



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

2020

A N N U A L R E P O R T

OUR OFFICES

HEAD OFFICE-ABUJA

No. 8, Port Harcourt Crescent
Off Gimbiya Street Area 11, Garki, Abuja,
P.M.B. 5116, Wuse, Abuja
Tel:0709 8221445, 09-4618821-30
Fax: 09-4618830



FIELD OFFICES

SFH CENTRAL WAREHOUSE (OTA)

Plot 24-27 Ogun State Housing Estate Corporation Off Idiroko Road Ota, Ogun State

LAGOS OFFICE

No 20 Omotayo Ojo Street by Oshopey Plaza bus stop, Off Allen Avenue, Ikeja Lagos.

OSUN OFFICE

C/O RH Coordinator Osun State Government Secretariat.

OGUN OFFICE

Suite 203,38 Salawu Lambode street, Idi Aba, Abeokuta, Ogun State

IBADAN OFFICE

26 Baale Akintayo street, Jericho, Ibadan, Oyo-state

AKURE OFFICE C/O MDS DEPOT

Km 4, Ondo Road
Onward Aluminum, Akure, Ondo State

OWERRI OFFICE MDS

Owerri - 3 Old Mbieri Rd, Owerri

ONITSHA OFFICE C/O MDS DRPOT

Plot 5, Dozzy Crescent
Niger Bridge Head, Onitsha, Anambra

BENIN OFFICE C/O MDS DRPOT

27, Oba Market Road, Benin Edo State

DELTA OFFICE

Delta state PHC development agency, No1, onyeka close, beside Local Govt Civil service commission, DBS road, Asaba.

PORT HARCOURT OFFICE MDS

Port Harcourt 4, Forces Avenue, Old GRA, Port Harcourt

CALABAR OFFICE MDS

Calabar 4/5 Eyo Eta Street

UYO OFFICE

MDS, Uyo

ENUGU OFFICE C/O MDS DEPO

MDS, Enugu, 1 Okpara Avenue, Enugu

ABUJA FIELD OFFICE C/O MDS DEPOT

Idu Industrial, Estate, Off Airport Jabi Road, Idu, Abuja Nigeria

MAKURDI OFFICE C/O MDS DEPOT

1 Beach Road New Garage, Wadata, Benue

KANO OFFICE

No. 30 Masalachi Crescent
Farm Center Lane, Off Sokoto Road, Kano

KADUNA OFFICE

8ASD City Mall, Independence Way, Kaduna North

SOKOTO OFFICE C/O MDS DEPOT

8, Abdullahi Fodio, Sokoto

GOMBE STATE

No 4, Bauchi Road
GRA Gombe

YOLA OFFICE

Behind Karewa Primary Sch.
Karewa /Maskare layout Jimeta, Adamawa State

TARABA OFFICE

c/o Essential Drug Premises/Health System
Beside Tara State Broadcasting Service Phase II, Jalingo

KATSINA OFFICE

NO 3, Minjirya road, barhim estate, Katsina.
Katsina state.

MADALLA WAREHOUSE

Abuja grains Nig Ltd
Madalla. Abuja

KWARA OFFICE

MDS Ilorin, 111 Murtala Mohammed Way

NIGER OFFICE

Niger State Hospital Management Board, block F, Old secretariat complex, Minna, Niger State

ABBREVIATIONS & ACRONYMS

ANC	Antenatal care	NAIIS	National AIDS Indicator and Impact Survey
AOP	Annual Operational Plan	NAPMED	National Association of Patent and Proprietary Medicine Dealers
API	AIDS Prevention Initiative in Nigeria	NASCP	National AIDS and STIs Control Program
ARV (T)	Anti-retroviral (therapy)	NCD	Non-Communicable Diseases
ASHWAN	Association of Women Living with HIV in Nigeria	NDHS	National Demographic Health Survey
BCC	Behaviour Change Communication	NSP	National Strategic Plan
BMGF	Bill and Melinda Gates Foundation	OVC	Orphans and Vulnerable Children
CBO	Community Based Organisation	PCN	Pharmaceutical Council of Nigeria
CBOs	Community Based Organisations'	PCN	Pharmacy Council of Nigeria
CCM	Country Coordinating Mechanism	PCR	Polymerase Chain Reaction
CIFF	Children Investment Fund Foundation	PE	Peer Educator
CLHIV	Children Living with HIV	PHC	Primary Health Centre
CRS	Catholic Relief Society	PLHIV	People Living with HIV
DISC	Delivering Innovation in Self-Care	PMTCT	Prevention of Mother to Child Transmission
DMPA-SC	Depot Medroxy-Progesterone Acetate-Subcutaneous	PNS	Peer Navigators
EHAJ	Equitable Health Access Initiative	PPMV	Patent and Proprietary Medicine Vendors
EID	Early infant diagnosis	PR	Principal Recipient
FASTER	Faith-based Action for Scaling-up Testing and Treatment for Epidemic Response project	PrEP	Pre-Exposure Prophylaxis
FMoH	Federal Ministry of Health	PVLS (D)	Number of Persons due for Viral Load Test
FP	Family Planning	PVLS (N)	Number of persons who have a reduced viral load (<1000 copies)
FSW	Female Sex Worker	PWID	People Who Inject Drug
GFHIV	Global Fund HIV	QA	Quality Assessment
HCT	HIV counselling and testing	QI	Quality Improvement
HIV	Human Immunodeficiency Virus	SACA	State Agency for the Control of AIDS
HTS	HIV Testing Services	SASCP	State AIDS and STI Control Program
HTS_TST	Number of Persons tested for HIV	SMOH	State Ministry of Health
ICCM	Integrated Community Case Management	SRs	Sub-Recipients
IPCA	Interpersonal Communication Agencies	TACA	Taraba State AIDS Control Agency
IPH	Institute of Public Health	TBA	Traditional Birth Attendant
KAP	Knowledge Attitude and Practice	TG	Transgender
KOCC	Kick Out and Control Campaign	TX_CURR	Number of persons currently on treatment with ART
KP	Key Population	TX_NEW	Number of persons newly initiated on ART
KP_PREV	Prevention Services for Key Population	UNAIDS	Joint United Nations Programme on HIV/AIDS
LACA	Local Action Committees on AIDS	USAID	United States Agency for International Development
LGA	Local Government Area	VHW	Village Health Workers
M&E	Monitoring and Evaluation		
MCPR	Modern Contraceptive Prevalence Rate		
MMA	Matasan Matan Arewa		
MSM	Men who have Sex with Men		
NACA	National Agency for the Control of AIDS		



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ABOUT US

Society for Family Health (SFH) is a Nigerian non-governmental organisation (NGO) working in partnership with communities, government, donors and the private sector for universal health coverage and social justice of all Nigerians. 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 Nigerians. We leverage on over thirty years of thought leadership in a range of practical community-level interventions and policy engagements to scale population-level impact. SFH connects all Nigerians in an innovative social business model to expand access to essential health commodities while boosting overall national health financing.

OUR VISION

Healthy lives 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 Programme 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 is the former President of the Pharmaceutical Society of Nigeria (PSN) of the Pharmaceutical Society of Nigeria (PSN) and has been strongly involved in its activities over the years; even serving the Society as Deputy President. He currently runs Pharmaplus Limited, a wholesale practice, as well as Pharmaplus Consulting. He is a fellow of the Pharmaceutical Society of Nigeria (PSN) and consultant to 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.

DR. CHIKWE IHEKWEAZU

Dr Chikwe Ihekweazu is an epidemiologist and Consultant Public Health Physician. Dr. Ihekweazu is an Assistant Director General at the World Health Organisation (WHO), leading the WHO Hub for Pandemic and Epidemic Intelligence. He is also the Managing Partner of EpiAfric (www.epiafric.com), a health sector focused consulting group working to improve population health through expert research and data analytics, project design and evaluation, health communication, advocacy and training. 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 is also the co-lead of Nigeria Health Watch (www.nigeriahealthwatch.com), an advocacy platform for health in Nigeria.

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. Mr. 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 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 also a member of the following boards: Humentum, UK and 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 also 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 Mr. President Olusegun Obasanjo (GCFR) in December 2006.

SIR BRIGHT EKWEREMADU

An extraordinary leader with over twenty five years of experience in social marketing and managing complex HIV & AIDS prevention, Reproductive Health/Family Planning and Maternal and Child Health programmes. Sir Bright joined SFH in 1993, and rose to the position of Managing Director in January 2005.

Sir Bright holds a Masters 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.

FOREWORD

With great delight, I present to you the 2020 Annual Report - a highlight of our work in 2020. Undeniably, the year 2020 was unprecedented; the Covid-19 pandemic instigated uncertainties worldwide. But, amidst the challenges and disruptions posed by the pandemic, SFH was quick to adapt to the “new normal”, finding innovative ways to carry out her mandate of empowering the poor and vulnerable populations to live healthier lives. In response to the Covid-19 pandemic, SFH supported the Government of Nigeria in strengthening the Covid-19 response capabilities across several Nigerian states as well as incorporating Covid-19 mitigation strategies into her project activities.

This report highlights the many ways we have stayed focused- implementing our fourth-generation strategic plan of Facilitating People-Centred Healthcare; through deploying transformative actions to build a people-centred health system that delivers an essential package of health services without financial hardship at various levels. This year’s report covers our work on Youth programming, HIV, Malaria, and Tuberculosis programming, our work facilitating access to Primary Health Care and nutrition services to the most vulnerable population in crisis-affected communities, our international operations, our warehouse activities, and many more.

As always, we remain grateful to our donors for their unflinching support - 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. We are also grateful to our partners (indigenous and international) for their support in the implementation of our projects in 2020. We also extend our gratitude to the Government of Nigeria, who have been supportive of our operations. SFH will continue to cherish and keep these relationships that have helped us on our journey thus far.

As we build on our efforts and the learnings of 2020, implementing our strategic plan in 2021, we remain committed to serving humanity with integrity, respect, accountability, creativity, and professionalism while collaborating with our donors and partners. We would continue to partner with donors’, the government, partners, and the private sector to improve health outcomes by ensuring communities have access to affordable, quality, gender-sensitive health services and commodities.

Professor Ekanem Ikpi-Braide
President, SFH Board of Trustees

OVERVIEW

2020 was a year unlike any other; the global crisis caused by the COVID-19 pandemic was unprecedented in scope and severity. Despite significant setbacks in economic and social activities worldwide, SFH made a measurable impact in the lives of 22 million Nigerians, their families, and communities across our four strategic directions.

In transforming healthcare delivery, SFH facilitated access to comprehensive HIV services across the cascade to over 400,000 KPs and vulnerable populations, despite the pandemic disrupting routine healthcare services. The organisation distributed 5.4 million Long Lasting Insecticide Treated Nets (LLINs) and 94 million Family Planning (FP) products averting 4,569, 203 Disability Adjusted Life Years (DALYs), and 61,261 deaths. In redefining the health care system and innovating policy reforms, SFH expanded the quality of PHC service delivery, supporting the tiered accreditation of PPMVs and Community Pharmacists. In addition to contributing to deepening the quantity and quality of human resources for health nationally training over 7,000 healthcare providers. SFH supported the FMOH in developing national self-care guidelines (amongst the first in the world) as a vital step toward adopting self-care to strengthen health systems and achieve Universal Health Coverage. SFH also effectively engaged in critical thought leadership through webinars, policy drafting, peer-reviewed articles, and convened authority and solidarity on critical policy issues.

SFH rose to the COVID-19 challenge supporting the Government of Nigeria in strengthening the Covid-19 response capabilities across several states in Nigeria and community behaviour change in relation to COVID-19 non-pharmaceutical prevention. SFH also supported the process of operationalising the national guideline on the involvement of private laboratories in COVID-19 testing. The SFH warehousing and management system was successfully subjected to two rigorous audits organised by the Standard organisation of Nigeria (SON) in 2020, resulting in the ISO 9001:2005 certification. Our warehouse also contributed to the review of a standard operating procedure for the supply chain arm of the Federal Ministry of Health while spearheading pharmacovigilance activities by the ministry.

We remain grateful to our donors, partners, and the Government of Nigeria for their steadfast support and commitment to the Nigerian people and trusting our stewardship to deliver these measurable impacts. We would also like to thank our Board of Trustees for their unwavering support and guidance throughout the year. My deep appreciation to the extraordinary staff members of SFH for their continuous commitment to innovation, effective delivery, and focus on results that make the most for our communities for whom we exist even in a challenging year. I salute your resilience and dedication to the service of humanity.

Finally, we remain committed to continuous learning, improving, and delivering the highest impact possible as an organisation. We will continue to go far and further, working with our donors and partners to improve the health outcomes of the communities for whom we exist in our pursuit of Universal Health Coverage.

Dr. Omokhudu Idogho
Managing Director, Society for Family Health

Adolescent 360 Project (A360 Amplified)

01

— Introduction —

Adolescents 360 (A360 Amplified) is a 5-year project funded by BMGF and CIFF through Population Services International as the prime recipient. The project aims to break down barriers to access and voluntary use of modern contraceptives by adolescent girls aged 15–19, thereby, increasing the modern contraceptive prevalence rate (mCPR) and improving the sexual reproductive health of adolescents.

