



ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH



2020
ANNUAL REPORT

ARFH Vision

A model non-governmental organization working towards an African continent free of diseases.



“...Working Together, Building a Healthier Future”

ARFH Mission

To collaborate with other strategic partners in designing and implementing innovative and high impact programmes for improved health and well-being of individuals and families in Africa.

ARFH **CORE VALUES**



Professionalism



Excellence



Integrity



Empowerment



Equity



**Transparency
and Accountability**

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Acronyms

ACF-	Active Case Finding
AIDS-	Acquired Immunodeficiency Syndrome
ARFH-	Association for Reproductive and Family Health
ART-	Antiretroviral Therapy
CBO-	Community Based Organization
CCM -	Country Coordinating Mechanism
CORPS-	Community Oriented Resource Persons
CPMDT-	Community Programmatic Management of Drug Resistant TB
CTWs-	Community TB Workers
CURVE-	Convene stakeholders, Uncover assumptions, Reveal learning opportunities, Seek evidence and Evolve
DHIS-	District Health Information System
DKT-	DK (Deep) Tyagi
DMPA-SC/SI-	Depo-Medroxyprogesterone acetate subcutaneous /Self Injection
DPRS-	Department of Planning, Research and Statistics
DSTB-	Drug Susceptible TB
DRTB-	Drug Resistant TB
FBHs-	Faith Based Homes
FMOH-	Federal Ministry of Health
FP-	Family Planning
FY-	Fiscal Year
GF-	Global Fund
HCT-	HIV Counseling and Testing
HTS-	HIV Testing Services
HH-	Household
HIV-	Human Immunodeficiency Virus
ICAN-	Innovation for Choice and Autonomy
IEC-	Information Education and Communication
LARC-	Long Acting Reversible Contraception
LGA-	Local Government Authority
LMD-	Last Mile Distribution
M &E-	Monitoring and Evaluation
NHMIS-	National Health Management Information System
NTBLCP-	National Tuberculosis and Leprosy Control Programme
OVC-	Orphans and Vulnerable Children
PMTCT-	Prevention of mother-to-child transmission
PR-	Principal Recipient
PPP-	Public Private Partnership
RH -	Reproductive Health
SBC-	Social and Behavioural Change
SR-	Sub Recipient
TB-	Tuberculosis
TBAs-	Traditional Birth Attendants
UNFPA-	United Nations Population Fund
VSLA-	Village Savings and Loan Association
WRA-	Women of Reproductive Age

Leadership and Management Team



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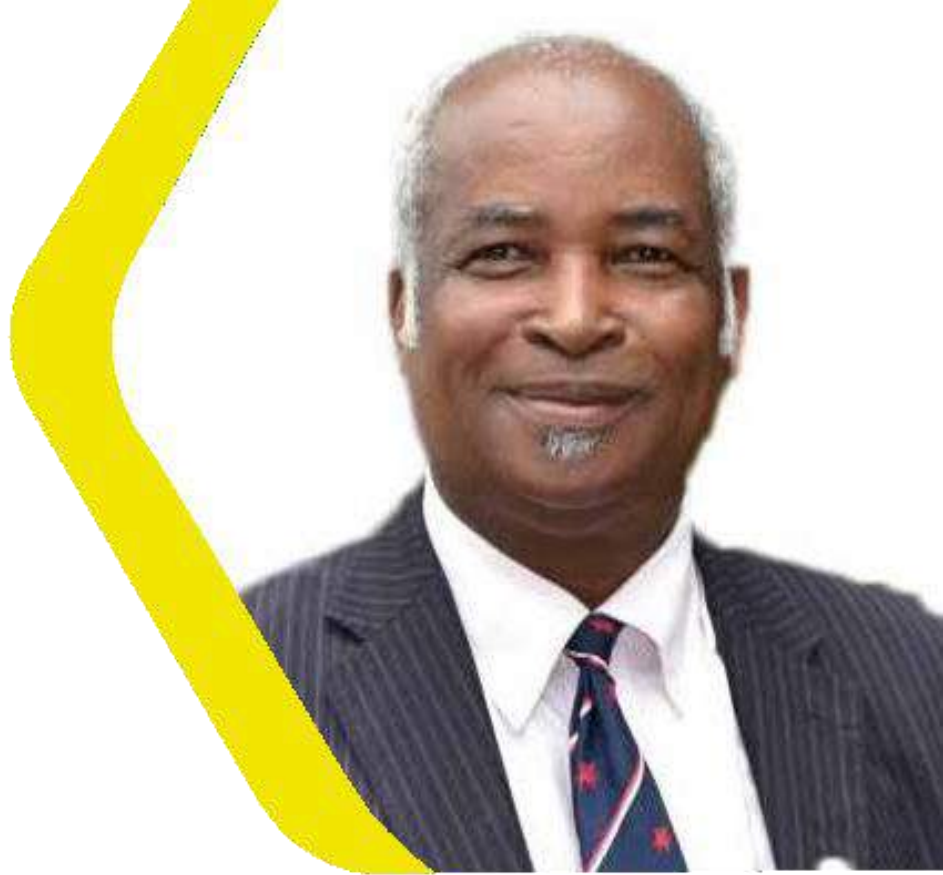
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MESSAGE FROM THE PRESIDENT/CEO DECEMBER 2020

No doubt the COVID-19 pandemic disrupted and threatened health service delivery globally in the year 2020. However, we have remained resilient and doubled our efforts in playing leadership role in addressing the scourge of HIV/AIDS, Sexual and Reproductive Health, Family Planning, TB, Malaria, youth development and other emerging diseases of public health importance in Nigeria.

I wish to thank all staff and partners for their unwavering commitment and support towards implementing high-impact programmes for improved health and well-being of individuals and families across vulnerable communities in Nigeria. Together we will keep working to build needed partnership and collaboration for a healthier and safer world for children, women, girls, youths and men across Nigeria and Africa.

Executive Summary

Association for Reproductive and Family Health (ARFH) is a leading indigenous non-profit and non-governmental organisation in Nigeria committed to improving the quality of life of underserved and vulnerable communities by promoting access to quality healthcare and harnessing community capacities for sustainable development. For over 30 years, ARFH has successfully managed and implemented well over 120 innovative health/development projects across Nigeria and other neighbouring countries, most of which had gained both local and international recognition and are being replicated nationwide.

Since (1989), ARFH has grown under the strong and able leadership of Prof. O. A. Ladipo (FRCOG, OON) and Mrs. Grace Ebun Delano, both President/CEO and Vice President/Executive Director (Retired) respectively with 693 employee base across various states in Nigeria.

ARFH through her committed employees and strategic partnership with several donors such as USAID, DFID, Global Fund, Bill and Melinda Gates Foundation, UNICEF, UNFPA, Rutgers WOF, FMOH, SFH, fhi360, Exxon Mobil, Ford Foundation, among others have continued to play leadership role in addressing the scourge of HIV/AIDS and its impacts on vulnerable populations including Children and youths, Sexual and Reproductive Health, Family Planning, TB, Malaria, youth development and other emerging diseases of public health importance in Nigeria.

Prior to the reporting year, ARFH implemented 7 high impact projects across the 36 states of Nigeria- RASuDiN project, LOPIN Region 1 project, SIDHAS project, NURHI project, Global Fund HIV and TB projects, and DMPA-SC Scale up project.

This year also, we implemented 7 innovative projects inclusive of newly awarded projects, namely- Integrated Child Health and Social Services Award, Resilient and Accelerated Scale-up of DMPA-SC/Self Injection in Nigeria project, Integrated approach to empowering adolescent girls and women project, Global Fund HIV and TB projects, Rivers state HIV SURGE project and Risk Communication Community Engagement project.

Thus, the 2020 annual report shows remarkable achievements across all our project interventions despite the outbreak of COVID-19 pandemic. Due to the impressive performance of ARFH on the USAID supported LOPIN1 project (2014-2019), ARFH was awarded a new five years Integrated Child Health and Social Services Award (ICHSSA 2) project in Lagos State (2019-2024). The project which is implemented in consortium with FHI360 and Project HOPE and partnership with 10 Community Based Organizations reached 86,291 beneficiaries (OVC and Caregivers) with quality HIV/AIDS and social services in line with the OVC case management benchmarks-Healthy, Stable, Safe and Schooled.

With increasing population growth and limited improvements in modern Contraceptive Prevalence Rate, the RASuDiN project implemented by ARFH in collaboration with the Centre for Communication and Social Impact (CCSI) scaled-up demand generation and service delivery of DMPA-SC/SI building on the stability and momentum gained in year 2019.

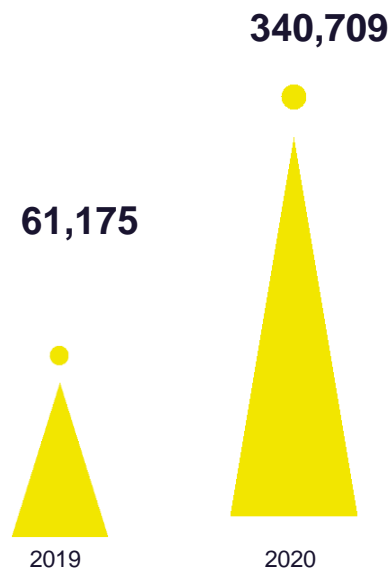


Figure 1: Increase to number of new acceptors to DMPA-SC points.

Family Planning (FP) providers were trained across 6,194 service delivery points to provide DMPA-SC/SI services, with an increase to 6,340 service delivery points in 217 LGAs across the ten project States as at end of year 2020. The project also witnessed a significant increase in the number of new acceptors to DMPA-SC from 38,969 in year 2019 to 190,980 in year 2020 through its culturally sensitive approach of providing FP services both at the facilities and in the communities.

