Society for Family Health
...Creating Change, Enhancing Lives

2021 Annual Report

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ABOUT US

Society for Family Health (SFH) is a pan-African non-governmental organisation (NGO) working in partnership with communities, government, donors and the private sector for universal health coverage and social justice of all Africans. We deploy health system strengthening and total market approaches in a bid to unify the private and public health sectors to scale an Essential Package of Health Services (EPHS) offering of good quality to all Africans. We leverage on over thirty five years of thought leadership in a range of practical community-level interventions and policy engagements to scale population-level impact. SFH connects all Africans in an innovative social business model to expand access to essential health commodities while boosting overall national health financing.

OUR VISION

Healthy lives and wellbeing for all

OUR MISSION

To improve health outcomes by ensuring communities have access to affordable, quality and gender sensitive health services and commodities

BOARD OF TRUSTEES

PROFESSOR EKANEM IKPI BRAIDE

Professor Braide holds a Bachelor's degree in Zoology; a Masters and a Doctorate degree in Parasitology. She is currently a Consultant to the WHO and African Programmeme on Onchocerciasis Control (APOC). Professor Braide is a Fellow of the Royal Society of Tropical Medicine and Hygiene and is also a Fellow of the Nigerian Academy of Science. She is a recipient of many professional awards among which is the esteemed Jimmy/Roslyn Carter Award for outstanding dedication and achievement in the eradication of guinea worm in Nigeria. Professor Braide is the immediate past Vice Chancellor of the Cross River State University of Technology and of the Federal University, Lafia. She is the President of the SFH Board of Trustees.

PHARM. AHMED I. YAKASAI

Dr. Yakasai currently runs Pharmaplus Limited, a wholesale practice, as well as Pharmaplus Consulting. He is a fellow of the Pharmaceutical Society of Nigeria (PSN) and a consultant to the National Agency for Drug Administration and Control (NAFDAC) as well as the National Drug Law Enforcement Agency (NDLEA). Also, he is presently, a member of the Board of Directors of NEM Insurance. Pharm. Yakasai previously served as President Pharmaceutical Society of Nigeria (PSN).

DR. CHIKWE IHEKWEAZU

Dr Chikwe Ihekweazu is an epidemiologist, Consultant Public Health Physician and World Health Organisation's Assistant Director General for Health Emergency Intelligence. He, previously, held leadership roles at the South African National Institute for Communicable Diseases and the UK's Health Protection Agency. He has undertaken several short-term consultancies for the World Health Organisation, mainly in response to major outbreaks. He sits on the Board of Nigeria Health Watch (www.nigeriahealthwatch.com), an advocacy platform for health in Nigeria. Dr. Ihekweazu previously served as CEO Nigerian Center for Disease Control (NCDC).

PHARMACIST REMI ADESEUN

Pharmacist Remi Adeseun is the country manager (West-Africa) of Quintiles IMS, a multinational healthcare information management and clinical research organisation. He is a Pharmacist and Lagos Business School Alumnus with over 20 years healthcare industry experience, 16 of which (1989-2005) were with leading multinational pharmaceutical companies: Sandoz, Novartis and Janssen-Cilag where he retired as Country Manager for Nigeria in 2005. Pharm. Remi has also been an entrepreneur with a successful medical technology company-Rodot- Specialising in Renal Dialysis & Water Treatment Equipment. He holds the Merit Award medal of the Pharmaceutical Society of Nigeria (Lagos State)-2002 as well as the Eminent Persons Award of the Nigerian Association of Industrial Pharmacists-2006.

KIM SCHWARTZ

Kim Schwartz, CPA serves as Senior Vice President and Chief Financial Officer of Population Services International (PSI) and is responsible for the organisation's finance, treasury, budget financial analysis, contracts, pricing, procurement, and technology activities. She has more than 30 years' experience in finance, healthcare, non-profit organisation and fortune 500 organisations.

Prior to joining PSI, Kim served as a financial and compliance executive at the American Red Cross, the American Lung Association, and the Inova Health Care Systems. Kim was also a member of the health care consultant and audit teams at Ernst & Young, as well as a Tax Advisor for J. Cook and Associates.

Kim is a member of the following Boards: Humentum, UK; Society for Family Health, Nigeria; Society for Family Health, South Africa. She is also past Chair of the Board of the Patient Access Network Foundation. Kim is a CPA and a Graduate of the State University of New York at Utica and has attended executive leadership courses at the Harvard Kennedy School.

BOARD OF TRUSTEES

PROFESSOR JOY NGOZI EZEILO

Professor Joy Ngozi Ezeilo is a lawyer, feminist, and scholar/activist. She earned a post graduate degree in law (LLM) from Queen Mary College, University of London, and a BL from the Nigerian Law School. She is a Senior Lecturer and teaches law at the University of Nigeria (Enugu Campus). She attended the International Institute of Human Rights and the International Centre for University Teaching of Human Rights in Strasbourg, France. She holds a diploma in gender studies and a diploma in peace studies and conflict resolution from CODESRIA, Dakar, and the Uppsala University, Sweden. Joy Ezeilo was appointed the United Nations Special Rapporteur on Trafficking in Persons, especially women and children (2008-2011) in June 2008 and took up office in August 2008. In recognition of her outstanding contributions to nation-building in the area of legal scholarship, advocacy, civil society movement and community service, Ms. Joy Ezeilo, popularly called Ochendo, was conferred with the National honour of Officer of the Order of Niger (OON) by the then Mr. President, Olusegun Obasanjo (GCFR), in December 2006.

SIR BRIGHT EKWEREMADU

An extraordinary leader with over twenty-two years of experience in social marketing and managing complex HIV & AIDS prevention, Reproductive Health/Family Planning and Maternal and Child Health programmemes. Sir Bright joined SFH in 1993 and rose to the position of Managing Director in January 2005. He holds a Master's degree in Business Administration (University of Nigeria, Nsukka, 1987) and a Bachelor of Science degree in Management (University of Nigeria, Nsukka, 1982). Sir Bright is also a Knight of John Wesley in the Methodist church. He currently holds an Honourary Membership award from the Pharmaceutical Society of Nigeria for his worthy contribution and promotion of the course of pharmacy within and outside Nigeria.

DR. ABASI ENE-OBONG

Dr. Ene-Obong holds a PhD in Cancer Biology from University of London, a Master's degree in human molecular genetics from Imperial College London and a Master's degree in Business Management from Claremont Colleges, California.

He is the founder and Chief Executive Officer of 54gene, a genomics research, services, and development company established to significantly improve the inclusion of African populations in clinical global genomics research. Prior to 54gene, Dr. Ene-Obong worked with leading healthcare organisations, including Fortune 100 pharmaceutical companies, academic and research institutions, and governments as a management consultant with PwC. He also worked as a cancer researcher. He has extensive experience operating in the US, UK, and Nigerian healthcare industries.

DR. GOODLUCK OBI

Dr. Obi holds a Doctorate degree in Business Administration focused on Governance & Regulations from Leeds Beckett University, Leeds, UK, and a Master's degree in Corporate Governance from Leeds Beckett University, UK.

He is currently Partner and Head, Consumer Markets Group, KPMG Audit Services practice in Nigeria. Dr. Obi has been the engagement partner on the audit of several companies in the Consumer and Industrial Markets, Retail Sector, Oil & Gas and Power sector, as well as Telecommunications sector. Dr. Obi was responsible for the KPMG Global Grants Programme (GGP) activities in Nigeria. He also championed the Business Development of KPMG Professional Services in the Aids and Donor Sector in Nigeria and the West African region.

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FOREWORD

The Society for Family Health (SFH) in the last 37 years has continued to implement diverse life saving interventions in the pursuit of improving health outcomes by ensuring communities have access to affordable, quality, and gender sensitive health services and commodities. This annual report details our game-changing work in 2021 and showcases the many ways in which SFH has stayed true to her mandate of ensuring healthier lives for the poor and vulnerable populations. Despite the COVID-19 pandemic disrupting health services and undermining years of progress, SFH remained true to her strategic mission of "Facilitating People-Centered Health Care".

In collaboration with donors, government, and partners, SFH implemented several projects in Family planning and Reproductive Health Services, HIV and AIDs Prevention and Treatment, MNCH, Clean and Safe Water Systems, Adolescent Health Programmeming, Tuberculosis Control Services, and Malaria Prevention and Treatment. All resulting to SFH averting 2,340,214 Disability Adjusted Life Years (DALYs), 173,407 Unintended Pregnancies, providing 649,563 Couple Year Protections (CYPs), and distributing over 3,700,000 Insecticidal Treated Nets (ITNs) in 2021.

Equally noteworthy is our strategic expansion into other west African territories as SFH began full operations in Liberia and Sierra Leone. SFH Liberia is blazing a new path with the commencement of the implementation of a Multi-Country UNICEF Nutrition Project in Liberia. In the same vein, SFH Ghana also successfully provided more than 2 million pieces of male condoms to key populations in HIV/AIDS prevention and management as well as provided supply chain support to some country programmemes.

For these, the Board of SFH remains grateful to our donors—World Bank, Bill & Melinda Gates Foundation, Children's Investment Fund Foundation (CIFF), MSD for mothers, United States International Development Agency (USAID), Foreign, Commonwealth, and Development Office (FCDO), Oxfam Novib, United Nations Population Fund (UNFPA), and Global Fund for their steadfast support. We are also grateful to the Government of Nigeria, Ghana, Liberia, and Sierra Leone who have been supportive of our operations. We also extend our gratitude to all SFH partners both indigenous and international for their continued support in the implementation of projects.

SFH remains relentless in creating change and enhancing lives and is indeed geared for more ground-breaking successes and live-saving interventions in the next years. SFH would continue to serve humanity with integrity, respect, accountability, creativity, and professionalism while collaborating with donors, the government, and partners.

To this end, I am delighted to share with you the Society for Family Health's annual report which provides a clear picture of our work in 2021.

Professor Ekanem Ikpi-Braide
President, SFH Board of Trustees

OVERVIEW

This past year has been momentous for everyone at the Society for Family Health (SFH). Our strategic theme, Building Stronger, Transforming Lives Better was a major driving force for us at the Society for Family Health with individuals, families, and communities at the centre of our work. We remained committed to finding innovative ways to better serve the communities for whom we exist and continued to make a real difference in spite of the Covid-19 pandemic disruptions.

The ongoing battle with the COVID-19 virus and its ever-changing forms, most recently the Omicron strain, as well as a slew of other factors, all had an impact on the performance of the health sector this year. But despite the disproportionate impact of COVID-19 particularly on the poor and vulnerable, SFH was able to rise up to the challenge and made tremendous and measurable impact in the lives of 8 million people who received Malaria Prevention and Treatment Services; 670,000 children who received Nutrition services, and more than 21,000 people who received life-saving HIV treatment, as well as the 649,563 Couple Years of Protection (CYPs) provided across our projects.

Over and above that, for SFH, 2021 was a year we took a step ahead to expand our global outreach, achieving international and measurable successes. SFH commenced a project in Liberia and facilitated access to HIV Prevention and Management Services to over 2,000,000 persons in Ghana. These are just a few examples of SFH's remarkable impact in 2021, which resulted in SFH preventing 2,340,214 Disability Adjusted Life Years (DALYs) and 173,407 unwanted pregnancies, among others.

As you delve deep into this report, you'll learn more about the outstanding impact we made in 2021. You would learn about our game-changing work that includes enhancing quality nutrition and Family Planning Services at community and Primary Health Care levels, expanding Nigeria's Pharmaceutical market through our Social Business Enterprise, our Key Population Programmeming, our HIV, TB, and Malaria programmeming, and all other interventions.

Underpinning these various successes, our work in 2021 would not be possible without the generous and unflinching support of our donors, the continuing partnership of the Government of Nigeria, Ghana, Sierra Leone, partners, and staff. SFH remains extremely grateful to all her donors - World Bank, Bill & Melinda Gates Foundation (BMGF), Children's Investment Fund Foundation (CIFF), MSD for mothers, United States International Development Agency (USAID), Foreign, Commonwealth, and Development Office (FCDO), Oxfam Novib, United Nations Population Fund (UNFPA), and Global Fund. SFH appreciates the continued collaboration of the Government of Nigeria, Ghana, Liberia, and Sierra Leone and all partners. I would also like to extend my deep gratitude to the Board of Trustees for their relentless support and guidance throughout the year. And to the extraordinaire staff members of SFH, I say thank you for staying true to our purpose as an organisation and making this remarkable difference in the lives of the communities for whom we exist.

On an endnote, SFH remains committed to continued learning, improvement, and delivering the greatest impact possible even as we carry out our mandate of empowering the poor and vulnerable populations to lead healthier lives. In our pursuit towards achieving Universal Health Coverage, we will be building further on this, working with our donors and partners to provide a future where women, girls, boys, and men are healthy and thriving no matter where they live.

