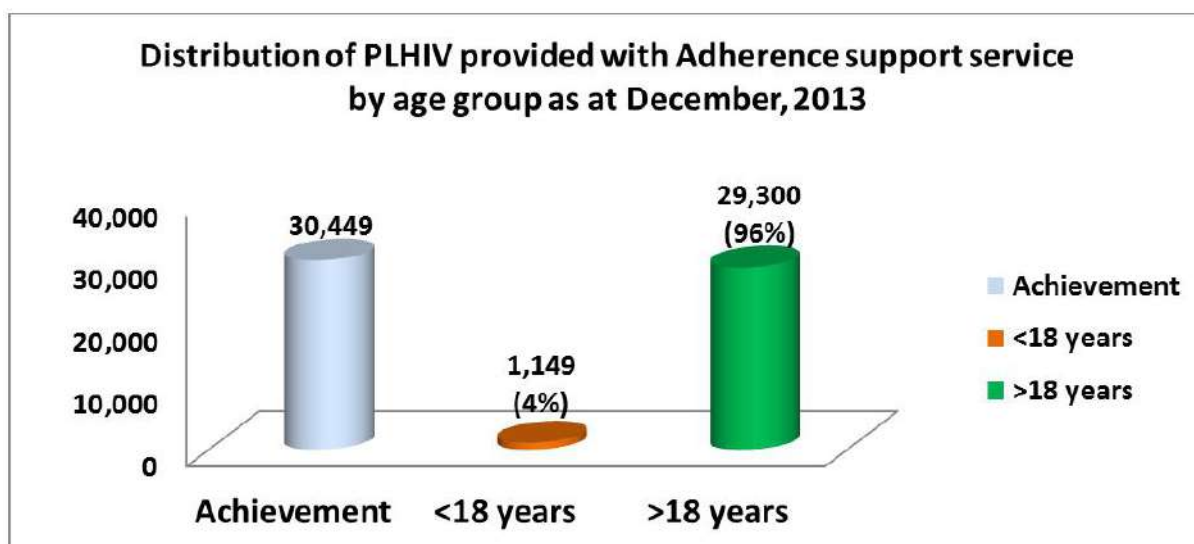


This Chart shows the Target vs Achievement on Number of PLHIV Receiving Adherence Support.

Distribution of PLHIV provided with Adherence support service by gender as at December, 2013



The chart below shows the distribution of PLHIV Receiving Adherence Support by gender as at December, 2013. In all, less than one-third (29%) males and more than two-third (71%) PLHIV females were receiving Adherence Support during the period under review.



GF, ARFH and SRs visit to Primary Health Care Clinic Gbagalape, Abuja - FCT

To Scale-up Gender Sensitive Care and Support for Orphans and Vulnerable Children (OVC)

When there is an outbreak of any disease, children are among the most vulnerable to its negative impacts. Not only are they at risk of illness themselves, but they are also among the first to suffer when their parents are infected. Increasingly, particularly in Africa regrettably, children sometimes find themselves becoming heads of the households. Robbed of their childhood, they are forced to take on responsibilities that require a level of maturity beyond their years. Children in this position are often unable to attend school because they are responsible for caring for surviving family members, and often live in dangerous circumstances without protection. Instead they take on the role of primary-care provider for sick parents and younger siblings.

Nigeria has one of the largest populations of vulnerable children in the world – approximately 17 million out of a total population of 69 million children under 18 years. The 2010 UNAIDS reports on the global AIDS epidemic study has reported that 2.5 million children in Nigeria were orphaned



as a result of HIV/AIDS and as part of the national effort to address the above challenges, Association for Reproductive and Family Health (**ARFH**) is partnering with Association for OVC NGOs in Nigeria (**AONN**), Civil Society for HIV and AIDS in Nigeria (**CiSHAN**) and Federal Ministry of Women Affairs and Social Development (**FMWASD**) with support from the Global

Fund to intervene in 12 states of Nigeria on the OVC component.

As part of the broad program management strategy and in response to the need to strengthen Community Based Organization and community response to the

plight of OVCs, 36 CBOs are engaged at the ratio of 3 CBOs per state in 12 high burden states to implement the OVC SDA. These states include Abia, Anambra, Bayelsa, Akwa Ibom, Ogun, Lagos, Benue, Bauchi, Gombe, Kano, Kaduna and the FCT.

There has been a paradigm shift in programming for OVC globally as a result of research and evidence based best practice, emphasis is now placed on building the social welfare systems at every level and using strategies that demonstrate value for money. The Global Fund OVC grant in Nigeria has made efforts to align the II phase of the OVC grant with these new developments.

Outcome of the program in the results areas:

Mobilized and Strengthened CBOs/ Communities to Identify, Locate, and Protect OVCs and provide both immediate and long-term socioeconomic assistance to vulnerable households:

The project identified 36 Community Based Organizations and enhanced their capacity on quality service delivery for vulnerable children especially those made vulnerable by HIV/AIDS, Community involvement in OVC programming, Gender mainstreaming, strategic Advocacy and sustainability in OVC programming, Linkages and Referrals in programming for OVC. The project also established 36 Child Protection Committees (CPC) in the project communities. The capacity of the CPC was strengthened in resource mobilization, provision of some forms of psychosocial and child protection support and promoting community ownership and sustainability.