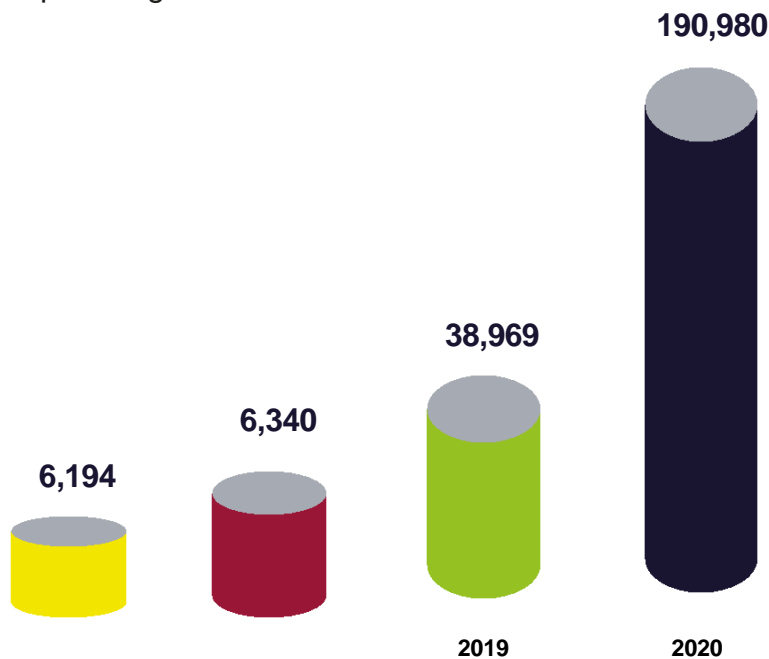


Figure 2: Increase in service delivery scale up of DMPA-SC.



Through the support of the Norwegian Government, the UNFPA supported project increased the number of beneficiaries of family planning services from 14,657 reached in 2019 to 54,473 beneficiaries in 2020. The number of DMPA-SC users increased from 4,768 to 18,314 users while LARC users increased from 1,313 users in the year 2019 to 2,380 in the year 2020.



As a sub-recipient to FHI360 on the Global Fund HIV project in 11 states, ARFH conducted several advocacy visits to key stakeholders and partners and trained over 300 Counsellor Testers to test and link HIV positive clients to treatment and care. Overall, ARFH surpassed the 344,382 and 262,485 targets set for HTS and PMTCT, with a total of 421,405 (122.4%) and 296,199 (1128%) people counselled, tested and received their results respectively.

The number of those tested positive for HIV for HTS and PMTCT stands at 6,860 and 939 while those linked to ART were 6,841 (99.7%) and 934 (99.5%). Furthermore, the HIV Surge project in Rivers state contributed to demand generation for HIV services especially among pregnant women through HIV counseling and testing using the community mobile testing approach. ARFH tested a total of 251,322 out of the target number of 343,476 representing 73% achievements. Also, 8,526 HIV positives were identified out of which 8,514 were linked into care.



According to WHO, Nigeria ranked 6th among the 30 countries of the world with a high burden of the Tuberculosis disease, and ranked 1st in Africa.” Thus, to contribute to the reversal of this trend, ARFH implemented the Community TB Project as a Sub-recipient to the National Tuberculosis and Leprosy Control Program (NTBLCP). ARFH identified a total of 353,992 Presumptive TB cases and 39,420 confirmed TB cases.



ARFH will continue to collaborate with all her strategic partners and key stakeholders in solving pressing public health and developmental problems faced by the most vulnerable individuals and families in Nigeria.

1.0 Resilient and Accelerated Scale-Up of DMPA-SC

Self Injection in Nigeria

Despite the outbreak of COVID-19 in the year 2020 and series of imposed lockdown measures to halt its spread, ARFH and Centre for Communication and Social Impact (CCSI) in collaboration with selected State Governments successfully implemented the Resilient and Accelerated Scale-up of DMPA-SC/Self Injection in Nigeria (RASuDiN) Project. The project which is funded by Bill and Melinda Gates Foundation commenced in July 2018 with the aim of ensuring seamless access, and uptake of DMPA-SC and self-injection in the ten states and 217 LGAs of implementation namely: Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau and Rivers states.



Trained CORPS administering DMPA-SC to women.

Project Goal

To increase use, acceptance, availability & accessibility of DMPA-SC/SI as part of FP methods within a broader contraceptive method mix among women of reproductive age in Nigeria.

1.1 Project Objectives

- 1 To enable the introduction and scale-up of DMPA-SC/SI –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.
- 2 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.
- 3 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.
- 4 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.

1.2 Key project Milestones in the Year 2020 include:

- Development of State Government Costed Implementation Plan (CIP) in 10 states of implementation for project ownership and sustainability.
- Collaboration with BMGF implementing partners including Access Collaborative, DKT, CURVE and ICAN to ensure smooth data collection, Send SMS reminders, data utilization and implementation research respectively.
- 126 CORPS and 3,875 Facility FP providers trained in 2020. This increased the total numbers of CORPS across the 10 states to 824 and Facility FP to 12,361 respectively.
- Service delivery scale-up showed remarkable increase in DMPA-SC from 61,175 in the year 2019 to 340,709 in year 2020.
- Commodity stock out during the COVID-19 lock down period was averted through the release of 40,000 units of DMPA-SC commodities to ARFH by FMOH. This showed continued conducive environment support for project implementation received from the federal, state and local governments.
- First national center-piece on Social and Behavioural Change (SBC) materials for DMPA-SC produced in Nigeria to create awareness about DMPA-SC/SI and other modern contraceptives methods mix. The SBC materials included print materials, self-inject instructional videos, and radio spots in English, Pidgin, Hausa, Igbo, and Yoruba. This is in addition to the social mobilization and mass media activities carried out to achieve state-wide saturation of messages on DMPA-SC/SI and other modern FP/Childbirth spacing methods.
- Technical support was provided to the Department of Planning, Research and Statistics (DPRS) of the Federal Ministry of Health (FMoH) to fast-track finalization, printing and distribution of 7,233 Family planning daily registers and 7,233 national NHMIS monthly summary forms across all service delivery points (6,340) in the 10 project states.

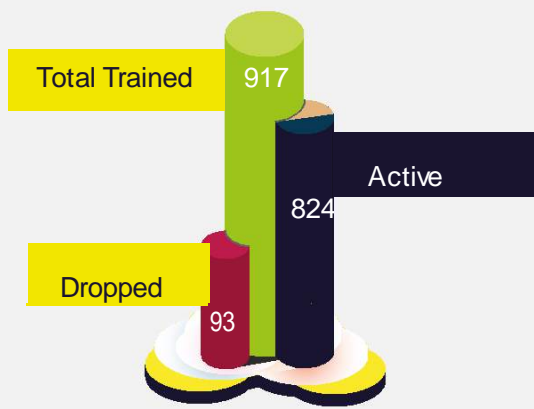


Figure 3: Training of CORPS.

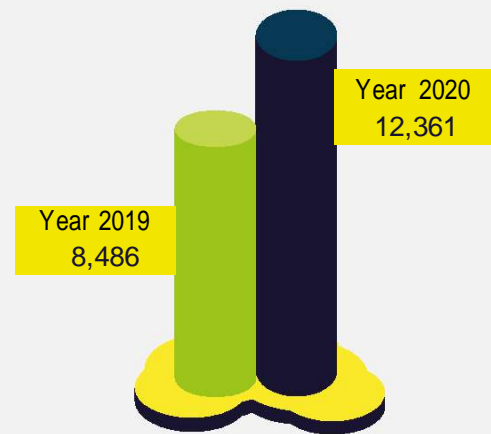


Figure 4: Training of Facility FP Providers.

	Anambra	Delta	Enugu	Kwara	Lagos	Niger	Ogun	Oyo	Plateau	Rivers
Baseline	226	41	55	36	465	305	173	209	35	294
New Acceptors	33,452	21,139	17,386	10,924	15,171	47,449	15,956	26,567	10,379	12,577
Revisit	10030	14387	9722	12294	18936	20722	14179	26578	8458	14423
SI	675	429	2393	575	1443	2335	457	1239	689	720

Figure 5: Breakdown of optimization by States.

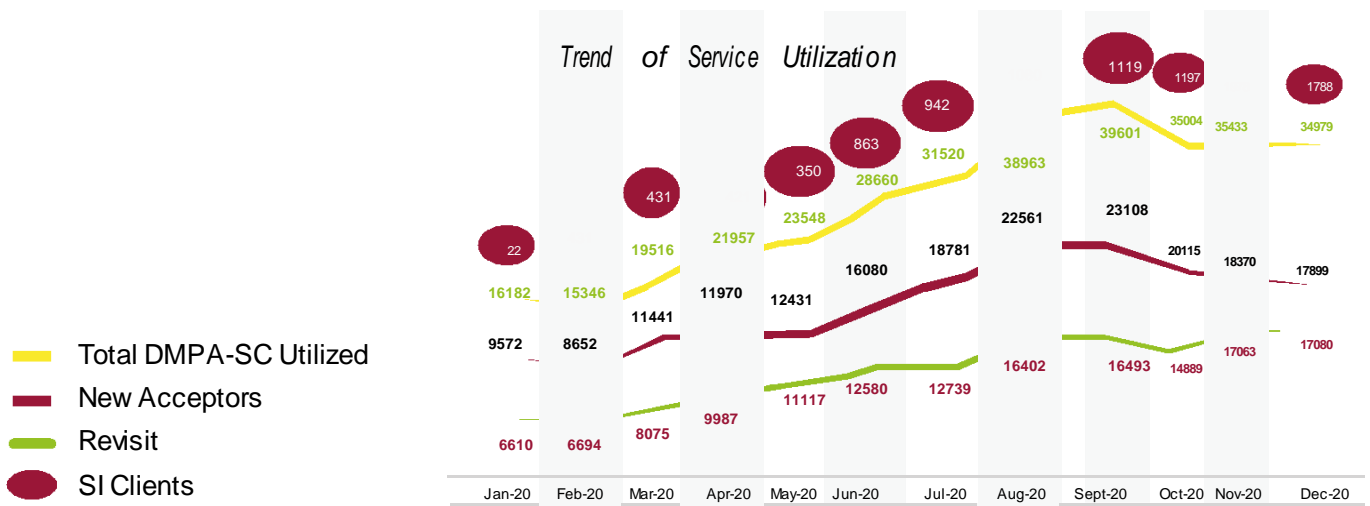


Figure 6: Break down of optimization by States.

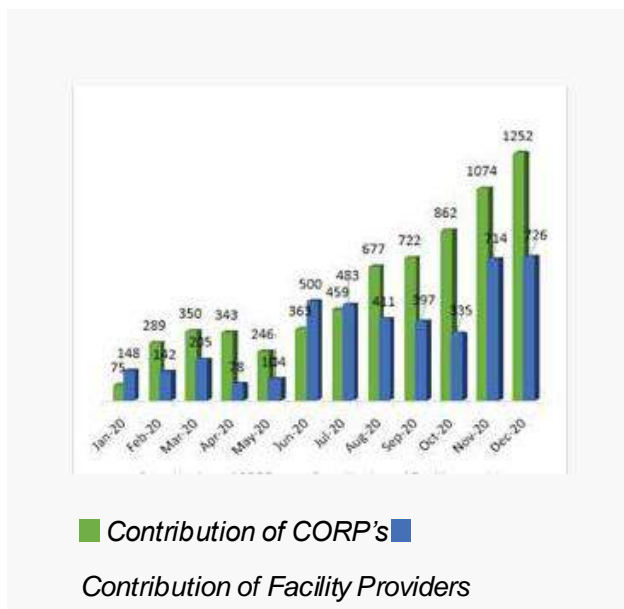


Figure 7: Contribution of CORP's to Self-injection Uptake.

