



QUARTERLY

Newsletter

ARFH QUARTER 4 NEWSLETTER | | NEWSLETTER

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FROM THE CEO'S DESK



A Heartfelt Thank You and Vision for the Future

Dear ARFH Family,

As we approach the end of another fruitful financial year, I find myself reflecting on the incredible journey we've undertaken together. As the CEO of ARFH, I am honored to stand before you and express my deepest gratitude for the unwavering commitment and hard work each one of you has dedicated to our organization.

The success of any organization is undoubtedly a collective effort, and I am immensely proud to acknowledge the exceptional work done by the ARFH family throughout the year. Your dedication to our mission has been the driving force behind the realization of our goals and the positive impact we've made on the lives of those we serve.

This year has been marked by significant achievements, and I want to take a moment to highlight the successful execution of ongoing projects that have become pillars of our commitment to public health.

The projects such as ECEWS, TB, ICHSSA 2, and ACE-4 have not only met but exceeded expectations, thanks to the dedication, expertise, and passion of our talented team. The same goes for the newest addition to our family of projects, CODSAiN, which holds immense promise in furthering our mission. Your enthusiasm and hard work in embracing this project have been truly commendable, and I am confident that it will contribute substantially to our collective impact.

As we celebrate our successes, let us also look forward to the future. The vision of ARFH for 2024 is ambitious and inspiring. We aim to expand our reach, deepen our impact, and continue to be at the forefront of innovative solutions in public health. With your continued dedication and hard work, I have no doubt that we will achieve even greater milestones in the coming years.

To each member of the ARFH family, I extend my heartfelt thanks. Your passion, resilience, and commitment have been the bedrock of our success. As we embark on the journey into 2024, let us face the challenges with the same spirit of collaboration and determination that has defined us so far.

In closing, I want to wish each and every one of you success, happiness, and fulfillment in both your personal and professional lives. ARFH is not just an organization; it is a family, and your contributions make it stronger every day.

Thank you, and here's to a bright and prosperous future for ARFH!

**Strategies To Close The Gap In TB/HIV Case Finding:
Focus on the Global Fund C7 Grant**



Q3,2023 as shown in the slide below of 192% as per target for presumptive and 185% as per target for TB cases placed on treatment.

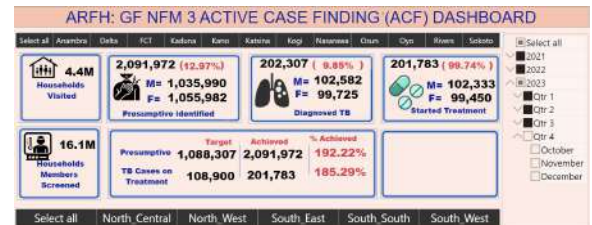


ARFH participated in a meeting organized by the Global Fund with NACA, NTBLCP and partners to discuss the strategies to close the observed gaps in the current grant in the next grant GC7.

Among issues flagged is the importance of multisectoral integrated TB services, which is essential to improve TB case finding in the country. Emphasis on focusing on activities to improve childhood TB, scale-up of TPT implementation, early enrolment and treatment of diagnosed Drug Resistant TB patients will be focused on in the GC7 grant phase.



HIV testing and prevention services among Adolescent girls and young women is observed to be low. Efforts will be on decentralization of HIV activities and capacity building of the State Action Committee on AIDS (SACA) to meet the 95,95,95 strategies as well as improving the number of HIV women who receive ART to reduce transmission from mother to child.



The TB/HIV program is set to utilize lessons learnt from the current grant implementation to improve strategies to close observed gaps in the next GC7 grant.

As ARFH is poised for a successful commencement of the new grant come Jan, 2024, we embarked on a close-out discussions/data validation of the current grant with our CBOs. ARFH is proud of her significant achievement in its current GF community TB interventions Q1,2021 –



ECEWS CDC SPEED PROJECT



Association for Reproductive and Family Health (ARFH) is a consortium partner on the Centres for Disease Control and Prevention (CDC) funded, Sustainable Programs for HIV Epidemic Control and Equitable Services Delivery (SPEED) project. Excellence Community Education Welfare Scheme (ECEWS) as the prime in partnership with other partners implements the five-year project across Delta, Ekiti, and Osun states, with the aim of achieving epidemic control, targeting specific sub-populations based on age and gender. ARFH provides technical support on the Orphans and Vulnerable Children (OVC) component, focusing on improving quality of service delivery in case management and community services (CM&CS), household economic strengthening (HES) and strategic information (SI).

