



# Association for Reproductive and Family Health



## 2018 Annual Report



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



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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association for Reproductive and Family Health
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis and Malaria
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CHAI	Clinton Health Access Initiative
CLMS	Contraceptive Logistic Management System
COP	Chief of Party
CSO	Civil Society Organization
CTBC	Community TB Care
CVs	Community Volunteers
DOTS	Directly Observed Therapy Short Course
EVA	Education as a Vaccine
FC	Female Condom
FMOH	Federal Ministry of Health
FP	Family Planning
FCT	Federal Capital Territory
FY	Fiscal Year
GDF	Global Drug Facility
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH	General Hospital
GHW	General Health Workers
GLRA	German Leprosy Relief Association
HAF	Health Alive Foundation
HBC	High Burden Countries
HCT	HIV Counseling and Testing
HTS	HIV Testing Services
HH	House Hold
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IHVN	Institute of Human Virology Nigeria
ILEP	International Federation of Anti Leprosy Associations
KAP	Knowledge Attitude and Practice
LARC	Long-Acting Reversible Contraception
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
NURHI	National Urban Reproductive Health Initiative

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

## Leadership and Management Team



*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 & Co-  
Founder, ARFH*



*Prof. Adeyemi o. Adekunle  
Chair, Board of Trustees, ARFH*



*Dr Jerome O. Mafeni  
Chair, Board of Directors, ARFH*



*Mr Joseph Majiyabge  
Director of Finance &  
Administration, ARFH*



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

## Introduction to 2018 Annual Report

Over the years, the organization has successfully managed and implemented a plethora of life saving interventions targeted at transforming the public health and development landscape in Nigeria, many of which have been replicated nationwide and internationally recognized. Year 2018 was no different as it was remarkable for many achievements and milestones ARFH was able to achieve.

ARFH through the support of her funders, partners, staffs and supporters implemented various projects in family planning, sexual and reproductive health, adolescent health, HIV/AIDS, Tuberculosis and Orphans and Vulnerable Children that impacted the lives of many people. This year 2018 Annual Report share insights into the impactful interventions implemented by ARFH, achievement, lessons learnt and best practices, many of which holds great potential for scaling up appropriate solutions for many development and public health issues.

Recent development in the family planning landscape in Nigeria have shown there is a paradigm shift in the nation's dedication to increasing SRH access for women of reproductive age and ARFH is proud to be a supporting partner of this cause. This year, ARFH started the implementation of the Resilient & Accelerated Scale-up of DMPA-SC/Self Injection in Nigeria – RASuDiN, a project which builds on the premise that DMPA-SC is the change-changer to increasing uptake of family planning and empowering women to make informed decision about their health. To this end, the organization was able to establish strong partnership with key actors at various levels, which have supported the introduction and roll-out of DMPA-SC as part of the contraceptive method mix in Nigeria.

Data continue to show that orphans and vulnerable children are the most hit from the devastating effects of the HIV/AIDS epidemic. To this end, ARFH remains dedicated in her work to provide succor for OVCs and their caregivers. On our LOPIN and SIDHAS projects, vulnerable households and key population were given equitable access to HIV testing services (HTS) and economic resources to empower them and give them a better chance at life. This provision of HTS is also a strong mandate of our Global Fund HIV project, which is aimed at improving access and linkages for HIV testing, counselling and treatment for pregnant women and the public. This year, results show that ARFH was able to provide HIV intervention for about 300,000 beneficiaries.

Reports over the years have shown Nigeria is one of the highest TB burden countries in the world, with about 400,000 missing cases of TB every year. As a Principal Recipient on the Global Fund grant to fight tuberculosis, strategic technical support provided to the national TB control programme and scale up of high target interventions such as the Active TB Case Finding drastically contributed to reducing the catastrophic effects of TB to vulnerable populations. This year, in addition to the contribution made by other TB partners, activities from our community TB case search was able to produce a substantial number of about 200,000 cases that were subsequently placed on treatment.

As a partner to many international and local health organizations, ARFH is recognized as a very reputable key player in Nigeria's response to many public and family health issues.



## Local Partners for Orphans and Vulnerable Children (LOPIN – REGION1)

The year 2018 marks the 4th year of ARFH-LOPIN Region 1 project. During this period, the project was implemented in 16 LGAs in 3 states namely: Lagos, Akwa-Ibom and Rivers. During the year under review, the project continued to sustain its impressive performance in mitigating the impact of HIV/AIDS on vulnerable children and their households through a multi-sectoral approach in a sustainable manner. Through the dedicated efforts of ARFH-LOPIN Region 1 Project Staff, implementing partner CBOs with government funding support and technical assistance from USAID, the project was able to achieve remarkable success in 2018.



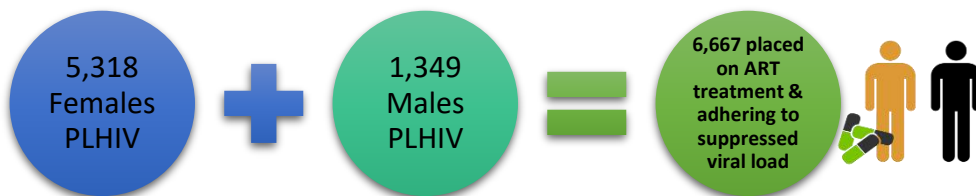
LOPIN CoP, Dr. Iyabode Olusanmi presenting Vulcanizer Equipment and Accessories to a Beneficiary at Surulere LGA, assisted by the Executive Director HUFPPED, Mr. Adenigba

The overall goal of the project which is to mitigate the impact of HIV/AIDS on children and families in the focus states with specific focus on improving the health and well-being of OVC through accelerated and sustainable multi-sectoral approach remains the same.

In recognition of the good performance of the project, an additional 33,000 beneficiaries was added in July 2018 to the FY18 target of 144,751, increasing the target to be met by September 2018 to 192,887. It is gratifying to note that the ARFH-LOPIN Region 1 rose to the occasion by ensuring 100% of enrolment and 100% of service provision to the 192,887 by the end of September 2018. The year witnessed increased uptake of HTS through innovative approaches such as assisted referral and incentivized enrolment, effective linkages and service monitoring to achieve the UNAIDS 90-90-90 goals.

### The three specific project objectives are to:

- To improve the System and the Structure at Community, LGAs and State in providing responsive care, protection and support services to vulnerable households and their families.
- To strengthen the organizational and technical capacity of local Nigerian partners to offer services to OVC and their families.
- To facilitate public private partnerships in order to increase ownership and increase available local resources for OVC.