The Project implements 2 programmes namely:

1. 9ja Girls (for unmarried girls) which is implemented in Lagos, Oyo, Ogun, Osun, Delta, Edo, and Kaduna State. The 9ja Girl's programme supports girls and their communities towards adolescent, sexual and reproductive health, through social and economic development that centres on supporting girls' knowledge, skills, and confidence to aspire and achieve their goals for their lives.
2. Matasa Matan Arewa (MMA) (for married girls) which is implemented in Kaduna and Nasarawa state . The Matasa Matan Arewa programme creates strengthened, integrated health and community support systems, capable of working together to make sexual and reproductive health services relevant and accessible to married adolescent girls. This in turn empowers her to achieve her goals, contribute to her family income, and raise healthy children.

The A360 amplified project is collectively evaluated by: ITAD Limited, London School of Hygiene & Tropical Medicine, and Avenir Health.

— Project Strategy and Activities —

Due to the COVID-19 Pandemic, most programme processes had to be adapted to adjust to new realities such as:

- Virtual activities in place of physical gatherings.
- Movement restrictions stalled the supply of contraceptive commodities, hindered travelling to access commodities where needed, and prevented youth advocacy.

Despite the challenges, the project was able to carry out the following activities:

Social Behaviour Change

Facebook FP campaigns

- In May 2020, A360 launched a Facebook promotion campaign for young women to safely access reliable on- demand FP information.
- With over 13,000 followers, the campaign broadened A360's client reach and linked newly interested youth to their digital FP curriculum taught by peer mentors.
- Prior to the pandemic, A360 promoted youth FP demand creation through in-person classes. To safely maintain FP awareness and referrals, in June 2020, A360 digitized its LLH curriculum on WhatsApp.
- Interested youth received personalized private online counselling and were directly referred to A360 providers.

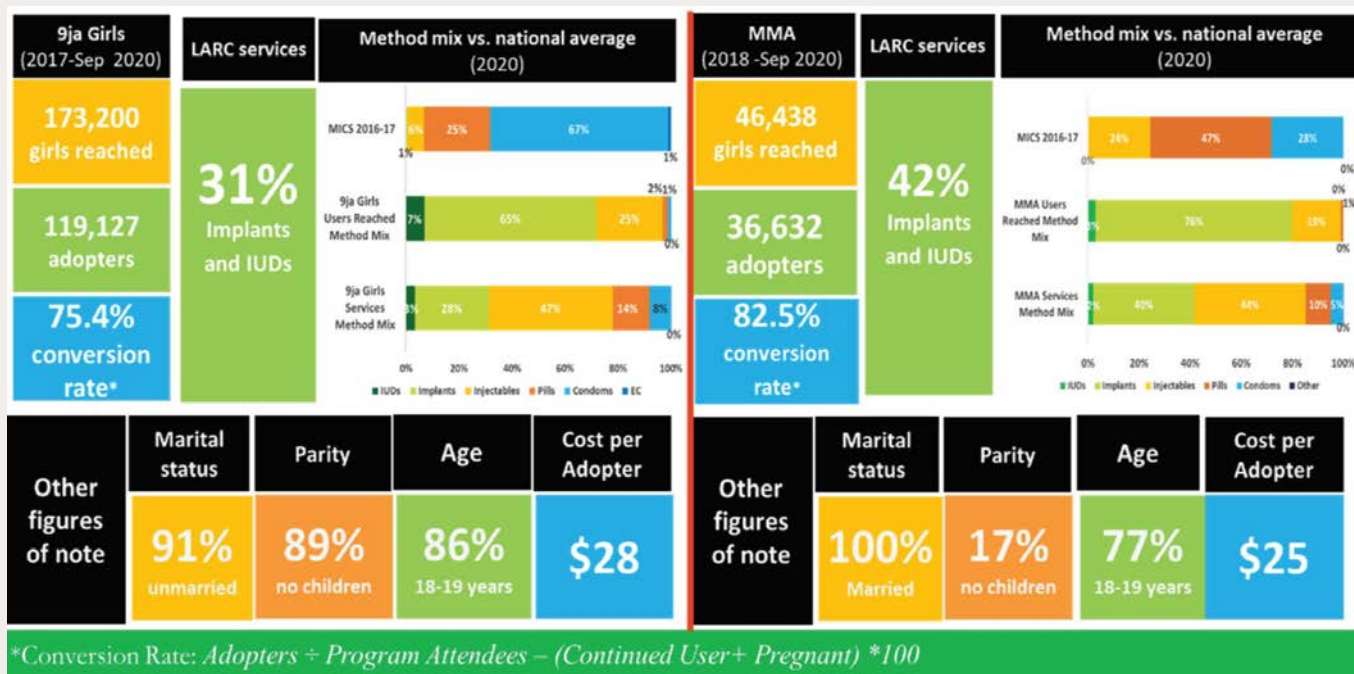
Service Delivery

- Increased youth friendly days at spoke facilities and the Big Sistas programme
- Continued to provide quality FP services closer to youth's homes. In June 2020, A360 transformed certain spoke delivery facilities into 'mini-hub' facilities by increasing the number of youth providers' days at the post.
- In May 2020, to improve short-term method continuation rates during COVID-19, A360 launched a physically - distanced community - based FP program where peer mobilizers train, refer and support interested youths with follow-up.
- At the end of 2020, 25 Big Sistas were trained, 152 youth were administered methods, and 40 youth were referred.

Enabling Policy Environment

- Advocacy training courses for government officials
- To ensure that youth FP advocacy efforts continued during lockdown, in May 2020, A360 began organising physically - distanced youth-friendly FP service trainings with members of four state governments.
- Engagement of state officials promoted national level key stakeholder participation, including the Permanent Secretary of the SMOH, and Executive Director of PHCB.

— Programme Achievements —



“The project aims to break down barriers to access and voluntary use of modern contraceptives by adolescent girls aged 15–19, thereby, increasing the modern contraceptive prevalence rate (mCPR) and improving the sexual reproductive health of adolescents.”

Access-N Project

(Improving Access to Non-Communicable Diseases Management in Nigeria)

02

— Introduction —

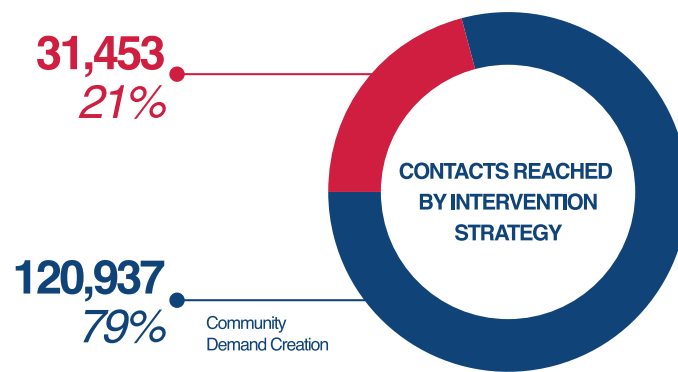
Society for Family Health in partnership with Novartis Access implemented the “Improving Access to NCDs Management in Nigeria (Access-N)” project. The Access-N Project focused on providing strategic behaviour change communication interventions that aimed to empower communities to make informed and healthy choices, increase disease knowledge, improve care-seeking behaviour, and facilitate access and linkage to available treatment options, products, and services. This project worked in the private and public health sector and targeted two key NCDs namely - cardiovascular disease and type 2 diabetes in Imo and Kaduna State.

The project adopted a hub and spoke approach in selected catchment areas within the LGAs. The hubs provided comprehensive NCD management services while the spokes provided basic NCD services with referral to the hubs. The hub and spokes were selected to form a cluster under each implementation LGA.

— Project Strategy and Activities —

Demand Creation

Forty-two (42) Interpersonal Communication Agents (IPCAs) were trained to penetrate the target communities and create awareness, increase knowledge, and facilitate a better understanding of the subject NCDs. In each state, 21 agents conducted behaviour change communications to address myths, misconceptions, and barriers such as the low-risk perception that hinder desired behaviour change. Contacts with perceived risks were referred for further education and diagnoses at selected health facilities within the communities.



Mobile Outreaches

The project demand generation team (IPCAs, HCCs, and healthcare providers) conducted outreaches at least once a month in each of the seven implementing LGAs. The activities during the outreaches included disease awareness, education, and sensitization health talk (Covid-19 messaging), screening of community members for blood sugar and blood pressure, and referrals made to the nearest health facility. The primary aim of the outreach was to increase disease awareness as well as increase demand for NCD medications and then refer to implementing facilities.

Facility-based Intervention

We worked with 70 selected trained facilities on a hub-and-spoke approach. The spokes which included PHCs, Community Pharmacies, and PPMVs were trained and supported to provide disease education and basic diagnoses and refer to hubs for confirmatory diagnosis and management services.

— Project Achievements —

Project Targets	Project Achievements
To build the capacity of 8 Master trainers and 70 healthcare workers with public and private health facilities on standard protocols for the management of type II diabetes and hypertension in Imo and Kaduna State within 12 months.	<ul style="list-style-type: none"> » Eight (8) master trainers trained » Master trainers deployed to scale up training, mentoring, and supervision to providers in 70 participating health facilities » Forty-two (42) IPCAs trained
To reach 115,200 contacts with strategic behaviour change communication to empower them to make informed and healthy choices, increase disease knowledge, improve care-seeking behaviour for two key NCDs, namely – cardiovascular disease and type II diabetes in Imo and Kaduna State of Nigeria within 12 months.	<ul style="list-style-type: none"> » Total number of contacts reached: 152,390 » Number of contacts screened: 30,734 » Suspected cases identified: 21,676
To develop Provider Deskguide approved by the Federal Ministry of Health for the management of Hypertension and Type II diabetes for use in private and public health facilities.	<ul style="list-style-type: none"> » Developed strategies and key messages to improve adoption behaviours on promoted NCDs, » Conducted audience profiling of the target groups to identify their key characteristics including motivating and mitigating factors and media channels. » Novartis existing materials on cardiovascular disease (hypertension) and diabetes were adapted to fit the audience profile. » Key messages were developed at the DELTA workshop and used to facilitate project training and demand generation activities.
To improve access and linkages to available treatment options, products, and services working in the private and public health sectors for cardiovascular disease and Type II diabetes in Imo and Kaduna State within 12 months.	<ul style="list-style-type: none"> » Total referrals made: 10,902 » Total referrals redeemed: 1,297

Consumer Market for Family Planning (CM4FP)

03

— Introduction —

Society for Family Health (SFH) in partnership with Population Services International (PSI) is currently implementing the pilot Consumer’s Market for Family Planning (CM4FP) study, which aims to address data gaps by producing high-quality contraceptive market data that is matched to consumer data to provide a robust picture of the “complete market” for family planning in Nigeria. The study is carried out in selected states: Abia, Kaduna, Lagos, and Niger state.

This study involves a longitudinal survey of all outlets offering FP commodities in the selected geographical areas and a repeated cross-sectional survey of women of reproductive age living in the same localized areas as the surveyed outlets. In the outlet survey, a full audit of all FP products available at all outlets plus interviews with providers to understand volumes of sales, product stock-outs, prices, and different aspects of service readiness is conducted. In addition, knowledge and perceptions of contraceptive availability and accessibility of providers are accessed. The household survey provides an opportunity for women to identify which outlets they obtain their FP methods and services from, through linkage with the outlet survey data.

Currently, the study has completed 3 of 4 rounds slated for the life cycle of the project. This report, therefore, details the progress of the study so far.

— Activities —

1. Conducted refresher training for the interviewers, supervisors, and quality control officers.
2. Conducted advocacy visits to relevant stakeholders who manage the affairs of Public & Private Hospitals, PHCs, Pharmacies, PPMVs, etc. These stakeholders include NAPPMED, PCN, LGA, SMOH, LSMDA, etc. Also met with the LGA CDCs, traditional, community, and religious leaders to solicit their support for the household survey.
3. Revisited all outlets (Hospitals, PHCs, Maternity, PPMVs, CHWs) to carry out the full audit of family planning products as well as services.
4. Conducted face-to-face interviews with women of reproductive age within our selection enumeration areas. Although, we could not complete the targeted sample size; fieldwork was suspended because of the outbreak of COVID-19 in Nigeria.
5. In preparation for round 4, there were several team meetings to discuss some of the risk and mitigation plans for round 4 data collection activities.

— Project Results and Achievements (Round 1-3 (R1 to R3)) —

State	Number of outlets/Chews visited (mapped)	Outlet achievement			Household achievement		
		R1	R2	R3	R1	R2	R3
Abia	422	197	189	151	846	846	682
Kaduna	282	202	193	160	836	836	731
Lagos	334	155	155	138	775	775	546
Niger	175	145	135	86	839	839	736
Total	1213	699	672	535	3296	3296	2695

The study aims to address data gaps by producing high-quality contraceptive market data that is matched to consumer data to provide a robust picture of the “complete market” for family planning in Nigeria.

