



ASSOCIATION FOR REPRODUCTIVE
AND FAMILY HEALTH

ABUJA OFFICE:

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

IBADAN OFFICE:

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

■ www.arfh-ng.org

■ @ARFHng

■ Association for Reproductive & Family Health (ARFH)



2016
ANNUAL REPORT



ARFH ANNUAL REPORT 2016

OUR VISION

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

OUR MISSION

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

OUR FOCUS

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

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

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

Designing and implementing Youth Development Programmes.

Operations Research.



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ANNUAL REPORT 2016

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1.0) ACRONYMS

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



2.0 LEADERSHIP AND MANAGEMENT TEAM



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



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



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



Mrs Grace E. Delano,
(BA, M.Sc, FWCN, FIHS)
Former Vice President/ED & Co-Founder,
ARFH



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



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

3.0 INTRODUCTION TO 2016 ANNUAL REPORT

For almost three decades, the Association for Reproductive and Family Health (ARFH), has been promoting reproductive and family health information and services to improve the quality of health of under-privileged communities in Nigeria. ARFH is one of the foremost indigenous not-for-profit, Non-Governmental Organizations in Nigeria, and has an excellent record of promoting health policies, building capacity of various stakeholders in the health sector to render quality health services towards achieving the Sustainable Development Goals (SDGs)

ARFH works with many international and local organisations in the fight against diseases such as HIV/AIDS, Tuberculosis and Malaria, and promotes family planning policies to improve maternal, neo-natal and child health, and sustainable population growth control, in order to ensure good quality of life with available national resources. This involves encouraging effective planning of family life and child-bearing to ensure that basic income can enable the education of boys and girls, adequate nutrition, economic empowerment and overall sustainable development of individuals and communities at large.

The focus of this 2016 annual report is to present the effort of ARFH's employees, board, donors, partners and other major stakeholders in promoting, implementing, supporting and monitoring various health programmes and services to improve the quality lives of people in Nigeria. The report will also explore the extent to which the fifth strategic plan of the organisation that commenced implementation in the previous year has been followed.

As a partner to many international and local health organisations, and as a Principal Recipient on the Global Fund grant to fight Tuberculosis, HIV/AIDS and Malaria, ARFH is recognized for its interventions in health policy advocacy and most public health in Nigeria. This report will throw a lot of light on various activities and successes of all its programmes and the organisations values of excellence, integrity, positive change, empowerment, learning and equity.

ARFH, in line with the objectives of its founders and in contributing to the achievement of Sustainable Development Goals (SDGs), recognizes the great efforts of its employees, board, donors, sub-recipients, community-based organisations, the media and partners.



4.0 MESSAGE FROM THE EXECUTIVES

The commitment of the Association for Reproductive and Family Health towards improving the quality of health services in under-privileged communities led to successful exploits that made 2016 a very busy year. While rounding up its implementation of the programme in malaria prevention and treatment, momentum was increased on the Community Systems Strengthening project on demand generation for HIV Counselling and Testing (HCT) services. Various successes were also recorded in the 'Active Case Finding' project of testing and treating tuberculosis patients, all in the bid to ensure access to quality health care for people in under-served communities in Nigeria.

ARFH remains in the forefront of Nigeria's efforts to domesticate and achieve the Sustainable Development Goals through its advocacy for families to achieve socio-economic development through family planning, its Maternal, Neo-Natal and Child Health (MNCH) programmes, and contributions to capacity building of Community Health Extension Workers. ARFH also made significant impacts with its tactics of engaging religious and traditional institutions in communities where social marketing of child spacing and child survival products were implemented, especially traditionally conservative northern states.

Various ARFH projects provided services to Orphans and Vulnerable Children (OVC) and PLHIV through empowerment, and built the capacity of the CBOs to continue to deliver services to care-givers and OVCs.

In 2016, ARFH stepped up its promotion of health services by vigorously engaging the media to increase the visibility, understanding and promotion of its health sector projects, to maintain its key role in the fight against communicable diseases in Nigeria and to improve the literacy of the media and the public about other health issues.

The successes recorded are due to the doggedness of our staff, sub-recipients and community-based organisations, some of who strived hard in difficult terrains, working to achieve many objectives amidst grave safety concerns.

We thank our many stakeholders over the years, who have provided financial, technical and human resources to achieve our vision and mission of initiating and promoting sustainable sexual, family and public health information and services in Nigeria.

5.0 REPRODUCTIVE HEALTH PROGRAMMES

5.1 UNFPA PROJECTS

Many of the projects conducted by ARFH in 2016 were structured to contribute to reducing the maternal and infant mortality rate in the country, thus complementing the efforts of the government of Nigeria. ARFH has utilized the platform of its Community Channels of Delivery for Family Planning (C2D4FP), and Increasing Access to Contraceptives through Training of CHEWs (INACT) projects to carry out a plethora of community- and facility-focused interventions assigned by UNFPA in the year. UNFPA continues to support ARFH's unique innovations that terminally contributes to ensuring every pregnancy is wanted, using approaches that demonstrate value for money. .

ARFH is currently implementing one of the largest UNFPA-funded programs in Nigeria. In the year 2016, the organization transited through the C2D4FP, SRH in Humanitarian in North Eastern States (NoE), completed the Sayana Press Pilot, and commenced the Sayana Press Scale up projects. There was a scale up of training of community-based volunteers (Market-Based Health Agents, Community-Based VHWS-Beauticians, Young Peers, and Community members).

In order to meet the deliverables for the year, ARFH focused on its core operational pillars of capacity development, behavior change communication, massive demand creation for FP, service delivery, advocacy, strategic engagement and partnership with local indigenous organizations, building their capacity to sustain the gains that the UNFPA investment yields in their respective states.

KEY HIGHLIGHTS OF ACTIVITIES:

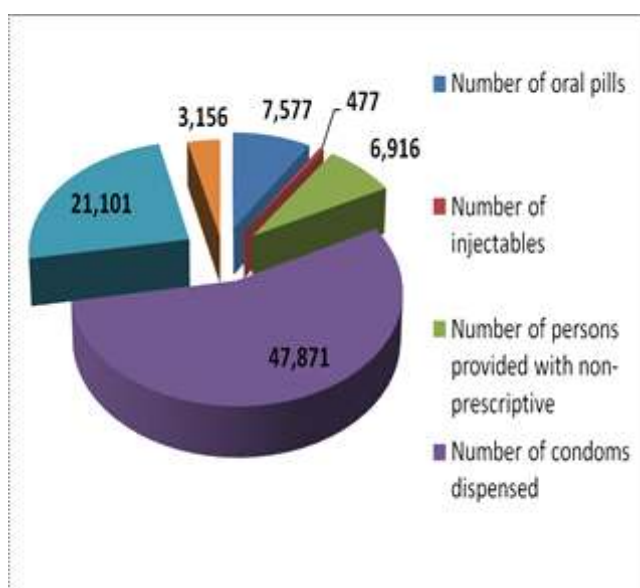
1.1. Entry Advocacy Meetings and Implementation in Community-BASed Distribution of Family Planning in Humanitarian Settings - Borno, Adamawa, and Borno states: ARFH conducted entry advocacy visits on the C2D4FP - Sexual Reproductive Health (SRH) in North-Eastern (NoE) States (Humanitarian Component) to Borno, Yobe and Adamawa states, as part of the proposed activity to start up project implementation in the states. The goal of the advocacy meetings was enlist the support of relevant stakeholders and influence decision makers to support the UNFPA objective of delivering child spacing services in addition to other services in these states that are affected by humanitarian crisis.

ARFH successfully implemented the project, with supervisors and agents trained from 5 camps in Borno state (Dalori I & II, Gubio, Bakasi, and NYSC camps), 3 in Yobe (Pompomari primary school, Kukareta primary school, and Kasaisa camps) and in 3 in Adamawa state (NYSC camp, Malkohi and Fufore camps). The selected community-based distributors included 25 participants each in Borno and Adamawa states, and 15 in Yobe state. Participants were selected from among community members in and around the IDP camps and UNFPA-trained PSS counselors. Service delivery commenced immediately because the project was integrated into the regular state Reproductive Health Community Supply. Each agent received a community-based distributor's kit -



comprising of water-proof bag containing referral booklet, tally sheets, apron, non-prescriptive contraceptive methods, and job aids on eligibility criteria for family planning methods (a tool adapted by ARFH for community-based distributors from the WHO medical eligibility criteria). The job aid was developed by ARFH, and produced following a field test. CBDs were linked to supervisors and referral health facilities around the IDP camps for referral purposes.

ARFH also conducted a frontline evaluation of FP situation in the state and internally displaced persons (IDP) camps in each of the states, training some of the agents as research assistants. The survey provided a front-end information which was very helpful to project implementation, as findings were plowed into improving the project implementation.



The project made FP services accessible to IDPs in the camp, the providing condoms, particularly helping in child spacing counselling, prevention of STIs; especially in areas like Malkohi camp with very high prevalence of STIs. Anecdotal evidence from a surveys during the implementation phase showed slight reduction in prevalence of STIs and a higher uptake of condoms in camps in the states.

Figure: Summary statistics of Persons Reach with various contraceptive methods by the trained community resource persons (CORP).

1.2. Capacity Building and Equipping of Health Workers and Community Resource Persons (Market-Based Health Agents and Community Volunteers) in Kebbi, Ebonyi, Sokoto, and Gombe States: The project trained various cadre of health workforce in the three states (Nurse/Midwives, Community Health Extension Workers) on the Community Channels of Delivery for FP (C2D4FP) project. Nurse/Midwives and community health extension workers (CHEWs) were trained and equipped to carry out quality FP service provision across 43 LGAs in the four states. The HCWs were trained to deliver quality FP service using the right-based approach, while the community resource persons (CORPs) were to provide non- non-prescriptive FP services, re-supply of oral pills and the new subcutaneous DMPA injectable contraceptive (Sayana Press injection), counselling advice and referral for FP methods that they cannot offer.

ARFH trained our partner CBOs on effective Logistic Management Information System (LMIS), focusing on the basics of health logistics and application of the principle of LMIS to ordering and supply of commodities on the C2D4FP project. This was essential to

allow them carry out effective supply and ordering of all FP materials for the community and facility groups they are supporting in their respective states.

Project advocacy and advisory committees (PAAC) was set up in all the states to support project implementation and to serve as liaisons between ARFH/Partners and the state, LGA and local communities. The PAAC consists of the Market-Based Health Agents (MBHAs), Community-Based Voluntary Health Workers (CBVHWs), and Patent Medicine Vendors (PMV) leaders, representatives of the SMOH, and LG Family Planning (FP) coordinators, a prominent Traditional Leader and local partner community-based organization (CBO) which ARFH is supporting.

The C2D4FP project contributed to UNFPA output.

The project's innovative approach targeted market-based agents, community volunteer health workers, beauticians, male advocates and patent medicine vendors as important stakeholders in project implementation to ensure increased access to family planning services in their community. The strategy promoted active local involvement, sustainability, and improve community-facility linkages. The project trained trained/equipped around 900 market-based health agents and 690 CHEWS (men and women) and community-based volunteers working across communities in Gombe, Ebonyi, Sokoto and Kebbi states.

1.3. Regular Joint Program and Finance Monitoring: These involved quarterly visits by both program and finance staff to address the challenges faced by community-based agents and to strengthen their financial processes through the year. It also was an avenue to intimate them with the current funding realities, participate in the various community-based distributor's (CBD) cluster meetings, and provide needed skill transfer to our partner Community-Based Organizations (CBOs) on FP technical issues and other thematic program areas.

1.4. Completion of the Pilot and Scale Up of the Introduction of Sayana Press (DMPA-SC) in Four Nigeria States: ARFH was supported by UNFPA to pilot the introduction of a next generation method Sayana Press (DMPA-SC) in two Nigeria states, Kebbi and Ebonyi states. The purpose of the pilot was to present the opportunities to expand voluntary access to FP Services through introduction of Sayana Press within the rights based approach. Specifically, it support efforts to achieve the specified CPR targets of 36% by 2018 as indicated in the National Strategic Health Development Plan 2009

The project trained 62 Nurse/Midwives, 195 CHEWs in the 2 pilot States (Kebbi and Ebonyi states), so it was easy to use the leverage of the project to incorporate Sayana Press in the Cascade trainings starting from June 2015.

