



2019

ANNUAL REPORT



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

OUR OFFICES

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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

AFRIMA	All Africa Music Awards	NAIS	National AIDS Indicator and Impact Survey
ANC	Antenatal care	NAPMED	National Association of Patent and Proprietary Medicine Dealers
APIN	AIDS Prevention Initiative in Nigeria	NASCP	National AIDS and STIs Control Program
ARV (T)	Anti-retroviral (therapy)	NDHS	National Demographic Health Survey
ASHWAN	Association of Women Living with HIV in Nigeria	NSP	National Strategic Plan
BCC	Behaviour Change Communication	OVC	Orphans and vulnerable children
BMGF	Bill and Melinda Gates Foundation	PCN	Pharmaceutical Council of Nigeria
CBO	Community based organization	PCN	Pharmacy Council of Nigeria
CBOs	Community Based Organisations'	PCR	Polymerase chain reaction
CCM	Country Coordinating Mechanism	PE	Peer Educator
CIFF	Children Investment Fund Foundation	PLHIV	People Living with HIV
CLHIV	Children Living with HIV	PMTCT	Prevention of Mother to Child Transmission
CRS	Catholic Relief Society	PMTCT	Prevention of Mother To Child Transmission of HIV
EHA1	Equitable Health Access Initiative	PNS	Peer Navigators
EID	Early infant diagnosis	PPMV	Patent and Proprietary Medicine Vendors
FASTER	Faith-based Action for Scaling-up Testing and Treatment for Epidemic Response project	PR	Principal Recipient
FMoH	Federal Ministry of Health	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	PWID	People Who Inject Drugs
HCT	HIV counselling and testing	QA	Quality Assessment
HIV	Human Immunodeficiency Virus	QI	Quality Improvement
HTS	HIV testing services	SACA	National 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
IPH	Institute of Public Health	SRs	Sub-Recipients
KAP	Knowledge Attitude and Practice	TACA	Taraba State AIDS Control Agency
KOCC	Kick Out and Control Campaign	TBA	Traditional Birth Attendant
KP	Key population	TG	Transgender
KP_PREV	Prevention Services for Key Population	TX_CURR	Number of persons currently on treatment with ART
LACA	Local Action Committees on AIDS	TX_NEW	Number of persons newly initiated on ART
LGA	Local Government Area	UNAIDS	Joint United Nations Programme on HIV/AIDS
M & E	Monitoring and Evaluation	USAID	United States Agency for International Development
M&E	Monitoring and Evaluation	VHW	Village Health Workers
MSM	Men who have Sex with Men		
NACA	National Agency for the Control of AIDS		



Photo by Martin Bekerman on Unsplash

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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. He is the President of the SFH Board of Trustees.

MR. KUNLE ELEBUTE

A Chartered Accountant by profession, a fellow of the Institute of Chartered Accountants of Nigeria, and Partner in KPMG Professional Services (a firm of chartered accountants). Mr. Elebute brings seasoned expertise to the SFH Board of Trustees. Being passionate about education and deeply interested and experienced in social work; Mr. Elebute serves as a Member of the Board of Governors at Grange Primary and Secondary School, Ikeja, Lagos and Igbobi College, Yaba, Lagos (his alma mater). He is also a non-executive director of Hygeia Nigeria Limited and Hygeia HMO Limited and Chairman of the Technical sub-committee of the Nigeria Economic Summit Group. He is also on the board of Population Services International.

PHARM. AHMED I. YAKASAI

Dr. Yakasai is currently President 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 the CEO of the Nigerian Center for Disease Control. 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 organization's finance, treasury, budget financial analysis, contracts, pricing, procurement and technology activities. She has more than 30 years' experience in finance, healthcare, non-profit organization and fortune 500 organizations. 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 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 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.

JILL SHUMANN

Jill Shumann is the Senior Director for Francophone-Lusophone Africa. Jill's first tour at PSI began in 1996 when she was hired as an Assistant Program Manager. She also served as a Program Manager, Country Representative in Mozambique and VP/Regional Director for West and Central Africa (WCA). She left PSI in 2007 to work domestically in family homeless and domestic violence, but left after 2 years to return to international work as a consultant. She consulted for a variety of NGOs writing proposals, conducting technical reviews, facilitating strategic planning workshops and various other assignments. For PSI, she assisted with the Global Strategic Plan process, was Interim Director for Adolescents 360 and chaired the Research Ethics Board from 2009 – 2018. Jill has two Masters Degrees from Johns Hopkins University: one in International Studies and the other in International Public Health. She was also a Peace Corps Volunteer in Mamou, Guinea in the late 1980s.

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 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.

DR ALMUJTABA ABUBAKAR

Dr Almujtaba Abubakar is a distinguished chartered accountant of over 20 years' experience, An ACCA professional. A former managing director of Apt Pensions Funds Managers Ltd and Assurance bank Nigeria Ltd. He is currently a member of Kaduna Textiles Limited, and is an author of many educational books. He is an alma mater from Kaduna State Polytechnique and a mentor to all. He loves Traveling, Reading and Farming. He is married and blessed with 3 children.

FOREWORD

I am very pleased to present the first annual report since the launch of the new Strategic directions in January 2019. This 4th strategic plan (2019-2023) focuses on facilitating people-centred healthcare, towards creating access to quality health services for 200 million Nigerians.

This fourth-generation strategy is aimed at achieving synergy among our staff, communities, partners, donors, and the government of Nigeria by vigorously pushing for a commitment towards universal health coverage. We aim to deploy transformative actions to build a people-centred health system that delivers an essential package of health services to all Nigerians without financial hardship at various levels. We believe in this mandate as it makes development, economic and social sense while advancing our collective humanity.

We continue to work in solidarity with communities, government, donors and the private sector to achieve Universal Health coverage and social justice for all Nigerians. This report showcases the many ways in which we support work at local, state and national levels to turn the aims of the 2030 Agenda for Sustainable Development into results for all Nigerians. Topics covered in this 2019 report include adolescent health programming, key population programming, HIV, Malaria and TB programming, our work strengthening PHCs access to finance through the State Insurance Schemes, expanding markets through the Social Business Enterprise and other interventions.

We remain grateful to our donors and partners for their unwavering support. We also recognise the contributions of the SFH chain of wholesalers and retailers who support and ensure our products reach the beneficiaries even in hard-to-reach areas.

I cannot fail to mention the assistance of the Federal and State Governments of Nigeria through the Federal Ministry of Health which coordinates the activities of all partner organisations to achieve national and global goals. We plan to sustain these relationships for the long haul, while we continue ensuring efficient utilization of resources to guarantee the best results for the people we serve.

Professor Ekanem Ikpi-Braide
President, SFH Board of Trustees

OVERVIEW

“Every new beginning comes from some other beginning’s end.”

- Seneca

The new SFH strategic Plan, “Facilitating People Centred Healthcare (FPCH) was launched in January 2019 with three bold Strategic Directions:

- Transform Healthcare Delivery
- Redefine Gender Sensitive Health and Community Systems
- Innovate Policy Reforms and
- Strengthen Organisational Effectiveness

These new strategic directions will guide our interventions for the next couple of years and continually reaffirm our unwavering commitment to the communities for whom we exist as an organisation.

In Transforming Healthcare Delivery, SFH facilitated access to malaria prevention for 22 million Nigerians, supported effective management of hypertension, diabetes and pulmonary disease in at least 2 million Nigerians. SFH was able to avert 4,540, 902 Disability Adjusted Life Years (DALYs), 60,986 Deaths, 185,652 Unintended Pregnancies, 1,541 HIV.

In a bid to redefine Gender-sensitive Health and Community systems, SFH’s game changing work with the Pharmacist Council of Nigeria and other professional bodies has pushed and continues to push the boundaries of the Task Shifting Task Sharing Policy of the Government of Nigeria. This we are doing by expanding and assuring quality Primary Health Care through evidence informed incorporation of the informal providers (Community Pharmacies and PPMVs) into the care system.

We also tested innovative public-private model of PHC service delivery in the year while strengthening the institutional capacity of over 100 private providers to make them viable businesses for the long haul. We innovated. We continued to invest in our people, strengthen our system and scaled our compliance capabilities while focused on building core strength and resilience.

In this report, you will read about our work facilitating an enabling environment for adolescents to access needed SRH services, our key population programming, our work strengthening PHCs access to finance through the State Insurance Schemes, Expanding Nigeria’s Pharmaceutical market through our Social Business Enterprise and all other interventions.

I am grateful for the steadfast leadership of our Board members who continue to provide strong support and vision for our work at SFH.

I invite you to explore this report and learn about our commitment towards achieving Universal Health Coverage through People Centred Healthcare.