Dr. Omokhudu Idogho
Managing Director, Society for Family Health

ABBREVIATIONS & ACRONYMS

ACHIEVE	Adolescents and Children HIV Incident Reduction, Empowerment and Virus Elimination
ASRH-ECD	Adolescent Sexual Reproductive Health- Early Childhood Development
ANC	Antenatal care
AOP	Annual Operational Plan
API	AIDS Prevention Initiative in Nigeria
ARV (T)	Anti-retroviral (therapy)
ASW	Auxiliary Social Work
B1	National Population Council Children BioData Capturing Form
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
BMGF	Bill and Melinda Gates Foundation
CBDAs	Community Based Distribution Agents
CHIPS	Community Health Influencers, Promoters and Services
CBO	Community based organisation
CBOs	Community Based Organisations'
CCM	Country Coordinating Mechanism
CIFF	Children Investment Fund Foundation
CLHIV	Children Living with HIV
CPPC	Community Child Protection and Peace Committee
CPs	Community Pharmacists
CQUIT	Community Quality Improvement Team
CSE	Comprehensive Sexuality Education
DHIS	District Health Information Software
DISC	Delivering Innovation in Self-Care
DMPA-SC	Depot Medroxy-Progesterone Acetate- Subcutaneous
HH	Households
IPC	Interpersonnel Communications
FLHE	Family Life Health Education
FMoH	Federal Ministry of Health
FP	Family Planning
FSW	Female Sex Worker
GFHIV	Global Fund HIV
HCT	HIV counselling and testing
HIV	Human Immunodeficiency Virus
HTS	HIV testing services
HTS_TST	Number of Persons tested for HIV
ICCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illness
IPCA	Interpersonal Communication Agency
IMsafer:	Advance Information Modelling for Safer Structures against Man made hazard
KP	Key population
KP_PREV	Prevention Services for Key Population
LACA	Local Action Committees on AIDS

LGA	Local Government Area
M&E	Monitoring and Evaluation
MCPR	Modern Contraceptive Prevalence Rate
MMA	Matasan Matan Arewa
MSM	Men who have Sex with Men
MUAC	Mid-Upper Arm Circumference
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STIs Control Programme
NCDs	Non-Communicable Diseases
NSP	National Strategic Plan
OVC	Orphans and vulnerable children
PBCC	Provider Behavioral Change Communication
HP	Harmful Practices
PCN	Pharmacists Council of Nigeria
PCR	Polymerase chain reaction
PE	Peer Educator
PHC	Primary Health Centre
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNS	Peer Navigators
PPMVs	Patent and Proprietary Medicine Vendors
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PVLS (D)	Number of Persons due for Viral Load Test
PVLS (N)	Number of persons who have a reduced viral load (<1000 copies)
PWID	People Who Inject Drug
QA	Quality Assessment
QI	Quality Improvement
SACA	National Agency for the Control of AIDS
SASCP	State AIDS and STI Control Programme
SBC	Social and Behavioural Change
SBCC	Social and Behavioural Change Communication
SCTG	Self-Care Trail-blazer Group
SCALDS	Self-Care, Advocacy and Learning Series
SRHR	Sexual and Reproductive Health and Rights
SMOH	State Ministry of Health
SRs	Sub-Recipients
SI	Self-Injection
SRH	Sexual Reproductive Health
SPHCDA	State Primary Health Care Development Agency
TACA	Taraba State AIDS Control Agency
TBA	Traditional Birth Attendant
TG	Transgender
TX_CURR	Number of persons currently on treatment with ART
TX_NEW	Number of persons newly initiated on ART
USAID	United States Agency for International Development
VAWG	Violence against Women and Girls
VHW	Village Health Workers

Society for Family Health (SFH) is an emerging Pan African organisation, presently in Nigeria, Ghana, Liberia, and Sierra Leone. SFH has over 35 years of experience in delivering public health services to the African populace. SFH focuses on six major health intervention areas; each delibrately selected as identified fields that significantly affect family health in Africa.

OUR KEY THEMATIC AREAS

- Family Planning and Reproductive Health
- HIV and AIDS Prevention and Treatment
- Maternal, Neonatal, and Child Health
- Health and Social Systems Strengthening
- Malaria Prevention and Treatment
- Clean and Safe Water

OUR IMPACT: SFH BY THE NUMBERS

…Creating change, Enhancing lives

2,340,210
DALYs Averted

649,563
CYPs

173,407
Unintended Pregnancies Averted

IN 2021

Family Planning and Reproductive Health

SFH has in the last 37 years remained true to one of her founding principles of promoting and supporting the practice of child spacing.

SFH has done this through a consistent track record of implementing projects that contribute to the expansion of family planning (FP) utilisation and reproductive health (RH) in Nigeria.

SFH works to support family planning by

- Increasing knowledge of modern child spacing methods among couples of reproductive age
- Increasing positive attitudes and understanding of the importance of child spacing products
- Achieving a national reduction in maternal mortality
- Improving inter-spousal communication among couples
- Increasing the number of women using modern methods
- Improving the capacity of health care providers to offer correct child spacing information and services, and
- Provision of FP products for both modern and natural birth spacing methods. SFH has delivered over 3 billion condoms, 106 million cycles of oral contraceptive pills and emergency contraceptive pills (OCPs/ECPs) across Nigeria.

In 2021, SFH implemented the following FP and RH projects:

1 Adolescents 360 (A360)

PROJECT OVERVIEW

The A360 (A360 Amplify) project funded by BMGF and CIFF seeks to break down barriers to the voluntary use of modern contraceptives among adolescent girls aged 15-19 years in Nigeria. Since its commencement in 2016, the project has employed multidisciplinary Human-Centred Design (HCD), adaptive implementation, and meaningful adolescent and youth engagement principles to develop innovative and sustainable programme approaches that demonstrate the relevance of contraception to girls' self-defined aspirations and increase uptake of modern contraception. Now through the new phase—Amplify, which started in October 2020, we are working with the federal and state government health systems to integrate girl-centred approaches into policies and practice, with girls and government leading the way. The project is implemented in Lagos, Osun, Oyo, Ogun, Kaduna, and Nasarawa.

MAJOR INTERVENTIONS

- **9ja Girls:** In Southern Nigeria, A360 Amplify uses its weekly Life, Love, and Health (LLH) class to conduct life mapping exercises and vocational training for unmarried adolescent girls. This serves as an entry point for conversations about the roles contraception can play in achieving goals.
- **Matasa Matan Arewa (MMA):** In Northern Nigeria, A360 Amplify reaches married adolescent girls through its Life, Family, and Health (LFH) classes which serve as entry points to engage in contraceptive counseling. Their husbands are brought along the journey by increasing knowledge on modern contraception through Male IPC agents in the community.

KEY ACTIVITIES

The A360 Amplify focuses on these four core strategies:

Adapting to improve the intervention effectiveness in key focus areas:

- Contraceptive continuation, including piloting several new strategies.
- Enabling environment to improve and deepen engagement with Mothers and Fathers and do more to support girls' agency.
- Economic empowerment through partnerships to expand and refine the vocational skills/ livelihoods component, and piloting of empowerment collectives.
- Digital adaptations to provide girls with on-demand information, enhance training and supportive supervision (with mobilisers, providers, and facilitators), and scope new ways of operating referral and follow-up systems, etc.

Integrating into government health systems, including adaptations for integrated services.

Contributing learning to the evidence base to support the adoption of A360-inspired approaches.

Replicating A360 interventions in new geographies and existing SRH projects.

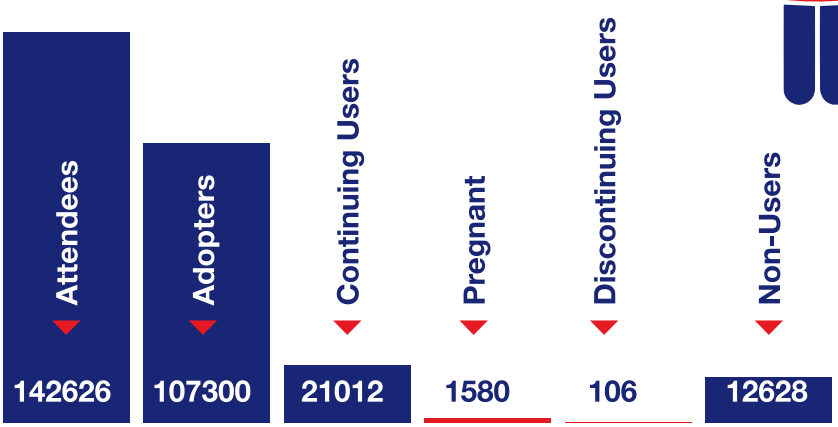
ACHIEVEMENTS

Over 140,000 adolescent girls below 20 years engaged with the 9ja Girls and MMA programme of which 75% of girls took up contraceptives for the first time through the LLH/ LFH component of the programme or walking in directly for one-on-one counselling sessions. These girls have been empowered to pursue their aspiration and dreams – education, skill building, etc. Experienced side effects and other factors affect adolescent girls continued use of contraceptives, but with the counselling for choice protocol adopted by the project, discontinuing users has decreased and a growing number of girls are continuing the use of contraception, over 20,000 girls have sustained use over the past year. The MMA programme serves married adolescent girls, thus reports higher number of pregnant adolescents compared to the 9ja Girls programme that serves unmarried girls.

140,000
ADOLESCENT GIRLS
below 20 years engaged with the 9ja Girls and MMA program

75%
Took up contraceptives for the first time

20,000
Girls have sustained use over the past year



A360 NIG PROVIDERS' OUTCOME OCT 20 - NOV 21

	9ja Girls Programme	MMA Programme	Total
Attendees	85,363	56,806	**142,169**
Adopters	64,951	41,955	**106,906**
Continuing Users	11,424	9,402	**20,826**
Pregnant	155	1,420	**1,575**
Discontinuing Users	87	19	**106**
Non-Users	8,503	4,103	**12,606**

A360 NIG Provider outcome: 9ja Girls Programme and Matasa Matan Arewa Programme

2

CIFF- DMPA-SC Scale Up

PROJECT OVERVIEW

The Depot Medroxy-Progesterone Acetate – Subcutaneous (DMPA-SC) Scale Up Project is in its second year of implementation by SFH and funded by CIFF. It is a 3-year project which started in January 2019 and is being implemented across 10 states in Nigeria which spread across the northern and southern part. These states include Adamawa, Gombe, Taraba, Kaduna, Kano, Katsina, Edo, Akwa Ibom, Benue, and Nasarawa. The Society for Family Health is adopting a two-prong approach (Community Based Distribution Model and Social Business Enterprise Model) to drive uptake of DMPA-SC among women of reproductive age and breach the gap of lack of stock.

GOALS AND OBJECTIVES

- To accelerate the access and utilisation of self-administered Medroxyprogesterone Acetate subcutaneous, (DMPA-SC).
- To ensure that five hundred and fifteen thousand (515,000) users are reached, and one hundred and eighty thousand (180,000) unintended pregnancies averted.

ACTIVITIES

The project strategies are as follows:

- The Community Based Distribution Agents (CBDAs) advocate for self-injections of DMPA SC directly within the community they implement.
- Social marketing strategy use social business model in changing providers behavior toward the use of DMPA SC, and the activities involved were training of providers via Provider Behavioral Change Communication (PBCC), clinical presentation, professional engagement, and detailing of DMPA SC.

CBDA REFRESHER TRAINING

Refresher training was conducted across the ten implementing states namely, Taraba, Kano, Katsina Akwa Ibom, Edo, Benue, Adamawa, Gombe, Kaduna, and Nasarawa.

Training objective was to boost the agent knowledge on Sayana press, encourage the agent to create awareness on self-injection, motivate the agent to distribute in the communities around them, avert the various ideology on Sayana press (myth and misconception) etc.

The training was conducted in batches by some selected staff under RH FP department from HQ. They were assigned to various location to carry out the task. The total number of CBDA trained from inception till end of the project are 997 CBDA. A total of sixty (60) Community Health Influencers, Promoters and Services (CHIPs) agents were recruited and trained as CBDAs across 3 LGAs in Nassarawa.

ACHIEVEMENTS

997 CBD Agents	A total number of 997 CBD agents have been trained as agents in the communities where the project is being implemented.
211,125 units of DMPA SC	A total number of 211,125 units of DMPA SC have been distributed by the CBDAs under the review period.
57,600 units	For social business model, a total of 57,600 units of DMPA SC were distributed within the year 2021.
268,725 units	In all, a total of 268,725 units of DMPA SC was distributed within the year by social marketer and CBDA model.
1,309 providers	For the year, a total number of 1,309 providers were trained on PBCC, clinical presentation and professional engagement and the cadre of participants trained were Doctors, Pharmacists, Nurses, and Community Health Extension Workers.
46 sessions	A total number of 46 sessions of PBCC training was conducted.

3

Consumer Market for Family Planning (CM4FP)

PROJECT OVERVIEW

The CM4FP study was implemented in Nigeria by the Population Services International (PSI) in collaboration with SFH with funding from BMGF. The study tested the feasibility and utility of a range of novel approaches to capture supply and demand side information on the total Family Planning markets across 12 (primarily urban) sites in Nigeria, Kenya, and Uganda. In Nigeria, the study was conducted in Lagos, Kaduna, Niger, and Abia states.

CM4FP aimed to capture both the Family Planning (FP) supply environments to which consumers have access, and consumers' experience of them through multi-round longitudinal FP outlet censuses with accompanying repeated surveys among women within the same locations. This design allowed us to revisit the same outlets and women in the study sites for greater insight into changes over time.

RESULT FINDING

- The comprehensive outlet census highlights the complexity and diversity of the total market for family planning. The Patent and Proprietary Medicine Vendors (PPMVs)/Drug shop/Chemist were the most prevalent outlet type across sites except in the large urban site (Lagos), where pharmacies were most common.
- The audit of Family Planning products showcases diversity of unique contraceptive products in local family planning markets. The study captured comprehensive audit data (price, product brand, /formulation, current and recent stockout, product volume etc.). As expected, the male condom had the highest number of products audited across the 3 rounds of the survey (1,239 – 1528); this is followed by the emergency contraceptive (374 – 429). The least audited method was IUD with 75 products at round 1 and 85 at round 3.
- The distance from a consumer's home to her source of family planning varied by method. From the result, most women bypass their nearest outlet to use an outlet farther from home. Only 6% of the matched women accessed FP at their nearest outlet of any type while one-third utilised the nearest health facility.
- Lower-level facilities and pharmacies play a key role in contraceptive provision in the study's urban sites. Most women who initiated their current/most recent FP method within the past 12 months obtained it from a lower-level facility, pharmacy, or PPMV/drug shop.
- Proximity (42%) and service quality (29%) are top considerations driving consumers' choice of family planning outlets. These top considerations were noticeable among women who visited health center for family planning. Other consideration for choice of FP outlets were product quality (10%), recommendation by family and friends (8%) and affordability (6%).
- Many outlets alternate between having short-term methods in and out of stock. In nearly 40% of outlets, FP products moved in and out of stock over short-term time periods. Contraceptive product audits reveal variability in pricing of contraceptive both between and within outlets of the same type.