The Sayana Press pilot findings demonstrated a preference for Sayana Press injection by women in both Northern and Eastern states. Aside the fact that the existential evidence showed an exciting preference for Sayana Press, the introduction of the method improved the contraceptive method mix, choice and access for Nigerian women, especially those residing in rural settings and hard-to-reach areas. The successful pilot



led to UNFPA seeking further funds through the Children's Investment Fund Foundation, UK (CIFF) to scale up the next generation FP method in ten additional states in Nigeria. ARFH was selected as the lead NGO to support this scale up. The scale phase commenced around July 2016 and is to span till June 2017.



Cross-section of trainers and participants in the cascade CHEW training in Gombe.



Using cost effective and locally adaptable solutions for healthcare workers training in Nigeria - demonstration and return demonstration session for community volunteers in Kebbi state

5.2 EXPANDED SOCIAL MARKETING PROJECT IN NIGERIA (ESMPIN)

BACKGROUND/PROGRAM DESCRIPTION

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

The five-year project initially scheduled to run from April 2011 to March 2016, but now extended till April 2017 is funded by the United States Agency for International Development (USAID). The goal of the project is to improve the health of women and children in Nigeria by increasing Contraceptive Prevalence and Reducing Maternal and Child Morbidity and Mortality through distribution of socially marketed products and behavior change communication through the private sector. The objective is to Expand and Improve Knowledge of, Accessibility, Availability, Effectiveness and Sustained Use of modern FP/RH, and Child Survival Methods and Products. The program mix includes family planning, diarrheal management, malaria and nutrition (exclusive breast feeding).

ARFH implements the community based distribution (CBD) component of the ESMPIN project in 64 LGAs of four North Western states of Jigawa, Katsina, Kebbi and Zamfara. The community based distribution component of the ESMPIN project entails the provision of family planning services, child survival products and information by trained and trusted members of the local community who are referred to as community based distribution agents (CBDAs). Currently, two thousand, one hundred and eighty (2180) CBDAs conduct one on one and group IPC sessions, provide referrals and sell oral contraceptives, condoms (male and female), water purification products and co-packed oral rehydration salts/zinc in sixty four (64) LGAs (17 LGAs in Jigawa, Katsina and Kebbi and 13 LGAs in Zamfara state).

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

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

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



EXECUTIVE SUMMARY

A total of 594,904 packs of combination 3; 142,984 sachets of PUR; 106,764 pieces of gold circle condoms; 102,788 packs of Co-packed ORS/ZINC; 16,970 pieces of cycle beads; 8,641 pieces of female condoms; and 1,138 bottles of water guard plus were sold in the past project year. During the same period, 1,890,003 persons were reached during the one on one and group IPC sessions which resulted in 9,201 issued referrals, of which 2,763 were redeemed.

IMPLEMENTATION STATUS

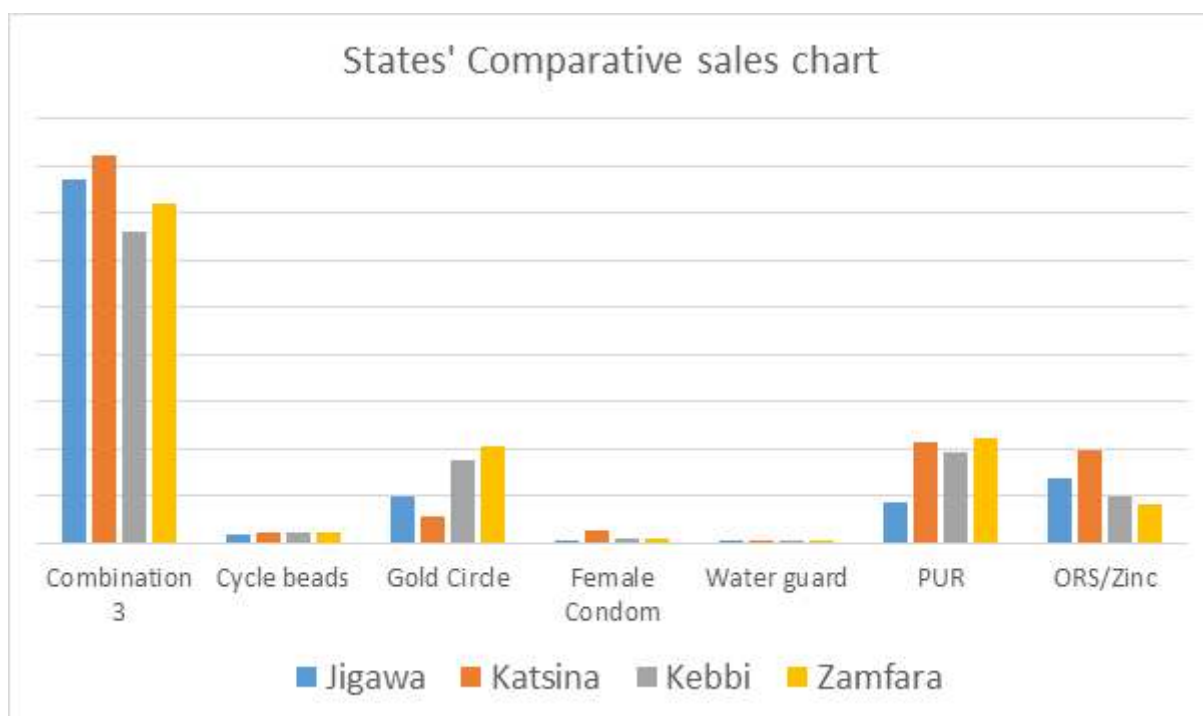
Sub Intermediate Result 1: Availability, Accessibility and Affordability of Methods and Products.

The Community based distribution (CBD) of child spacing and child survival products and methods in the project implementation areas has been effective in bridging the accessibility, affordability and availability gap among the target rural populations. CBD has employed community organizations, structure, and institutions to provide non-clinical family planning services at fixed delivery points and/or doorstep service delivery. These CBDAs who are trusted local community members have ensured product availability and accessibility in their respective communities by making hitherto hard-to-obtain products and methods within reach through home visitations, health facility visits and mobile service provision at local ceremonies, mobilization activities and IPC sessions.

These socially marketed products through the community based distribution strategy are comparatively more affordable as the CBDAs are directly supplied. Product distributed include: Combination 3, Male and Female Condoms, Cycle Beads, PUR, and ORS/Zinc.

	Jan 16 Mar 16	- Apr 16 Jun 16	- Jul 16 Sep 16	- Oct 16 Dec 16	- TOTAL
<i>Combination 3</i>	33,290	70,967	310,564	180,083	594,904
<i>Gold Circle</i>	5,957	14,399	57,354	29,054	106,764
<i>Female Condom</i>	285	685	5,552	2,119	8,641
<i>Cycle Beads</i>	730	10,459	5,446	335	16,970
<i>Water Guard</i>	104	459	318	257	1,138
<i>PUR</i>	14,327	24,868	74,939	28,850	142,984
<i>ORS/Zinc</i>	8,471	13,446	49,600	31,271	102,788

Table I: Commodities Sold



Sub Intermediate Result 2: Knowledge, Attitudes, Perception and Practice.

The CBDAs continued creating demand through IPC sessions for child spacing and child survival methods. The IPC sessions entailed the provision of information, education and communication and other means of motivating community members to improve knowledge, attitudes, perception and practice. These one on one or group IPC sessions were held during clients' home and community health post visits, congregational prayers, communal, ceremonial and traditional gatherings: weddings, male gatherings-*majalisa*. During IPC sessions, the CBDAs provided women of reproductive age with information on the different methods of family planning available. On the other hand, IPC sessions for men of reproductive age centered on correcting myths and misconceptions about family planning. Both male and female caregivers of children under 5 are also provided with information on routine handwashing techniques with soap, the use of water treatment systems and the imperative of treating young children under 5 with co-packed ORS/Zinc.

Drama sessions, community announcers, distribution of IEC materials and the painting of wall murals in strategic locations in the intervention communities have also been employed in creating demand and in essence, improving knowledge, attitudes, perceptions and use of child spacing and child survival products.

	Jan 16 - Mar 16	Apr 16 - Jun 16	Jul 16 - Sep 16	Oct 16 - Dec 16	TOTAL
JIGAWA	7,924	60,461	124,649	73,158	266,192
KATSINA	191,659	317,019	259,743	169,899	938,320
KEBBI	9,958	69,475	131,585	44,802	255,820
ZAMFARA	84,391	114,028	139,639	91,613	429,671

Table II: Number of persons reached through IPC sessions

Consequent upon the conduct of the IPC sessions, women were advised and referred when interested, to visit a healthcare provider to discuss which family planning method is best for them, while the men were advised to discuss family planning with their spouses. Moreover, while CBDAs provided the child survival products to everyone including first-time users, they only provided non-prescriptive short term methods: Gold circle, Cycle beads and Female condoms; refill for the Daily oral pills users and referrals for interested medium to long term new users.

	Referrals Issued			Redeemed Referrals			Percentage redeemed		
	Males	Females	Total	Males	Females	Total	Males (%)	Females (%)	Total (%)
<i>Jigawa</i>	189	439	628	90	340	430	47.6	77.4	68.5
<i>Katsina</i>	1236	3003	4239	44	525	569	3.6	17.5	13.4
<i>Kebbi</i>	934	957	1891	346	410	756	37.0	42.8	40.0
<i>Zamfara</i>	411	2032	2443	80	928	1008	19.5	45.7	41.3
			9201			2763			30.0

Table III: Number of referrals issued and redeemed

Sub Intermediate Result 3: Collaborative Partnerships.

As had always been done, there was continuous engagement with traditional, religious, ward and local political leaders. This has been instrumental to project success overtime and has become particularly important as eventual project close out approaches. In recognition of the key role religious and traditional leaders play, and the success of the first regional family planning conference held two years ago, another regional conference was conducted in December 2016.

In Jigawa state, the state team partnered with Planned Parenthood Federation of Nigeria (PPFN) in the training of CBDAs on the use of Rapid Diagnostic Test (RDT) Kits. Consequent upon which they were initially provided with free kits, which led to the purchase of Artemisinin Combination Therapy drugs by the CBDAs through their networks for community based distribution together with the child spacing and child survival products.

Similarly, a similar partnership exists with PPFN in Zamfara state, albeit with respect to the distribution of insecticide treated nets. Moreover, the partnership with the Malaria Action Programme for States (MAPS) saw to the active participation of CBDAs in the Long lasting insecticide treated net (LLIN) “Use and Hang Up” campaign.

Furthermore, ARFH ESMPIN is now a member of the Family Planning Advocacy Working Group (FPAWG) which shall develop and drive the implementation of the state advocacy strategy, with the view of changing the family planning landscape in Katsina State.

PROJECT SUSTAINABILITY

Developing sustainable structures both at community, local and state levels to ensure CBD strategy implementation at project close out remains a key objective. The formation and registration of CBD networks in each LGA the previous project year has been followed up by the opening of bank accounts and the securing of office accommodation. In addition, CBDAs are now pooling funds together through monthly contributions to serve as a take-off grant for the networks on project close out. In Jigawa State, CBD networks are now using the pooled funds to buy additional products apart from those supplied monthly on the project; which is soon to be replicated in the remaining three states. Moreover, state teams have been continuously providing capacity building to the CBDAs on the running of their networks.

There has also been the establishment of linkages between the CBD networks and product detailers, Local leaders, relevant Government Ministries, Departments and Agencies and other NGOs in each state on sustaining the gains of CBD intervention, enhancing the spirit of ownership of the project by the CBDAs.

SUCCESS STORY: Halima Musa – “Combination 3: Preventing unwanted pregnancies”

Halima Musa is a twenty-eight-year-old housewife who had been giving birth on an almost a yearly basis since her first pregnancy at the age of 20. Four months after the loss of her four-month old baby, she chanced upon an IPC session conducted by a CBDA named Bashir Muhammad Gamji, in Bakura ward of Bakura LGA of Zamfara state. She had had seven previous unattended deliveries with only four surviving. Her difficulties during the deliveries she was advised necessitated help, but knew of no place to access maternal and child health services. Consequent upon her attendance of the IPC session, she sought help at the local health facility and now uses the Combination 3 oral pills which has helped her avoid possible unwanted pregnancies.