The project engaged nine community-based organizations (seven in Delta state and one each in Ekiti and Osun) in collaboration health care facilities to provide OVC comprehensive care and support services at the community level. In the reporting period, Delta state achieved 47,238 currently enrolled beneficiaries, against FY23 target of 46,961 giving a total of 101% achievement rate, Ekiti and Osun states currently enrolled 7,116 and 6,662 as against targets of 7,102 and 6,612 respectively, representing a corresponding achievement rate of 101% for Ekiti and 101% for Osun state. For OVC_SERV Comprehensive, a total of 47,238 OVC in Delta state were provided with at least one quality service, representing a total of 100% achievement rate, Ekiti recorded 7,116 served with 101% rate of achievement while Osun served 6,468 representing 98% achievement rate. Continuous technical support from the Headquarter (HQ) team and OVC/Gender team to CBO partners across the states have significantly increased performance and improved quality project deliverables.

Specifically, enrolment drive was intensified to meet up with CDC newly increased enrolment target in the three states. The team provided hands-on mentoring, supportive supervision and

structured home visits to enhance care plan update, provision of quality services, data management and documentation across board. A total of 2,842 households were enrolled and 6,615 care plans reviewed and updated; vulnerable children with birth certificate improved from 31,023 to 40,051.

This increase (29%) was attributed to strengthened collaborative relationship with National Population Commission (NPOPC) in the three states. With the aim of improving economic well-being of the households; the project provided cash transfers to 177 households, 8,641 beneficiaries were trained on financial literacy and 59 Adolescent Children Living with HIV (CLHIV) were successfully linked to vocational training programs across the states. Significant accomplishments included advocacy for agricultural seedling support, Data Quality Assurance (DQA) and data validation, capacity strengthening on the use of NOMIS, OVC tools and indicators for state social welfare officers and Household Economic Strengthening (HES) interventions with focus on Child-Optimized Financial Education (COFE) curriculum.

COFE aims to support caregivers of vulnerable and HIV-affected children on PEPFAR OVC project with enhanced money management skills to become economically stable and be able to meet basic needs of the children in relation to education, adequate diet (nutritious food) and incessant access to quality health care services. Other achievements were re-assessment of household profiled for Income-Generating Activities (IGA), monitoring of cash transfer beneficiaries and improved participation in community structure programs.

MER INDICATORS:

STATE	REVISED FY23 TARGET	CURRENTLY ENROLLED	OVC_SERV Comprehensive	% OVC_SERV ACHIEVEMENT
OSUN	6,612	6,662	6,468	101%
EKITI	7,012	7,116	7,116	101%
DELTA	46,961	47,238	47,238	101%

LESSONS LEARNED:

1. Hands-on mentoring of CBOs staff, case managers and regular supportive supervisory visits to facilities in collaboration with treatment team have contributed immensely to achieving project objectives.
2. Incessant technical support, brainstorming discussions and daily reporting feedback mechanism have greatly enhanced team performance and increased project deliverables.

CHALLENGES:

1. Increasing fuel prices have resulted in high transportation costs for monitoring households, posing a challenge to efficient operations.
2. Current inflation resulting in high cost of goods have reduced quantity of goods planned for IGA

ARFH ACHIEVING GIANT STRIDES ON TB/HIV ON USAID FUNDED ACE-4 PROJECT



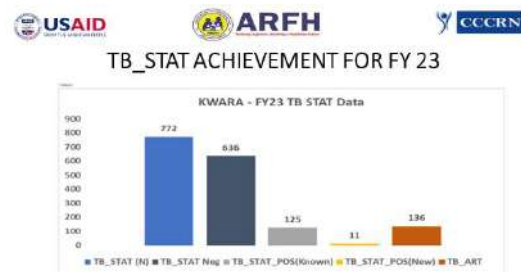
Routine Technical Session with all Adhoc Staff on ACE-4 Project

The Association for Reproductive and Family Health (ARFH) is one of the consortium partners on USAID Funded, Accelerating Control of the HIV Epidemic in Nigeria, Cluster 4 popularly called ACE-4 Project. This consortium is led by Centre for Clinical Care and Clinical Research in Nigeria (CCCRN). There are three components of the grant assigned to ARFH including TB/HIV which is one of the areas of strengths for ARFH. Impressively, ARFH shares similar vision and principles such as effective collaboration, integrity and integrated approach in grant management with CCCRN, which has resulted in making significant progress on TB/HIV Collaboration in Kwara and Niger where the ACE-4 Project is being implemented.

