

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH (ARFH)



ANNUAL REPORT

2022



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Our Founders, Board and Leadership Team



Prof. O.A. Ladipo
(MB.Bch, FRCOG, FMOG, FWACS, OON)
President Emeritus & Co-founder, ARFH



Chief (Mrs) Grace E. Delano
(BA, MSc, FWCN, FIHS)
Former Vice President & Co-founder, ARFH



Prof. Adeyemi O. Adekunle
Chair, Board of Trustees, ARFH



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



Dr (Mrs) Kehinde Osinowo PhD, MSc
Chief Executive Officer, ARFH



Mr Joseph Majiyagbe FCA
Director of Finance & Administration, ARFH

Our Vision, Mission and Core Values



Message from Our CEO

I am delighted to introduce the Association for Reproductive and Family Health's 2022 Annual Report.

Since starting in my role as the Chief Executive Officer, it has become increasingly clear to me that while the healthcare industry in Nigeria remains an attractive sector, it has also entered a period of significant change that has brought both challenges and opportunities, such that despite improved services in recent years, there are still several areas of healthcare delivery that need to be strengthened, and which can only reasonably be done by nongovernmental organizations complementing government efforts.

In view of this, the latest edition of ARFH Annual Report highlights the achievements and progress of our organization over the past year. And, as we reflect on the challenges of the past year, we are grateful for the unwavering support of our donors, partners, staff, and volunteers.



DR (MRS) KEHINDE OSINOWO
Chief Executive Officer

Despite the unprecedented challenges occasioned by the national economy, which have also impacted healthcare service delivery all over the country, ARFH has remained committed to its mission of improving the quality of life of individuals, families, and communities in Nigeria—a mission it has embarked on since 1989. We have adapted our programs and services to meet the changing needs of our community and have continued to deliver high-quality services to those who need them most.

As we are all aware, our organization's core focus areas are reproductive health, tuberculosis and HIV/AIDS prevention, care and support; maternal, adolescent, and child health. ARFH achieves its mission by working with communities, governments, and international organizations to design, implement, and evaluate innovative programs that address health challenges in Nigeria.

As a well-established organization with a proven track record in improving health outcomes in Nigeria, ARFH continues to operate mobile clinics that provide family planning services to underserved communities, partnering with public and private health facilities to ensure wider coverage.

In order to be abreast of international best practices in service delivery, ARFH conducts research to

generate evidence that informs policy and practice in family planning, while also monitoring the implementation of family planning programs and services to identify gaps and areas for improvement.

These successes would not have been possible without the tireless efforts of our dedicated staff and volunteers, as well as the generous support of our donors and partners. As we look ahead to the future, we are excited about the opportunities that lie ahead.

Meanwhile, this year 2023 also marks a watershed in the chequered career of our Director of Finance & Administration, Mr. Joseph Majiyagbe, who retired from active service at the end of March. A new Finance Director has since been appointed.

We remain committed to our mission and will continue to work tirelessly to improve the lives of those we serve.

Thank you for your continued support and partnership.

Together, we can make a difference.

Our 2022 Impact in Numbers

1,072,490

Total DMPA-SC uptake at the end of 4 years



94,942

Women on self-injection



34,902

Referrals



134,083

People reached with FP messages



84%

Referral completion rate



12%

Male reached

VIT A Supplements

99% in Cross River
88% in Rivers
103% in Sokoto

309,627

Vaccinated for COVID-19



ACE-4 Project

98% in TB Screening among PLHIV
HIV test optimized up to 99% for pregnant women across all facilities of implementation
TPT optimized among PLHIV



719,000

Screened under SURGE grant



18,446

New HIV cases identified and linked to care

426,385

Tested for HIV



45%

Contribution to national TB case notification

86,148 (218%)

Positive TB cases identified and placed on treatment in 12 ACF states

869,306 (220%)

