



# ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH

2019

ANNUAL REPORT



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# ACRONYMS

AIDS	Acquired Immunnodeficiency Syndrome
ARFH	Association for Reproductive and Family Health
ART	Antiretroviral Therapy
ASWHAN	Association of Women Living with HIV
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CTWs	Community TB Workers
DMPA-SC	Depot-Medroxyprogesterone Acetate Sub-Cutaneous/Self Injection
FP	Family Planning
FY	Fiscal Year
GF	Global Fund
HCT	HIV Counseling and Testing
HTS	HIV Testing Services
HH	Household
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
LARC	Long Acting Reversible Contraception
LGA	Local Government Authority
LOPIN	Local Partners for Orphans and Vulnerable Children
M & E	Monitoring and Evaluation
NEPWHAN	Network of People Living with HIV
NTBLCP	National Tuberculosis and Leprosy Control Programme
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PPP	Public Private Partnership
PR	Principal Recipient
SR	Sub Recipient
TB	Tuberculosis
VSLA	Village Savings and Loan Association
WRA	Women of Reproductive Age



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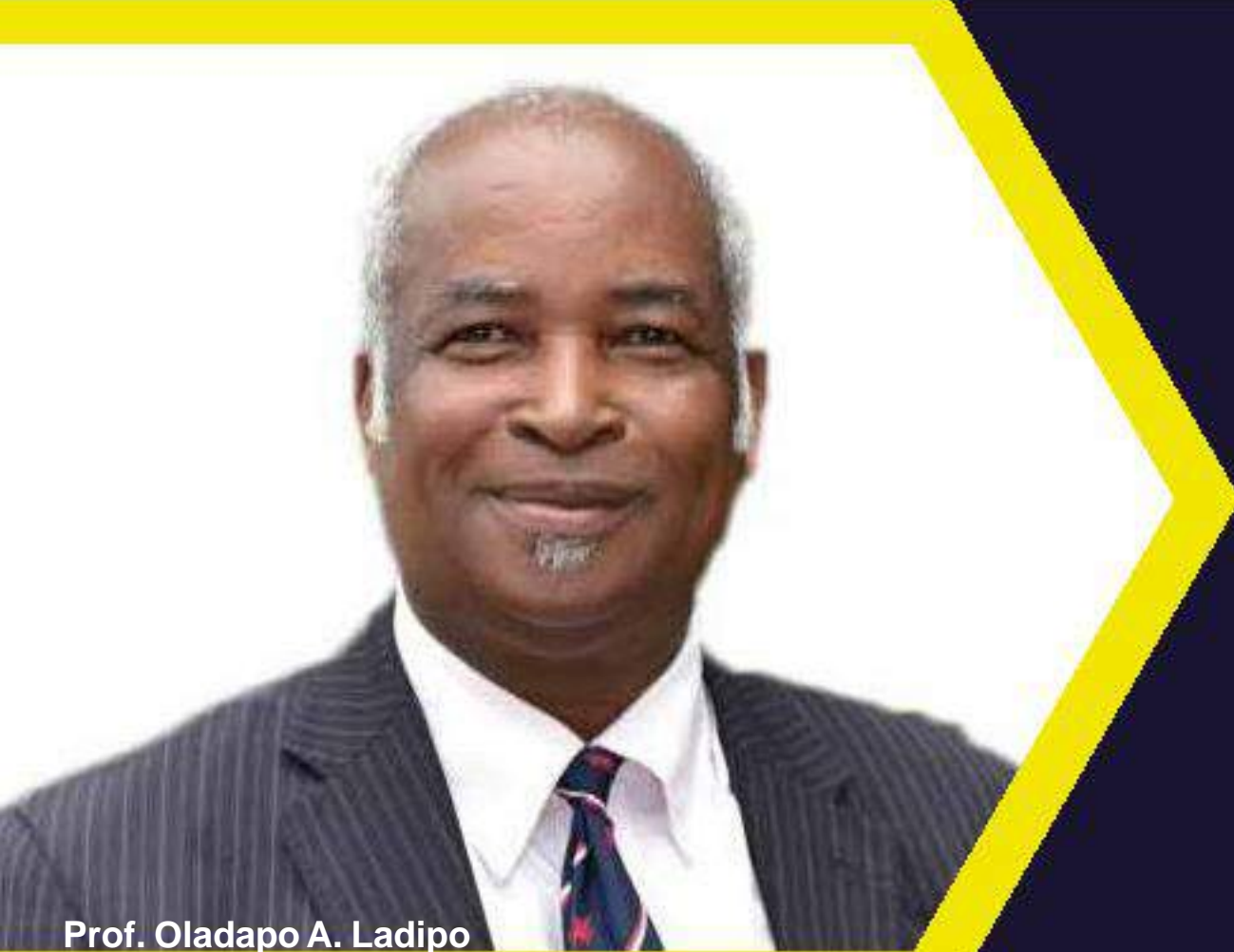
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*...Working Together, Building a Healthier Future*



# MESSAGE FROM THE PRESIDENT/CEO

December 2019



**Prof. Oladapo A. Ladipo**

(MB.Bch, FRCOG, FMCOG, OON )

President/CEO ARFH

**T**his year marks the 30<sup>th</sup> anniversary of Association for Reproductive and Family Health (ARFH). Since its inception ARFH has contributed to alleviating the plight of vulnerable populations by designing and implementing cutting-edge public health and developmental solutions across the 36 states plus FCT in Nigeria. We are deeply proud of our achievements over the years which have saved millions of lives including children, women, men, and youths. Through our various interventions, we are not only leading access to sexual and reproductive health information and services including family planning but also facilitating access of HIV infected or affected Orphans and Vulnerable Children including their Caregivers to quality health and social services.

We are more than ever committed to ending TB, Malaria and other diseases of public health importance both in Nigeria and Africa. Worthy of note is the new award of USAID funded Integrated Child Health and Social Services Award (ICHSSA 2) 2019-2024 in Lagos State to ARFH. This will enable us to reach thousands of children, women and adolescents with lifesaving health and economic interventions needed for them to live productive and healthier lives.

I am pleased to release the 2019 Annual Report which shows our significant achievements across all the projects implemented in 2019. This wouldn't have been possible without the funding from our partners, support from Government as well as commitment, hard work and dedication of our staff.

# EXECUTIVE SUMMARY

As a leading indigenous non-governmental organisation in Nigeria, the Association for Reproductive and Family Health (ARFH) continues to play a pivotal role in exploring strategic partnership and designing innovative interventions that meet the immediate and emerging public health and developmental needs of vulnerable populations. ARFH has implemented over 100 high impact programmes aimed at improving the health and well-being of underserved and vulnerable populations in Nigeria and neighbouring countries.

The year 2019 witnessed a significant achievement across the various areas of public health interventions implemented with the support of donors, government, private sector and frontline health workers. After 5 years of impactful project implementation across 3 states in Nigeria- Akwa-Ibom, Lagos and Rivers, ARFH successfully closed-out the USAID supported LOPIN Region1 project. The project provided range of quality health and social services to over 260,000 Orphans and Children including their Caregivers.