The implementation of ACE-4 Project commenced in February, 2022. The baseline assessment at commencement of implementation revealed serious implementation gaps on TB/HIV including very poor screening of PLHIV for TB, lack of effective collaboration with the States TB programme, low TPT initiation and completion and sub-optimal documentation of HIV status for new and relapsed TB cases. All these and more painted the states especially Kwara State in bad light among the comity of implementers in the country. However, with massive support from CCCRN which leads the consortium, ARFH was able to work with other consortium partners on the project (Jhpiego and Solina Health), to change the narratives. The first key step taken was to engage effectively with the States TB Programmes to enlist their supports in changing the narratives. Findings revealed critical issues that required attention and the consortium lead provided all the needed support and resources to change the stories. Some of the actions taken include;

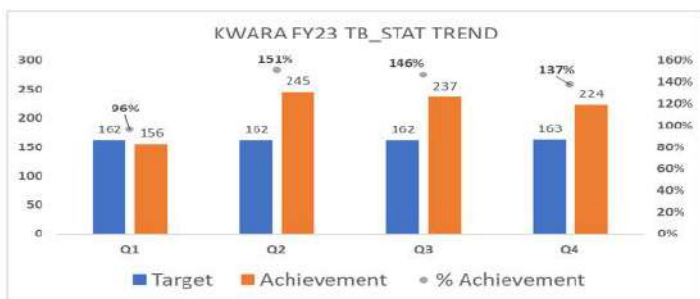
- Routine enjoyment with State TB Programmes to discuss implementation issues
- Training of Adhoc Staff and DOT Officers across supported facilities
- Monthly audit of TPT initiation and completion
- Routine use of electronic medical records and data to track gaps and respond appropriately,
- Selection of individuals on the project, whose capacities were built to serve as TB/HIV Point of Contact
- Support for all DOT Clinics to set up HIV testing points and supply them with RTK
- On-the-job mentorship to build capacity
- Support for technical working group and other technical platforms to discuss emerging issues on TB HIV
- Optimizing screening at every encounter for all PLHIV across all facilities of implementation
- Optimization of GeneXpert for TB diagnosis among PLHIV and adoption of other modalities for presumptive PLHIV who are negative for GeneXpert. The use of TB LAM in particular
- Monthly meeting with TB/HIV Consultants engaged by USAID to support implementation of TB/HIV activities on the ACE-4 Project.

All the above paid off as ARFH was able to end FY 23 which commenced 1st October, 2022 and ended 30th September, 2023 on an impressive note as targets were met and surpassed in all TB/HIV indicators as shown in the charts below;



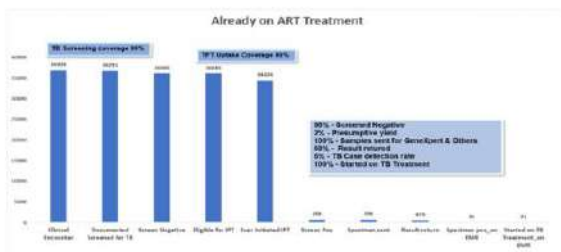
The above chart (Fig 1.1) revealed that all new and relapsed TB clients have their HIV documented and all the 136 with positive HIV status were placed on ART. This is a landmark achievement, which is a clear departure from the past where some TB clients do not know their HIV Status and where some with HIV positive results are not placed on ART.

TB_STAT TREND FOR FY 23



The above chart (Fig 1.2) revealed achievements on TB_STAT across all the quarters of FY 23. Apart from the first quarter where only 96% was achieved, the achievements for each quarter was met and surpassed. The year ended with overall achievements close to 150%.

TX_TB & TB Prev for FY 23



TX_TB & TB Prev for FY 23

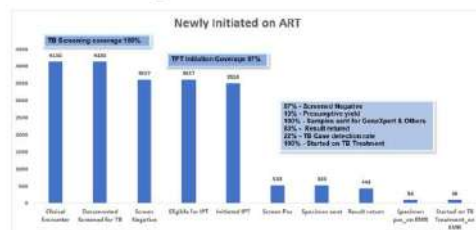


Fig 1.3 revealed that all newly initiated clients on ART were screened for TB and all 533 found presumptive were sent for GeneXpert test. At the end of the diagnosis, 96 clients were confirmed for TB and were all treated in the supported facilities. This is 22% case detection rate, which is above the 15% benchmark for clients new on ART, which revealed the effectiveness of all the strategies used for TB case detection among PLHIV on the ACE-4 Project. It is also noteworthy that all the confirmed cases were initiated on treatment indicating 100% treatment rate.