Supported the government to develop policies and enhanced their technical capacity in the response to OVC burden in the country:

The project is currently supporting the government to develop a national advocacy tool for OVC and actively participated in the development of the National Priority Agenda for OVC. The capacity of the Federal and State ministries of Women Affairs and Social Development who are responsible for coordinating OVC response at both federal and state level was enhanced in project management, coordination and programming for OVC.

Increased access of OVC to core services including education, vocational training, prevention, treatment, psychosocial support, nutrition, birth registration, PSS and other resources:

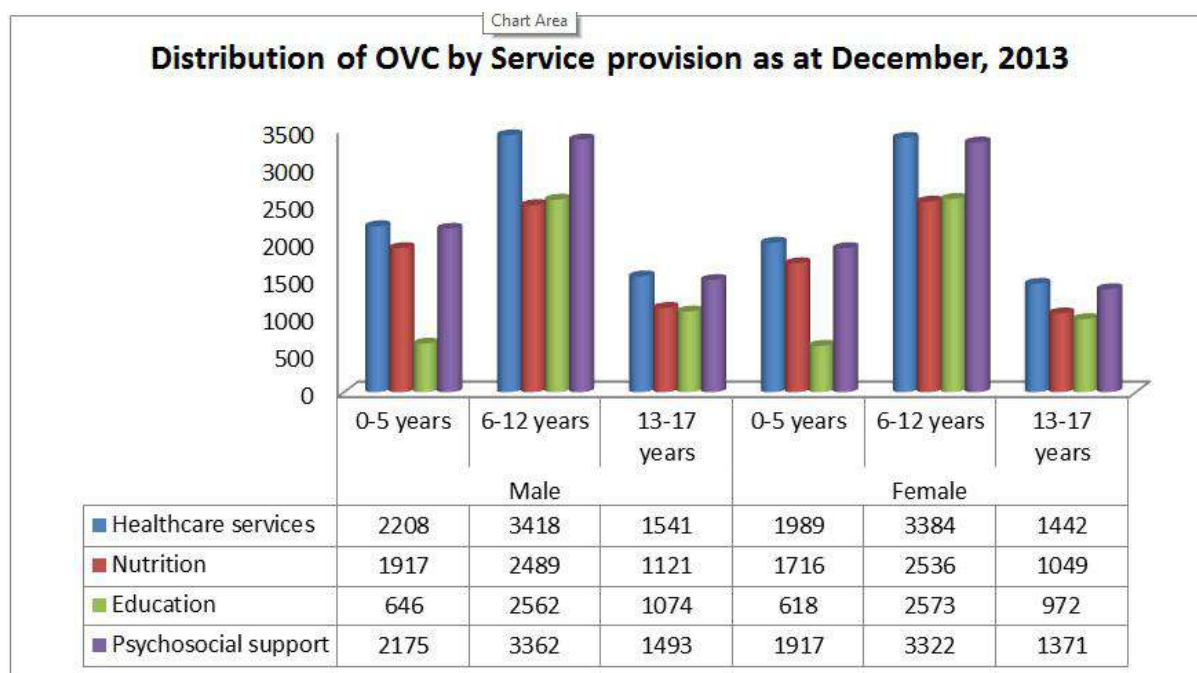
As at the end of December 2013, **14,868 OVCs** have been provided with at least a minimum of one service against the 15,000 target (achievement of 99%).



The preceding chart (*see previous page*) shows the number of VC provided with integrated social service. Out of the set target of 15,000 VC for the year 2013, the program was able to cumulatively achieve 14,868 VC (90%) as at Dec 2013. Based on the accelerated plan set for all the CBOs on the program, it is envisaged and projected that there is a tendency to exceed the target