Presumptive TB cases in 12 ACF states

ICHSSA-2 Project

Served 76,321 (103%) children and households in Lagos

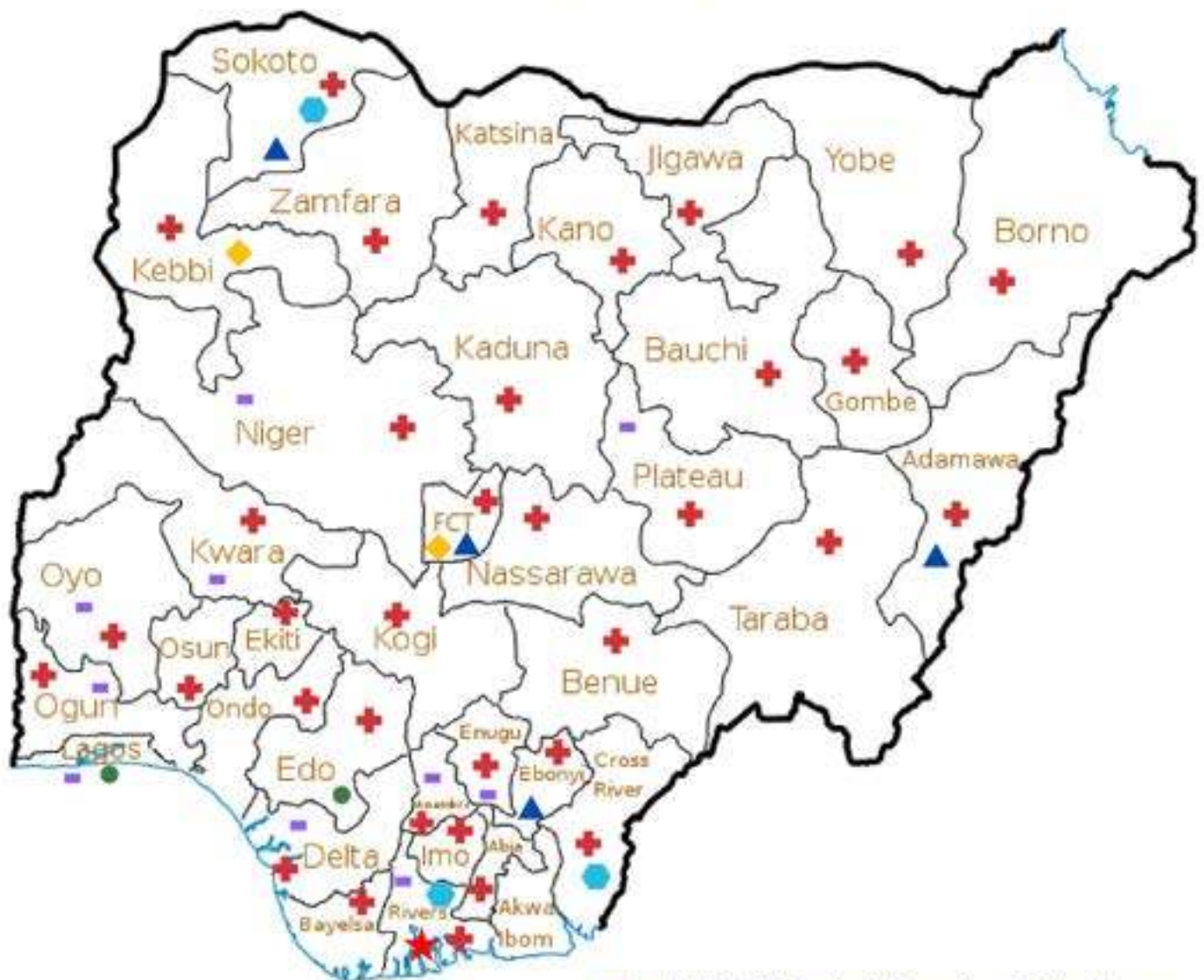
9,991

Beneficiaries enrolled on government health insurance scheme through ICHSSA-2 Project

ICHSSA-2 Project

Served 16,404 (102%) children and households in Edo

Our Project Spread



- RASuDiN Project (Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau, and Rivers)
- ICHSSA-2 Project (Lagos and Edo States)
- ◆ IHP Project (Kebbi State and FCT)
- ▲ Spotlight Project (Adamawa, Ebonyi, Sokoto and FCT)
- ⬡ VAS Project (Cross River, Rivers and Sokoto)
- ★ SURGE Project (Rivers State)
- + TB Project (Anambra, Delta, Osun, Oyo, Rivers, Kano, Kaduna, Katsina, Kogi, Nasarawa, FCT and Sokoto) and Community Programmatic Management of Drug Resistant (CPMDT) in 35 states plus FCT.

Resilient & Accelerated Scale-up of DMPA-SC/SI in Nigeria (RASuDiN) Project

Project Goal



The overall goal of the Resilient & Accelerated Scale-Up of DMPA-SC/Self-Injection in Nigeria (RASuDiN) project is to increase access to and use of self-injected DMPA-SC (depot medroxyprogesterone acetate subcutaneous) contraceptives among women of reproductive age in Nigeria.

Specifically, the project aims to increase the availability and affordability of self-injected DMPA-SC through public and private health facilities and community-based distribution channels. It also aims to increase knowledge and demand for self-injection among women and healthcare providers, and to improve the quality of self-injection services.

The project is designed to contribute to Nigeria's family planning goals, which include increasing contraceptive prevalence rate, reducing unintended pregnancies, and improving maternal and child health outcomes.

Project Location



The implementation of RASuDiN project ended in the fourth and final year (2022), having covered all the 217 local government areas (LGAs) in the 10 states of Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau, and Rivers.

The 4th year of the project ran from August 2021 to July 2022 (with a three-month no-cost extension period from August 2022 to October 2022). The project was ably steered by the Federal Ministry of Health (FMoH) and the 10 participating state governments.

The project optimized data usage for programmatic decision-making and finally transformed the family planning service delivery in the states by empowering women who chose to self-inject across the 217 LGAs in the states. The scale-up of the DMPA-SC/SI has been identified as the game changer and model that has set the tone for national replication with the potential to increase contraceptive uptake by 20%.

Supported by the Bill and Melinda Gates Foundation (BMGF) and Children Investment Fund Foundation (CIFF)

Implemented by the Association for Reproductive and Family Health (ARFH) in collaboration with the Centre for Communication and Social Impact (CCSI)

Milestones

Provided technical support to develop and finalize guidelines for the scale-up of DMPA-SC self-injection in Nigeria.

Supported the roll-out of the National self-care guidelines.

Support the development of the Demand Generation (DG) Strategy on Self-care for Sexual Reproductive and Maternal Health (SRMH) in Nigeria.

States demonstrated commitment through the integration of RASuDIN-supported activities in their Annual Operational Plan (AOP) and Costed Implementation Plan (CIP).

462,581

WRA were reached with DMPA-SC contraceptive injection with 66,140 of them on self-injection.

1,072,490

Total uptake of DMPA-SC at the end of the 4 years of project implementation with 94,942 women on self-injection

134,083

People reached with FP messages through 7,794 social mobilization activities resulting in 34,902 referrals and 84% (29,325) referral completion rate

There was an increase in the referral completion rate from the previous year (Year 3) from 70% to 84% in Year 4.

Strategically increased male involvement and spousal communication for FP through the radio program and community engagement activities. 12% of the total people reached in Year 4 were males

Strategically increased male involvement and spousal communication for FP through the radio program and community engagement activities. 12% of the total people reached in Year 4 were males

Project iteration through the use of data for evidence-based decision-making.

The project achieved the service provision target of an increase in current users of DMPA-SC who are proficient in DMPA-SI with 15 percentage points from 70% target to 85% achievement. Figure 1 below shows the trend in service delivery targets from year 1 to year 4. The project recorded significant achievement of targets from year 2 through to year 4. Through consistent and targeted service delivery and demand generation activities, the project recorded an overall achievement of 146% in relation to the overall target of 150%.

Findings from the RASuDIN project were disseminated in 2022, marking the end of the project implementation.