5.3 IMPROVING YOUTH REPRODUCTIVE HEALTH IN NORTHERN NIGERIA (Y-ACCESS) PROJECT

“Improving Youth Reproductive Health in Northern Nigeria (Y-ACCESS)” project is a capacity strengthening and reproductive health improvement project targeting adolescents and young people (aged 10 – 24 years) in 4 states in Northern Nigeria for demand, uptake and delivery of comprehensive youth friendly reproductive health (RH) services. The project, which ended in 2016, was funded by Britain's Department for International Development (DfID) under the Global Poverty Action Fund (GPAF). ARFH was the lead recipient and partnered with two organisations, namely: Education as a Vaccine (EVA) and Society for Women Development and Empowerment of Nigeria (SWODEN).

The goal of the project was to contribute to the reduction of the impact of poverty through improved reproductive health status of young people.

The objectives include to:

- Strengthen the capacities of health service providers (community and facility based health services systems) to deliver quality and comprehensive reproductive health services
- Increase the knowledge, attitudes and skills of adolescent and young people to enable access to reproductive health services.
- Improve social, economic and policy environment at state and LGA level to enable young people exercise their rights
- Enhance capacity of adolescent and young people to participate and sustain access reproductive health interventions.

The secondary beneficiaries of the project were health care workers, community gatekeepers and policy/decision makers at state and LGA levels. At project endline in 2016, service data showed an increase in access of young people to Sexual and Reproductive Health (SRH) services. Findings from the project's final evaluation also show improved knowledge, attitude and practice of young people through: decline in the adolescent pregnancy rate, increased utilization of YFS, increased Uptake of HIV Counselling and Testing (HCT), reduction in the number of sexual activities, consistent use of condoms, duty bearers and government support.

KEY ACHIEVEMENTS

1. Development of costed state specific Adolescent Health & Development (AHD) action plans in the 4 project states:

Stakeholders were mobilised to develop state-specific action plans with budget on the advancement of Adolescent Health & Development (AHD) in the 4 project states. The involvement and active participation of young people in this process was a rare opportunity for them to be active participants in the formulation of a policy that directly affects them; and also served as a capacity building opportunity. The Adolescent and Young People's Health and Development Steering committees/Technical working groups (comprising of key stakeholders from government, religious, traditional, academia, civil society organizations, community, young people, etc.) set up in the states successfully drove the advocacy process, monitored and evaluated implementation of the plans.

Currently, the 4 states have costed AHD plans to advance the development of young people, a feat which has not been achieved in many states of the federation. These state level plans are critical given that the process involved identification of priority SRH areas peculiar to each state.

350 hard copies and 150 soft copies of Benue State AHD plan has been produced and disseminated while plans are in top gear, as of middle of 2016, to ensure final printing and dissemination in Niger state following state approval.

The Katsina state government has commenced the process of reviewing the state's Adolescent Reproductive health Policy to include the AHD plan developed as their implementation strategy. The government has committed to working with some of the Youth Friendly Service centres within the state for about 6 years and beyond, and expressed their commitment to roll out the implementation of the AHD plan in phases over a period of time.

The Jigawa state Ministry of Health has approved the AHD plan, but due to funding challenges, the developed AHD plan will be implemented from 2017. The ministry has also shared the plan with development partners and NGOs in the state in order to roll out the plan through partnerships.

2. Capacity strengthening of Health Service Providers (HSP) in the formal and informal health system to deliver quality and comprehensive Adolescent/youth friendly health services: The project built the capacities through training of health workers (Community Health Extension Workers-CHEWs, Nurses) in the formal health system providing health services in the project LGAs and community based informal health service delivery points (Traditional Birth Attendants (TBAs) and Patent Medicine Vendors (PMVs)) in the project states to deliver quality and comprehensive youth friendly reproductive health information, services and referrals to adolescents and young people. A total of 190 health staff drawn from the public sector – primary health care level, General Hospitals as well as from private health facilities including mission hospitals; 374 TBAs (all females) and 349 PMVs (334 males and 15 females) were trained across the 4 project states.

At project endline the formal health system recorded a total of 1,016,131 (731,580 Females; 284,551 Males) SRH client visits by young people who accessed the following SRH services (Contraceptives provision and counselling, ANC, Delivery, HCT, STI testing/treatment, Pregnancy testing). The informal service delivery points recorded a total of 605,682 (355,031 females; 250,651 males) SRH client visits accessing the following SRH services (Counselling/information, Contraceptives, Pregnancy-Delivery, ANC, PNC, PAC), age and sex.

3. Empowerment of Adolescents and young people in the target areas with knowledge and skills to access SRH information and services: As of first quarter of 2016, the capacity of 1,587 young people comprising 908 Males; 679 Females had been built on Young people's Sexual and Reproductive health issues including HIV peer education across the 4 project states. Over 7,850 young people were referred to service delivery points to access SRH services across the 4 project states.

Despite the end of the project, some of the trained peer educators have expressed commitment to continuing with holding SRH peer sessions in their communities.

MULTIPLIER EFFECTS OF THE Y-ACCESS PROJECT

- Due to the impact of the project, two LGAs in Jigawa state (Kazaure and Gumel) have committed in their next budget to scaling up the number of PEs in their LGA to cover other wards that were not benefiting from the project
- In Mashi Local government, Philanthropists (some retired individuals) have established scholarship scheme to support some of the project beneficiaries in furthering their education at various levels



- Discussions have reached advanced stage with the state NDLEA office in Katsina state to train more youths on awareness creation on the effect of drug abuse.
- The government of Jigawa state has indicated intention to replicate the project strategies in other LGAs

The training of additional young people by the beneficiaries of skills acquisition to scale up implementation by reaching more youths with HIV/AIDS information and services and reducing unemployment was included in the proposal approved by Jigawa and Katsina state agencies for the control of AIDS as a result of the achievements of the Y-ACCESS project. The proposal was approved and funds disbursed for implementation in the two states. The project will end by February 2017. Under it, SWODEN has been able to train over 120 young people in Katsina state and 160 young people in Jigawa state on a variety of income generation skills and they benefited with seed stock and seeds grants in the state as well as linking them with other micro-credit organisations. SWODEN was able to register them as cooperative societies.

5.4 FEMALE CONDOM ADVOCACY PROJECT (FCAP) IN NIGERIA

In-Country Support for Female Condom Advocacy in Nigeria Project



ARFH has been in the forefront of advocacy for the use of Female Condom (FC) for family planning and prevention STIs such as HIV. With funding support from the United Nations Commission on Life Saving Commodities (UNCOLSC) and Reproductive Health Supplies Coalition, through Rutgers, Netherlands, ARFH, in collaboration with the Federal Ministry of Health (FMOH), implemented the 'In-Country Support for Female Condom Advocacy in Nigeria project in 2016. From 2013- 2015, ARFH and FMOH had implemented a project with funding support from Rutgers Netherland through the Universal Access to Female Condoms (UAFC) Joint Programme aimed at improving the FC knowledge and understanding of key national decision makers towards scaling up FC programming in Nigeria.

The following are highlights of FCAP activities conducted by ARFH in 2016:
End of 2013 – 2015 Project Stakeholders Meeting

ARFH, held an end of project stakeholders meeting in February 2016 with Reproductive Health stakeholders in Nigeria, which succeeded in getting the FMOH to recognize the need for extensive collaboration with partners in ensuring increased programming for Female Condom.

Stakeholders Dissemination Meeting on Analysis of RH/FP Policies for Inclusion of FC Findings
The meeting was held to validate the reports of the landscaping analysis, agree on plan of actions and engender commitment of key stakeholders to continue FC programming in Nigeria. Due to concerns expressed at the meeting that FC awareness in Nigeria is still low, participants agreed that the next step is to engage grassroots organisations such as women's groups and religious organisations and their leaders in creating support, awareness and demand for FC in Nigeria.

Sensitization/Inauguration of FC Advocacy Champions in Ibadan, Oyo State, Nigeria.

Key stakeholders in Ibadan, Oyo State were selected to be FC Advocacy Champions using criteria of their interest in women's sexual and reproductive health, knowledge of family planning and their individual characters. Participants were from the state's Ministry of Health, Ministry of Women Affairs, State Agency for Control of AIDS (SACA), related agencies and many other CSOs.

Achievements: The Female Condom Advocacy Project succeeded in increasing knowledge of Female Condom of supposed key stakeholders at the national decision making level and in some state agencies in project states. The project secured commitment from various reproductive health partners in the development sector towards awareness creation of female condom as a family planning and child spacing tool. Another major achievement is the creation of counselling tools such as posters, flyers and leaflets for health providers to use in counselling prospective users of female condom in Nigeria.

6.0 HIV/AIDS PROGRAMME

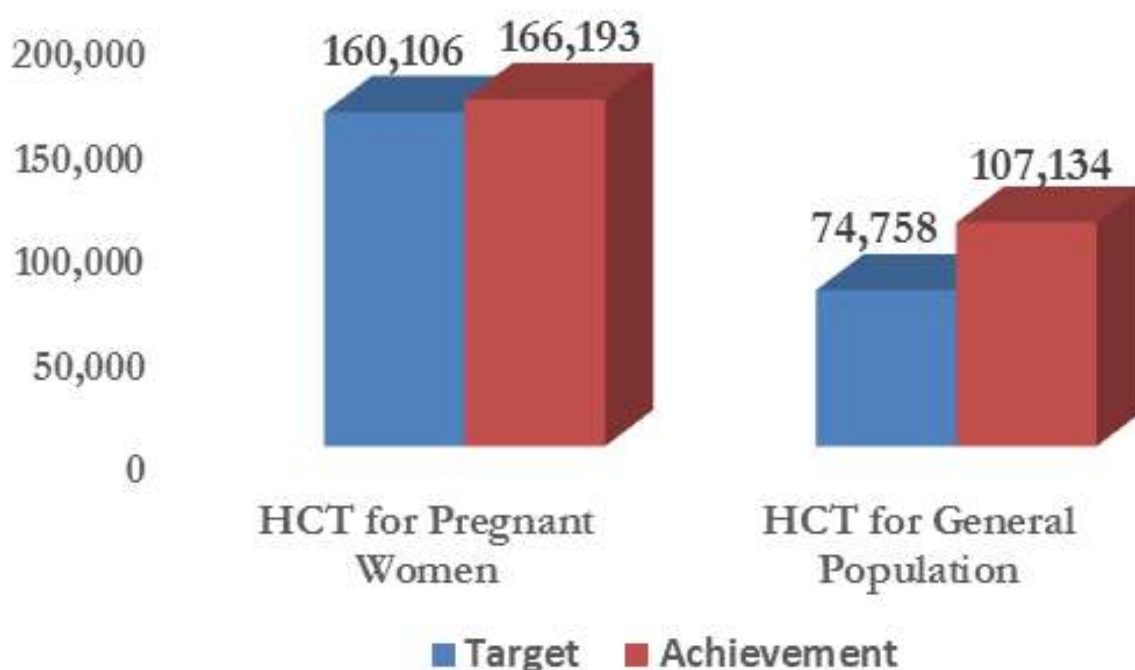
6.1 GLOBAL FUND HIV PROJECT – COMMUNITY SYSTEMS STRENGTHENING COMMUNITY MOBILISATION FOR HIV TESTING: A GATEWAY FOR ACHIEVING 90-90-90

If the 90-90-90 model of the UNAIDS of test and treat model will be fully achieved, there is a need to scale up HIV Testing Services at population level in order to detect the 90% of people living with HIV that must be put on treatment. Association for Reproductive and Family Health has fully keyed into this and has been working round the clock to ensure significant contribution to meeting this target. This was the drive that energized her activities on Community System Strengthening in the year 2016. In order to meet this objective and other key objectives on the Global Fund Supported Community System Strengthening project which ARFH serves as the Principal Recipients, the organization uses two prong approaches; Capacity building and service delivery. In the year 2016, ARFH provided capacity strengthening to 103 Community Based Organisations (CBOs) across 12 + 1 PMTCT priority states. The CBOs which are the closest to people in the community also received continuous mentorship and supportive supervision from the various actors on the project including the State Programme Officers, the Sub-Recipients and the Principal Recipients. The system strengthening covered such areas and Programme, Monitoring and Evaluation and Financial Management. All these are done in order to empower the CBOs for effective service delivery which is the key results of all capacity building activities

Having adequately prepared the CBOs, they were aligned to Global Fund supported health facilities within their LGAs to mobilize, educate and refer pregnant women and general population to the aligned health facilities. The 103 CBOs worked with over 470 facilities in the 12 + 1 states and ensure that the community members are mobilized to access HTS in the facilities. There were community actors selected by CBOs among some strategic population such as Traditional Birth Attendants, Mentor Mothers and other community influencers who go to various locations where pregnant women patronize for community based ANC to mobilize them for HTS. One of the uniqueness of the CSS Project was the pro-activeness on the part of the CBOs who liaise with the facility testers to take HIV testing services to the door steps of the people in order to test them at first contact and reduce all forms of barriers that could hinder their access to HTS. This has significantly reduce missed opportunities and has also reduced cost of transportation incurred by community members in accessing HTS at health facilities which has been a major discourager. One of the best practices on the project was the fact that adequate documentation with the use of National Referral Forms and other National Management Information System Tools was done for all referred clients and those who accessed services. This has significantly enhanced the referral process in the project

state and has also empower the facility staff for better documentation. There were people designated as Referral Focal Persons in each of the facilities who served as link between the facility and the designated CBOs. At the end of the period (January – December, 2016), 166,193 Pregnant Women were screened for HIV out of which tested positive and were immediately linked to GF supported PMTCT Centres for treatment. Also, 107,134 individuals from General Population were mobilized by CBOs and were screened for HIV in the period under review out of which 50 came out positive and were also linked to ART centres for immediate enrolment for ART.