Central Warehouse

04

— Introduction —

The SFH Central Warehouse in Ota Ogun state Nigeria is the location for receipt, sorting, and storage of all imported and locally sourced commodities and materials procured by different in-house projects and units. These materials and health commodities are then distributed from the warehouse to third-party warehouses or SFH offices as required.

The year 2020 was not without challenges especially with the advent of the COVID-19 Pandemic that resulted in a 4-week national lock-down. This lock-down, disrupted existing logistic arrangements and the #EndSARS nationwide protests threatened SFH's assets. Regardless of the unprecedented challenges, the central warehouse adjusted to ensure that there was zero disruption in commodity and material distribution. Commodities were available for distribution through the commercial pharma chain all year round. Measures adopted during the nationwide protests also ensured the safety of all personnel and zero loss of assets in the central warehouse.

2020 Strategy Implementation

The Central Warehouse contributes to achieving SFH's strategic direction of transforming healthcare delivery by aligning the work process with global best practices. This brought in some form of visibility through technological innovation in commodity distribution. The warehouse processes were benchmarked with international standards by partners and government agencies thereby building a stronger interface with government agencies, ministries, and vendors. This significantly enabled knowledge and skill sharing in supply chain operations.

— Activities —

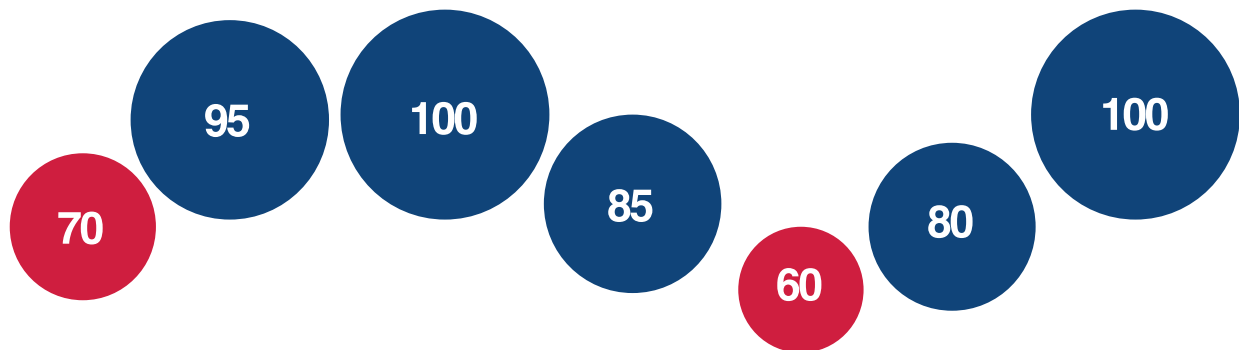
- Received and distributed commodities and materials across the twenty-two (22) third-party warehouses including far-flung locations such as Maiduguri in North-Eastern Nigeria.
- The warehouse participated in two rigorous audits organised by the standard organisation of Nigeria (SON). These audits were successful resulting in SFH being awarded the ISO 9001:2005 certification.
- Over 6,000 bottles of water guard plus were distributed to four states (Lagos, Abuja, Ogun, and Kano) as part of palliative support in the heat of the pandemic.
- As part of her corporate social responsibility, the warehouse supported road maintenance, constructed drainages, paid off security levies, constructed curvets, and supplied 400 bags of cement to the host community.
- The warehouse piloted resource generation activities which included the leasing of un-utilized warehouse space.

The warehouse contributed to the review of a standard operating procedure for the supply chain arm of the Federal Ministry of Health while spearheading pharmacovigilance activities by the ministry. The warehouse team also routinely engages with the Pharmaceutical Society of Nigeria (PSN) towards the enactment of the pharmacy bill.



The Central Warehouse contributes to achieving SFH's strategic direction of transforming healthcare delivery by aligning the work process with global best practices.

— Project Results Against Targets —



- **70% was achieved from set target on commodity clearance completion**
Deadline : within 3 weeks and quarterly refund on container deposits
- **95% was achieved on logistics and commodity distribution with deadline of 18th of every month**
- **100% was achieved quality assurance with ISO certification and compliance to storage and quality guidelines**
- **85 % was achieved on finance with 70% quarterly burn rate and maximum of 110%**
- **60% target was achieved on increase in warehouse space utilisation by 70%**
- **80% was achieved on set target for on-line real time updates on inventory software**
- **100 % was achieved on maintaining less than 1% variance on inventory management**

— Next Steps —

- Repair the fork-lift and make it functional.
- Maintain the standards achieved.
- Follow up with the approval of environmental impact study report.
- Achieve 5% cost savings in warehouse expenditure.
- Increase space utilization by 10%.

Delivering Health to all Children (DEL2ALL)

05

— Introduction —

Delivering Health to all Children (DEL2ALL) is an intervention designed and implemented by Society for Family Health (SFH) with funding from Novartis, to address equity gaps and expand access to life-saving efforts which will lead to a reduction in the unacceptably high mortality rate among under-five children in Ebonyi and Kaduna States. The project is committed to building the capacity of Patent and Proprietary Medicine Vendors (PPMVs) in the States to provide timely and appropriate treatment for common childhood illnesses such as pneumonia, malaria, and diarrhoea, which are most often responsible for high rates of child mortality in Nigeria.

— Activities —

- Advocacy to stakeholders.
- Project inception meeting.
- Identification, selection, and assessment of facilities.
- Integrated Community Case Management of Childhood Illness (ICCM) training of trainers.
- ICCM step-down training.
- GIS mapping of 439 PPMVs.
- Monitoring and supportive supervisory visits.
- Community mobilization including IPC activities in markets and worship centres.
- Review meetings.
- Warehouse space

— Project Results and Achievements —



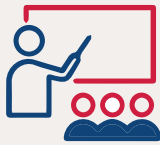
Completed all stakeholder engagements in the state



Successfully secured the State government's buy-in



Out of
439
PPMVs
identified during the GIS mapping,
387
completed the
step-down training



Trained
23
Resource
Persons



Completed assessment of
63
health facilities
assessed in both states.

— Next Steps —

- Increased stakeholder and community engagement activities to strengthen public-private partnership for project sustainability.

Delivering Innovation in Self-Care (DISC)

06

— Introduction —

The primary objective of DISC is to scale up quality self-care options, starting with DMPA-SC (Depot Medroxy-Progesterone Acetate – Subcutaneous). The project seeks to achieve this by democratizing access to Sexual and Reproductive Health and demonstrate the true potential of self-care through self-injection with DMPASC. DISC uses the PSI Keystone framework which addresses public health interventions in four stages of 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.

— Achievements and Results —

DISC commenced 2020, and the focus was on designing interventions that would be consumer-centric and contribute towards a sustainable self-inject market. Despite the global pandemic that hit operations across all countries, the DISC team was able to achieve a significant amount toward the project goals. This includes:

- Conduct insight research amongst consumers and providers to add new learning to the global evidence base.
- In 2020, SFH Nigeria conducted trainings with private sector franchise clinics, PPMVs and CHWs in Kaduna and Oyo This was the first wave of self-inject trainings to reach the 'low-hanging fruit' outlets and learn from the logistics/set up of the training. The training followed the national curriculum (developed by PATH). In December, 23 franchise facilities, 35 PPMVs, and 21 CHWs were trained.
- Co-create with consumers a set of prototypes to support uptake & continuation.
- Drive significant progress towards the development of self-care guidelines in Nigeria.
- Develop strong relationships with a variety of partner implementers and technical agencies.

- Build strong, well-functioning team structures, processes, and ways of working.
- DISC launched mass media COVID-19 campaigns in collaboration with the FMOH (Health Promotion Division) and with the support of local partners. The campaign had the objectives of helping women make informed choices about contraception and facilitating their access to self-care options. Target populations are now accessing an e-commerce platform to order contraceptive refill delivery. #SelfCareisSelfLoveNG generated 6,910,471 million post impressions, 3,175,561 post reach and 9,820,68 video views.
- DISC expanded contraceptive access through e-commerce by partnering with Konga to promote awareness of alternative channels for accessing contraception during COVID. The partnership improved the shopper/user experience for contraception shopping on e-retail with the creation of contraceptive landing page resulting in better category visibility and navigation.
- DISC developed a consumer-facing omni-channel campaign to support women throughout their consumer journey, including the soft launch of a WhatsApp self-care companion. The digital companion is a free to use, WhatsApp-based, automated chatbot which supports clients with their sexual and reproductive health needs.
- DISC supported the FMOH to develop national self-care guidelines (amongst the first in the world), as vital step toward adopting self-care as an approach to strengthen health systems and achieve universal health coverage.



The primary objective of DISC is to scale up quality self-care options, starting with DMPA-SC (Depot Medroxy-Progesterone Acetate – Subcutaneous). The project seeks to achieve this by democratizing access to Sexual and Reproductive Health and demonstrate the true potential of self-care through self-injection with DMPASC.

GF HIV Optimizing HIV/TB Investment for Impact Project

07

— Objectives —

90%



of key population (KP) have **access to** comprehensive HIV prevention, care, treatment, and support interventions **by 2021**

90%



of KP Living with HIV in Nigeria **know their HIV status by 2021**

90%



of KP Living with HIV who know their HIV status are **on ART by 2021**

90%



of KP Living with HIV on ART are **virally suppressed by 2021**


— Project Strategy —

Due to the emergence of Covid-19, an implementation strategy had to be put into place:

- Letter from the Federal Ministry of Health facilitated commodity distribution and staff movement during the lockdown.
- Development and dissemination of relevant IEC materials to field staff.
- Retention in care is ensured using WhatsApp CUG to strengthen adherence.
- Treatment Continuation: Collaboration with treatment PR and Health Facility for Multi-Month dispensing and community refill of ARV's.
- CFs, ORWs, and CMO carry out activities in LGAs outside the capital where enforcement of lockdown is less restrictive, and funds were made available for nights out to support work in the LGAs.
- Linkage to ART strengthened using project vehicles to transport newly identified HIV clients to treatment facilities.
- Approval received from donor for procurement and distribution of PPE to field staff.

— Project Results and Achievements —

CODE	Indicator	Jul19-Dec2020			
		Scores	Percent	Rating	
KP-1a(M)	Percentage of MSM reached with HIV prevention programs - defined package of services	Actual	52896	103%	A1
		Target	51587		
		Percent	103%		
KP-3a(M)	Percentage of MSM that have received an HIV test during the reporting period and know their results	Actual	52993	103%	A1
		Target	51587		
		Percent	103%		
KP-1c(M)	Percentage of sex workers reached with HIV prevention programs - defined package of services	Actual	129219	103%	A1
		Target	124252		
		Percent	103%		
KP-3c(M)	Percentage of sex workers that have received an HIV test during the reporting period and know their results	Actual	129348	103%	A1
		Target	124252		
		Percent	103%		
KP-1d(M)	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Actual	22188	108%	A1
		Target	20982		
		Percent	108%		
KP-3d(M)	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Actual	22271	108%	A1
		Target	20982		
		Percent	108%		
TCS-7	Percentage of newly diagnosed people linked to HIV care (individual linkage)	Actual	12403	96%	A2
		Target	12959		
		Percent	95.7%		
Overall Rating			102.8%		A1



Performance Rating	
A1	> 100%
A2	100-90%
B1	60-89%
B2	30-59%
C	<30%

— Next Steps —

- Increased stakeholder and community engagement activities to strengthen public-private partnership for project sustainability.

Sustaining Health Outcomes through the Private Sector Plus Nigeria

08

The goal is to increase the private sector's involvement in Tuberculosis (TB) detection and treatment. As well as increasing the availability of access to TB services in the private sector by establishing private providers from different cadres.

— Objectives —

- To build the capacity of the Intermediary Organisation (IOs) project team to support the integrated multi-cadre network of private providers
- To ensure high-quality TB services are provided among engaged facilities through mentoring and supportive supervisory visits (550 private health providers, 100 private clinics, 38 private labs, 26 community pharmacists, and 379 PPMVs) to provide TB services under NTBLCP in Kano state in 16 months.
- To ensure that the required quality and standard of TB diagnostic services for 18,000 presumptive cases is obtained and the notification of 1,800 confirmed TB patients through private sector network of TB service providers of Kano State in Year 2.