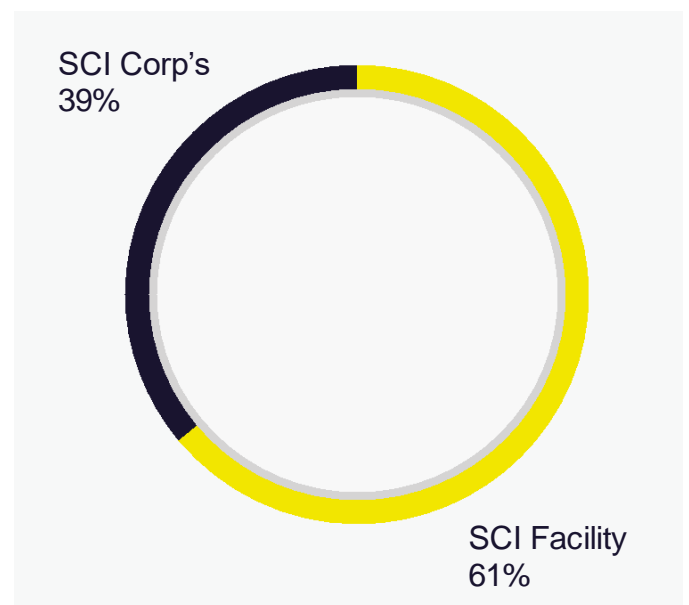
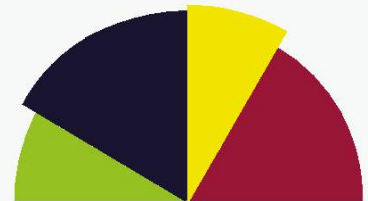


Figure 8: Overall Contribution of Service Providers.

1.3 Challenges

- Deficiency in data transmission due to manual separation and collation of DMPA-SC data among other forms of injectable FP.
- Significant number of health facilities not yet captured on DHIS2.
- Inadequate number of CVs and CORPS per LGA.
- Shortage of DMPA-SC trained providers due to incessant posting/transfer of trained FP providers at the facility.



1.4 Future Plans



Full expansion of DMPA-SC and SI service delivery to youth in designated tertiary institutions.



Engagement of additional CORPS in all 217 LGAS.



Provision of smart phones for CORPS.



Engagement of DPRS, FMoH towards including all health facilities providing FP services in the 10 RASuDiN states.



Optimising SI component of DMPA-SC.

2.0 Integrated Child Health and Social Services Award (ICHSSA 2) Lagos



Gender Cohort Session at Kosofe LGA.

The year 2020 marks the first year of ICHSSA 2 project in Lagos State. ICHSSA 2 project is a USAID funded 5-years project (2019-2024) implemented by ARFH in consortium with FHI 360 and Project Hope. The project also works in partnership with Lagos State Ministry of Youth and Social Development, 10 Community-Based Organizations (CBOs) assigned to implement in the ten USAID supported LGAs in Lagos State namely: Agege, Ajeromi, Apapa, Badagry Kosofe, Lagos Island, Lagos Mainland, Ojo, Shomolu and Surulere.

The overall goal of the ARFH ICHSSA 2 project is to mitigate the impact of HIV/AIDS on vulnerable children and their households in Lagos State, through multi-prong approaches.

2.1 Project Objectives

1. To increase access of Orphans and Vulnerable Children (OVC) and their households to quality care, protection, and support services.
2. To improve the capacity of communities to protect, and care for OVC with a specific focus on their rights.
3. To improve the organizational and technical capacity of CSOs/CBOs, Local and State Governments to offer basic services to OVC and their families and detect and respond to child rights violations.
4. To utilize priority services targeted at specific OVC Sub-population.

The project had inherited 56,032 beneficiaries transitioned from LOPIN 1 and STEER projects.

These beneficiaries continued to receive age-appropriate and sub-population specific support and monitoring to attain graduation.

Between August and September 2020, 25,768 beneficiaries were graduated. 1447 beneficiaries exited without graduation comprising migrated beneficiaries, lost to follow up, known death aged out beneficiaries.

Also, the project met and surpassed its target of 66,498 with a total of 86,291 beneficiaries served (129%), comprising of 57,525 children and 28,766 caregivers. Need based services were provided to beneficiaries in line with the OVC case management benchmarks of Healthy, Stable, Safe and Schooled.



Figure 9: Breakdown of Beneficiaries Served.

2.2 Key Project Domain Based Achievements are as follows:

2.2.1 Healthy Domain

- Of the 57,525 children served on the project, 2,018 (4%) are HIV positive and all are currently on ART, while 52,637 (92%) were reported to be HIV negative and 2,584 with (4%) unknown HIV status and 286 did not require a test based on HIV risk assessment scores.
- 2018 CLHIV beneficiaries were placed on ART regimen, 1,648 (72%) CLHIV had documented viral load results while 1,257 (76%) are virally suppressed. Also, a total of 1,100 beneficiaries were enrolled on the Community Based Health Insurance Scheme (CBHIS), thereby eliminating the payment of 'user fees' at the facilities, resulting in increased uptake of services.



Beneficiaries accessing pre-paid Community Health Insurance Services.

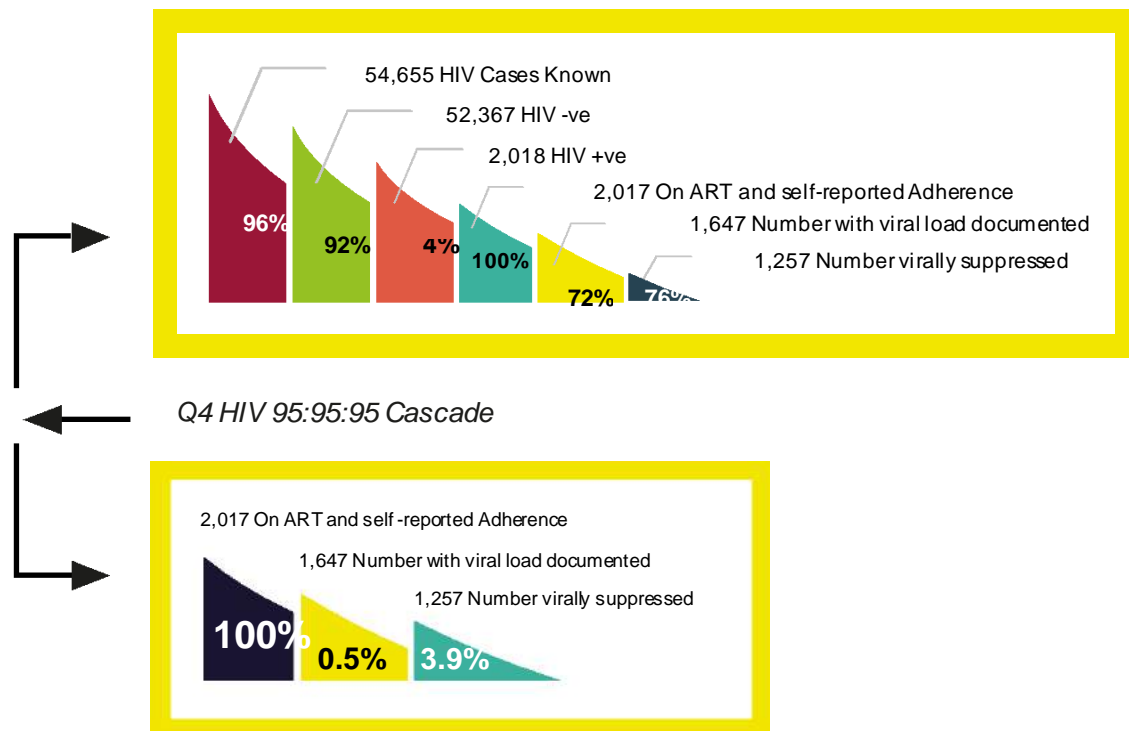


Figure 10: Percentage of HIV status reported.

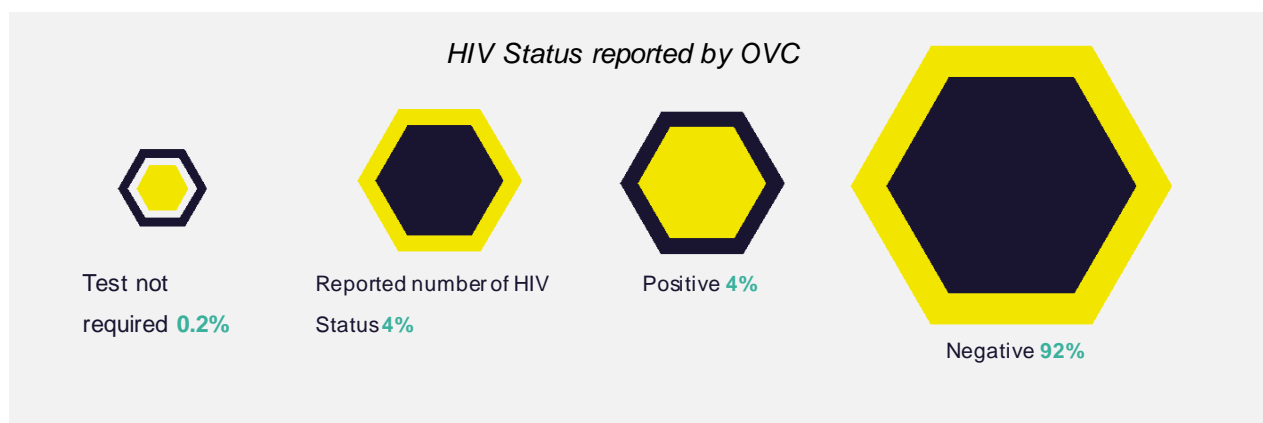


Figure 11: HIV 95:95:95 Cascade.

2.2.2 Stable Domain

- A total of 5,388 Caregivers from the 'Other Category' received financial literacy training to improve their savings culture and resilience.
- In keeping with COVID-19 protocols, 34 Village Savings and Loans Association (VSLA) meetings were held and a total of N211, 000 was saved (through shares), while N105,000 was loaned to members at minimal interest rates. In addition, 45 Most Vulnerable Households, were provided with Cash Transfer.