## Key Interventions and Achievements

Innovative approaches adopted by the project include providing capacity building for the 16 implementing CBOs and FBOs, system strengthening, joint monitoring, public and private partnerships with state and LGA government. Enrolment of new beneficiaries was done through the five streams recommended by USAID namely: index PLHIV, newly diagnosed PLHIV, HIV exposed infants whose mothers are attending PMTCT Clinics, out of school adolescents from poor households and children of the key population especially female sex workers and their caregivers.





Adolescent Girls Meeting at Ijanikin, Ojo LGA, Lagos state

Community structures such as caregivers' forum, child protection committee, kids club, referral coordination meetings among others were organized to increase uptake of services by enrollees.

**Community Based Health Insurance Scheme (CBHIS):**

Across the 3 project states, 1,598 beneficiaries which represented 718 Caregivers and 880 OVC were linked to CBHIS to remove users fees and increase the uptake of health services including HTS.

**Conditional Cash Transfer:** 702 most vulnerable households received Conditional Cash Transfer of N5000 each per month for a period of 6 months to help meet their immediate needs. This helps to cushion the effect of destitution by providing consumption support and increasing school enrolment/retention while encouraging savings and health seeking behavior among beneficiaries.

**Small and Medium Enterprises Development Agency of Nigeria (SMEDAN):**

In total, 29 caregivers VSLAs have been provided with communal business support with trainings on small business management conducted by the Federal Government owned Small and Medium Enterprises Development Agency of Nigeria (SMEDAN).



Adolescent boys at Akinlagun, Powerline, Agege, Lagos state.

**Incentivized enrolment:** The incentivized enrolment approach initiated by LOPIN 1 Project increased uptake of HIV services for indigent PLHIV through redeemable voucher/coupon paid to PLHIV after enrolment and treatment.

**Assisted Referral and same day enrolment of treatment (Test and Start):** The assisted referral approach has facilitated increased enrolment and seamless access to treatment of HIV positive OVC and caregivers on ART. This novel approach provides an initial sum of N3,000 to cover costs of preliminary tests and folder opening including transportation of clients and Community Volunteers to health facility.

About 100% service provision to active beneficiaries. In the year under review, service provision to active beneficiaries was achieved at 100%. A total of **216,654** active beneficiaries which surpassed USAID target of 192,887 (99,261 in Akwa-Ibom, 69,305 in Rivers and 48,088 in Lagos) received at least one service every quarter in 2018.

Of all those that received one or more services, 65.3% **knew their HIV status** in Lagos State, followed by 50.6% in Akwa-Ibom State and only 37.4% in Rivers State. While **107,478** OVC below 18 years knew their HIV status during the reporting year.

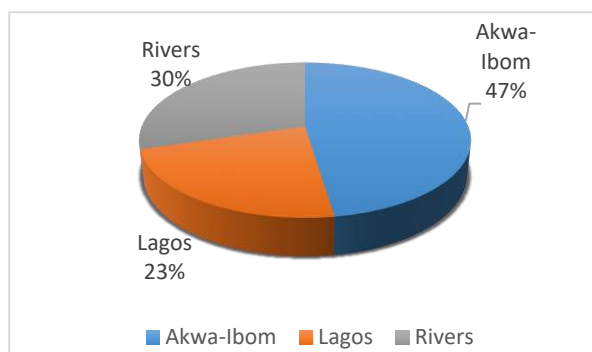


Figure 1: The proportion of state distribution of ARFH-LOPIN 1 active beneficiaries in year 2018.

- 139,802 OVC were provided with various **health services** including referral support to HTS, ART, PMTCT; Insecticide treated nets; gender norms, Life skills, HIV prevention information, etc. with 37,990 adolescents provided with HIV prevention and sexual reproductive health services.
- 86,881 OVC were supported to attend **school** with impressive school progression. Akwa-Ibom had the highest number of enrolled children (42,622), closely followed by Rivers state with 22,795 and Lagos state with 21,464.

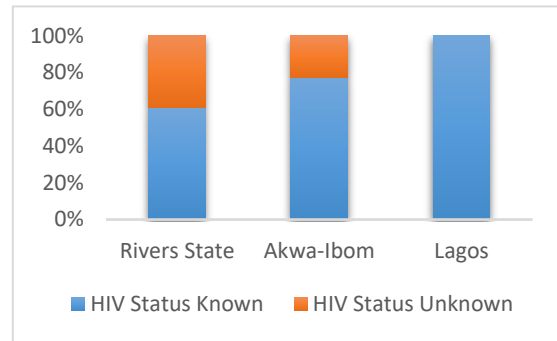


Figure 2: Graphical representation of the distribution of HIV Status among OVC less than 18 years in 2018 by States.

Block Grant Intervention of 130 blended metal-wooden school desks were provided to 2 secondary schools (Ilogbo Elegba Secondary School, Ojo LGA and Ajara Grammar School, Badagry LGA) to facilitate the seamless progression of enrollees from Primary school to secondary school level without direct payment of fees and school levies.

- OVC totaling 130,802 were provided with **nutrition services**, including MUAC measurements and nutrition education. Malnourished children were referred to health facilities and supported with food and food supplements
- 134,841 children were provided with **psychosocial support** during home visits. Other veritable platforms to reach the children with PSS were through the established and functional 577 Kids club, 626 and 634 adolescent boys and girls club respectively.
- With respect to legal **protection services**, 103,178 OVC received birth certificates. Community structures such as Child Protection Committees, Community Quality Improvement Team (CQIT) have proven to prevent and respond timely to incidences of emotional abuse and neglect, safeguard children against Gender Based Violence, reduce exploitation, child hawking and school absenteeism.

- Economic empowerment** was provided to 13,315 caregivers through the provision of business startup items based on their potentials and market survey. This is in addition to training on financial literacy with technical assistance of Lift Above Poverty Organization (LAPO), to prevent business failures or stagnancy.
- 7,492 children were provided with basic material needs and **shelter**.
- About 16 MOUs were signed in **partnership** with both CSOs and government in order increase



LOPIN 1 team and Government officials interacting with Caregivers in Oron and Uyo LGAs, Akwa-Ibom

- participation, ownership and sustainability of service delivery to OVC and caregivers beyond the project life. 493 coordinating structures such as the Technical Working Group, CPC, CQIT were strengthened to ensure effective project implementation at the community level.
- The FY18 Household Graduation target of 1,226 was met and surpassed with leveraged support from FBOs and Public Private Partnerships (PPP).