> CM4FP aimed to capture both the Family Planning (FP) supply environments to which consumers have access, and consumers' experience of them through multi-round longitudinal FP outlet censuses with accompanying repeated surveys among women within the same locations.

4

Delivering Innovation in Self- Care (DISC)

PROJECT OVERVIEW

The primary objective of DISC is to scale up quality self-care options, starting with Depot Medroxy-Progesterone Acetate – Subcutaneous (DMPA-SC). The project seeks to achieve this by democratising access to Sexual and Reproductive Health and demonstrate the true potential of self-care through self-injection with DMPA-SC. DISC uses the PSI Keystone framework which addresses public health interventions in four stages - Diagnose, Decide, Design, and Deliver. The project utilises demand creation through digital technology, traditional media, and community-based interventions (satisfied users' sales agents) in addition to health systems strengthening for quality service delivery.

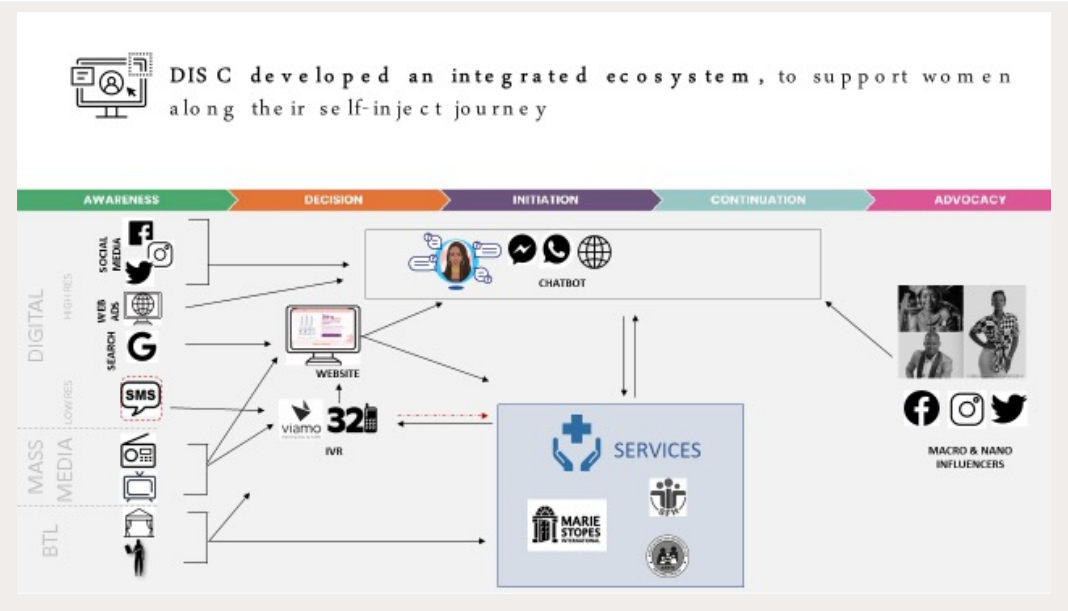
OVERARCHING GOAL

Empowering consumers to accelerate global progress toward improved Sexual and Reproductive Health (SRH) outcomes.

PROJECT ACHIEVEMENTS

Launch and implementation of DISC Consumer System

- DISC developed, pretested, and launched a consumer ecosystem for SRH. This SRH communication suite aims to create awareness on self-care, build agency and intent of consumers to initiate self-care.
- DISC has continued to optimise this platform to improve outcomes and further demonstrate traction for better return on investment.
- DISC digital companion with a consumer feedback mechanism to address women's concerns around FP and DMPA.SC/Self-Injection has generated 14,000 unique users with a facility geo-locator directly linking consumers to service points in collaboration with the SFH Social Franchise, IntegratE, and Association for Reproductive and Family Health (ARFH).



- The Viamo 321 toll-free (on Airtel) low-res digital tool for basic phone users to interact with pre-recorded contents on SRH and FP launched in Q3 has received 98,000 calls for FP and DMPA.SC/SI.

Above the Line and Below the Line Demand Generation

- DISC above the line (ATL) campaigns aired in 12 radio stations - five in Lagos state, four in Oyo state and three in Niger state focusing on self-care approaches in sexual reproductive health. Beyond generating awareness, the radio campaign connected consumers to other DISC digital channels using specific call to actions.
- DISC team iterated through Facebook and Instagram and successfully transited her digital resources to these platforms after the Twitter ban and achieved 39.8 million impressions and seven million reaches with posts, live chats, and several other social media engagements.
- Demand generation implementation achieved a reach of 31,939 Women of Reproductive Age and yielded 4,543 DMPA.SC self-injectors. Strategies deployed are:
  - NYSC camp activation in Kaduna, Oyo, Lagos, and Niger states.
  - Community activation in Oyo, Niger, and Lagos states
  - Clinic events targeting women who visit facilities for other purposes
  - Inter-personal communication using small group sessions as well as one-on-one.

Human-Centred Design Innovation Testing

- DISC set out in 2021 to demonstrate that the project innovation can significantly improve providers' and consumers' interaction and build consumer's confidence to self-inject DMPA.SC.
- DISC worked closely with the FMoH, State Primary Health Care Boards (SPHCB), and service delivery partners to test prototypes designed to increase providers' empathy and build their confidence in training women to self-inject.
- The innovation termed Moment of Truth (MoT) has so far been implemented for a period of four months and has demonstrated some good outcome with providers showing greater eagerness to support clients to self-inject through training, achieving up to 80% conversion rate for women opting to be trained to self-inject.

Stakeholder Engagement/Policy Influencing

- DISC engaged widely at the global level through the Self-Care Trail-blazer Group (SCTG) to learn and share lessons with programmemes from other geographies.
- DISC organised and hosted three technical sessions at the first edition of a month-long global Self-Care, Advocacy and Learning Series (SCALDS).
- Nationally, DISC supported FMoH in the development of the national SBCC and demand generation strategy for Self-Care. DISC through this process engaged with government on the initiation of self-inject at clients' first visit and self-injection training steps to drive progress on the policy environment and enable scale.
- DISC participated in the joint states' advocacy and domestication of the self-care guidelines.

5 Spotlight Initiative Project

PROJECT OVERVIEW

The Spotlight Initiative Project through UNESCO in Nigeria works to support a Nigeria where all women and girls, particularly the most vulnerable, live a life free from violence and harmful practices (HP). The vision would be realised by addressing the linkages between sexual and gender-based violence and harmful practices with related aspects of sexual and reproductive health and rights as a cross-cutting theme in six focus states of Lagos, Sokoto, Federal Capital Territory, Ebonyi, Adamawa, and Cross Rivers. SFH implemented the *"Activity 4.2.4"* of the UNESCO Spotlight Initiative. The activity aimed to contribute towards the elimination of all forms of Violence against Women and Girls (VAWG) in the five-plus one (5+1) focus states. Primarily, SFH was expected to strengthen the capacity of youth networks (Civil Society Organisations) to carry out peer education and support young people to access Comprehensive Sexuality Education (CSE) and Sexual Reproductive Health and Rights (SRHR) services in these states.

PROJECT OBJECTIVES

- To build the capacity of 70 youth networks to carry out campaign and create awareness on CSE/VAWG/SRHR/HP through peer-to-peer education in the targeted six states.
- To review, adapt and produce peer education manual for youth networks to carry out peer to peer education at community and school levels.
- To train 900 youths in the six states, to be Family Life Health Education (FLHE) peer educators using interpersonal communication and/or peer sessions to provide information to young people about sexual and reproductive health and rights (SRHR).
- To ensure the availability of FLHE and SRHR services for young people aged 6 – 25 years in the targeted six states.
- To sensitise in-school and out-school adolescents and youths aged 10 - 25 years on harmful practices (HP), VAWG, SGBV in 24 communities in the targeted six states.

ACHIEVEMENTS

The Spotlight Initiative **project activity 4.2.4** was awarded to focus on strengthening the capacity of 70 youth networks (Civil Society Organisations) to carry out peer education and support young people to access Comprehensive Sexuality Education (CSE) and Sexual Reproductive Health and Rights (SRHR) services in six targeted states. However, in anticipation of attrition, 82 CSOs were selected across the focus states to ensure that the stipulated target was met. Thus, comparing the number of trained CSOs against the number of CSOs who implemented peer sessions reveals a slight variance as 8 CSOs were unable to implement peer sessions within their locality, thereby bringing the number of CSOs who implemented and trained peer educators to Seventy-Two (72).

LESSON LEARNT

The PEP manual has shown to be a very useful tool in providing access to quality CSE and SRHR services in streamlining focus of project.

Table 1: Milestone Achievement Specific to Programme Output

S/N	Milestone	Achievement	Remark
1	PEP Training – Material Development &Training of Trainer	Revised PEP Manual to capture relevant information regarding GBV, SRHR and HP and trained 12 Master Trainers comprising of personnel from SFH (implementing on adolescent and young person's programme) and ANAYD (A copy of manual shared with UNESCO)	PEP Manual developed and shared among 82 CSOs
2	State Consultation Meeting – Advocacy Visit to State Ministry and Primary Health Care Board	Conducted an advocacy meeting to 5 State SRH Coordinators through the State Ministry of Health and 1 GBV Desk Officer through the Executive Secretary Primary Health Care Board	Advocacy visits conducted across the 5+1 focus states by SFH and CSOs
3	Mapping and Identification of CBOs/CSOs	A total of 93 youth-led organisations were shared by ANAYD, SMoH and referral by other organisations. 82 met the minimum selection criteria using the abridged PADEF tool	93 CSOs mapped, 82 CSOs met the minimum selection criteria
4	PEP Training – CSO capacity building training	82 CSOs represented by 2 peer educators each making a total of 164 PEs were trained by a team of 12 MTs across the 5+1 focus states	Target 70 CSOs, trained 82 CSOs
6	Roll out of Peer Sessions and Referral uptake	Trained PEs from 82 CSOs provide CSE and SRHR services to 90 peers each across the 5+1 focus states	Peer sessions conducted by 72 CSOs across the 5+1 focus states

Table 2: Programme Cumulative Achievement

S/N	Thematic Area	Target	Achievement	(%) Percent Achievement
1	No. of youth network trained	70	82	117.14%
2	No. of trained CSOs that conducted peer session	70	72	102.86%
3	No. of peers reached with CSE, SRHR, VAWG & HP message across the 5+1 states	Not Applicable	7,335	
4	No. of Peers referred for SRH services	Not Applicable	449	

Table 3: Peer Session Cumulative Achievement

S/N	Peer Session Indicator	Age Disaggregation (years)				Total
		10 – 14	15 – 19	20 - 24	25	
a	Peers reached in school – Male	629	989	85	10	**1,713**
b	Peers reached out-of-school – Male	275	589	316	44	**1,224**
Total (Males)		904	1,578	401	54	**2,937**
c	Peers reached in school – Female	1,045	1,378	174	5	**2,602**
d	Peers reached out-of-school – Female	412	872	432	80	**1,796**
Total (Females)		1,457	2,250	606	85	**4,398**
Total Number of peers reached (M+F)		2,361	3,828	1,007	139	**7,335**

6 IntegratE Project

PROJECT OVERVIEW

The IntegratE project is a proof-of-concept that Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) can provide a wider range of Family Planning and Primary Health Care services than they are currently authorised to provide. It is co-funded by BMGF and MSD for mothers and currently being implemented in Lagos and Kaduna States. The implementing partners are - SFH, the Population Council, and the PharmAccess foundation.

OVERARCHING GOAL

To improve the quality of family planning and primary healthcare services provided by community pharmacists (CPs) and patent and proprietary medicine vendors (PPMVs) in Lagos and Kaduna State and to create an enabling environment for the sustainable delivery of these services.

PROJECT OBJECTIVES

- To support policy enactment that allows CPs and PPMVs to provide a wider spectrum of FP services.
- To integrate private sector reporting into the public health system starting first with family planning data, to enable the country to have more comprehensive data.
- To improve registration and license renewal rates of CPs and PPMVs with the Pharmacists Council of Nigeria.
- To provide evidence through research of capacity for CPs and PPMVs to provide a wider spectrum of FP and PHC services to inform policies and future programmes.

PROJECT ACTIVITIES

- The project sustained and strengthened engagement with key stakeholders through advocacy visits to State governments and other key stakeholders in Lagos, Kaduna, Gombe, Nasarawa and Kano States in preparation for phase 2.
- Assessment of CPs in Epe and Ibeju-Lekki LGAs, Lagos was carried out as part of preparatory plans for scale up.
- Data collection for the self-administered 27-month and 18-month follow-up questionnaires on FP knowledge of CPs and PPMVs enrolled on the project's study, was completed.
- The project through Population Council finalised and submitted two manuscripts for publication in peer-reviewed journals.
- Results from the journal articles were presented at the virtual Population Association of America Annual Meeting in May 2021.
- The project flagged off the Pharmacists Council of Nigeria (PCN) mandatory entry point training programme (MEPTP) for PPMVs in five Schools of Health Technology in Lagos and Kaduna States.

- The project continued to strengthen regulatory and supervisory systems through the state-led integrated supportive supervision (ISS) and remodelled the community level demand creation strategy to improve service uptake among target audience.
- The re-designed process for the interpersonal communication (IPC) strategy which was facilitated by the responsive feedback mechanism was adjudged the best entry at the 2021 Curve Award.
- The project successfully worked with the FMoH department for planning, research, and statistics (DPRS) to expand bandwidth and storage space of FMoH DHIS server to allow for additional data elements.
- The project procured and donated IT equipment including android tablets, printers, desktops computers and projectors to the Pharmacy Council of Nigeria.