Dr Omokhudu Idogho
Managing Director, Society for Family Health

Adolescents 360 (A360) Project

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

The Project implements 2 programs namely:

- **9JA GIRLS (FOR UNMARRIED GIRLS IN SOUTHERN NIGERIA)** - Lagos, Oyo, Ogun, Osun, Delta, Edo and Kaduna States. The 9ja Girls 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.

Activities

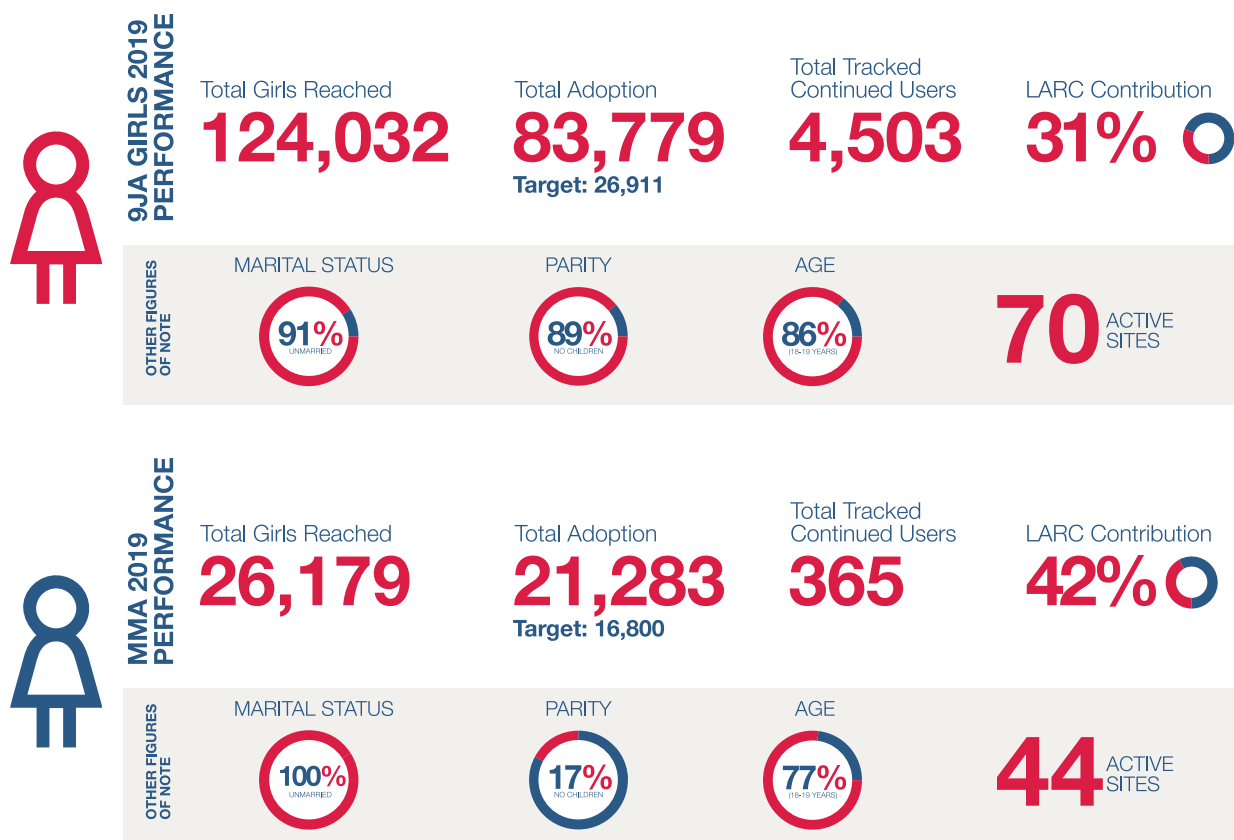


- **MATASA MATAN AREWA (MMA) (FOR MARRIED GIRLS IN NORTHERN NIGERIA)** - Kaduna and Nasarawa states. The Matasa Matan Arewa programme creates strengthened, integrated health and community support systems, capable of working together to make sexual and reproductive health services relevant and accessible to married adolescent girls. This in turn empowers her to achieve her goals, contribute to her family income, and raise healthy children.

Activities



PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET ● ● ●



OTHER ACHIEVEMENTS ● ● ●

- Commenced pilot of the MMA programme by Kaduna State Government as part of sustainability.
- Transitioned from manual and paper-based data capture to digital data capture and reporting on the DHIS2 platform
- In order to improve the quality of care, the project introduced a digital Supportive supervisory Tool (Health Network Quality Information System (HNQIS))
- Successfully branded 150 health facilities with the National FP green dot and AYFHS logo across all A360 states

NEXT STEPS ● ● ●

- Co-creation workshop with states to identify and support the adoption of the A360 model.
- Support A360 core team to develop investment portfolio for follow on grant.
- Project close-out.

Providing Access to Family Planning Through the Under-recognised Private Sector - IntegratE Project

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 authorized to provide. The project is co-funded by the Bill and Melinda Gates Foundation (BMGF) and MSD for Mothers (MFM) and is currently being implemented in Lagos and Kaduna States. Implementing Partners for this project include Society for Family Health (Leading), Population Council, DKT, Marie Stopes International Nigeria, Planned Parenthood Federation of Nigeria, and PharmAccess Foundation.

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 have more comprehensive data.
- To improve registration and license renewal rates of CPs and PPMVs with PCN.
- 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.

MAJOR ACTIVITIES CARRIED OUT IN 2019 ●●●

- Provided support to PCN in the development of an implementation strategy and work plan to guide the roll-out of the tiered accreditation system.
- Supported the development of FP training manual for Tier 1 and 2 PPMVs.
- Carried out an organizational capacity assessment of the PCN to identify gaps and support in providing relevant training that will improve the overall performance of the Council.
- Facilitated the design and implementation of a quality assurance /quality improvement (QA/QI) framework for the PCN.
- Completed outstanding training of CPs & PPMVs from preceding year.

PROJECT RESULTS AGAINST TARGETS ●●●

The table below illustrates the target versus achievement for key indicators of the project:

S/N	INDICATORS	TARGET	ACHIEVEMENT
1.	Contraceptive uptake by women of reproductive age (WRA)	1,759,577	80,758
2.	CPs and PPMVs trained on family planning services	1,212	894
3.	Proportion of PPMVs/CPs with guidelines	70%	96%
4.	Proportion of sites with referral directory	65%	68%
5.	Facilities reporting to database	65%	70%
6.	Facilities branded with FP site marker for visibility	90%	88%
7.	Received QA visit	40%	60%
8.	Meeting quality standard	60%	59%
9.	Providing FP services	60%	70%
10.	Stock complete range of FP methods	100%	82%
11.	New FP clients	60%	40%

To encourage innovation and sustainability, the mobile DHIS2 software was deployed to enable providers upload FP data to the national reporting platform. The participation of the state ministries of health (SMoHs) in ISSVs are also mechanisms put in place for continuous FP data collection and assurance of the quality of FP services provided after the project's tenure.

Evidence from the project has shown that tiered classification of PPMVs has helped in proper targeting leading to an increase in knowledge retention among trained providers. Forming an online community of practice provides an effective platform to discuss issues around FP and PPMV practice. Also, quarterly review meetings facilitate performance appraisal for CPs and PPMVs in order to provide supportive supervision.

NEXT STEPS ●●●

- Complete FP training for CPs and Tier 2 PPMV in Lagos and Kaduna.
- Strengthen and institutionalize supportive supervisory visits in conjunction with SMoH in Kaduna and Lagos.
- Implement key recommendations from OCA exercise and provide training and other technical support to the council-based identified gaps.
- Support PCN in the accreditation of schools of health technology in Lagos and Kaduna States and commence pilot implementation of tiered accreditation system as well as the hub and spoke model.
- Present the final report on the QA/QI system to PCN.
- "Go live" with the automation of the PCN website and continue to provide possible post-deployment supports.
- Commence the operations research to test the tiered accreditation and supervision models.

Consumer Market for Family Planning (CM4FP)

The Consumer’s Market for Family Planning (CM4FP) is a pilot study implemented in Kenya, Nigeria, and Uganda, from April 2019 to May 2020 in four rounds. The project is funded by Bill and Melinda Gate Foundations and implemented by Society for Family for Health in partnership with Population Services International.