2.2.3 Safe Domain

- 9,051 beneficiaries were reached with 10 hours of gender norms sessions, while 4,872 beneficiaries were screened for gender-based violence and 24 survivors were identified and promptly linked to post gender-based violence care.

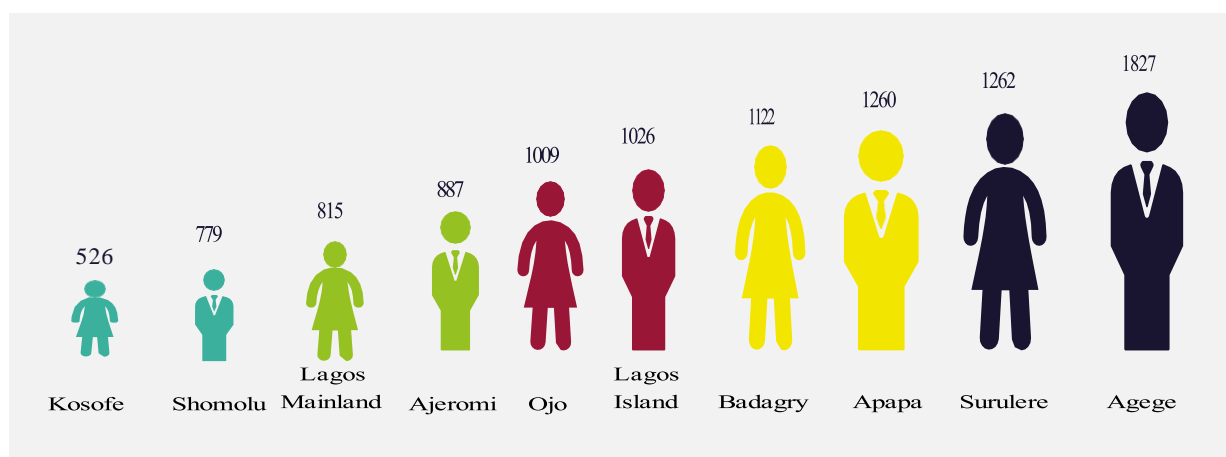


Figure 12: Breakdown of beneficiaries reached.

2.2.3 Schooled Domain

- 92% of the school age OVC enrolled on the project received education support services. A total of 23,605 (M- 11,735, F- 11,870) children aged (5-17 years) were linked to educational services including the "school-on-air" initiative of the Lagos State Government brought about by COVID-19 Pandemic as well as one-on-one tutoring by case managers during home visit to households.

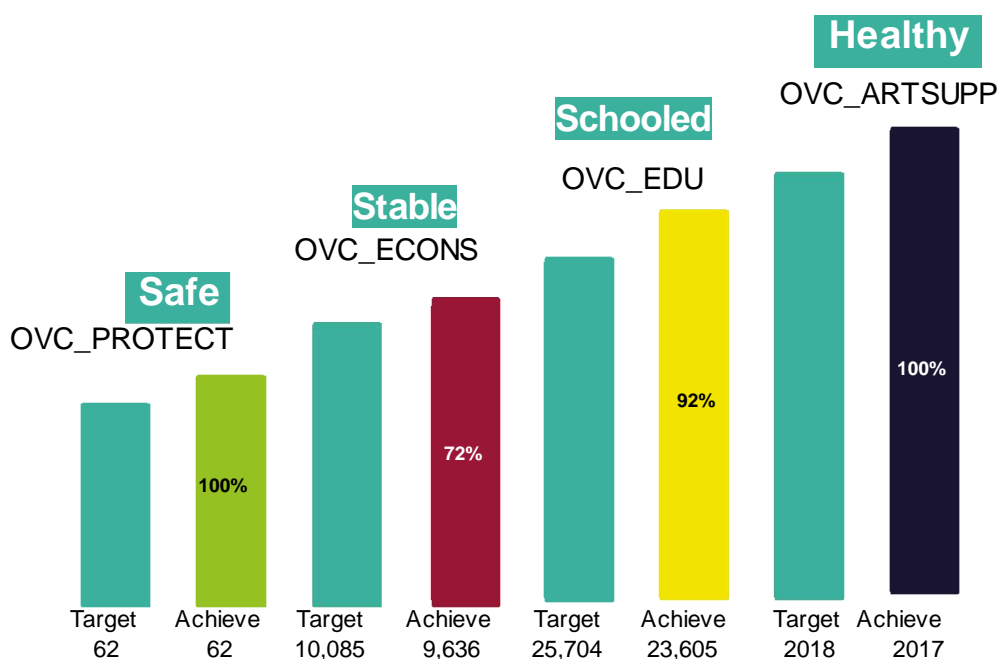


Figure 13: Breakdown of Achievements per OVC Comprehensive Domain.

Partnerships were strengthened with the USAID funded KP-CARE project, SHARP TO 2 Project and NEPWHAN for the enrollment of CLHIV, CPLHIV, CKP and HEI. The Project signed a Memorandum of Understanding (MOU) with each of the partners. Also, a ground breaking advocacy visit to Director General of the Nigerian Institute of Medical Research (NIMR) was conducted by the President/CEO ARFH and a space for Adolescents and Youth Friendly Center was provided.



Signing of acceptance note by the Hon. Commissioner, MYSD and ARFH-ICHSSA2 Chief of Party.

- As part of system strengthening for state and CSOs partners, organizational and technical capacity was conducted for the Lagos State Ministry of Youths and Social Development (MYSD) and ten project implementing LGAs. The outcome was used to develop capacity improvement plans.

3.0 Global Fund HIV Project

As a sub-recipient to FHI360, ARFH implemented the Global Fund New Funding Model 2 titled “Optimizing HIV Investment for Impact” in 11 States- Abia, Bayelsa, Benue, Delta, Edo, Enugu, Imo, Niger, Ogun, Oyo and Osun. The implementation of the project was across 63 LGAs with linkage to over 90 Global Fund supported health facilities. ARFH constituted Cluster and State teams who coordinated the implementation at cluster and state levels respectively. There were 374 Counsellor Testers who were trained and deployed to the field for service delivery using Community Testing approach. All necessary equipment to enhance the quality of test conducted especially confidentiality were provided.



Feedback to Counsellor Testers after field supervision in Oriire LGA of Oyo State.

Test kits were accessed through the GF supported facilities in each LGAs and reports of achievement were also reported back to the facility in line with national M & E system. The ARFH Cluster and States Officers were always on ground to provide supportive supervision and mentorship.

3.1 Project Objectives

1. To improve community response to HTS & linkage of positive clients to treatment and care.
2. To improve the capacity of communities to protect, and care for OVC with a specific focus on their rights.
3. To strengthen TB/HIV linkage for HIV positive clients and presumptive TB cases.

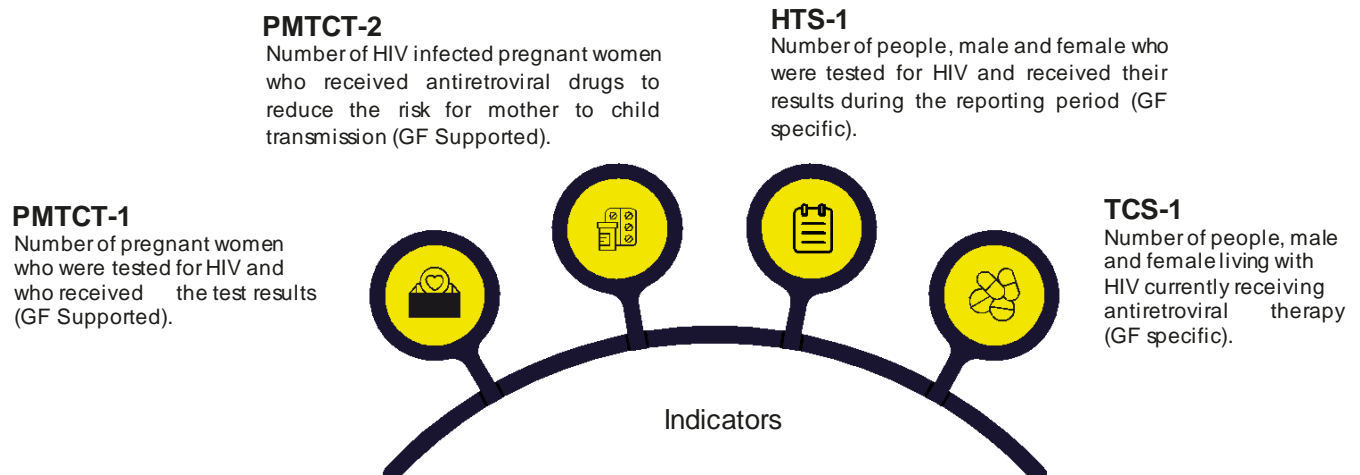


Figure 14: Project indicators and their meaning.

3.2 Key Interventions and Achievements

Advocacy visits were conducted to state partners and key stakeholders which resulted in effective partnership, creation of enabling environment and unhindered access to communities.

Despite the outbreak of COVID-19 and lockdown measures put in place, ARFH sustained community HTS through COVID-19 community education.



A total of 374 Counsellor Testers spread across 11 project implementing states and 61 LGAs were trained virtually on COVID-19 preventive measures using WHO/NCDC protocols.

During this period, ARFH reached 149,467 individuals with factual COVID-19 prevention messages and were tested for HIV (55,651 PW &

93,816 GP). Of the number tested, 1,647 (161 PW and 1,486 GP) were identified to be positive and were enrolled in GF supported facilities. All COVID-19 prevention protocols were maintained including the use of face mask, regular hand washing with clean water and soap for not less than 20 seconds, or use of alcohol based hand sanitizer, gloves and social distancing.

- In the year 2020 under review, ARFH surpassed the 344,382 and 262,485 targets set for HTS and PMTCT, with a total of 421,405 (122.4%) and 296,199 (112.8%) people counselled, tested and received their results respectively. The number of those tested positive for HIV for HTS and PMTCT were 6,860 and 939, while 6,841 (99.7%) and 934 (99.5%) were linked to ART respectively. This is represented in figures 13 and 14 below.