Increasing access to family planning services is critical to curbing the rapid population growth in Nigeria. ARFH through the RASuDiN project was able to provide DMPA-SC to over 60,000 clients across more than 900 health facilities in 10 states in Nigeria. The DMPA-SC/SI has the potential to increase the modern contraceptive rate to 27% beyond 2020. Similarly, the UNFPA supported Integrated Approach to Empowering Adolescent Girls and Women reached 14,657 women and girls of reproductive age with family planning services including 4,768 DMPAS-SC and 2,441 LARC users in both Gombe and Akwa-Ibom states.

House to House search for cases of TB in slums areas led to the identification of 11,570 positive DR-TB, all of whom were placed on treatment. ARFH with the support of community stakeholders deployed the Test and Win Approach, a social mobilization activity aimed at generating demand and creating a conducive environment for Community TB Workers to work in slums, thus increasing TB case notification in Nigeria.

Overall, the Global Fund HIV project built the capacity of Counsellor Testers and conducted targeted Testing leading to HIV positivity case detection of 4,005 with over 95% linked to treatment in Global Fund supported facilities. In addition, ARFH worked with established community structures to test pregnant women. Over 500 pregnant women were tested positive and linked to treatment. This has contributed to the achievement of the UNAIDS 95:95:95 goals of ending AIDS by 2030. On the Rivers State HIV project, a total of 23,608 persons were tested for HIV out of which 1,093 (5%) were positive and linked to treatment across the 4 implementing LGAs.

ARFH will build on the 2019 achievements for better impacts in 2020. This will be achieved through continuous partnership with relevant stakeholders, key partners and communities. There will be continuous support and motivation for staff and effective fund and risk management will be sustained for better impacts.

## 1.0 Local Partners for Orphans and Vulnerable Children in Nigeria (LOPIN 1) Project



*Kids Club Activity. Photo Credit: ARFH-LOPIN1 Project.*

Association for Reproductive and Family Health in agreement with USAID (number AIDS-620-A-00004) implemented the LOPIN Region 1 project between 2014 and 2019. The main aim of the project was to improve the health and well-being of children living with or affected by HIV/AIDS through reinforcement of child and family resilience and acceleration of access to HIV/AIDS treatment. LOPIN 1 project modeled inclusiveness in programming for orphans and vulnerable children in Akwa-Ibom, Lagos & Rivers States by strengthening the organisational and technical capacities of 17 Community-Based Organisations, 17 Social Welfare Department of Local Government Areas and 3 State Ministries of Social Development for effective coordination of responses to OVC needs.

In 2019, the project was officially closed out with a closeout ceremony in Lagos. The closeout ceremony was well attended by dignitaries including USAID, Government representatives of Lagos, Rivers and Akwa-Ibom states, partners and project beneficiaries. By October 2019, a total of 264,088 beneficiaries (210,751 OVC and 53,337 caregivers) were served over a 5-year period across the 3 project implementing states- Lagos, Akwa-Ibom and Rivers. In addition, 10,321 households graduated from the project; having met the graduation benchmarks of Healthy, Stable, Safe and Schooled. During the period of project implementation, 192,622 children had access to HIV testing services of which 4,726 HIV positive children were identified, linked with the facility for treatment and care.

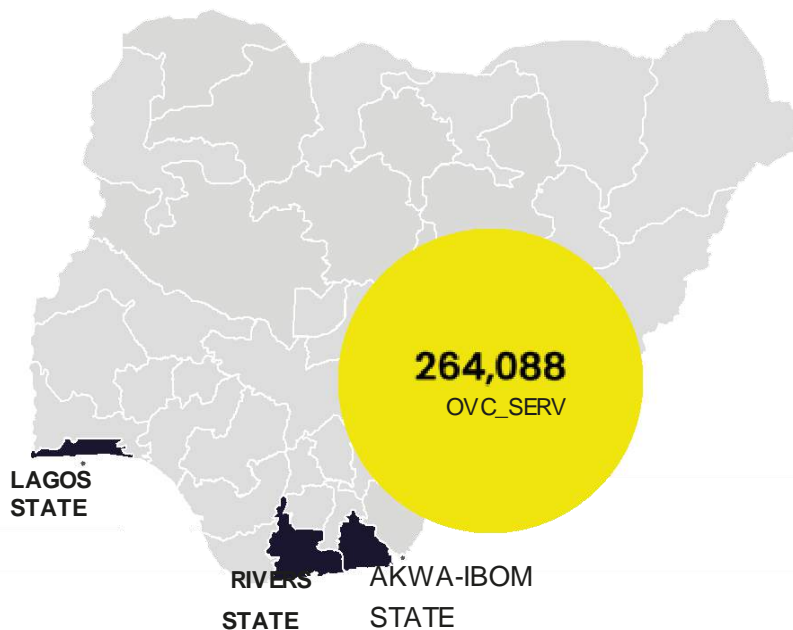


## Project Goal

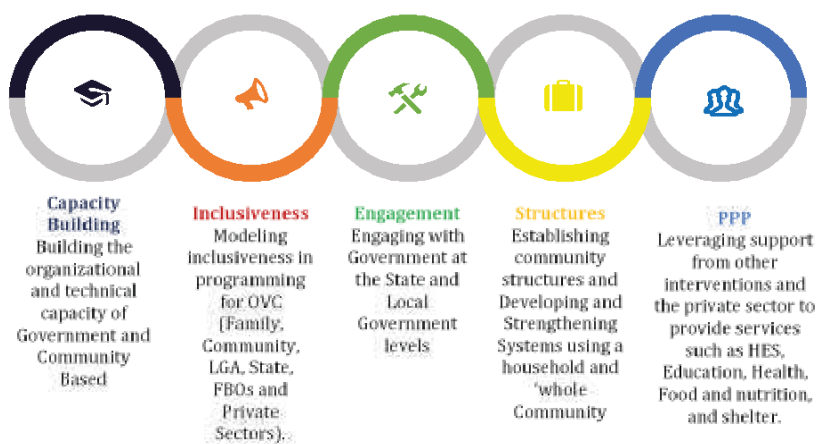
To mitigate the impact of HIV/AIDS on children and their Households through a multi-sectoral approach.

## Objectives

- 1 Improve Systems & Structures**  
 To improve the systems & structures at community, LGAs and State in providing responsive care, protection and support services to OVC and their families.
- 2 Improve Capacity**  
 To improve organisational and technical capacity of local Nigerian partners to offer services to OVC and their families.
- 3 Facilitate Engagement**  
 To facilitate local Nigerian CBO partners to engage more effectively with Local Governments and the Private sector (PPP).



### 1.1 Key Strategies



<b>State:</b> Akwa-Ibom (12)	<b>LGA:</b> Essien-Udim, Etinan, Etim-Ekpo, Ibesikpo-Asutan, Ibiono-Ibom, Ika, Itu, Ikot-Ekpene; Okobo; Oron; Uruan & Uyo.
<b>State:</b> Lagos (8)	<b>LGA:</b> Agege, Ajeromi/Ifelodun, Apapa, Surulere, Badagry, Ojo, Lagos-Is-land & Kosofe.
<b>State:</b> Rivers (4)	<b>LGA:</b> Eleme, Obio/Akpor, Port-Harcourt and Okrika.

## 1.2 LOPIN 1 Range of Services

### HIV SERVICES

1

Continued increased yield of PLHIV through incentivized enrolment strategy, active referrals from the facility focal persons and support groups of PLHIV.