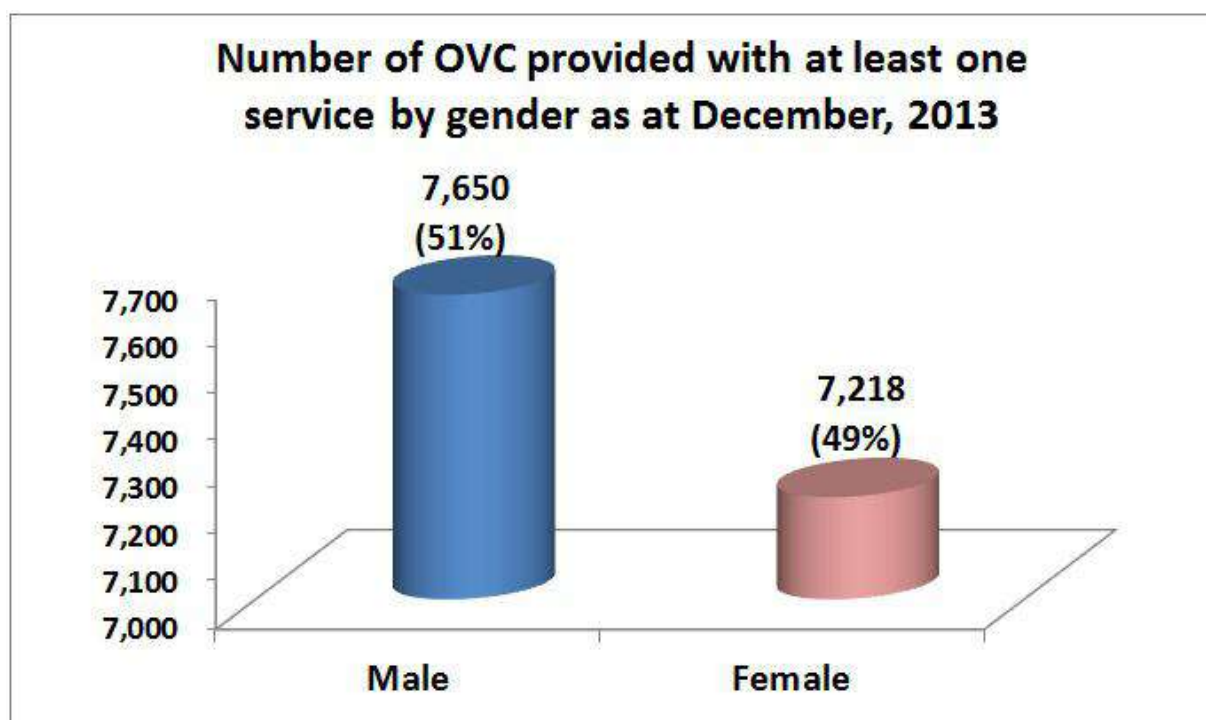
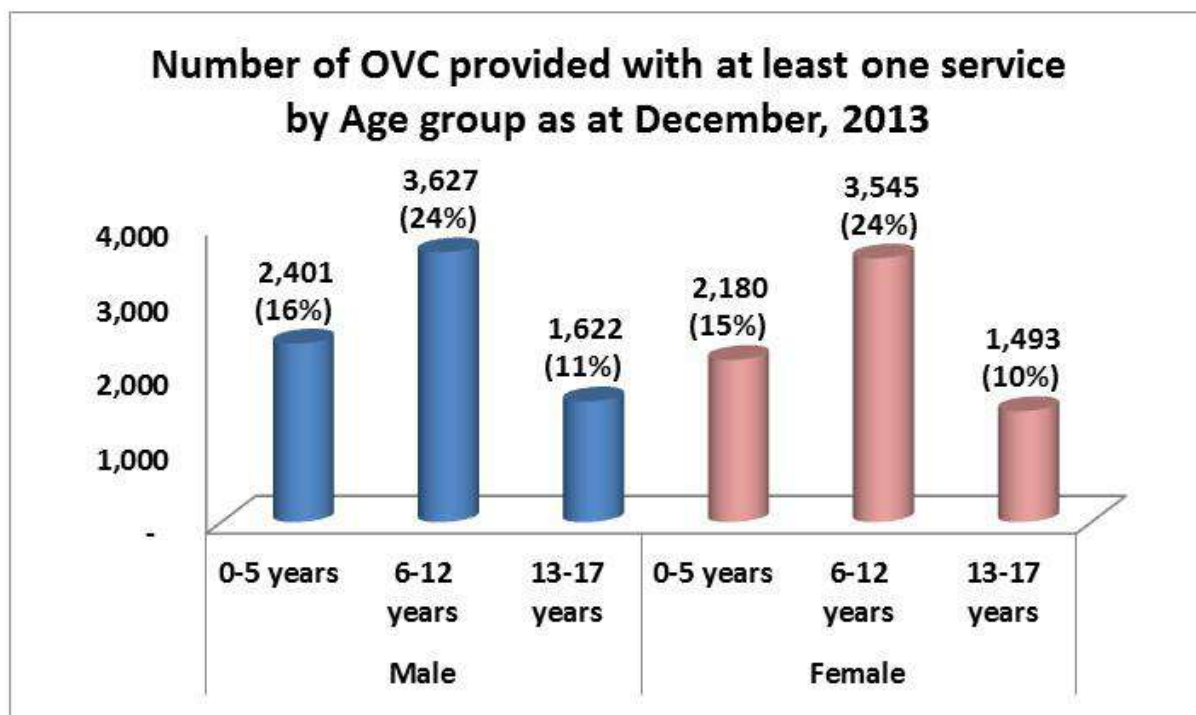
before the close of quarter 4

Out of 14,868 VC provided with integrated services, males constituted the substantial proportion with 51% while the female counterpart was put at 49%. This simply translates to mean that male children were provided with services more than their female counterpart.



The charts which follows (*next page*) shows the distribution of VC across age groups. The proportion of children provided with

integrated services was more at 6-12 years for both genders with male (51.7%) and female (49%).





A Caregiver demonstrating how to prepare Action Meal, a nutritional supplement for children in Gui community in FCT.



