



2014 ANNUAL REPORT

ACRONYMS

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

Leadership and Management Team



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(FRCOG, FICS)

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ARFH



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INTRODUCTION

A non-profit organisation geared for success and growth needs a foundation of value, expertise and experience that encompasses both its history and the people who make it what it is; the employees, the board, the donors and partners. At Association for Reproductive and Family Health, providing quality service and Sustainability - the founding orientation that was fostered by our founders 25 years ago and continue to benefits our partners and communities served today- is an integral part of the organisation foundation. This foundation is the basis for ARFH 2010- 2014 Strategic Plan that had enable more than 150 employees channel their knowledge and skills in strengthening communities, provided better services that is leading towards a better health outcome across Nigeria

This year annual report is focused on strengthening communities and providing quality service to support national response to AIDS, TB and Malaria as well as reducing maternal, new born and child health. This report will also showcase ARFH pioneering role in addressing the capacity needs of Community Health Extension Workers (CHEWs) under the new Task Shifting Policy of Nigeria. It will also highlight the celebration of ARFH 25th Anniversary as one the most successful indigenous non-profit, non-governmental organisation in Nigeria



Advocacy visit on the OVC program in Ogun State

MESSAGE FROM THE EXECUTIVES

2014 marked a great milestone in our history as we celebrated our 25th Anniversary as a leading indigenous non-profit organisation in Nigeria committed to improving the lives of less privilege in many under-serves communities thereby improving national health outcomes. At the NGO Dialogue Meeting to commemorate our 25th Anniversary, Stakeholders agreed that capacity building using innovative approach is key to sustaining Civil Society efforts in building a healthier society while also acknowledging the need to increase domestic funding in the era of dwindling donor funding in Nigeria.

This year, we continued with the implementation of various projects such as the “Increasing Access to Contraceptives through Training of Chews (INACT) As Part Of Task-Shifting Policy In Nigeria. This Project is focused on increasing access to contraceptives through task-shifting to CHEWS and assuring enabling policy/community environment for sustainable service delivery and utilization as well as supporting the full implementation of the Task-Shifting Policy. Our LOPIN 1 project, a USAID funded project aimed at mitigating the impact of HIV/AIDS and other forms of vulnerability on children and their households began its full implementation this year. It is designed to model inclusiveness in programming for Orphans and Vulnerable Children in selected states in the country in accordance with the National Priority Agenda.

ARFH's existence and achievements for 25 years was a success due to staff dedication and contributions. It is our hope that as we begin the journey of the next 25 years, the current momentum will be maintained and even surpassed. ARFH's core values of integrity, professionalism and excellence remain our guiding principle and watch word as we continue blazing the trail as a leading indigenous NGO. We remain appreciative to all our partners, donors and staff for their commitment through our historic 25 years of service to humanity and for all the support to strengthen communities towards better health outcomes

REPRODUCTIVE HEALTH PROGRAMMES

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

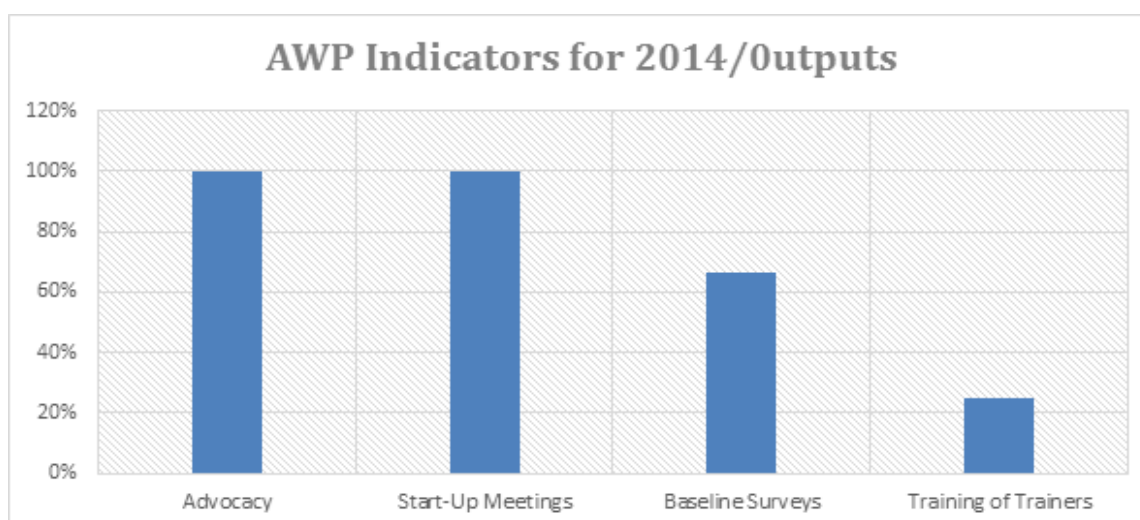
The INACT project is focused on increasing access to contraceptives through task-shifting to CHEWS and assuring enabling policy/community environment for sustainable service delivery and utilization.

PROJECT OBJECTIVES: The objectives include to:

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

ACCOMPLISHMENTS

1. The project successfully conducted advocacy visits and startup meetings for 12 states in year, representing a 100% achievement of its proposed outputs
2. Training of Trainers Workshop was conducted in four out of the proposed 12 states, producing 272 trainers across these states.
3. NABS was conducted in eight out of the proposed 12 states, representing a 66.7% achievement of that output.
4. The national CHEW's training manual and participants' handbook is yet to be produced by the GON however, ARFH worked with FMOH to edit the draft that was produced and on request, UNFPA authorized the printing of limited copies for all the trainings in the year.





Cross-section of participants at the startup meeting for FCT, Enugu and Anambra states. In front are states' reps., UNFPA, ARFH President/CEO, VP/ED, Professor Oladapo Shittu (keynote address speaker), a Director PHC



ARFH team in a discussion with the Honourable Commissioner for Health and other directors of the SMOH, Cross Rivers state.



Training Programme for Trainers

EXPANDED SOCIAL MARKETING PROJECT IN NIGERIA (ESMPIN)

Expanded Social Marketing Project in Nigeria (ESMPIN) is a five (5) year USAID funded project being implemented in Nigeria with 15 priority states. The project's key objectives are to significantly increase access and availability; increase knowledge, attitudes, perception, and practices on child spacing and child survival; engender a sustainable partnership with key stakeholders; and enhance the capability of the commercial sector in Nigeria to provide Child spacing and child survival products and services. ESMPIN contributes to USAID's development objective of improving the health of women and children in Nigeria, primarily by increasing the use of modern family planning methods and secondarily, by increasing use of child health products in Nigeria. Society for Family Health (SFH) is the prime partner while Association for Reproductive and Family Health (ARFH), implement the Community Based Distribution (CBD) component in four northern states namely, Zamfara, Kebbi, Katsina and Jigawa; with focus on child spacing, maternal, neonatal and child health through social marketing approach.

ESMPIN project focused on the following set priorities in the year 2014;

1. Demand creation: Demand creation strategies were revived through introduction of community Drama, supervision of CBDAs, and Advocacy. Quarterly monitoring and supervisory visits intensified to provide necessary support to the states. Advocacy to philanthropists and other key community leaders were conducted to promote acceptance of services. The Project engaged additional communities and trained 510 more CBDAs from 17 new LGAs (5 each from Kebbi, Katsina and Jigawa with 2 from Zamfara State) with prioritized locations where services are much needed in the four CBD states. .

ESMPIN integrated service provision for Diarrhoea as well as malaria especially with SFH's Global Malaria round 9 by introducing ORS and Zinc in to the line of socially marketed products.

2. Ensuring effective supervision: Multi-level supervisory support activities was adopted to mentor, support and ensure activities planned at the states level by both CBOs and SPOs are effectively implemented within stipulated time and quality is also ensured. Program performance is tracked using revised monitoring tools

3. Ensuring effective supply system: Improved formal communication between ARFH CBD states and SFH catchment territorial offices that service the CBD states and also with the S&D Division at the H/Q to shout out stock out being experienced in our locations. We also increased CBOs seed stock to ensure that sufficient products get to the CBDAs.