Milestones

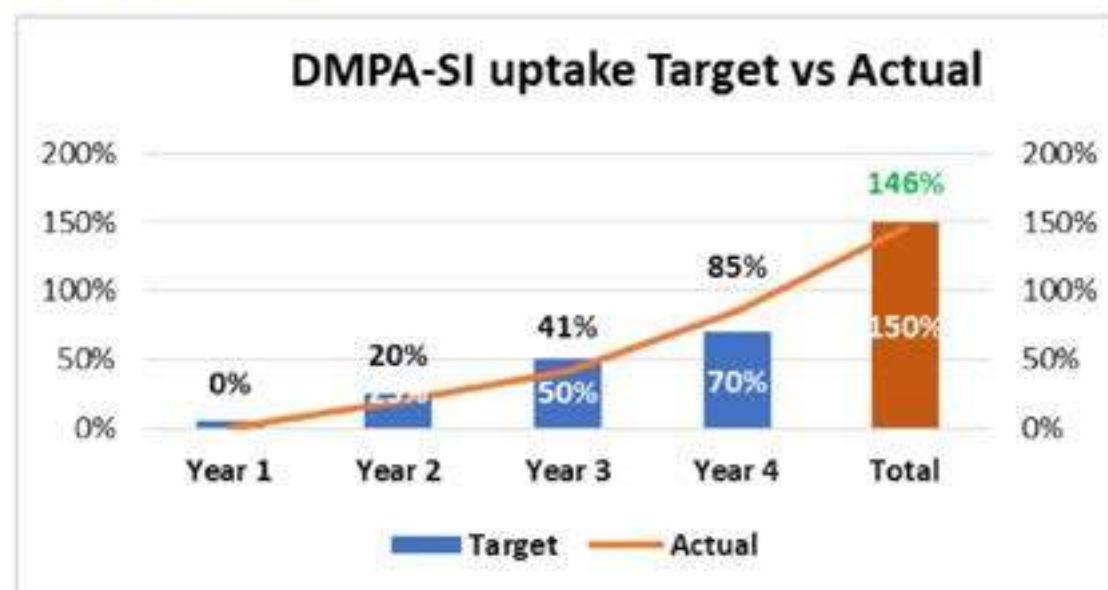


Figure 1: DMPA-SI uptake target vs actual

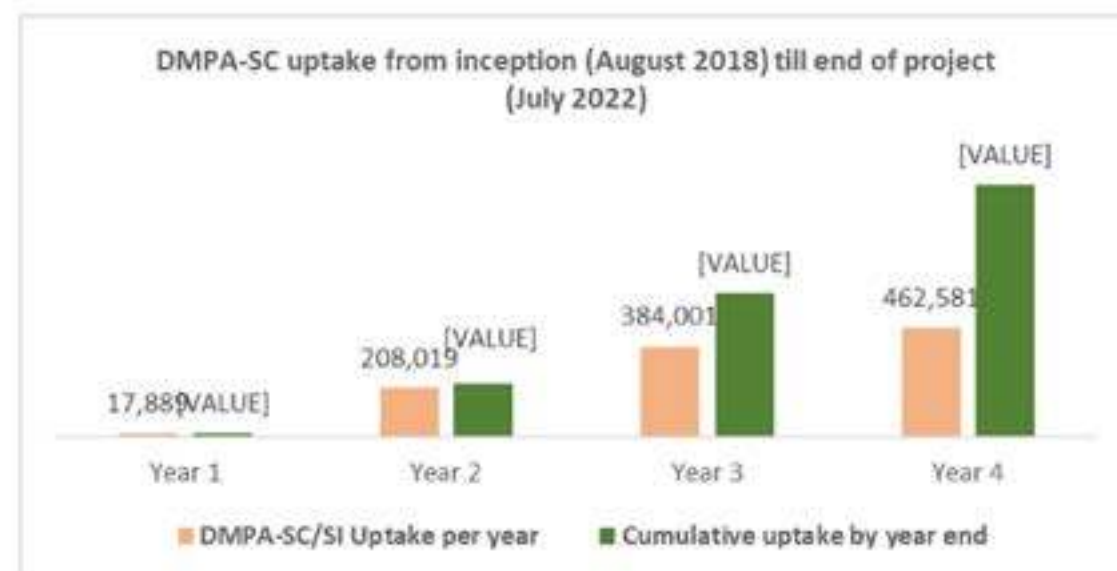


Figure 2: DMPA-SC and SI uptake from Inception (2018) to End of Project (2022)

LESSONS LEARNT

The RASuDiN project was successful in achieving its objectives, and some of the lessons learnt from it include:

- Community engagement is critical to increase demand for self-injection.
- Training and supervision are essential for healthcare providers and community-based distributors who learnt how to provide self-injection services, and provided supervision and support to ensure quality service delivery. This was crucial in building the capacity of the providers and ensuring that the self-injection services were safe and effective.

LESSONS LEARNT

- Partnerships are key: The project worked with a range of partners, including government agencies, civil society organizations, etc. These partnerships were critical in ensuring that the project was implemented effectively and sustainably, and in leveraging resources and expertise to achieve project objectives.
- Use of technology can enhance service delivery: The project used mobile technology to monitor and track self-injection services, and to provide support and feedback to healthcare providers and community-based distributors. This improved the efficiency and effectiveness of service delivery, and helped to identify and address any issues in real-time.
- Flexibility is important: The project was implemented during the COVID-19 pandemic, which presented significant challenges. The project was able to adapt and modify its activities to ensure that service delivery continued, while also ensuring the safety of healthcare providers and clients.
- Overall, the RASuDIN project demonstrated that with the right strategies and partnerships, it is possible to increase access to and demand for self-injection of contraceptives in Nigeria. These lessons can be applied to other settings and programs to improve family planning and reproductive health outcomes.

ECEWS CDC SPEED PROJECT SUMMARY REPORT (Q1 & Q2)

The ARFH is a consortium partner to Excellence Community Education Welfare Scheme (ECEWS) on US Center for Disease Control (CDC)-funded Sustainable Programs for HIV Epidemic Control and Equitable Services Delivery (SPEED) project.

The five-year project being currently implemented in Delta, Ekiti and Osun States, has the following objectives:

Strengthening Public Health Systems in Nigeria, including surveillance, laboratory systems, and workforce development, by supporting the development of a sustainable public health system that can effectively detect, respond to, and control disease outbreaks in Nigeria.

Enhancing Disease Detection and Response. This will be achieved through the establishment of rapid response teams, training of healthcare workers, and strengthening laboratory systems to support early and accurate diagnosis of infectious diseases.

Building Capacity of health workers and public health institutions in Nigeria to improve disease surveillance, outbreak response, and laboratory systems. This will be done through training, mentorship, and the provision of equipment and supplies.

Improving Health Outcomes in Nigeria by reducing the impact of infectious diseases on individuals and communities. This will be achieved through the implementation of evidence-based interventions and the strengthening of health systems.

Overall, the goal of the ECEWS CDC SPEED project is to strengthen the public health systems in Nigeria, enhance disease detection and response, build capacity, and improve health outcomes. The project will support the Nigerian government's efforts to achieve the Sustainable Development Goals related to health and promote the health and well-being of the Nigerian population.

SUMMARY OF ACTIVITIES

- 1 Resumption of ARFH technical staff; first consortium member to work from ECEWS Abuja office, support start-up activities, work plan development and attends program management meetings, participate in ECEWS SPEED project advocacy and milestone activities.
- 2 ARFH team engaged with Community-Based Organisations (CBOs) and staff to provide technical support and strengthen capacity for notable improved performance and quality project deliverables across the three states.
- 3 Case management: Technical Assistance (TA) on comprehensive case management and service delivery focusing on the four domains (health, Safe, Schooled, Stable). Following documentation gap analysis, State OVC team, CBO staff and case managers were trained on OVC Case Management approach and standard service provision across three states (98 staff and CBO: 60F and 38M, 94 case managers: 74F and 20M)
- 4 Strategic Information (SI) support: ARFH SI team led DQA/Data validation across the states with weekly virtual mentoring support for quality documentation, facilitated NOMIS training for CBO M&E officers and ensure quality data management and reporting.
- 5 Household Economic Strengthening Intervention: Ensuring strategies to attain household stability, over 3,000 Household Vulnerability Assessment conducted, 8 new VSLA group formed (4 in Delta, 4 in Osun) with total share value of N1,969,699 and N2,490,890 cash in box at Delta. 78 caregivers linked to VSLA (Village Savings and Loans Association), 150 profiled for business start-up, 425 for CCT (Conditional Cash Transfer) and 575 caregivers for Financial Literacy across the states, including adolescents for skill acquisition.