### HEALTH

2

Enabling environment for increased uptake of health services through facilitated referrals and logistic support for indigent enrollees.

### NUTRITION SERVICES

3

Nutrition assessments and monitoring; support through PPP; Food demonstration at caregivers for a; 200 bundles of cassava stems donated by (AKADEP) distributed to caregivers engaged in cassava farming; training of cassava food chain processing.

### ACCESS TO EDUCATION

4

Community Volunteers visited enrolled OVC in their respective schools at least once in a quarter to assess children's school attendance and education performance.

### HOUSEHOLD ECONOMIC STRENGTHENING

5

Increased the access of eligible caregivers to money and strengthened economic resilience to enable them meet their needs and that of their wards in a sustainable manner.

### CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

6

ARFH LOPIN 1 Project has trained all project and CBOs' staff, Community Volunteers (CVs) and assistant Case Managers on Child Protection and Safeguarding Practices.

### SYSTEM STRENGTHENING

7

ARFH conducted baseline capacity assessment, to ascertain areas of strengths, weaknesses, opportunities and threats (SWOT) for the Community Based Organisation implementing the grant, which informed targeted interventions to fill identified gaps and build technical and organisational capacity of government and CBOs.

## 1.3 Key Results

### 1. 264,088 beneficiaries served

ARFH-LOPIN 1 project served 264,088 enrolled beneficiaries, comprising of 210,751 OVC <18 years and 53,337 caregivers above 18 years.

### 2. HIV Services

Supported 192,622 children to access HIV testing services. Identified 4,726 HIV positive children and linked all of them to antiretroviral treatment.

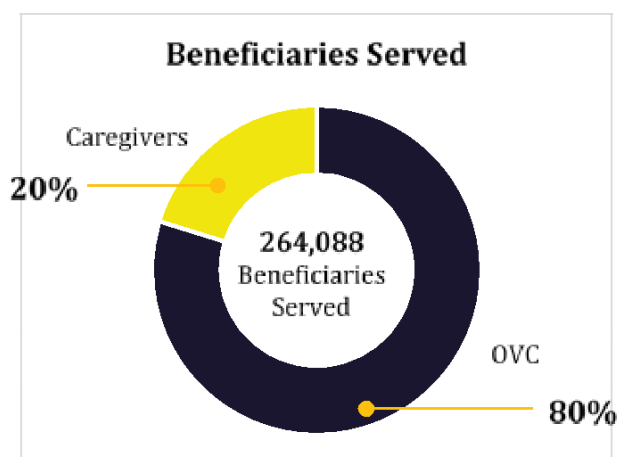


Figure 2: Percentage of beneficiaries served.

### 3 HES Support

Trained 12,597 caregivers and adolescents on financial literacy and were all given start up business materials costing between N30,000.00 to N60,000.00 per person.

### 4 Conditional Cash Transfer

Provided conditional cash transfer to 1,567 most-vulnerable beneficiaries, each of whom received N30,000 (\$83) in three equal installments of N10,000 (\$27) per tranche.



*Startup support to a beneficiary in Akwa-Ibom State.*

### 5 Village Savings And Loans Association (VSLA)

Formed 704 Village Savings and Loans Association groups (inclusive of 49 Adolescent VSLAs) with 346 share outs. The groups saved N151,640,314.00 (USD420,056) between 2014-2019.

### 6 Birth Certificates

Secured birth certificates for 164,110 OVC, through strong collaboration between CBO partners and the National Population Commission.

### 7 Community Based Health Insurance Scheme (CBHIS)

Supported 2,979 beneficiaries enrolled on the Community Based Health Insurance Scheme (CBHIS) in accessing free health services through the elimination of user fees.

### 8 Strengthened Data Management Systems

Strengthened data management systems of three State Ministry of Women Affairs and Social Development, 17 LGAs and 17 CBOs.

### 9 Trained 1,094 project personnel

Training of staff at CBOs, LGAs, and State levels and LOPIN on the use of NOMIS software for data management and the QuickBooks software for financial management.

### 10 Established Community Structures

Establishment of child protection committees and Quality Improvement Teams to address issues on protection, education, child abuse and shelter in Project Communities.

### 11 Block Grant Interventions

Block Grant Education support to seven schools in Project States, aimed at exemption of beneficiaries from direct payment of fees and levies, to facilitate smooth progression from primary to secondary school.

## 1.4 PASS/Post NAIS Intervention

The Pediatric Surge Saturation Strategies (PASS) involved pediatric case findings, linkage to ART and retention in treatment and care. The dimension of case finding includes tracking of Lost to follow up (LTFU), Index Case Testing (ICT) to identify new cases while ensuring prompt linkage to treatment and retention. Between April to October, 2019, ARFH LOPIN1 project identified 2,165 CLHIV. Several strategies were deployed which includes:



*Creek team, Akwa-Ibom State.*

- HIV Risk Assessment and Facilitated Referrals.
- Index Case Testing.
- Partnership with Treatment partners (fhi360, Heartland), Facility focal persons and Community stakeholders (LACAs, Women groups, TBAs, FBOs, NEPWHAN & ASWHAN) for improved case findings.
- Embedment of Community Case Managers in all treatment facilities to strengthen Community- Facility interface for uptake of HIV services.
- Targeted community HTS (including FHI 360 genealogy testing to increase efficiency in the use of test kits).
- Early rise and moonlight testing across the creeks and coastal areas.



## 2.0 Resilient and Accelerated Scale-up of DMPA-SC in Nigeria



*Practical demonstration during DMPA-SC Training.*

Nigeria has one of the fastest growing populations in the world, estimated to be approximately 200 million with 60% being under the age of 35 (NBS, 2012). The Federal Government has identified the importance of improving access to modern Family Planning services in order to ensure reduction in child mortality as well as fostering economic growth by taking advantage of possible demographic window. Unmet need for Family Planning was as high as 19% according to the 2018 NDHS. In view of the concern on adverse effect of huge population on socio-economic development, Nigeria through the FP2020 commitment pledged to improve access to Family Planning up to 27% among women of reproductive age.

Resilient & Accelerated Scale-up of DMPA-SC/Self injection in Nigeria - (RASuDiN) is being implemented in Niger, Ogun, Plateau, Rivers, Oyo, Delta, Kwara, Lagos, Enugu, and Anambra states of Nigeria. The project aims to Increase use, availability, acceptability, accessibility and use of DMPA-SC as a FP method within a broader contraceptive method mix among women of reproductive age in Nigeria. DMPA-SC/SI as the game-changer could increase the modern contraceptive prevalence rate (mCPR) to 27% beyond 2020.



## 2.1 Project Objectives

- 1 To enable the introduction and scale-up of DMPA SC.
- 2 To optimize service delivery channels.
- 3 To generate demand for service uptake.
- 4 To optimize the use of data.

## 2.2 Key Project Interventions

### 2.2.1 Introduction and Scale-Up of DMPA-SC

Paid advocacy visits to FMOH and stakeholders at the federal and state levels including other implementing partners. This helped shorten the entry period and commencement of the project implementation at the states by removing bureaucratic bottlenecks. In addition, the project collaborated with other implementing partners with complementary programs including Access Collaborative, Clinton Health Access Initiative (CHAI).