## Nigeria Urban Reproductive Health Initiative (NURHI 2) Project

The NURHI project was initiated and funded by the Bill & Melinda Gates Foundation (BMGF) in 2009 to promote innovative approaches to delivery of FP interventions and to increase modern contraceptive (mCR) use in six urban cities, with a focus on the urban poor. The program utilized a three-tiered intervention model made up of advocacy, demand generation and service delivery to achieve its goal. Phase 2 of the NURHI Project commenced in October 2015 with implementation in three States - five years (2015-2020) in Lagos and Kaduna States, and three years (2015-2018) in Oyo State, with ARFH as one of the implementing partners.



*NURHI 2 Neighborhood Campaign in Ibadan, Oyo state.*

### Key Interventions and Achievements

The quality improvement (QI) interventions of ARFH covered 194 public and 40 private project health facilities of Kaduna, Oyo and Lagos states. The implementation impacted on human resource capacity through supportive supervision, trainings and as well as ensuring enabling environment for a sustainable quality of practices. The interventions focused on achieving the 2-key service delivery intermediate outcomes 1.2 and 1.3 of ensuring 'Quality of FP service provision' and 'Expanding equitable access of women to family planning'.



FP supportive supervision in the 194 public and 40 private health facilities; with hands-on on provision of FP method mix



Trained clinic assistants and CHEWs on IPCC & referral for FP. Supported 20 CHO/CHEWs in Kaduna state



121 service providers coached & mentored on provision of LARC, FP counseling & CLMS



55 CHEWs were trained on Interpersonal Communication, counseling and Injectables, in Lagos and Oyo states



Provided DMPA-SC step down training to LGA FP coordinators; 33 LGA coordinators and 52 service providers attended in Oyo & Lagos states respectively



59 nurses/midwives received step-down on the Job training on provision of LARC across the project states.



Built capacity of 80 private health sectors service providers (Nurses/midwives & physicians) in Lagos state on provision of post pregnancy FP



275 non-clinical outlets (PPMVs) received IPCC & referral training in Kaduna and Oyo states to support community FP dissemination & counseling

## UNFPA Supported Project DMPA-SC (Sayana Press) Scale Up Project

UNFPA continues to support ARFH's unique innovations that terminally contribute to ensuring every pregnancy is desired, using approaches that demonstrate value for money. The Sayana Press Injection Scale Up project aims to contribute to reducing maternal and infant morbidity and mortality by presenting opportunities to expand voluntary access to FP Services through introduction of Sayana Press Injection within the rights based approach through the delivery of family planning services at the community level.



*Sayana Press*

The project was implemented in Adamawa, Gombe, Kebbi, Sokoto, Ebonyi, Ondo, Ogun states from March to December 2018.

### Key Project Objectives include:

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

### Key Interventions and Achievements

- Paid advocacy/state engagement visits to key stakeholders in project states produced a conducive and enabling environment for project implementation and sustainability. This resulted in high level of acceptance and uptake of DMPA-SC in new project states (Ogun & Ondo States).
- Capacity building of service providers in public health care facilities and community to deliver quality FP service including DMPA-SC.
- Service delivery by trained providers.
- Demand generation through community mobilization and outreach activities increased awareness on DMPA-SC and promoted positive attitude towards the scale-up of self-injection.
- Monitoring and Supervision of trained providers to ensure quality.

- Data collation, entry and management of service statistics from providers - Public Health Facility Care Providers and Voluntary Community Resource Persons. This ensured continued availability/non-stock out of FP commodity especially DMPA-SC.

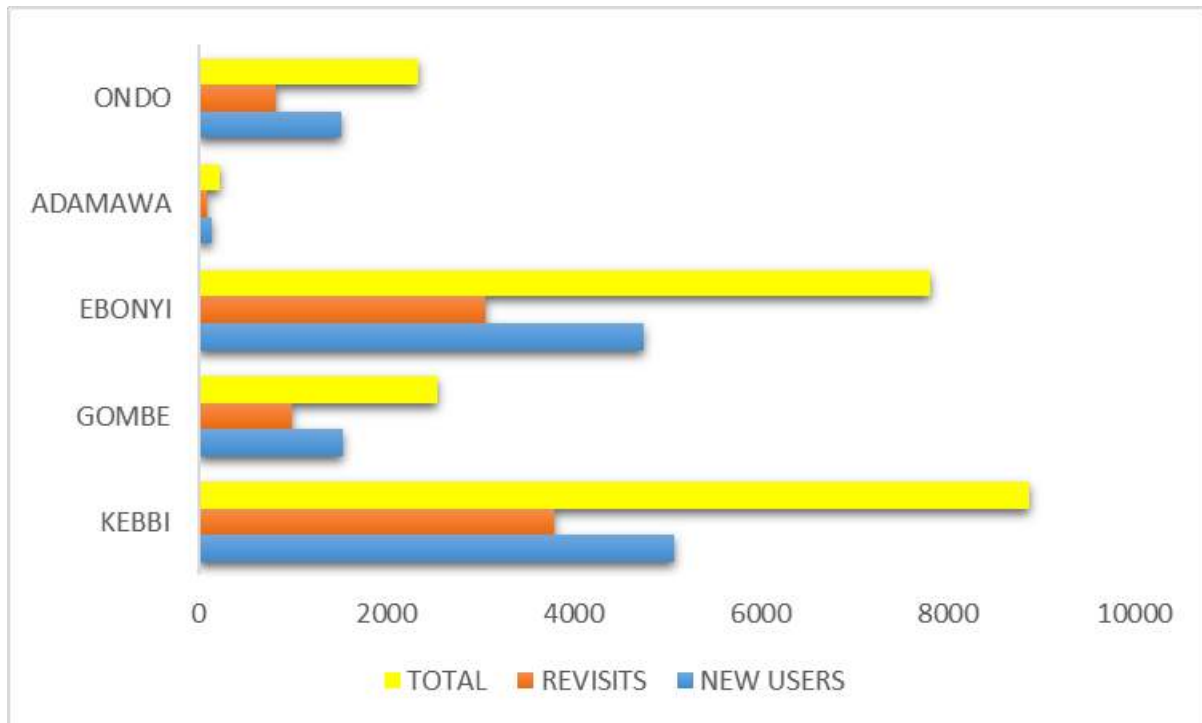


Advocacy Visit to stakeholders in Lagos state.