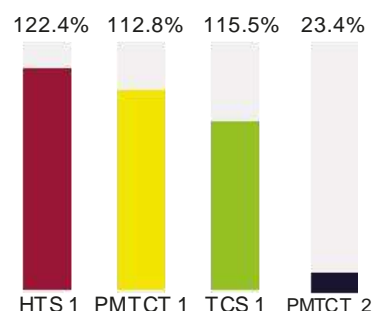
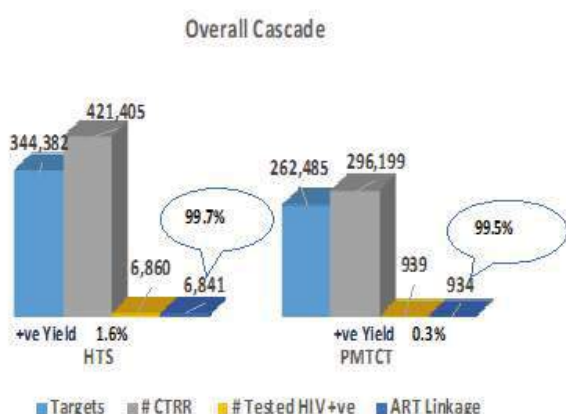


Figure 15: Percentage distribution of HTS, PMTCT and TCS cascade.

- Out of all the 10 implementing states, Abia State had the highest number of those tested positive for HIV (954), followed by Benue (810) and Oyo (758). These figures were lower in Niger (466), Imo (427) and Osun (386) respectively. Figure 9 shows the HTS cascade by states:

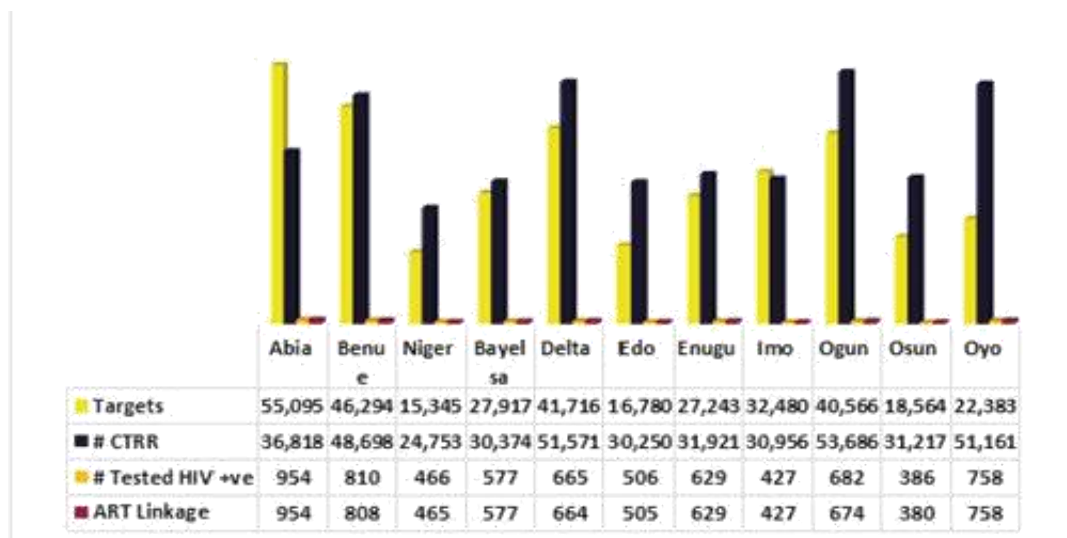


Figure 16: HTS cascade by states.

- The data further showed the PMTCT cascade by states with Ogun, Benue and Oyo states having the highest numbers of pregnant women who tested positive to HIV. Bayelsa, Delta, and Niger states had the lowest numbers.

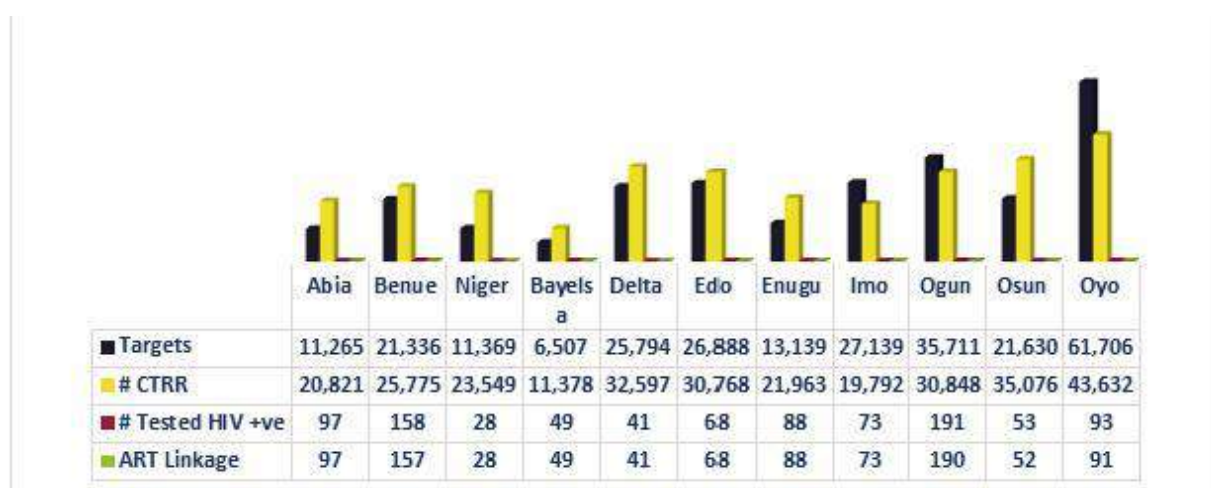


Figure 17: PMTCT cascade by states.

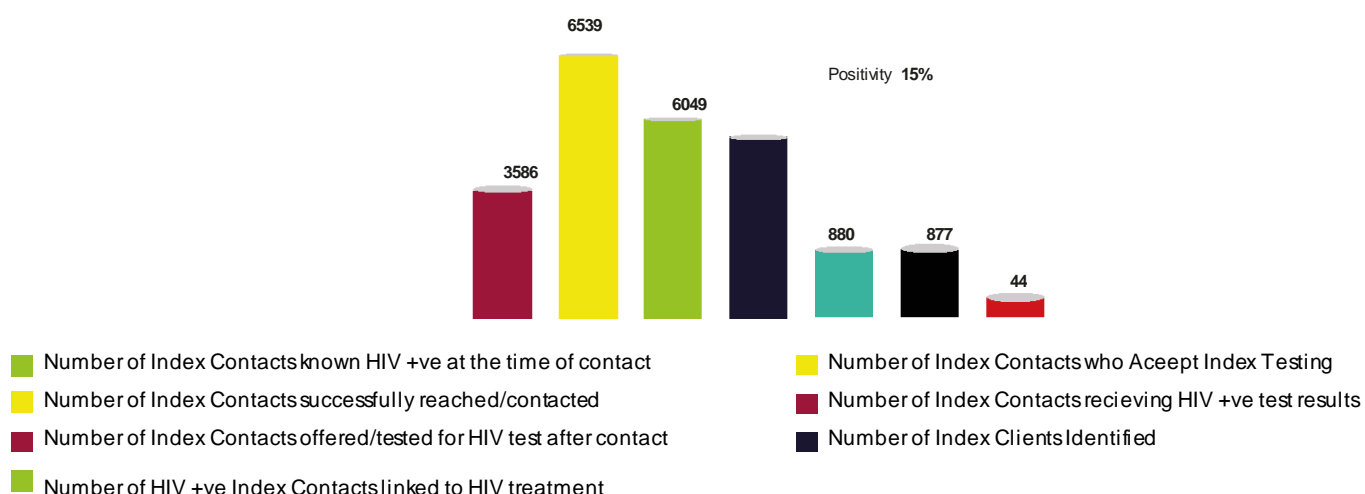


Figure 18: Chart showing achievement using SNT Approach with sustained 15% positivity yield.

3.3 Other areas of interventions include:

1. Sexual Network Testing which geometrically increased case detection with average of 15% positivity yield.
2. Use of community sensitization/education on basic information on COVID-19 as entry point to provide HTS to community members.
3. Review of client enrolment details at the GF 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.
4. Provision of escort services for all identified positive clients to GF supported facilities which enhanced achievement of above 98% linkage rate.
5. Multi-level and routine supportive supervision and on-the-job mentorship culminating to enhanced capacity for field officers to deliver grant activities effectively.
6. Weekly data validation by State Programme Team which improved the quality of data generated on the intervention and timely data reporting.

Success Story

During the lockdown period, Counsellor Testers were persistent in ensuring all pregnant women had access to HTS especially those not accessing Ante-natal Care at health facilities. In the month of April, Mrs. Amope (Not the real name) a pregnant woman was tested by ARFH in Edo state in a TBA Centre. The woman tested positive to HIV but refused to be enrolled in care because of denial. The Counsellor Tester of ARFH remained persistent in following-up the client despite the nationwide lockdown of that period and the difficulty in movement. On the long run, the woman agreed to be assisted for enrolment in a GF supported facility and was immediately placed on PMTCT services. She also summoned courage to disclose her status to the husband which was part of the disclosure plan the CTs discussed with her during post-test counselling and the follow-up period. Her husband was tested and also identified to be HIV positive. The husband was enrolled on treatment as well and has since been adequately supporting his wife. Both of them are living positively and joyfully. Also, of note was that the first DNA PCR result of check the early HIV status of the baby was negative despite the last minutes access to PMTCT services. This was as a result of the accelerated efforts at the facility in observing the PMTCT treatment protocols.

4.0 The Global Fund Community Tuberculosis Grant

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

4.1 Project Objectives



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.



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.

4.2 Key Strategies

- Innovative Active Case Finding activities in the community.
- Institutional and human resource capacity building, planning and leadership development of the Community Based Organizations (CBOs) and other community actors.

- Programme monitoring including programme reviews and operational research activities.
- Strengthen capacity for management of DRTB in the community.
- Referrals and linkage strengthening.
- Strengthening of infection control practices.
- Community management of DRTB patients.
- Advocacy, community mobilization.



A Community Dialogue in Kano State tagged "Informing your Community about TB".

4.2 Key Achievements

1. A total of 352,423 households were visited out of which 249,718 presumptive TB cases were identified and 27,850 positive DS-TB were placed on treatment. Total number of positive DS-TB identified was highest in quarter 4 (8,310), followed by quarter 3 (6,927). Quarter 2 had the lowest (5,762). Furthermore, a total of 2,010 DR-TB cases were notified in the year 2020.
2. On TB awareness creation, ARFH adopted the Test and Win innovative approach which was aimed at ensuring that communities have accurate knowledge of TB through community level mobilization, sensitization and demand creation for TB/HIV services through engaged CBO (SSRs) and Community TB Workers (CTWs) in the slums and hot spots.



CTWs conducting outreach in peak location (Market).