- RASuDiN project provided technical support to the development and finalization of guidelines for the scale-up of DMPA-SC self-injection in Nigeria. This guide provides direction to all providers and administrators on the country's self-injection plan.
- Baseline audit was conducted to enhance implementation mapping, clustering of training zones and determination of where to find WRA in project communities. In addition, the assessment provided a situational analysis of DMPA-SC within both health facilities and communities. Findings however showed DMPA-SC is offered only in 37.9% of the facilities audited with prominent reason being the unavailability of trained health workers.
- About 59,300 copies of training materials and job aids were printed and disseminated.

### 2.2.2 Optimize Service Delivery Channels

A total of 123 master trainers, 11,577 providers and 800 CORPS have been trained across the 10 project states. Kwara state supported training of 10 additional master trainers. As at December 2019, a total of 61,175 clients have been provided with DMPA-SC in 954 health facilities across the 10 project states.



Figure 3: DMPA-SC Uptake.

### 2.2.3 Generate Demand for Service Uptake

- The project developed Social and Behavioural Change materials translated into various Nigeria local languages- Hausa, Igbo, Yoruba, and Pidgin. The materials were pretested with gatekeepers and key stakeholders before final production.



- 10 social mobilization consultants, 185 community volunteers and 150 LGA health educators were trained on demand generation activities across the 10 project states. Also, nationally approved instructional video on DMPA-SC/SI was adapted for use on the project and distributed across all health facilities across the project states. The video aided demand generation activities and served as a guide for clients enrolled for DMPA-SC/SI.



*Self-inject instructional leaflet under development for use by SI Clients.*

### 2.2.4 Optimize the use of Data

- Responsive feedback mechanism was developed to aid data collection from direct beneficiaries and service providers with a view of identifying interplay of motivation, trigger and ability for adaptive project management.
- Capacity building was provided during the project period to LGA staff on the revised NHMIS tools. A total of 435 M&E Officers and the Reproductive Health Supervisors were trained on data capturing and reporting.

### 3.0 Integrated Approach to Empowering Adolescent Girls and Women in two States of Nigeria through Access to Sexual Reproductive Health and Rights



*Family Planning client undergoing a family planning procedure.*

ARFH with support from the Norwegian Government through UNFPA is implementing a project titled “Integrated Approach to Empowering Adolescent Girls and Women in Gombe and Akwa Ibom States through Access to Sexual Reproductive Health and Rights”. The project was first implemented in 2015 and is expected to round up in 2021. The project is aimed at improving the access of adolescents and women of reproductive age to Sexual and Reproductive Health (SRH) services including family planning in the targeted 16 project LGAs across the 2 states (Gombe & Akwa-Ibom) in Nigeria.

#### 3.1 Project Objectives

- To contribute to improving availability of quality sexual and reproductive health services including family planning for adolescent girls and women of reproductive ages.
- To increase human resources for health to deliver quality SRH/family planning services delivery including LARC and DMPA-SC.

- To strengthen community and health-facility linkage/referral for SRH/family planning services.
- To increase by 40% access and uptake of FP methods/health information for adolescent/young girls in selected states.
- To expand DMPA-SC contraceptive service delivery options through self-injection approach.

In the year 2019, ARFH ensured the delivery of vital FP and SRH materials to drive the uptake of LARC and DMPA-SC in the selected project site of the states. ARFH accelerated the training of providers at both facility and community levels on the conduct of quality service delivery in their respective stations during outreaches and community mobilization exercise. Between May and December 2019, the project successfully provided services to 14,657 women and girls of reproductive age including 4,768 DMPA-SC and 2441 LARC users in Gombe and Akwa Ibom states users. Summary of achievements is further provided below.

## 3.2 Key Project Achievements

- Advocacy visit/policy dialogue/project roll out dissemination meeting with key stakeholders in project state: State Ministry of Health, LGAs and facility levels.
- Demand generation through community mobilization & outreach activities, Health Care Facility and door-to-door/household service delivery of quality Family Planning services.
- Demand generation through community mobilization & outreach activities, Health Care Facility and door-to-door/household service delivery of quality Family Planning services.
- Capacity building for 126 CHEWS to deliver DMPA-SC/SI service delivery at both health facilities and communities.
- FP providers were trained on appropriate data capturing and documentation using the ARFH M&E tools, national registers and FP dashboard.

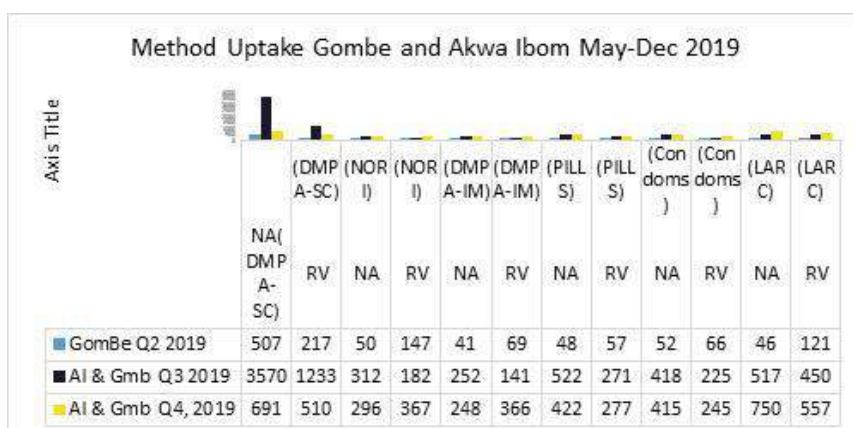
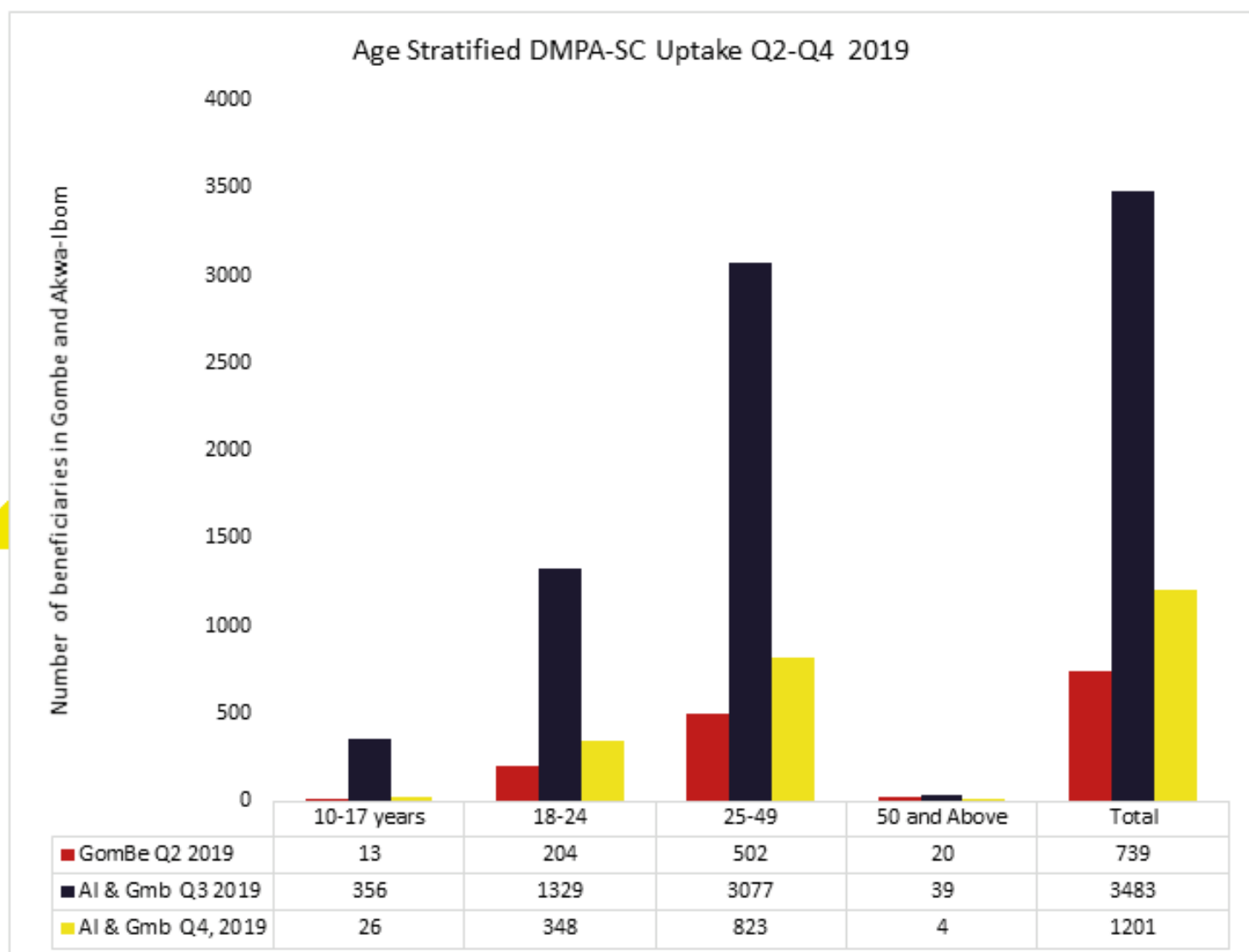