Q1

STATE	FY Target	CURRENTLY ENROLLED	% Achievement	FY Target	OVC SERV	% OVC SERV Achievement	FY Target	OVC HIVSTAT ACHIEVEMENT	% HIVSTAT Achievement
Delta	41,590	42,037	101.1	41,590	41,974	101	30,019	28,679	95.5
Edo	6,302	4,700	75	6,302	4,700	75	4,726	3,164	67
Osun	5,828	3,402	58	5,828	3,402	58	2,276	2,276	100

Q2

STATE	FY Target	CURRENTLY ENROLLED	% Achievement	FY Target	OVC SERV	% OVC SERV Achievement	FY Target	OVC HIVSTAT ACHIEVEMENT	% HIVSTAT Achievement
Delta	41,590	42,037	101.1	41,590	19,346	47	28,255	14,420	51
Edo	6,302	5,474	87	6,302	5,473	87	4,726	3,852	82
Osun	5,828	3,741	64	5,828	2,657	46	3,901	2,502	64

SUCCESS STORIES

Delta State: Through public private partnership (PPP) efforts, 3 beneficiaries (1 positive, 2 negatives) enrolled and subsequently assessed on spectrum of vulnerability as destitution in Oshimili South LGA Asaba received the sum of One hundred and thirty thousand naira (N130,000). This has transformed their economic status



ARFH OVC team on ECEWS CDC SPEED project with the CEO, Dr Osinowo (3rd from left) and CEO ECEWS, Mr Andy Eyo (4th from left) at the event

Ekiti State: 6 caregivers were linked for vocational skills acquisition and trained on making Izal, liquid soap and confectioneries.

Osun State: A 7-year-old physically challenged girl, Mariam Adebayo, living with HIV enrolled in Osegbo cluster identified with numerous challenges of not being enrolled in school and living with vulnerable and aged grandmother, Kudirat Popoola who is not engaged in any income-generating activities. The Program Officer Household Economic Strengthening and Entrepreneur explored PPP efforts outside the project to provide the needed support and enhance the child's mobility to return back to school. Consequently, a wheel chair and substantial amount of money were provided to purchase school uniforms, bags, sandals and school fees paid to enroll her back in school. In line with family-centered intervention, the grandmother was supported with business start-up materials of foodstuff, including a bag of rice, ½ bag of honey beans, ½ bag of white beans, ½ bag of garri and 25 litres of vegetable oil. Currently, the girl is regularly attending school and adhering to her medications. The household will be monitored to ensure progress in school and continuity in business.



ARFH Technical Advisor OVC in discussion with State PM, facilitator and program staff during case management training.



Kudirat Popoola empowered in Osun state



Group photograph of participants and facilitators during case management training at Ado Ekiti



Mariam on the new wheel chair with HES PO, Bidemi Oludare (standing from left)

CHALLENGES & RECOMMENDATIONS: Notable constraints related to start-up projects might have affected project activity implementation and delay expected deliverables. Improving financial disbursement and synergies at the state level will support prompt and quality project deliverables.

VITAMIN A SUPPLEMENTATION (VAS) FOR CHILDREN IN HARD-TO-REACH AREAS

The objective of the Vitamin A Supplementation (VAS) for children in very hard-to-reach areas is to increase access to Vitamin A supplements and improve the health outcomes of children under the age of five who live in areas that are difficult to reach with routine health services. The specific objectives of this program are as follows



To increase the coverage of Vitamin A supplementation through community-based distribution of Vitamin A supplements and other strategies that are appropriate for the local context.

To reduce the prevalence of Vitamin A deficiency among children under the age of five who live in very hard-to-reach areas through the provision of Vitamin A supplements and health education to caregivers on the importance of Vitamin A for child health.

To improve child health outcomes, including reducing child morbidity and mortality, by addressing the underlying cause of Vitamin A deficiency in very hard-to-reach areas.

To strengthen health systems in very hard-to-reach areas by improving the capacity of health workers to provide Vitamin A supplementation and by strengthening the supply chain for Vitamin A supplements.



Support of ARFH included conduct of advocacy visits; strategic planning meetings with relevant stakeholders; planning of the Maternal Newborn and Child Health Week (MNCHW); mapping of HTRAs; micro-plan development at the LGAs and consolidation at the state level; facilitation of MNCHW training of LGA supervisors at the state level, etc.

Based on the number of children captured by the states' micro-plan for the MNCH week, 99% of eligible children in HTRAs in Cross River, 88%

in Rivers and 103% in Sokoto were supplemented. Movement of people from HTRAs from one community to the other as a result of communal clashes was responsible for the drop in performance in Rivers State; while same reason occasioned by insecurity was responsible for the over-achievement in Sokoto State.

COVID-19 VACCINATION IN RIVERS STATE

Covid-19 (C-19) was a global pandemic with devastating effects on the social, economic and health systems globally, including Nigeria. Achieving herd immunity, especially through vaccination, was key to controlling the spread of the infection. However, misconceptions on the safety and efficacy of covid-19 vaccine was a key factor fuelling resistance to vaccination by the community. With support funding from the CDC, Institute for Human Virology Nigeria contracted ARFH to conduct Advocacy, Communication and Social Mobilisation activities towards mobilisation of communities in 19 CDC-supported LGAs in Rivers State for C-19 vaccination.

Also, with KNCV USAID supported project, ARFH implemented Covid -19 Vaccination Acceleration Project (C-19 VAP) in 2 LGAs each in Kaduna and Kano states. The Project seeks to promote COVID-19 vaccine access, acceptability, and uptake, while strengthening adverse drug reaction feedback and timely response, by leveraging on the ongoing Global Fund Active Tuberculosis Case Finding project structures.



ARFH COMPLETES IMPLEMENTATION OF RIVERS' SURGE GRANT

Rivers, with 3.8% HIV prevalence rate, is one of the states that the CDC ACHIEVE (SURGE) was implemented. As part of the US President's Emergency Plan for AIDS Relief (PEPFAR) contribution to ending HIV/AIDS by 2030, ARFH worked along with the 360 HSDC on the community testing of the grant as a sub-contractor to the Institute of Human Virology, Nigeria (IHVN) in Rivers State.