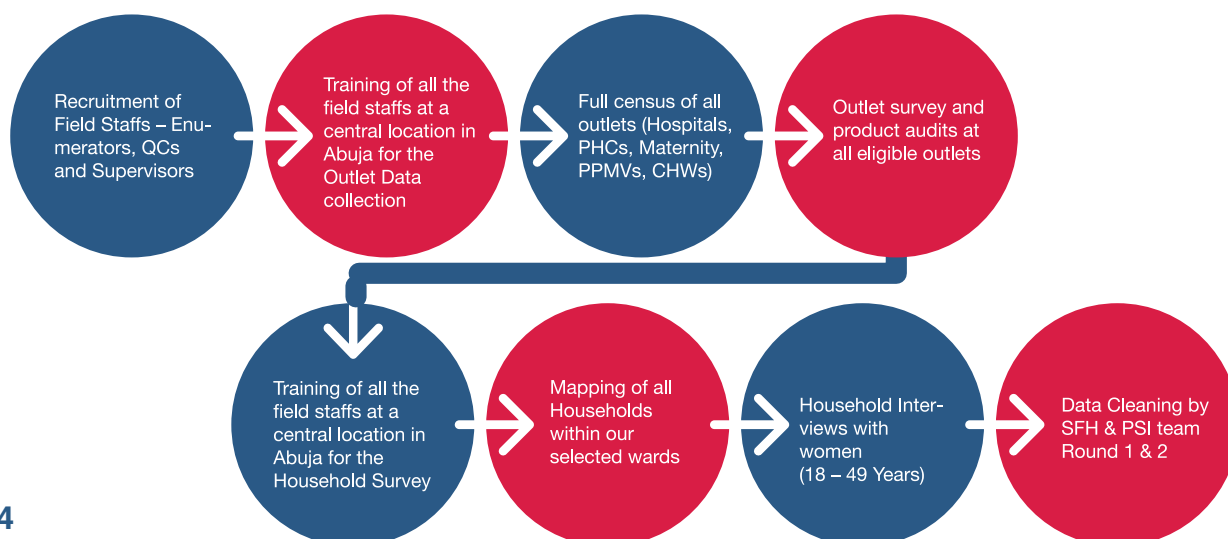
The CM4FP is a combination of two quantitative surveys (Outlet and Household) and it’s currently ongoing in Lagos, Kaduna, Abia, and Niger State in Nigeria.

PROJECT OBJECTIVES ●●●

- To address data gaps through the collection of comprehensive data on the FP market from the consumer perspective and will be made available to all stakeholders.
- To produce high-quality contraceptive market data that is matched to consumer data to provide a robust picture of the “complete market” for family planning as it is and as it appears to consumers.
- To provide multi-level FP stakeholders the necessary data for informed evidence-based decisions on resource allocation and intervention strategies to adequately meet consumers’ needs.

PROJECT STRATEGY AND ACTIVITIES ●●●

We adopted a longitudinal research design for the outlet survey and cross-sectional research design for the household survey. Our key activities in 2019 are shown in the diagram below:



PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET ●●●

In line with the contract agreement with PSI, results of the study cannot be disseminated until the completion of the longitudinal phase of the study. However, key activities in 2019 include:



1,213
OUTLETS
Successfully Mapped

1,372
OUTLET OWNERS
Interviewed in Round 1 and 2

13,269
HOUSEHOLDS
Successfully Mapped

3,239
WOMEN OF REPRODUCTIVE AGE
Interviewed in Round 1 and 2

- Successfully mapped 1,213 outlets. Conducted interviews with 699 and 673 outlet owners/managers in round 1 and 2 respectively, across the 4 states.
- Successfully mapped 13,269 households across the 218 enumeration areas. In round 1 of the survey, 1,550 women of reproductive age were successfully interviewed while in round 2, 1,689 interviews were conducted.

NEXT STEPS ●●●

The activity timeline is shown below:

CM4FP WORK PLAN FOR Y' 2020

Activity	Timeline
Round 3	
• Data Collection Training	January 2020
• Advocacy visit	February 2020
• Outlet Survey and product audit at all outlets previously surveyed	February 2020
• Household Survey at new randomly selected households	February - March 2020
• Data cleaning	March 2020
• Stakeholders Engagement Meeting in Niger State (Minna) - (Anytime in April)	April 2020
Round 4	
• Data Collection Training	May 2020
• Advocacy visit	May 2020
• Full census of outlets in selected geographies	May 2020
• Outlet Survey and product audit at all outlets previously surveyed	June 2020
• Household Survey at new randomly selected households	June - July 2020
• Overall Data Cleaning & Analysis	August - September 2020
• Dissemination (National & International)	October - November 2020

SFH Access To Finance (A2F) Project



In partnership with the governments of Lagos and Delta States under the Access to Finance (A2F) framework, SFH revives defunct primary health care centres under the State Supported Health Insurance Scheme. SFH was assigned 4 facilities in Lagos and 3 facilities in Delta State to pilot this project. At the end of 2019, two facilities were activated in Delta State (Igbogili and Obior) and they are actively providing a wide range of services. Free services are also provided under the Equity plan for pregnant women and children under five years old. At the end of the month, invoices are sent to the DSCHC for repayment.

Igbogili PHC in Delta State was renovated and activated for clinical service delivery in May 2019. The facility is fully operational, providing 24 hrs services with a full complement of staff including a doctor with a functional Pharmacy and Laboratory. The second facility (Obior Health Facility) was activated on the first of December 2019.

PROJECT STRATEGY AND ACTIVITIES ●●●

The implementation strategy in both Delta and Lagos state is as follows;

- Facility handover by the state
- Facility renovation
- Recruitment of PHC staff
- Activation of service delivery
- Service delivery
- Submission of billing and payment for service delivery.

SUMMARY OF ACTIVITIES IN IGBOGILI HEALTH FACILITY ●●●

SN	Data Element	June	July	August	September	October	November	December	TOTAL
1	Total Client Registered	382.00	645.00	729.00	270.00	146.00	85.00	78.00	2,335.00
2	Total Client accessing services this month	450.00	613.00	744.00	560.00	667.00	472.00	322.00	3,828.00

SN	Data Element	June	July	August	September	October	November	December	TOTAL
3	Total Number who Paid premium (7K for DSCHC)	6	6	17	23	1	-	-	53
4	Total number of Admitted Client	-	8	26	15	44	38	19	150
5	Number of Deliveries	3	1	3	3	9	6	3	28
6	Total ANC Clients	30	33	21	69	25	11	60	249
7	Total U5 seen	82	183	212	280	100	99	20	976
8	Total Elderly (>65years) attended to	228	356	505	-	412	248	148	1,897
9	Total Lab Visits	109	486	425	321	325	208	143	2,017

SUMMARY OF ACTIVITIES IN OBIOR HEALTH FACILITY ● ● ●

SN	Data Element	December	TOTAL
1	Total Client Registered	181	181
2	Total Client accessing services this month	104	104
3	Total Number who Paid premium (7K for DSCHC)	1	1
4	Total number of Admitted Client	6	6
5	Number of Deliveries	0	0
6	Total ANC Clients	12	12
7	Total U5 seen	22	22
8	Total Elderly (> 65yrs) attended to	55	55
9	Total Lab Visits	65	65

SFH is yet to sign an MoU with the Lagos state government because of certain clauses in the agreement. However, the problematic clauses have been addressed and the finalization of the agreement is in progress. Evidence from implementing in Delta state show that providing quality services is key to client satisfaction community acceptance is a major success factor.

NEXT STEPS ● ● ●

- Working on taking 3 new additional facilities.
- SFH is at the final stage of accessing the BOI Loan. The Offer letter for the loan is ready and SFH is putting together final documentations to access the loans.
- Complete staff recruitment process for Obior facilities.

Optimising HIV Investment for Impact

The Global Fund HIV grant is implemented in Abia, Anambra, Edo, Enugu, Gombe, Imo, Kaduna, Kano, Oyo, and Taraba states. The grant is implemented among the three key populations groups in Nigeria - the men who have sex with men (MSM), Female Sex Workers (FSW), and Persons who inject drugs (PWID). Implementing partners include 30 KP led CBOs across the 10 states, KAP Secretariat, APIN and EHA1 (SRs), and FHI360 (treatment partner). Other partners include NACA, FMOH, NAFDAC, SACAs, SASCPs, and LGAs.

PROJECT OBJECTIVES ● ● ●

- To reduce the mortality and morbidity due to HIV in Nigeria
- To significantly reduce the incidence of the new HIV infections by 2021

To achieve the project objectives, the grant deploys the following strategies.



ACTIVITIES CARRIED OUT IN 2019 ● ● ●

- Successfully engaged SRs and CBOs who are responsible to directly implement program activities.
- Conducted capacity building activities at national and state levels for programme implementation and implemented training on HTS, BCC approach, M&E, Para-legal, PNS, and adherence counselling for the staff of SRs and CBOs.
- Carried-out supportive supervision/oversight to the SRs/CBOs to ensure compliance with national guidelines for service provision, adherence to financial management standards, and other compliance standard relating to the grant.
- Participated in the quarterly CCM meetings and presented SFH dashboard showing the overall achievement of the previous NFM grant.

- Coordinated and funded a study tour on harm reduction to Kenya, lessons learned as well as findings from PWID study currently informs the NSP pilot implementation in Nigeria.
- Built strategic partnerships with health facilities across implementation states to ensure a 100% linkage of positive KPs to treatment.
- Conducted advocacy visits to SACA, SMOH, and other actors in project states for greater government involvement and enablement.