2. In order to raise TB case notification curve, house-to-house search was conducted in slum communities and densely populated areas across the ten project implementing states. CTWs were actively involved in the identification of presumptive clients, collection of sputum samples and transfer to the laboratories, and retrieval of results.

3. ARFH through her State Adhoc Officers embarked on quarterly data verification meetings at the state and LGAs levels involving CBO representatives, TB DOT Staff, Laboratory focal person and TBLS. The purpose of the meeting was to sensitize the facility DOT staff, review the activities of the CTWs using the facility registers, review the indicators of the project to guide and align the CBO report with that of the state TBLCP, reconcile, validate and harmonize data as well as provide feedback to the relevant key stakeholders.



Osun State Adhoc Staff conducting Data Validation Exercise with State M&E Officer.

4. Community Programmatic Management of DRTB (CPMDT) activities such as contact tracing, patient follow-up and home visit to patients were carried out as part of efforts to ensure TB cases are fully notified, treatment initiated, and treatment regimen adhered to up to completion. During home visits, CBOs/CTWs addressed challenges expressed by the patients and referred clinical issues to STBLCPs for the necessary review and attention. Such activities ensured greater awareness and knowledge about TB infection, control and diagnosis, as well as greater demand for TB services.

5. In quarter 4 alone, a total of 888 TB cases were detected through community outreaches. Health education and promotion was done through the CBO using community outreaches to enlighten the community members on basic facts about TB and increase the awareness of the community members on the easily accessible screening and treatment services available in their locality.

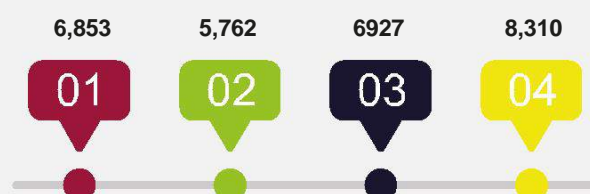


Figure 19: Distribution of positive DS-TB Cases identified in the communities.

5. Rivers State Surge Grant

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 in SURGE grant in 11 LGAs. Idimibok which is also a key partner to IHVN sub-contracted implementation in the Ogoni land to Association for Reproductive and Family Health (ARFH).



Counselling and testing section.

ARFH contributed significantly to the achievement of the first two 95s in the UNAIDS 95-95-95 target across the four LGAs of Rivers state (Khana, Gokana, Tai and Eleme). ARFH engaged 104 Counsellor Testers and procured testing equipment to ensure confidential testing. Test kits were accessed through IHVN supported facilities in each of the LGAs and reports of achievement were also reported to the national system through the facilities in line with national M & E system. Testing was conducted daily with state officers constantly on ground to provide supportive supervision and mentorship to the LGA teams to ensure continuous quality improvement.

5.1 Project Objectives

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

5.2 Indicators

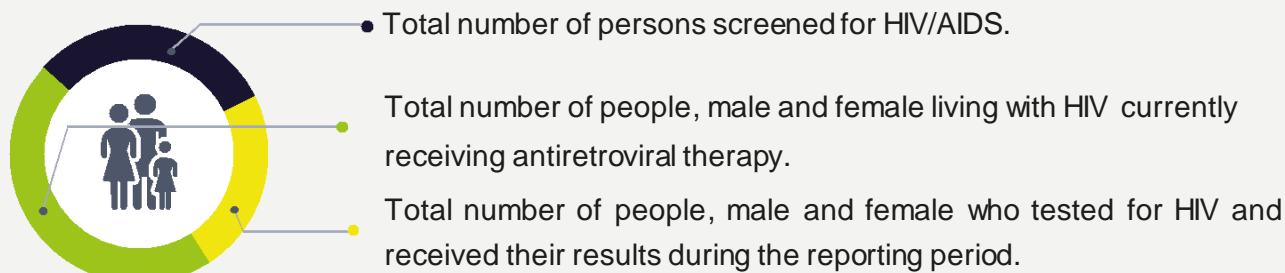


Figure 20: Project indicators targeted at demand generation for HIV services.

5.3 Key Achievements

- A total of 387,741 community beneficiaries including men, women and children were screened. Total number of target for testing was 343,476; however, ARFH tested 251,322 representing 73% achievements. Also, 8,526 HIV positives identified and 8,514 linked into care. Of the HIV positives identified, Khana LGA had the highest achievement (3,484), followed by Gokana (2,151), Tai (2,100) and Eleme (798).

The line graph (ARFH 2020 testing trend) depicts the testing trend across the 4 target local government areas. At the start of the year, 25,860 persons' access HTS services, this was followed by a fluctuation in the number tested until May, 2020 when HTS services peaked by 31,115. However, between June and December, 2020 a downward trend was experienced mainly due to the shortage of HIV test kits. Strategic testing with great attention to Index Contact Tracing, search for sick people and testing at hot spots to ensure that good testing efficiency was maintained.

ARFH experienced increase in positive case detection due to strategic testing. Through 2020, ARFH surged in hard-to-reach communities; boundary communities with Akwa-Ibom state; combed high yielding communities and tested in some militant camps.

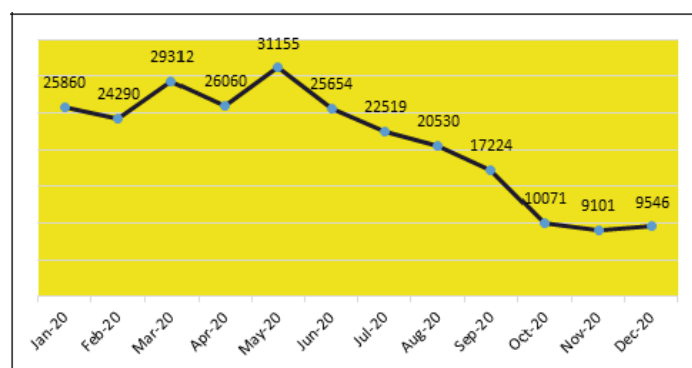


Figure 21: ARFH 2020 HIV testing trend.

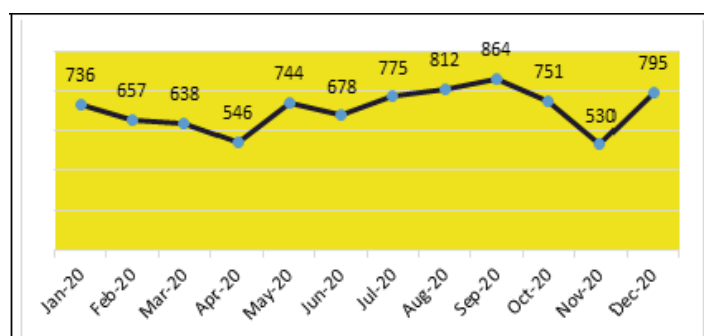


Figure 22: ARFH 2020 HIV positive trend.

- 2,063 clients out of the 8,526 positive cases were discovered through contact tracing of 14,866 partners of index clients. This number showed 14% of the positivity yield number of index testing and contributed 24% of total number of identified positive cases in 2020. 99.8% linkage rate was achieved in 2020.
- Worthy of note was a set of twins whose parents were HIV positive but the first DNA PCR result to check the early HIV status of the baby was negative. This was made possible through timely case detection, enrolment into PMTCT service, ardent support and follow-up by ARFH team.

- Continuous handholding and on-the-job mentorship led to improved capacity building of LGA team members and service delivery actors. In addition, weekly data validation and reporting of achievement to IHVN through Idimibok improved the quality of data generated on the grant and timely monthly reporting.



Figure 23: 2020 ICT contribution per LGA.

- All through the year, ARFH ensured effective collaboration with FBHs, unsupported facilities and TBAs.

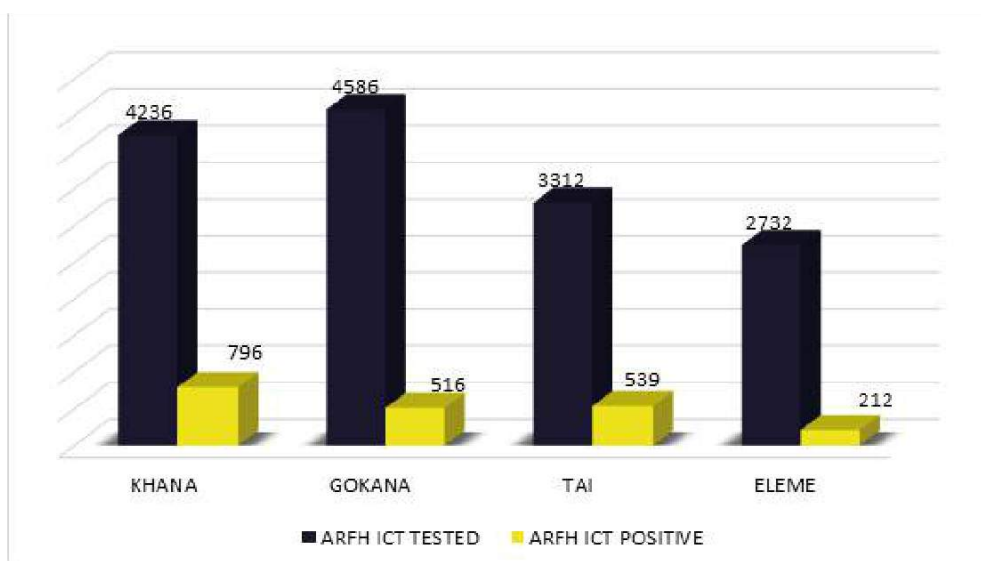


Figure 24: 2020 ICT contribution per LGA.

6. Integrated approach to empowering adolescent girls and women in two States of Nigeria through access to Sexual Reproductive Health

ARFH with support from the Norwegian Government through UNFPA is implementing the “Integrated approach to empowering adolescent girls and women in Gombe and Akwa Ibom States through access to Sexual Reproductive Health and Rights”. The project which was first implemented in 2015 is slated to round up in 2021 with the aim of improving access of adolescents and women of reproductive age to Sexual and Reproductive Health (SRH) services including family planning in the targeted states (Gombe & Akwa-Ibom) in Nigeria.



Advocacy visit by ARFH team to the Senior Special Assistant on Multilateral and Donor Agencies, Akwa-Ibom State.

6.1 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.

6.2 Key Project Achievements

6.2.1 Improving availability of quality sexual and reproductive health:

In order to ensure buy-in and easy access to quality family planning services for adolescent girls and women of reproductive age, advocacy visits, policy dialogue and project dissemination meeting were held with key stakeholders including the State Ministry of Health, Local Government Service Commission, community leaders, market leaders and other relevant community groups. In addition, demand generation was created through community mobilization and outreach activities, healthcare facility and door-to-door /household service delivery of quality family planning services. Trained FP providers were paired to continue door-to-door and community delivery of FP services including DMPA -SC in all project communities and environments to promote continuation rate of clients already on FP methods and to enlist new FP Users to prevent unintended pregnancies.