The ARFH Team paying an Advocacy visit to the Community Leader in Gui Community where the Global Fund is supporting 121 vulnerable children.

GLOBAL FUND TUBERCULOSIS PROJECT

ARFH as the Principal Recipient (PR) of the Global Fund Tuberculosis grant has been working in collaboration with its sub-recipients (SRs) namely the National TB and Leprosy Control Program (NTBLCP), the ILEP partners (Netherlands Leprosy Relief (NLR), The Leprosy Mission Nigeria (TLMN), Damien Foundation Belgium (DFB), German Leprosy and TB Relief Agency (GLRA)) and Health Alive Foundation ARFH and has remained committed towards the elimination of Tuberculosis as a public health challenge in Nigeria. The second implementation period of the Global Fund TB consolidated Round 5 and 9 grant began in January 2013 after the signing of the grant MoU on the 13th of December 2012. The goal of the project is to reduce significantly the burden, socio-economic impact and transmission of TB in Nigeria. Towards achieving this goal, ARFH and its sub-recipients performed the following activities in the year 2013:

- Established an effective mechanism for procurement and supply chain management to maintain uninterrupted drugs and commodity supply in the program
- Effective monitoring & evaluation of program activities and strategies
- Printing of Recording & Reporting tools and other IEC materials
- Supportive supervision to provide technical assistance to the SRs
- Coordination of GFATM TB activities
- Ensuring appropriate TB-HIV collaboration
- Convened quarterly review meetings with SRs, partners and other stakeholders

The country has recorded significant process in the control of TB on the Global Fund grant: programmatically, the DOTS facility coverage has increased from 40% in 2006 to over 100% (5,389 DOTS centres using 1 DOTS centre /25,000 population) as at end of 2013 (NTBLCP, 2010 Annual report) while the DOTS microscopic centres also increased from 37% in 2005 to 75% (1,602 using 1 Microscopy centres /80,000) at the end of 2013 (NTBLCP, 2010 Annual report). In all, the program detected 100,401 TB cases in the year 2013 and provided these cases with TB services according to the WHO recommended standards.

Major achievements recorded with the NTBLCP in the year include the following:

1. *Successful conclusion of the prevalence survey and dissemination of the provisional report.*
2. *Completion of the Knowledge Attitude and Practice (KAP) report and dissemination to key stakeholders.*

3. *Conduct of the mid-term review, conduct of the Global Drug Facility (GDF) Missions.*
4. *Global Fund assessment of the PSM component of the grant,*
5. *Development of Job Aids for management of TB in children and*
6. *Development of the National Strategic Plan 2014–2018 draft.*

In addition to these, ARFH procured and handed over brand new 5 Toyota Hilux vans to NTBLCP to support State TB Programmes in Kaduna, Enugu, Lagos, Ekiti and Kebbi States from September 2nd-9th 2013. ARFH supported the National Programme in the development of the reallocation of the Savings Plan, the road map for the development of a concept note for the GF New Funding Model (NFM). The PR was also involved in the on-going review of the National TB and Leprosy Workers manual which is expected to be printed in year 2014.

Oversight Supervision of Sub-Recipients

Oversight supervision of SRs remains the cornerstone for effective program management, in light of this, ARFH as a PR organized regular meetings, supportive supervisory visits, phone conferences and workshops to deliberate on issues affecting the program implementation. These included the PR/SR review meetings which were held quarterly for all stakeholders (WHO, IHVN, ILEP, NTBLCP, HAF, STBLCOs, CCM) and other ad-hoc meetings that were held on need-basis to address issues that required immediate resolutions and actions. Also, Technical Advisory Committee (TAC) meetings were conducted quarterly to bring all partners together for better coordination

of the program.

NTBLCP: Oversight supervisory functions were provided to the National Program to address documentation, program coordination, Monitoring and Evaluation, TB/HIV collaboration, procurement & supply chain management, logistics management information processes and financial management and reporting processes. In particular, ARFH provided technical support to the National program to achieve the quarterly distribution of TB drugs and laboratory reagents, commodities & microscopes and the printing and distribution of recording & reporting tools. All these were geared towards achieving uninterrupted supply of drugs and other commodities needed to provide quality-assured TB services.