ACHIEVEMENTS

85,357 Women

- **85,357 women** of reproductive age in Lagos and Kaduna States accessed family planning services from project-trained CPs and PPMVs. **32,049** of these women are new family planning acceptors.

- Branded over 1,000 CPs' and PPMVs' facilities with FP site logo for ease of identification.
- Developed a mobile DHIS2 system to enable the reporting of FP service data from CPs and PPMVs into the national instance. Over 850 CPs and PPMVs are currently reporting into the system.
- Supported the inclusion of CPs as providers of primary care in the recently validated national policy on Non-Communicable Diseases and National policy and strategic framework for community health.
- Supported the Pharmacists Council of Nigeria (PCN) in development of a guideline/Standard Operating Procedure for rolling out the Tiered accreditation and supervision models (Hub and Spoke).
- Supported the development of Tiered accreditation implementation plan as well as the Tìered accreditation training manual for the mandatory entry point training programmeme (MEPTP).
- Supported PCN in development of Quality Assessment/Quality Improvement framework and digitalisation of its operations from registration through inspection to licensing.

Maternal, Neonatal, and Child Health

Nearly
100%
of global maternal deaths
occur in developing countries

According to the World Health Organisation, nearly 100% of global maternal deaths occur in developing countries with more than half of these deaths occurring in Sub-Saharan Africa.

The high number of maternal deaths in some parts of the world reflects inequities in access to health services and highlights the gap between the rich and poor. SFH recognises the barriers faced by women and children in poverty and remote areas in accessing quality maternal health care. Thus, works to increase the accessibility and availability of life-saving maternal and child health products and services in remote and hard-to-reach areas.

Our MNCH projects encompass a wide range of topics, including service delivery, capacity building, advocacy, product, behaviour change, and fostering an enabling policy climate.

Projects →

7 Delivering Health to all Children (DEL2ALL)

PROJECT OVERVIEW

Delivering Health to all Children (DEL2ALL) is an intervention designed and implemented by SFH and funded by Novartis to address equity gaps and expand access to life-saving efforts which will lead to reduction in the unacceptable high mortality rate in children under the age of 5 years in Ebonyi and Kaduna. The Novartis funded project is committed to building the capacity of Patent and Proprietary Medicine Vendors (PPMVs) in the implementing States to provide timely treatment for common childhood illness (pneumonia, malaria, and diarrhoea) which causes the largest child mortality in Nigeria at the community level.

PROJECT STRATEGY AND ACTIVITIES

Social Mobilisation and demand creation

- Townhall meeting
- NAPPMED Meeting
- Interpersonal communication

Monitoring and Evaluation Activities

- Joint Supportive Supervisory Visits (SSV)
- Routine monitoring and supervisory visit
- Review meetings

Closeout and Dissemination of Results

- Ebonyi
- Kaduna

PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET

546,795 Caregivers	were reached with basic information about Malaria, Pneumonia and Diarrhoea in the communities by the canvassers.
9,566 Children	Trained PPMVs successfully referred 9,566 children under the age of 5 years who would have died in the house to a higher cadre of health (primary health care and general hospitals).
19,537 Children	under the age of 5 years with malaria diagnosed and treated.
3,464 Children	with pneumonia treated
19,537 Children	with diarrhoea were appropriately treated with ORS and Zinc.
3, 300 stakeholders	were reached across the intervention communities.

8 Lafiya Adolescent Sexual Reproductive Health Early Childhood Development

PROJECT OVERVIEW

Lafiya ASRH-ECD project received funding from the Foreign Commonwealth and Development Office (FCDO) through sub-contract from Palladium to implement ASRH-ECD interventions in two states which are Kaduna and Yobe states in line with FCDO Palladium/SFH agreement and work plan.

OVERARCHING GOAL

Support Kaduna and Yobe states to expanded ASRH Intervention approach to include Early Child Development (ECD).

KEY ACTIVITIES

- Project inception and planning meeting in Kaduna and Yobe states
- Meeting with adolescent desk officers in Yobe and Kaduna states
- Advocacy meeting with SPHCDA in Kaduna and Yobe States
- Advocacy meeting with the Commissioner of Health in Yobe and Kaduna States
- Meeting with Kaduna State ASRH policy development committee
- Conduct of desk review on ASRH
- Conduct of desk review on ECD
- Co-creation workshops in Kaduna and Yobe states
- Training of enumerators for mapping exercise in Kaduna and Yobe states
- Monitoring of mapping activities in Kaduna and Yobe States
- ASRH Manual review meeting
- Baseline Assessments/Mapping for ECD/ASRH Yobe state
- Baseline Assessments/Mapping for ECD in Kaduna state
- Development of LGA and facility training plan for Kaduna and Yobe states
- Development of integrated demand creation plan for Kaduna and Yobe states

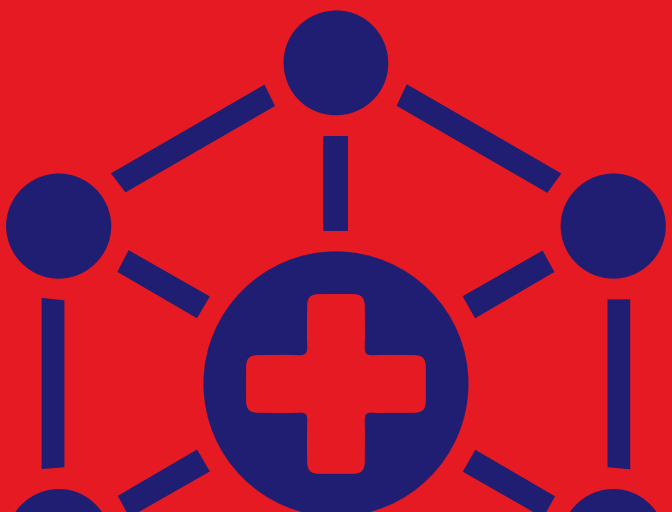
KEY ACHIEVEMENTS

- Finalised co-creation document for Yobe and Kaduna that provided the platform for evidence-based inception project planning.
- Validated and finalised reviewed ASRH Manual.
- Validated and finalised ASRH-ECD domesticated policy document for Kaduna State.

Health and Social Systems Strengthening

Health Systems Strengthening is often referred to as “improving the healthcare system of a nation”.

This entails increasing funding of health infrastructure tied to budgetary allocation to health as a fraction of a country’s budget, in addition, improving health policy, working towards universal health coverage and all other health measures. The World Health Organisation (WHO) describes health systems in terms of service delivery, health workforce, strategic information, commodities, health financing, leadership, and governance. SFH works to support the government in health systems strengthening because we believe that strong and strengthened health systems are essential for all people in accessing quality health care and for achieving Universal Health Coverage.



Projects →

9

Health Resilience of the Northeast (HeRoN)

PROJECT OVERVIEW

The HeRoN project is implemented through a consortium comprised of SFH, the International Rescue Committee (IRC) and the Action Against Hunger (AAH). The overarching project goal is to ensure crisis-affected communities in Borno and Yobe states have meaningful access to quality primary healthcare and nutrition services while also contributing to the sustained capacity of health systems strengthening at the LGA level.

STRATEGIC OBJECTIVE

To ensure that people, especially; women, girls, and other marginalised groups are protected from and treated for the main causes of morbidity and mortality.

PROJECT ACHIEVEMENTS FOR YEAR 2 (APRIL 2021- DECEMBER 2021)

365
CHIPS Agents trained across two states

2,400
mothers and caregivers trained on Mama MUAC

600
health workers capacity built

- SFH led the HeRoN consortium partners in partnership with the National Primary Health Care to pioneer the rollout of the CHIPS programmeme in Borno and Yobe states and trained 365 CHIPS Agents across the two states. Key achievements in the onboarding of the CHIPS Agents were the successful training of 2,400 mothers and caregivers on Mama MUAC used in the identification and referral of children with Severe Acute Malnutrition (SAM) to supported health facilities.
- Capacity building for over 600 health care workers of which 74% female and 26% male on Basic Emergency Obstetric and Newborn Care (BEmONC), Integrated Management of Childhood Illness (IMCI), Family Planning, HIV/AIDS, Routine Immunisation, National Health Management Information System.
- Supported 20 intervention Primary Health Care's (PHCs) with commodities for year 1 and successfully partnered with LGA Executives/PHC Directors to strengthen the PHCs on effective storage of HeRoN drugs and consumables in the 20 HeRoN supported health facilities.
- SFH-HeRoN supported 5 LGAs in Borno and Yobe States with skilled health care workers to bridge the gap of human resource for health in some supported health facilities especially in Bayo LGA which had no registered Nurse or Midwife in the entire LGA before the deployment.

756
women with pregnancy related conditions transported to access services in health facilities

20
health facilities supported to conduct integrated outreach services

- Built capacity of 5 LGAs on Joint Integrated Supportive Supervision (ISS) with State and LGA team has created a sense of responsibility and ownership. The stakeholders have included ISS in their work plans and are implementing it.
- There was an improvement of Quality services as observed by health care providers in some supported health facilities. The various capacity building on PHC thematic areas have shown increase in insertion of intra-uterine contraceptive device (IUCD) insertions by 64% and uptake BEmONC complications managed in the facility by 34%.
- SFH-HeRoN successfully reactivated Stabilisation Centre (SC) located in General Hospital, Kwaya Kusar which has been inactive for over three years. The centre now provides services for complicated severe acute malnutrition (SAM) cases. HeRoN continues to mobilise communities to access services.
- Through the Emergency Transport Scheme (ETS) a total of 756 women with pregnancy related conditions were transported to access services in health facilities.
- SFH-HeRON re-activated and strengthened LGA logistics management coordination units (LMCU) which improved the supply chain management of essential drugs and commodities in supported facilities.
- SFH-HeRoN supported all its 20 health facilities to conduct Integrated Outreach Services targeting underserved/marginalised communities, Hard-to-Reach, Nomadic Scattered Settlements and Settlements with poor patronage of health care services.

> The overarching project goal is to ensure crisis-affected communities in Borno and Yobe states have meaningful access to quality primary healthcare and nutrition services while also contributing to the sustained capacity of health systems strengthening at the LGA level.

10 Accelerating Nutrition Results in Nigeria (ANRiN)

PROJECT OVERVIEW

The ANRiN Project is a community-focused project with multiple interventions aimed at supporting and enhancing quality nutrition and family planning services at community and Primary Health Care levels in Kaduna State. The project is implemented in 11 Local Government Areas (50%) of the state: Makarfi, Kubau, Kauru, Kudan, Zaria, Lere, Giwa, Igabi, Soba, Birnin Gwari, and Sabon Gari. To achieve the objective above, SFH ANRiN is delivering Basic Package of Nutrition Services (BPNS) and Adolescent Health Services (AHS) thereby contributing to the reduction of chronic malnutrition (stunting and micronutrient deficiencies) to reduce maternal and child mortality rates, and over time, increase school completion and performance and improve labour force productivity in Kaduna State.

PROJECT OBJECTIVES

- To increase the utilisation of quality, cost-effective nutrition services for pregnant and lactating women
- Women, adolescent girls, and children under five years of age in 11 high malnutrition burden Local Governments Areas (LGAs) of Kaduna State in Nigeria.

KEY ACTIVITIES

Basic Package of Nutrition Services (BPNS)

- Maternal, Infant, and Young Child Nutrition (MIYCN) counselling to increase knowledge of mothers and caregivers of children 0-23/months of age on improved behaviors related to MIYCN patterns.
- Provision of micronutrient powders to children 6-23 months to improve the quality of complementary feeding.
- Provision of iron-folic acid tablets to pregnant women during pregnancy through counseling during antenatal care sessions.
- Provision of intermittent preventive treatment for malaria during ante-natal care to pregnant women.
- Provision of Zinc/Oral Rehydration Solution (ORS) for the treatment of diarrhoea among children 6-59 months of age.
- Provision of semi-annual vitamin A supplementation for children 6-59 months of age.
- Semi-annual deworming for children 12-59 months of age.

Adolescent Health Services (AHS)

- Counseling for increased birth spacing amongst married women of reproductive age, particularly adolescent girls (15-19 years).
- Provision of a full range of short-term and long-acting reversible birth-spacing methods.

ACHIEVEMENTS

BPNS

5,783
children admininstered Micronutrient Powder (MNP)

6,000
children administered VIt A, and Zinc/ORS

6,000
children dewormed

3,000
pregnant and lactating women have been counselled for Maternal Infant, and Young Child Nutrition (MIYCN)

AHS

70% Service Acceptance Rate

At a 70% service acceptance rate, the project has achieved over 89% of the Long Acting Reversible Contraception (LARC) target and 15% of the Short-Term Methods (STM) target.

ADVOCACY/COMMUNICATION

- Emir of Zazzau named Ambassador of the ANRiN project in Kaduna.
- Carried out advocacy visits with key stakeholders in all 11 LGAs of implementation.
- Inaugurated Grievance Redress Mechanism (GRM) Committee in seven LGAs of implementation and trained Media/Town Announcers as well.

> SFH ANRiN is contributing to the reduction of chronic malnutrition (stunting and micronutrient deficiencies) to reduce maternal and child mortality rates, and over time, increase school completion and performance and improve labor force productivity in Kaduna State.