PROJECT ACHIEVEMENTS ●●●

CODE	Indicator		SFH		
			Scores	Percent	Rating
KP-1a(M)	Percentage of MSM reached with HIV prevention programs - de fined package of services	Actual	14309	92%	A2
		Target	15475		
		Percent	92%		
KP-3a(M)	Percentage of MSM that have received an HIV test during the reporting period and know their results	Actual	14317	93%	A2
		Target	15475		
		Percent	93%		
KP-1c(M)	Percentage of sex workers reached with HIV prevention programs - de fined package of services	Actual	29978	80%	B1
		Target	37274		
		Percent	80%		
KP-3c(M)	Percentage of sex workers that have received an HIV test during the reporting period and know their results	Actual	30091	81%	B1
		Target	37274		
		Percent	81%		
KP-1d(M)	Percentage of people who inject drugs reached with HIV prevention programs - de fined package of services	Actual	5422	86%	B1
		Target	6294		
		Percent	86%		
KP-3d(M)	Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Actual	5455	87%	B1
		Target	6294		
		Percent	87%		
TCS-7	Percentage of newly diagnosed people linked to HIV care (individual linkage)	Actual	2540	87%	B1
		Target	2931		
		Percent	87%		
Overall Rating				87%	B1

NEXT STEPS ●●●

Three major types of research are to be conducted for the project namely:

- Stigma index survey
- PrEP implementation research, and
- Needle and syringe program implementation research.

MTV Shuga Naija Peer Education Project

The MTV Shuga Naija Peer Education Project is funded by the Bill & Melinda Gates Foundation (BMGF) and the children's Investment Fund Foundation (CIFF). The project is implemented by Society for Family Health in Lagos, Kano, and Kaduna States.

PROJECT OBJECTIVES ● ● ●

1 To improve the knowledge, attitudes, and behaviour of **adolescent girls (15-19 years) and young women (20-24)** towards reproductive health.

2 To increase the adoption of **healthy and positive behaviours by young persons aged 15 to 24 years through adolescent reproductive health topics** addressed in the MTV Shuga Naija TV series.

The MTV Shuga project educates at-risk youth on reproductive health and HIV/AIDS awareness, and also ensures that the knowledge received translates to voluntary uptake of health and social services. The project works with peer educators, community leaders, gatekeepers, religious leaders, schools and health facility management and government to bring about change.

PROJECT ACHIEVEMENTS ● ● ●

In Lagos State, the project ran from August 2019 till December 2019 including a one-month mop-up activity due to PEs attrition. However, in Kaduna and Kano State the project commenced in December 2019 till March 2020.

Table 1: No of reached Peer in Lagos State

S/N	STATE	MONTH				
		Aug. 19	Sept.19	Oct. 19	Nov. 19	Dec. 19
1	Lagos	595	984	1012	979	795
Total		4,365				

Table 2: No of reached Peer so far in Kaduna and Kano State

S/N	STATE	MONTH			TOTAL
		Dec. 19	Jan.20	Feb. 20	
1	Kaduna	1051	1119	1205	3375
2	Kano	1144	1230	1277	3652
Total					7027



The MTV Shuga project educates at-risk youth on reproductive health and HIV/AIDS awareness, and also ensures that the knowledge received translates to voluntary uptake of health and social services.

Lafiyan Yara Project

The Lafiyan Yara project is an implementation science project that seeks to use existing community structure/mechanism to reduce HIV prevalence and incidence in the community. The project, is being implemented in eight LGAs in Taraba State, and utilises existing community mechanisms and informal health workers (TBAs, PPMVs, and VHWs) who are usually the first or only point of healthcare.

The Lafiyan Yara theory of change is grounded on the premise that early detection of HIV infection has the propensity to reduce infant, child, and maternal mortality due to HIV. With an HIV prevalence of 2.9%, Taraba State has an estimate of 52,856 PLHIV (Preliminary Report of NAHS 2019). The state also has poor ANC and PMTCT coverage, and a high unmet need for antiretroviral treatment.

PROJECT GOALS ● ● ●



To increase access and uptake of HIV services among children (0-14 years) in Taraba State by 2022.

To reduce HIV transmission from mother to child in Taraba State by 2022.

PROJECT OBJECTIVES ● ● ●

The objectives of the project are to achieve:

- Improved case-finding of HIV positive children (0-14 years).
- Improved linkage of HIV positive children (0 – 14 years) to ART services in Taraba State.
- Improved linkage of HIV exposed infants (HEI) to EID services in Taraba State.
- Improved case-finding of HIV positive pregnant women.
- Improved uptake of PMTCT services by pregnant women.

PROJECT ACTIVITIES CARRIED OUT IN 2019 ●●●

- Advocacy to Taraba State Government by SFH Management team
- Mapping of health care facilities
- Mapping of PPMVs
- Selection of Community mobilizers (VHWs/Mentor mothers, TBAs and PMVs) and the CBO volunteers
- Inauguration of National steering committee members
- Inception meeting
- State inception meeting with stakeholders
- Training of 196 community mobilizers, facility and CBO staff on case finding, linkage, case management, and use of M&E tools
- Advocacy to relevant stakeholders at the State and Federal level to engender support and project sustainability
- Baseline assessment by IPH to assess exposure to community-based referral for and uptake of HTS services among women who completed term pregnancy in the past year and children under 15 years in intervention and control LGAs
- Testing and referral of pregnant women and children which commenced in October
- Supportive supervisory visits to community mobilisers at the community and facilities
- Collaborative efforts with NACA and other implementing partners to ensure the availability of test kits
- Linking and learning activities including active participation in the activities of the National Paediatrics HIV Task Force, attendance, and presentation at the ICASA Conference in Kigali, Rwanda.

The Lafiyan Yara project through advocacy has supported the state government to produce a robust database of traditional birth attendance in the state. It is hoped that this will help in regulating the activities of the informal health workers and assist in areas of collaboration. The project also collaborates with the Federal Ministry of Health (FMoH), National Agency for the Control of AIDS (NACA) UNICEF, Pharmacy Council of Nigeria (PCN) Taraba State Ministry of Health, Taraba State AIDS Control Agency (TACA), SPHCDA, ASHWAN, Taraba State branch of NAPPMED to boost sustainability after project phase-out.