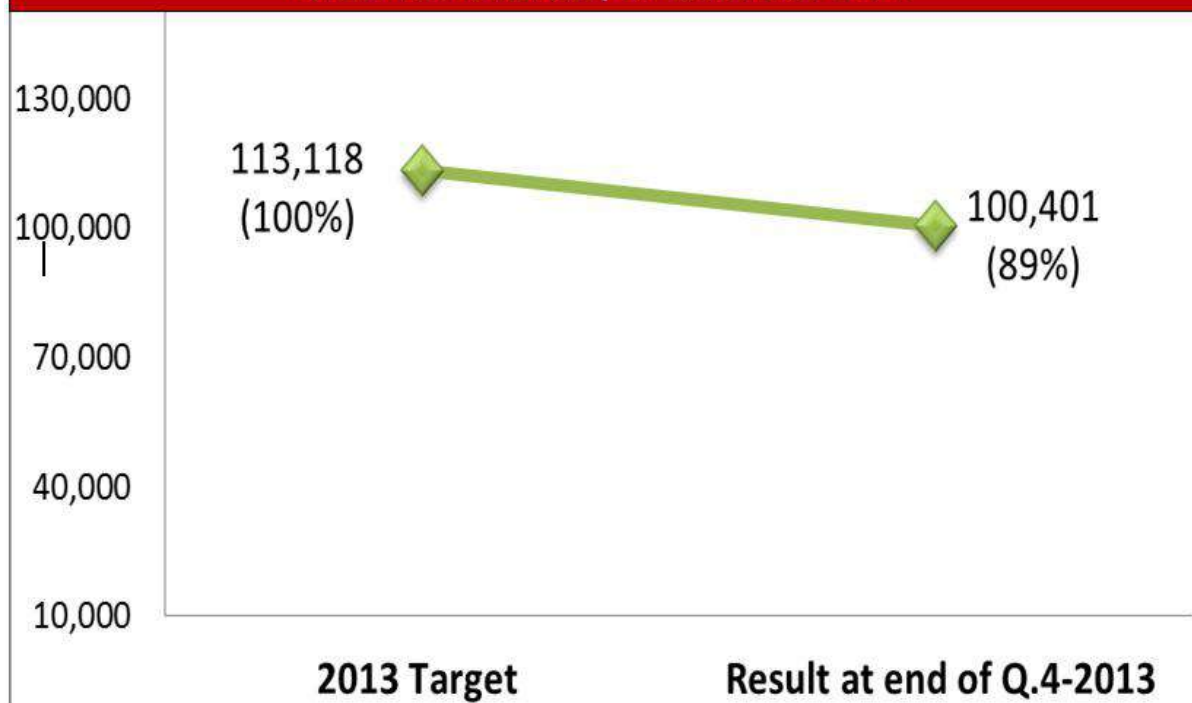
HEALTH ALIVE FOUNDATION: The Community TB Care component is implemented at the community level hence it requires on-going supportive supervision to address the numerous contingencies that exist at this level. ARFH provided technical assistance in the development of the performance-based policy that was designed to drive performance improvement on the community TB care project. Also, HAF was supported by the PR to develop the following programmatic templates which were necessary to enable standardization of activities at the community level:

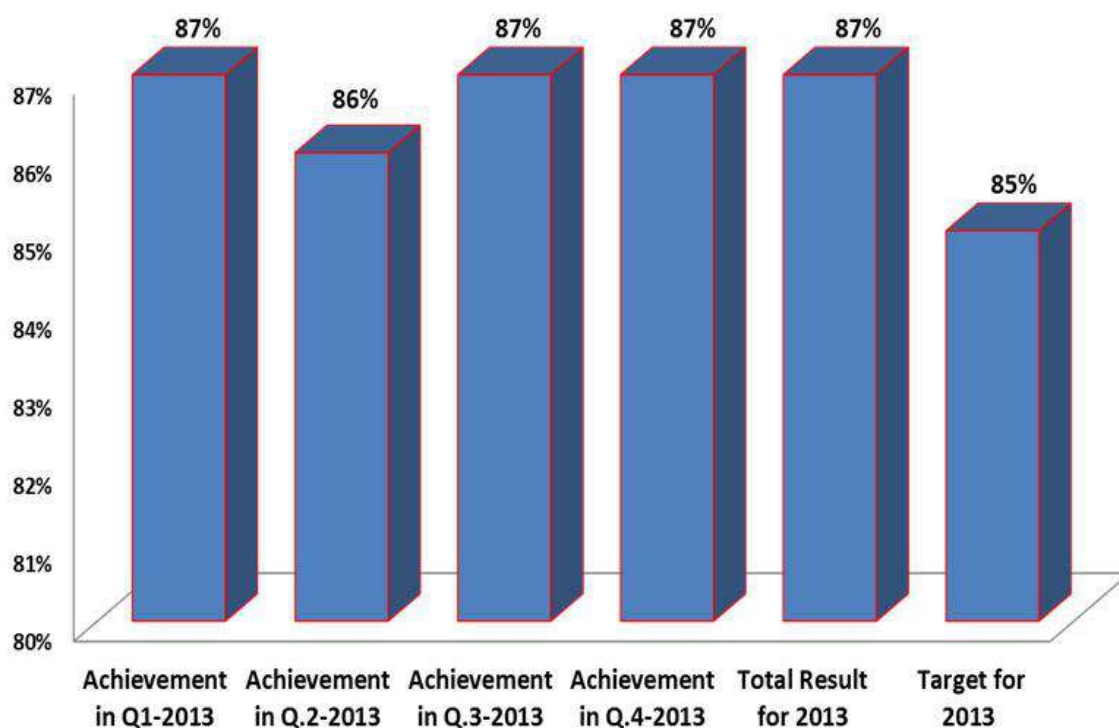
- Supervision plan for coordinating oversight visits to CBOs and states.
- Checklist for reviewing reports submitted by CBOs.
- Tracking tool for optimizing coverage of supervision to CBOs and States.