6.2.2 Increase Human Resources for Health:

During the reporting period, ARFH empowered a total of 551 healthcare providers to deliver LARC including DMPA-SC/Self injection services to women. Amidst COVID -19 Pandemic, the project recorded a spike in FP/Child Spacing service uptake across all project health facilities and communities with a 31% increase in all methods, 16.7% increase in new acceptors and 41.9 % increase in revisit clients between quarters 1 and 2 of 2020. The spike in service delivery statistics affirmed the benefits of taking FP/Child Spacing services to clients' door steps and households and strengthened community and health facility referral linkages.



Technical support to FP facility providers in Gombe state.

6.2.3 Post training supportive supervision:

In line with the approved FMOH's guidelines on LARC training, a post training follow up monitoring/supportive supervision of every provider trained on LARC held in the 2 states for the 225 providers whose capacities were built to deliver quality LARC FP services in the 2 states- (90 in Gombe & 135 in Akwa Ibom states) in June, 2020.

6.2.4 Strengthen community and health-facility linkage/referral for SRH/family planning services:

ARFH delivered quality FP services including Long Acting Reversible Contraceptives -(LARC) and DMPA -SC/Self Injection across the 150 service delivery points of the 16 project LGAs in the 2 project states-(Akwa Ibom and Gombe).

6.2.5 Procurement and supply/distribution of Outreach materials:

To ensure providers do not transmit nor contract infection including COVID-19 during service delivery, personal protection equipment - (re-usable face masks, disposable gloves, hand sanitizers) were procured and distributed to all providers.

6.2.6 Expand DMPA-SC contraceptive service delivery options through self-injection approach:

Women and Adolescents were taught how to self-inject themselves and given reminder calendars and appointment cards to facilitate uptake of DMPA-SC, re-inject and continue usage at their convenience. Clients were initiated on DMPA-SC/Self injection at the first contact by the FP providers and those rated competent in their performance were given 2 doses of DMPA-SC/self-injection vials while the old clients were migrated to the S.I components in order to ensure maximum uptake.

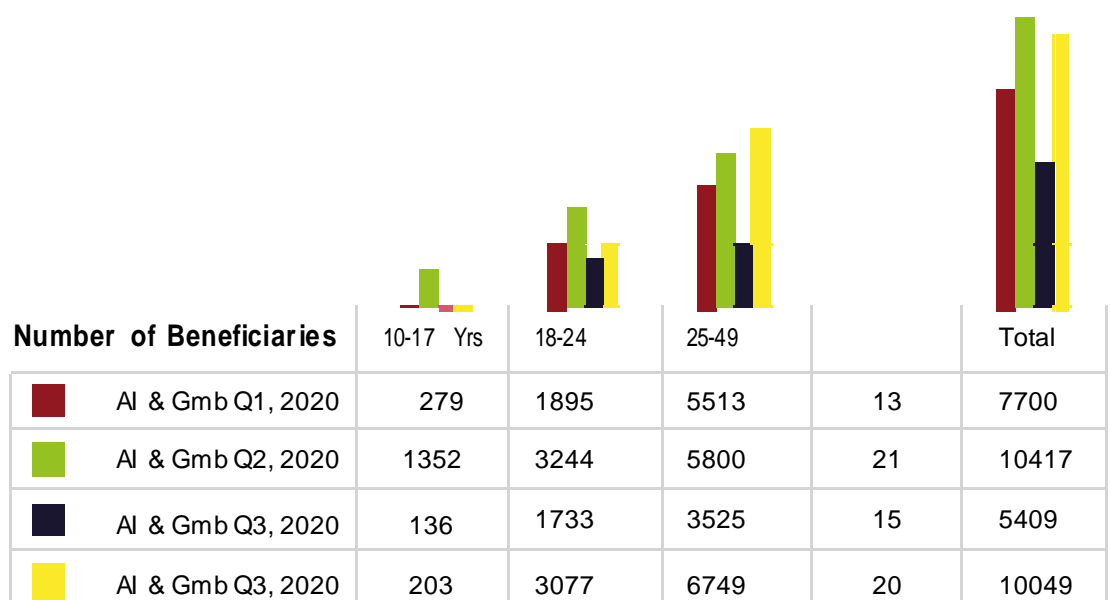


Figure 25: Method of uptake of FP in Akwa-Ibom and Gombe State Q1-Q4, 2020.

Women of Reproductive age (18-49 years) are about 97.8% of all women that were administered with DMPA-SC.

Total number of women aged 25-49 years administered with DMPA-SC: 19,240.

Total number of women aged 18-24 years that were administered with DMPA-SC: 8,753.

The age ranges with the highest uptake of DMPA-SC lie between 18-49 years.

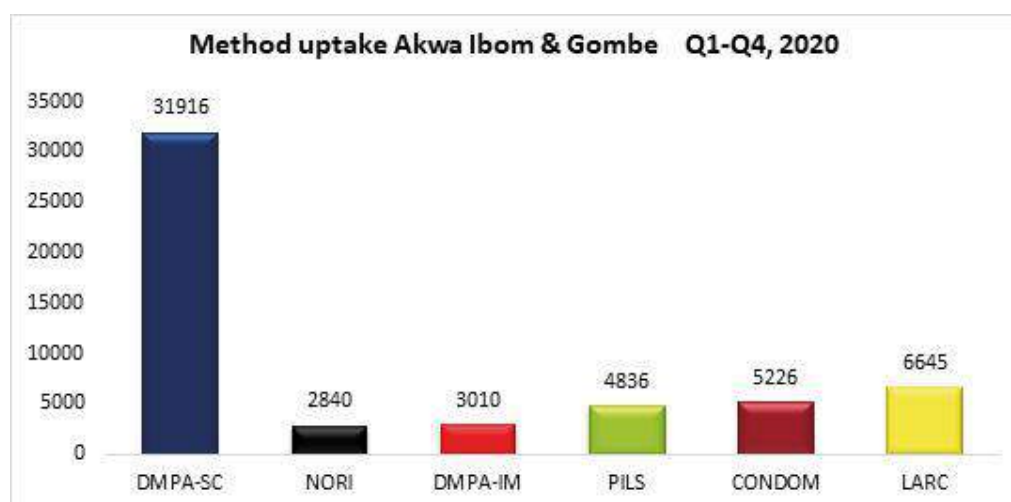


Figure 26: Age stratified DMPA-SC uptake Q1-Q4 2020.

7. Risk Communication and Community Engagement (RCCE) under the UN support to the National COVID-19 multi-sectoral Pandemic Response

ARFH received support from UNFPA to implement the “Risk Communication and Community Engagement intervention of the National COVID- 19 Multi- sectoral Pandemic Response Plan” in Oyo State between October - December, 2020 across three Local Government Areas- Ibadan North, Ogbomoso South and Oyo west. Three-pronged approaches utilized for the project include:



Donation of PPE to Oyo State Primary Healthcare Board by the President/CEO, ARFH Prof. O.A. Ladipo.

1. Broader risk communication and community engagement and sensitization for social and behavioural change.
2. Alleviating the economic impact for the most vulnerable women and girls and their households.
3. Ensuring adolescent, youth and women’s constituencies play a role in monitoring the overall pandemic response and its appropriateness for women, men, girls, and boys.

7.1 Project Objectives

- To build the capacity of 60 RCCE community champions (20 per LGA) on increasing access of women and girls to information and services on GBV, HIV, TB & SRH Health services including SRH, dignity/menstrual and condoms.
- To create awareness among adolescents and young people on GBV/SRH information and services including COVID-19 prevention guidelines.
- To provide information, education, and voluntary testing on HIV/AIDS.
- To create referral linkages for TB, SRH services including GBV within the community.

7.2 Key achievements

Advocacy visit to key stakeholders:

Advocacy visit to key stakeholders: During the reporting period, ARFH engaged critical stakeholders at the Ministries of Health, Education, Local Government Service Commission, and State Primary Health Care Board to obtain Government's approval and buy-in for community entry and project implementation in a conducive environment.

Capacity Building:

Capacity Building: A total of sixty (60) community champions capacity were built (20 per project LGA) which included secondary school teachers, health care workers, artisans, community youth and religious representatives. The champions helped to bridge the gap in service delivery that had been jeopardized due to fear of clients visiting hospitals, which resulted in the delay of health seeking behaviour of community people.

Community mobilization and outreach activities:

A total of 1,500 community members were reached across the 3 project implementing LGAs- Ibadan North, Ogbomoso South and Oyo west. In addition, school outreach activities were carried out in all the project secondary schools. Students including Persons Living with Disability (Hearing and speech impaired students) were educated on HIV, GBV, TB, and SRH with the aid of sign language. A total of 2000 dignity kits were distributed to female students.

Commemoration of World AIDS Day:

The 2020 World AIDS Day provided a unique opportunity to create awareness and mobilize community members on the need to know their HIV status. Free HIV Screening/Voluntary Counseling services was provided during the outreach program. Furthermore, educative information/IEC materials to effect behavioural change towards HIV/AIDs stigmatization, COVID-19, GBV, SRH, prevention of CM, and FGM/C were shared across the communities in the project LGAs.

Project monitoring and coordination:

Support was provided to project staff for the effective and efficient coordination, implementation and supervision of project deliverables across the 3 implementing LGAs.

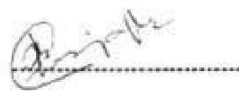
Financial Audit Report

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH STATEMENT OF FINANCIAL POSITION AS AT 31st DECEMBER, 2020.