Chart showing CSS overall target and achievement for the year 2016



The above would not have been possible but for the very strategic Advocacy conducted by the top management of ARFH and the SRs at the commencement of the year 2016 implementation which incidentally was the take-off of full implementation of the New Funding Model Phase of the Global Fund implementation in Nigeria. This also brought on board NEPWHAN which joined the other two National ATM Networks; ACOMIN and TB Network which have been part of the CSS implementation since 2013 when ARFH took over the coordination of the component on the GF grant to serve as Sub Recipients to ARFH. The advocacy which target the Health Commissioners for the Project States,

the Director General for each State Agency for the Control of AIDS, the Executive Secretary of State Primary Health Education Board and other key community actors in selected communities provided the opportunity to present the key strategies for CSS NFM implementation and the opportunity to seek for stakeholders' support. Though, there were challenges in the course of implementation in the period under review such as recurrent stock out of RTKs, lack of cooperation for proper documentation in some facilities and communal clashes which halted HIV Community activities in some LGAs, ARFH is working with her SRs and other partners to ensure all the challenges are carefully addressed in the year 2017 in order to have maximum results on investment. The organization is also making more efforts in ensuring that the CBOs contribute more to getting more people tested. This will be achieved by empowering them to conduct test at the community level on their own rather than relying on facility staff to support them in testing the mobilized clients at the community level. This is already being pilot tested in Lagos state beginning from January, 2017 and hope to be scaled up to other states depending on the success. This will ensure 90% of all positive cases are detected which will result in increase in ART uptake for at least for 90% of all positive cases. Other partners especially NEPWHAN will also follow-up on all positive clients who are placed on ART to ensure good adherence which is expedient in attaining 90% viral suppression.



Participants at the Global Fund HIV Project Principal Recipient/Sub Recipient Review Meeting in May 2016

6.2 Local Partners for Orphans and Vulnerable Children Project in Nigeria (LOPIN Region 1)

Introduction

The Association for Reproductive and Family Health (ARFH) is currently implementing the Local Partners for Orphans and Vulnerable Children Project in Nigeria (LOPIN), with the support of USAID in 15 LGAs in Akwa-Ibom, Lagos and Rivers States . The LGAs include 12 Scale up LGAs (Agege, Ajeromi, Apapa, Surulere, Port-Harcourt, Obio/Akpor, Eleme, Ikot-Epene, Okobo, Oron, Uruan and Uyo) and 3 sustained LGAs (Badagry, Kosofe and Ojo).

The Project Goal is to *mitigate the impact of HIV/AIDS on children and families in the focus states with specific focus of improving the well-being and welfare of OVCs through accelerated and sustainable multisectoral approach over a period of 5 years (August 2014 - August 2019).*

Strategies being utilized in implementing the project include: Systems Strengthening at all levels; emphasis on household/community approach;

leveraging support from other interventions, including the private sector; Child Protection and Child Safeguarding practices; Resource mobilization; mainstreaming HCT, PMTCT; and strengthening referral.

Component Results: The project has 3 Intermediate results (IRs) which are aligned to the 3 project objectives and are divided into 22 results and resulting 89 activities in the FY16 Workplan. Over 95% of the activities were accomplished.

2). Summary Progress Report – 2016

Overall, significant progress was made in all the 3 key intermediate results (IRs) in 2016 as ARFH LOPIN continues to blaze the trail among other LOPINs.

2.1) Service Delivery

During the FY16 project cycle a total of **117, 129 (F: 65,082; M: 52,047)** beneficiaries (including children and caregivers), received at least one of the six primary services, in health, education, nutrition, psychosocial support and life skills education and Household Economic Strengthening. A total of **93,131 (M:46,926; F: 46,205)** accessed **health services** including treatment of minor illnesses, HTS, ART, PMTCT, and RDT, immunizations, deworming and hand washing promotion. Insecticide treated nets leveraged from the Ministry of Health were distributed to households with special considerations for households with pregnant

A total of 117,129 beneficiaries received one service or the other during 2016, several receiving more than one service.

93,131 beneficiaries received health service, psychosocial support was provided to 110,470 OVCs; 91,364 accessed nutrition service and 45,025 OVCs accessed education services. 34,723 OVCs and caregivers accessed HCT

One of the groups in Akwa-Ibom State saved over 200,000.00 (Two hundred thousand naira). Members were very excited and grateful to the project for such a noble opportunity. According to one of the beneficiaries, “each of us has capital now for small business”..





Members of the LGA TWG/QIT being inaugurated at Ikot Ekpene LGA.

women and infants. **Psychosocial support (PSS)** was provided to **100,470 (M:50,488; F:49982)** OVCs Households with chronically ill Caregivers were linked to the International Federation of Women Lawyers (FIDA) for succession planning through will-writing to protect the inheritance rights of the children to property. A total of **45,405 (M: 23,015 and F: 22,390)** are currently enrolled in schools. Caregivers were encouraged to enroll children 3-5years in Early Child Care Development Education (ECCDE). Community Volunteers (CVs) conducted routine school visits and follow up home visits.

To enhance quality improvement and provide a conducive teaching and learning environment, LOPIN1 Project in partnership with State Universal Basic Education Boards (SUBEB) is implementing the “**Block Grant Model**” in six schools. This model seeks to exempt children from vulnerable households from the payment of direct fees and levies even beyond the project tenure and will help the Girl Child to transit from primary to secondary schools without direct payment of fees and levies in schools supported.

A total of **91,364 (M:46,042 F:45,322)** children were provided with **nutrition services**, including anthropometric measurements (weight, height and mid-upper Arm-circumference measurement). Children found to be malnourished were referred to treatment facilities in the communities. In addition, children were provided with food and food supplements (infant milk formula, deworming tablets, Vitamin A and anti-malaria and other cereals).

In line with the 90-90-90 concept USAID/PEPFAR, the LOPIN-REGION 1, in collaboration with other USAID NGOs (FHI 360) and States AIDS Control Agencies (SACA), facilitated the access of **34,723 (M16,713; F18,010)** OVC and caregivers to HCT which is about **100%** of the FY16 target (34,933); those that required treatment were escorted to USAID treatment centers



Caregivers in the process of making soap and displaying their finished products (Surulere LGA)

These various services were provided through different platforms, including home visits by CVs and linkage to health facilities as well as various forum established by the project across the 3 states including **491 active KID's clubs, 424 Adolescent Girls clubs, 105 Child Protection Committees (CPCs) and 105 Caregivers forum. Adolescent Boys Clubs** were established in Eleme LGA in Rivers State to address the increasing involvement of boys in communal clashes, sexual abuse and other societal vices.

On protection, the LOPIN1 Project has trained all project staff, CBOs staff and CVs on Child Protection and Safeguarding Practices, in line with the National Agenda on ‘Ending Violence Against Children in Nigeria’. All the CBOs now have Child Safeguarding Policies (CSP). In partnership with the National Population Commission (NPOPC), a total of **11,366 Birth Certificates were issued to children (M: 5,521 and F: 5,845)** enrolled on the project. The activities of CPCs are reported to have reduced child hawking, truancy and absenteeism from schools, exploitation (child labour/trafficking) and gender based violence (GBV) with the attendant risk of STD/HIV transmission and unwanted pregnancies. Some victims of teen pregnancies have also been re-enrolled in schools after delivery and children branded witches and wizards were re-united with their families.

2.2. Volunteer Savings and Loan Schemes Associations (VSLA)/Groups

VSLA is one of the sustainability measures that LOPIN 1 bequeathed to project communities, with membership continuing to increase appreciably. Each of the 206 VSLA groups operates either annual or bi-annual share out cycles. The VSLA has been used to generate 'Community Pooled Funds' readily accessible to vulnerable households. Some of the VSLAs are in their 2nd circle and they are self-running after due mentorship. A total of 10 VSLAs 'shared out' their money at the end of 2016. In addition, VSLA meetings also provide a platform for **Health education** and **Business Management** discussions.



Presentation of hair drier by COP and SOLAD, Kosofe



Presentation of HES items , Kosofe LGA

2.3). Household Economic Strengthening (HES)

In line with the Graduation and Transitioning requirements of the project, a total of 1958 households (1,596 in Lagos; 292 in Akwa-Ibom and 70 in Rivers State) were provided with HES support, based on their potentials and livelihood skills, market survey. Financial literacy training on funds management and book keeping was provided with the technical assistance of the Lift Above Poverty Organization (LAPO), a Micro-Finance Agency. The target of 30% of Households/Caregivers (1232, including reactive enrollees) in Maintenance/Sustained LGAs (Badagry, Kosofe and Ojo) to be Graduated in FY16 was achieved at 29.2% (1201), the highest among the 3 LOPIN projects.

2.4). Systems Strengthening, Capacity Building and Coordination.

Although the majority of the training required for programme implementation were conducted in the first year of the project, additional training, including refresher training was provided as necessary.

A total of 921 community volunteers and 122 social welfare professionals (90 CBO staffs and 32 Government workers) were taken through a series of trainings in the reporting year bringing the total number of people trained to 1043 (M419; F624). In addition, beneficiaries of HES (2053) also had a training on Financial Management and record keeping by LAPO as a prerequisite for the HES intervention.

2.5). Positive Gender Norms Promotion

The various innovative approaches and service delivery platforms of LOPIN1 Project contributed immensely to the laudable achievements recorded on the GEND-NORM indicator added as one of the key indicators to be



*Monitoring Cassava Stems
Beneficiaries-Homestead Farms*

delivered by the project in FY16. A total of **22,684 persons (7,302-32% males; 15,382-68% females)** met the minimum criteria across the three states (target of 14,249). This is a healthy development, showing increased participation of females in Gender and HIV/AIDS Care-giving and awareness interventions. Similarly, of the **8,636 Caregivers** reached with interventions pertaining to Gender, **6,912 (80%) were women** while **1,724 (20%) were men**. A cumulative total of **2,315 adolescent children were reached (1,886 (81%) girls; 429 (19%) boys)**. A total of **41 Public School Teachers (Female: 30 and Male: 11)** were trained in Lagos State on Gender and Child Safeguarding Practices.

3) Partnerships.