ILEP PARTNERS: Technical support was provided to the ILEP partners to ensure that their activities were conducted according to the guidelines of the GFATM. Oversight functions were provided particularly in the following areas:

- Signing of MoUs with states.
- Advocacy to states to improve counterpart contribution to the TB control program.
- Technical support in the on-going process of engagement of Third Party Logistics (3PLs) for effective distribution of TB commodities.
- Tracking of activities conducted by the State TBL Control Programs.
- Provision of feedbacks on activity reports on a quarterly basis to improve program implementation and documentation processes.
- Tracking of activity reports from State TBL control programs.
- Ensuring adequate supervision of the State TBL Control programs.
- Management of collaboration with Government and non-government partners.

The Chart below shows the Number of all forms of TB cases detected under DOTS January to December 2013





The chart above shows the percentage of detected sputum smear positive TB cases successfully treated (cured plus treatment completed) January to December 2013



Prof. Ladipo takes Members of House Committee on AIDS, TB and Malaria to visit Global Fund DOT Center



Handing Over 5 Hilux Vans to NTBLCP



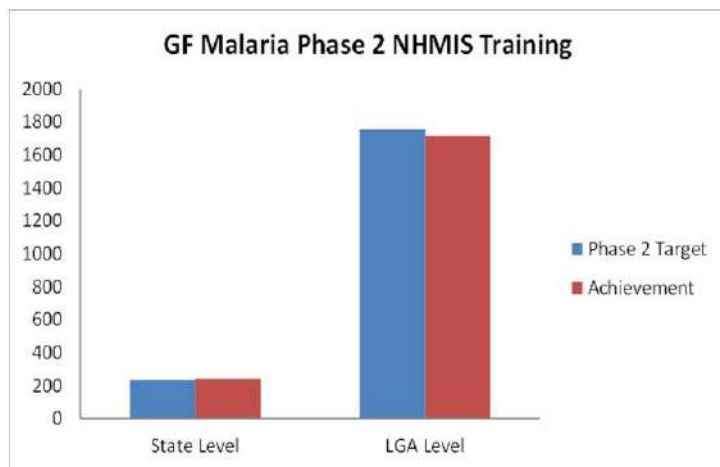
ARFH at the 44th IUATLD Conference in France where ARFH Staff presented two posters and one Oral Abstract (October 28th - November 4th, 2013)

GLOBAL FUND MALARIA PROJECT

Malaria is major public health issue in Nigeria. It is responsible for 60% outpatient visits to health facilities, 30% childhood deaths, 25% of death in children under one year and 11% maternal death in Nigeria. It exerts a huge socio economic burden to Nigeria with an estimated 132Billion Naira lost annually in form of treatment costs, prevention and loss of man; however Malaria is preventable and treatable.

Working with the National Malaria Elimination Program as a sub recipient on the Global Fund Round 8 Malaria Project, ARFH implements activities towards Malaria elimination in five states, Adamawa, Bayelsa, Niger, Osun and Oyo States; impacting lives and achieving results across five service delivery areas.

- # Prevention of malaria through routine distribution of and mobilizing communities for Malaria Prevention. Reached 106,707 primary and junior secondary students through her school approach on Malaria prevention to improve LLIN utilization, routinely distributed 45,291LLINS across the five state.
- # Diagnosis through the distribution of Rapid Diagnostics Tests (RDT): Promote testing of all fever cases; distributed over 300,000 Malaria RDT Kits across the five states for effective Case Management.
- # Prompt and effective case Management of Malaria: 572,582 children over five and 573,105 under five children received prompt treatment of Malaria. 20% of under-five treated received treatment within 24hours through our robust community case management (CCM)structure using trained Role Model Care Givers. Distributed over 1,000,000 doses of ACTs and trained 1963 health workers on effective Case Management of Malaria.
- # Advocacy and community sensitization for appropriate actions on malaria prevention and treatment: Though our BCC programme, more 3000 Community members reached with information on malaria prevention and treatment through Compound meetings and Community dialogues.10,176, Households sensitized on Malaria Prevention & LLIN utilization.
- # System strengthening on Malaria control activities: Sustainability is embedded in the implementation of our programs, 1340 Role Model Care Givers trained on CCM providing prompt treat to vulnerable groups in 1424 communities across supported states. Capacity of 1900 Health workers have been built on Data capturing and M and E. This is sustained through focused supportive supervision and On the Job Training (OJT).



Sustainable System Strengthening



Ensuring confirmatory diagnosis before treatment.