ToT Training of Service Providers (Health Facilities & CORPs)

**Figure 3: Data of DMPA-SC (Sayana Press) uptake across project states at December 2018:**



## Resilient & Accelerated Scale-up of DMPA-SC/Self Injection in Nigeria – (RASuDiN)

ARFH recently received funding support from Bill and Melinda Gates Foundation (BMGF) and Children’s Investment Fund Foundation (CIFF) to implement a project titled, Resilient & Accelerated Scale-up of DMPA-SC/Self Injection in Nigeria – (RASuDiN). RASuDiN project aims to contribute to reducing maternal and infant morbidity and mortality by presenting opportunities to expand voluntary access to contraceptives and family planning services through introduction and scale up



of DMPA-SC injection within a broader contraceptive method mix among Nigerian women of reproductive age. The project is being implemented in Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau, and Rivers in collaboration with Centre for Communications and Social Impact (CCSI) and coordinated by the Federal Ministry of Health.

### Key Project Goals & Objectives include:

**Strategic Goal:** Increase use, acceptance, availability & accessibility of DMPA-SC as a family planning method within a broader contraceptive method mix among women of reproductive age in Nigeria.

- **To enable the introduction and scale up of DMPA SC** – by maximizing and supporting government stewardship and key stakeholders in creating a favorable policy and community environment for health facility, community and self-injection (SI) based service delivery of DMPA-SC.
- **To optimize service delivery channels** – through capacity building of different cadres of health workers (Nurses, Midwives, CHEWs, CORPS) and women who wish for self-injection.
- **To generate demand for service uptake** – by promoting information and social behavioural change communication on contraceptives and FP services, supporting women who chose to self-inject DMPA-SC and improving efficient referral linkage between the community and facilities.
- **To optimize the use of data** – by ensuring proper capturing and documentation of service delivery data and self-injection rates for efficient and evidence-based programmatic decision-making.

### Key Highlights of RASuDiN Project

Project implementation commenced towards the last quarter of 2018. This was preceded by consultative meetings with implementing partners and advocacy visits to key stakeholders at every level of government. At the federal and state level, stakeholders visited included the federal and state ministries of health and relevant agencies (including Reproductive Health Division; Health Planning, Research



*RASuDiN Project Roll-out meeting with Federal Ministry of Health*

and Statistics division; NPHCDA; and NAFDAC) and members of the Reproductive Health Technical Working Group (NRHTWG). Consultative meetings were convened to review project strategies and procedures, job roles and expectations, provide clarifications and discuss implementation work plans.

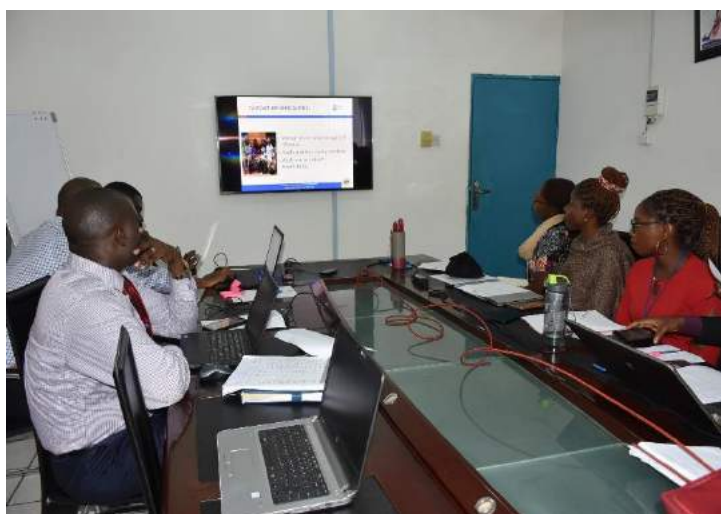
The project conducted several advocacy meetings between September and October 2018 during which evidence-based advocacy tools were disseminated. The objectives of the visits were to enlist commitment and support for a favourable and enabling environment for project implementation. The state FP Coordinator, the RH Coordinator and the states' Executive Secretary for the PHCDA, PS MOH, and Commissioners for Health were among the stakeholders visited during the advocacy at the state levels to introduce the project. This enabled ownership of project activities by the State Ministries of Health and State Primary Healthcare Agencies as appropriate.

As a demonstration of their commitment to the project and acceptance into the state FP team, office space was provided within the Ministry for the state teams. This also led to the provision of in-kind support from the state and local governments towards the conduct of FP providers training to commence in 2019. These engagements with critical stakeholders were sustained within the year under review to ensure continued coordination and support for project activities in the ensuing years.

Prior to the startup of project implementation, ARFH, CCSI, supported by FMOH conducted a baseline facility audit in the states to develop a situation analysis of family planning inclusive of DMPA-SC programming in the state. Part of objective of the audit was to review health facility records to determine the scope of existing FP services, determine opportunities for scale up, and identify capacity strengthening needs for the scale up of appropriate interventions in terms of service provision & demand generation for FP/DMPA-SC services.



Figure 4: Baseline study design



Consultative meeting with CHAI for the scale up of innovative training approaches

Towards the end of year 2018, plans were underway for the conduct of FP providers training, at both the facility and community level. Consultative meetings were held with CHAI for the pilot of a low-cost, effective training approaches for DMPA-SC. This pilot seeks to determine whether existing family planning providers can be effectively trained in DMPA-SC delivery through abbreviated facility attachments and cluster-trainings and to document the costs required for these training approaches.

## Strengthening Integrated Delivery of HIV and AIDS Service (SIDHAS)

ARFH is part of the FHI360 led consortium on the USAID funded SIDHAS grant. A sub-award was signed between ARFH and FHI360 in 2012 under the Strengthening Integrated Delivery of HIV/AIDS Services Cooperative agreement AID-620-A-11-00002 to implement community based programs in three states - Edo, Akwa-Ibom and Rivers. The three components assigned to ARFH to implement at the community level are: Reproductive Health/HIV Integration, TB/HIV integration, Care and Support to Vulnerable Children (VC).



*OVC receiving health talks in Kids Club Meeting in Edo state*

The SIDHAS program aims to assist the Government of Nigeria (GON) to reduce the burden of HIV/AIDS by building sustainable Nigerian capacity to deliver high-quality, comprehensive treatment, care and related services over the long term. SIDHAS represents a paradigm shift to a country-owned and country-led program that strengthens health systems as well as services.

Although year 2018 marked the closure of ARFH implementation of SIDHAS project, the project in collaboration with the state governments intensified efforts in the implementation of HIV/AIDS and TB services. This was in line with its mandate of achieving increased access, improved cross-sectional integration of high quality comprehensive HIV/AIDS services and promoting project ownership and sustainability. Substantial results were recorded in the community prevention and mitigation activities carried out by the community based organizations across the states as ARFH rounded off implementation in June 2018.