Figure 4: Method of uptake in Gombe and Akwa-Ibom States.



*Figure 5: Age stratified DMPA-SC uptake.*



## 4.0 Rivers State Surge Grant



*Entry meeting with IHVN CEO and IHVN Rivers state team.*

Rivers State has 3.8% HIV prevalence rate which is one of the highest in Nigeria (NAHS, 2018). As part of the US President's Emergency Plan for AIDS Relief (PEPFAR) contribution to ending the scourge of HIV/AIDS by 2030, the Institute of Human Virology, Nigeria (IHVN); the lead implementer of the SURGE Grant in Rivers state contracted Idimibok International to implement the SURGE grant in 11 LGAs. Idimibok sub-contracted implementation in the Ogoni land to Association for Reproductive and Family Health (ARFH).

ARFH commenced implementation of Surge in Rivers state from the 1st of November 2019, in Ogoni land; Khana, Gokana, Tai and Eleme LGAs of Rivers state. One key objective for ARFH was to contribute significantly to the achievement of the first two 95s in the UNAIDS 95-95-95 target. ARFH Rivers State team coordinated 104 Counselors Testers across the four LGAs of implementation with support from the National office. Testing equipment was provided to enhance the quality of test conducted especially by making it confidential. Test kits were accessed through IHVN supported facilities in each LGAs and reports of achievement were also reported back to the facility in line with national M & E system. Testing was conducted daily; State officers were constantly on ground to provide supportive supervision and mentorship to the LGA Teams. In 2019, this project was implemented for 2 months (November and December).

## 4.1 Objectives of Surge Community Intervention

- To improve community response to HTS & linkage of positive clients to treatment and care.
- To increase active case finding Pregnant Women and other vulnerable groups living with HIV within the community structures.
- To improve linkage to care through escort services and Community ART.

## 4.2 Indicators

There are three indicators targeting demand generation for HIV services through HIV Counselling and Testing. The indicators are:

1. Total number of persons screened for HIV/AIDs.
2. Total number of people male and female who were tested for HIV and received their results during the reporting period.
3. Total number of people male and female living with HIV currently receiving antiretroviral therapy.

## 4.3 Key Project Achievements

- Scoping and ground preparation for take-off of Surge grant for seamless implementation.
- Entry meetings with Idimibok and IHVN key Officers for better understanding of the project implementation plan.
- Start-up advocacy to state partners and key stakeholders which resulted in effective partnership, creation of enabling environment and unhindered access to communities.
- Categorization of LGA Teams into – Linkage Coordinators, ART Nurse/Doctor, Counsellor Testers; Data Entry Clerks and Case Managers for better and increased output. Categorizing Counsellors Testers into weekday and weekend to achieve on testing every day of the week without burnout.
- Engagement and orientation of LGA Team resulting in enhanced capacity to effectively deliver all grant objectives.
- Commencement of community targeted testing.

- Mapping of new TBAs, Faith Based Delivery Homes, PMVs, unsupported health facilities, private laboratories and targeted communities for targeted testing of vulnerable individuals and pregnant women.
- Review of client enrolment details at the IHVN facilities to ascertain communities for targeted testing as well as index contact tracing and testing which culminated in better positive case detection and optimization of available resources.
- Adherence to WHO testing protocols- Consent, Confidentiality, Counselling, Correct Results and Connection to care which enhanced trust and confidence of community members in HIV testing protocols of ARFH.
- HTS strategies employed are community mobilization; fixed post- testing; Index Contact testing; testing at TBA homes and Faith Based homes.
- Linkage of clients through Community initiation with adherence to community ART guideline and escort services.
- Provision of Escort services for all identified positive clients escorted to IHVN supported facilities which enhanced achievement of above 80% linkage rate.
- Weekly technical meeting with the LGA teams created a platform for mentorship, review of weekly activities, strategic planning for the week ahead, sharing of successes and challenges thereby improving LGA Teams capacity.
- Daily reporting of testing outcome to IHVN through Idmibok made for real-time verification of enrollment from the Surge Monitors at IHVN supported facilities and daily collation of testing results from all testers.
- Daily call-in meetings every evening with Idmibok, which made for daily review of achievement and strategizing for activities of the next day.
- Weekly data validation and reporting of achievement to IHVN through Idimbok improved the quality of data generated on the grant and timely monthly reporting.

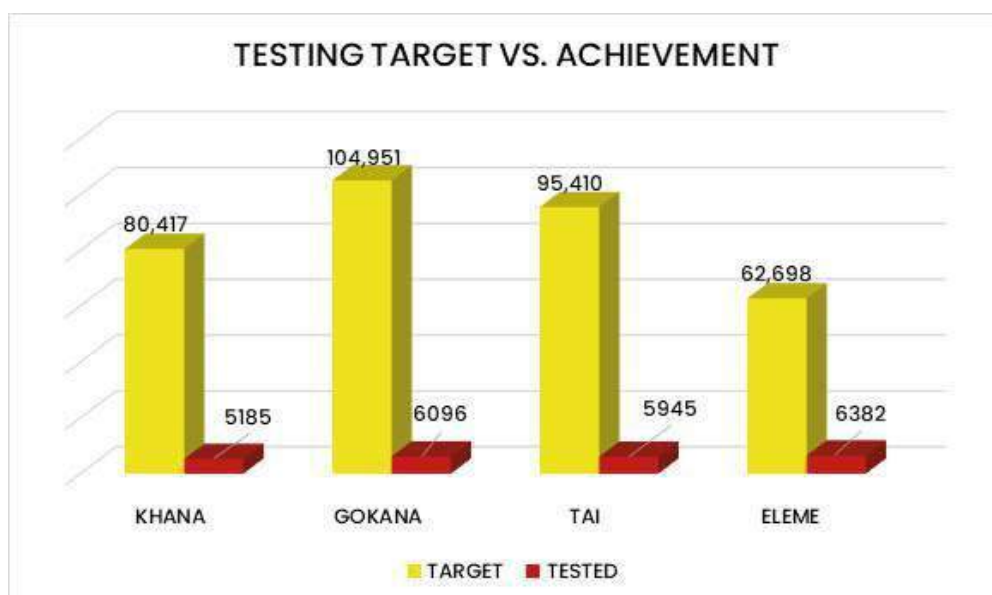


Figure 6: Testing Vs Achievement.