— Project Strategies —

The emergence of COVID-19 led to various inputs of which they could operate through the outbreak of the pandemic:

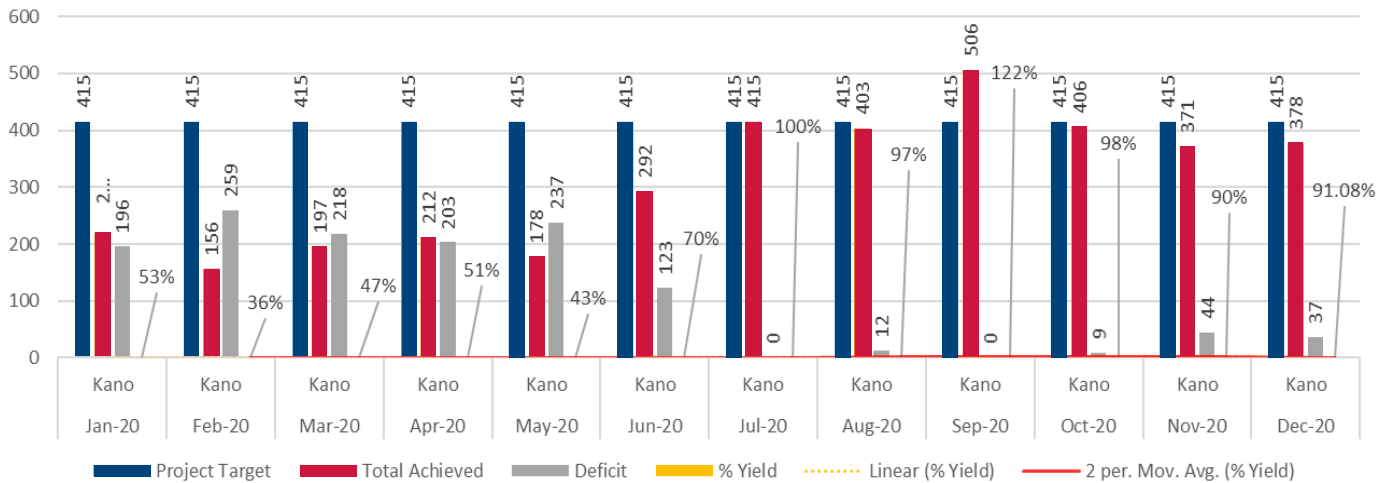
- Orientation and Awareness were given on COVID-19 signs and symptoms, methods of protection, in batches to Network Officers, Roaming Screeners, Fixed Screeners, Contact Tracers, Riders, Facility/PPMV/CP, and Labs Providers.
- PPES were Provided to all the Team Members and Providers.
- MOP-UP- Strategy was introduced in 2020 Q3 by initiating incentive per case to NOs and all Providers.

- More roaming screeners were engaged to support PPMVs, to intensify screening due to low walk-in clients in the clinical facility.
- Drastically improve the number of OPD Screening across all facility type
- Improve childhood TB interventions
- House-to-House outreach, optimise contact tracing was introduced
- Optimise case detection by CPs, PPMVs, and Labs.
- The use of the TB Starr app was scaled up
- Data harmonization from the local and state government.

— Project Results and Achievements —

The results are systematically illustrated in the table and graph below.

The graph below illustrates the 2020 targets vs Achievements:



Lafiya Programme



09

The UK Support to Health in Nigeria - Lafiya programme is the UK's flagship health programme in Nigeria. The objective of the Lafiya programme is to improve health outcomes for the poorest and most vulnerable in Nigeria by working with the Government of Nigeria (GoN) to increase resources invested in health; improve the effectiveness and efficiency of public and private basic health services and increase the modern contraceptive prevalence rate (MCPR). The programme works at Federal and State levels **(Borno, Jigawa, Kaduna, Kano, and Yobe)** and combines several interrelated outputs and intrinsically linked activities to achieve the stated objective. Lafiya is a demand-led, flexible, and adaptive programme. Therefore, the activities that will contribute to the achievement of the programme outputs and outcomes will be identified, agreed upon, and implemented throughout the life of the programme. FCDO appointed Palladium as a Service Provider to manage the implementation of the Lafiya Programme's main contract which runs for 7 years, from 18th February 2020. The primary focus of the programme's inception work-plan was the completion of a series of scoping exercises (assessments, mappings, and analyses) of which each has been designed to deepen understanding of the context to inform and refine our implementation strategies for the lifetime of the programme. The programme also demonstrated flexibility by supporting the COVID -19 pandemic response in eight states (5 Lafiya intervention states, Lagos, Zamfara, and Katsina).

SFH supports 2 outputs in the LAFIYA programme, Outputs 4 and 5. Output 4 aims at improved effectiveness of the private sector in delivering affordable basic health services, while Output 5 is focused on promoting increased use of modern contraceptive methods in Lafiya States, through Demand creation, support to Family Planning Services, and analysing and communicating the wider impact of demographics. SFH also worked in developing and implementing the COVID-19 concept notes 1 and 2, mainly in supporting Government programming as well as strengthening the Covid-19 response capabilities across LAFIYA states flexing to Lagos, Katsina, and Zamfara and the Federal Ministry of Health.

— Project Strategy and Activities —

The following baseline assessments were conducted during the inception:

- Mapping of health facilities to identify FP service provision points, including integration of FP across PHCs and capacity assessment of health workers.
- Mapping to identify hard-to-reach communities.
- Mapping of Community-Based Organisations, including adolescent girls and young women (AGYW) and male groups involved in demand creation and SBCC.
- Mapping of traditional & religious leaders and active platforms that can be leveraged in community-led social change and community mobilisation.
- Mapping of broadcast and social media scene in the Lafiya states.

— Project Strategies —

The log frame indicators for Outputs 4 and 5 were reviewed late in 2020. This, therefore, made it impossible for any achievement against the indicators that were essentially not there during the period under review.

However, Lafiya was central in supporting the state response apparatus to the COVID-19 pandemic in the states of Borno, Jigawa, Kaduna, Kano, Katsina, Lagos, Yobe, and Zamfara. In collaboration with World Bank, Private Sector Engagement on COVID-19 was deepened through training of providers on COVID-19 identification, and case management in line with the FMOH/NCDC and states protocols and guidelines. This was done through expansion of testing target through accredited private laboratories and expansion of treatment infrastructure, and critical care services in private health facilities.

The partnership also supported the process of operationalising the national Guideline on Involvement of Private Laboratories in COVID-19 testing. Lafiya (through Output 4) recruited and deployed a Laboratory quality assurance expert to the MLSCN to support accreditation of private laboratories by the Council. The partnership also successfully entered into an agreement with ROCHE for the secondment of a policy expert to support the NCDC on private sector engagement. Lafiya's support is dual-pronged - Support NCDC in its role of providing technical guidance and support to states in the Private sector engagement process and support to MLSCN on engagement with Private sector laboratories especially in standards setting, inspection, accreditation, and selection.

In addition, Lafiya intensified engagement with Private Health Sector Stakeholders at the national and state levels. Engagements with the leadership of private sector providers' associations, including National Association of Proprietary Patent Medicine Vendors (PPMVs), Association of General Medical Practitioner of Nigeria (AGPMN), Associations of Community Pharmacist of Nigeria (ACPN) on their involvement in the COVID-19 response. Based on the recommendation from the 2nd Concept Note SFH ensured that the Risks Communication and Community Engagement pillar of the Covid-19 response was implemented ensuring the institutionalisation of RCCE into government structures such as the Health Promotion Unit under the FMOH and at the state level. Activities such as training of school managers, both public and private, religious leaders, Ward Development Committees, and women groups were carried out. These exercises were done in collaboration with the SMOH and Ministry of Women Affairs.

Global Fund Malaria Project

10

The 2018-2020 GF Malaria grant was designed to be implemented through a consortium of partners to support the achievement of the goals and objectives of the National Malaria Strategic Plan 2014-2020 as listed above through a combination of support to public health sector facilities in terms of malaria commodity availability and health service providers' capacity building as well as community-level Social Behaviour Communication (SBC) to engender positive malaria-related behaviours and malaria service uptake from supported health facilities.

The main goal is to reduce the malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

— Objectives —

- To test all care-seeking persons with suspected malaria using RDT or microscopy by 2020.
- To treat all individuals with confirmed malaria seen in private or public facilities with effective anti-malarial drugs by 2020.
- To provide adequate information to all Nigerians such that at least 80% of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020.
- To ensure the timely availability of appropriate antimalarial medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed by 2018.
- At least 80% of health facilities in all LGAs report routinely on malaria by 2020.
- To strengthen governance and coordination of all stakeholders for effective program implementation towards an "A" rating by 2018 on a standardized scorecard.

— Project Strategy and Activities (COVID-19 Mitigation Strategies) —

House-to house Inter-Personal Communication (IPC) and community dialogue sessions continued in 924 wards across the supported States (Adamawa, Delta, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Ogun, Osun, Taraba, and Yobe). The program coverage targeted 25% of wards in 12 States but 100% ward coverage in Gombe. The IPC sessions were conducted by grassroots IPC agents (IPCAs) as discussion sessions, guided by a nationally reviewed flipchart, lasting between 30-45 minutes each, at the community level with household members (house-to-house IPC) or members of existing community groups (Community dialogue). PPEs (Face masks, hand sanitizers, and gloves) were provided for the IPCAs for their protection while in the field, as a mitigation measure against COVID-19 transmission.

Malaria message reinforcement to community members reached with the IPC sessions using tracked bulk SMS strategy

Mass media airing of nationally developed malaria jingles on selected radio stations across the 13 supported States to cover the entire 13 States with malaria messages as well as message reinforcement in communities already targeted with the IPC strategy.

Mass ITN Campaign using single-phase door-to-door ITN distribution strategy was implemented in Osun and Kwara to minimise contact between campaign ad hoc teams and household members in a bid to minimise COVID-19 transmission during the Campaigns. All campaign personnel were also provided with PPEs

Malaria message dissemination to community members during the IPC sessions as well as during the ITN campaigns in Osun and Kwara State were integrated with COVID-19 prevention messages.



SFH successfully pioneered the first-ever virtual micro-planning exercise in preparation for Osun ITN distribution campaign in the context of COVID-19

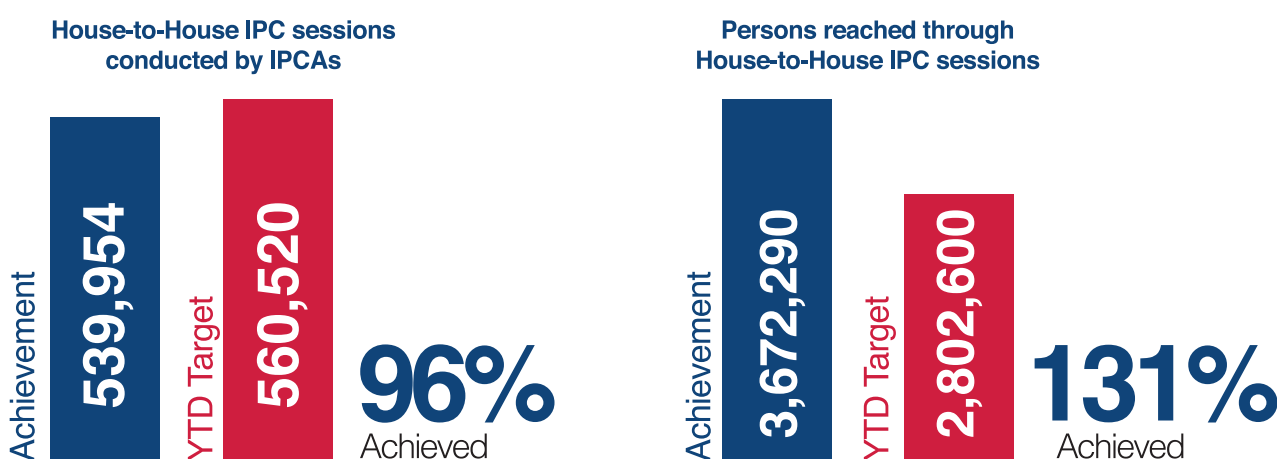
— Project Results and Achievements against Target —

In the year 2020, a total of 539,954 house-house IPC sessions (96% of target) were conducted by a total of 1,038 IPCAs who worked in pairs across 924 wards in the 13 States, but in 519 wards monthly. Except in Gombe State where all the 114 wards in the State were covered monthly, the IPC implementation was alternated monthly between 2 contiguous wards in the other 12 States. A total of 3,672,290 persons (131% of target) were reached across these wards with malaria messages which were integrated with COVID-19 messages following the pandemic. Additional 159,511 persons (128% of target) were reached across the 13 States through the 5,788 Community dialogue sessions conducted by the IPCAs.

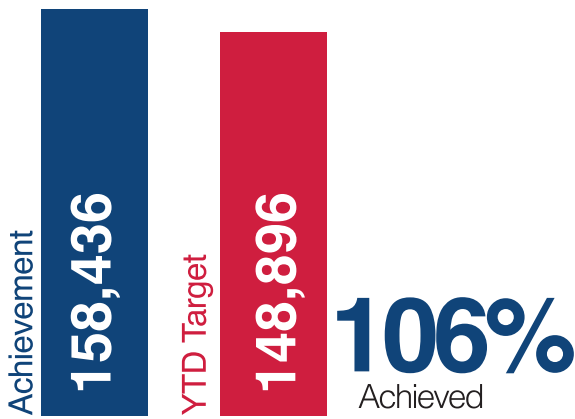
To ensure adherence to the expected standard of IPC sessions and to provide feedback to the IPCAs, the sessions were designed to be monitored daily by SFH SBC Specialists, LGA Health Educators, selected Civil Society Organisations (CSOs), State Health Educators, and biannually by national monitors from SFH HQ. In all, 158,436 out of the total sessions conducted in 2020 were monitored by these sets of monitors either on the spot or through back checks using standard checklists. The monitoring target set at 25 percent of the total IPC sessions conducted was exceeded with 29% of the IPC sessions monitored, with about 55 percent of these monitoring conducted by the LGA Health Educators and likened to the program sustainability plan. The under-achievement in the number of IPC sessions and Community dialogue sessions resulted from the break-in implementation in some States during the COVID-19 lockdown.