### Key Interventions and Achievements

- **Service Provision:** In line with the project goal to improve lives and wellbeing of beneficiaries (Caregivers & OVC), the project provided integrated services for the beneficiaries. The beneficiaries were supported in core service areas which includes; HIV testing and counseling, support to access treatment and care, facilitate the provision of birth certificates, food and nutrition, education, vocational skills acquisition, psychosocial support, protection as well as health care services and economic strengthening of the caregivers and older OVC. With the backdrop that that vulnerable adolescents are as they are often most at risk of exploitation and neglected in the provision of care, intensified HIV prevention and sexual reproductive health services were provided to adolescent boys and girls.
- **Support Group Meetings:** Periodic home visits, kids club, caregivers forum, child protection committees were some of the innovative



*Support group meeting for adolescent in Rivers state*



approaches utilized in the provision of services in supported communities. Support group meetings are held to promote positive health behaviour amongst the caregivers and educate them on the importance of viral load suppression, drug adherence and disclosure. Kids' clubs and caregiver fora is a fulcrum for integrated service delivery for both the OVC and their caregivers, where caregivers' capacity are built to provide the necessary support for the children.

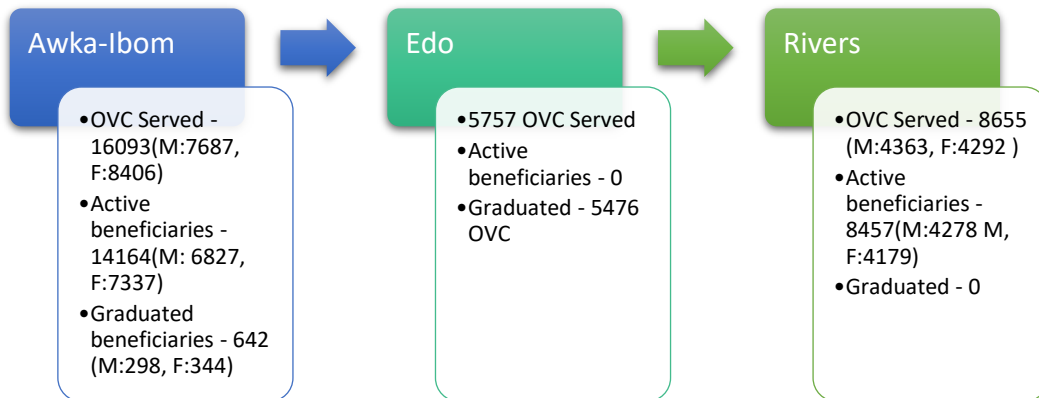


Figure 5: Data for OVC served, active beneficiaries and beneficiaries graduated on the program per state as June 2018. **OVC served** meaning the number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV. **Active beneficiary** is an individual, a child, or parent/caregiver who is scheduled to receive a PEPFAR OVC program services at least once every three months or has received a PEPFAR OVC program services in the last three months. While **graduated** is for when children and parent/caregivers enrolled in PEPFAR OVC programs are deemed stable and no longer in urgent need of externally supported services Or children who have reached the age of 18 and who have a transition plan for successful exiting from the PEPFAR OVC Program.

The pre-determined criteria for achieving graduation include at the end of the program include: HIV status known/HIV & health services accessed, Nutrition education & counselling offered, All children 5-15 years enrolled and attending school, Older children (15-18years) enrolled in school or involved in vocational trainings and life building skills, Household linked to economic strengthening, Achievement of care plan for identified needs.



Akwa-Ibom Program Officer presenting birth certificates to OVC



Dr Anulika presenting an MOU for skill acquisition for an Older VC in Edo state

- Economic Empowerment:** ARFH SIDHAS household economic strengthening activities has helped in creating the critical financial cushion vulnerable households need to survive emergencies and disasters. Through money management interventions for savings and income promotion activities such as VSLAs, the project was able to stimulate growth in household income. Access to start up materials and savings coupled with basic financial education has made the difference between

worsening poverty and the ability of households to financially respond to unexpected expenses/hardships without long-term negative consequences. Beneficiaries were empowered vocational skills such as hairdressing, sewing, trading, automobile repairs e.t.c through which they can startup their own viable businesses. Many of the OVC households are now secured, safe, stable and have moved up the vulnerability ladder following household vulnerability assessment before project closeout.

**Success Stories:**

*Omogbai Mujanetu, a 51-year-old woman who resides at Otukwe Jattu, Edo state and grandmother of three children (ages between 3-7years) was one of the caregivers who benefited from SIDHAS. Her husband died in 2010, while the father of her three grandchildren died of meningitis in 2015. Mujanetu used to sell garri but the profit was minimal and not sufficient to cater for her family. Through the SIDHAS project, she was provided with two bags of garri to boost her business and became a member of two savings group where she saves ₦500 weekly and ₦200 daily respectively. Presently, she is doing well and is able to provide for her grandchildren. They now attend a private school and are able to have three square meals a day.*



*Joy empowered with Carton of Fish and Chicken*



*Igunbor Gladys Empowered with 2 bags of Corn*

## Global Fund Investing for Impact against HIV

ARFH was selected as one of the sub recipients to work on the HIV Impact project under the PRship of the FHI360. The component allocated to the organisation is the community testing of HIV among the general population and pregnant women in the five priority states of Akwa Ibom, Imo, Kaduna, Oyo and Rivers States.