ARFH worked in four local government areas of Ogoniland (Khana, Gokana, Tai and Eleme), with the objective of contributing to the achievement of the first two '95s' in the UNAIDS 95-95-95 target.

The implementation, which commenced in October 2019 with a scoping exercise, came to an end in the quarter under review.

At the end of the grant, a total of 719,000 persons were screened, out of which 426,385 were tested; 18,446 new positive cases were identified and linked to care.

Included in this was 47,189 contacts tested from index clients, with 6,384 positive clients detected, giving a 14% yield and 35% contribution to the

positives identified on the grant. The average yield of ARFH's effort was 4.3%, which is higher than the 3.8% state prevalence rate. It is worthy of that 99% linkage rate to treatment was achieved.



THE GLOBAL FUND TB PROJECT WITH ARFH

The Association for Reproductive and Family Health with support from the Global Fund through the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTBLCP) implemented Community Active Tuberculosis Case Finding in 12 states of Anambra, Delta, Kaduna, Kano, Katsina, Kogi, Nasarawa, Osun, Oyo, Sokoto, Rivers and FCT; and community management of Drug Resistant TB in 35 states and FCT.

The project focuses on providing access to TB diagnosis and treatment services, including drug resistant TB, in several states across Nigeria. It also aims to strengthen the health systems in these areas to ensure the sustainability of these services. Additionally, the project provides support for TB prevention through community education and outreach activities.

The Global Fund TB Project with ARFH has been successful in reaching its targets and contributing to the reduction of TB cases in Nigeria.

Overall, the Global Fund TB community interventions with ARFH is an important initiative in the fight against TB in Nigeria, and it serves as a model for other countries facing similar challenges.

OBJECTIVES

- To ensure that communities have accurate knowledge of TB through sensitization and demand creation for TB services by CBOs and CTWs.
- To increase the identification of all forms of TB cases
- To strengthen mechanism for linkages and coordination by collaborating with relevant stakeholders in the LGA and community
- To ensure prompt access to high quality, patient-centred DR-TB diagnosis, treatment and follow-up services.

Contributed 45% to National TB case notification as at Q3, 2022

220% achievement as per ARFH Global Fund (GF) target for presumptive TB in 12 ACF states at Q4, 2022

218% achievement as per ARFH GF target for positive TB cases in 12 ACF states at Q4, 2022

Key Strategies & Approaches

- ADVOCACY
- AWARENESS CREATION/
- Sensitization/Outreaches
- House -to-house TB case search
- Contact tracing



Working Together, Building A Healthier Future

KEY LESSONS



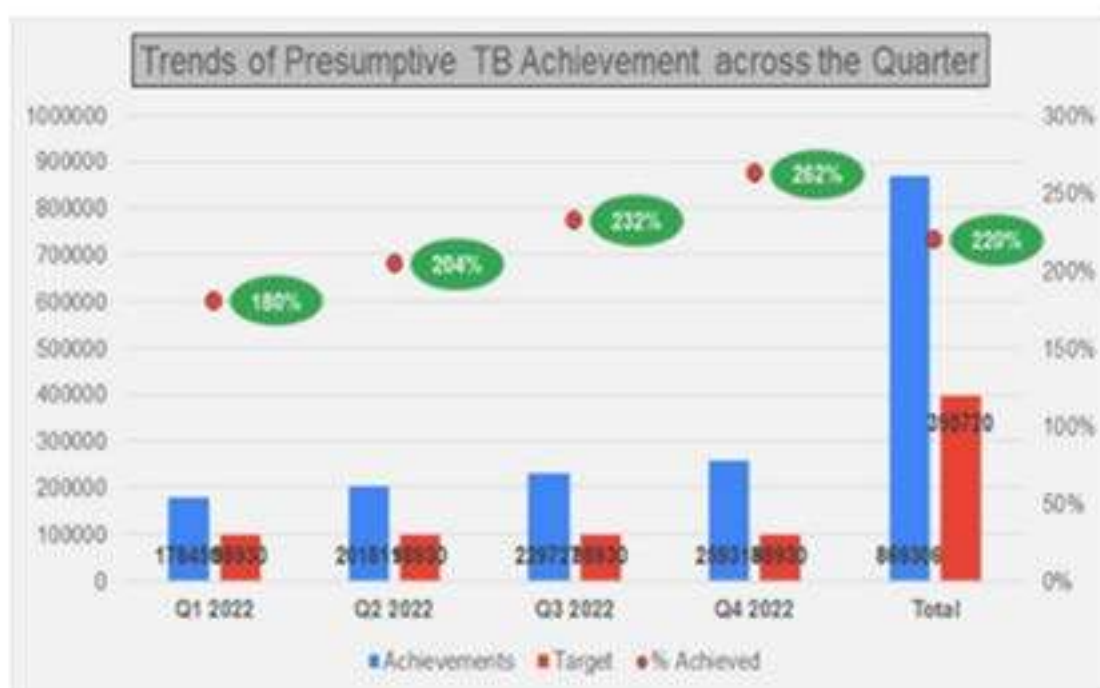
Effective engagement with the community stakeholders (traditional, religious leaders and other influencers) has created ownership and made community interventions successful