11

Sustaining Health Outcomes through the Private Sector Plus Nigeria (SHOPS)

PROJECT OVERVIEW

The SHOPS project is implemented in Kano State and strives to cover the three senatorial districts of the State. The project has three main objectives, which are:

- To build the capacity of Intermediary Organisations (IOs) project team to support the integrated multi-cadre network of private providers
- To ensure high quality TB services is provided among engaged facilities through mentoring and supportive supervisory visits (1138 private health facilities, consisting of 212 private clinics, 32 Stand and alone labs, 26 community pharmacists, and 868 PPMVs) to provide TB services under the NTBLCP in Kano state in 36--48 months.
- To ensure that the required quality and standard of TB diagnostic services for 49,800 presumptive cases is obtained and the notification of 4,980 confirmed TB patients through private sector network of TB service providers of Kano State in Year

PROJECT GOALS

- To increase private sector involvement in Tuberculosis (TB) Detection and Treatment.
- To increase the availability of an access to TB services in the private sector.

PROJECT TARGETS

Table 4: Showing 2021 Target VS Achievements

S/N	Month	Project Target Cases	Total Reached	Deficit	Achievement
1	October 2020	415	406	9	97.8%
2	November 2020	415	371	44	89.3%
3	December 2020	415	378	37	91.1%
4	January 2021	415	387	28	93.2%
5	February 2021	415	373	42	89.9%
6	March 2021	415	365	50	88.0%
7	April 2021	415	348	67	83.9%
8	May 2021	415	308	107	74.2%
9	June 2021	415	329	86	79.2%
10	July 2021	415	303	112	73.0%
11	August 2021	415	397	18	95.7%
12	**Sept 2021**	**415**	**510**	**-95**	**122.8%**
13	**Total**	**4,980**	**4,475**	**505**	**89.9%**

Table 5 Showing 2021 Target VS Achievements in case finding and treatment.

State	Presumptives			Bacteriologically Tested			TB Cases diagnosed			TB cases notified (on treatment in private facilities)		
	Targets	Achievement	Gap	Targets	Achievement	Gap	Targets	Achievement	Gap	Targets	Achievement	Gap
Kano	49,800	226% 112,674	(0%) 0	49,800	224% 111,658	0% 0	4,980	89.90% 4,475	10% 505	4,980	65% 3,258	35% 1,722

MORE ACHIEVEMENTS

Opportunities to inform policy and strengthen governance.

- This project has met about 88.9% its target as of September 2021.

Youth/Adolescent Development

- Healthy society is a key to every sector of economic and human development.
- This project has focused on active case finding and notification of TB cases which is one of the major public health problems in this part of the world.

The SHOPS project is implemented in Kano State and strives to cover the three senatorial districts of the State.

12

Tuberculosis Local Organisation Network 3 (TB LON3)

PROJECT OVERVIEW

The USAID TB LON3 Award is a five-year project (2020-2025) aimed at increasing the number of tuberculosis (TB) cases that are diagnosed and successfully treated. The project is funded by the USAID and implemented by a consortium which the Society for Family Health (SFH) is the sub-grantee and led by Institute of Human Virology of Nigeria. SFH is responsible for Hotspot mapping, Community case-finding, Contact Tracing and case-holding activities implemented through the; Epidemic Control Platform (EPCON), the Equitable Health Access Initiative (EHAI), JAKIN and the Health Alive Foundation (HAF).

OVERARCHING GOAL

To innovatively engage all stakeholders in finding the missing TB cases and rapidly scale up TB services, whilst strengthening resilient and sustainable systems for TB control in four states namely Lagos, Ogun, Osun, Oyo in South-West Nigeria.

KEY ACTIVITIES

Demand Creation: Collaboration with Breakthrough Action Nigeria in Oyo state was leveraged on to create a strong demand creation activities like outreaches and motorised campaigns across selected LGAs. This was further scaled up during the World TB Day commemoration culminating in increased case finding within the week. The number of outreaches were increased across the states guides by the Hotspot analytics leading to improved case yield. Media interviews were conducted to create awareness on TB and improve early reporting of suggestive symptoms. Radio Jingles in English and Yoruba were also produced, and radio stations have been identified to be engaged for airing the jingles across the States. Advocacy and Community outreaches were conducted across various LGAs as well.

Contact Investigation: This was identified as a key strategy to increase TB case finding and to initiate TB prevention activities, as part of providing quality care and halting ongoing TB transmission in the community. The Index TB Cases are counselled by Facility Contact Liaison Officers (CLOs) about the need for Contact Investigation at the point of diagnosis, and discussions are held to agree on dates and time for the volunteers to visit their homes for Contact Investigation. The Index patient is then linked to a nearby CBO who visit their homes and identify the contacts, who are then screened for symptoms and signs of TB. Every Presumptive identified during this process were evaluated through C-Xray or GeneXpert test and linked to treatment as appropriate. Those that were eligible for TB Preventive Treatment (TPT) were identified and placed on TPT.

Community Case Finding: The Community level strategies for the grant were implemented by SFH in collaboration with two implementing Civil Society Organizations namely: Equitable Health Access Initiative (EHAI) and Health Alive Foundation (HAF).

- ***Hotspot Mapping:*** EPCON is the LON 3 consortium partner responsible for geospatial hotspot mapping using an intelligence software, which has been deployed to support TB-LON 3 in identifying TB hotspots and this has guided the roll-out of targeted community interventions for maximum impact.

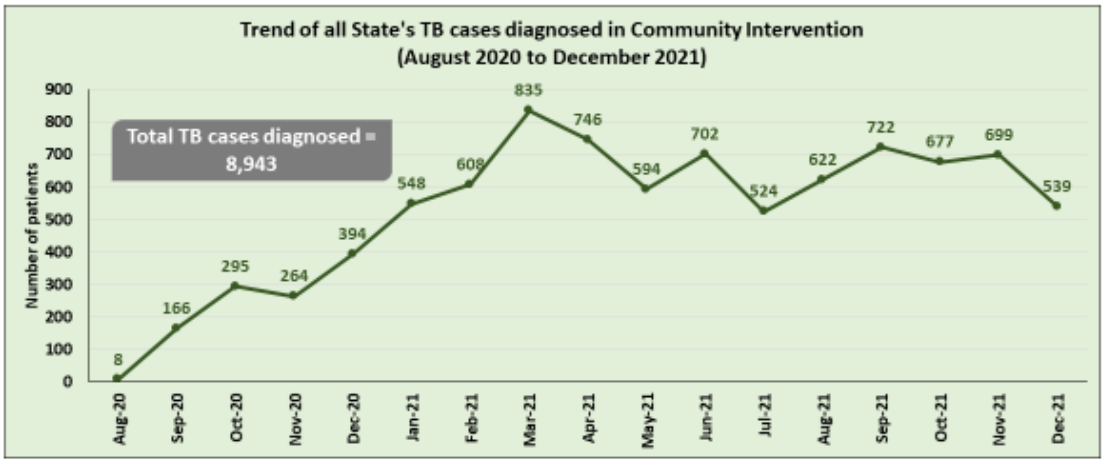
- ***Capacity Building for Community Based Organisations (CBOs) and Community Volunteers (CVs):*** SFH organised a 2-day training to build the capacity of the engaged CBOs /CVs across three States of implementation. A total of 36 LGAs with CBOs have been trained thus far and activated for community TB case finding interventions.
- ***Active TB Case Search:*** CBOs and CVs are mobilised daily to conduct active case search within households in identified hotspots. This has increased TB case notification within the LON 3 Project.

ACHIEVEMENTS

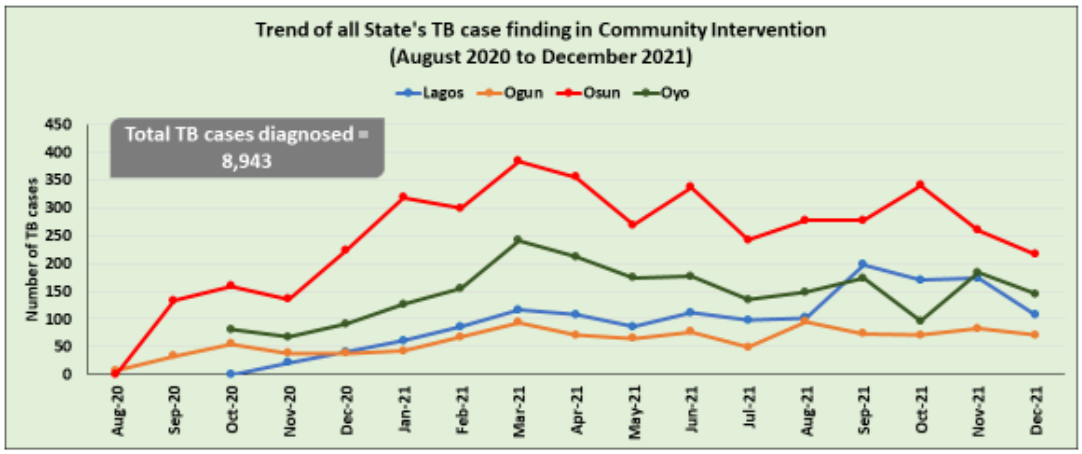
A total of 7,816 cases were diagnosed in 2021 from community interventions across the 4 TB LON States. This brings the total number of new TB cases diagnosed from inception of the project to 8,943 and 92% of them already on treatment. Out of these, about three-quarters of this number would have been missed but for the use of the EPCON geospatial hotspot mapping technology.

The community intervention arm being coordinated by SFH contributes 41% of all missing TB cases found by the project.

All States' TB cases diagnosed in Community Intervention (August 2020 to December 2021)



All States' TB cases diagnosed in Community Intervention (August 2020 to December 2021)



OTHER KEY ACHIEVEMENTS:

- Active participation in the commemoration of World TB Day 2021 with attendant awareness creation and surge in TB case finding activities.
- Active participation in the National TB conference and airing of documentary at the community village section.
- Paper presentation at the World Union conference 2021.
- Deployment and use of the EPCON Geospatial hotspot mapping in the 4 States of the TB LON 3.

The goal of the project is to innovatively engage all stakeholders in finding the missing TB cases and rapidly scale up TB services, whilst strengthening resilient and sustainable systems for TB control in four states namely Lagos, Ogun, Osun, Oyo in South-West Nigeria.


We are constantly working to provide a future
where women girls, boys, and men are healthy
and thriving no matter where they live.

Malaria Prevention and Treatment

241m

cases of malaria and 627 000 malaria cases was reported worldwide.

According to a recent survey by the World Health Organisation, an estimated 241 million cases of malaria and 627 000 malaria cases was reported worldwide. The African region carries a disproportionately high share of the global malaria burden.

In 2020, the region was home to 95% of malaria cases and 96% of malaria deaths (WHO, 2021). SFH recognises that the global heavy burden of malaria poses a major challenge on human health in Sub-Saharan Africa. Thus, SFH intervenes to reduce this burden through the provision of quality-malaria medicines, behavioural change interventions, active community mobilisation, provider capacity building, policy support, and mass distribution of Insecticidal Treated Nets (ITN).

Projects →

13 Global Fund Malaria Project

PROJECT OVERVIEW

The Global Fund Malaria Project of the Society for Family Health (SFH) was retained as Sub-Recipient (SR) to the Catholic Relief Services to implement the 2021-2023 grant following successful completion of the 2018-2020 grant. Funding was approved to maintain malaria interventions in 13 States of Nigeria; these States are Adamawa, Delta, Gombe, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Ogun, Osun, Taraba, and Yobe. For the current grant, SFH is still the sub-recipient implementing Social and Behavioural Change (SBC) strategies in the 13 States and Insecticide Treated Net (ITN) replacement campaigns in Ogun, Katsina, Kaduna, Kano, Niger, Osun, and Kwara States. However, from year 2022, the Global Fund funding in Gombe and Kwara States through SFH will end; implementation will continue in the remaining 11 States. The Global Fund Malaria Project contributes to the National objectives for malaria elimination in Nigeria.

KEY ACTIVITIES

- House-to-house Inter-Personal Communication (IPC) sessions and community dialogue sessions within communities
- Development, production and distribution of SBC and advocacy materials such as wall stickers, posters, advocacy briefs, diaries, and kits/bags
- Development, production and airing of mass media campaigns (TV spots and radio jingles)
- Development, production and airing of radio drama series to promote the “zero malaria starts with me” campaign
- Bulk SMS for dissemination of malaria control messages to heads of households reached during house-to-house IPC sessions
- Advocacy sessions with stakeholders at State, LGA, and Ward levels
- Insecticidal Treated Net (ITN) replacement campaigns (microplanning and implementation)

PROJECT ACHIEVEMENTS FOR YEAR 2 (APRIL 2021- DECEMBER 2021)

291,113
house to house sessions were conducted

2m+
persons reached

- Of the target for house-to-house IPC sessions for the reporting period (quarters 1 to 3 of 2021), 78% was achieved (291,113 house-to-house sessions were conducted) reaching 2,030,184 persons (109% of the target) with malaria control messages. Also 3,350 community dialogue sessions (81% of target) were conducted reaching additional 90,830 persons (109% of target) with malaria messages. This contributed to increased awareness of malaria control practices observed from data analysis of the backchecks (one of the monitoring strategies) conducted among households visited by IPCAs for IPC sessions.

64%
monitoring target for the reporting period achieved

99.9%
distribution rate of Insecticide Treated Nets (ITN)

- In this new grant, monitoring of house-to-house IPC sessions was scaled down by the donor to be conducted by only SBC specialists. Monitoring by CSOs and LGA HEs were not approved. The monitoring activities were however, reported using KoboCollect, an electronic, real-time app. About 64% of the monitoring target for the reporting period was achieved

NB: The non-achievement of the targets recorded for house-to-house IPC sessions and the monitoring resulted from the delayed start-off of the grant in Q1 and the inability to transfer quarterly targets between quarters under the grant.

- Successful engagement of media agencies and commencement of activities for the development, production and airing of TV spots and radio jingles, as well as radio drama series
- Within the reporting period, the project successfully conducted micro-planning for Ogun, Katsina, Niger and Kaduna State ITN campaigns.
- Successful implementation of ITN campaign in Ogun State with 99.9% distribution rate (Distributed 3,735,791 Insecticidal Treated Nets)
- Supported various coordination platforms of the country in malaria strategic meetings where the course of malaria interventions is charted
- Continuous integration of malaria and COVID-19 messages across the implementation communities

> The Global Fund Malaria Project contributes to the National objectives for malaria elimination in Nigeria.