LOPIN REGION 1 project through advocacy was able to leverage resources for OVCs. Children were provided with food and food supplements (infant milk formula, deworming tablets, Vitamin A and anti-malaria and other cereals) through partnerships with Faith Based Organizations and the private sector. **The LOPIN CBO in Ajeromi LGA in partnership with** another community based organization, provided foodstuff and clothing to thirty four (34) caregivers, and two male older OVC. In Rivers and Akwa-Ibom States, a Faith Based Organization, has on a regular basis provided shelter, clothing and food to OVCs. Other partnership arrangements include: with Fhi360 on targeted testing based on local epidemics and other possible indicators and treatment for PLHIVs. The National Directorate of Employment in Rivers and Akwa-Ibom states supported skills acquisition for older OVCs, while the Ministry of Agriculture provided Vit A fortified cassava bundles to farmers. Local entrepreneurs (dress makers) are helping to train older OVCs who are interested in the business in Lagos State.



Beneficiary supported with grinding machine attending to a Customer.



Permanent Secretary MWSR Presenting N70000 to a Beneficiary at Eleme, flanked by the CBO Rep., Director Child and OVC Desk Officer.

4) Success Story

At Ajeromi LGA, an Adolescent girl empowered in tailoring and fashion design has started sewing dresses for people and generating some income to take care of herself and siblings. It is gladdening to note that the financial literacy trainings conducted have shown rewarding results, in terms of improved record keeping by most of the beneficiaries visited.

6) Opportunities and Innovations and lessons learnt:

- Linking of new enrollees to appropriate Graduation Pathways at the point of enrolment enhanced graduation activities.
- Program Monitors' detailed review, documentation of observed gaps and facilitating the update by the CBO Staff within a pre-determined timeframe contributed to the quality of service provision and the high SIMs pass marks obtained by CBOs.

Formation of the HES Implementation Committee (HESICOM), made up of LOPIN 1 Staff and Exec. Directors of CBOs to coordinate the empowerment of eligible OVC and Caregivers enhanced transparency in HES implementation. Development of SOPs enhanced quality on implementation.



Beneficiary displays the Start-up items with much delight.



Kids Club Activity.



Books and pens donated by Friends of WUEE (CBO in Akwa Ibom State) and Vacation Classes Organized by WUEE



The Library Shelves, reading chairs and tables and Wax board installed at Irepodun Nur/Pry School in Agege LGA

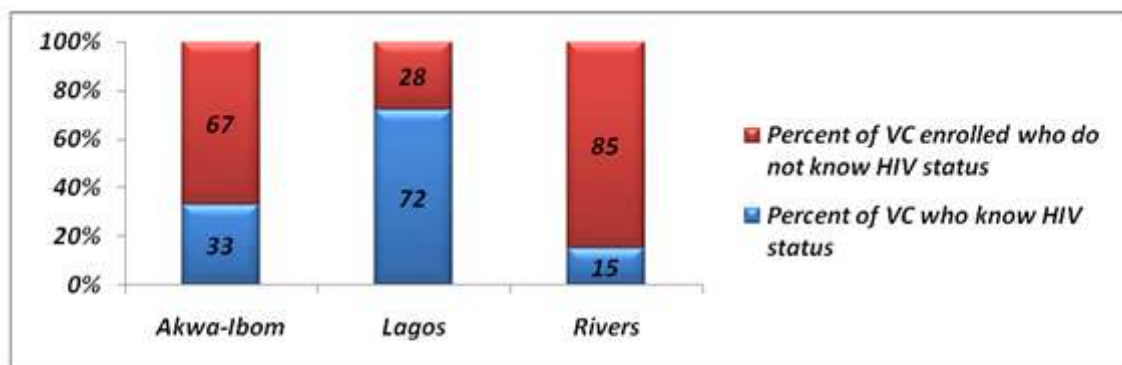


Chairman Apapa LGA presenting a Deep-Freezer to a Caregiver

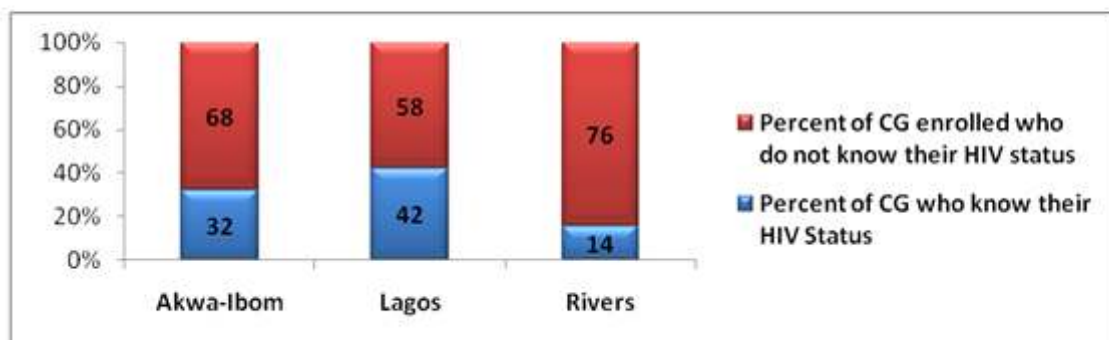


The Chief of Party ARFH-LOPIN 1 Project Dr. Iyabode Olusanmi presenting a copy of the Gender Training Module to the AOR Dr. Temitayo Odusote, flanked by the Lagos Team.

9: CHARTS ON UPTAKE OF SERVICES:



Percent of OVC who currently knew their HIV status in each of the 3 LOPIN 1 states FY17Q1



Percent of Caregivers who currently knew their HIV status in each of the 3 LOPIN 1 states FY17Q1

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

BACKGROUND

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). The three components assigned to ARFH to implement in Edo, Akwa Ibom and Rivers States at the community level are: Reproductive Health/HIV Integration, TB/HIV Integration, Care and Support to Vulnerable Children (VC). ARFH engaged 9 CBOs.

SIDHAS three key results:

- 1) Increased Access To High-Quality Comprehensive HIV/AIDS and TB Prevention, Treatment, Care And Related Services Through Improve D Efficiencies In Service Delivery.
- 2) Improved Cross-Sectional Integration of High-Quality HIV/AIDS and TB Services.
- 3) Improved Stewardship by Institutions for the Provision HIV/AIDS And TB Services.

TECHNICAL STRATEGIES

Care and Support

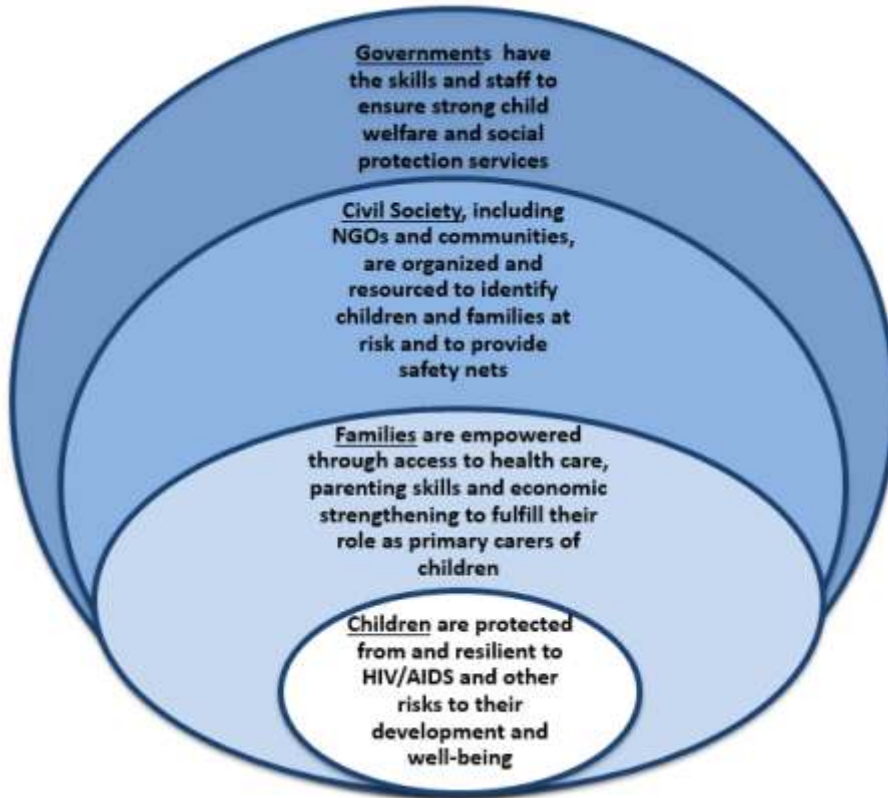
- Support Group Strengthening, Household Economic Empowerment, Reduction In Transmission Of HIV Infection From HIV Infected To Uninfected Persons, Client Retention, Stigma Reduction, Enhancing Quality Of Life, Stakeholder Engagement, Meaningful Involvement Of PLHIV

OVC

- Early Identification And Enrolment Of OVC In The Communities, Strengthening Partnerships, Referrals And Linkages For Improved Access To Comprehensive Care.
- Strengthening Community Structures For Ownership (Child Protection Committees)
- Strengthening Family Capacity For Resistance To Shock And Improved Wellbeing Of OVC (Income Generation, Savings Groups, Entrepreneurships, Cooperatives. Etc.)
- Improving Care/Service Delivery to OVC (Through Child Status Index Assessment)
- Support Efforts To Reduce Educational Disparities And Barriers To access
- Promoting Access To Early Childhood Development (ECD) Programs
- Ensuring Child-Friendly And HIV/AIDS- And Gender-Sensitive Classrooms
- Strengthening Community- School Relationships, Supporting Post-Primary School Programming And Especially The Transition For Girls From Primary To Secondary School
- Psychosocial Interventions That Build On Existing Resources And Place And Maintain Children In Stable And Affectionate Environments Through: 1) Parents And Family Support Programs 2) Peer And Social Group Interventions
- Household Economic Strengthening (HES) To Reduce The Economic Vulnerability Of Families And Empower Them To Provide The Children In Their Care.



OVC APPROACH



OVC Service Provision

In Scale-Up LGAs, Enrolment Of OVC Infected Or Affected By HIV/AIDS Is Intensified At Community And Facility Levels, And All Beneficiaries Are Provided With The Needed Care Including Linkages To Services.

In Sustained Response LGAs, There Were Targets For New Enrolments. However, 30% Of Already Enrolled OVC/Households Were To Graduate By End Of FY16 And The Remaining 70% In FY17.

Every Eligible Child Is Assessed With The CSI Form, And Entitled To A Comprehensive Package Of Services Based On Need. These Services Include:

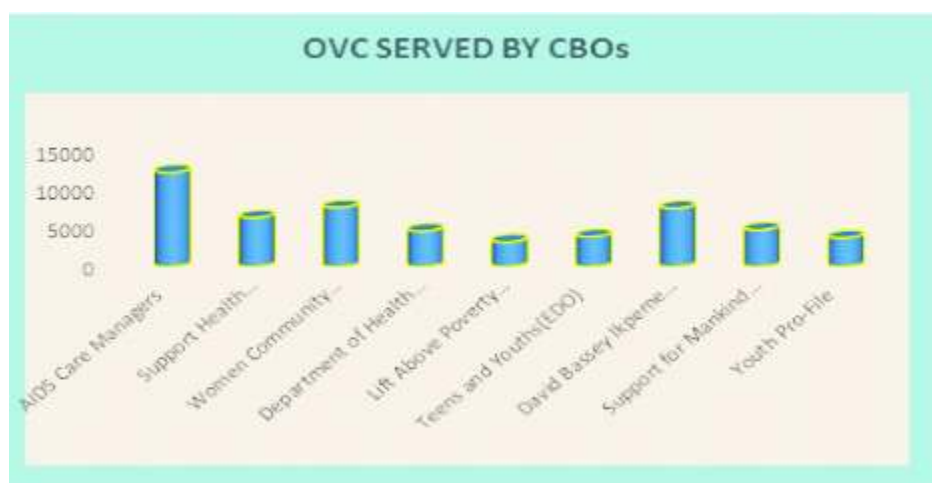
Ages	Stages	OVC Programs	Across the Age Span	Collaboration						
Prenatal to three	Safety and security	Home visitors encourage adherence to PMTCT and reduce loss to follow-up	Referral for HIV testing and adherence support	Pediatric care, PMTCT, MCH (vaccinations, etc.), Food and Nutrition						
		Birth registration								
		Training in Parental Skills reduces toxic stress effects								
Preschool	Curiosity	Nutrition and ECD programs boost holistic development			Disclosure and Bereavement Support	Referrals for prevention, diagnosis and management of TB and opportunistic infections				
		Age appropriate entry into a safe, non-discriminatory early learning program, esp. for girls								
Middle years	Learning	Access to education, enrollment into school and facilitation for retention					Referral for HIV testing and adherence support	Disclosure and Bereavement Support		
		Creation of child friendly, gender sensitive classrooms								
		Ensure completion of primary school, esp. for girls								
		Kids clubs develop social skills								
Early Adolescence	Peer Acceptance	Peer support groups							Referral for HIV testing and adherence support	Disclosure and Bereavement Support
		Protection from harmful labor/ trafficking								
Late adolescence to adulthood	Decision-making	Referrals to adolescent reproductive and family health services								
		If out of school, access to vocational education or other training opportunities that result in sustainable livelihoods								
		Mentorship programs								
		Money Management								
				Peds, MCH, WASH, Food and Nutrition						
				Peds, GBV, HIV prevention, Education						
				GBV, HIV prevention, Education						
				GBV, Prevention, Family Planning, Reproductive Health						

Education

- Conduct Advocacy To State Universal Basic Education Board (SUBEB) And PTA For Waivers Of School Fees And Levies (Continuous)
- Visit Each School Where OVC Are Attending And Conduct A Verification Exercise
- Provide Educational Materials Such As Note Books, Biro, Text Books, Pencils, and School Uniforms Etc. To Orphans and Vulnerable Children Especially the Ultra-Poor If That Is What Will Make Them Be Retained In School.