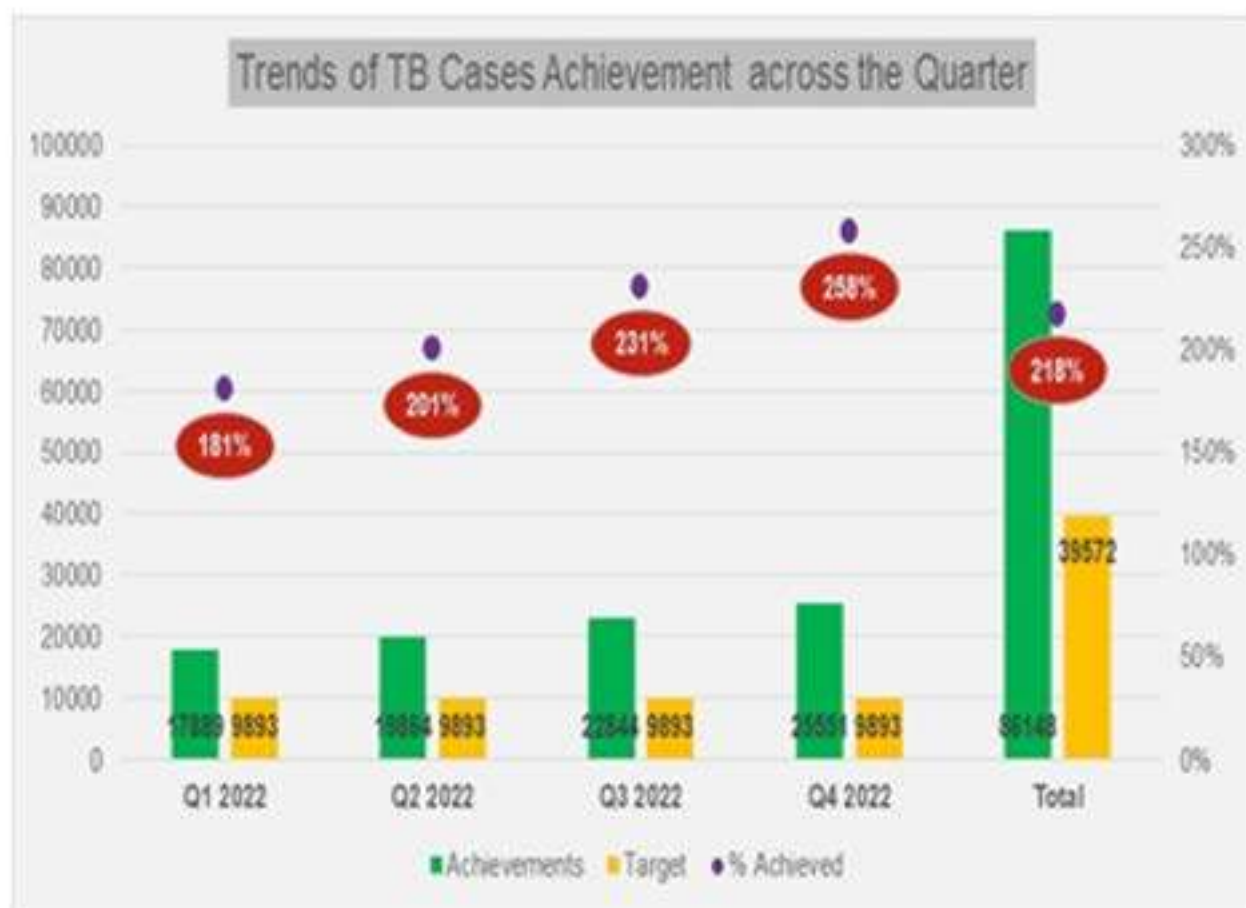


Effective coordination of the CBOs, LGA/State TB program and comprehensive analysis of performance & feedback to address gaps has improved implementation performance



Regular tracking of activities of CBOs/CTWs and State TB program has enhanced accountability and improved program performance

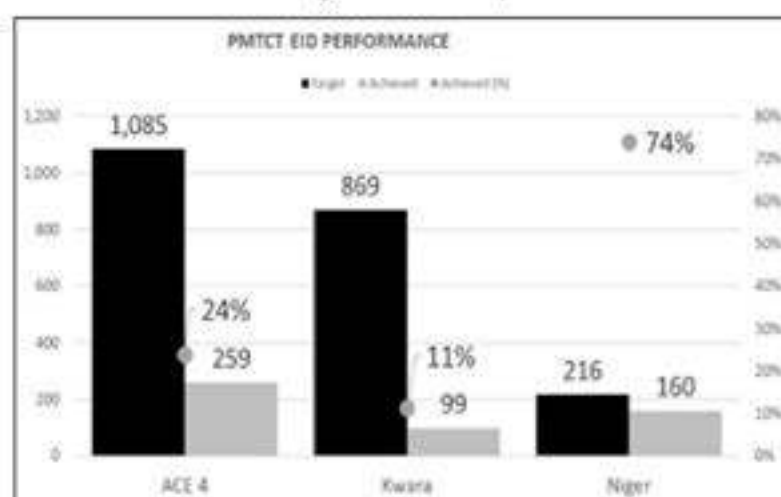




ACCELERATING CONTROL OF HIV EPIDEMIC IN NIGERIA, CLUSTER FOUR (ACE-4 Project)

Background

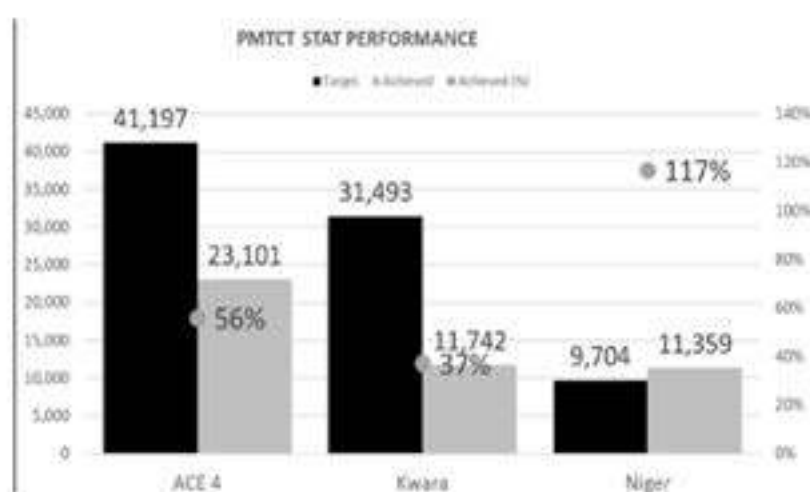
ARFH is a consortium partner on the Accelerating Control of HIV Epidemics in Nigeria in Cluster Four comprising Kwara and Niger states. The project is supported by the United States Agency for International Development (USAID) and the Consortium is led by Centre for Clinical Care and Clinical Research in Nigeria (CCCRN). ACE is a five-year project with overarching goal of achieving HIV epidemic control in Nigeria. ARFH is responsible for implementing TB/HIV, PMTCT and Cervical Cancer Prevention Programme components of the intervention in the two states.



ARFH signed sub-agreement with CCCRN on 28th February, 2022 and heralded the commencement of the project. While grant agreement was signed in February 2022, actual field implementation commenced April 1, 2022 after a successful transitioning from FHI360 Bridge Project to CCCRN Led ACE-4.

The project adopted integrated approach in the implementation of ACE-4 to the

extent that each consortium partner functions within the whole system and each organization in the consortium pays attention to the portfolio assigned to them. The other consortium partners are Jhpiego, which coordinates the first 95 and SI component of the grant; and Solina Health, which coordinates Private Sector Engagement and Health Financing. The grant is being implemented in all the 16 LGAs of Kwara State and 21 LGAs of Niger State.