4. Developing a sustainable plan for the CBD Capacity building training were conducted for our CBDAs through monthly review meetings on product usage, marketing strategy and interpersonal communication. We mentored the CBDAs to form and register associations and networks

Accomplishments,

The Community based distribution (CBD) strategy implemented by ARFH has continued to contribute to the expanded social marketing project in Nigeria's efforts of increasing access to affordable child spacing and child survival products and services in the underserved communities (with few or no private sector machinery) in four northern states of Nigeria.

The strategy has over time recorded increase in performance owing to the intensified efforts, review of demand creation, service provision methodologies and introduction of additional LGAs in to the project in second phase (March 2013) and third phase (in January 2014). This year, sales increased by more than 100% for most of the products in 2nd quarter compared with the 1st quarter. The ESMPIN project continue to provide a great opportunity for ARFH address issue of accessibility of reproductive and family health information, products and services to in communities accros Nigeria. The behavior change communication and distribution of child spacing and child survival commodities has opened up doors of hope for the poor, vulnerable and hard to reach underserved communities in the four CBD states in addressing maternal and child health issues relating to preventable cases of diarrhea, malaria and unintended pregnancies. This giant stride has resulted in providing quality services in the intervention communities thereby contributing to the federal Government's effort of achieving the millennium development goals of improving maternal health and reducing child mortality in Nigeria.



2014 ESMPIN Regional Conference of Traditional & Religious Leaders on Child Spacing and Child Survival

The provision of funds for this intervention has really made it possible for ARFH to save so millions of lives by providing information and services on child spacing and child health products in our intervention communities. The Project impacted on preventing thousands of diarrhea and malaria cases in children especially under five years of age through distribution of LLIN and PUR water purifier. More communities are calling on ARFH to expand and also help them sustain gains beyond five years of implementation.

INCREASING ACCESS TO COMPREHENSIVE HIV PREVENTION AMONG MOST AT RISK POPULATIONS IN OYO STATE

This report presents the activities on AIDS Prevention Initiative in Nigeria (APIN) project and achievement reached. During the year 2014, range of activities on HIV prevention program targeted youths, uniformed service personnel (USP), road transport workers were organized by the organization in line with the National Prevention Plan (NPP) of Minimum Prevention Packages initiative (MPPI). As usual, the specific program activities recommended by APIN for this intervention were being carried out including peer education training, community outreach activities, condom distributions and HIV Counselling and Testing services. However, different strategies were adapted for the different categories of the cohort groups to

BELOW IS THE DIAGRAM



meet their needs for instances community awareness campaign, school based approach and vulnerability issues were used for the in-school adolescents while provision of STI management messages were additional messages for the Most at Risk Populations (MARPS).

A two day refresher training was organized for the trained peer educators during the long vacation between 5th and 6th August, 2014. This was to keep the students busy, to update their knowledge and also to get feed backs in terms of their HIV prevention activities in their various schools. A total of seventeen students participated in the training. The schools represented were Leaders College, Orita Mefa Baptist Model School and St James Model College and Ikolaba Grammar School.

Community outreach activities targeted sexually active men and women with 'Be faithful' messages were organized in the various communities such as Bola Ige International Market Gbagi and Oje Market, Aperin Baptist Church, Winners Chapel Basorun, Christ life Church Kuola community Apata and Fountain of Grace between 1st May and 6th August 2014. This is to create continuous awareness on the HIV epidemic and to provide factual information on prevention and treatment and also to encourage people to undergo HIV testing. A day sensitization program was organized for the members and staff of Nigeria Civil Defence Corps, Federal Road Safety Service Corps and Road Transport Workers. The outreach activities were conducted over several days targeting each group per day. Due to the demands of their work which necessitates their often away from their families which may increase their risk of unprotected sex. Topics discussed included types of sexually transmitted infections, causes as well as their symptoms, prevention and management. Moreover, the two groups were also sensitized about possible mode of HIV transmission, HIV prevention and they also enlightened and were enlightened on how to care for people living with HIV and people affected by HIV. The participants were also educated on appropriate use of condom whilst the demonstration and return-demonstration was carried out by the participants. Free HIV Counselling and Testing (HCT) services were also provided for those who volunteered to be tested.

Achievement

The implementation of various activities on this project recorded huge successes which includes the following: Knowledge on HIV/AIDS was impacted on the various cohort groups as well as clarification of myth and misconceptions. This was evidenced in their various experiences sharing during the outreach activities. There has been high demand creation for condom usage among MARPs during the project implementation.

More peer educators have been created among the in-school adolescents to help disseminate information on HIV/AIDS prevention. The report of the evaluation of the peer education

training programme showed that 90% of the participants commented that the programme was highly educative and informative. ARFH was honoured with an award by APIN in 2014 as one of the dexterous organizations that had significantly contributed to HIV prevention in Oyo State. The occasion was organized on 29th October, 2014 at 3J's Hotel, Utako.



Group photograph of trained peer educators and ARFH team



Dr. Prosper Okonkwo (Chief Executive Officer) presenting the award to ARFH representative Mrs Adeola Olakunle

IMPROVING YOUTH REPRODUCTIVE HEALTH IN NORTHERN NIGERIA (YACCESS) PROJECT

Improving Youth Reproductive Health in Northern Nigeria Project (Y-ACCESS) is a four-year capacity strengthening and reproductive health improvement project targeting adolescents and young people (aged 10 – 24 years), funded by the British Government's Department for International Development (DfID) under the Global Poverty Action Fund (GPAF). The project being implemented in partnership with Education as a Vaccine (EVA) and Society for Women Development and Empowerment of Nigeria (SWODEN) in four northern states of Nigeria; Benue, Jigawa, Katsina and Niger. Project Goal: to contribute to the reduction of the impact of poverty and improve the reproductive health status of adolescents and young people in the project states. The project is aimed at scaling up the availability and access to comprehensive reproductive health services for adolescents and young people.

Achievement

i. Strengthen Capacity of Traditional Birth Attendants (TBAs) and Patent Medicine Vendors (PMVs) on Service Delivery

A three-day training on delivery of youth friendly health services was conducted for community based informal health service delivery points namely- Traditional Birth Attendants (TBAs) and Patent Medicine Vendors (PMVs) in the project states. Traditional Birth Attendants (TBAs) and Patent Medicine Vendors (PMVs) based within the communities, are known, well patronized by community members and are able to reach specific groups of young people usually missed by the formal health system such as married adolescent girls, women in purdah (as most TBAs are females) and young men (as PMVs in communities are mostly males).

A total of 374 TBAs and 353 PMVs were trained to deliver comprehensive youth friendly reproductive health information, basic services and referrals to adolescent and young people. The trainings were facilitated by health care providers who had been trained previously on the project. These TBAs/PMVs selected for the trainings were identified and assessed during the youth-led assessment of service delivery points. These trained personnel are now able to provide basic RH information and services to young people and making referrals to the formal health facilities.

ii. Strengthen Capacity of Peer Health Educators

Four-day de-centralized peer education training was held at LGA levels in the 4 states for out-of-school young people on ASRH and referrals to youth friendly service delivery points. This has increase access of young people in the project states to SRH information and services. A total of 1,490 peer educators were trained across the 4 project states

iii. Income Generating Activity (IGA)

In order to address financial barriers to accessing SRH services among young people, the project is implementing the IGA scheme in Katsina and Jigawa states and piloting the Voucher scheme in 3 LGAs of Benue state. Both young boys and girls were targeted with income generation skills transfer training to address the issues of poverty which acts as barrier to accessing reproductive health services. During the period under review, 310 young people completed the Vocational skills training programme while 149 females who had completed vocational skills training were now placed in apprenticeship programmes.

The voucher scheme is about commencing fully. Initial preparatory activities conducted

include: visits by the project team to the different health facilities which had been selected to participate on the voucher scheme. These facilities are located in Gboko, Vandeikya and Otukpo LGAs. The objectives of these visits were to provide an opportunity for the team to present the proposed initiative to the potential beneficiaries and service providers in order to give full description of the process including roles and responsibilities, get their input in the design where necessary and also their commitment. During these meetings, MOUs and MIS tools were shared with the proprietors or officers-in-charge of the selected service delivery points. Secondly, the team has since finalized on the design on the voucher cards and has mass produced.