BEFORE



AFTER

Mobilizing For Change



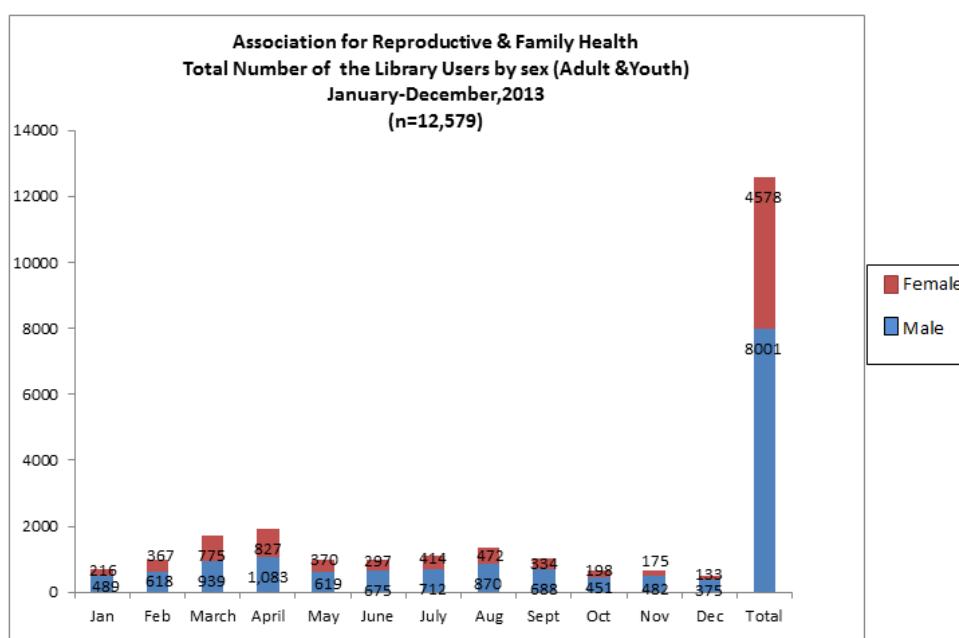
Students Are Change Agents On Malaria Prevention



Compound Meetings As Avenue To Mobilize For Malaria

ARFH LIBRARY

The use of library services is an essential source of information, provides avenue for continuous learning, and independent decision making .ARFH library is equipped with library resources on Adolescent Sexual and Reproductive Health, maternal, new born and child health and other development related resources. The library has provided service to 12,579 users, comprising 12,147 Youths, & 432 Adults, of which 8,001 were Males and 4,578 were females. The utilization of these resources increased in the course of 2013 .In addition Health talk conducted for the library user has supported intellectual, emotional, and social development of both Young and Adult users. Other services such as Computer Training, Internet browsing and current national daily and other supporting materials provided to support educational advancement and personal development .Users are mobilized through the library talk to participate in ,They are also mobilized to access the Youth Friendly services provided in ARFH Youth Friendly Clinic. Educative presentation on how to analyze information and apply it to new contexts, reflect on what they know, identify what they still need to learn through Health talk, & group discussion etc.

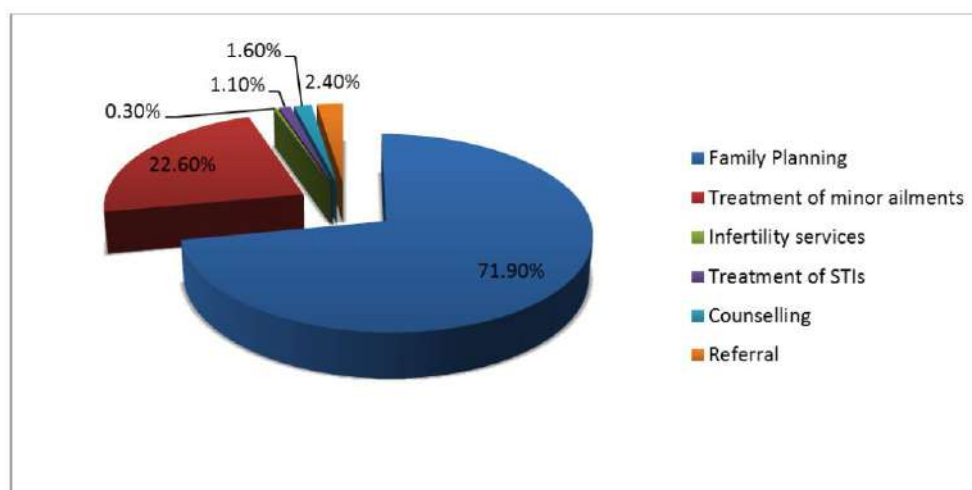


Annual Statistic of the library users for year 2013

ARFH MODEL PRIMARY HEALTH SERVICE DELIVERY (ARFH CLINIC)

Increasing access to affordable and quality reproductive and family health services remains a driving force to establishing ARFH's model primary health facility. Relentlessly, the facility is committed to the provision of community-based clinical and diagnostic services in her immediate area of operations in line with the vision of the organization. Consequently, the facility has continued to provide integrated quality healthcare services to the populace especially the children; women and young people. The provision of family planning services in the markets, churches, mosques and urban slum neighbourhoods through the use of tricycle by ARFH has remained a viable strategy for demand creation and increase access to other healthcare services.