Psychosocial Support

- Establish And Equip Recreation/Vocational Skill Centres
- Support to Recreational Centres E.G. In Door & Out Door Games
- Support Age Appropriate Kid's Clubs to Promote PSS E.G. Children 2 – 5yrs, 7 to 9yrs Can Be Together.



Household Economic Strengthening

- Capacity Building For Older OVC (15 To 18 Years) And Caregivers
- Caregiver In Group Of 10 - 20 To Form The Savings And Loans Associations And Co-Operative Societies As These Are Ways Of Building Capacity Of Families To Generate Income.
- Households That Are Assessed To Be Most Vulnerable Will Benefit from the Total Package Namely Training On Entrepreneurship And IGA, Start-Up Kits/Materials And Access To Micro-Credits.

Health

- Counseled And Tested For HIV Preferably At Enrollment
- Linked To Providers Of Basic Care Kits – Buckets, Water Guard & Insecticide Treated Nets
- Provided with Health Education and Managed at Home For Minor Illnesses
- Referred To Facility For Immunisation For Under 5
- Assessed For Growth Monitoring and dewormed every 6 months

Nutritional Support

- At Community Level, Nutritional Status In Children Can Be Assessed By Measuring MUAC Using Shakir Strip
- Weight And Height Recorded Every Month
- Nutritional Counselling And Food Demonstration For OVC Caregivers
- CBOs Refer All Severely Malnourished Children To The Health Facilities

Child Protection

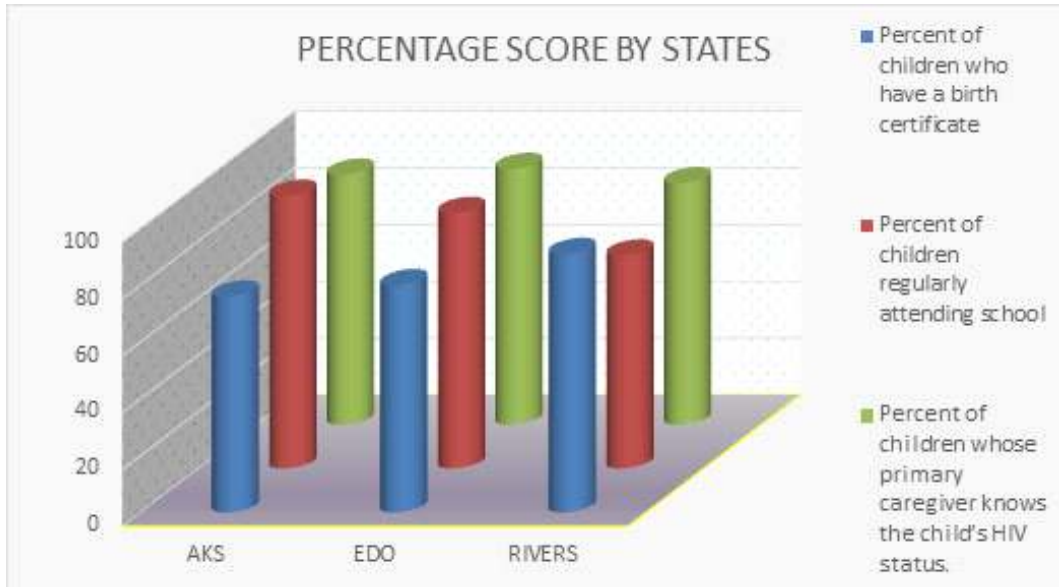
Formation Of Child Protection Committee (CPC): Made Up Of People From The Community To Ensure Children Receive Better Protection From Abuse, Neglect And Exploitation.

Legal Protection

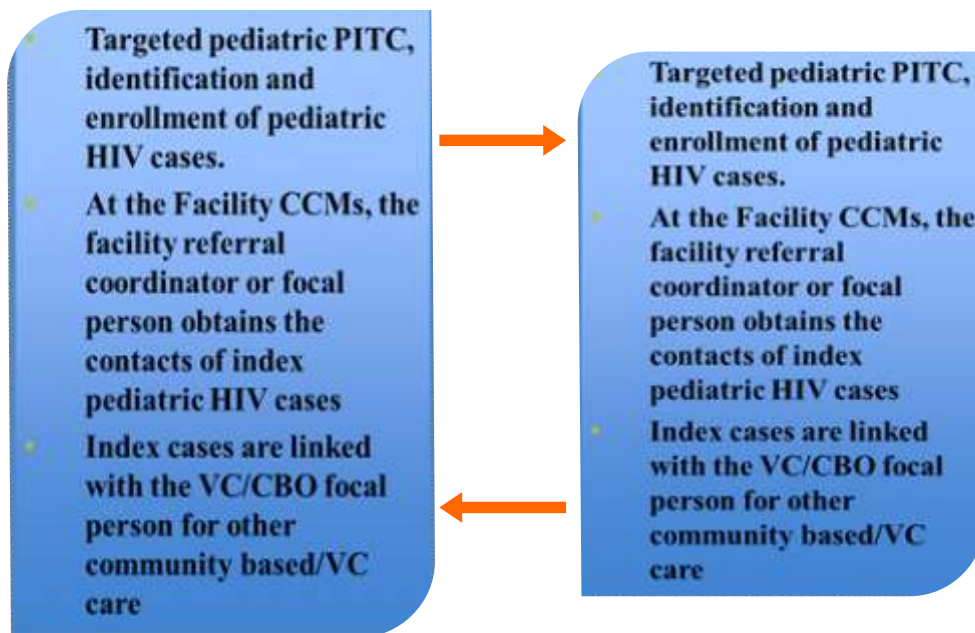
- Ensure Children Are Issued Birth Certificate By Collaborating With The National Population Commission
- Support SMWASD Advocacy/Sensitization Efforts To Ensure Passage Of Child Rights Act Into Law In States Yet To Enact The Act

Shelter & Care

- Most Appropriate Place For Shelter And Care For Orphans And Vulnerable Children Is Within Their Own Families And Communities
- In Case Of Crisis, CBO Should Refer To Social Welfare Who Will Trace Existing Relatives



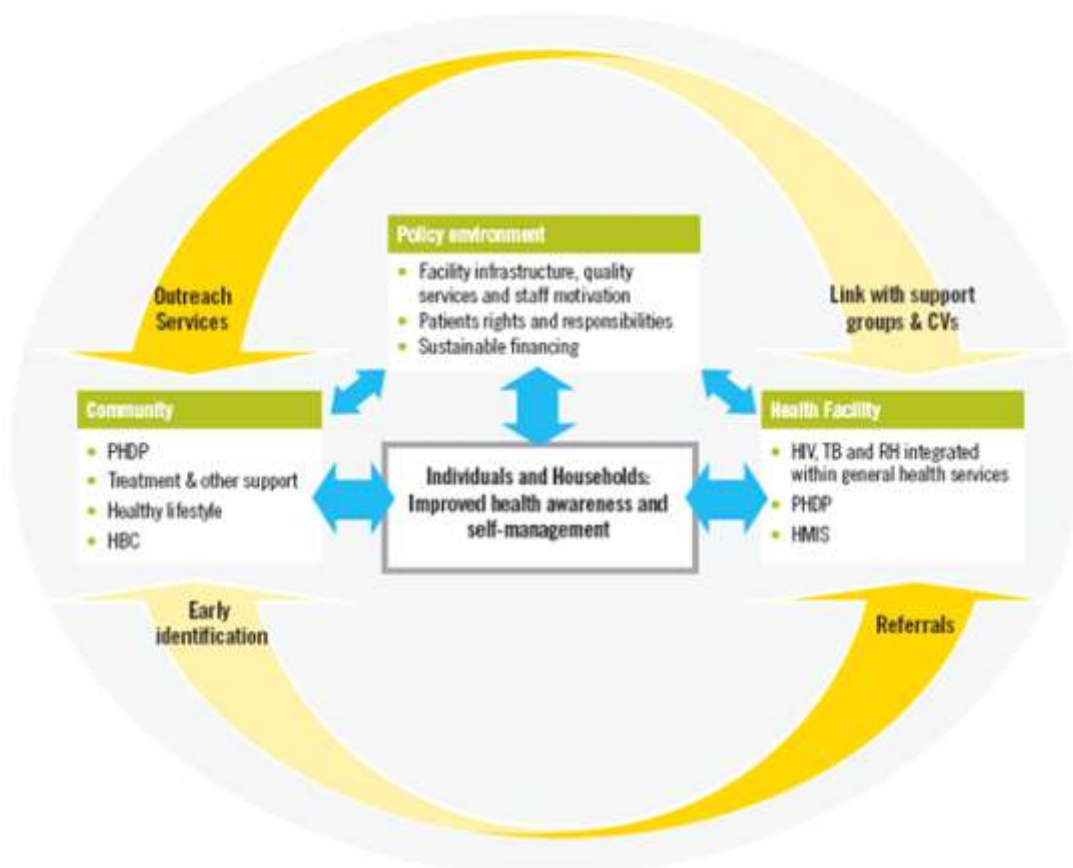
OVC Facility and Community Linkage



Pathways of OVC Program Exit: Transfer Path - Attrition Path - Graduation Path
GRADUATION: Graduation Can Be Termed As The Potential To Reduce Vulnerability So That People Can Move From Social Provision To Protection. In SIDHAS Project, Graduation Is When The Project Facilitates The Exit Of Beneficiaries From Project Having Met A Set Of "Pre-Determined Criteria" Before The End Of The Program And Also A Point At Which All Actions Identified In The OVC House Hold (HH) Case Plan Have Been Completed And The Child And Caregiver Are Stable And Secure Enough To Meet Their Own Needs (E.G. Financial, Protection, PSS, Health, Nutrition, Shelter And Education) Without The Project's Assistance.