Cross section of Market Women at Gbagi testing for HIV



Ms Edu Bidemi facilitating a section during the outreach programme organized for the Members of FRSC



Beneficiaries of YAccess Income Generating Scheme in Jigawa

iv. **Service delivery: Achievement vs target by Project Output**

Project outputs achieved during period under review

S/N	Output	Target (March 15)	Achieved till date	Percent age achieved
1	Number of health service providers trained in adolescent and young people sexual and reproductive health service provision at (a) formal service delivery points and (b) informal delivery points disaggregated by sex and designation (TBAs or PMVs).	960 (402 Males; 558 Females) (a) 192 formal HSPs (b)768 (384TBAs, 384PMVs)	917 (480 females, 437 males) , formal HSPs=190, TBAs= 374, PMVs= 353	95.50%
3	Number of young people reached with SRH information disaggregated by age and sex.	418,638 (105,456 Males, 313,182 Females) (233,587 10-19 years, 185,051 20-24 years)	189,707 (SMS: 12,051; Hotline: 355-280 males,75 females; Health facility Records: 177,656- 55,450 males, 122,206 females; U-19: 84,121, U-24: 93,535)	45.30%
4	Number of project activities with Youth participation	At least 10 project activities	8 project activities: Health service providers' trainings; TBAs/PMVs trainings; IEC development and adaptation workshop; Baseline Survey, Youth led assessment of health facilities, PE educators training, PET training, Stakeholder's consultative workshop.	80%

5	Number of adolescents and young persons trained as PEs disaggregated by age, sex and in/out school	1,600 (784 Males; 816 Females) (1136 10-19 years; 464 20-24 years) (800 In-school; 800 out-of-school)	1,490 (846 Males; 644 Females) (1053 Out of School; 437 In-School)	93.10%
6	Number of referrals made by trained PEs for SRH services disaggregated by age and sex.	64,000 (31,360 Males; 32,640 Females) (45,440 10-19 years; 18,560 20-24 years)	Data Pending	
7	Number of Corps members trained as Peer Educator Trainers (PETs) in the four states disaggregated by sex	1,120 (560 Males; 560 Females)	693 (424 Males; 269 Females)	61.90%
8	Number of FLHE Teachers sensitized on Youth Friendly Services.	2,240	472	21.10%
9	Number of young people completing the IGA capacity building (a. vocational skills training (VST) b. (Apprenticeship Placement-(AP)) disaggregated by age and sex	260 A) Vocational Skills Training (VST): 54 Males, 76 Females; 80 10-19 years, 50 20-24 years B) Apprenticeship Program (AP): 130 Females; 80 10-19 years, 50 20-24 years	310 A) VST: 80 Males, 81 Females; B) AP: 149 Females	119%

SUPPORT TO THE NYSC REPRODUCTIVE HEALTH PROJECT

As part of match fund activity of ARFH on the project, during the period under review, staff of ARFH and implementing partners supported the Batch B training of corps members as peer educator trainers in Benue and Katsina states through provision of training manuals, facilitating sessions and monitoring of training activities in August 2014. It is worthy of mention that NYSC cancelled the orientation program in Jigawa and some other states due to prevailing security and health issues.



ARFH staff facilitating a session during the training of NYSC members as PETs in Niger state



ARFH staff with Jigawa state Ministry of Education Officials during advocacy visit

ADVOCACY FOR CHANGE; SCALING UP KNOWLEDGE AND ACCEPTANCE OF FEMALE CONDOM PROGRAMMING IN NIGERIA (FEMALE CONDOM ADVOCACY PROJECT)

The female condom is a reproductive health commodity that has been around for a while, but in Nigeria it has just recently started getting much attention. ARFH continues to advocate for the Scaling up of female condom programming as an integral part of family planning programming in Nigeria under the Female Condom Advocacy Project. Activities carried out included advocacy visits to key Policy Makers and stakeholders in RH and Family Planning and commemoration of Global female Condom Day

FCAP at 2014 Global Female Condom Day Commemoration: The Global Female Condom Day Commemoration began with a one day community sensitization and awareness programme in communities across Abuja; Garki Ultra-Modern market, Lugbe, Berger Bus stop and Kubwa, Woman Boku by lead by ARFH, SFH, EVA and UAFC on Wednesday 19th November 2014.



Prof. O. A. Ladipo, Presenting FCAP Policy and Advocacy Briefs to Policy Markers at the UN System in Nigeria event on Population and Development, July 2014 Abuja

The Global Female Condom Day GFCD 2014 Grand Finale with the theme “Dance for Demand” took place on Thursday 20th November 2015 with a symposium. The event was chaired by the tycoon. Minister of Health, Dr. Khaliru Alhassan represented by the Director, Family Health Department, Dr. Wapada I. Balami. ARFH also participated at the Female Condom Exhibition Session



A representative from Federal Ministry of Health Speaking on the behalf of Director, Family Health Department, Dr. Wapada I. Balami as Dr. Balami represented the Hon. Minister of Health



Ms Kemi Obalisa, demonstrating Female condom use at Garki Ultra-Modern Market, Abuja

FCAP at 3rd Nigeria National Family Planning Conference, 26th – 28th November, 2014, Sheraton Hotel Abuja

FCAP participated at the 3rd FP Conference which was organized by the Federal Ministry of Health (FMOH) in collaboration with the Association for the Advancement of Family Planning (AAFP). The conference highlighted the specific ways family planning can help achieve the Millennium Development Goals (MDGs) and also contribute to the National Transformation Agenda. The conference, a follow up to the first and second Family Planning Conference held in Nigeria, in November 2010 and November/December 2012 was held with the theme: Bridging the Gap between Knowledge and Practice of Family Planning in Nigeria. It was a platform for deliberations and also provided an avenue to review and propose actions on Nigeria's commitments made at the London Summit on Family Planning held in July 2012. The FCAP used her exhibition booth at the conference to increase awareness of FCs among policymakers and key stakeholders participating at the Conference



Prof O. A. Ladipo – ARFH President/CEO and the other dignitaries at Opening Plenary of the conference

GLOBAL FUND HIV PROJECT

In 2014, Association for Reproductive and Family Health (ARFH) continued the implementation of the Global Fund R9 HIV Project focused around Care and Support for People Living with HIV, Orphans and Vulnerable Children (OVC) and the Community System Strengthening. ARFH is working with NEPWHAN and CiSHAN on the Adherence /Home Based Care component which was implemented in 21 high burden states, Federal Ministry of Women Affairs and Social Development, AONN and CiSHAN on the OVC component in the 12 states projects and the ATM Networks on the CSS Component across the 36 states + FCT.

Key Objectives:

1. Scaling up Gender-Sensitive HIV/AIDS Care and Support for People Living with HIV/AIDS and Orphans and Vulnerable Children.
2. To strengthen the community based networks and community level committees to ensure that they have minimum capacity to deliver quality ATM service

Accomplishments

1. In 2014, with capacity of 204 support groups and 816 Adherence Supporters strengthened to provide adherence and psychosocial support to people living with HIV, there was an increase in awareness and understanding of issues of adherence and psychosocial concern. The adherence supporters now conduct effective adherence counseling sessions 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. A total of 26,991 clients were provided with treatment adherence and psychosocial support.
2. The capacity and skills of 36 Community Based Organizations in 12 States across the country were enhanced to identify, enroll and provide services based on needs. Also the capacities of caregivers were built to become direct service provider to their children. This is with the aim of ensuring programme sustainability beyond the project term
3. ARFH continued to provide technical assistance to the Federal Ministry of Women Affairs and Social Development, which is the agency charged with providing enabling environment for stakeholders intervening on child issues in Nigeria. ARFH provided technical support towards the development of the National Advocacy Tool for OVC, National Priority Agenda for OVC and the OVC Service Standard which are currently been used to guide OVC intervention in the country
4. In 2014, we achieved an increase in the number of OVC provided with core services including education, health, psychosocial support and nutrition. Over 14,192 OVC were provided with at least a minimum of one service against the 15,000 target (achievement of 95%).
5. Having coordinated the CSS programme for one and half years, ARFH in 2014 conducted a thorough review of the capacity of CBOs to diagnose their organizational needs. The assessment was conducted across four key programme areas which include; Governance and Leadership, Programme, Monitoring & Evaluation and Finance.