The Association for Reproductive and family health is grateful for the support from USAID and the uncommon partnership and support from the Centre for Clinical Care and Clinical Research that leads the consortium. This is undoubtedly a partnership that works and the progress made in FY 23 will be scaled up in FY 24 which commenced 1st October, 2023.



Routine Audit of TB Prevention Therapy Initiation and Completion on ACE-4 Project

CODSAiN Project: One Year on



Following evidenced-based achievements recorded in the implementation of Resilient and Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria (RASUDIN) project, the Association for Reproductive and Family Health received a follow-on grant award from the Bill and Melinda Gates Foundation (BMGF) to implement Community Oriented DMPA-SC/Self Injection Acceleration in Nigeria (CODSAiN)". This initiative is designed to improve access to family planning services, most especially in Hard to Reach (HTR) communities.

The primary objective of the project is to enhance the acceptance and availability of family planning services, bridging gaps in unmet needs and missed opportunities. This is centred on the community scale-up of DMPA-SC and self-injection (SI) as an integral part of self-care within the broader contraceptive methods. The project is strategically designed to optimize service delivery channels, utilizing a dual Demand and Supply approach.

The project delivery strategy involves framework utilizing both healthcare facilities and community-based distribution (CBD) models. Through the CODSAiN project, ARFH is expanding the CBD model in a more robust and efficient way to 4 new BMGF's focal states while retaining and consolidating the gains of RASUDiN project in 4 previous states (Enugu, Lagos, Niger, and Plateau). The 8 selected states in the CODSAiN project include Enugu, Gombe, Kano, Lagos, Nasarawa, Niger, Plateau, and Yobe.

The new focal states were selected based on data-driven decision-making of unmet need for family planning in the states; For Gombe (16-20%), Kano (16-20%), Nasarawa (21-25%), and Yobe (21-25%) [NDHS 2018). The blueprint for implementation in these new states hinges on engagement of community-based organizations (CBOs), to coordinate the state level implementation. These efforts are being complemented by the involvement of the State Primary Care Board/Agency, the LGA health educators and CHIPS/CORPS for generating demand.



Supportive Supervision At Anjida PHCC Akwanga West Dev Area Nasarawa



M&E Workshop at Nasarawa

In the first year of implementation, ARFH actively engaged with stakeholders at various levels, including Federal, state, Local Government Areas (LGA), and community gatekeepers, to get the buy-in and provide an enabling environment to foster states ownership and sustainability.

To ensure synergy between the demand and supply aspects which would consequently result in increased awareness, accessibility, and utilization of DMPA-SC and self-injection, a comprehensive training program was conducted for 3860 providers across the four newly targeted states.

Sequel to the training, the program has recorded a notable increase in the number of new acceptors opting for DMPA-SC, from 7644 prior to the training to 31958. This achievement can be attributed to the project's culturally sensitive approach and CBD model in delivering family planning services, both within healthcare facilities and directly within the communities themselves

BUILDING ECONOMIC RESILIENCE OF HOUSEHOLDS THROUGH VILLAGE SAVINGS AND LOANS ASSOCIATION (VSLA).



ICHSSA-2 Program Officer- HES & PPP- Ms Kemi Obalisa (2nd Left) with members of Omolere VSLA, Zumuratu, Ajeromi Ifelodun LGA, Lagos State. Photo Credit: ICHSSA-2 Project, ARFH

As a result of cultural barriers and gender inequalities, some women have experienced financial stress and hardship, in accessing funds for petty businesses and providing support to the family sustainably. The Village Savings and Loans Associations (VSLA), offer opportunities for financial literacy trainings and easy access to funds at mutually agreed rates, of not more than single digit interest. The Omolere Village Savings and Loan Association (VSLA), a communal savings group was established at Zumuratu, Ajeromi Ifelodun Local Government Area, Lagos with the support of USAID funded Integrated Child Health and Social Services Award (ICHSSA-2) project, being implemented by Association for Reproductive and Family Health (ARFH). Omolere which means “Child Heritage” was founded by just 10 members with the goal of bringing women together to cultivate savings culture and use those savings as investment capital. In addition, VSLA enables members to pool their resources and access basic financial services including small loans as needed.