Key Activities of ARFH on the ACE-4 Project for 2022

ARFH work with other partners on the ACE-4 project to deliver effective services across the three thematic areas under the coordination of ARFH on the project

- Engagement of technical staff for both states to coordinate implementation of ARFH Focused thematic areas on the project

- High powered Advocacy led by the Chief Executive Officers of ARFH
- Scooping activities to identity the implementation status in both states
- Scale-up implementation across all the facilities and LGAs of implementation across all the three thematic areas as summarized below:

PMTCT_STAT Coverage

99.9%

Uptake of Maternal Testing for Niger State



PMTCT_STAT Coverage

99.4%

Uptake of Maternal Testing for Kwara State



HIV Positivity rate (62)

0.5%

PMTCT ART Coverage

100%

HIV Positivity rate (35)

0.3%

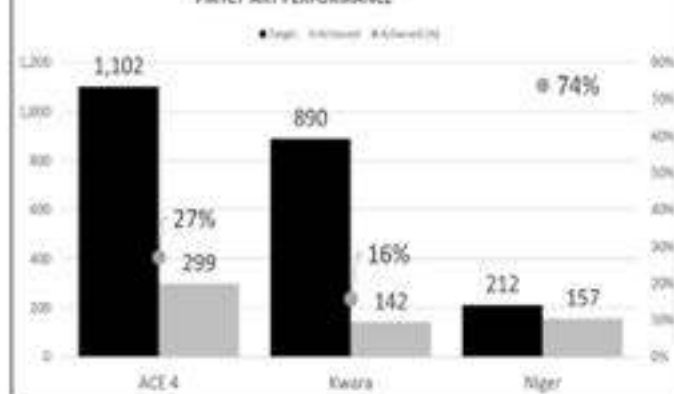
Maternal and Infants Cascade



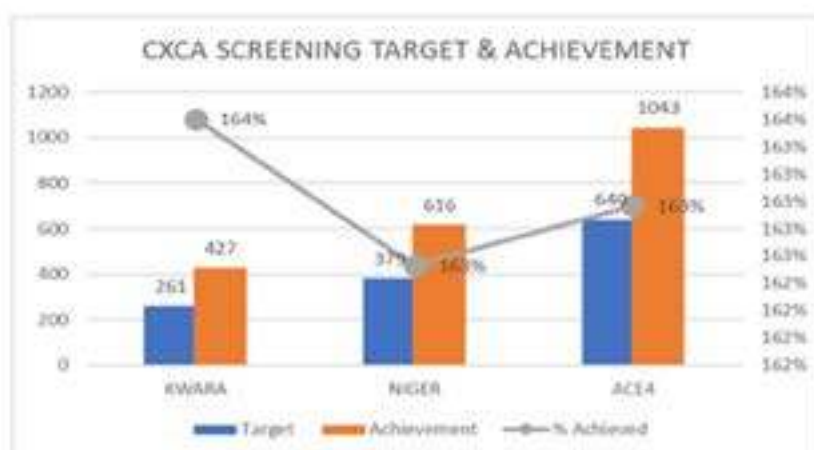
Maternal and Infants Cascade



PMTCT ART PERFORMANCE



The following chart provides summary of achievements on Cervical Cancer Screening for FY 22.



The table revealed that both Kwara and Niger overachieved their target on Cervical Cancer Screening Programme for the year 2022

TB/HIV Key Achievements for Year One of Intervention for FY 2022



Showing achievement on percentage of New and Replaced TB patients with documented HIV status. The achievement above was based on reduced case finding of TB cases in the state.

Showing achievement on proportion of HIV-positive new and relapsed TB cases on ART during TB treatment. The chart revealed 189% achievement in FY 22 which is commendable.



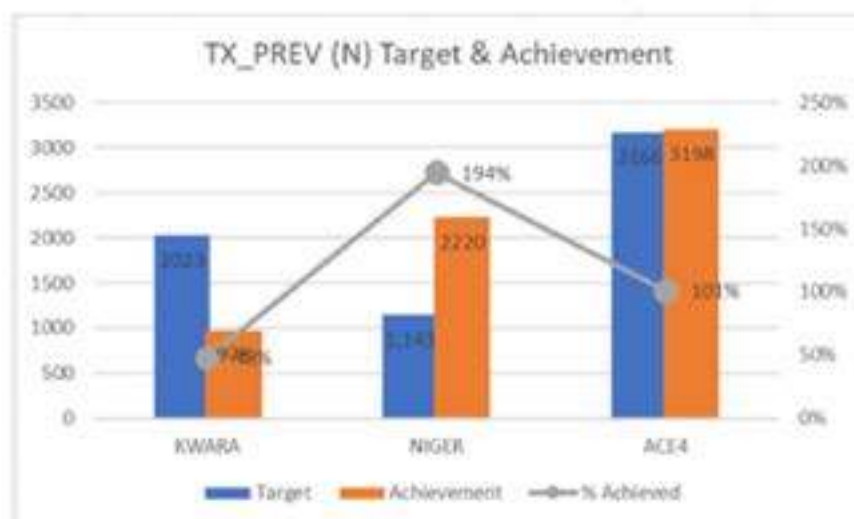
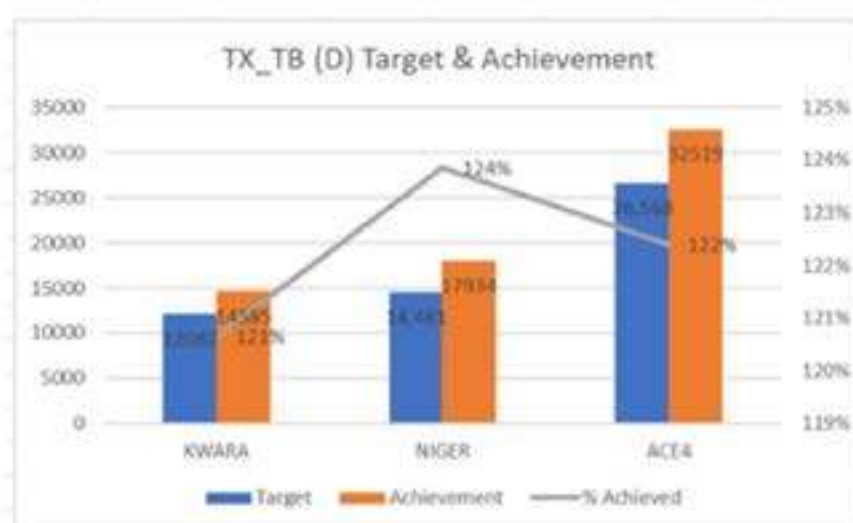


Chart showing proportion of ART patients who started on a standard course of TB Preventive Treatment (TPT) in the previous reporting period who completed therapy. The chart revealed perfect achievement of 101% for ACE-4 Project. This is based on effective tracking of clients on TPT to enhance the completion rate

Chart showing proportion of ART patients screened for TB in the semi-annual reporting period who started TB treatment. The graph revealed 122% achievement in TB screening among PLHIV.