Evidently, the PHC facility and the mobile clinic reached out to nineteen thousand, three hundred and forty-five clients with healthcare services including Family Planning services (71.90%), treatment of minor ailments (22.60%), infertility services (0.30%), treatment of STIs (1.1%), counselling (1.6%) and referral services (2.4%) as shown in the figure below.



| SERVICES | FACILITY | MOBILE CLINIC | YOUTH FRIENDLY | TOTAL |
|-----------------------------|-------------|---------------|----------------|----------------|
| Family planning | 3, 971 | 9,937 | | 13,908 (71.9%) |
| Treatment of minor ailments | 3,870 | 0 | 511 | 4,381 (22.6%) |
| Infertility services | 57 | | | 57 (0.3%) |
| Treatment of STIs | 144 | | 76 | 220 (1.1%) |
| Counselling | 174 | | 143 | 317 (1.6%) |
| Referral services | 188 | 274 | | 462 (2.4%) |
| Total | 8404 | 10211 | 730 | 19,345 |

PHOTOSPEAK



AFRICA REGIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ARCPD) (30TH SEPT- 4TH OCT 2013)



INTERNATIONAL PLATFORM MEETING ON FEMALE CONDOMS AT
THE 2013 INT'L CONFERENCE ON FAMILY PLANNING (ICFP),
ADDIS ABABA, NOV. 12TH – 15TH, 2013



WORLD AIDS DAY 2013 (Dec 1st 2013)



Mr. Adeyemi Oladeji (*Program Manager, CSS-HIV*) at the 17th ICASA 2014, Cape Town South Africa (Dec. 7th – 11th 2013)




FINANCIAL REPORT

Association for Reproductive and Family Health

Balance Sheet

As At 31 December, 2013

| | Notes | 2013 N | 2012 N |
|--|-------|-----------------------------|-----------------------------|
| FIXED ASSETS | 2 | 54,564,739 | 59,636,881 |
| LONG TERM INVESTMENT | 3 | <u>40,098,545</u> | <u>34,908,874</u> |
| | | <u>94,663,284</u> | <u>94,545,755</u> |
| CURRENT ASSETS | | | |
| Inventories | 4 | 1,193,340 | 1,300,985 |
| Debtors and Prepayments | 5 | 209,740,706 | 47,058,773 |
| Short-term investments | | 27,183,239 | 23,548,219 |
| Cash and Bank | | <u>2,160,095,978</u> | <u>930,945,182</u> |
| | | 2,398,213,263 | 1,002,853,159 |
| CURRENT LIABILITIES | | | |
| Creditors and accruals | 7 | <u>(15,241,600)</u> | <u>(25,250,642)</u> |
| NET CURRENT ASSETS | | <u>2,382,971,664</u> | <u>977,602,517</u> |
| TOTAL ASSETS LESS CURRENT LIABILITIES | | 2,477,634,948 | 1,072,148,272 |
| LONG TERM LIABILITY | | | |
| Gratuity | 8 | <u>(12,400,000)</u> | <u>(12,400,000)</u> |
| NET ASSETS | | <u>2,465,234,948</u> | <u>1,059,748,272</u> |
| FINANCED BY: | | | |
| Accumulated Fund | 9 | <u>2,465,234,948</u> | <u>1,059,748,272</u> |

President/CEO

VP/Executive Director

Director Finance and Administration

See notes to the financial statements.

Association for Reproductive and Family Health**Income and Expenditure Account****For the year ended 31 December, 2013**

| | Note | 2013 N | 2012 N |
|--|-------------|-----------------------------|-----------------------------|
| INCOME | | | |
| Grants and Special Project Contribution | 10 | 5,590,488,053 | 3,701,632,852 |
| Other Income | 11 | 50,088,819 | 44,571,395 |
| Exchange gain | | <u>91,235,816</u> | <u>40,200,316</u> |
| Total Income | | <u>5,731,812,688</u> | <u>3,786,404,563</u> |
| EXPENDITURE: | | | |
| Advocacy and Training | | 762,450,364 | 1,224,665,017 |
| Education and Communication material | | 44,498,263 | 85,960,843 |
| Disbursement to Sub-recipient | | - | 24,444,259 |
| Human Resource | | 1,126,981,418 | 733,892,132 |
| Infrastructure and Other Equipment | | 101,649,339 | 41,097,371 |
| Medicine and Pharmaceutical Products | | 785,667,710 | 876,809,748 |
| Overhead | | 85,932,279 | 49,614,902 |
| Planning and Administration expenses | | 227,087,204 | 101,738,630 |
| Project Monitoring/Technical Assistance | | 1,203,099,392 | 686,542,773 |
| Provision for diminution in investment | | - | (122,288) |
| Research and evaluation | | <u>4,877,788</u> | <u>90,570,133</u> |
| Total Expenditure | | <u>4,342,243,757</u> | <u>3,915,213,520</u> |
| Excess/(deficit) of Income over expenditure | | <u>1,389,568,930</u> | <u>(128,808,957)</u> |

see notes to the financial statements



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WORKING TOGETHER BUILDING HEALTHIER FUTURE



ANNUAL REPORT 2013

Association for Reproductive and Family Health