Block granting intervention by the OVC Global Fund Project in Wudil, Kano State



Constructed Borehole in Central Owazza-Ukwa West LGA in Abia State

Organizations with extreme weak capacity without structures for mentorship were disengaged. The assessment provided opportunity for ARFH to identify the training needs of the various organizations and thereafter conducted comprehensive refresher training for the selected CBOs for more effective service delivery. State Programme Officers were engaged to provide continuous mentorship for these CBOs for easy internalization of necessary skills that could engender organizational growth and effective service delivery across all three Service Delivery areas. A total of 74,644 clients were mobilized and refereed for AIDS, TB and Malaria services across Nigeria

The Global Fund HIV Project resourcefully supported the Scaling up Gender-Sensitive HIV/ AIDS Care and Support for People Living with HIV/AIDS and Orphans and Vulnerable Children and strengthened the capacities of community based networks and community level committees to deliver quality ATM services across Nigeria

LOCAL PARTNERS FOR ORPHANS AND VULNERABLE CHILDREN (LOPIN): ACCELERATED AND SUSTAINABLE APPROACH TO MITIGATE IMPACT OF HIV&AIDS ON CHILDREN AND CAREGIVERS (ASAMIHAS)

The LOPIN 1 is a USAID funded project aimed at mitigating the impact of HIV/AIDS and other forms of vulnerability on children and their households. The project started full implementation in the mid of 2014 with the following objectives;

- To improve the systems & structures at community, LGAs and State in providing responsive care, protection and support services for 151,279 OVCs and 30,254 HHs in Lagos State over 5 years.
- To improve organizational and technical capacity of local Nigerian partners to offer services to OVCs and their families
- To facilitate local Nigerian CBO partners to engage more effectively with LGA and private sector partners

The LOPIN (ASAMIHAS) Project is designed to model inclusiveness in programming for OVCs in selected states in the country including Lagos, in accordance with the National Priority Agenda. The project implementation emphasize a paradigm shift in programming from providing 'handouts' to OVCs to a more sustainable approach of strengthening the government systems to provide services; harnessing Public Private sector Partnership; and empowering households of VCs economically to cater for their children/wards as the first line provider and on a more sustainable manner. One following are the key achievement of the project achieved so far

- Successfully held Lagos State Start Up Technical meeting with OVC stakeholders on the 27th of October 2014
- Conducted Advocacy visit to the Lagos State Deputy Governor, Hon. Victoria Adejoke Orelope-Adefulire on Nov 5, 2014
- Identified, Selected and trained 5 CBOs (HUFFPED, BLYSON, Arms of Comfort, Chamagne & Rhoda Haven) after review and evaluation of CBOs proposal



One day orientation meeting with eight potential CBOs at ARFH Ibadan Office



Technical Meeting with OVC stakeholders held at the Lagos State WAPA Conference Room



ASAMIHAS Staff 2-day orientation meeting held at ARFH Ibadan conference hall

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

The Association for Reproductive and Family Health is part of the FHI360 led consortium on a USAID funded grant titled Strengthening Integrated Delivery of HIV and AIDS Service (SIDHAS). ARFH is implementing the community based programs of Reproductive Health/ HIV Integration, TB/HIV integration, Care and Support to Vulnerable Children (VC) in Edo, Akwa-Ibom and Rivers States and has engaged 9 CBOs to deliver on the these three components assigned.

The goal of the project is to strengthen integrated and sustainable VC, RH/HIV and TB/HIV services using community-based gender sensitive approach.

PROJECT OBJECTIVES

- To increase access to services and enhance the well-being of VC and to decrease the burden of HIV/AIDS on children, families and communities
- To increase access to Reproductive Health/HIV information and services
- To provide support to TB patients within the communities through treatment support, defaulter tracking and referral of TB suspects for early diagnosis and treatment
- To encourage community ownership and sustainability of the program

PROJECT COMPONENTS FOCUSED ON IN 2014

- Prevention of Mother to Child Transmission (PMTCT): Created demand for PMTCT uptake in the community through community outreaches to traditional birth attendants, churches, and general population. Exposed infants were enrolled into care, and treatment offered to prevent mother to child transmission of HIV /AIDS.
- HIV Testing and Counseling (HTC): through Community sensitization and outreaches in the communities
- Sexual Transmission Prevention (STP): reached Female Sex Workers with Minimum Prevention Package Intervention (MPPI) to reduce sexually transmitted infections and increased access to condoms and while changing the attitudes of the sex workers towards condom use.
- Care & Support: reached out to the PLHIV in the community to improve their health outcome, retaining them in care, counsel and refer their PABAs for HIV testing.

2014 ACCOMPLISHMENT

OVC

- 16,850 OVC enrolled in the programme
- 29,948 OVC served (Birth registration, psychosocial support, nutritional counselling, legal support)
- 300 VC caregivers trained on skills acquisition and service delivery
- 60 VC caregivers cooperatives empowered with Household Economic Strengthening (HES)
- 15 children were returned to school
- 12 graduating VC and 2 child headed households undergoing skills acquisition

- training in Edo and Akwa-Ibom States
- Older OVC (12 to 18years) were trained on Life Building Skills and Family Life Health Education with set objectives to; Increase knowledge on HIV and AIDS; reproductive health and life skills; Increase knowledge on peer education approach; Improve skills to conduct peer education

Medical Prevention

- 34 individuals referred for PEP by CVs and PEs
- 33 blood units collected and linked to HLP-Bs sites through CBO efforts

Sexual Prevention

- 1,276 FSWs counseled, tested and received results
- 710 Out of School Youths (OSY) counseled, tested and received results

PMTCT

- 731 pregnant women identified in the community and referred for ANC
- 241 HIV positive pregnant women tracked for the first time and sent for PMTCT
- 98 exposed babies tracked for the first time
- 5,637 individuals were counseled on integrated FP disaggregated by HIV status

Condom Distribution

- 10,041 individuals were provided with condoms
- 68,311 condom units were distributed

TB/HIV

- 284 TB suspects were referred for TB diagnosis
- 18 TB suspects were referred with AFB smear-positive result
- 171 TB patients are receiving treatment support C&S
- 75,092 eligible adult and children were provided with a minimum of one care service at the Community
- 10,523 PLHIV were provided with minimum PHDP package intervention
- 15 Support Group (SG) members supported across the three (3) States

Other programmatic achievement

- 9 Kids clubs established
- 2 Early Child Development Centers (ECCD) established
- Supportive Supervision to the CBOs in Edo, Rivers and Akwa-Ibom
- Peer review of Program for Continuous Quality Improvement (CQI) carried out; the review served as means of validating the ARFH/SIDHAS implementation progress and establishment of fiscal year three achievements through the assessment of the quality of services provided to the communities and facilities from the target indicators. The importance of the review was to share best practices; correct mistakes and tackle challenges.
- Caregivers were trained on preparation of nutritional supplement made from locally available grains
- 354 Community Volunteers trained
- 274 Peer Educators trained



Newly constructed Kids-Club Center in Urua Inyang community, Akwa Ibom State



Economic Empowerment through Skill acquisition kids club in Okogbe, River State

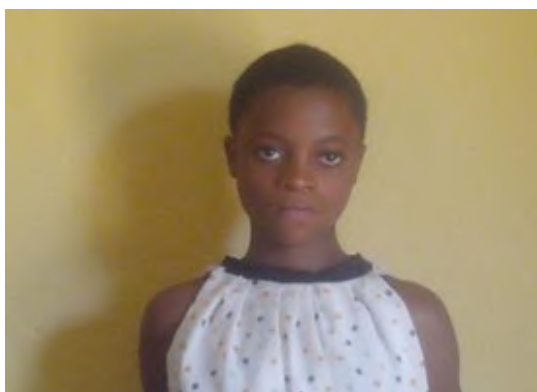
THE DIFFERENCE THE SIDHAS PROGRAM ACHIEVEMENT MADE

Through the SIDHAS project, there is more access to condom use due to demand creation which aids to reduce HIV Globally. All SIDHAS services are integrated in the community and there is a linkage to the facility making it less expensive and more accessible. The project has also helped us to attain the MDG 6; to reduce HIV prevalence. Other achievement included;