SFH remains relentless in creating change and enhancing lives and is indeed geared for more ground-breaking successes and live-saving interventions in the next years

HIV and AIDS Prevention & Treatment

HIV and AIDS remain a global public health and development priority. Over the years SFH has become one of the highly renowned NGOs in Nigeria implementing evidence-based projects in the area of HIV Prevention, Testing, Treatment, and Care. SFH has championed HIV & AIDS behaviour change activities that have contributed to the adoption of safer sex practices by Nigerians.

Projects →

14 Lafiyan Yara

PROJECT OVERVIEW

Lafiyan Yara is an implementation science project aimed at assessing the efficacy of various existing community mechanism to increase access and utilisation of HIV services among pregnant women and children less than 15 years in 8 LGAs in Taraba State. The project which started purely to test the efficacy of existing community health structures such as Village Health Workers (VHW), Traditional Birth Attendance (TBAs), and the Patent and Proprietary Medicine Vendors (PPMVs) in increasing HIV case finding among pregnant women and children at the community level, later expanded to include provision of a complete HIV cascade of care for paediatrics, adolescents, and pregnant women. The Lafiyan Yara project is contributing to National Strategic Plan (NSP 2021-2025) which among others aims to ensure that 100% of children between one to nine years of positive mothers' access HIV services by 2021 through strengthening of community systems to support testing and linkage to HIV services among children, adolescents, and pregnant women.

PROJECT OBJECTIVES

The project has both primary and secondary objectives:

PRIMARY OBJECTIVES

- To improve case-finding of HIV positive children (0-14 years)
- To improve case-finding of HIV positive pregnant women
- To improve uptake of PMTCT services by pregnant women

SECONDARY OBJECTIVES

- To improve linkage of HIV positive children (0 – 14 years) to ART services in Taraba State.
- To improve linkage of HIV exposed infants (HEI) to EID and HTS services in Taraba State

PROJECT ACTIVITIES

- Intensive case identification and reach of pregnant and lactating women, and children living with or exposed to HIV.
- Continuous provision of treatment, retention and viral load sample testing suppression of pregnant and lactating women and children living with or exposed to HIV.
- Conducted HIV Mobile Outreach to HIV high risk communities.
- Participated in the National Steering Committee (NSC) meeting with relevant stakeholders from Taraba State.
- Conducted the Paediatric Risk Assessment Study in collaboration with the National AIDS and STDs Control Programmeme (NASCP)
- Supported Taraba State AIDS Control Agency (TACA) to inaugurate the state HIV Technical working Groups in the state.
- Training of community mobilisers on targeted/index testing to increase positivity yield and to improve work performance.

- Courtesy visits to management of comprehensive sites in Jalingo to strengthen support and partnership.
- Supported Primary Health Care Development Agency (PHCDA) with commodities (HIV Rapid Test Kits, clinell wipes, medicated under pad, liquid soap, lancets, hand sanitizers, face mask).
- Training of caregivers of Children Living with HIV on village savings and loan association
- Service Delivery Framework/National Association Plan workshop for facility focal persons.
- Provided social safety net to thirty caregivers to Children Living with HIV (CLHIV) through the disbursement of seed money
- Conducted a co-creation research / workshop
- Conducted the exploratory assessment of paediatric HIV gaps in Nigeria

PROJECT RESULTS AND ACHIEVEMENTS

Project Targets **(January 2021 – December 2021)**

48,270	**Pregnant women**	To link 48,270 pregnant women for antenatal and test for HIV. Ensure those positive are placed on PMTCT/ART.
98,654	**Children**	To test 986,54 children less than 15 years of age for HIV and ensure positive children are placed on treatment

The project from January 2021 to December 2021 mobilised and provided HIV prevention to **41,920** pregnant women, tested **38,659** with **115** positivity yield and same commenced treatment service on lifesaving antiretroviral therapy. Similarly, about **108,070** children less than 15 years were mobilised for testing while **101,064** of them were tested for HIV out of which **98** were HIV positive and all commenced treatment at the time of diagnosis.

41,920
Pregnant women mobilised and provided with HIV prevention

38,659
Pregnant women mobilised and provided with HIV testing

108,070
Children mobilised for HIV testing

101,064
Children provided with HIV testing

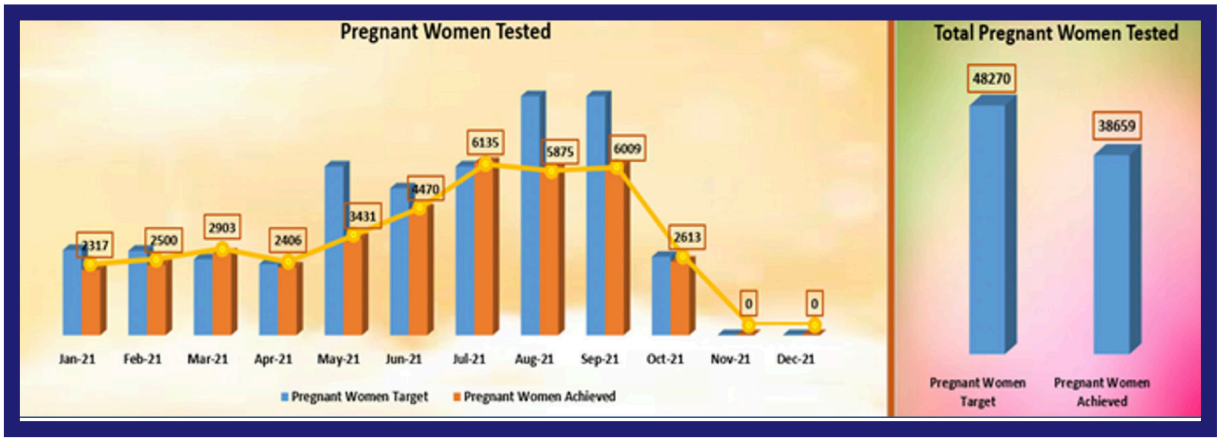


Figure 1: Showing Total number of pregnant women tested by Month and cumulative

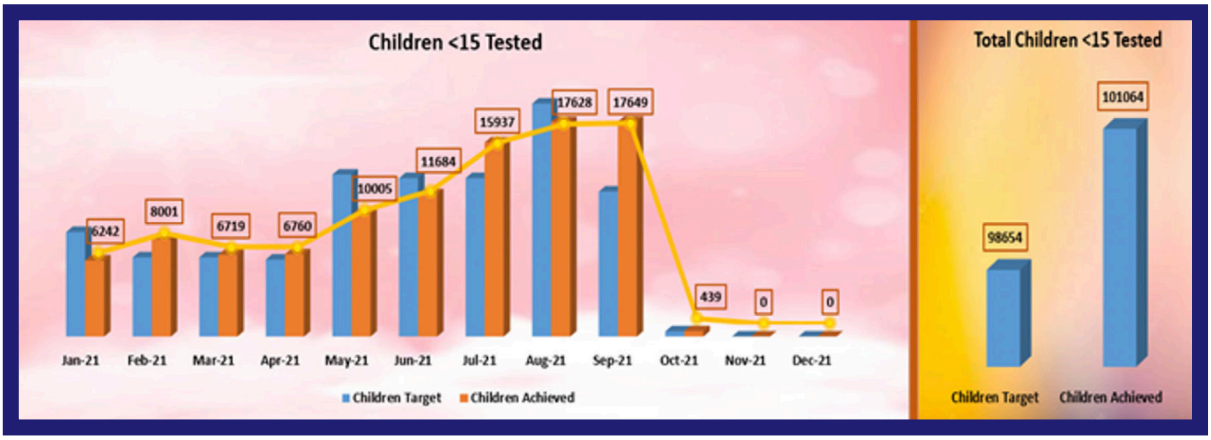
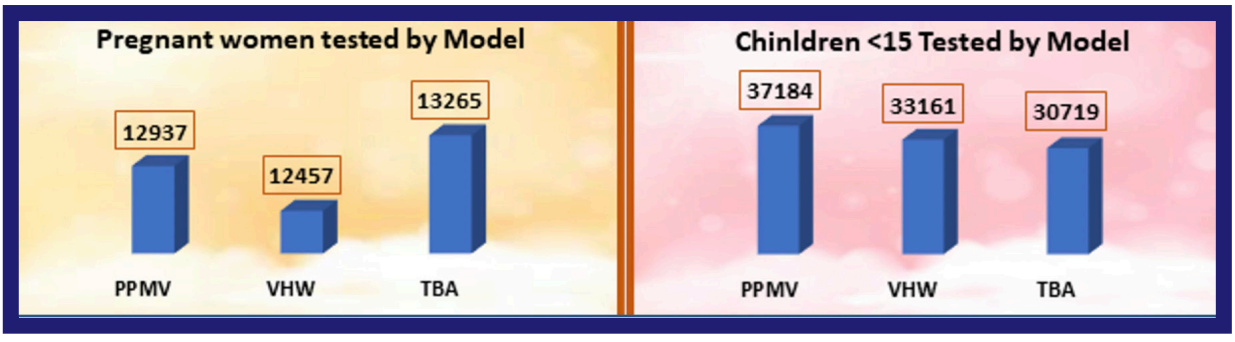


Figure 2: Showing Total number of children tested by Month and cumulative



15

SFH Global Fund HIV National Aligned for HIV Initiative Project

PROJECT OVERVIEW

The Society for Family Health (SFH) is one of the Sub-Recipients (SRs) to the FHI360 as Principal Recipient (PR) under the Global Fund National Aligned for HIV Initiative (NAHI).

OVERARCHING GOAL

To reduce the incidence, mitigate the impact of HIV on key populations (KP) in Nigeria, and ultimately assist in attaining epidemic control.

MAIN OBJECTIVE

To provide comprehensive community-based HIV service package including prevention, care and support, referrals, and linkages to treatment services in the One-Stop-Shop (OSS) to key populations.

PROJECT OBJECTIVES

95% of KPs should know their HIV status by 2023

95% of Key Population on ART are virally suppressed by 2023

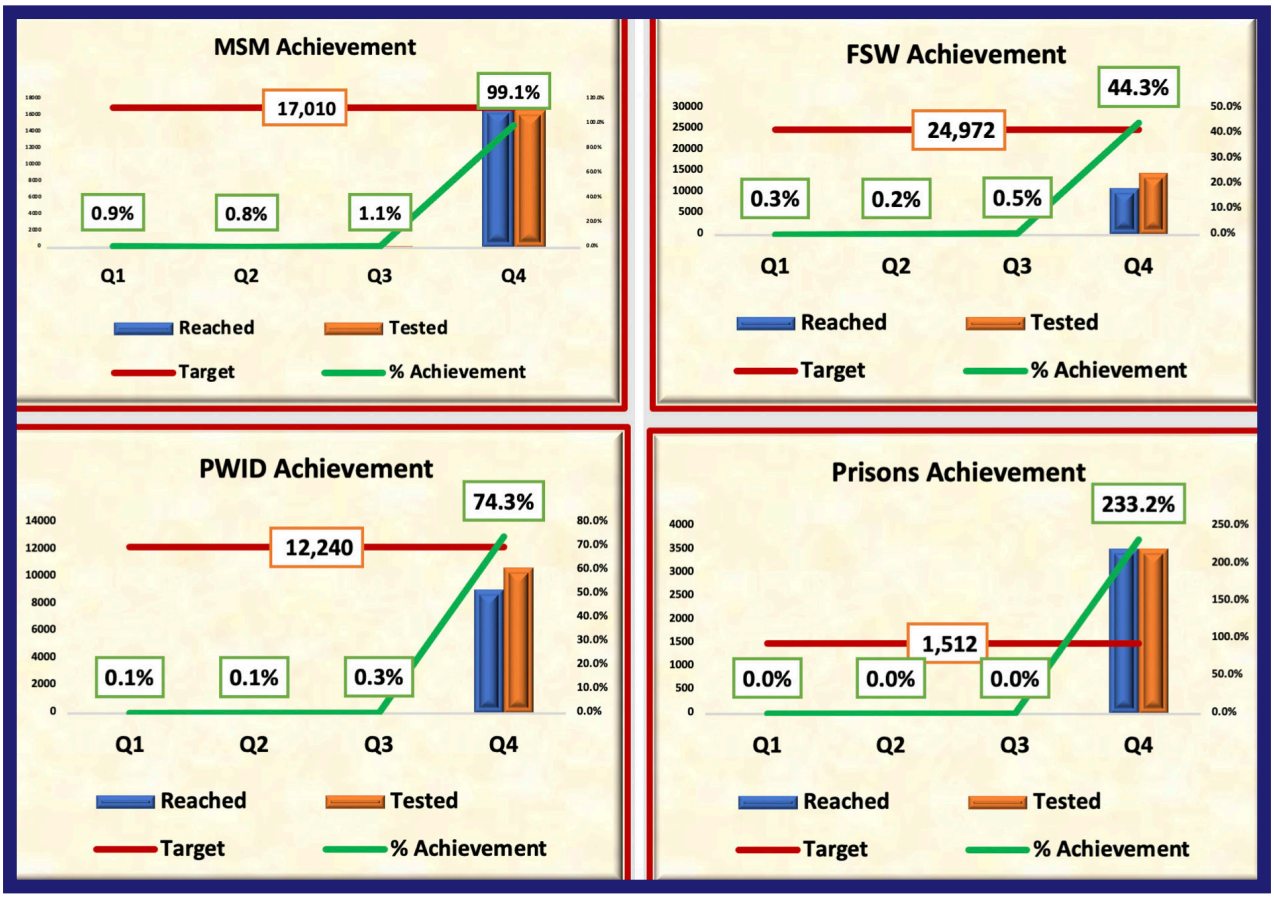
95% of Key Population identified HIV positive are initiated and retained on ART by 2023

95% of Adolescents and Young Persons in targeted LGA in Abia state are reached with HIV prevention services by 2023

PROJECT ACTIVITIES

- Implemented the catch-up game changer plan
- Conducted close out Data Quality Assurance Exercise
- Conducted stock count of commodities and consumables
- Conducted OSS transition from FHI360 to SFH
- Conducted advocacy visit to all states to kick-start the program
- Conducted FGD with Community members to sight the OSS in kwara and Plateau
- Commenced CBO Selection Process
- Conducted supportive Supervisory visits to the OSS

PROJECT ACHIEVEMENTS/MILESTONES



The charts above represent the result from the five SFH supported states with a quarterly target of; MSM 17,010, FSW 24,972, PWID 12,240 and 1,512 for Prisons respectively. Due to the late onboarding of SFH as SR owing to some budgetary constraints, most of the year one (1) target from quarter one to quarter three were unmet. However, a catch-up plan was developed by SFH and approved by FHI360 towards the end of quarter four (mid November 2021). SFH was able to achieve the quarterly target within six weeks of the catch-up implementation as shown in the above charts. This was made possible by increasing the number of community workers (204 Community Facilitators, 24 Out-Reach-Workers, and 50 Case Managers).