As part of malaria message reinforcement among community members reached with IPC, 1,800,000 SMS with messages cutting across the various thematic areas of malaria messages were sent out with about 95% of these messages confirmed to be received. Also, 2,609 malaria radio spots were aired across the 13 States for three months with about 98 percent of the jingles confirmed to be aired at the appropriate time based on the report from the engaged media monitoring agency. A pilot evaluation of the SBC strategy deployed for the grant conducted in late 2019 in Gombe State through a Knowledge Attitude and Perception (KAP) study provided evidence of the effectiveness of the strategy when the result was released in 2020.

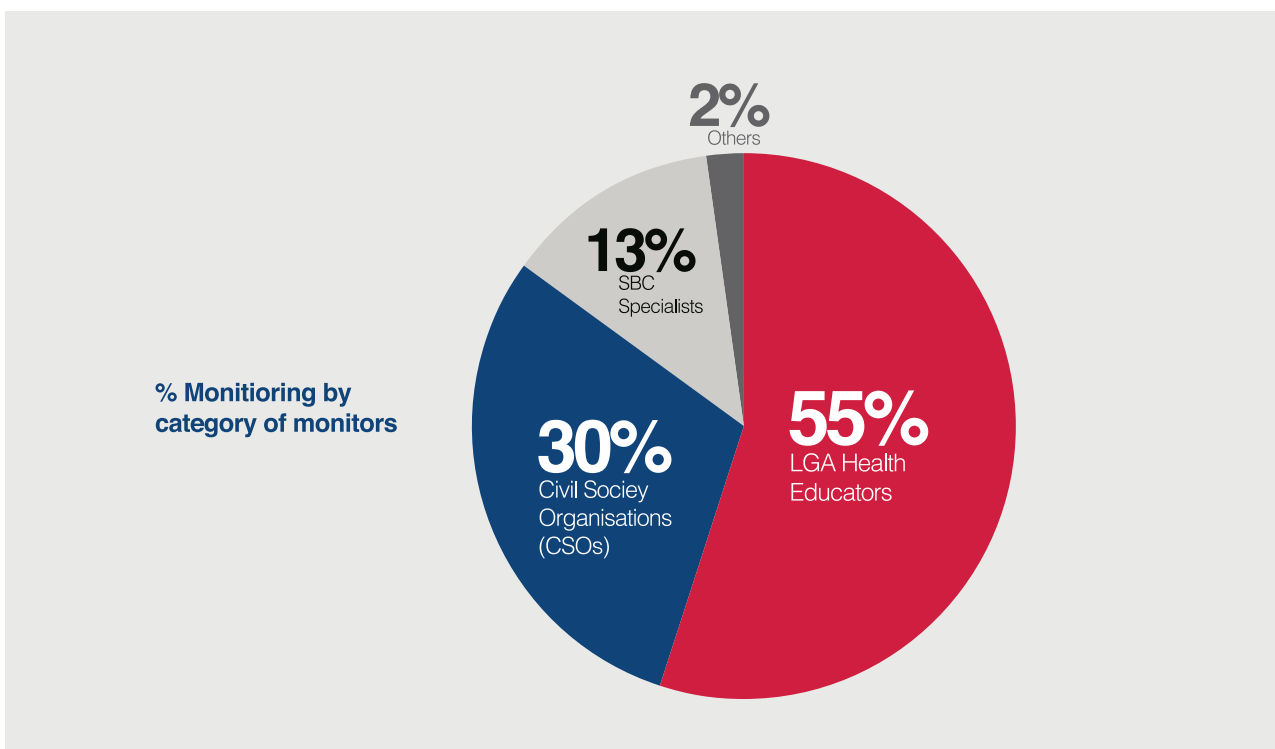
During the Mass Campaign for distribution of Insecticide Treated Nets (ITNs) conducted by SFH in 2020, 3,087,090 and 2,297,831 ITNs were distributed in Osun and Kwara State respectively achieving about 100% redemption rates in both States. In other words, a total of 5,384,921 ITNs were distributed by SFH in the year 2020.



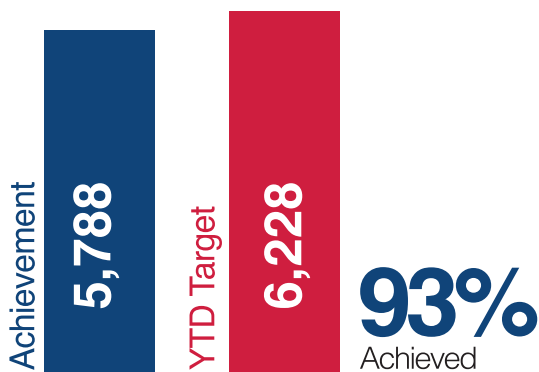
Monitoring of IPC sessions conducted



Percentage of conducted IPC sessions monitored



Community dialogue sessions conducted by IPCAs



Persons reached through community dialogue sessions



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

11

— 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 —

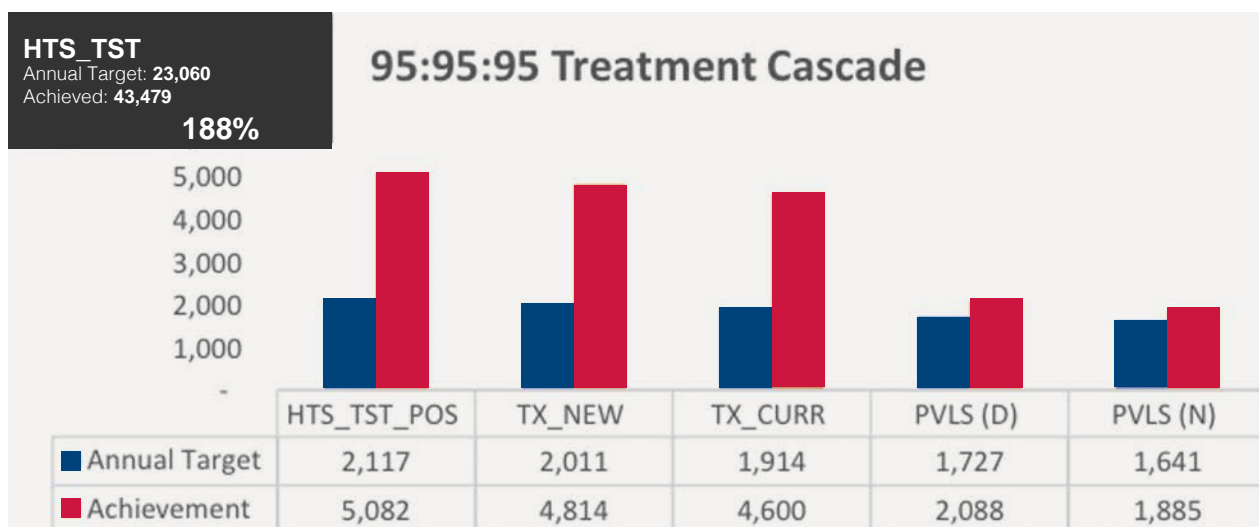
- Increased demand for and access to comprehensive HIV prevention and treatment services and interventions.
- Strengthened sustainability and organisational systems for program and data management and quality assurance of program by KP-competent and KP-led civil society.
- An enabling environment established for KP community-based programming through advocacy, data management systems, and other interventions promoting KP-supportive health policy, ideas, norms, and human rights.

— Project Strategy and Activities Carried out in 2019 — (Highlight COVID-19 Mitigation Strategies/Innovations)

- SFH-KP-CARE-2 has a well-developed strategy to achieve accelerated epidemic control amongst the key population (KPs) in the States. The approach was through a surge approach that prioritized active HIV case-finding and same-day initiation of treatment in communities with a high burden of HIV (Tier 1) in response to increased project targets. The strategy was guided by the need to ensure efficiency in targeted community testing and to ensure that case-finding occurs state-wide (rural and urban).
- One of the major challenges of KP-CARE-2 in FY20 was the outbreak of the coronavirus disease (COVID-19) pandemic. The COVID-19 pandemic resulted in a change in team and strategic approach, which included a community-based approach for ART refills and viral load sample collection using dried blood spot, switched all clients on ART to MMD90, virtual meetings, and training, supervision, and monitoring mainly through WhatsApp group platform and adaptation of COVID-19 IEC materials from NCDC, SFH, UNAIDS and WHO into local languages for the KPs.

— Project Results and Achievements against Target —

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



— Next Steps —

- Commence HIV self-testing and scale-up index and social network testing.
- Cervical cancer screening and management services.
- The rapid scale of PrEP and TB preventive therapy (TPT)
- Strengthening gender norms and preventing gender-based violence
- Optimise linkages for children of KPs to OVC package of care.

LAFIYA- Health Resilience of the Northeast (HeRoN), Gombe State Nigeria



12

Health Resilience of North-East Nigeria (HeRoN) is a three-year accountable grant, financed by the Department for International Development (DFID) and the United States Agency for International Development (USAID). HeRoN is implemented through a consortium comprised of Society for Family Health (SFH), International Rescue Committee (IRC), and Action Against Hunger (AAH).

Society for Family Health is working in partnership with communities, government donors, and the private sector for universal coverage and social justice of all Nigerians including the poor and vulnerable populations. The conduct of capacity building is part of the project design and inputs, the project's theory of change pathway to meet the above-stated project outcomes and impact. Tracking of project inputs, milestones, achievements, and progress are key deliverables towards achieving HeRoN project objectives.

The project consortium is currently implemented in Borno and Yobe states across 23 LGAs (13 in Borno and 10 in Yobe), with SFH supporting 5 LGAs and 20 Health facilities across those states. This project seeks to ensure the crisis-affected communities in both states have access to quality primary healthcare, nutrition services, people seek timely services, and take informed actions to prevent new disease and spread of existing disease. The project will also contribute to the sustained capacity of health systems strengthening at the Community and LGA level to achieve Universal Health Coverage. The HeRoN project focuses on women, girls, and other marginalized groups in target communities. It strives to ensure that this group is protected from and treated for the main causes of morbidity and mortality.

— Project Objectives —

OUTPUT 1: Quality Primary health and nutrition services are available and accessible.

OUTPUT 2: People seek timely services and take informed actions to prevent new disease and the spread of existing disease including malnutrition.

OUTPUT 3: Improved management and performance of the health system.

Government support at all levels is vital to programme coordination, success, and eventual sustainability.

Full involvement of WDC in sensitising and mobilising the communities have a direct positive impact on community participation, empowerment, and sustainability.

Bilateral Planning with the LGA Management Team for implementation is vital to avoid conflicting schedules with other national program activities such as the immunization plus days (IPDs), etc.

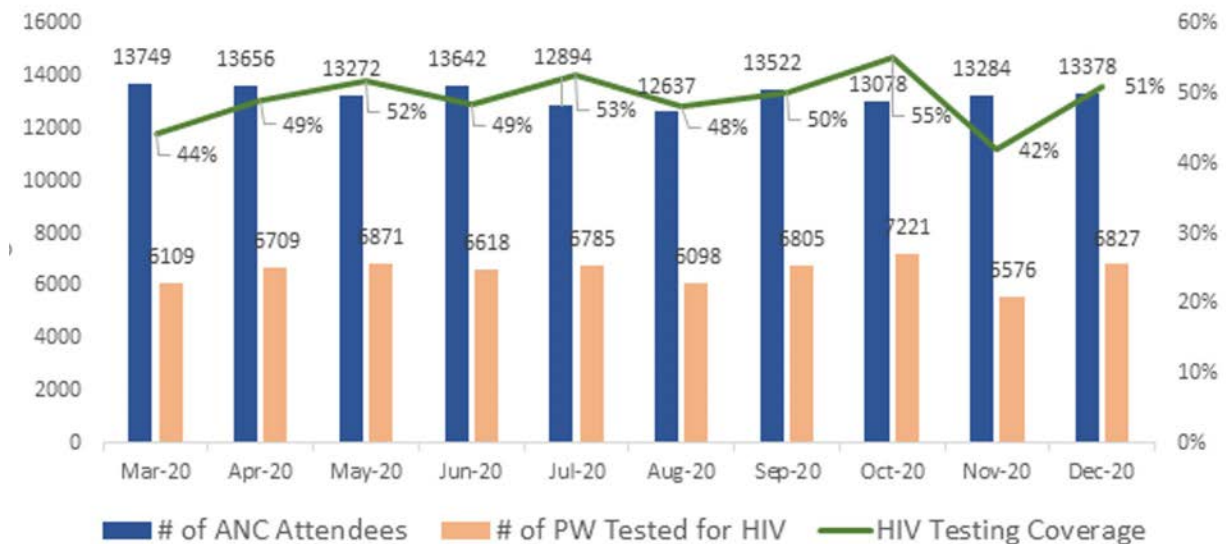
— Project Strategy and Activities Carried out in 2019 (Highlight COVID-19 Mitigation Strategies/Innovations) —

HeRoN project implementation started in March 2020, exactly the month the Federal Government of Nigeria and the world was shut down due to COVID 19 pandemic. SFH HeRoN joined in the global campaign through continuous intensification of COVID 19 prevention strategies and some behavioural change activities to promote adherence to national guidelines for COVID 19 prevention and influence positive health-seeking behaviour that will result in optimal facility utilization. The project also procured COVID-19 PPEs for all the supported health facilities.