COMMUNITY CARE

The Chronic Care Model: Optimizing Lifelong Health



CBO OVC SERVED ACHIEVEMENTS FY 16

STATE	ORGANIZATION	OVC Served (OVC_SER) BY CBO	STATE ACHIEVEMENT
Akwa Ibom	AIDS Care Managers	12152	26060
	Support Health Redemption Organization (SHERO)	6297	
	Women Community Livelihood Foundation (WOCLIF)	7611	
Edo	Department Of Health Service Providers	4589	11,163
	Lift Above Poverty Organization (LAPO)	3195	
	Teens And Youths(EDO)	3849	
Rivers	David Bassey Ikpeme Foundation	7520	15967
	Support For Mankind Development Initiative	4738	
	Youth Pro-File	3709	
	TOTAL	53660	

SUCCESS STORIES



DREAM TO REALITY

Sammy Alabintie has always desired to become a graphic artist but has been limited due to lack of resources to cope with his reactive status and finance. He came in contact with The SIDHAS Project through our referral network from the BMSH Facility. He has been linked to a support group to meet with his peers which has had a tremendous impact on positive living. He is currently putting to use his creative skills which were perfected with the aid of graphic training he received under the auspices of the SIDHAS Project. I Quote

"It has been my desire to become a graphic artist and now it is a reality"



YOU GAVE ME A GOLDEN OPPORTUNITY

Ms Sandra Ihunwo is a young girl that s from Ogbogoro community, Obio/akpor lga, in rivers state Nigeria. Beautiful Sandra is just 24 years old and she tested positive to HIV. She does not have a job and no means of sustenance. Sandra was identified during support group meeting in the community where she was assessed for empowerment in The SIDHAS Project. Sandra was empowered with 10 crates of soft drinks as start-up material for her business. Sandra has recorded a

tremendous increase in her business. She started selling with ten crates of soft drinks, which has been doubled to twenty (20) within a space of 4 months and Sandra's business has diversified to include sales of clothes. Empowering Sandra's household has improved their wellbeing.

LESSONS LEARNED

- Good community engagement with stakeholders translates to better program implementation
- Showing PLHIV love and care increases their confidence and self esteem
- Clinical care that is complemented with the community care makes intervention effective.
- Completion of OVC enrolment data is key to implementation success
- It is imperative that program activities are implemented in an all-inclusive setup that brings all stakeholders on board and promotes the spirit of partnership with the affected communities in caring for their children.
- SIDHAS Project has not only provided services to OVC and PLHIV through empowerment, but has also built the capacity of the CBOs
- It does not take too much to lift people up from poverty level

6.4 Systems Transformed for Empowered Actions and Enabling Responses for Vulnerable Children and Families (STEER) Project

The Systems Transformed for Empowered Actions and Enabling Responses (STEER) is a USAID funded five-year project targeting five states namely: Kaduna, Bauchi, Sokoto, Plateau, Kano, Lagos and Cross River. 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 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 aims at addressing the unique female challenges in the north and engages females in decision making on issues which affect them at all levels.

The following are highlights of STEER activities conducted by ARFH in 2016:

Technical support to Ministry of Women Affairs and Social Development in Project States

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



VC Technical Working Group Meetings conducted in Kano and Bauchi



ARFH Supported VC State Plan of Action Development Workshop in Kaduna

The project is also supporting the State Ministry of Women Affairs in Bauchi, Sokoto, Kano, Kaduna and Plateau states to adapt the National Priority Agenda for Vulnerable Children in Nigeria into their respective State Plans of Action. Kaduna state VC Technical Working Group was supported, in collaboration with the Federal Ministry of Women Affairs, to conduct stakeholder workshops to develop draft VC State Plans of Action (SPA). Other states will also be supported.

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



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

ARFH with Hon. Commissioner and Dir, PR&S, Kaduna State Min of Women Affairs and Social Dev

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

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

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

7.0 GLOBAL FUND TUBERCULOSIS PROJECT

PROJECT TITLE: Investing for Impact-The Global Fund's New Funding Allocation Model Executive Summary

Introduction

Association for Reproductive and Family Health (ARFH) is one of the two principal recipients of the Global Fund Tuberculosis grant in Nigeria. ARFH collaborates with the National TB and Leprosy Control Program (NTBLCP), ILEP partners, TB Network and Health Alive Foundation towards the elimination of Tuberculosis as a public health challenge in Nigeria. As the Principal Recipient (PR) of the TB DOTS grant, the Association for Reproductive and Family Health has consistently provided support/ Technical assistance to the seven (7) sub-recipients (SRs) for successful



implementation of the grant. Continuous monitoring of the grant implementation across all levels of implementation (Program, PSM Finance and M&E) was done by ARFH through oversight visits, Onsite data verification, Joint Quality Assessment with partners, review meetings and supportive supervisory visits. This report gives a summary achievement of programmatic, PSM and M&E oversight functions conducted by ARFH from January to December, 2016.

The Key Objectives of the Grant

- To achieve an increase in the Case Notification Rate of all forms of TB
- Provision of quality TB diagnosis and treatment

Achievements

Major achievements recorded in the year 2016:

Programs:

- 2016 recorded the highest TB case notification in the country in the history of TB program
- The house to house TB case search by the Community TB workers which commenced in Feb, 2016 led to detection of additional 5, 973 TB cases contributing to significant increase in the LGAs of intervention.
- Expansion of high quality DOTS to 6,170 sites and 2,077 AFB laboratories as at quarter 4, 2016
- Increased awareness on TB through airing of radio jingles on Radio Nigeria and local radio stations in the 22 priority states; and production of posters and fliers
- Scaled up the engagement of Private health providers (including private hospitals, community pharmacists and patent medicine vendors) in TB control

- Improved political support and resource mobilization for TB control at all levels
- Effective collaboration between the TB and HIV program which improved the referral and management of TB/HIV co-infected patients
- Assessment of laboratory and DOTS facilities in the 22 priority states to identify and cost for gaps that may affect the effective expansion of TB services. The PR has estimated the cost required for renovating the identified facilities and has shared with the Global Funding as part of the reprogramming request.
- Capacity building of SR Staff and ARFH was achieved through participation in training programs and International Union Conference.



ARFH staff training & mentoring the DOTS providers in Mile 4 Hospital, Ebonyi state

PSM:

The under-listed are major achievements:

- Distribution of drugs/lab reagents/consumables and R&R tools up to facility using the 3PL. This leading to uninterrupted supply of quality-assured TB commodities all year round
- Logistic mentorship provided for 792 facilities covered across 36 states +FCT
- Handing over of 8 vehicles procured to 8 states-Abia, Oyo, Rivers, Cross River, Anambra, Niger, FCT, Benue
- Replacement of stolen vehicle from Kwara state
- State stores assessment has been completed in 36 states plus FCT; upgrade has been done for 11, the remaining states are currently being upgraded

National inventory stock audit and data reconciliation of all first line TB products received between January – December 2016 of all products ordered received, issued from the FMS Oshodi to the 6 zonal stores and Physical stock verification of all TB products held within FMS Oshodi and zonal stores which prevent risk of product diversion and theft

- Capacity building of staff at facility, LGA, State and national levels respectively on Logistics Management Information Systems /pharmacovigilance, commodity quantification and supply planning, Pick'n'Pack, Managing the Procurement Cycle, Quality Assurance and Quality Control of medicines and overview of logistics Training.

M&E:

- Supported the training of 37 state M&E officers on monitoring and evaluation, bio-statistics and data management at Obafemi Awolowo University, Ife, Osun state and Ahmadu Bello University, Zaria, Kaduna state.



Update on Operations Research

Five organizations/consultants have been selected to implement five (5) Operations Research studies as follows:

- Screening Diabetes Mellitus patients for Tuberculosis in South East Nigeria: A pilot study
- Evaluation of the contribution of community interventions to TB case detection
- Evaluation of the performance and operational variations of Xpert MTB/Rif (genexpert) use for case finding among children in Nigeria
- Assessing the referral linkages within the TB programme to identify means by which these can minimize loss to follow up before and during treatment (including prison inmates, private and public health facilities)



Assessment of quality of Tuberculosis service delivery and treatment outcomes in Nigeria

Lessons Learnt

- Mobilizing political commitment in Nigeria is necessary to achieve program outcomes.
- Systematic involvement of the private sector in TB control as part of their corporate responsibility is a viable means to mobilize resources to support TB control activities in the country
- Supportive supervision is the bedrock of effective program management. Feedbacks accrued from oversight supervisions have resulted in shared learning, documentation and dissemination of best practices.
- Using a one-size fits all approach may not be applicable in most of the states hence more flexibility is required in the design and operations of the TB program. Strategies that have been shown to work in specific areas of the country should be scaled up in those areas while other methods are explored in the other states
- Money remains a major motivational factor to all community stakeholders



Honourable Minister Of Health Prof Isaac Adewole handing over new project vehicle to Niger State Commissioner for Health Dr Mustapha Jibril

8.0 GLOBAL FUND MALARIA (NEW FUNDING MODEL) PROJECT

The goal of the Global Fund Malaria Grant, New Funding Model (NFM) is to contribute to the rapid and sustained scale-up of Malaria Elimination Interventions for Impact in Nigeria. ARFH commenced implementation on this 18 month grant in July 2015 as a sub-recipient (SR) to the National malaria Elimination Programme (NMEP) in 4 states namely; Kebbi, Niger, Osun and Oyo States. The objectives of this grant aligns with the National Malaria Strategic Plan (NMSP) 2014-2020 which states the country's goal to reach pre-elimination levels by 2020.



The scope of the intervention includes;

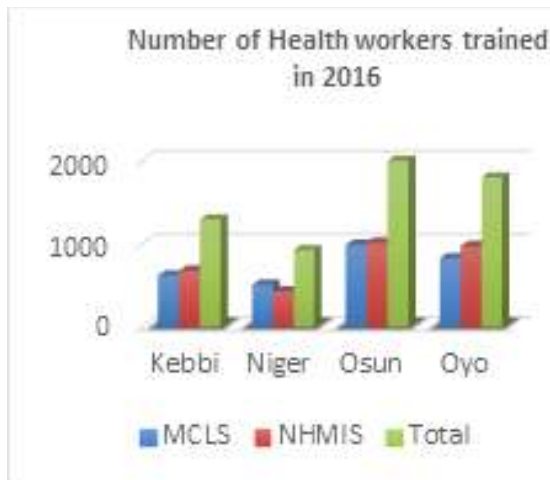
Vector control - continuous distribution of long lasting insecticide treated nets (LLIN) through antenatal and immunization clinics, Malaria Case management (Health Facility and Community), Special Prevention Intervention – Implementation of Intermittent Preventive Treatment (IPTp) through administration of Sulphadoxine Pyrimethamine (SP) to pregnant women, Product and Supply chain Management (PSCM), Health Management Information System (HMIS) and Program management.

The project also came to an end by the 31st of December 2016.

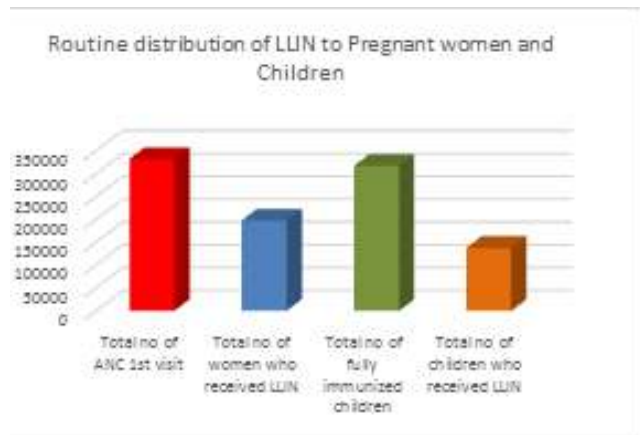
The project focus for 2016 include:

- Training of health facility workers on malaria case management
- Monitoring and on the job capacity building of health facility workers to improve the quality of malaria services provided
- Ensure continuous distribution of LLIN at ANC to pregnant women at first ANC visit and to fully immunized children at immunization clinics
- Ensure effective case management of uncomplicated and severe malaria in health facilities
- Special prevention intervention for Pregnant women through the implementation of intermittent preventive treatment with SP to pregnant women after first trimester via directly observed therapy (DOT)
- Strengthening of the health management information system (HMIS)
- Support the Logistic Management information system (LMIS)
- Strengthen capacity for coordination and efficient program management

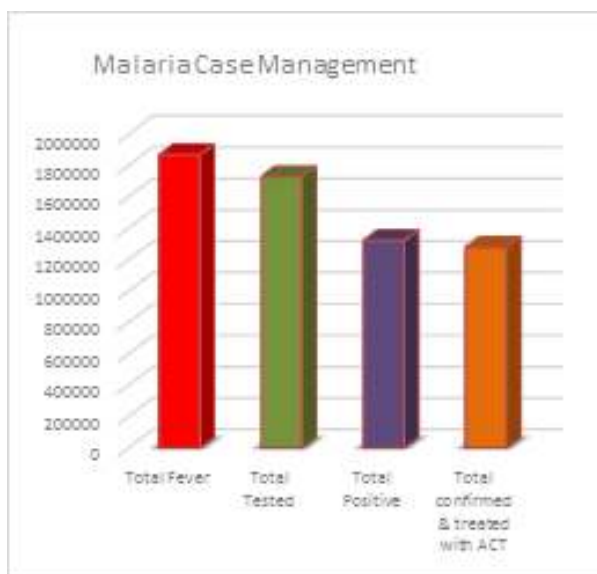
Achievements in 2016



A total of 5,989 health workers were trained across the 4 states on malaria commodity logistic system (MCLS) and National Health Management Information System