PROJECT TARGETS AND ACHIEVEMENTS ●●●

Number of People Trained in LAFIYAN YARA Project

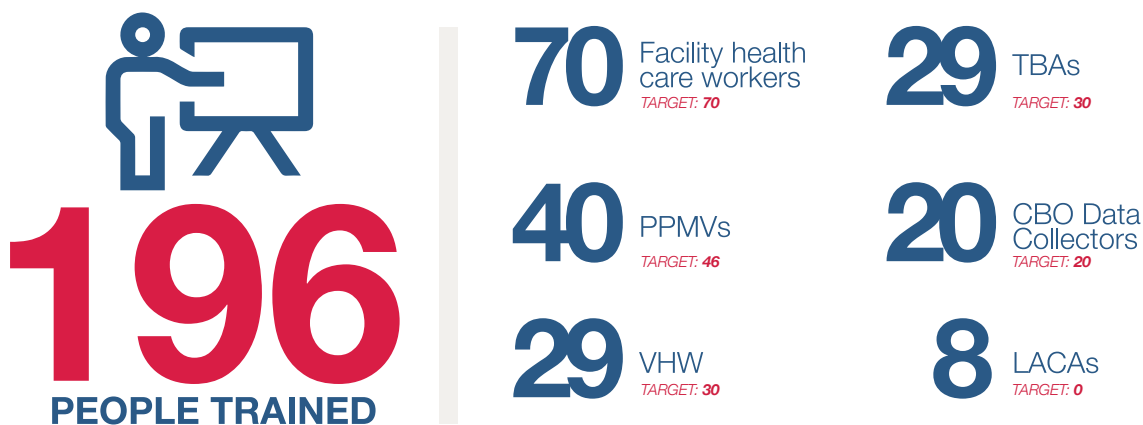


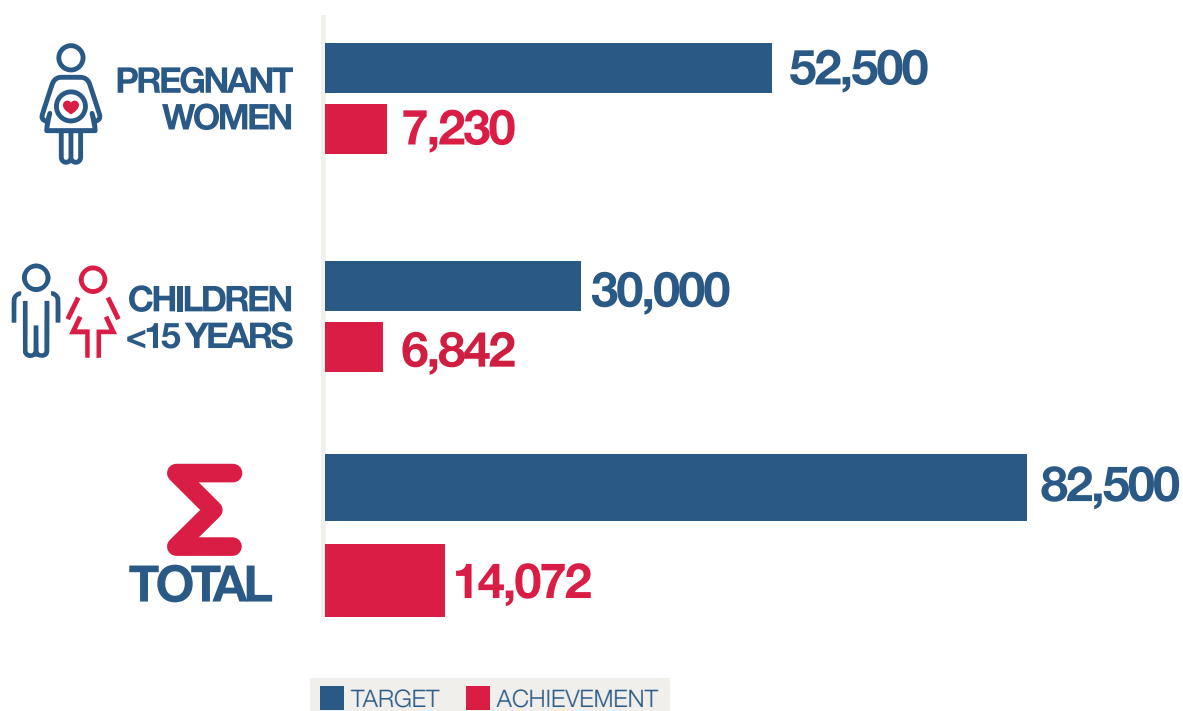
Table 1: Summary of Testing Targets vs. Achieved Results

TARGET POPULATION	TARGET	ACHIEVED	POSITIVES	POSITIVITY
Pregnant Women	52,500	7,230	81	1.12
Children <15 years	30,000	6,842	40	1

Table 2: Summary table of number of referrals done by the community mobilisers

TARGET POPULATION	NUMBER REFERRED & TESTED BY COMMUNITY MOBILISERS TYPE								
	OCTOBER			NOVEMBER			DECEMBER		
	PPMV	TBA	VHW	PPMV	TBA	VHW	PPMV	TBA	VHW
Pregnant women	338	917	638	377	1205	1327	106	1191	1131
Children (<15)	348	661	566	939	820	906	589	1185	828
Total	686	1578	1204	1316	2025	2233	695	2376	1959

NUMBER OF PREGNANT WOMEN AND CHILDREN <15 TESTED



Global Fund Malaria (2018 – 2020 Grant)

The Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) approved the funding of malaria interventions in 13 States of Nigeria. The interventions approved for implementation are malaria case management, vector control, and Social Behavioural Change Communication (SBCC).

SFH is implementing the grant in 13 States as a Sub-Recipient to Catholic Relief Services (CRS), a Co-Principal Recipient (PR) with National Malaria Elimination Programme (NMEP). The 13 States are Adamawa, Delta, Gombe, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Ogun, Osun, Taraba, and Yobe. SFH is also responsible for conducting Long-Lasting Insecticidal Net (LLIN) mass replacement campaigns in Jigawa, Katsina, Delta, Niger, Kaduna, Kano, Osun, and Adamawa States.

The grant is implemented in collaboration with the PRs, State Malaria Elimination Programmes as well as the other consortium SRs (Malaria Consortium and Management Sciences for Health).

PROJECT GOAL ● ● ●

- To reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

PROJECT STRATEGY AND ACTIVITIES CARRIED OUT IN 2019 ● ● ●

1. SBCC implementation

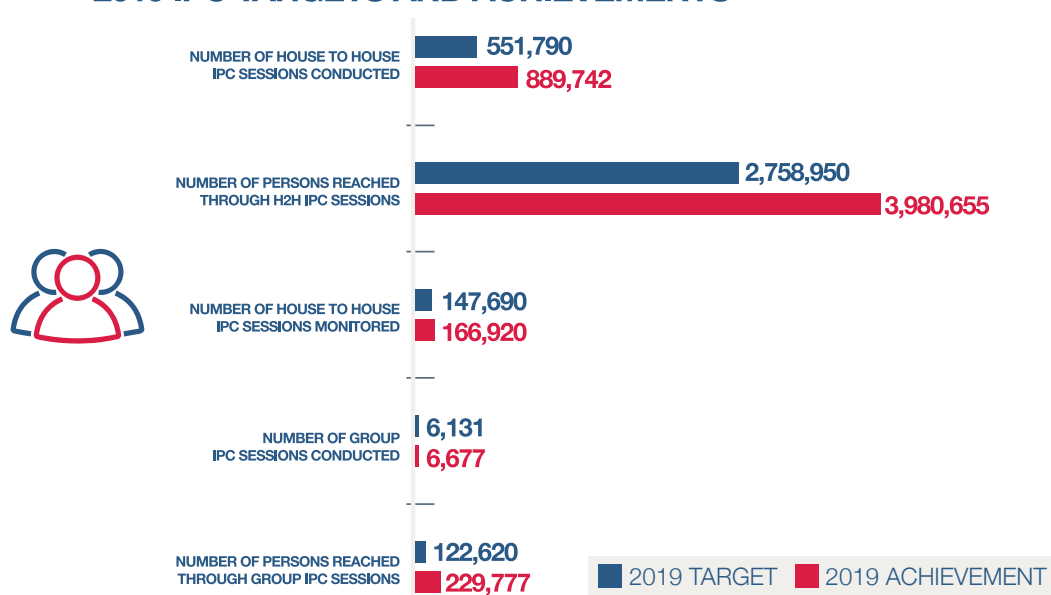
- House to house and group Inter-Personal Communication (IPC) sessions conducted in 25% of the 12 States and 100% scale-up coverage in Gombe from February 2019.
- Mass media messaging through TV spots and radio jingles for routine broadcasts and post-LLIN campaign BCC.
- Bulk SMS strategy of sending malaria control messages to heads of households visited during house to house IPC sessions.

2. LLIN mass distribution campaigns

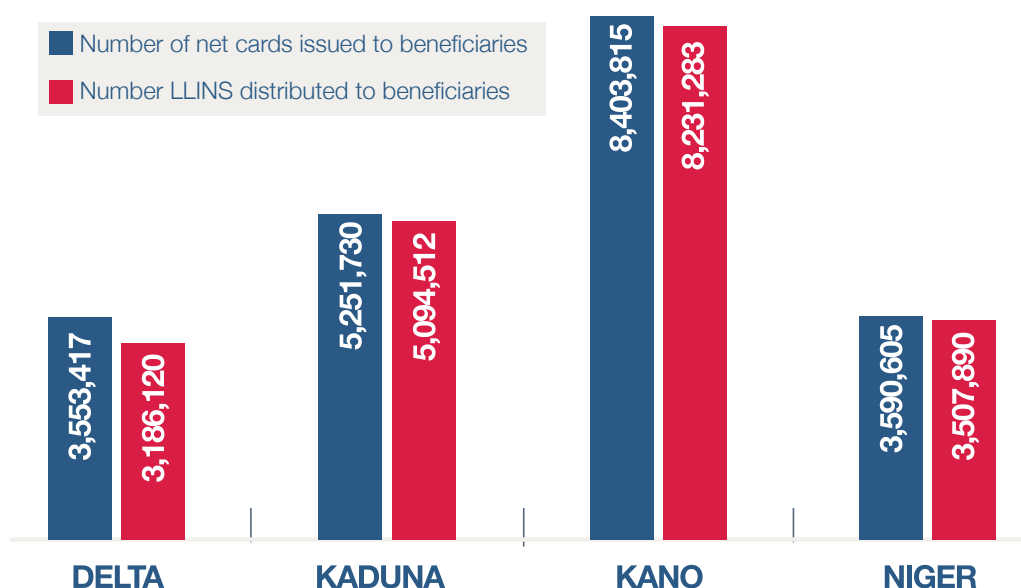
- Conducted campaigns in 4 States (Delta, Kaduna, Kano, and Niger).

PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET ●●●

2019 IPC TARGETS AND ACHIEVEMENTS



LLIN DISTRIBUTION CAMPAIGNS IN 4 STATES



The project directorate conducts Social and Behavioural Change Communication activities to support policies on LLIN ownership and utilization and is also involved in the distribution of LLINs in selected States to support the policy of 100% LLIN ownership and 80% LLIN utilization. The capacity of personnel (mostly youth) engaged as IPC Agents and household mobilizers for LLIN campaigns is strengthened during training and implementation. Community structures have also been strengthened for sustainable community mobilization and behaviour change. These include the setup and/or revival of ACSM core groups in the 13 States, State commitment to scale-up IPC implementation from 25% to 100% in Adamawa and Kwara.

NEXT STEPS ●●●

- Continue grant implementation (SBCC and LLIN mass distribution campaigns) as approved for the year 2020.

Key Population Health Programming

The Key Population Community HIV Services for Action and Response (KP CARE 2) project is a five-year cooperative agreement funded by the USAID. KP CARE 2 is implemented through a consortium led by the Society for Family Health and includes Access to Good Health Initiative; Passion and Concern for Women Welfare and Empowerment Initiative. The five-year project focuses on Bauchi and Adamawa states and aims to achieve national and universal goals for providing accessible, effective treatment, care and support services for persons at high risk of contracting HIV infection, thereby contributing to Nigeria's goal of achieving the UNAIDS 95-95-95 target by 2030. The goal of KP Care 2 is to reduce the incidence and mitigate the impact of HIV on key populations in Nigeria and therefore assist in attaining epidemic control.

The success of this goal is measured directly by its objectives and the intermediate results:



MAJOR ACTIVITIES CARRIED OUT IN 2019

The KP-CARE 2 project commenced in October 2019 and is geared towards the implementation of a comprehensive HIV intervention for KPs (FSW, PWID, MSM, TG, and People in Closed Setting).

Some program activities carried out include:

- Development of the Year 1 Workplan
- Development of the Activity Monitoring, Evaluation and Learning Plan (AMELP)
- Inception Meeting with KP-friendly CSOs
- Community-level Mapping and Selection
- Stakeholders Advocacy and Engagement Visits

- Identification and assessment of KP-friendly Civil Society Organizations
- Master Training on HIV active Case Finding
- Selection and training of Peer Navigators for active case finding
- Hot-spot mapping, validation, and selection
- Active HIV Case Finding in targeted Community Outreaches.

PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET ● ● ●

Standard Indicators	Baseline FY 20	Annual Target	Q1 FY 20	Annual Performance Achieved to the End of the Reporting Period (%)	On Target Y/N
KP_PREV (Prevention Services for Key Population)	0	4,828	12005	25%	Y
Total HTS_TST (Total Number of Persons tested for HIV)	0	3,380	1,205	36.1%	Y
Total HTS_TST_POS (Number of persons who test positive for HIV)	0	199	148	74%	Y
Total TX_NEW (Number of persons newly initiated on ART)	0	190	119	62%	Y
Total TX_CURR (Total number of persons currently on treatment with ART)	0	187	119	63%	Y
PVLS (D) (Number of Persons due for Viral Load Test)	0	184	Not yet Applicable	Not Yet Applicable	Y
PVLS (N) (Number of persons who have a reduced viral load (<1000 copies))	0	175	Not Applicable Yet	Not Yet Applicable	Y

NEXT STEPS ● ● ●

- Set up fully functional One Stop Shops in both Project States.
- Commence PrEP and TB preventive therapy
- Train OSS staff
- Conduct ART, M&E, Sexual Diversity and STI syndromic management/etiological treatment training
- Recruit and train peer navigators and case managers
- Commence behaviour change communications activities
- Provide gender-based counselling and information
- Set-up electronic medical records system (EMR) in the OSS
- Link OSS and partner facilities to National Integrated Specimen Referral Network (NISRN)

Integrated Child Health and Social Services Award (ICHSSA) 3

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Integrated Child Health and Social Services Award (ICHSSA) is a five-year USAID funded project targeting Orphans and Vulnerable Children (OVC) in Kano State. It is the first large OVC focused intervention implemented by SFH. The goal of the project is to reduce the impact of HIV/AIDS on OVC.

The ICHSSA 3 project is being implemented to ensure that OVCs are cared for and protected by their households, communities, local and state governments through achieving four key results areas:



1 

Households have increased access to basic services and care for OVC.

2 

Communities ensure that OVCs secure their rights.

3 

Local and State Governments deliver basic services and detect and respond to child rights violations.

4 

Prioritized targeted services for specific OVC sub-populations utilized.

ICHSSA-3 is implemented across the forty-four Local Government Areas (LGA) of Kano State by a consortium of three partners led by SFH. Other partners include Save the Children Federation (SCF) and American International Health Alliance (AIHA). Community-level implementation is conducted through twelve civil society organizations (CSOs) spread across the intervention LGAs.

PROJECT STRATEGY AND ACTIVITIES CARRIED OUT IN 2019

Our overall strategic framework to achieve the program goal is built on the tripod modified socioecological model that leverages OVC/Social Service to strengthen the HIV continuum of care in a family-community-facility service delivery interface. Our approach will deepen paediatrics and adolescents' case finding, improving linkages to, and retention of CLHIV in care while pursuing viral suppression within the WHO and USAID's framework for advancing epidemic control.

Activities carried out in 2019 are as follows;

1. **Inception meeting held with USAID**
2. **Verification of beneficiaries and households:**

ICHSSA 3 commenced implementation of a three-month transition phase of the grant that would allow seamless transfer of beneficiaries and implementation structure from two earlier OVC projects to ICHSSA 3 without disruption of services. ICHSSA 3 facilitated the creation of a joint transition team and plan with a representation of the three partners and approval of USAID. The team coordinated a series of engagements with stakeholders at the state level including dissemination of achievements of STEER and LOPIN-3 as well as the formal introduction of ICHSSA 3 to Ministry of Women Affairs and Social Development and Kano state Agencies for the Control of AIDS and other OVC stakeholders. The transition team conducted 100% verification of households and beneficiaries reported to have been served on both STEER and LOPIN-3 across 25 LGAs of the state. The Transition team engaged, trained, and deployed about one hundred and forty-five Adhoc staff comprised of enumerators, supervisors, and data clerks to verify and document existing households and beneficiaries within the scheduled time.

PROJECT RESULTS AND ACHIEVEMENTS AGAINST TARGET ●●●

Overall, 16,227 caregivers and 68,950 children were verified out of the 18,240 caregivers and 85,549 children contained in 14,355 folders made available to the team. Specifically, 51,644 beneficiaries were verified out of 74,485 beneficiaries documented by Save the Children accounting for 69%. While 33,533 beneficiaries were verified from the 47,556 reported by HIFASS and which accounts for 71%. Furthermore, the validation of children on care indicates that 196 were verified on the ART register/LAMIS database across the LGAs as against 1,251 reported to be on treatment. The validation report shows 63 of the 745 OVCs on care reported by SCI and 133 of the 506 reported by HIFASS indicating 8.5% and 26.3% validated data respectively.

NEXT STEPS ●●●

Some of the activities planned for the year 2020 include the following

- Provide cash transfer to 3,672 HHs for 6 months.
- Establish 1200 VSLA groups in 25 LGAs.
- Conduct financial literacy training for 30% of enrolled HH to better manage HH finances.
- Facilitate access to homestead gardens and communal farms for 4,200 HHs.
- Conduct Vocational training for 610 beneficiaries.
- Improve mental health among 4200 parents and caregivers caring for OVC.
- Improve parenting practices among 6,300 HHs.
- Strengthen Capacity of state and Local Governments to collect, analyse, report, and use data through the NOMIS, LAMIS.
- Facilitate access to emergency health and nutrition services to address illness or malnutrition.
- Strengthen adolescents and adult support group meetings to promote adherence and track viral load suppression
- Create and train young women and male support groups among KPs and Physically challenged groups and facilitate sessions on pediatric HIV, SRH, and GBV.

SFH Learning and Development Centre

The Society for Family Health (SFH) Learning and Development (L&D) Centre was set up in 2014 with the aim of building the capacity and improving the competencies of staff members and the public for better effectiveness, professionalism, and service efficiency through innovative and value-added modern training methodologies. The centre is committed to the professional development of staff members to be useful to themselves, their organization, and the nation at large.

RESULTS AND ACHIEVEMENTS AGAINST TARGET ●●●

In 2019, the unit provided training on several topical areas for 289 participants as follows.

1. Sustained the capacity building sessions for SFH Corpers, Interns, consultants, and Volunteers. Several training sessions were held (last Friday of the month) for this group.
2. 22 NACA staff were trained on Grant and proposal writing. Arrangement is on to train selected participants from the state offices to form 5 geopolitical zones once approval is received.
3. Two hundred and forty-three (243) community pharmacists (151 from Lagos and 92 from Kaduna.) trained on Family Planning Methods and LARC in Lagos and Kaduna states under the IntegratE project.
4. Planning and organizing supportive supervisory visits for trained CPs of the IntegratE project using state Master trainers.
5. Seven staff of EHA trained on Family Planning methods in Kano.
6. Supported the NPHCDA in providing field office support for their Leadership Academy in Oyo state.