The project focuses mainly on advocacy, engagement, and sensitization of relevant stakeholders thereby creating the right enabling environment to provide acceptable quality primary health care services. This is done through strategic engagements with key gatekeepers and community interlocutors critical to effective program implementation and acceptability. The consortium partners engaged the Borno and Yobe SPHCDA government executives to plan, evaluate, strategise, and supervise the implementation jointly. It also embarks on routine advocacy and discussion to the two states' Commissioner of Health, implementing partners in the state, and even larger facilities for collaboration on the treatment of more complicated health challenges of the people through referral networks and linkages. HeRoN also draws from the community health influencers promoters' services (CHIPS) to strengthen community participation and involvement. CHIPS forms a critical pillar and component of the current health reforms policy necessary for the successful implementation of Primary Health Care under one roof (PHCUOR) and Ward Health Systems which are essential elements of the HeRoN project.

The three project outputs activities (objectives) and deliverables were successfully carried out during the reporting period. Output 1 activities which involved series of training (seven standard training) carried out to strengthen the delivery of quality Primary Health Care, nutrition services, improved management, and improved performance of the health system through relevant training.

SFH HeRoN # of ANC Coverage Among Pregnant Women (PW)



— Project Achievements —

- SFH led the HeRoN consortium partners in partnership with the National Primary Health Care pioneer the rolling out of CHIPS programme in Borno and Yobe state and trained 400 CHIPS across the 2 states.
- SFH built the capacity for over 600 health care workers on BEmONC, IMCI, Family Planning, HIV/AIDS, Routine Immunization, National Health Management Information System [total Females trained (74%) and Males (26%)]
- Supported 20 intervention PHCs with commodities for year 1 and successfully partnered with LGA Executives/PHC Directors and strengthen the PHCs on effective storage of HeRoN drugs and consumables in the 20 HeRoN supported health facilities.
- Supported 5 LGAs in Borno and Yobe State with skilled health care workers to bridge the gap of human resource for health in some supported health facilities especially in Bayo LGA which has no registered Nurse or Midwife in the entire LGA before the deployment is remarkable.
- Build the capacity of 5 LGAs on Joint Integrated Supportive Supervision (ISS) with State and LGA team has created a sense of responsibility and most of the stakeholders have included in their plans.
- Improvement of Quality services observed by health care providers in some supported health facilities as a result various capacity building on PHC thematic areas, with an increase of about 66% of IUCD insertions and 34% of BemONC complications were managed.

— Next Steps —

- HeRoN team to conduct State level TOT in Borno for CHIPS training in October.
- The team will conduct advocacy to the Emirate councils in Borno and Yobe States
- The team will support the CHIPS agent stepdown training in Yobe State.
- Continue with routine monitoring and supervision of facility-based activities.
- Continue joint planning with government counterparts.

Lafiyan Yara Project

13

Lafiyan Yara project is an implementation science approach that is assessing various existing community mechanisms as a model to promote HIV PMTCT services among pregnant women and children less than 15 years in Taraba State. The project is funded by AIDSFONDS and SFH is working in collaboration with the Institute of Public Health of the Obafemi Awolowo University and the Taraba Agency for AIDs Control (TACA).

The project intends to compare the efficacy of different mechanisms to explore the most effective strategies to increase HIV knowledge, promote prevention, and treatment activities including identification and linkage among vulnerable children and pregnant women. The strategy is hinged on a social-ecological theory that seeks to understand the social and contextual correlates such as norms, environment, network, and organisational support influencing HIV prevention and treatment decisions and access to health services within a community setting. These existing community mechanisms and structures for promoting prevention and access to health services include the use of Village health workers (VHWs), Traditional Birth Attendance (TBA), and the Proprietary and Patent Medicine Vendor (PPMVs). And are expected to increase access and uptake of HIV services among children 0-14 years and reduce transmission of HIV from mother to child in eight local government areas of Taraba State through the promotion of HIV testing and linkages to various services in the cascade.

The Lafiyan Yara project builds on the National Strategic Plan (NSP 2017-2021) of Nigeria which has the vision to have an AIDS-free Nigeria with zero new infection, zero AIDS-related discrimination and stigma with a broad goal to fast track the national response towards ending AIDS in Nigeria by 2030. The second thematic area on HIV testing has a strategic objective to increase access to HIV testing services to enable 90% of people living with HIV to know their status and are linked to related services by 2022 and 95% by 2025. The strategic plan stated categorically that 100% of children between one year to nine years of positive mothers' access HTS by 2021. To achieve this thematic area, the strategic intervention is to strengthen community systems to support testing and re-testing of key-population, vulnerable

population, and pregnant women and children. The use of VHW, TBA, and PPMVs to mobilize, refer, and educate clients at the community level will bridge the gap between facility and community case findings and early treatment.

— Project Objectives —

PRIMARY

- 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

- 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 Strategies (January 2020 – December 2020) —

- To link and test **43,364** pregnant women for antenatal and test for HIV. Ensure those positive are placed on PMTCT/ART.
- To link and test **119,640** children less than 15 years of age for HIV. Ensuring positive children are placed on treatment.

— Project Achievements —

The project from January 2020 to December 2020, has mobilized **67,603** pregnant women and provided them with behaviour change communication on HIV prevention. A total of **66,436** of them were tested for HIV and 360 were confirmed HIV positive. A total of **344** commenced treatment using lifesaving antiretroviral therapy. A total of **201,973** children less than 15 years were mobilized for testing while **199,072** of them were tested for HIV out of which **176** were HIV positive and **155** children commenced treatment at the time of diagnosis. (Fig. 4,5 & 6)

The project which deployed the services of existing community structure in HIV case-finding shows that in the month under review, testing of 27,418 of women were through the TBA, VHW had total test of 21,746 and PPMV had 17,649 pregnant women tested. A total of 75,492 children were tested through VHW, PPMV had 66,773 and TBA had 59,708 children mobilized and tested at various facilities. The positivity yield of each model stands at 33%, 26% and 41% for VHW, PPMV and TBAs respectively (fig.7).

Sardauna and Bali Local Government Areas (LGAs) had the highest positivity of 0.7% among pregnant women in the month under review while Bali had the highest positivity for children with 0.2% (fig.3).

The project distributed Zip-up plus manual and exercise books to in-school youth. This is aimed at providing HIV prevention information and life building skills to in-school youths. This activity was interrupted by the COVID-19 pandemic lockdown.

There were series of advocacies to communities and religious leaders in the various implementing communities. These activities have provided an enabling environment and security to the front-line community staff in the state.

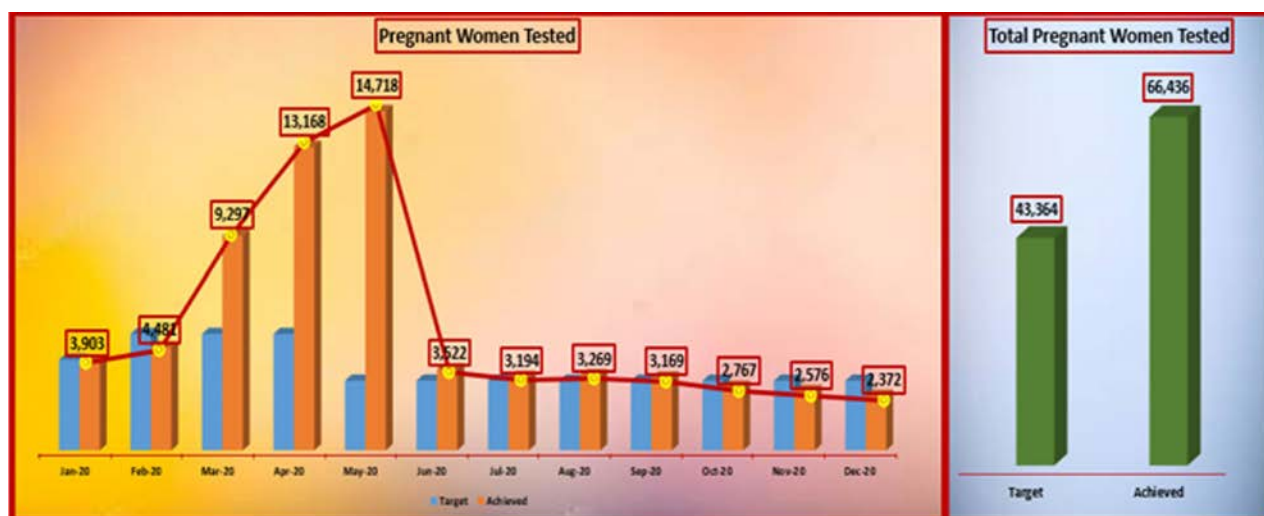


Figure 1: Showing Total number of pregnant women tested by Month and cumulative.

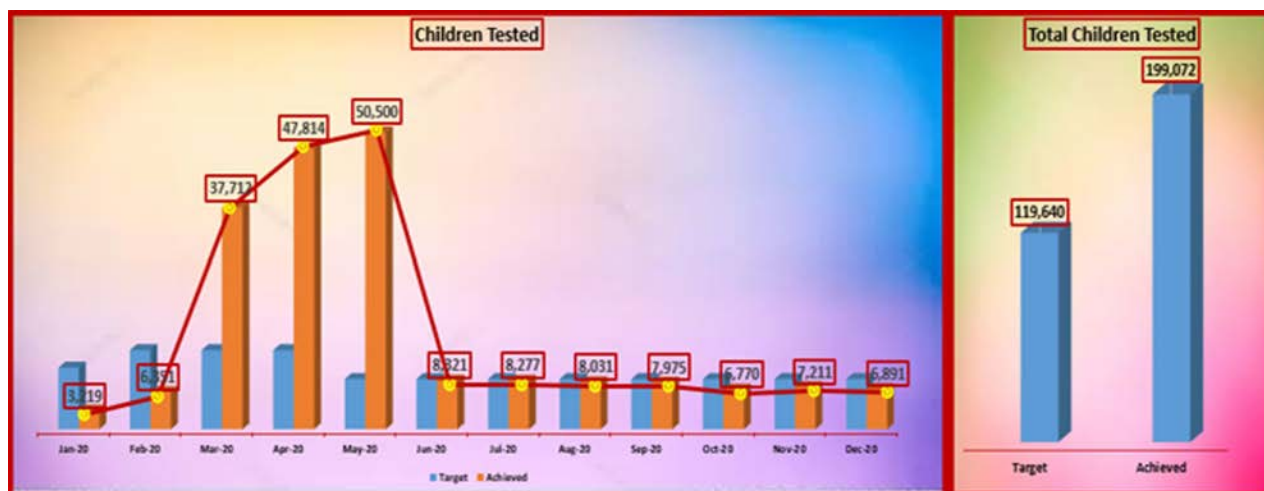


Figure 2: Showing Total number of children tested by Month and cumulative.