### **Project Objectives:**

- To improve community response to HTS & linkage of positive clients to treatment and care
- To increase access of Pregnant Women and other vulnerable groups to targeted HIV testing and treatment within the community structures
- To strengthen TB/HIV linkage for HIV positive clients and presumptive TB cases

### **Indicators:**

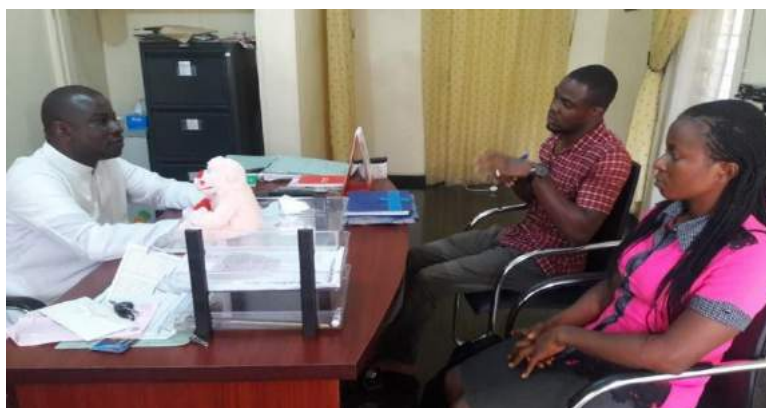
- PMTCT-1; Number of pregnant women who were tested for HIV and who received the test results (GF Supported)
- PMTCT-2; Number of HIV infected pregnant women in the who received antiretroviral drugs to reduce the risk for mother to child transmission (GF Supported)
- HTS-1; Number of people male and female who were tested for HIV and received their results during the reporting period (GF specific)
- TCS-1; Number of people male and female living with HIV currently receiving antiretroviral therapy (GF specific)

## Key Interventions and Achievements

In the period under review, HTS 1 performance moved from 105% in semester one to 108%, TCS 1 increased from 46% to 76%, PMTCT increased from 77% achievement in the first semester to 114% in the second semester and PMTCT 2 increased from 53% absolute target in the first semester to 79% overall achievement at the end of the year. This is performance is as a result of strategic testing at hot spots and congregates of pregnant women accessing care at non-skilled birth attendants homes. Client index testing has become a major strategy for harvesting positive clients.

### **Start-Up Advocacy to Project States:**

Formal grant agreement was signed between FHI360 and ARFH on March 4, 2018 after all necessary preliminary activities have been completed. This was preceded with advocacy visits to key stakeholders to enlist their supports for smooth implementation and project sustainability and officially introduce the state team to key relevant stakeholders in the projects and LGAs. Key stakeholders visited



*Advocacy visit by the SPO to the Hospital Administrator at Saint Mary's Hospital at Essien Udim LGA*

include, State Ministry of Health (SASCP Office), Executive Secretary/Program Manager and key staff of SACA, LGA Committee on AIDS – LACA Coordinators, LGA M&E Officers, selected GF supported Health Facilities, selected members of Ward Development Committee and TBA Leaders.

**Capacity on HIV Testing Services:** ARFH conducted a refresher training for the staffs engaged on the project at national and state levels to update their knowledge on HIV Testing Services. The training, which was facilitated by National facilitators from the National AIDS & STIs Control Programme of Federal Ministry of Health was conducted in line with the National guidelines. Sessions discussed practical case

studies and presentation guidelines for field visits, such as maintaining records of client and ensuring application of various counseling skills.



*Intensive training on HIV Testing Services for GF Project staffs in Abuja*

**Community Mobilization and Testing for Pregnant Women and General Population:** Community sensitization and mobilization remains at the center of getting community members to access healthcare services and ARFH has always extensively used this strategy to deliver on her grant objectives where appropriate. ARFH worked with the state teams and Counsellor Testers to sensitize their communities on HIV and took HTS to the doorsteps of the community members. Some of the strategies used include interpersonal communication, community education and sensitization and working with various local structures such as TBAs and Faith Based Homes to access Pregnant Women.

At the end of the year, 217,123 individuals from general population were counselled, tested and received results for HIV, which is far above the target of 201,609 target set for the semester representing 108%. also, 123,085 pregnant women were counselled, tested and received results for HIV which is also above the target of 107,964 set for the semester which is 114% achievement.



*HTS in Oyo state*

**Enrolment of Positive Clients for ART in Global Fund Facilities from July – December, 2018:** One major indicators of ARFH specifically focused on enrolment of positive clients which made it critical for the organization and remains the veritable means of contribution to the first two 90s of the UNAIDS 90-90-90 model. In the second semester of the implementation, the ARFH CTs traversed the nook and crannies of the community in the LGAs of implementation to conduct community HIV Testing services. At the end of the semester, 4,500 out of the individuals screened for HIV came out positive out of which 4,157 were enrolled in GF supported facilities representing 92.4% linkage rate and 2.07% positivity yield. The CTs adopted various methods including targeted and index testing and escort services to attain the feat

presented above. The escort services being provided including payment for baseline and transportation for the positive clients significantly contributed to the enrolment rates.

**Provision of Commodities to Traditional Birth Attendants:**

As part of ARFH’s efforts to strengthen the work of partner TBAs and their relationship with ARFH, the organization through the PR provided basic consumables to them every quarter across the project states. In the year, ARFH partnered with 138 TBAs representing 3 TBAs per 46 LGAs and more than 90% of them received these commodities twice within the semester. This provision is aimed at supporting the TBAs to ensure improved hygiene and blood safety. Some of the commodities include cotton wool, methylated Spirit, hand gloves etc. Monthly communication support is also provided to help them facilitate their communication to Counsellor Testers.



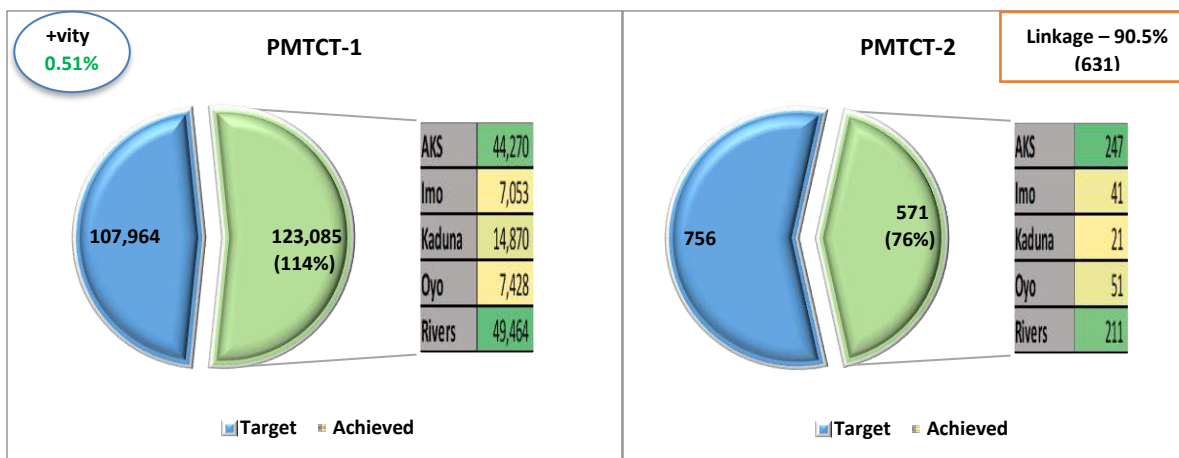
TBAs post with their commodities in Etche LGA, Rivers state