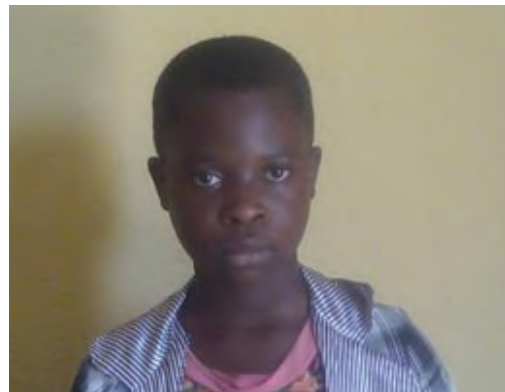
- OVC Caregivers were empowered on IGA (Income Generating Activities), Some of the OVC were returned to school while graduating OVCs are now learning skills in the various ARFH/SIDHAS communities
- Provided psychosocial support to the VC through the kids club
- More children being enrolled in the ECCD center in Akwa-Ibom which will result to expansion
- Reduction in Stigma and Discrimination in the communities
- Increasing behavioral change amongst the population and target population.
- Referral for STI increased through awareness especially amongst FSW

->> SUCCESS STORY: Harmful Traditional Practice <<<-

During the Peer Review of Programs for Continuous Quality Improvement (CQI) in the ARFH/SIDHAS States (Edo, Rivers and Akwa-Ibom); it was discovered on September 9, 2014 while on field visit to OVC in Ndung Nsoatiai in Eyo Abasi of Oron L.G.A, Akwa-Ibom State that two orphans (Eno Edet Sunday, age 12 and Affiong Edet Sunday, age 9) were staying alone in the same house with the corpse of their late Grandmother who died two years ago and was yet to be buried; this bizarre situation was also confirmed by the Community Chief, Effiong Antai Eyoon. The CQI team reported the case to the Child Protection Committee (CPC) of the community and the Commissioner for Women Affairs and Social Development to ensure immediate burial of the corpse. The Deputy Director of Programs, ARFH volunteered and bought the coffin on September 12, 2014 which was delivered to the resident of the orphans awaiting the burial. As a result of Akwa-Ibom State Government injunction, the burial of Late Mrs. Affiong took place on September 20, 2014 at her residence. In attendance were the staffs of AIDS Care Managers, ARFH SPO, a staff from SMWA&SD and two Civil Defence officers. After the burial, the Ministry of Women Affairs, Akwa-Ibom State through Mrs Udoekwere expressed dissatisfaction on the bizzare situation and thereby made the son of the deceased (Mr Edet Sunday) sign an undertaken to take full responsibility of Eno Edet Sunday while Affiong Edet Sunday was taken and registered in an Orphanage home.



The orphans: Eno Sunday Edet



Affiong Sunday Edet

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

Launched in 2013, the Systems Transformed for Empowered Actions and Enabling Responses (STEER) Project is a USAID funded five-year intervention targeting five states namely: Kaduna, Bauchi, Sokoto, Plateau and Kano. The project is a consortium of five organizations led by Save the Children International (SCI), the other partners are: the Association for Reproductive and Family Health (ARFH), American International Health Alliance (AIHA), Management Sciences for Health (MSH) and Mercy Corps (MC). STEER aims at improving the wellbeing of Orphans and Vulnerable Children (OVC) in Northern Nigeria by enabling them to access and utilize comprehensive and coordinated services to realize their full rights. STEER targets 575,000 children and 125,000 care givers in the five states.

STEER's breakthrough strategy revolves around a 3600 approach to systems strengthening which takes into account regional differences, religious and cultural considerations, household (HH) vulnerabilities and gender dynamics. The strategy aims to: 1) strengthen families by building caregivers' capacity to serve as frontline care and support providers to children; 2) strengthen community systems to identify vulnerable children, link them to needed services and promote the creation of protective structures; 3) strengthen and reinforce state and local government leadership and ownership of the OVC response through targeted capacity building, strong mentorship, institutionalization of standards and practices and increased accountability; and 4) support active engagement of private sector to address the unique vulnerabilities faced by OVC and their families. Through an innovative, competitive and performance-based sub-granting strategy, the 46 Civil society organisation engaged in the project are rapidly scaling up quality care and support to OVC and families and increasing their technical and institutional capacity through the demand-driven technical assistance from experts.

STEER works through innovative yet tailored approaches to capacity building for state and non-state partners (government, civil society, private sector and families/communities) by working within these entities to strengthen and sustain institutional capacity and between entities to support networking and modeling of approaches for a holistic response. With specific attention to gender integration, STEER is addressing the unique female challenges in the north and engages females in decision making on issues which affect them at all levels.

Results:

Strengthened Capacity of Regional and Local Government to provide, manage, and monitor integrated, comprehensive care to OVC and their families

- STEER provided Support to government sector through SMWASD to improve leadership and coordination of VC services and activities in the state through Vulnerable Children Technical Working Group and Steering Committee Meetings
- Accountability of Government improved through use of data and support for broad based participation in Government processes.
- There is an ongoing supportive supervision and provision of technical assistance by the STEER Organization Development Specialists, embedded within State Ministries of Women's Affairs, to the 5 SMWASD and 46 LGAs to strengthen the use of data and institutionalize the practice within Government. They are supporting states and LGAs to conduct

regular data review and coordination meetings. An orientation meeting for State VC desk and M&E Officers on facilitation of effective data review and coordination is planned for the first quarter of Year 3. These reviews are expected to identify gap areas where the government can intervene with partners

- Capacity building through training has been conducted for STEER Project State and LGA VC Desk and M&E Officers; and project Officers from the first 24 partner CSOs on quality monitoring & evaluation, data quality, reporting and use.
- A data quality assessment for the first 24 partner CSOs across the 5 project states was conducted to ascertain data quality checks, completeness and appropriateness. Analysis of available data was used for planning and decision making on the program and in particular for development of case management plans for identified vulnerable households for effective service delivery.
- Training of batch 2 partner CSOs (22 in number) on M&E, Accountability and reporting is planned for the first quarter of Year 3.

Strengthened organization and technical capacity of Civil Society to manage OVC programs

Organizational capacity assessments have been carried out for all 24 batch I CSO partners and currently on-going for the 22 batch II partners. With the support of an Independent Consultant the 24 Batch I partner CSOs were supported to review and update their operations manuals, governance and management documents. Each organization was supported to examine and update the following documents;

- Constitution to clarify roles & responsibilities of the Board, Board Chair and Executive Director. Appointments to the Board, tenure of board membership etc.
- Human Resource Policy for recruitment, staff benefits, clarify job descriptions, staff performance appraisal, skills transfer method, staff development etc.
- Finance and procurement manuals for authority limits, approvals and signatories to bank accounts, budgeting procedures, internal controls, asset management, inventory systems, procurement procedures and
- Annual operational plans.

OCA is ongoing for the 22 new CSOs, 9 have been assessed so far (5 from Plateau and 4 from Bauchi), with capacity intervention action plans being jointly developed with the organizations to reflect specific actions required, persons responsible and timelines for action. These will be followed up for implementation during year 3.

Gender Equality and Female Empowerment

- STEER Project has been working with 2400 HHs in the last one year whose majority caregivers are women. They have been trained on financial literacy; Village Saving Loan Scheme and other strategies to empower them start and manage their Income Generating Activities which will eventually increase their household income. In addition through Community Based Civil Society Organizations the project is interacting with the targeted communities and relevant stakeholders respectively to address issues, gaps and challenges of OVC with a gender lens for the overall achievement of the objectives.
- STEER through its CSOs continues to make use of its Child Protection and Welfare Committees and other Local/Government structures within communities to address

issues of Gender Based Violence (GBV) through awareness creation, Family life education, gender and peace building. With the conclusion of Household assessments, case management plans have been developed to address specific HH issues that include gender based violence.

Policy and Governance Support

- The reactivation of coordination structures (the VC TWGs and Steering Committees), have provided solid platforms for Improvements in response and participation by various stakeholders. Improvements are now being noticed as issues of child abuse and molestation and several others are now getting discussed and followed up with appropriate government agencies.
- Trainings provided in the Leadership Development Programs have afforded government officials and executives of civil society alike to become familiar on national policy documents like the National Priority Agenda for Orphans and Vulnerable children (NPA) and the National Service Standards for orphans and vulnerable children in addition to being equipped with appropriate management concepts and tools like the MSH Challenge model.

Summary of Results (as at September 2014)

Standard Indicators	Baseline FY YYYY	Annual Target	Q 4 FY1 4	Annual Performance Achieved to the End of Reporting Period (%)
Number of Caregivers provided training to improve their ability in caring for OVC	0	25,000	22,617	90
Number of new OVC enrolled	0	105,000	84,378	80
Total number of OVC enrolled to date	0	105,000	84,378	80
Number of care-givers provided with Economic Strengthening services	0	25,000	23,658	95

Note: The Results Performance Column depicts level of achievement expressed as a percentage of Actual versus Planned.