ARFH through, its Community Case Managers trained the members on financial education and approved VSLA modules 1 to 7 consisting of the rules guiding the effective running and sustenance of a VSLA. Members get together once a week to save money and buy one to five shares at a predetermined price over a period of eight to twelve months.

During the first year, the group's membership grew to over 25 women, as a result of acceptance and increasing trust on the group. The Association progressed to establish two more groups in the Ajeromi LGA communities of Olusola and Apanpa. The Omolere VSLA received help from ARFH in the form of communal rental business items (chairs, tables, canopies, and drums) to enable income-generating activities, owing to the group's resourcefulness, trust, and viability.

The group held its annual share-out event, sharing accrued savings and interests, of over N500,000 among its members when it reached the 9-month cycle. Three group members also received business startup materials valued at a total sum of N120,000.

rest.



Members of Omolere VSLA during shareout 1

“Following ARFH's training and assistance with the VSLA approach, we were inspired to establish credibility and manage a productive VSLA. We firmly believe that women's financial security depends on their ability to access funds and invest wisely. We are all contented and making progress as a group”.

Today, Omolere VSLA groups are involved in the process of registering with the Local Government. In the long term, they hope to move from informal activity to more formal financial services. Savings and loans are essential for women to manage unforeseen situations and strengthen household economic resilience.



Community-Based Organizations across Lagos, Edo and Kwara states joined us at the ICHSSA-2 project retreat in Lagos

US President's Malaria Initiative for State (PMI-S) Implementation Update



Atisbo LGA (TEDE CHC): Health talk on the prevention of malaria during pregnancy was done to the pregnant women at the facility during their ANC visit, importance of SP and the proper way to keep and maintain their LLIN

The Association for Reproductive and Family Health (ARFH) is one of the four grantees engaged to implement the US President's Malaria Initiative for State (PMI-S) Project in Oyo State of Nigeria, with support from the Management Sciences for Health (MSH) and funding from the United States Agency for International Development (USAID). The project's primary goal is to support the Government of Nigeria to reduce malaria morbidity and mortality in Oyo State.

ARFH is contributing to this goal by working in six most inaccessible/hard-to-reach Local Government Areas (LGAs) in Oyo State through improved facility monitoring and clinical mentoring of health workers. The LGAs are Atisbo, Ibarapa North, Irepo, Iwajowa, Oorelope, and Olorunsogo.

The objectives of the project are to improve the quality and access to comprehensive malaria case management services, improve data quality interpretation and use, improve drug-based prevention and treatment approaches (IPTp), strengthen existing health systems, and improve State Malaria Elimination Program (SMEP) management which is carried out in 118 health facilities in the six selected LGAs.

In the past one year, the ARFH project team made significant strides by:

- Improving malaria case management services and data quality interpretation in the six LGAs of implementation.
- Inadequate capacity of some staff was addressed by building up the capacity of the affected staff across the facilities in the LGAs.
- Collaboration was made with community stakeholders to resolve issues of low patronage/usage of facilities by community members.
- Staff shortage issues at the facilities were taken up by soliciting support from the ward development committee (WDC) to employ ad-hoc staff.

- Monitoring and mentoring of health workers and services delivered at the facilities visited contributed to the positive outcome which includes improved knowledge in conducting malaria parasitological confirmatory test which led to accurate results that can be trusted, this is evident in the reduction in test positivity rate.
- Increase in the uptake of IPTp2 and 3 by pregnant women through community mobilization, intensified health education and health talks provided on clinic days in facilities visited by Ad-hoc officers working in the 6 LGAs.
- The ARFH Program Officer also provided health talks to community stakeholders and WDC members on malaria prevention and case management during the clinical mentoring supervisory visits to all the LGAs.
- Facilities that were not functional or not operating were reopened and commenced full operation due to the collaborative efforts of the ARFH project team and stakeholders at the community, LGA and State levels.
- Successes were recorded in getting male members of the community involved in supporting their wives to access Ante natal care services at the facilities.