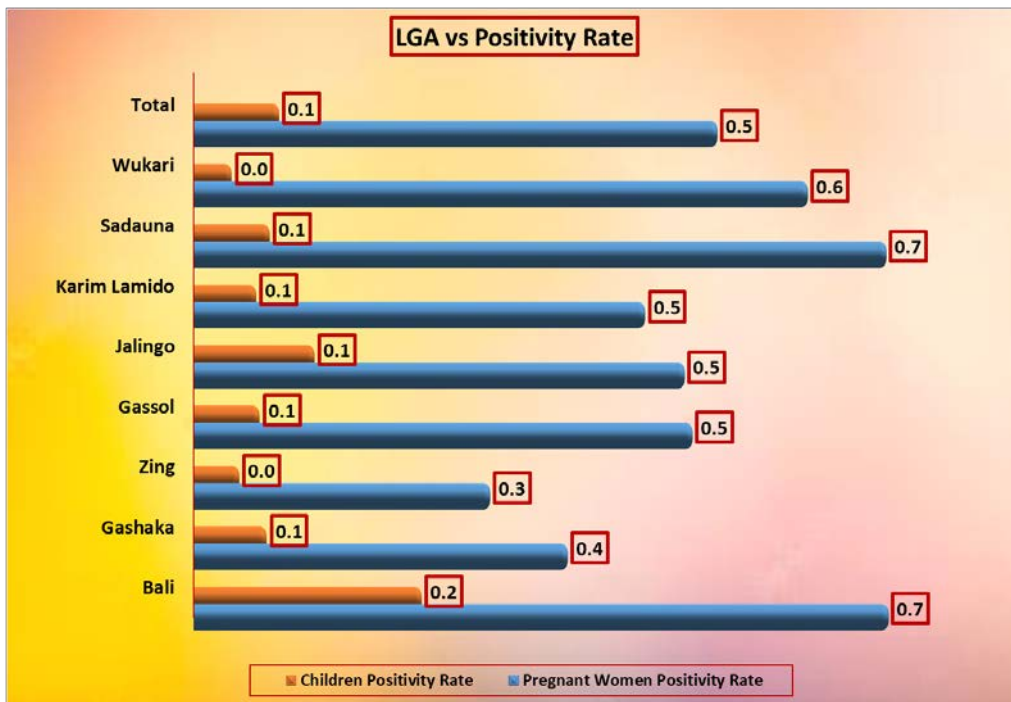


Figure 3: Showing Total Positivity rate of children and pregnant women by LGA

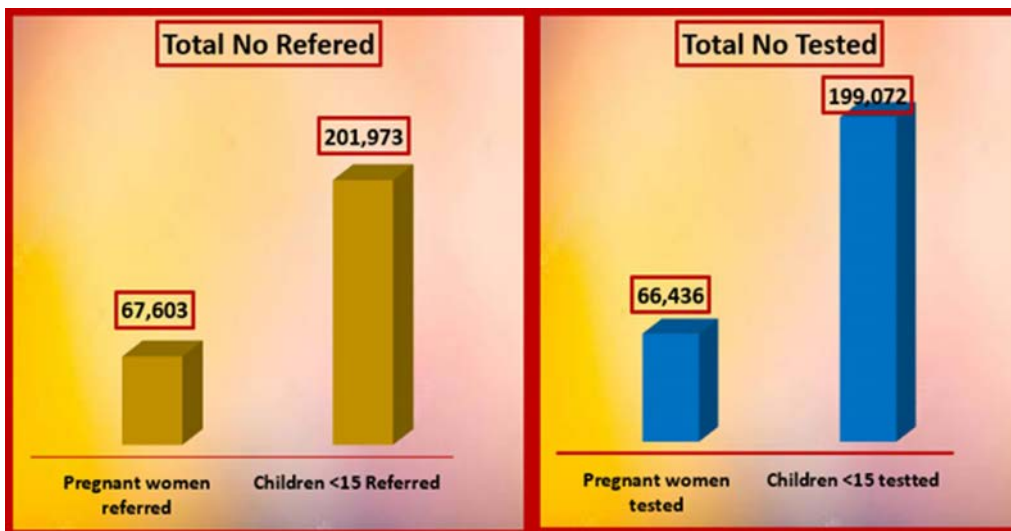


Figure 4: Showing Total number of children and pregnant women referred and tested

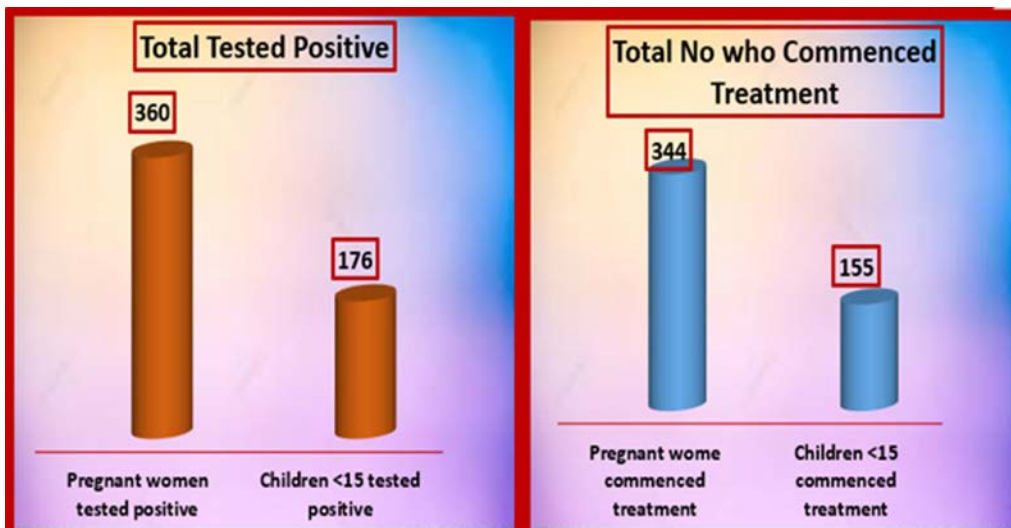


Figure 5: Showing Total number of children and pregnant women who tested positive and commenced treatment.

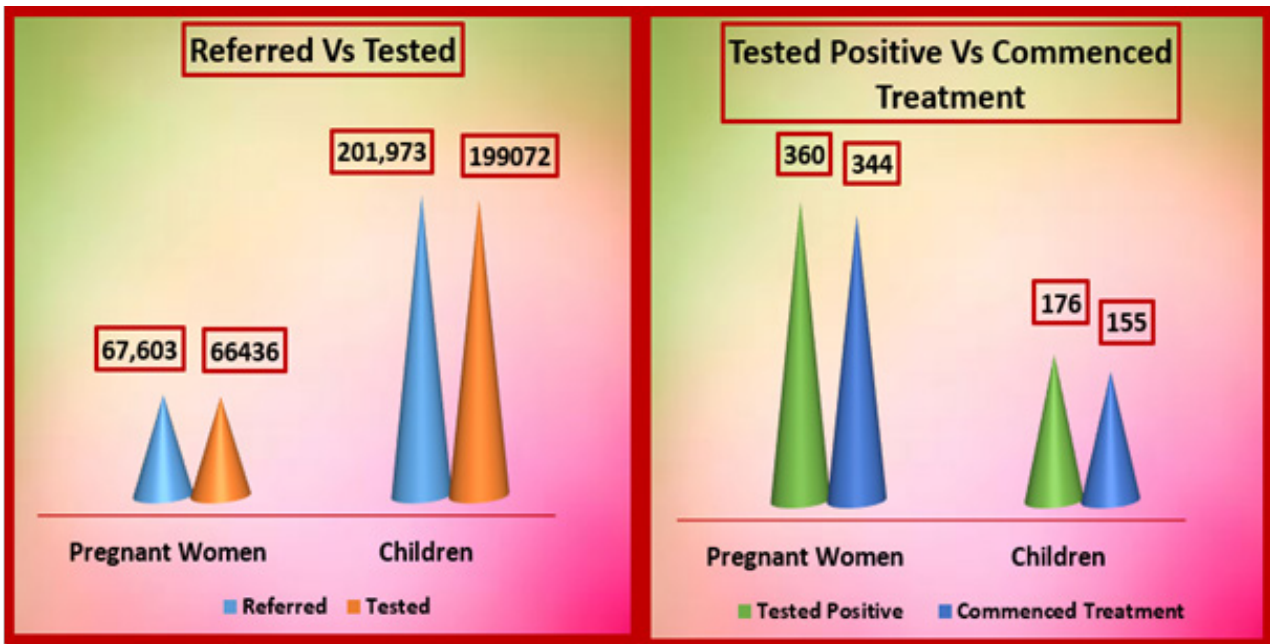


Figure 6: Showing Total referred vs total tested, and total positive vs commenced treatment

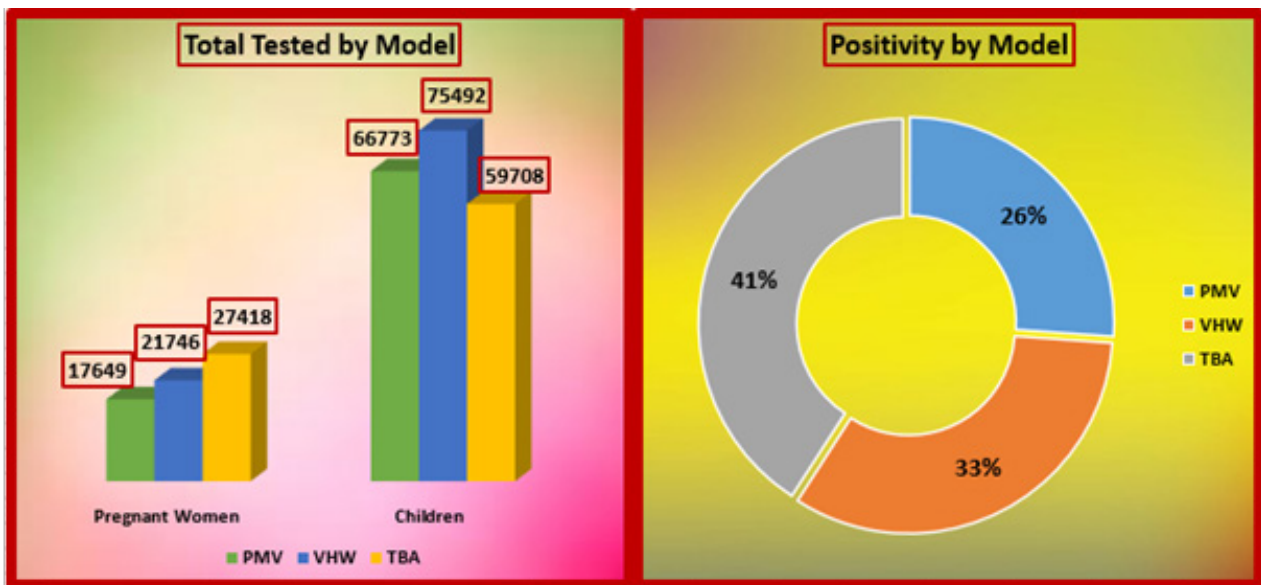


Figure 7: Showing Total tested by model and percentage positivity by model

— Next Steps —

- Continuous support and supervision of community field and facility workers.
- Targeted testing to increase positivity yield.
- Male involvement meetings in LGAs to encourage support to women to attend ANC and children to seek quality services and sensitization on dangers of gender-based violence.

Integrated Child Health and Social Services Award (ICHSSA 3)

14

The Project's Goal is to ensure that OVCs are cared for and protected by their households, communities, local and state governments. ICHSSA3's life of project target is 118,994 beneficiaries in Kano State.

— Project Strategy —

Our 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.

— Project Activities —

COVID-19 Mitigation Strategies/Innovation

The project, in response to COVID 19, developed virtual tools and leveraged virtual platforms to continue with program implementation. The 5-day start up workshop for the newly engaged CSOs was done virtually. Beneficiaries were prioritized based on their HIV status. Children and people Living with HIV were prioritized for support with the primary objective of ensuring that they are not lost to follow up and have regular ARV supply and are retained in care. Leveraging technological innovation through virtual platforms such as mobile phone, text messages and WhatsApp, we continued to provide services to household, monitored and supervised project implementation.

Opportunities to Inform Policy and Strengthen Governance

The project conducted several advocacy and introductory visits to other relevant ministries, departments, and agencies in Kano state. The AOR formally introduced the project to the Kano State Government through the speaker of the Kano state house of assembly, Ministry of Women Affairs and Social Development and the Director Generals of the KSACA and KSPHMB. The project is working with the State Actors to institutionalise social protection services through capacity building of Social Workers.

Youth/Adolescent Development

Linkages of out of school Adolescents to Skill Centres

In the period under review, 1230 out of school adolescents were linked to skill acquisition centres. Some were enrolled in fashion design, automobile repairs, catering, carpentry, shoe, and bag making, barbing saloon, hair dressing saloon and phone repairs. Progress is being monitored and upon graduation, start-up kits will be provided to them. This approach is positively contributing to human capital development in Kano state.

Gender Equality and Empowerment

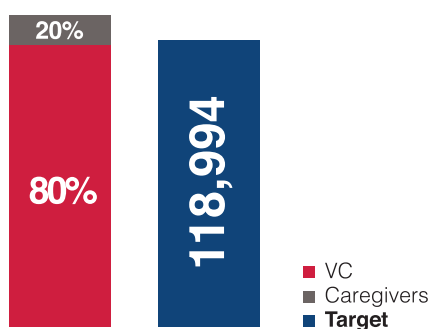
The project conducted a joint advocacy visit with the KSMWASD to the emir of Kano to solicit his support and that of the emirate on the legislation proposed against rape in the state. Advocacy visits and courtesy calls were also made to community gate keepers such as district heads, religious and traditional leaders of the target communities. The visits were used as entry points aimed at soliciting the support and corporation of the communities in the promotion of child centered and family focused gender and HIV sensitive norms.

The project established close working relationship and coordination with relevant Government Partners and key stakeholders through trainings and frequent advocacy visits to Sexual Assault and Referral Centre (SARC-WARAKA), Police, Hisbah, vigilante, Health facilities, State and LGA social work officers' referrals and reporting and responding to GBV and VAC within the communities.

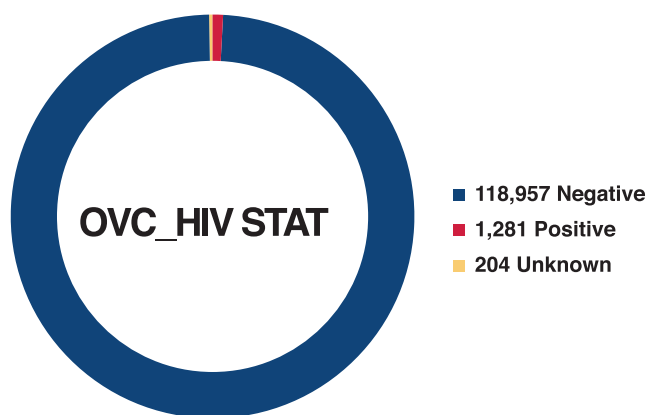
18,911 beneficiaries have been reached with 10hrs Gender Norms sessions

— Project Results Against Targets —

OVC_SERV



During this period, the project provided comprehensive, family-based care to **120,442 beneficiaries (80% Children, and 20% Caregivers) out of a target of 118, 994 project beneficiaries** across the **44 LGAs** in Kano states with at least one service.