TUBERCULOSIS PROJECT

GLOBAL FUND TUBERCULOSIS GRANT PROJECT

Working in collaboration with the National Tuberculosis and Leprosy Control Program, ILEP partners and Health Alive Foundation towards control of Tuberculosis in Nigeria, ARFH continue to implement the Global Fund TB Round 9 Phase II Project in Nigeria. ARFH is responsible for providing oversight function, financial management and procurement of drugs, Monitoring & Evaluation to ensure successful implementation of the grant.

The goal of the project is to reduce significantly the burden, socio-economic impact and transmission of all forms of TB in Nigeria.

Strategic Objectives

- To promote behavioural change about TB in the community
- To pursue High Quality DOTS expansion and enhancement
- To scale-up TB/HIV collaborative activities and strengthen TB/HIV integration
- To improve diagnosis and follow-up of MDR-TB
- To provide high quality MDR-TB treatment
- To strengthen the technical and managerial capacity of the National Tuberculosis and Leprosy Control programme

Key Project Components

- High-quality DOTS expansion and enhancement
- Strengthening of TB/HIV collaborative activities
- Engagement of all care providers, public and private, in a strategic alliance
- Engagement of communities and patients in TB activities & Strengthening of advocacy, communication, and social mobilization

Accomplishments

Major achievements recorded in the year:

- Development and launch of the National Strategic Plan 2015-2020
- Implementation of the active case search intervention which has improved case detection with over 8,8000 suspects have been provided with corrected information and referred to health facilities to access TB services at the community level. There have been an increase in the involvement of schools in awareness creation about TB and establishment of TB and Health Club in secondary schools
- Operations Research on Understanding the Concept of 'Treatment Support' and comparing treatment outcomes in TB/HIV co-infected and non-co-infected patients was conducted. The research result is now used as a training tool
- Expansion of high quality DOTS Centers to 5,594 sites and treatment of 475,935 patients as at quarter 4, 2014.
- Achievement of uninterrupted supply of quality-assured TB commodities to all DOTs Centers in Nigeria
- On-going engagement of Private Health providers in TB control especially in Case Finding
- Strategic advocacy activities has improved political commitment in Lagos, Kogi, Kebbi, FCT, Sokoto and Zamfara States as evidenced by counterpart funding for TB Control

Human Interest Story

“Ms. Esther Oji a 28 year old woman living in rural community in Ebony State faced significant difficulties in accessing proper health care. Unaware of the growing symptoms of Tuberculosis in her body, her illness went undiagnosed and rapidly became life threatening. A Community volunteer trained by GRADE Foundation (a CBO supported on the project) discovered Esther at a point of near death. She was taken to the general hospital for TB screening and later tested for TB and confirmed positive. She was immediately placed on treatment.

With support from Community Volunteers and the Local TBLS, She received a steady delivery of drugs and has since completely recovered. Esther is one of many whose TB could have gone undetected. Esther Oji is now a strong advocate on TB Control in her community



Esther at discovery as TB patient (Ohaukwu LGA, Ebonyi State)



Esther as a TB Ambassador on Worlds TB Day

MALARIA PROJECTS

GLOBAL FUND MALARIA PROJECT

Association for Reproductive and Family Health (ARFH) is a sub recipient to the National Malaria Elimination Program (NMEP) on the Global Fund Round 8 Malaria Phase 2 Grant. The objective of the grant is to 'contribute to rapid and sustained scale-up of malaria control interventions for impact in Nigeria' with the following objectives:

- To contribute to rapid scale up to universal coverage of population at risk of malaria in 2010, through 100% coverage and 80% use of Long lasting Insecticide Nets (LLINs) and sustain this through 2013
- To contribute to increasing prompt and effective treatment of malaria using Artemisinin based Combination Therapy (ACT) within 24 hours of onset of fever by 80% by 2011 and sustaining through 2013
- To scale up parasitological diagnosis in persons above 5 at health facilities to 80% 2013
- To reach by 2010 at least 80% of population at risk (communities, families, care providers and health workers) through Behavioural Change Communication (BCC) for awareness and appropriate actions on malaria prevention and treatment and sustain this through 2013
- To contribute to health systems strengthening (including community – system strengthening) through malaria control activities



Anita, demonstrating LLIN use in Adamawa State

Accomplishment

Prevention:

- 468,346 (118% of target) LLIN was routinely distributed in Adamawa, Niger and Osun states through ANC/EPI, Schools and community and continuous distribution.
- 3651 Households were visited in order to track, encourage and identify issues around use of LLIN. This led to increased utilization of LLIN especially in Osun and Oyo States as demonstrated by a study carried out by ARFH.
- 157 Schools were reached and 67159 were taught and sensitized on the use of LLIN, they were encouraged to talk to their parents and community members on the need to use LLIN, thereby preventing malaria. In some schools, Malaria clubs were constituted and students have a mandate to mobilise community members during weekends to clean their environments and help to educate them on the proper use and hanging of LLINs. Beyond the outcome of knowledge transfer, spot checks at community level on children were carried out to determine if information received was transferred to the community level. Spot check reveal information received is translated beyond the school environment to community level, spot checks at community level also indicate that children influenced their parents on the use of LLIN.

Advocacy, Communication and Social Mobilisation (ACSM):

During the year, a total of 1890 community members were reached with malaria information through community dialogue sessions and compound meetings. Pertinent issues pertaining to misconceptions on LLIN use and other health information was resolved amongst community members and way forward agreed upon.

	Indicator	Achievement	Target	% Achievement
Treatment	Number of persons with uncomplicated malaria receiving ACT treatment according to National guidelines through the public sectors.	647,459	1126436	57%
	Percentage of participating health facilities in the public sector reporting no stock out of ACTs for 1 week or more within the last 3 months.	89%	90%	99%
Diagnosis	Percentage of all suspected malaria cases that received a parasitological test through the public sector	82%	74%	111%
	Percentage of suspected malaria cases that tested positive by RDT/microscopy in the public sector	80%	NA	NA

PS: Data reported is as obtained as at November, 2014; Some November and all of December data yet to be reconciled.

ARFH Malaria also leveraged on existing ARFH structure at the community level to promote LLIN use. This led to reaching of 418 community people on malaria prevention and 88 facility referrals in Oyo State.

Advocacy was also carried out across the States both at the State, LGA and Ward level. One key outcome of advocacy in one of ARFH's State is the refurbishment of SMEP vehicle by the MoH in Bayelsa State. The state Government in Oyo State also approved and released funds for the purchase of 150,000 doses of ACTs, 50,000 doses of SPs and N15 million naira worth of RDTs in the State.

System Strengthening:

40 coordination meetings were conducted across the LGAs of ARFH-supported states. This was adequately utilized for capacity building and mentoring which has translated to improved timeliness and quality of data reporting and effective program implementation.

SUCCESS STORY

To consistently demonstrate outcome of programs and adequately project ARFH's image at all levels, two success stories were published on the roles of Role Model Care Givers (RMC) and Ward Development Committee (WDC) in malaria management at the community level.



The story “Role Model Caregivers: The Real Heroes of Community Management of Malaria in Northern Nigeria” and “Community Engagement for Effective Malaria Control in Nigeria: Role of Ward development Committee (WDC)” have been shared in both local and international platforms. <http://www.arfh-ng.org/news/item019.php#>. ARFH has received both local and international feedback from both success stories, we have also seen an increase in the number of viewers on the documentary. <https://www.youtube.com/watch?v=5LbNcdSNT6Y>

ACHIEVEMENTS AND RESULTS

As a result of intensive supportive supervision, community dialogues, engagement of relevant stakeholders and On the Job Training (OJT); the number of Malaria Rapid Diagnostic Test Kits(RDT) and number of persons treated with ACTs improved remarkably a trend which has continued.

The Malaria project has made considerable impact in line with the mission of the organization in promoting and implementing innovative and high impact programs and services that target the entire population. In addition, the project has contributed in no small way to the country achieving its Millennium development goal 6 targets in combating Malaria

WAY FORWARD

- To account for decrease in access to treatment as a result of health workers strike, Malaria Outreaches at community level using the 'test, treat and track strategy' are being supported in Oyo, Osun and Bayelsa states. This also ensures Malaria commodities at facility level are utilized and the risk of expiry reduced.
- Supported facilities are currently providing Antimalaria support working in collaboration with other partners to internally displaced persons (IDP) camps in Adamawa state.
- We constantly engage with implementing partners and stakeholders in supported states to enhance cost efficiency and improve coverage for the project.