> SFH was able to achieve the quarterly target within six weeks of the catch-up implementation

16 Key Population Community HIV Care Services for Action and Response (SFH-KP-CARE-2)

PROJECT GOAL

To reduce the incidence and mitigate the impact of HIV on key populations in Nigeria and therefore assist in attaining epidemic control.

PROJECT OBJECTIVES

Result 1: Increased demand for and access to comprehensive HIV prevention and treatment services and interventions for KPs.

Result 2: Strengthened sustainability and organisational systems for programme and data management and quality assurance of programme by KP-competent and KP-led civil society.

Result 3: An enabling environment established for KP community-based programmeming through advocacy, data management systems, and other interventions promoting KP- supportive health policy, ideas, norms, and human rights.

PROJECT STRATEGY AND KEY ACTIVITIES CARRIED OUT IN 2021 (HIGHLIGHT COVID-19 MITIGATION STRATEGIES/INNOVATIONS)

SFH-KP-CARE-2 project provides effective client-centred integrated HIV prevention, treatment, care, and support services care to key populations (female sex workers (FSW), people who inject drugs (PWID), men who have sex with men (MSM), transgender (TG), and prison inmates) in meaningful ways, where they are, in a sustainable way, with a state-specific contingency plan to keep them on continuous treatment even under extreme, unexpected crises like the COVID-19 pandemic. The project states expanded to five in October 2021 with the inclusion of Sokoto, Kebbi and Zamfara states to the phase one states of Adamawa and Bauchi. There exist an effective collaboration and mutual accountability between SFH, state governments, stakeholders, and communities towards meeting Key Populations (KPs) where they are with the services they need.

The major milestones achieved in the year included:

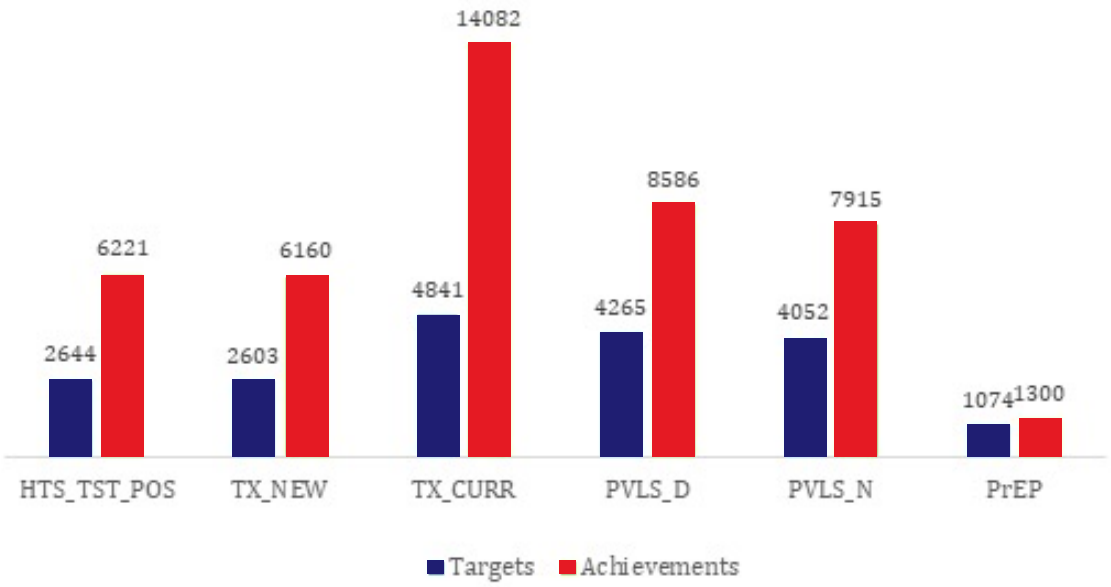
- The attainment of the viral load sample collection target which earned the team a commendation of the Office Director; USAID HIV/TB.
- Maintaining a 99% biometric capture of the client on care.
- Seamless entry into the additional states of Sokoto, Kebbi, and Zamfara to achieve the quarter target.
- Direct efficient and effective KP programmeme implementation by the “green-housed” KP-led community-based organisations in phase 1 project states
- Scaled up Pre-exposure prophylaxis (PrEP) enrollment and TPT provision for eligible clients across the five project states

The gender and human rights unit of the project continued to play a critical role in ensuring that the key populations (KPs) knew their rights, avoided conflict, and knew what to do in risky situations. Where possible, the unit also provided legal support services when infringements occurred, while the OSS provided the necessary health services. The project has mainstreamed gender into all the treatment, care, and prevention strategies of the project.

PROJECT RESULTS AND ACHIEVEMENTS AGAINST THE TARGET.

The project substantially exceeded the annual target for all indicators as shown below.

Targets vs Achievements in 2021



KEY

HTS_TST_POS - Number of persons tested positive for HIV
TX_NEW - Number of persons newly initiated with ART
TX_CURR - Number of persons currently on treatment with ART
PVLS_N - Number of persons who have a reduced viral load (<1000)
PrEP - Pre-Exposure Prophylaxis

> The gender and human rights unit of the project continued to play a critical role in ensuring that the key populations (KPs) knew their rights, avoided conflict, and knew what to do in risky situations.

17

Strengthening HIV Self-testing in the Private Sector (SHiPS)

PROJECT OVERVIEW

The Strengthening HIV Self-testing in the Private Sector (SHiPS) project is a multi-country project funded by the Children Investment Fund Foundation through the Population Services International and is being implemented by the Society for Family Health in Nigeria. The first tranche began in November 2020 and ended in October 2021; the second tranche commenced in November 2021. The project's main goal is to develop the private sector market for HIV Self-testing (HIVST) by using the Human-Centred Design approach to understand the various factors influencing the growth of the private sector market for HIV Self-testing. This, in turn, would aid in increasing HIVST uptake and achieving public health impact.

KEY PROJECT OBJECTIVES

1. To engage stakeholders actively through the process to develop a consensus agreement on market growth.
2. To grow the private sector market for HIVST with public health impact.
3. Effectively coordinate with other donors and implementers across HIVST implementation to optimise investments.
4. Resolve key barriers and failures that limit growth of the market by developing and testing demand and supply side intervention using a design approach.

KEY PROJECT ACTIVITIES

- Stakeholder identification and engagement
- Prioritisation meeting with the relevant HIVST stakeholders
- Recruitment of participants for the SHIPS project market research
- Co-design workshop with beneficiaries, providers and relevant stakeholders to synthesise emerging market insights and highlights into prototypes that can be tested and refined in the field.
- Qualitative market research among sexually active males and females between the ages of 18-29years, regulators, distributors, manufacturers and policymakers.
- Development of design questions for the SHIPS project market research.
- Dissemination of market research findings.
- Field testing of prototypes.

ACHIEVEMENTS

- Supported and participated in HIV Self Testing (HIVST) stakeholders' coordination meeting.
- Actively participated in HIVST sub-committee quarterly meetings.
- Actively participated in the finalisation and validation of the HIVST demand creation materials held in Lagos state.
- Actively participated in the development of the National HIVST tools.
- Successfully collaborated with Busara Centre for Behavioural Economics to carry out qualitative market research in 3 states namely: Anambra, Lagos and Kano with sexually active males and females between the ages of 18-29 years, pharmacists, policymakers, distributors, regulators, and manufacturers to identify barriers and opportunities to intervene when it comes to effective use of HIVST.
- Successfully held a co-design workshop to gather, identify, and synthesise insights on the market research to help develop archetypes and prototypes.
- Completion of first-round prototyping of the 7 concepts that emerged from the co-design workshop to determine which of the prototypes are viable and scalable.
- Actively participated in the National Review of HIV testing services guidelines and HIVST operational guidelines.
- Actively participated in the National training of trainers in the community HIV self-testing tools.
- Successfully carried out a country level dissemination meeting of the market research to share the outcome of the market research with National stakeholders to guide interventions that would improve distribution and end-user experience of HIV self-testing products in the private sector.

The project's main goal is to develop the private sector market for HIV Self-testing (HIVST) by using the Human-Centred Design approach to understand the various factors influencing the growth of the private sector market for HIV Self-testing.

18 ICHSSA 3

PROJECT OVERVIEW

The ICHSSA 3 project aims at reducing the impact of HIV and AIDS on Orphans and Vulnerable Children (OVC). The project is implemented across 44 LGAs in Kano State. The overall strategic framework to achieve the project goal is centred on the socioecological model that leverages OVC/Social Services to strengthen the HIV continuum of care through the interface between the family-community–facility service delivery. This approach will deepen paediatric and adolescent case finding, improve linkages to, and retention of Children and Adolescents Living with HIV (C/ALHIV) in care while pursuing viral suppression within the UNAIDS and USAID's framework for advancing epidemic control. The project has a special focus on preventing sexual violence and HIV among adolescent girls/boys ages 9-14 years old using the OVC preventive strategies, while ensuring that comprehensive services are provided to all eligible OVC aged 0-17 years.

RESULT AREAS

PROJECT ACTIVITIES

120,717
Beneficiaries

44 LGAs
in Kano State

ICHSSA 3 project provided comprehensive, child centred and household centred care to 120,717 beneficiaries across the 44 LGAs in Kano state with at least one service as at the end of year. All active children (ages 0-17) received one or more services with an updated case plan and all active caregivers received one or more eligible service and were monitored against the graduation benchmarks.

COVID-19 MITIGATION STRATEGIES/INNOVATIONS

The project reached about 15,542,834 people with COVID-19 vaccine-related messaging through mass media and social media. Radio jingles were aired through TV and radio station, 13,685 healthcare workers and non-healthcare workers trained on Risk Communication and Community Engagement (RCCE), and 5222 workers received COVID-19-related training in IPC and/or Water, Sanitation and Hygiene (WASH) and 12298 people were reached with critical WASH supplies and services.

15,542,834
with COVID-19 vaccine-related messaging

13,685
healthcare workers and non-healthcare workers trained on Risk Communication and Community Engagement

PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET

The '95-95-95' deadline is 2030, but by the end of year 2 of implementation, the project has achieved a 100% linkage of newly discovered cases to treatment facilities by assisted referrals such as transport provision for drug pick up and viral load testing. Over 350 CLHIV HHs were provided with emergency food support and 48 CLHIVs currently enrolled into the OVC programme were provided with financial support for laboratory investigations, medication for clinical co-morbidities, and drug resistance testing. The current viral load suppression of 1,655 CLHIVs enrolled into the programme stands at 84%, showing an improvement in VL suppression from last COP year.

100%
linkage of newly discovered cases to treatment facilities

350
CLHIV HHs
provided with emergency food support

84%
VIRAL LOAD SUPPRESSION
in CLHIVs enrolled into the program

25,000+
children received formal school education services

1,200
benefited from our food consumption support

MORE ACHIEVEMENTS

Over 25,000 children received formal school education services including re-enrollment and retention and provision of school materials through communal efforts to aid learning. 1,200 children have benefited from our food consumption support. The project identified 49 Survivors of Sexual violence and referred them for uptake of appropriate services, while 22,785 beneficiaries have completed the gender norm sessions. 5,169 children received birth certificates while 3,462 form B1 have been submitted for certification with the National Population Commission (NPopC). 1,834 children were enrolled into skill acquisition centres of which 47 of them are CLHIV. These centres provided: tailoring apprenticeships, phones and computer tech skills, auto-mechanic apprenticeships, carpentry, hairdressing, and makeup services. At the end of their training, the project is set to provide these skilled CLHIVs with resources to start-up their own enterprises.

OPPORTUNITIES TO INFORM POLICY AND STRENGTHEN GOVERNANCE

Through continuous advocacy and stakeholder engagement by the project, the Kano State government, has approved and institutionalised the ASW curriculum into the state Polytechnic. This is a milestone achievement not only to the project, but also to Kano State social workforce as it is an opportunity to strengthen the Kano state social workforce and improve performance and service delivery to beneficiaries in need.

Similarly, ICHSSA 3 collaborated with UNICEF to support and participate in the "think tank" meeting that discussed the content of the child protection bill currently before the Kano State House of Assembly. In addition, ICHSSA 3 supported the validation of the national priority agenda which is currently under review by Federal Ministry of Women Affairs and Social Development (FMWASD). In the same vein, ACHIEVE Project supported the piloting of the Community Monitoring Toolkit for OVC Programme in Kano State. A total of 50 farmers, 25 each from Makoda and Sumaila LGAs were linked/co-opted into the 2021 wet season training activities of SASAKAWA Africa.