	Notes	2020 N	2019 N
ASSETS			
Fixed Assets	3	68,909,649	78,852,502
Long Term Investments	4	21,794,562	20,167,676
		90,704,211	99,020,178
CURRENT ASSETS			
Inventories	5	3,427,814	3,362,127
Receivables	6	6,959,413	179,507,558
Cash and Cash Equivalent		881,817,876	1,027,461,255
		891,817,103	1,210,033,940
LIABILITIES			
Payables	7	(38,273,521)	(78,190,519)
NET CURRENT ASSETS		853,543,582	1,132,140,421
NET ASSETS		944,247,793	1,231,160,599
FUND BALANCE			
Accumulated fund	8	944,247,793	1,231,160,599
		944,247,793	1,231,160,599



President/CEO



Director Finance & Administration

Olikoye Ransome Kuti Model Clinic (ORMC) Numbers & Percentages of Clients Served at FP/RH, Minor Ailment, Imaging, Counselling Only, & Referral Service Points (Adults & Youth Clinics) January- December 2020

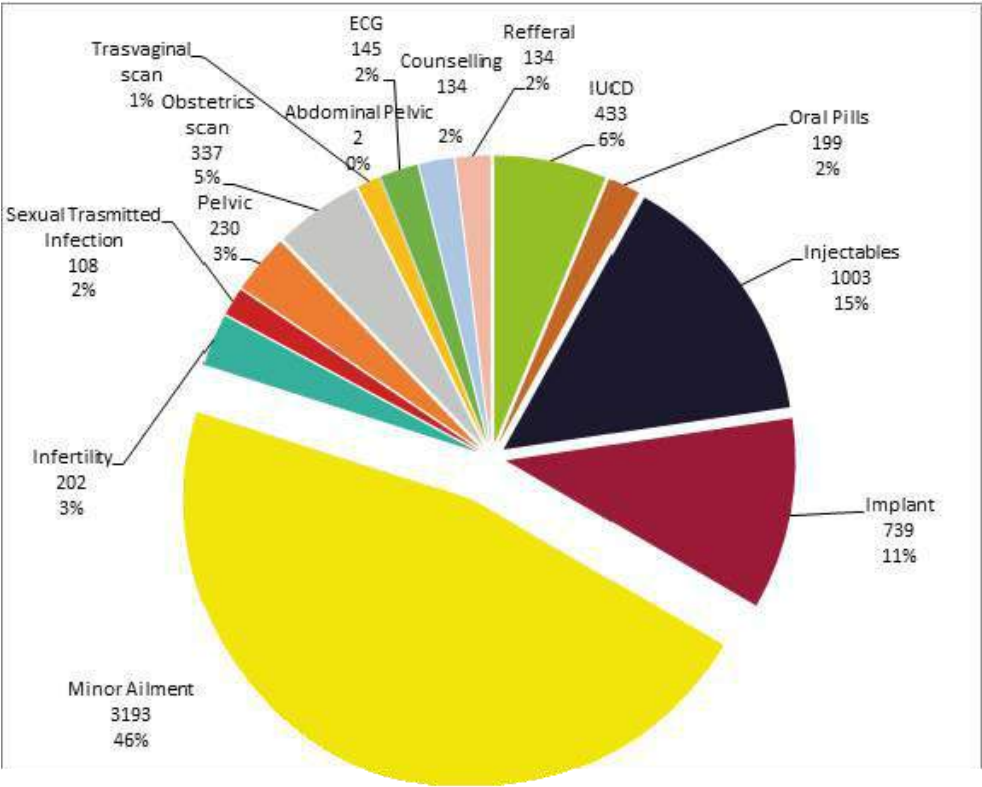


Figure 27: Number of clients with services accessed from Jan-Dec, 2020.

A total number of 6,866 youths and adults were reached with various reproductive health services including family planning at Olikoye Ransome Kuti Medical Centre (ORMC), Ibadan from 1st of January-31st December, 2020.

Out of this, a total number of 3,193 (46%) clients received treatment for minor ailment; 1,003 (15%) opted for injectables; 739 (11%) received implants; 433 (6%) accessed Intra –Uterine Device and 119 (2%) were for oral pills. Other services and treatment options offered to clients during this period includes treatment of 108 (2%) clients for Sexually Transmitted Infections; 202 (3%) clients for infertility; 230 (3%) for pelvic scan; 337 (5%) for Obstetrics scan; 87 (1%) for Transvaginal scan; 145 (2%) for ECG. General counseling services were offered to 134 (2%) while 134 (2%) clients were referred for specialised care.

ARFH Laboratory Investigation Conducted January -December, 2020

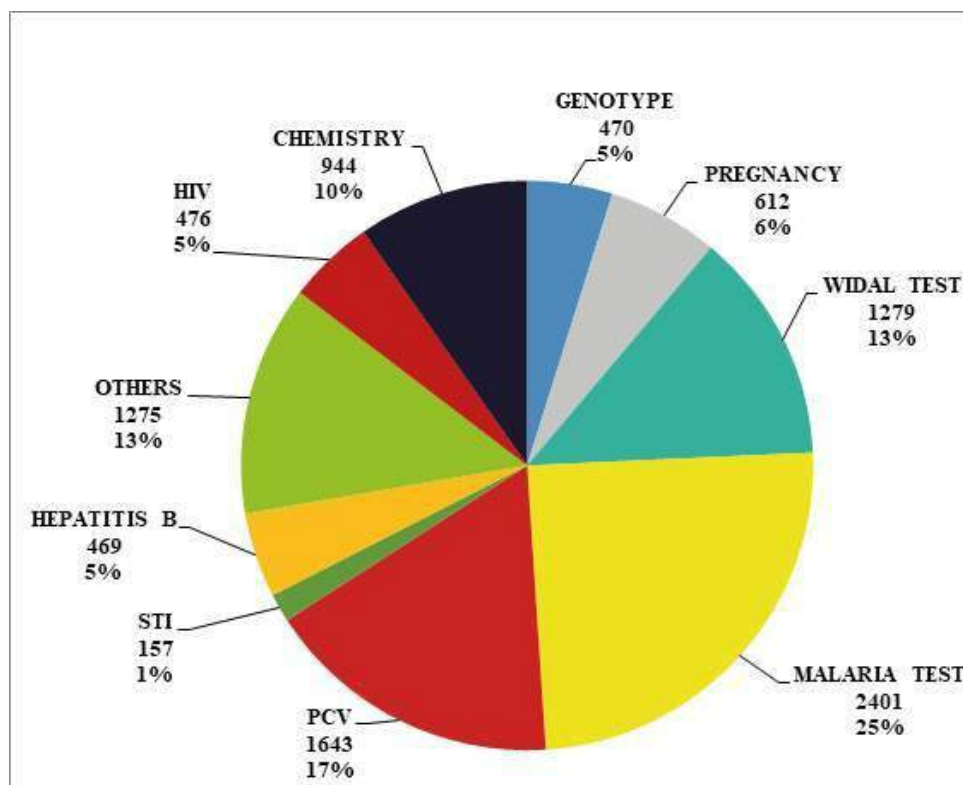


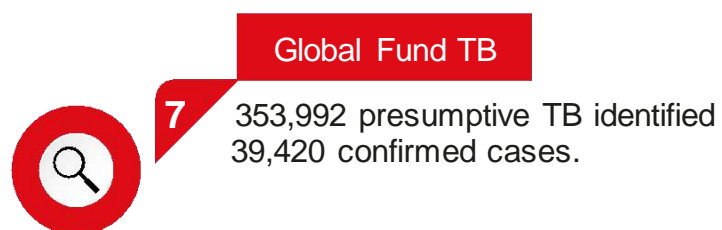
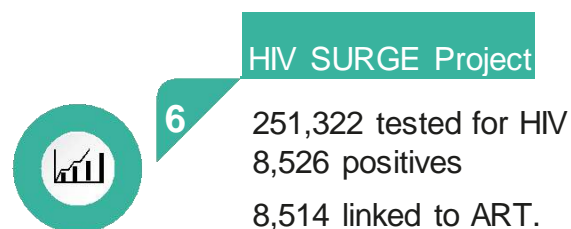
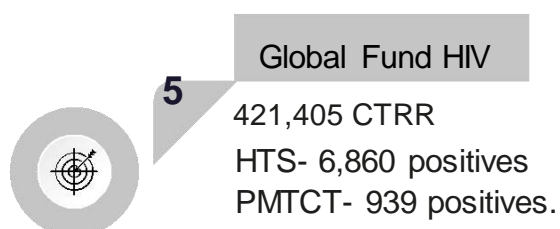
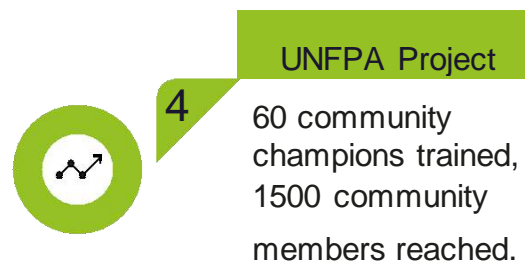
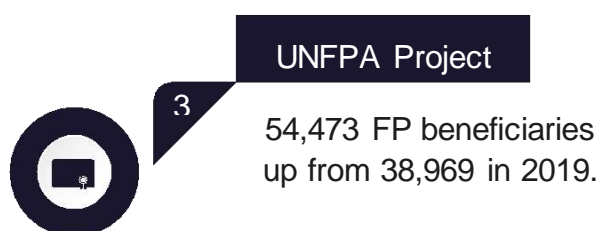
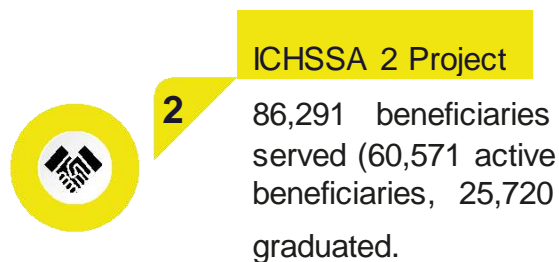
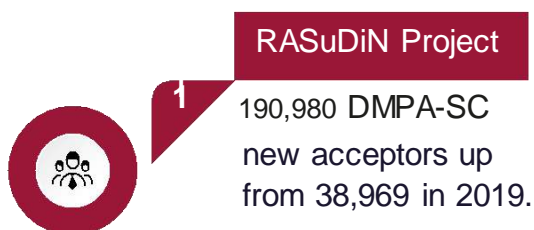
Figure 27: ARFH laboratory investigation conducted Jan-Dec,2020.

Laboratory

A total number of 5,388 clients accessed the laboratory, while total laboratory investigations conducted were 9,726. Out of this, a total number of 2401 (25%) were for Malaria test, 1633 (17%) were for PCV, 949 (10%) were for Chemistry, 1279 (13%) were for Widal test, and 612 (6%) were for Pregnancy test. Others include 470 (5%) were for Genotype, 469 (5%) were for Hepatitis- B and 157 (1%) were for Sexually Transmitted Infections.

For those tested for HIV 476 (5%), general counselling were offered. Out of those tested for HIV, 5 were reactive (1 male and 4 females). Likewise, for Hepatitis-B, 32 were reactive (13 males and 21 females). Those that were reactive were referred and linked to care.

2020 Achievements in Numbers





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ARFHng  

Association for Reproductive and Family Health  