It is important to state that Global fund through the NMEP have been very supportive in the provision of funds to implement the grant this is in addition to a harmonious partner relation at all levels of grant implementation resulting in significant grant outcome. In Oyo state, there is harmonization between ARFH and MAPS in implementing the community component of the grant and similarly in Niger state, there is harmonization of commodity management with SUNMAP.

Finally, as the project transits to the New Funding Model (NFM) the importance of the use evidence based strategies to further improve and consolidate necessary outcomes by NMEP and implementing partners cannot be overemphasized.

INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) OF CHILDHOOD ILLNESSES IN ADAMAWA AND KEBBI STATES

ARFH was awarded the Integrated Community Case Management (iCCM) of Childhood Illnesses grant in October 2014. It is part of the European Union/UNICEF funded initiative to improve child health services in hard to reach communities in Adamawa and Kebbi States. The goal is to contribute to the achievement of MDG 4 and "reducing child mortality by two-thirds and combating HIV/AIDS, malaria and other diseases".

The focus of the iCCM strategy is the provision of curative health interventions to children under-5 years in hard to reach areas where access to health services is low. iCCM addresses the three most common childhood diseases: Pneumonia, Diarrhea and Malaria as well as Malnutrition implicated across these diseases areas.

A key objective of the grant is to build the capacity of 4500 Community Oriented Resource Persons (CORPs) and Community Health Extension Workers (CHEWs) to provide quality iCCM services, create access to life saving diagnostic, preventive and curative interventions, strengthen community health systems and establish linkages between health facilities and communities.

The project components focuses within the first quarter of implementation October – December, 2014 are as follows;

- Advocacy and stakeholder sensitization at the national, state and local government levels
 - Consensus-building meetings on the hard-to-reach communities in which iCCM will be implemented
 - Capacity building of state trainers (Training of trainers) who will go on to train service providers (CORPs)
 - Training of Community Oriented Resource Persons (CORPs) and Supervisors
- Accomplishments,
Advocacy and stakeholder sensitization
Advocacy and sensitization meetings for Stakeholders in the project states was held to im-

prove commitment and support for the iCCM project implementation as well as to ensure harmonization with other community health programs at all levels.

Capacity building

Capacity building workshops for state trainers (Training of trainers) was organized

The TOT for the iCCM roll out in both states have been concluded

- Kebbi state: 30 state officers (doctors, nurses and CSOs) trained on iCCM

The successful initiation of iCCM and the consequent provision of life-saving child health services during the training of health workers aligned with ARFH's mission to initiate, promote and implement innovative and high impact health programs and services targeting women, young people, children and men. iCCM will contribute to the improvement of child mortality and morbidity statistics in the country as the services are provided to children under-5 in many hard-to-reach communities where health services are lacking.



Group Photograph of participants at Capacity building Workshop of state trainers (Training of trainers)



The clinical training sessions were very helpful to the Zauro and Ambrusa communities in Kebbi States. Many sick children received assessments and treatment and few who presented with the danger signs of the iCCM conditions were referred for and received immediate treatment at the health facility.



A mother and her sleeping child after just 24 hours of facility-based treatment for the child after prompt referral and medical attention



Practical training for Community Oriented Resource Persons (CORPs) and Supervisors

MALARIA ACTION PROGRAM FOR STATES (MAPS) -COMMUNITY INTERVENTION PACKAGE (CIP) PROJECT ACTIVITIES

Malaria Action Program for States (MAPS)-Community Intervention Package (CIP) is a Fixed Obligation Grant (FOG) funded by USAID and awarded to ARFH by FHI 360. It is a 6 months project to be implemented in milestones across 32 wards in 9 LGAs in Oyo state. The overall goal of the CIP project is to reduce the incidence of morbidity and mortality due to malaria, through improved practices amongst vulnerable groups. The intervention LGAs are Afijio, Lagelu, Akinyele, Ogbomoso North, Ogbomoso South, Oyo west, Oyo East and Ibadan South West.

The strategic objective of the MAPS-CIP program is to empower 32 Ward Development Committee (WDCs) through capacity building, to identify problems on malaria intervention within the community and proffer solution.

The project components carried out in year 2014 includes:

- Advocacy (to policy holders, decision makers, community leaders and other stakeholders)
- Training/Capacity Building
- Compound Meetings
- Community Dialogue
- Sensitization of communities with accurate malaria messages and preventive methods.
- Monitoring and Evaluation.

Accomplishment

Dormant and previously non existing Ward Development Committees (WDCs) were reactivated and formulated where required as representatives of communities within the intervention wards and as local coordination mechanisms for the CIP program.

The MAPS-CIP project has built capacities of a total of 155 persons from 9 LGAs and 32 wards in Oyo state on Interpersonal communication skills, community mobilization activities on malaria prevention and control in the communities as well as the Monitoring and Evaluation Data capturing tools.

These newly trained community volunteers and ward focal persons are now well saturated with accurate key malaria messages, proper use and care of Long Lasting Insecticide Treated nets (LLIN), Intermittent preventive Therapy (IPT) for pregnant women, prompt diagnosis



A WDC meeting in Oyo west LGA, Oyo State



Discussion session during the re-activation of WDC at Afijio LGA, Oyo state

and management of malaria cases required to enhance the quality of life of vulnerable groups in the community.

Through advocacy conducted to the Permanent Secretary of Oyo state Ministry of Health, Directors of PHCs at the state and LGA level (MOH) on the MAPS-CIP project, free venues



Capacity building of LGA team on the MAPS-CIP project



Demonstration LLIN during the training session at Ogbomoso south LGA.

were provided for the two days non-residential training held at the LGA level for the Community volunteers and WFPs in milestone three. Community entry by project team was also smooth especially in the area of advocacy to traditional and community leaders in some of ARFH's intervention wards where support for the CIP project have been indicated. The Monitoring and Evaluation of the community mobilization activities on the CIP project will be conducted at the completion of milestone 4.



F Training session in Ogbomoso North LGA



Advocacy visit to traditional leaders of Lalupon in Lagelu LGA

NON PROJECT TRAINING

TRAINING ON COMPREHENSIVE ABORTION AND POST ABORTION CARE, TRAINING OF TRAINERS ON LONG-ACTING REVERSIBLE CONTRACEPTIVE METHOD BY IPAS AND ARFH

Two clinic staff in person of Mrs Segilola V.A.E. and Mrs. Oketunji W. participated in IPAS training on Comprehensive abortion and post abortion Care, Training of Trainers on Long-acting reversible Contraceptive method. ARFH was subcontracted to provide logistic support for the trainings. Mrs Segilola also co-facilitated in the training of public health workers in Oyo state and was involved in the IPAS baseline survey in Oyo state. ARFH clinic was represented at NURHI review of the distant learning video tape.

CORPORATE SOCIAL RESPONSIBILITY

ARFH YOUTH RESCUE CLUB

The Youth Rescue Club (YRC), as an arm of the organization –ARFH, was established to build knowledge and skills of young people between age 12 and 24years as future leaders in relation to their Sexual and Reproductive Health and other related social issues. The club in its peculiar nature has always propounded objectives to be met in each year of its existence. In year 2014, the club had the following objectives:

- Increased the number of young people enrolled into the club by 30% through school outreach activities and interpersonal communication among peers
- Improved knowledge on life building skills of members
- Engaged the members in Organizational activities in the areas of young people sexual reproductive health
- 1. Accomplishments
 - Improved the knowledge of YRC members on Adolescent Sexual Reproductive Health issues
 - Created a platform for Inter-organizational communication among the young people
 - Engaged the members in the organizational activities relevant to their group
 - Gained recommendations from other youth-led organization as a result of impressive representation of the members at a consultative forum.