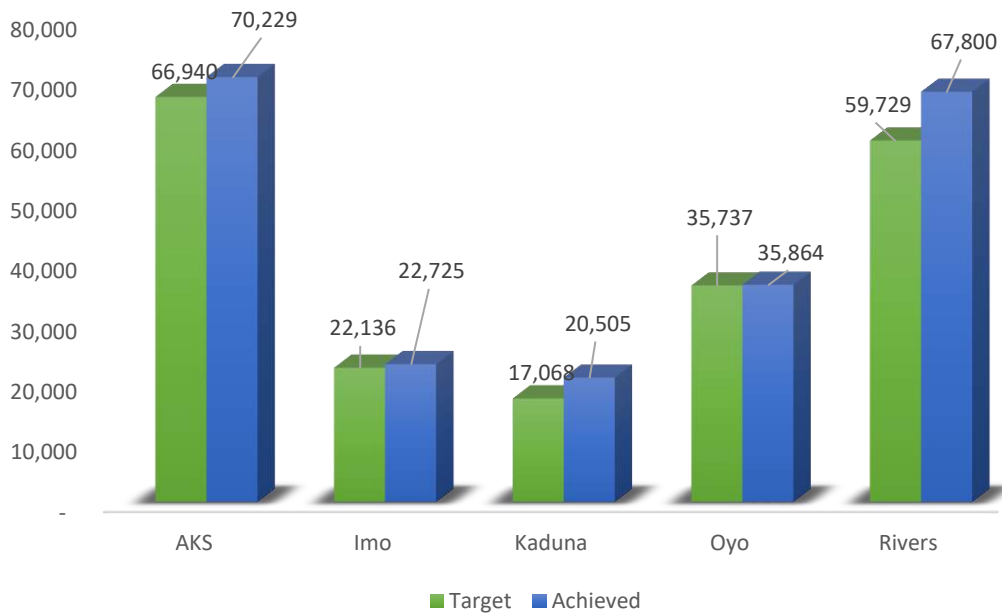
Outreach at Urban Police Station Owerri, Imo State to increase Case Detection among Uniform Men



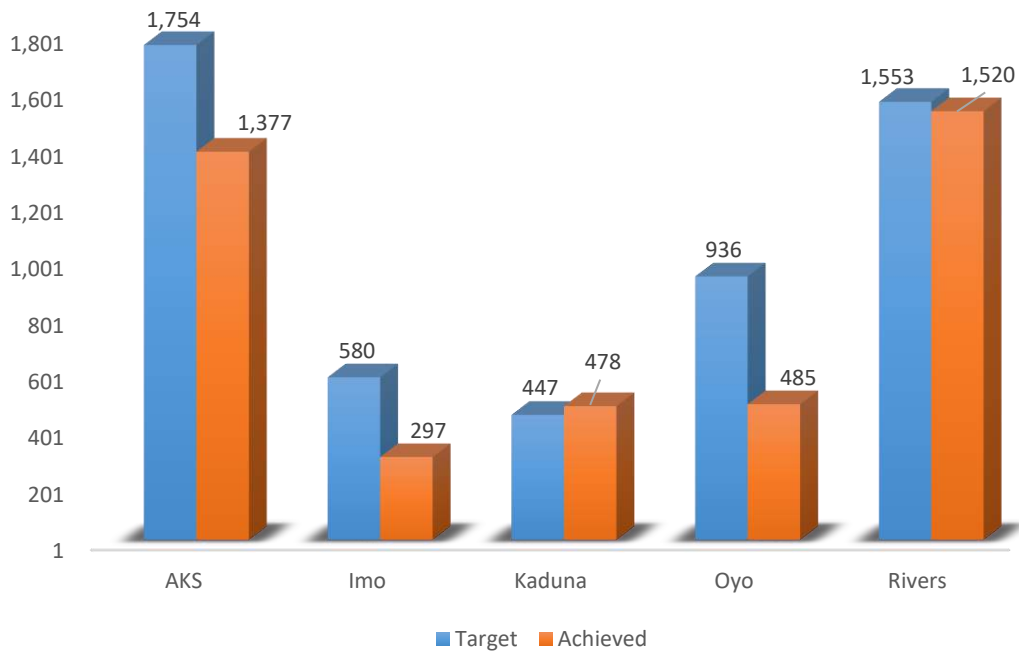
Rivers State Programme Officer and AHNI/Facility Data Entry Officer participating in joint data validation in



### HTS-1



### TCS-1



## Global Fund Investing for Impact against Tuberculosis

ARFH has been a Principal Recipient on the Global Fund TB grant in Nigeria from 2009 to 2018. For year 2018, ARFH implemented the New Funding Model TB Grant - Investing for Impact against Tuberculosis and HIV in collaboration with NTBLCP, GLRA, DFB, TLMN, NLR (now LTR), HAF, TBN and two states sub-recipients (Kaduna and Ebonyi). Implementation for this phase was aligned with the Nigeria's National Tuberculosis Strategic Plan 2015-2020 with the focus on accelerated and ambitious TB case finding to rapidly increase TB case notification rate from 57.3 per 100,000 population in 2013 to



ARFH Community TB Workers en route a riverine slum community in Lagos state on Active TB Case Search

287 per 100,000 population in 2020. This is to ensure universal access to high-quality, TB prevention, patient-centered, diagnosis and treatment services for Nigerians with all forms of TB regardless of geographic location, income, gender, age, religion, tribe or other affiliations, as a necessary interim step in achieving reduction in TB prevalence and mortality.

In line with the national agenda for accelerating TB case finding, the country's decision and grant implementation was structured to focus on geographic locations (states and communities) with huge gap in TB case finding and high TB burden. Intervention focus was initially concentrated in the 13+1 high burden states and subsequently with above allocation funding, additional 8 high burden states were included for program implementation. The Strategic focus for grant implementation were to increase diagnostic and treatment facility access i.e. expansion of TB AFB laboratory and DOTS facilities in these 22 priority states.

### Key Project Goals & Objectives include:

Achieve an increase in the Case Notification Rate of all forms of TB from 57.3 per 100,000 populations in 2013 to 287 per 100,000 populations in 2020.



To increase treatment success rate from 86% in 2013 to 90% by 2020 among drug-susceptible patients.



To provide Nigerians with universal access to high quality, patient-centred prevention, diagnosis, and treatment services for TB, TB/HIV, and drug-resistant TB by 2020.