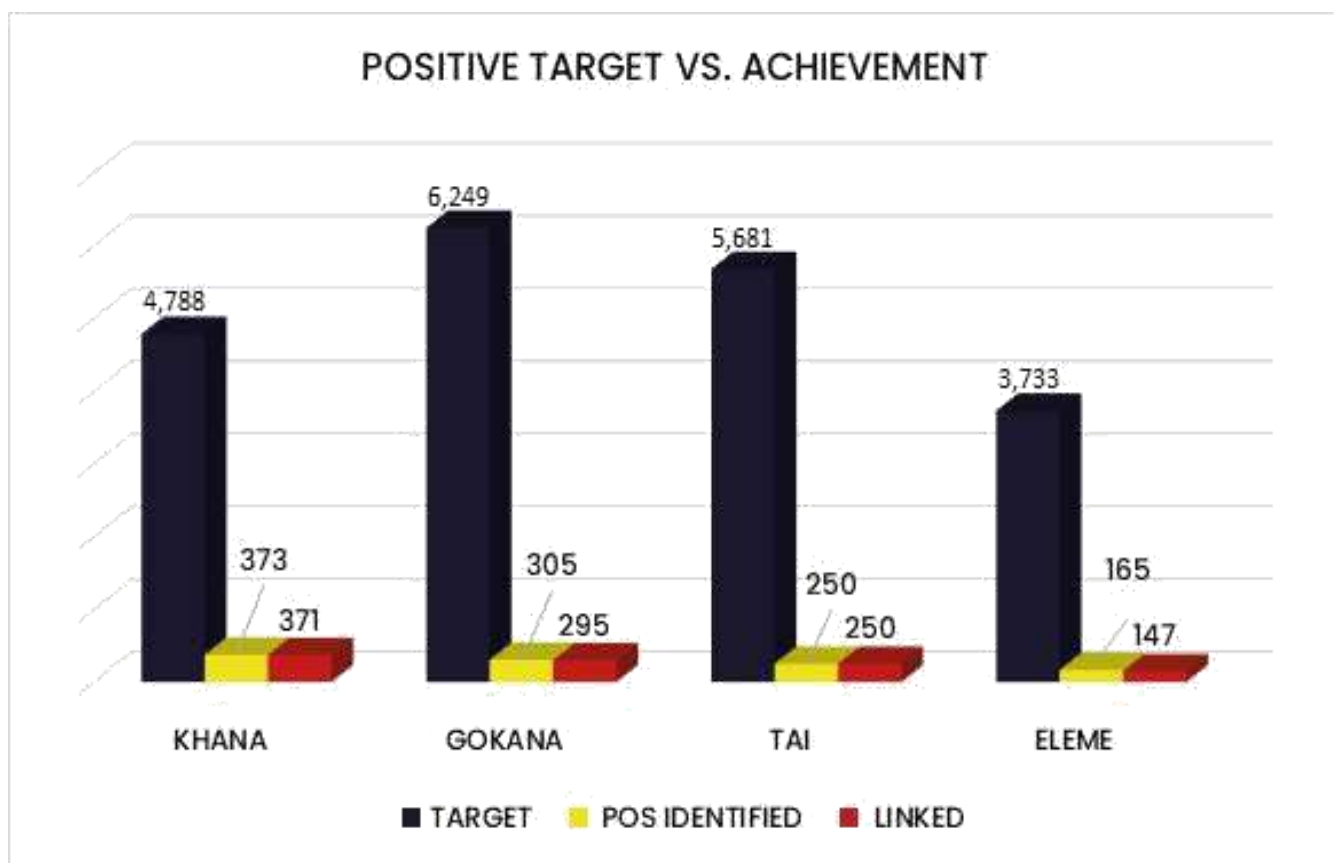


Figure 7: Positive target vs achievement.

In conclusion, implementation of SURGE by ARFH in Rivers State will be accelerated in the year 2020 as all the foundations necessary to engender that have been put in place.

## 5.0 Global Fund HIV



ARFH'S HIV M & E Manager -Dr. Oluwaseun Ayoola Ojomo in a technical session with Counsellor Testers in Benue State.

ARFH's implementation of the New Funding Model of the Global Fund project was completed in the first half of 2019. The grant which commenced on 1st January 2018 was implemented in the Akwa-Ibom, Imo, Kaduna, Oyo and Rivers States.

The overarching objective of the grant was to increase HIV positive case findings through Community Testing Approach. At the expiration of the grant, another phase of the grant- Optimizing HIV Investment for Impact, commenced in the second half of the year. This second phase of the grant was implemented in Eleven States (Abia, Bayelsa, Benue, Delta, Edo, Enugu, Imo, Niger, Ogun, Osun and Oyo) and 49 LGAs.

### 5.1 Objectives

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

### 5.2 Indicators

To make the intervention focused and strategic, there were four key indicators targeting demand generation for HIV services as stated below;

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



The grant commenced with engagement and training of 184 Counsellor Testers who were the foot soldiers responsible for community activities on the project and they were distributed to the five states of implementation equitably informed by the target for each state.

To deliver effectively on her mandates, ARFH adopted various result-orientated strategies that have proven to be effective in identifying HIV positive cases. These strategies includes;

- Capacity building for Counsellor Testers to enhance their technical skills to deliver effectively on their mandates.
- Targeted testing especially Sexual Network Testing of index clients.
- Working with community structures such as Traditional Birth Attendants, Faith Based Prayer Homes, Patient Medicine Vendors etc to test pregnant women who patronize them and promptly link identified positive cases to treatment through assisted enrolment.
- Treatment and adherence support for positive clients to ensure continuity in care.
- Routine supportive supervision and mentorship for continuous quality improvement.

## 5.3 Key Achievements

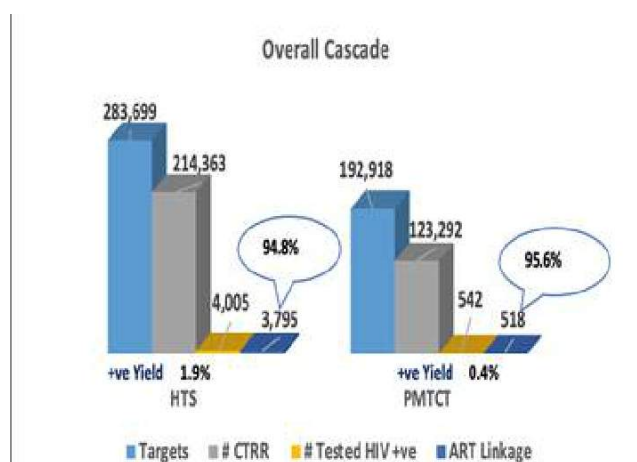


Figure 8: Overall HTS and PMTCT Cascade.