Representative of YRC member making a presentation at the Consultative meeting with Adolescents

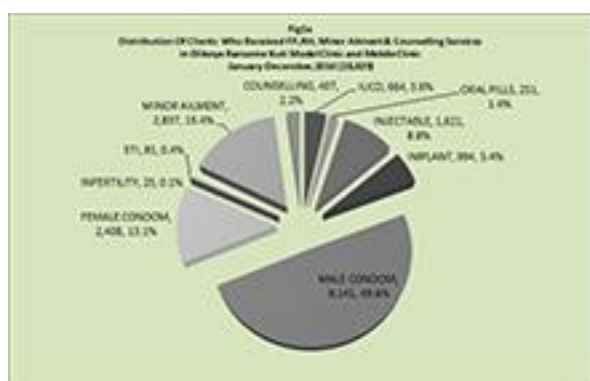


Group photograph with YRC Coordinator, 2 representatives of YRC member, and facilitators at the Consultative meeting with Adolescents

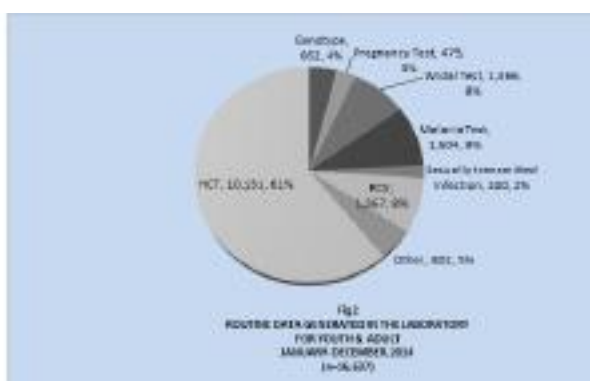
SERVICE DELIVERY

ARFH CLINIC

In the period under review the ARFH Clinic had an increase in the client load. There was a marked increase in client number and revenue generation. ARFH clinic and laboratory staff continued the structured support to the organization's partners' request for outreach and training support through the year. On the 1st of November 2014, the clinic organized a major outreach activity where free FP and medical services were provided at Ondo garage in Agodi-Gate area of Ibadan. This was in commemoration of the ARFH 25th Anniversary. Below is the illustration of clinic and laboratory statistics from January to December, 2014.



The laboratory also reached 16,637 adults and youth with services



Tunde and Egun Delano Library also provided services to 13,999 adults and youth. The gender disparity in the use of the library is illustrated in the graph below.

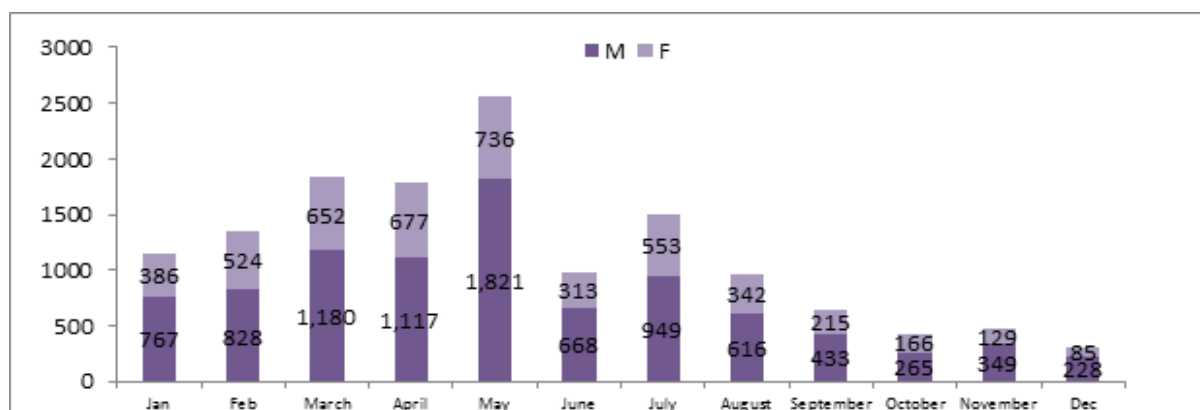


Fig. 4: Distribution of the population of Youth & Adult served by Arfh Library between January-December, 2014 (n=13,999)

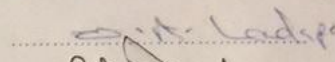
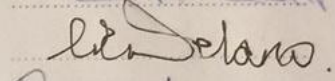
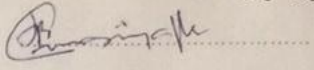
AUDIT REPORT

Association for Reproductive and Family Health

Balance Sheet

As At 31 December, 2014

	Notes	2014 N	2013 N
FIXED ASSETS	2	67,632,092	54,564,739
LONG TERM INVESTMENT	3	44,692,991	40,098,545
		<u>112,325,082</u>	<u>94,663,284</u>
CURRENT ASSETS			
Inventories	4	2,589,137	1,193,340
Debtors and Prepayments	5	206,378,741	209,740,706
Short-term investments	6	5,971,391	27,183,239
Cash and Bank		1,738,373,550	2,160,095,978
		1,953,312,820	2,398,213,263
CURRENT LIABILITIES			
Creditors and accruals	7	(16,936,993)	(15,241,600)
NET CURRENT ASSETS		<u>1,936,375,827</u>	<u>2,382,971,663</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		2,048,700,909	2,477,634,948
LONG TERM LIABILITY			
Gratuity	8	-	(12,400,000)
NET ASSETS		<u>2,048,700,909</u>	<u>2,465,234,948</u>
FINANCED BY:			
Accumulated Fund	9	<u>2,048,700,909</u>	<u>2,465,234,948</u>

 President/CEO
 VP/Executive Director
 Director Finance and Administration

See notes to the financial statements.

CHALLENGES

- Security challenges: security issues were experienced in some of ARFH projects implementations sites in Central and North Eastern Nigeria This delayed project activities as well as collation of service data. ARFH and implementing partners have been making use of comprehensive security guidelines in order to ensure safety of project staff. We also monitor security reports before staff set out for project activities in communities.
- Funds allocated towards monthly stipends for community volunteers implementing the community mobilization activities at the community level is inadequate based on feedbacks received. This could affect the CVs commitment towards the program activities.
- Health workers strike across the States
- Ebola Virus Disease (EVD) epidemic: This delayed the implementation of the training of in-school FLHE teachers on youth friendly services which is a match fund activity on the project due to the extension of vacation period for schools in the country as a control measure against the spread of EVD
- Poor government commitment at all levels particularly as evident in the non-release of counterpart funds
- Low capacity and Insufficient Human resource at primary health care in project states
- Under budgeting during proposal development is a challenge to program implementation

CONCLUSION AND RECOMMENDATIONS

2014 was characterized by unparalleled challenges and extraordinary opportunities to strengthen communities towards achieving better health outcomes. It was a year of significant achievements even in the midst of Ebola Virus Disease (EVD) epidemic and declining resources. In these uncertain times, as conditions continue to evolve in unexpected ways, ARFH will continue to strive for excellence while also becoming more agile as an organization, balancing its responsibilities while continuing to forge new directions towards building a healthier future for Nigerians.

Working today, building a healthier future is the prime directive for all staff, events, programs, services, policies, and procedures within the organisation. We must continue to assess how well we meet that motto, fulfill our mission, and move toward seeing our vision become reality.

Before the Implementation of any Program activities and work plan, the state Government and its line officials should be informed. Issues that can interfere with program activities can be reviewed during this period for mutual benefits. During proposal development, future inflation rates should be put into consideration and review should be done to correspond with current trends before final submission of application to funders

Throughout the year, staff members respond to challenges by enhancing skills and knowledge. These challenges arose from technology, financials, staffing, collaborative partners, and so forth. Enhancing the skills and knowledge of personnel helped to meet the needs of beneficiaries in caring and competent ways.

The Board of Trustees would like to thank all ARFH's stakeholders for their trust in ARFH and the Board of Directors, and all the organisation's co-workers for their efforts. Board is confident that ARFH will be able to meet the challenges in 2015 and will continue to act as a reference point for the NGO sector in Nigeria

PHOTOS OF ARFH 25TH ANNIVERSARY



Figure ARFH 25TH Anniversary Community Outreach Programme, Ibadan



Integrated Community Case Management (iCCM) of Childhood illness outreach programme in Kebbi state



Advocacy visit to UNFPA Country Representative Rati Ndhlovu,



Mrs Kehinde Osinowo receiving a gift of appreciation from beneficiaries on the Link for Children Project at the Project Close-out meeting



Unveiling of ARFH book at the ARFH 25th Anniversary NGO Dialogue Meeting



ARFH 25TH ANNIVERSARY AWARD AND FUNDRAISING DINNER, SHERATON HOTELS ABUJA