The Global Fund TB/HIV grant implementation was in all the LGAs and facilities providing TB services in the 36 states including the Federal Capital Territory (FCT) while scale up of targeted interventions to increase case finding was done in 22 Priority states. During the NFM extension between January 1 to December 31, 2018, active case finding was only conducted in 5 states (Kaduna, Lagos, Kano, Oyo and Osun).



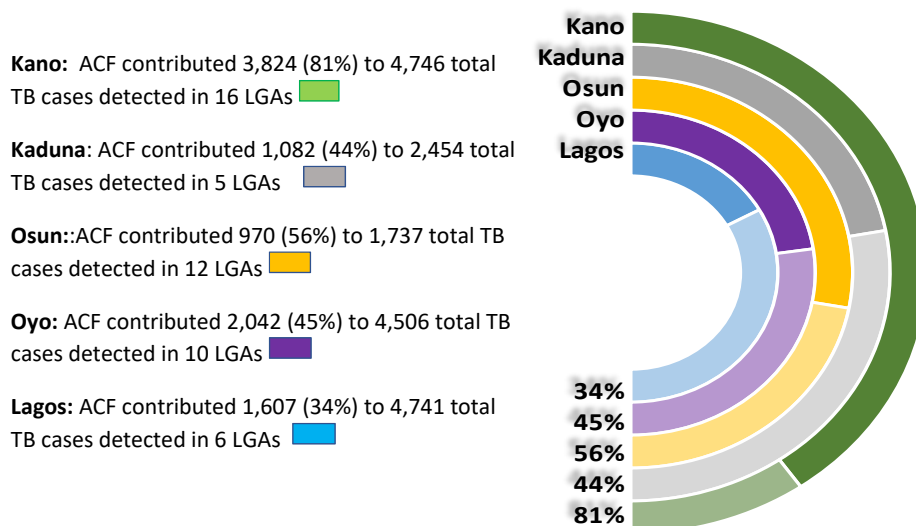
## Key Interventions and Achievements

**Training of Health facility staff (General healthcare workers and AFB Laboratory staff):** Under the NFM grant, the capacity of General Health care Workers (GHWs) and Laboratory staff were enhanced to provide effective and quality health care delivery at TB DOTS and TB diagnostic sites respectively, to the Nigerian populace with the aim of achieving grant objectives. To this end 2,236 General Health care Workers were trained in 2018.



*Training of Laboratory staff from Lagos, Ondo, Oyo and Osun states on AFB Smear Microscopy at Chest Hospital, Jericho-Ibadan*

**TB Case notifications and Active TB Case Finding (ACF):** In the period under review, a total of **283,602** new cases were notified while about **9,525** TB cases was detected from the intervention slums and LGAs in the 5 priority states of Lagos, Osun, Oyo, Kano and Kaduna states. The contribution of ACF to TB case finding in the five states where it was implemented rose to 30%. As indicated in the figure below, Kano state has 81% achievement, followed by Osun (56%), Oyo (45%), Kaduna (44%) and Lagos (34%). On the overall, ACF intervention in the slums, contributed more than half (52%) of the total TB cases notified from the LGAs where the intervention was implemented.



**On Site Data Verification Visits and Supportive Supervision:** The involvement of ARFH in the routine On Site Data Verification Exercise (OSDV) and Supportive Supervision have positive effects on the TB programme in Nigeria. On Site Data Verification visits are aimed to verify recently reported TB data by the state to NTBLCP with the objective to conduct data quality checks before the data is reported to the Global Fund. The goal of



*OSDV at Comprehensive Health Center, Kofar Kaura, Katsina State*



OSDV is to improve the quality of the data reported within the quarter under review and to take inventory of anti-TB drugs, consumable kits, sputum cups, and recording & reporting (R&R) tools in the state store.

**Continuous Logistics Monitoring and Supervisory Visits to State and DOTS Facilities:** Regular quarterly logistics monitoring and supervisory visits were conducted in states and to DOT facilities throughout the NFM resulting in improved capacity of officers managing TB commodity throughout the supply chain.



*Logistic MSV Visit General Hospital Ikotokoro and Ikot Epena in Akwa Ibom State*

**Development of Harmonized Logistics Standard Operating Procedure Manual:** ARFH supported the harmonization of logistics Standard Operating Procedure Manual of FLD and SLD. This is the template being used for the harmonized supply chain for both first and second line medicines and reference manual to logistics officer across all levels in the management of TB medicines and other commodities.

**National Survey on the Quality of TB Medicines:** A National Quality Control Survey for TB medicines was conducted in 2018, where all TB medicines stored across the different storage levels had 100% compliance with all pharmacopeia test performed thus justify the various investments in the TB supply chain.

**Screening of under-5 Child Contacts:** The screening of under-5 childhood contacts of TB patients was intensified under the grant with the use of desk guides and chest X-ray to aid health workers in the diagnosis and management of TB in children. This intervention increased the number of children screened and consequently in the number children eligible and placed on Isoniazid Prophylaxis Therapy (IPT). In 2018, **15,068** under-5 children were screened for TB, **11,906** were eligible for IPT while **10,522** were provided with IPT.



*Launch of the new pediatric anti-TB medication for TB treatment*



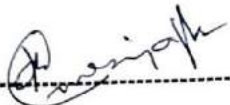
*2018 World TB Day Roadwalk/Rally supported by ARFH*

# Financial Audit Report

**ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH  
STATEMENT OF FINANCIAL POSITION  
AS AT 31 DECEMBER, 2018**

	Notes	2018 N	2017 N
<b>ASSETS</b>			
Fixed Assets	3	66,245,826	56,576,587
Long Term Investment	4	38,152,666	48,635,700
		<b>104,398,492</b>	<b>105,212,287</b>
<b>CURRENT ASSETS</b>			
Inventories	5	3,228,279	3,868,064
Receivables	6	9,504,298	43,980,546
Cash and Bank		1,044,553,647	1,252,576,632
		1,057,286,224	1,300,425,242
<b>LIABILITIES</b>			
Payables	7	(175,729,353)	(229,204,371)
<b>NET CURRENT ASSETS</b>		<b>881,556,871</b>	<b>1,071,220,871</b>
<b>NET ASSETS</b>		<b>985,955,363</b>	<b>1,176,433,158</b>
<b>FUND BALANCE</b>			
Accumulated Fund	8	985,955,363	1,176,433,158
		<b>985,955,363</b>	<b>1,176,433,158</b>

.....  President/ CEO

.....  Director Finance & Administration