ARFH-CEO, Dr. (Mrs) Kehinde Osinowo (right) in a discussion with the Permanent Secretary, Kwara State Ministry of Health- Dr. Ayinla; and Director of Public Health Dr. Tosin Fakayode



The ACE-4 Team accompanied by MoH State and LGA Officials, Chiefs and Committee for Health during facility assessment for expansion in Ifelodun LGA of Kwara State.

Plan for FY '23

- *Sustain effective partnership with the state to enjoy enabling environment in delivery quality care and treatment service on the ACE-4 Project*
- *Continue to work with other technical teams in the consortium to scale-up implementation across the three portfolio assigned to ARFH in Kwara and Niger state.*
- *Continue to use both formal and informal strategies to strengthen the capacity of Adhoc Staff for continuous quality improvement*
- *Expand implementation to other facilities especially in Kwara State to improve coverage for TB and PMTCT*

INTEGRATED CHILD HEALTH AND SOCIAL SERVICES AWARD (ICHSSA-2) PROJECT

JAN 2022 – DEC 2022

The Integrated Child Health and Social Services Award (ICHSSA-2) project, with the support of USAID, continued to provide quality HIV-centered care and social services to vulnerable children and their caregivers across 40 LGAs in Lagos, Edo and Rivers states. The project was a five-year (December 10, 2019-December 9, 2024) consortium led by the Association for Reproductive and Family Health (ARFH) with Project and FHI360.

In partnership with 10 Community Based Organisations (CBOs), Lagos State Ministry of Youth and Social Development (MYSO), Edo State Ministry of Youth and Gender Issues (MSDGI) and Kwara State Ministry of Women Affairs (MWA), the project supported 11 LGAs in Lagos which include Agege, Ajeromi, Apapa, Badagry, Ikorodu, Kosofe, Lagos Island, Lagos Mainland, Ojo, Shomolu and Surulere; 13 supported LGAs in Edo State are Akoko-edo, Egor, Esan Central, Esan North East, Esan South East, Esan West, Etsako east, Etsako West, Oredo, Orhionmwon, Ovia South, Owan East, Owan West and 16 LGAs in Kwara: Ifelodun, Offa, Ilorin West, Ilorin East, Ilorin South, Pategi, Irepodun, Edu, Barotin, Maro, Asa, Isin, Kaiama, Ekiti, Oke Ero, Ifelodun and Oyun.

Project Locations

The main goal of the project is to mitigate the impact of HIV/AIDS on Orphans and Vulnerable Children and their families.



Objectives



To increase access of Orphans and Vulnerable Children (OVC) and their households to quality care, protection, and support services



To improve the capacity of Communities to protect, and care for OVC with a specific focus on their rights.



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



Utilize priority services targeted at specific OVC sub-population

Implementation strategies

- Community-based HIV case finding and linkage to treatment
- HIV risk assessment
- Tracking children and adolescents living with HIV interrupting treatment and linking them back to treatment
- Community-based Adherence assessment and counselling support
- Integration of OVC community case managers as part of ICT team
- Support Adolescent care services at ART sites
- Provide assisted referral to CLHIV
- Linkage to sustainable health insurance scheme sCommunity focused differentiated service delivery
- Enhanced site management
- Strengthen systems and structures of government

Milestones



Project surpassed its target by serving 76,321 (103%) and 16,404 (102%) children and households in Lagos and Edo states respectively within the reporting year.



A total of 386 children who tested positive to HIV were linked and retained on treatment



9,991 beneficiaries were enrolled on government health insurance scheme; 7,491 beneficiaries in Lagos state and 2,500 beneficiaries in Edo state respectively



A total of 55,686 children received birth certificates



A total of 45,605 children received educational services



A total of 11,396 beneficiaries were reached with gender norms messages



A total of 40 malnourished children were identified and linked to appropriate nutrition services



A total of 26,317 adolescents and caregivers were economically empowered through financial literacy, Cash Transfer and Business startup items

During the reporting period, joint advocacy visit with USAID were paid to Edo State First Lady in March 2022 including other relevant ministries such as MSDGI, Health, Education, Budget & Planning.

Due to the impressive performance of the project, USAID granted expansion to Kwara state which led to kickstarting full project implementation on October 1st 2022. Also, one-day stakeholders meeting was held and courtesy visit led by USAID paid to Kwara State Government including the Ministry of Women Affairs, Ministry of Health, National Agency for the Control of AIDS, high volume health facilities among others

As part of private sector engagement efforts, the project received half-a million naira from Access Bank to provide business startup items (sowing machine, grinding machine, baking oven etc) to eleven project beneficiaries in Lagos

Furthermore, with the support of USAID, the project received 3,000 Kotex sanitary pads from Kimberly Clark, an American multinational personal care corporation in Nigeria. A total of 400 adolescent girls and 54 adolescent girls benefitted from the pads for 6 months in Lagos and Edo states respectively

In line with system strengthening efforts, the project inaugurated OVC Technical Steering Committee (TSC) in Edo State in conjunction with the Ministry of Social Development and Gender Issues (MSGI) and LGAs. The TSC provides a veritable platform to ensure the rights of OVC are catered for at the state and LGA levels



The project received the USAID award of “Most Engaging Implementing Partner 2022”

PHOTO GALLERY



ICHSSA-2 stakeholders engagement meeting in Kwara State/USAID Advocacy visit to Kwara State



Kimberly Clark Kotex sanitary pads and UNFPA reusable pads donation to Adolescent Girls on ICHSSA-2 project



Private Sector support for ICHSSA-2 Project



COMMUNITY ORIENTED DMPA-SC/SELF INJECTION ACCELERATION IN NIGERIA (CODSAiN) PROJECT

Project Goals

Following the successful implementation of the RASuDiN project, the BMGF approved a new investment: Community Oriented DMPA-SC/Self Injection Acceleration in Nigeria (CODSAiN) project for ARFH to increase accessibility and availability of DMPA-SC/SI to four additional new states and hard-to-reach communities.

CODSAiN project aims to increase access to and demand for self-injection of the contraceptive Depo-Provera (DMPA-SC) in Nigeria. Specifically, the project aims to increase the number of women who are self-injecting DMPA-SC by one million by 2023. The project is implemented in 10 states in Nigeria and is funded by the Bill & Melinda Gates Foundation.

To achieve the goal, ARFH is implementing a range of strategies, including training healthcare providers and community-based distributors on how to provide self-injection services, engaging with communities to increase demand for self-injection, and leveraging mobile technology to monitor and track self-injection services. The project also aims to strengthen health systems and build the capacity of local organizations to sustain self-injection services beyond the life of the project.



Dignitaries at the ARFH-JSI Joint Launch of the DMPA-SC/Self Injection in January 2023