NEXT STEPS ●●●

- Continuing effort in creating awareness of the training programme.
- Continue marketing for SFH training.
- Explore new avenues for training programmes for institutions, groups, etc.

SFH/PAF Medical Credit Fund Project



Society for Family Health (SFH) in partnership with PharmAccess Foundation (PAF) is strengthening the supply side of the nation's health delivery structure through the provision of medical credits (loans) to hospitals, pharmacies, diagnostic centres and Laboratories to improve their services. The project which started in June 2017 has three (3) Business Analysts working to cover the country based in Abuja (North), Enugu (East), and Port Harcourt (South South). The main objective of the project is to prepare facilities and pharmacy outlets to be bankable and create access to loans for the improvement of their businesses. At the moment, the main bank supporting the schemes is Diamond Bank.

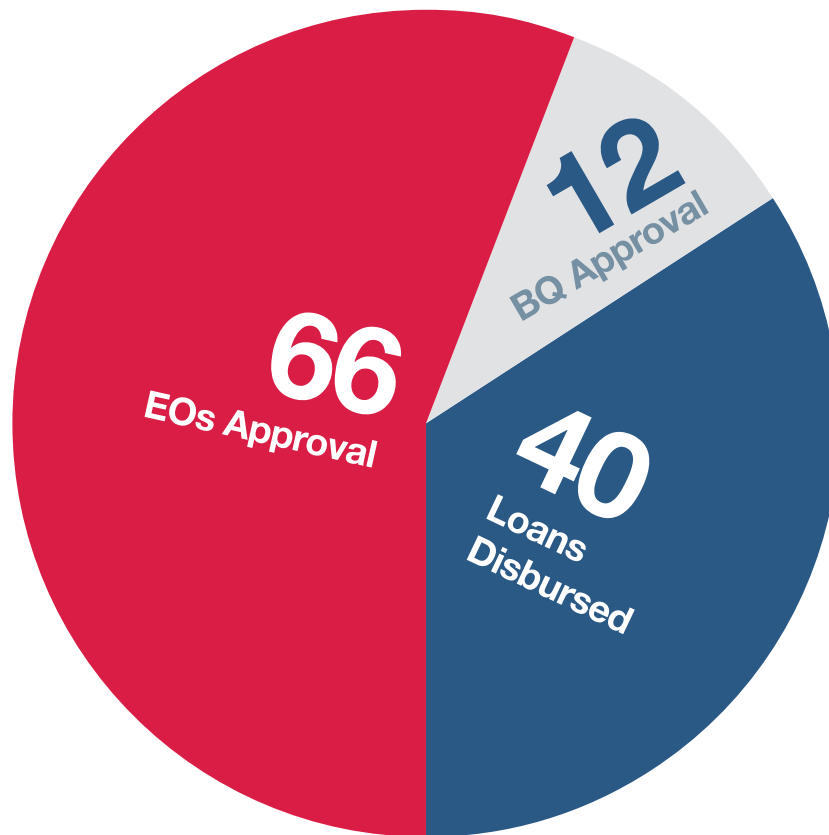
PROJECT ACTIVITIES CARRIED OUT IN 2019 ●●●

Business advisors were directly responsible for project implementation. Project activities start with awareness creation for the product among providers, AGMs of associations, regional meetings, etc. Interested facility owners are followed up and enrolled in the scheme. Based on the financial need of the provider, a Business plan is developed and sent to PharmAccess for approval. A detailed financial plan is developed including the repayment plan. Overall, the facility is prepared to meet the lending requirements of the bank. The banks will also do their due diligence after receiving the documents from the BA. Upon the completion of the process, loans are released, and the provider begins the repayment process based on the agreed terms.

KEY ACHIEVEMENTS AND RESULTS FOR 2019 ●●●

NUMBER OF CLIENTS WHO STARTED BUSINESS PROCESS	117.00
NUMBER OF EOS APPROVAL	66.00
NUMBER OF BQ APPROVAL	12.00
TOTAL APPROVAL	78.00
TOTAL NO. OF LOANS DISBURSED	40.00
TOTAL VOLUME OF DISBURSED LOAN	130,760,000.00
NUMBER OF CLIENTS WHO COMPLETELY REPAID THEIR LOANS	55.00
NUMBER OF CLIENTS WHO TOOK SECOND LOAN	32.00
NUMBER OF FACILITIES WHO DEFAULTED (>2MONTHS)	2.00

2019 PERFORMANCE



Access to credit facilities is critical to effective service delivery and expansion of services. Creating this enabling environment has proven to be a critical success factor among beneficiaries and sustaining this will go a long way in strengthening the supply side of the health sector in Nigeria.

NEXT STEPS ●●●

- Sourcing for support to continue the project
- Work with MCF to secure the participation of more banks
- Business training for provider

SFH/Novartis Portfolio (Commercial)



Society for family health in partnership with Novartis social business 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). The partnership with NSB provides for drug distribution, disease awareness programs, and capacity building for healthcare workers. The SFH/NSB activities involve the provision of high-quality generic medicine 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 in community members of the prevention and management of NCDs.
2. Linking community education to increased service utilization and patient follow up.e capacity of facilities and providers to achieve early diagnosis and clinical management of NCDs.
3. Increased patient management capacity of HCPs and CHVs to reduce loss 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 AND ACTIVITIES OF 2019 ●●●

1. Advocacy/Introductory visits were carried out to all NCD advocates in Nigeria.
2. Demand creation for all NCDs portfolio.
3. Cluster meetings with Novartis International to finalise the partnership
4. Sales and Redistribution of NCD portfolio nationwide

Sustaining Health Outcomes through Private Sector - TB SHOPS PLUS Project

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TB SHOP Plus project in Kano state is a private sector-based project aimed at increasing the availability and quality of Tuberculosis (TB) services as well as improving the flow of persons with presumptive TB into the detection and treatment system. The project aims to strengthen the health system and foster a Public-Private mix model of TB care in Kano.

Kano state had a TB Prevalence of 45,725 (prevalence rate: 330/100,000) and poor TB case notification of less than 25% before TB SHOPS plus project. The health needs of this population are served by 1203 public health facilities Vis-a-Vis 2 tertiary health facilities, 42 secondary and 1,159 primary health care centres. In addition to these public health facilities, there are 255 private health clinics, 114 private laboratories, and about 6000 PPMVs providing health care services to the people of Kano State. The project utilises the existing gap in the health needs of the Kano population and leveraged the existing untapped private facilities.

The implementation approach of the project is through the engagement of Private Health Providers (PHP) ranging from PPMVs, CP, Private health Clinics/Hospital Standalone Laboratories and formation of a multi-cadre network that is focused on TB case detection. At each engaged facility, systematic TB screening of all OPD clients was instituted, which identify presumptive TB cases and subsequently linked them to diagnosis and treatment within the network. These activities were augmented by provider-driven community outreach that raised community TB awareness and creates more demand for TB services. The project team provides constant mentoring and supervision visits to these facilities to ensure standards are followed according to the NTBLCP guidelines.

Through the activities of TB SHOPS Plus in the year 2019 the following successes were achieved:

- A total of 120 private hospital/clinic facilities were trained on TB service provision and linked to STBLCP, thus increasing the number of DOT site in Kano by 120. Similarly, 481 PPMVs, 26 community pharmacies, and 31 laboratories were engaged and have been providing TB identification and referral services for diagnosis and treatment.
- A total of 3,265 TB cases were diagnosed, with 1,273 cases notified to the STBLCP in the year 2019. A large proportion of the remaining diagnosed patients were referred to public facilities (for proximity purpose) where they were notified. This has reduced the TB case notification gap in the state.
- Some stand-alone private labs under the support and facilitation of the TB SHOPS Plus project received free brand-new microscopes as well as refresher training on AFB microscopy from the STBLCP which boosted the quality AFB microscopy at the Lab. Similarly, the project also facilitated the easy supply of TB commodities such as sputum cups TB drugs to the Private Health providers.
- Several provider-driven community outreaches were held across the network catchment which has raised awareness and create more demand for TB service.
- The project also procured and distributed storage cabinet to some high performing private facilities based on storage quality gaps noted in those facilities during supervision visits.

Supporting International Family Planning Organisation (SIFPO) Levonorgestrel Intra-Uterine System (LNG IUS) Project.