ARFH Program Officer (Mrs Ajayi Abiola) And Ad-Hoc/ M&E staff, Mr Ayilara Olabode, had a meeting with the WDC chairman, LGA M&E, MFP and Logistician in Olorunsogo LGA to develop a strategy which would improve client flow in the health facility and also enable commitment of Pregnant women to take IPTp which helps in preventing malaria in pregnancy at Olorunsogo LGA

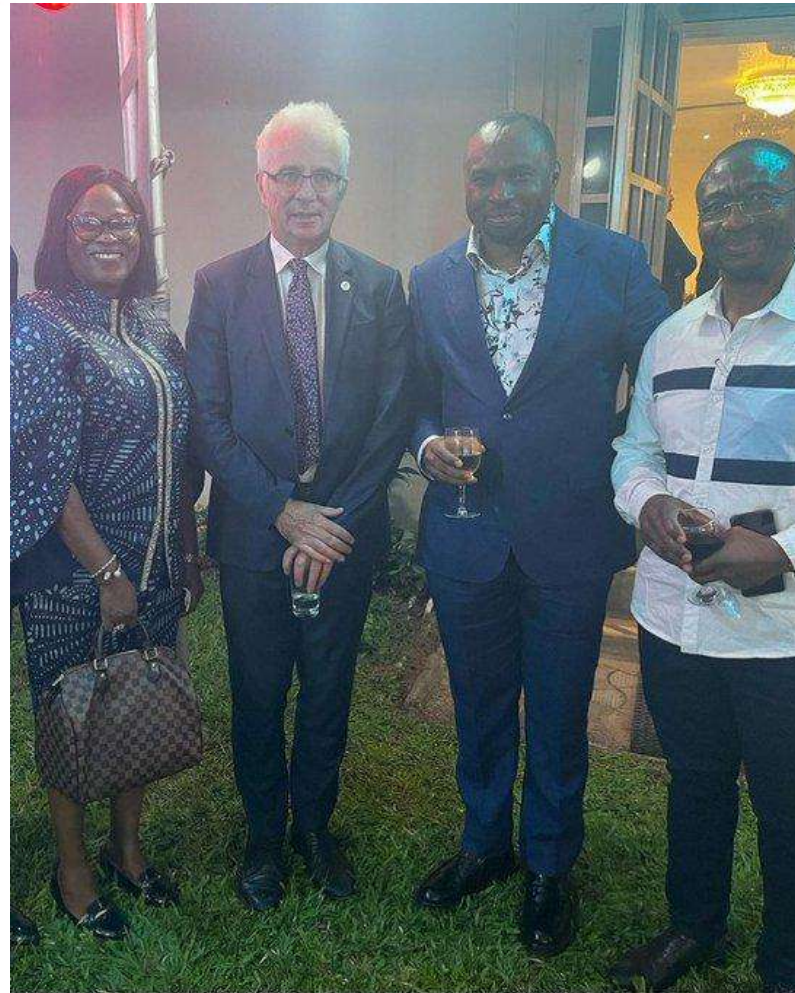


MRDT test to confirm malaria before treatment at Iwajowa LGA

2023 IN PICTURES



ARFH Executive during an advocacy visit to Chairman Senate Committee on Health Senator Ipalibo Harry-Banigo



ARFH CEO Dr. Kehinde Osinowo (L) at the PEPFAR@20 Event



ARFH hosted representatives of RTI International during a continued tech solutioning and deeper contextual understanding & partnership visit to our office in Abuja



Meeting between ARFH and PLAN International Teams



ARFH CEO Dr. Kehinde Osinowo (5th left) at a high-level advocacy event focused on the revised national policy on population and sustainable development



SFH Team AT ARFH



Representatives of FHI360 and ARFH team after their advocacy visit



Global Fund Visit to ARFH



ARFH CEO Dr. Kehinde Osinowo (centre) and the FHI360 team during an advocacy visit



ARFH marks 82nd birthday of its co-founder Prof. Oladapo Ladipo and send-off for a director, Mr. Adeyemi Oladeji



Viamo Nigeria and ARFH teams when the former paid a working visit to ARFH office in Abuja



ARFH Co-Founder Prof. Oladapo Ladipo making a speech at the valedictory dinner for former Executive Director of NPHCDA, Dr. Faisal Shuaib.



ARFH team during business visit to Options Consultancy



The U.S Embassy Nigeria team comprising Christina Connelly-Kanmaz and Chief Ijeoma E. Ndurue visited our Lagos office to learn more about our efforts at preventing and addressing child rights violations, stopping child trafficking, and ending sexual and gender-based violence

Learn More About Us

The Association for Reproductive and Family Health (ARFH) is a non-governmental organization based in Nigeria that focuses on promoting reproductive health and family planning services. ARFH was established in 1989 and has since played a significant role in improving healthcare delivery and advocating for reproductive rights in Nigeria.

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