YOUTH/ADOLESCENT DEVELOPMENT

6,563 out of school children were enrolled back to school, through the effort of the CPPC and CQIT. 2,674 were supported with learning materials. Recreational activities for adolescents were conducted to boost children's psychosocial needs. This has helped adolescents adhere to their antiretroviral (ARV) medications in addition to building their mental, physical, and intellectual development. In collaboration with No Means No Worldwide, the project trained 32 females and 16 male IMsafer instructors to implement the evidence-based child safety and violence prevention programme. 12,020 adolescent boys and girls were reached with the preventive package.

GENDER EQUALITY AND EMPOWERMENT

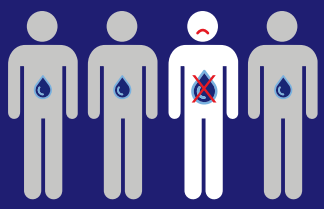
Within the reporting period, the project enrolled 1,325 survivors of violence against children, while 20,595 beneficiaries completed their gender norms session.

LESSONS LEARNED

Facilitating wider stakeholder engagement created large points of support but with attendant challenges of managing diverse expectations beyond project mandate.

> The overall strategic framework to achieve the project goal is centred on the socioecological model that leverages OVC/Social Services to strengthen the HIV continuum of care through the interface between the family-community–facility service delivery.

Clean and Safe Water



1 in 4 people
(2 Billion People)
around the world lack
safe drinking water

Globally the lack of safe water for household use remains a challenge for people worldwide. Today, 1 in 4 people – 2 billion people – around the world lack safe drinking water. (WHO/UNICEF 2021).

In many developing countries, including in Sub-Saharan Africa, population increase and shifts from rural to urban areas, climate change, post conflict challenges, poverty and inequality, desertification, poor and aging infrastructure as well as an increasing demand for water from growing populations have been attributed to the contributing factors to the poor availability of safe drinking water. In response to the need to increase safe water access in Sub-Saharan Africa, SFH launched its Safe Water System project in 2004, with the goal of reducing childhood morbidity and mortality, through improved access to portable water. SFH safe water systems is contributing to reduce diarrhoea disease among children under five and bad water related diseases among the general population.

SFH continues to implement safe water system projects, which contributes to the Sustainable Development Goal target 6.1 of achieving universal and equitable access to safe and affordable drinking water for all. This year we received the approval of Water Guard Plant by NAFDAC.

Policy Reforms

In 2019 SFH took a decision to broaden its engagement with communities, government, donors, and the private sector to promote health sector innovations through policy reforms. This is in line with SFH's third strategic direction to innovate policy reforms.

SFH's Policy Practice focuses on:

1. Providing policy solutions to Nigeria's health challenges, especially those concerning family health, using SFH's knowledge base
2. Developing health policy agendas based on sustainability challenges faced by SFH-involved projects
3. Establishing and maintaining mechanisms that facilitate cross project collaboration in health policy within SFH

SFH Policy practice made key inputs into engagements that looked at: Review of Nigeria National Policy on Prevention and Control of Non-Communicable Diseases (NCDs); Review of National Health Act; FP2030 Nigeria Commitment; National Guidelines for Maintaining Essential Health Services and Infection Prevention and Control during Pandemics; Engaging Patent and Proprietary Medicine Vendors in the Provision of Essential Health Services and Commodities; Health Security and Financing in Nigeria; National Policy and Strategic Framework for Community Health.

21 Social Business Enterprise (SBE)

OVERVIEW

The Social Business Enterprise of SFH engages in the marketing, sales and distribution of health commodities for various disease conditions with a focus on providing access to quality health care products to citizens and communities especially at the lower rung of the economic ladder.

FOCUS AREAS

- Malaria
- Maternal and Child health
- Sexual Health
- Water & Hygiene
- Non-Communicable Diseases (NCDs)

PARTNERSHIP

Society for Family Health in partnership with Novartis Social Business (NSB) is implementing an innovative approach to expanding access to quality treatment and management of Non-Communicable Diseases (Cardiovascular disease, Diabetics type 2, respiratory diseases, and Breast cancer) as well as malaria. The partnership with NSB provides for drug distribution, disease awareness programmes, and capacity building for healthcare workers. The SFH/NSB activities involve the provision of high-quality generic medicines at affordable rates to patients. The goal is to reach the vast majority of lower- and middle-income earning populations.

OBJECTIVES OF THE SFH/NOVARTIS PORTFOLIO

1. Increased awareness of community members on prevention and management of NCDs.
2. Linking community education to increased service utilisation and patient follow up capacity of facilities and providers to achieve early diagnosis and clinical management of NCDs.
3. Increased patient management capacity of Health Care Professionals (HCPs) and CH to follow up and increase patient adherence to medication.
4. Increased availability and affordability of essential NCD medicines.
5. Decongestion of higher-level facilities through task shifting of basic services and target efficiencies in providing care according to service levels.
6. Support national governance structures for standard treatment guidelines and to support the country level for implementation of plans.

STRATEGIES

1. Demand creation for all NCDs portfolio.
2. Sales and redistribution of NCD portfolio nationwide

SBE ACTIVITIES CARRIED OUT IN 2021

1. International Webinar on emergency contraception in conjunction with Gedeon Richter
2. Health fairs in conjunction with the National Association of Patent Medicine Dealers (NAPPMED) and Lagos State Medicine Dealers' Association (LSMDA)
3. Cholera and other diseases prevention awareness campaign
4. Training on contraceptive care for Association of Community Pharmacists of Nigeria (ACPN) Edo state
5. National Contraception Webinar to mark World Contraception Day

KEY ACHIEVEMENTS AND RESULTS IN 2021

- **51, 508, 408** - Condoms distributed
- **22,299** - Doses of antihypertensives sold
- **20,583** - Doses of anti-diabetics sold
- **1,512, 340** – Doses of antimalarials sold
- **1,998,912** – Doses of emergency contraceptives sold
- **57, 600** – Doses of DMPA-SC dispensed
- **Over 1,000** Patent medicine vendors trained on common community health interventions
- **100** community pharmacists trained on contraceptive care

The Warehouse

- Successful approval of Water Guard Plant by NAFDAC
- Third party storage services by the warehouse for additional revenue
- Distribution of temperature sensitive Astra Zeneca Vaccines on behalf of NPHCDA

> The SFH/NSB activities involve the provision of high-quality generic medicines at affordable rates to patients. The goal is to reach the vast majority of lower- and middle-income earning populations.

19 SFH International

OVERVIEW

Society for Family Health, following the board's mandate, set up the International Operations department in furtherance to its strategic expansion and growth to become a Pan-African Non-Governmental Public Health Organisation. The organisation in its Strategic Direction 1-Transforming Healthcare Delivery, outlined expanding its reach into new markets as one of its activities to contribute to achieving its vision of healthy lives for all. This year, SFH has taken the right steps in this direction and is driving this strategic expansion agenda beginning with the West African market- Ghana, Liberia, and Sierra Leone.

This is also in line with the SFH Strategic objective of ensuring sustainable growth and future visibility for the benefit of the organisation's ecosystem.

KEY ACTIVITIES

- Securing our Intellectual Properties/Portfolio expansion.
- Programme Quality and Policy Advocacy and Donor Engagement.
- Programme Communication and New Business Development.
- Supply Chain and Market Development/Shaping.

OBJECTIVES

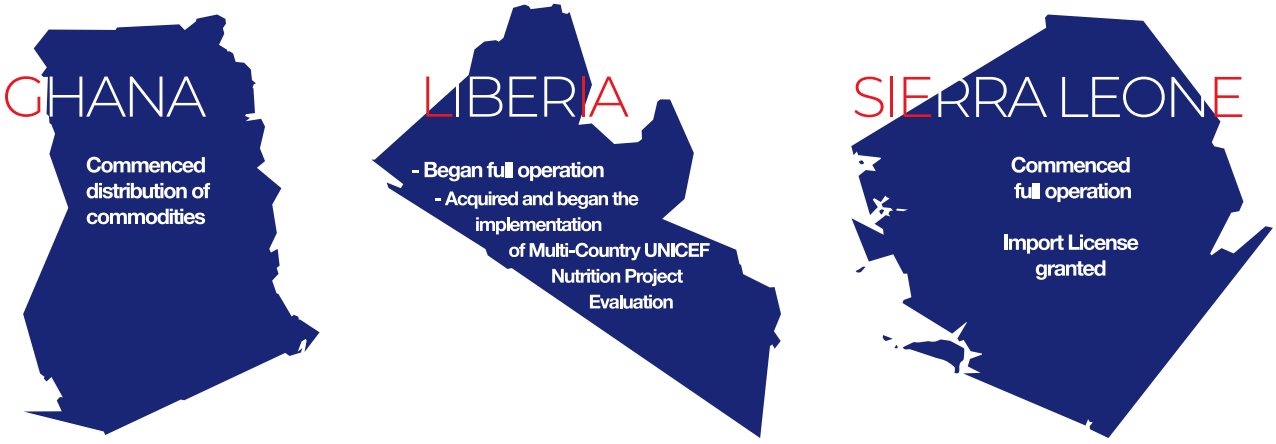
- Drive our strategic growth and health impact into West, East, Central, and Northern Africa.
- Secure Intellectual Properties
- Deepen South-South collaboration.
- Use economies of scale to drive access to medicines with minimal financial burden.
- Policy position of building a true Pan-African Organisation.

ACHIEVEMENTS

Ghana: As a key component of our strategic drive to make quality health products available, SFH International Ghana (SFHIG) commenced the distribution of high-quality medicines and medical devices across our portfolio in the country. With an active presence in the RH-FP space in the country, some of the commodities being distributed include Gold Circle Classic, Gold Circle Strawberry, Gold Circle Studded, Plannor, and Lubrica (Plain and strawberry). SFHIG also provides supply chain support to some country programmemes in the country and continues to engage with local stakeholders and partners as part of the Ghana-wide advocacy team.

Liberia: This year, SFH Liberia began full operation; with the team led by Dr. David Sumo. SFH Liberia is currently implementing a multi-country implementation of UNICEF nutrition project evaluation in partnership with KIT. This is currently being implemented in Nigeria and Liberia.

Sierra Leone: SFH Sierra Leone activities are currently ongoing including product distribution and commodity import; and the team is also part of the in-country public health advocacy group.



SFHIG	SFH Sierra leone (SFH SL)	SFH Liberia (SFHL)
Lubrica (strawberry and Plain)	Lubrica (strawberry and Plain)	Water Guard Tank Floater
Gold Circle Condom	Gold Circle Condom	Water Clear
PlanNor	PlaNNor	
Mistol	Mistol	
Topmal	SFH Access NCDs	
Gold Circle studded	Topmal	
Gold circle Strawberry	ORS + Zinc	
Flex Condom Variants	Flex condom variants	
High Dose Vitamin C + Zinc	Water Guard Tank Floater	
Water Guard Tank Floaters	Water Clear	
ORS + Zinc		
SFH Access NCDs		
Confidence 3		
Water Clear		

> SFH has taken the right steps in driving its strategic expansion agenda beginning with the West African market- Ghana, Liberia, and Sierra Leone

20 SFH International Ghana (SFHIG)

OVERVIEW

SFHIG is part of SFH International, an emerging Pan-African Health NGO headquartered in Abuja, Nigeria with Representative offices in Ghana, Liberia, and Sierra Leone. SFHIG's main objective is developing a Social Business Enterprise (SBE) strategy, registration of the SBE product lines with the appropriate regulatory agencies and developing the NGO status.

KEY ACTIVITIES

Activities undertaken during the review period focused on the following:

Family Planning Education and Behavioral Change Communication.

SFHIG through its social media handle has reached out to 17.6K persons on Family Planning education on the importance of contraception use among women of all ages, importance of use of condoms among key populations with HIV/AIDS during COVID-19 and beyond, and methods and use of Family Planning products. Through its hygiene, behavioral change communication and responsive community action approach, there has been an enhanced public awareness on COVID-19 through frequent hand washing with soap and water.

Participation in Family Health Division (FHD) of Ghana Health Service Programmemes.

SFHIG participated in the 1st, 2nd, and 3rd quarter 2021 meeting of the Inter-Agency Coordinating Committee on Contraceptive Security (ICC/CS). SFHIG participated in the Family Planning week and World Contraceptive Day by having discussions on radio and sharing infographics on social media that gave insights on access to birth control methods.

Renewal of Company registration documents at the Registrar General Department.

SFHIG renewed its company registration documents as a statutory requirement by the company's Act, to enable its commitment on delivering its mandate as Pan African NGO in the health sector.

Performed Financial year audit for 2020.

SFHIG undertook its first financial audit for the year 2020. The audit was performed by CFY Partners Ghana, as independent accounting and audit firm who expressed their opinion as to the true and fair view of the company's operations. The audit covered a period of 18 months (1st July 2021 to 31st December 2020)

Risk Control and Governance.

SFHIG has its board in place who meets twice yearly to discuss the strategic plan for the company and its risk assessment on the Ghanaian family Planning Market.

CFY Partners Ghana are the independent external auditors for SFHIG and performed the first financial audit for 2020.

ACHIEVEMENT

SFHIG major milestone is partnerships with leading CSOs in Ghana to provide more than 2 million pieces of male's condoms to key populations in HIV/AIDS prevention and management.

2 Million MALE CONDOMS provided to key populations in HIV/AIDS prevention and management


We never lose sight of the
women, girls, boys and men
for whom we exist

2021 Annual Report

Website
www.sfhnigeria.org
www.sfhglobal.org

TO IMPROVE HEALTH OUTCOMES BY ENSURING COMMUNITIES HAVE **ACCESS TO AFFORDABLE, QUALITY AND GENDER-SENSITIVE** HEALTH SERVICES AND COMMODITIES.