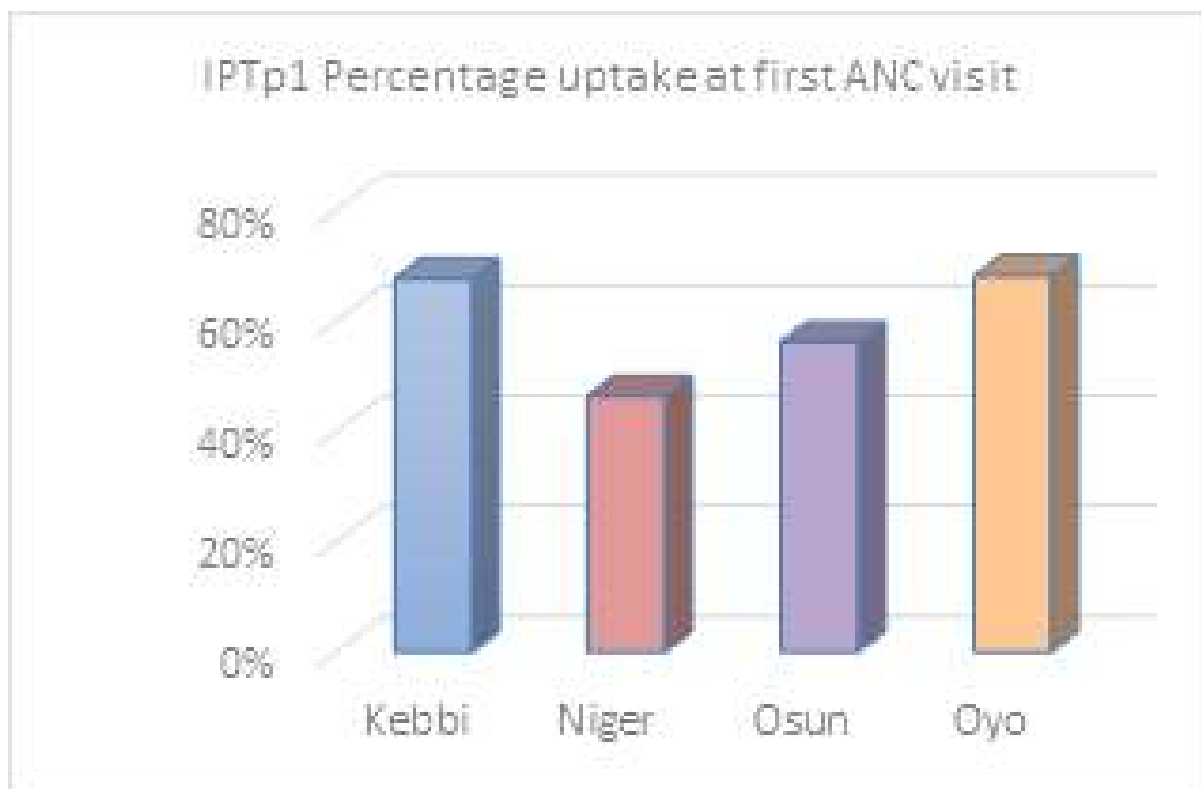
A total of 336,302 long lasting insecticide treated nets (LLIN) were distributed to pregnant women at first antenatal care (ANC) visit and to fully immunized children (after measles) at health facilities across the 4 implementing states. 60% of the eligible pregnant women and 43% of children received nets based largely on net availability.



A total of 1,868,191 persons presented with fever at the health facilities across ARFH states. Of these 1,729,170 were tested with either RDT or microscope. 1,321,781 were positive and of these 1,278,878 were treated with Artemisinin Combination Therapy. The percentage testing rate of those presenting with fever across the states is 92.6% while the treatment rate is 97%.



1. Picture of a health worker in Niger State administering SP as IPTp to a pregnant woman at ANC: In addition, SP is now routinely given by directly observed therapy (DOT) in many of the health facilities visited during the year.
2. IPTp1 graph: There has been a remarkable increase in the number of pregnant women given Sulphadoxine Pyrimethamine (SP) during their first visits across the states.



During the year, in the 4 supported states, ARFH staff and relevant state personnel (drawn from the State Ministry of Health, State Malaria Elimination Programme, Department of Planning, Research and Statistics and Department of Pharmaceutical Services) conducted monitoring visits to over **1726** health facilities. The project strengthened the capacity of over **3100** public and private health facility record officers capture, collate and conduct basic analysis of data through the regular local government data validation meetings aimed at improving reporting rate and quality of data reported. For instance, reporting rates on the District Health Information System (DHIS) increased across all four states with 2 of the States; Oyo and Osun consistently among the top 5 states in the country.

ARFH also facilitated the review of the implementation of the 2016 Annual Operational Plans for Malaria Control and the development and printing of a costed 2017 AOP in all 4 supported states (see picture above).

The Funding for this implementation was provided by the Global Fund, while the NMEP as principal recipient provided oversight to ARFH. It is important to note that key staff in each of the State Ministry of Health, SMEP, DPRS, DPS collaborated at ensuring the reported outcomes.

It is hoped that after the grant closeout, each of the supported states will ensure

sustainability of the different coordination platforms and activities that are geared towards the strengthening of the malaria programme.



ARFH, NMEP, and partners conducting Malaria tests and treatment at Mpape Primary School, Abuja, in commemoration of World Malaria Day

9.0 ARFH 2016 CORPORATE SOCIAL RESPONSIBILITY

Introduction

Association for Reproductive and Family Health has a Youth Development Unit with an active Youth Rescue Club (YRC), consisting of 25 members, under the supervision of ARFH's YRC Coordinator. As part of ARFH's cooperate social responsibilities, the YRC members are equipped with knowledge and skills on Youth and Adolescent Sexual Reproductive Health including prevention of sexually transmitted Infections, HIV& AIDs. These youths are empowered with interpersonal communication skills to reach out to other youths and members of the community particularly those in schools through outreach activities on Health, Career talks and general public health issues of concern.



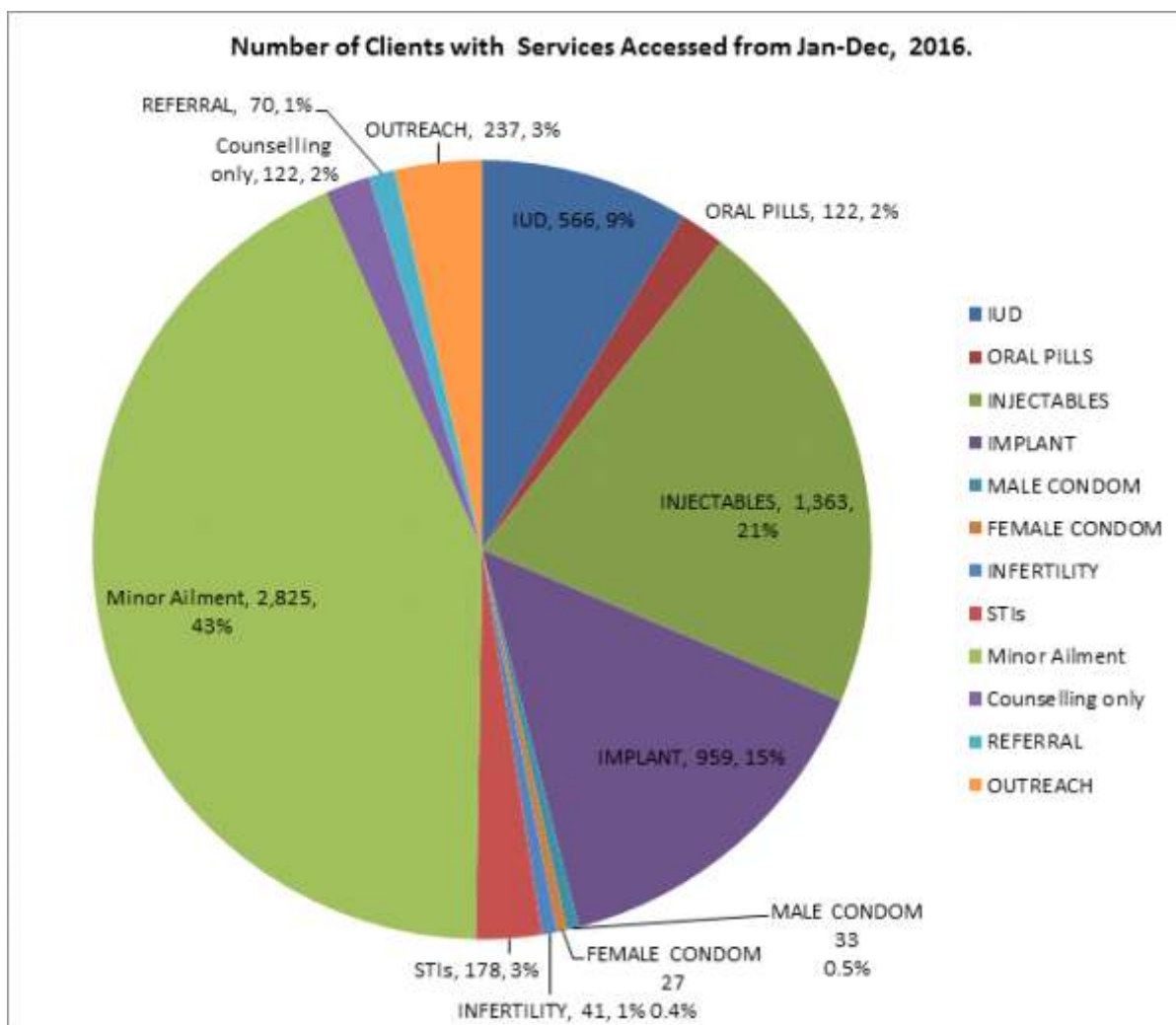
A cross section of students from selected schools within Ibadan North LGA during AYSRH Session in ARFH

Outreach Programs on preventive health were organised in schools such as Command Day Secondary school, to create awareness amongst young people on Sexual health, HIV/AIDS and other sexually transmitted infections ;providing them a close-up view on sexuality education. Many of these young persons have the self-bias that they cannot contract STIs and are therefore passively concerned with methods of protection. Sessions on facts, myths and misconception of HIV/AIDS were discussed and clarified, including symptoms and mode of transmission of these infections.



Question and answer session with ARFH team and the participants.

Families in urban and some rural areas in Oyo are increasingly becoming aware of their Sexual and Reproductive Health and rights with the sustained and effective sensitization of individuals, families and general public through Television, Radio and outreach programs on Reproductive health, including family Planning, Malaria and HIV prevention. There is increasing access and use of various methods of modern contraceptives including condoms. As part of ARFH's Corporate Social Responsibilities the Clinic and Laboratory team visited communities in Ibadan to provide free medical and laboratory services in Alegongo, Lalupon and Ibadan North Local Government Areas. Free services were also provided for students in University College Hospital and those in other non-medical department of the University of Ibadan.



A total number of 6,543 youth and adult clients were reached with various reproductive health services including Family Planning at ARFH Model clinic from 1st of January to 31st of December, 2016. Out of this, a total number of 2,825 (43%) clients were treated for minor ailments; 1363 clients (21%) were given injectables; 959 (15%) clients were for implants; 566 (9%) clients were for Intra-Uterine Device and 122 (2%) of clients were for oral pills. Other services and treatment options offered to clients during these months include treatment of 178 (3%) clients for Sexually Transmitted infections; 41(1%) clients for infertility; general counselling services were offered to 122 (2%) clients; 27 (0.4%) and 33 (0.5%) clients were given female and male condoms respectively, while 70 (1%) clients were referred for specialised care.