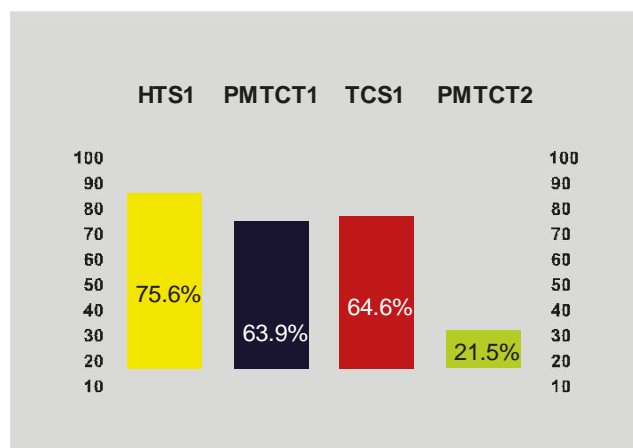


Figure 9: Overall percentage achievement of HTS, PMTCT and TCS.

## 5.4 Other Qualitative Achievements

- Continuous Advocacy across communities and facilities which facilitated prompt community entries and enabling environment to function. Access to key community structures such as TBAs and prayer homes where pregnant women patronize for traditional ante natal care.
- Community Mobilization, sensitization and Testing for Pregnant Women and general population which significantly contributed to the achievement of the first 90 in the UNAIDS 90-90-90 target of ending AIDS.
- Assisted enrolment of positive clients for ART in Global Fund supported facilities which were one of the major objectives of the intervention.
- Supported Traditional Birth Attendants with consumables such as cotton wool, methylated spirit, and liquid soap to facilitate safety practices.
- Procurement and distribution of Iron-filing cabinets to GF supported health facilities to ensure data safety.
- Timely data review and validation to promptly identify data quality errors which engender generation of valid and reliable data.
- Supportive Supervision and Mentorship of Counsellor Testers to ensure continuous quality improvement.

Some of the lessons learned on the project included the fact that effective collaboration with key partners and stakeholders could serve as safety net in time of crisis. For instance, the project partners especially SASCP & SACA were very supportive across the five states of implementation in the provision of additional test kits, consumables and condoms for use on the project especially in Akwa-Ibom and Rivers States.

Also, Counsellor Testers were paired in the conduct of their daily activities which made swift escort services and better documentations. Besides, TB clinical screening for all clients who presented for HIV test facilitated identification of TB presumptive and confirmed cases.

## 6.0 Global Fund TB Community Tuberculosis

The Community TB Project aims to rapidly increase TB case finding using existing community networks and identify and screen presumptive TB cases and/or persons with cough of at least two weeks' duration in ten States of the of Federation, namely, Kano, Osun, Oyo, Kaduna, Katsina, Anambra, Abia, Sokoto, Rivers and FCT and community programmatic management of drug resistant TB in the 35 states plus FCT.



*Community TB sensitization.*

### 6.1 Project Objectives

i

To ensure that communities have accurate knowledge of TB through community level mobilization, sensitization and demand creation for TB/HIV services through engaged CBO (SSRs) and CTWs.

To increase the identification of all forms of TB cases through house-to-house search, contact tracing, sputum collection and transportation and improve access to quality TB/HIV services.

ii

iii

To strengthen the mechanism for community linkages and coordination by collaborating with relevant stakeholders in the LGA and community with the aim of promoting visibility, ownership and sustainability of the Global Fund supported TB program.

To ensure prompt access to high quality, patient-centered DR-TB diagnosis, treatment and follow-up services thus contributing to improved treatment outcomes and reduction in DRTB transmission in Nigeria.

iv

## 6.2 Key Strategies Deployed



House to-house Active Case Finding activities in the community.



Advocacy, community mobilization.



Institutional and human resource capacity building, Community Based Organisations (CBO's) and other community actors.



Community management of DRTB patients.



Referrals and linkage strengthening.



Program monitoring.

## 6.3 Key Project Interventions and Achievements

- **Active Case Finding:** In the year 2019, a total of 158,758 households were visited for TB case finding out of which 104,274 presumptive TB cases were identified; 11,570 positive DS-TB from the presumptive TB were placed on treatment. In addition, a total of 656 DR-TB were also notified in the year 2019. This significantly contributed to the TB case notification in Nigeria.
- **Training of CTWs:** In order to increase identification of all forms of TB in Nigeria, ARFH in collaboration with respective State Tuberculosis and Leprosy Control Programs trained partner Community TB Workers Organisations across the 36 states on basic facts of TB and other TB program related issues. In addition, Community TB Workers (CTWs) were also trained on the process of conducting House-to-House TB Case Search, contact tracing, identification of presumptive TB cases and referral.



*Social mobilization in school.*

### ■ Test and Win Approach:

During the course of project implementation, CBOs embarked on targeted social mobilization activities with the support of community stakeholders to generate demand and create a conducive environment for the CTWs to work in slums.

Sputum samples were collected during the conduct of the activity within the slums whereas referrals were made to facilities and to CTWs after the event as well as community members visiting the health facilities on their volition to be screened.



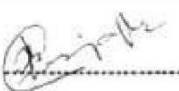
# Financial Audit Report

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH STATEMENT OF  
FINANCIAL POSITION AS AT 31st DECEMBER, 2019.

	Notes	2019 N	2018 N
<b>ASSETS</b>			
Fixed Assets	3	78,852,502	66,245,826
Long Term Investments	4	20,167,676	38,152,666
		<b>99,020,178</b>	<b>104,398,492</b>
<b>CURRENT ASSETS</b>			
Inventories	5	3,362,127	3,228,279
Recieveables	6	179,507,558	9,504,298
Cash and Cash Equivalent		1,027,461,255	1,044,553,647
		<b>1,210,330,940</b>	<b>1,057,286,224</b>
<b>LIABILITIES</b>			
Payables	7	(78,190,519)	175,729,353
<b>NET CURRENT ASSETS</b>		<b>1,132,140,421</b>	<b>881,556,871</b>
<b>NET ASSETS</b>		<b>1,231,160,599</b>	<b>985,955,363</b>
<b>FUND BALANCE</b>			
Accumulated fund	8	1,231,160,599	985,955,363
		<b>1,231,160,599</b>	<b>985,955,363</b>