The project has **1281 HIV positive, 118957 HIV Negative and 204 HIV unknown children enrolled** into the project and provided with at least one service within the reporting year.

— Next Steps —

- Continued engagement with key actors and stakeholders in the state to strengthen and sustain the continuum of care to CLHIV to reach the UNAID goal.
- Developing new strategies, ideas, and innovations that will improve service deliveries to OVC during COVID'19 epidemics.

SFH International Ghana (SFHIG)

15

SFHIG is part of SFH International, an emerging Pan-African Health NGO headquartered in Abuja, Nigeria with Representative offices in Ghana, Liberia, Sierra Leone, and Gambia. SFH International's mission is to improve the health outcome of Ghanaians and the rest of Africa. SFHIG was incorporated in Ghana in September 2018 but commenced operations in July 2019.

— Thematic Areas of Intervention —



**Family Planning and
Reproductive Health**



**HIV & AIDS Prevention
and Treatment**



**Malaria Prevention
and Treatment**



**Maternal and
Child Health**



**Clean and Safe
Water Systems**

— Key Activities during the review period —

Activities were undertaken during the review period focused on the following:

Registration with Statutory, Regulatory Institutions, Partners, and Groups in Ghana:

- *Department of Social Welfare*
- *Ghana Revenue Authority (GRA)*
- *Social Security and National Insurance Trust (SSNIT)*
- *Ghana Standard Authority (GSA)*
- *Food and Drugs Authority (FDA)*
- *Ghana Health Service (Family Planning Unit)*
- *Relevant Civil Society Groups*
- *SFHIG visibility to Stakeholders and Partners*
- *Covid-19 SFHIG Workplace Contingency Measures and Business Opportunities to SFHIG*
- *Participation in Family Health Division (FHD) of Ghana Health Service Programmes*
- *Registration with the Ghana Civil Society Organisations (CSOs) Platform on SDGs*
- *Risk Control and Governance*

Registration of Social products with the Ghana Food and Drugs Authority (FDA)

The goal of SFHIG is to provide information, services, and products on each of the thematic areas mentioned above. During the period under review, SFHIG has been registering its social products (range of condoms, lubricants, Emergency Contraceptives, antimalarials, etc) with the FDA. As of December 31, 2020, a total of 13 social products have been submitted to the FDA for registration of which approvals have been granted for 8 products as shown below

SFHIG visibility to Stakeholders and Partners

SFHIG has also been engaging all the relevant stakeholders and partners in the health NGO space to create visibility, awareness, as well as its readiness towards achieving the country's contraceptive security goals.

Specific agencies relevant to Family Planning (FP) and Sexual Reproductive Health (SRH) that were engaged are the Ghana Aids Commission (GAC), the National Aids Control Programme (NACP), FHD-GHS, Alliance for Reproductive Health Rights (ARHR) Secretariat, Planned Parenthood Association of Ghana (PPAG), and Ghana Coalition of NGOs in Health (GCNH). The main objective of our engagements with these institutions was to officially introduce the SFHIG brand and explore possible areas SFHIG could collaborate with these institutions to address FP and SRH issues.

Covid-19: SFHIG Workplace Contingency Measures & Business Opportunities

SFHIG Staff work from the office Monday to Friday 0800hrs to 1700hrs with constant monitoring of guidelines from health officials and adhering to the Ghana Government's directives on observing safety protocols. SFHIG Specific measures taken are as follows:

- Strict enforcement of 'NO FACE MASK, NO ENTRY' to SFHIG office directive.
- Staff seating aligns with social distance protocol of at least 1 meter (3 feet) apart.
- Staff who feel unwell are encouraged to stay away and seek immediate medical attention.
- Provision of alcohol-based hand sanitizers, hand washing antimicrobial soaps, surface disinfecting wipes for office use.
- Enhanced office cleaning protocol implemented were door handles and areas that often encounter individuals are cleaned with disinfectant wipes every four hours.
- Adaptation to the use of virtual channels (Zoom Cloud, Cisco Webex, Microsoft Teams) to engage externally with partners and stakeholders in our way of working.

– Business Opportunities for SFHIG –

SFHIG is currently exploring the possibility of adding the listed products to its SBE commodities portfolio as these products have come in handy in the fight against covid-19.

- Vitamin C with Zinc
- Oral Rehydration Salt (ORS)
- HIV Self Testing

Other business opportunities that will be explored are hand sanitizers and unique face masks.

– Participation in Family Health Division (FHD) of Ghana Health Service Programmes –

- SFHIG participated in the 2nd, 3rd, and 4th quarter 2020 meeting of the Inter-Agency Coordinating Committee on Contraceptive Security (ICC/CS). ICC/CS meetings consist of all stakeholders in FP Programming who meet quarterly to make decisions on contraceptive security in Ghana.
- Participation in Family Planning Week and World Contraceptive Day.

– Registration with the Ghana Civil Society Organisations (CSOs) Platform on SDGs –

SFHIG applied to the National Secretariat of the CSOs Platform on Sustainable Development Goals for membership of the listed SDGs sub-platforms:

- **Sub-Platform 3:** Good Health and Well-Being
- **Sub-Platform 5:** Gender Equality
- **Sub-Platform 6:** Clean Water and Sanitation

– Risk Control and Governance –

- Set up of the Finance and Operations Department of SFHIG. Policies and manuals for Finance, Procurement, and Operations were developed for risk control and governance purposes. All Statutory returns were duly filed.
- Appointment of CFY Partners Ghana as external auditors for SFHIG. The first external audit commenced in January 2020 and is covering the period beginning 1st July 2019 and ending 31st December 2020.

– Conclusion –

SFHIG is set to improve the health outcomes of Ghanaians in areas of contraceptive use among women of all ages; HIV/AIDS prevention and care among the youth and key populations; advocacy in maternal and child health as well as promotion of handwashing and wearing of masks in this era of COVID-19 pandemic.

TB LON 3

16

The USAID TB LON3 project is funded by the USAID and implemented by a consortium in which SFH is the sub-grantee and led by the Institute of Human Virology of Nigeria. There are also other partners in the consortium amongst which are the implementing entities who supervise the community volunteers/ CBOs at the operational level.

The award is a five-year project (2020-2025) aimed at increasing the number of tuberculosis (TB) cases that are diagnosed and successfully treated. The objectives of the project are to innovatively engage all stakeholders in finding the missing and 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.

— Project Strategy and Activities Carried out in 2020 —

The scale-up of TB preventive and curative services at identified hotspots across the States has greatly increased the identification and diagnosis of missing TB cases in these areas. The following activities were carried out within the reporting period:

Active Case Search and Contact Investigation:

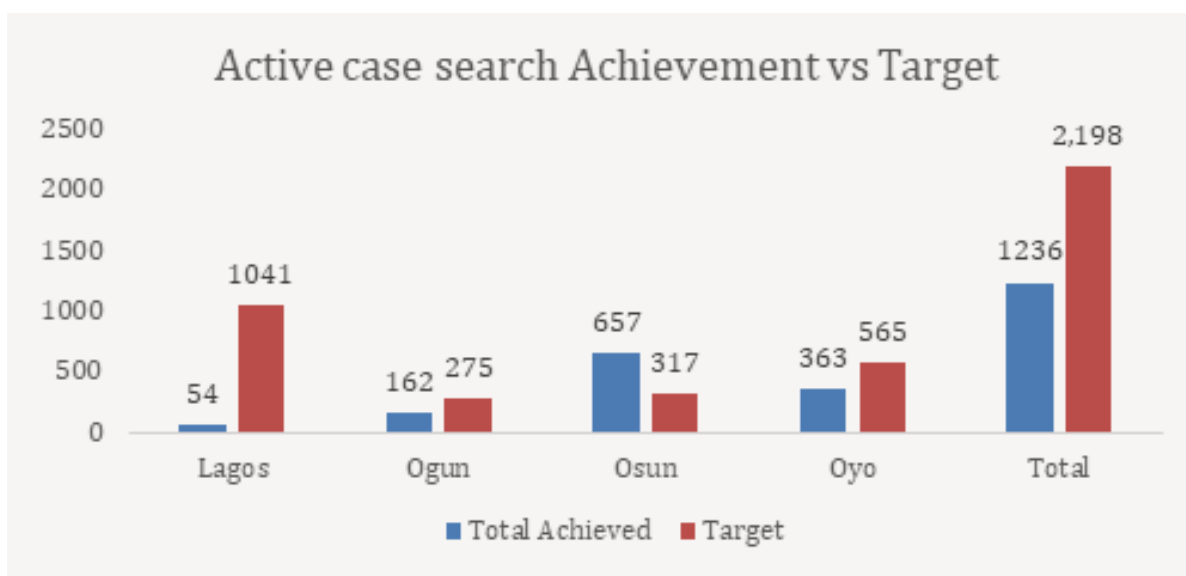
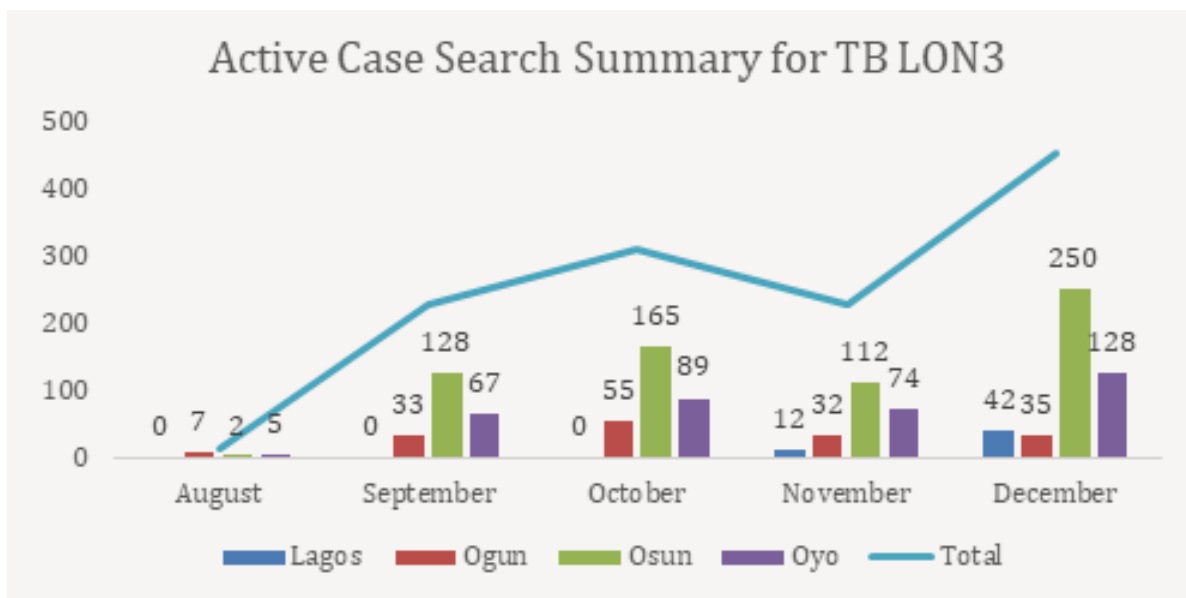
Individuals in identified hotspots are symptomatically screened and linked to care if found to be a presumptive TB case. The household contacts of index TB patients are also screened and given TPT if found eligible. CBOs and CVs are mobilised daily to conduct active case searches in the identified hotspots.

16.2.2 Demand Creation:

This activity is to increase the awareness of TB curative and preventive services in the communities. It includes monthly outreach campaigns and advocacy, communication, and social mobilization sensitization meetings. These meetings aim at de-stigmatizing TB as an ailment and identify presumptive TB cases and link them to care when necessary. Advocacy visits were paid to some of the key stakeholders in their communities to seek their supports in the implementation of the project and these included, community leaders, market leaders, opinion leaders, health workers, and other community stakeholders were visited.

The above-stated activities were greatly impacted by the pandemic as the activities were meant to be carried out in the communities and involved crowd-pulling. This was mitigated by breaking the activities into smaller groups and intensifying the activities in communities that were not so affected.

— Project Results and Achievements against Target —



— Next Steps —

The project will expand to all LGAs of the 4 implementation States and ensure that the geospatial hotspot mapping is widely disseminated amongst all relevant stakeholders across the 4 implementation States.



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



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



No. 8, Port Harcourt
Crescent
Off Gimbiya Street Area
11, Garki, Abuja,
P.M.B. 5116, Wuse, Abuja
Tel:0709 8221445,
09-4618821-30
Fax: 09-4618830

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