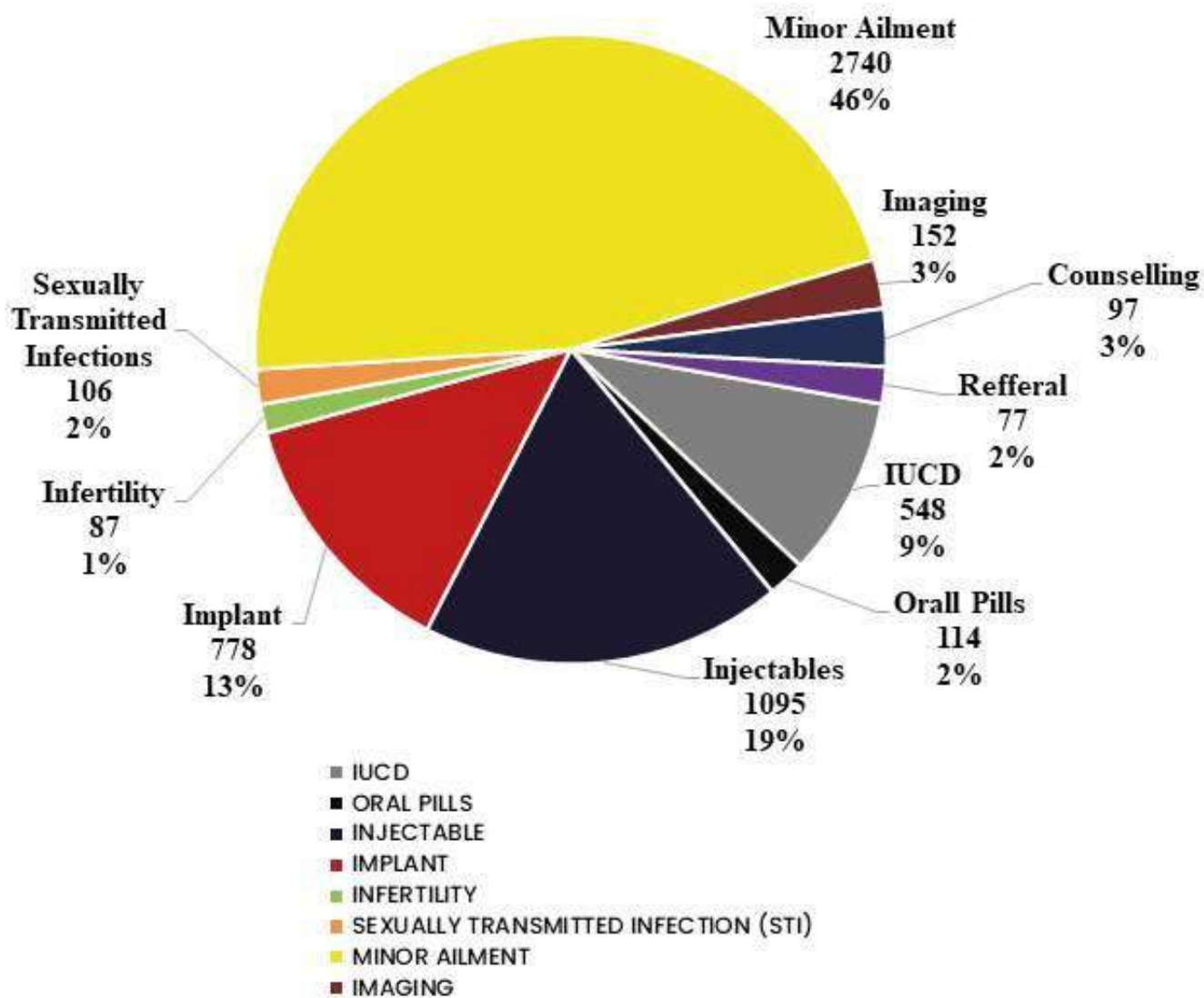


President/CEO



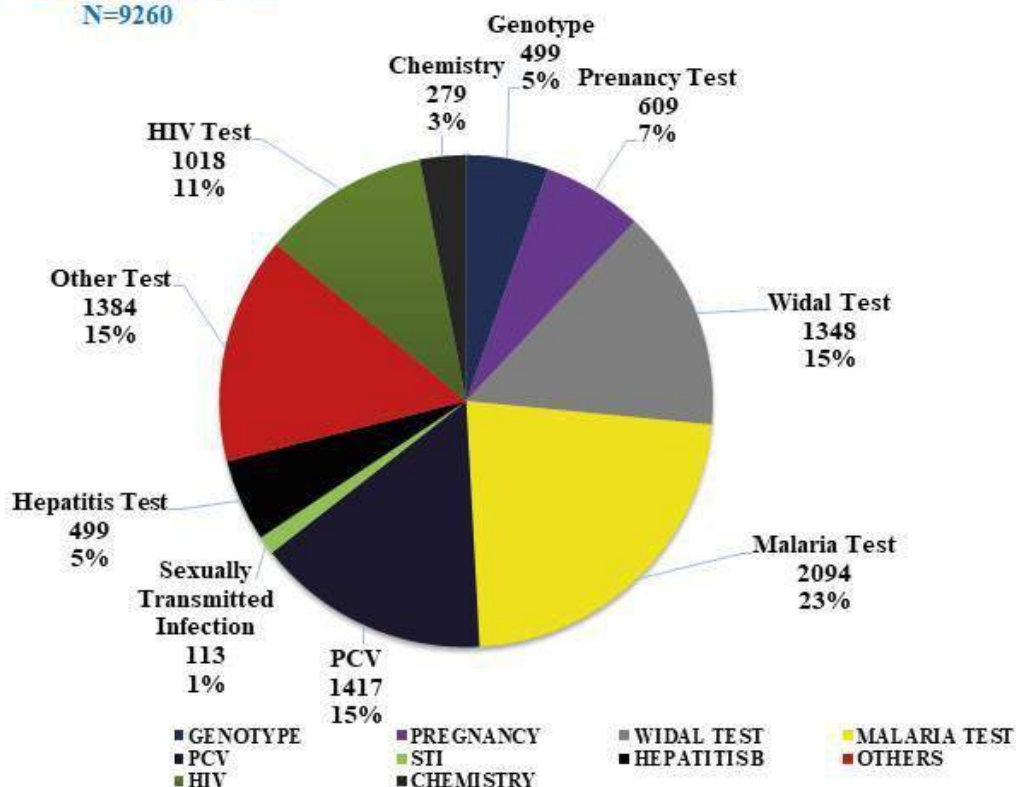
Director Finance & Administration

**Olikoye Ransome Kuti Model Clinic (ORMC): Numbers and Percentages Of Clients Served at FP/RH, Minor Ailment, Imaging, Counselling Only, and Referral Service Points (Adults & Youth Clinics) January - December 2019.**



# ARFH Laboratory Investigation Conducted January - December, 2019.

ARFH Laboratory Services Patronage  
January - December, 2019  
N=9260



*Shows the proportion of services rendered at ARFH Laboratory. Most of the services provided were Malaria, PCV and Widal tests respectively.*

A total of 9,260 laboratory investigations were conducted out of which 499 (5%) were for Genotype, 609(7%) were for Pregnancy test, 1,348 (15%) were for Widal test, and 2,094 (23%) were for Malaria test. Others include 113 (1%) for Sexually Transmitted Infections, 1417 (15%) for PCV, 279 (3%) Chemistry, and 499 (5%) for Hepatitis- B.

General counseling and testing for HIV were conducted for 1,018 (11%) clients. Out of this, 21 were reactive (6 males and 15 females). For Hepatitis-B, 55 were reactive (19 males and 36 females). Those that were reactive were promptly referred and linked to treatment and care.



 [www.arfh-ng.org](http://www.arfh-ng.org)

  ARFHng

  Association for Reproductive and Family Health

*...Working Together, Building a Healthier Future*