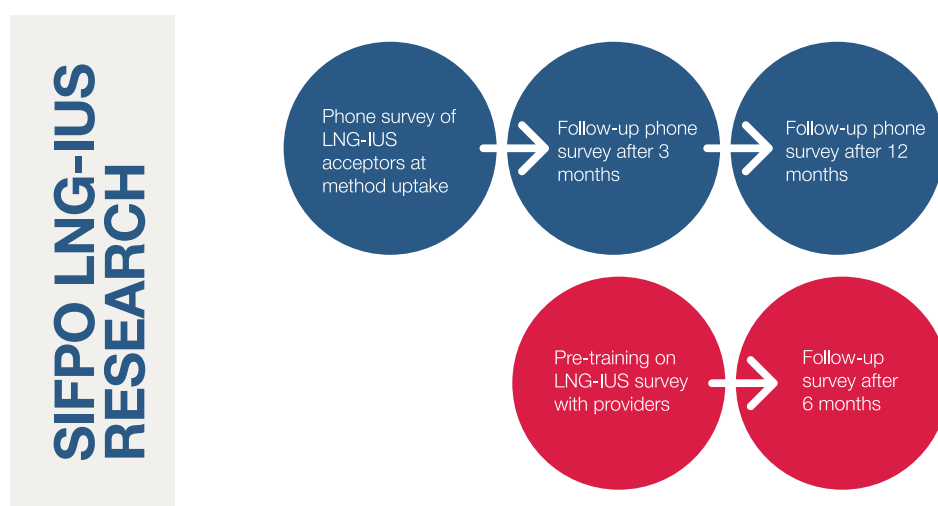
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The Society for Family Health in partnership with Population Service International (PSI) implemented service for the Levonorgestrel Intrauterine System (LNG IUS) in Nigeria through support from the USAID Supporting International Family Planning Organisation (SIFPO) and International Contraceptive Access (ICA) Foundation which donates LNG IUS to SFH. The LNG IUS which is a hormonal and long-acting reversible contraception and effective for 5 years was provided as a donation to SFH for service delivery in private health clinics in Nigeria with an aim to contributing to address the family planning needs of women in Nigeria. The project was an implementation research where service for the IUS was provided in private health facilities in the SFH Healthy Family Network franchise across 18 states in the country. The research objective was to ascertain providers' and users' perception and experience with the LNG IUS product. The SIFPO LNG IUS project commenced in May 2017 and spanned till December 2019.

PROJECT STRATEGY AND ACTIVITIES ●●●

In the SIFPO project, women of reproductive age were offered insertion and removal service for the LNG IUS.

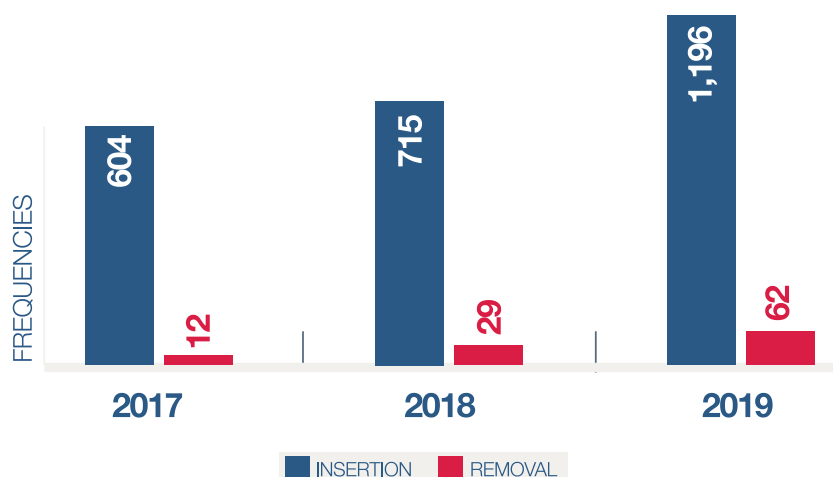
- The FP Providers were trained on how to provide quality service for the LNG IUS.
- Demand generation for the LNG IUS was executed through Interpersonal Communication Agents (IPCA).
- A longitudinal phone survey of users and providers of the LNG IUS was conducted. The schema shows the research process for the user and providers' study of the project.



ACHIEVEMENTS ●●●

- As at the end of 2019 a total of 7,372 Couple Years of Protection (CYP) from the LNG IUS service delivery was provided through the LNG IUS method from all SFH facilities.
- After completion of the prospective users and providers survey in 2018, service delivery continued in 2019 with a total of 2,516 insertions of LNG IUS achieved at the end of the year.

ANNUAL IUS INSERTION AND REMOVAL



- SFH conducted a TOT at the onset of the project for 8 master trainers who facilitated cascade training. A total of 15 cascade training had been conducted as at the end of the project.
- From inception 64 providers were trained or retrained for service delivery for LNG-IUS which includes practical skills for insertion and removal of LNG-IUS, and skills for balanced counselling strategy for Family planning.
- Through the accomplishments of the SIFPO project, with an understanding of the LNG IUS market in Nigeria, SFH in collaboration with PSI successfully developed a market strategy for the introduction of Avibela a mid-priced LNG IUS brand in Nigeria.
- IUD insertions kits and Service support packages were procured distributed to high performing facilities.
- Conducted regional and annual providers meeting for LNG-IUS Implementing facilities.
- Regular Supportive supervisory visits were conducted at all facilities.

As a result of the SIFPO LNG IUS implementation, the government's interest in expanding Hormonal IUS as a method option in the public and private sector in the country has been heightened with the current FMOH plans by to phase-roll out the hormonal IUS.

NEXT STEPS ●●●

here is an ongoing discussion between SFH and partner organisation and donor agencies to fully implement the TMA for LNG IUS and to acquire authorisation in Nigeria for the distribution of the Avibela LNG IUS product from M360 the manufacturers of Avibela.

Scaling Up Access to Products and Services

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For the Social Business Enterprise, the year under review is best described as the year the division fully stood on its own and became a litmus for maximal progress.

In 2019, male condoms accounted for 54% of the entire revenue. Of the 54 million units of Gold Circle Classic sold in the period, the South-East and South-South sales zones contributed comparatively the highest for the regions via a 27% volume contribution to the annual sales, they were closely followed by Lagos State which contributed 24% of the male condom sales and the Northern region (22%) being the least contributing region in terms of Male condom. Of the various brands of products distributed by the SBE, the point of use products (P&G Water Purifier) was able to close above target i.e. over 200% of 2019 target.

In 2019, the SBE division undertook a couple of Marketing promotion activities to boost its brand visibility on the shelves and enhance consumer experience. Some of the promotion activities carried out in 2019 include the KOCC promo for TopMal and Postinor 2, part sponsorship of the AFRIMA and participation at the 2019 Healthcare expo in Port-Harcourt.

To promote user experience of key SFH products, such as Flex condom and Lubrica, a 'Valentines' Activation' was carried out in Lagos & Abuja to promote these two brands amongst users.

New product SKUs were launched in 2019 to deepen SBE brand offerings. Some of these include; the TopMal (antimalaria), the signed partnership with Novartis which led to the introduction of the NCD portfolio in September 2019. A new partnership with Novartis also led to the inclusion of the Novartis anti-malaria brand (Coartem) in SFH product portfolio.

The SBE division closed a contract with Bayer, resulting in the re-introduction of the Microgynon Fe and Mirena in the Nigerian Pharma-market, making SFH the sole market authorization holder for Mirena and Microgynon Fe brands.

QUARTERLY REVNUE PERFORMANCE FOR SBE BRANDS 2019

Period	Q1	Q2	Q3	Q4
	N	N	N	N
Anti-Malaria	3,253	5,968	95,140	120,528
Contraceptives	6,987	189,847	100,920	106,130
Gold Circle and Flex Condoms	148,091	250,547	224,420	296,014
Lubricant	8,115	7,831	8,055	12,377
MCH	3,529	2,353	4,049	5,091
Point of Use Safe Water Products	3,950	53,581	28,924	11,124
NCD	0	0	247	6,388
Total	173,925	510,126	461,755	557,653

Products	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Actual YTD	Expected YTD Sales	% Achieved
Gold Circle	3,085,344	2,623,968	4,015,008	4,091,904	6,833,376	4,675,968	3,614,112	5,050,944	5,341,248	6,738,336	5,686,848	6,681,312	58,438,368	100,000,000	58.4
Flex Condoms	107,352	107,568	175,176	160,056	341,280	216,216	185,760	150,336	138,456	145,584	161,136	154,872	2,043,792	10,000,000	20.4
Combination 3	39,150	105,750	149,850	151,200	369,000	345,600	391,050	189,450	152,100	36,000	0	0	1,929,150	6,500,000	29.7
Depo Provera	31,400	45,700	52,100	43,400	44,600	52,800	36,300	20,900	6,400	300	0	0	333,900	1,000,000	33.4
Noristerat	0	0	0	0	0	0	0	0	0	0	0	0	0	960,000	0.0
Lubrica	2,460	4,620	6,750	3,450	5,040	4,020	4,350	4,200	3,540	4,620	11,670	3,810	58,530	109,200	53.6
IUCD	1,180	1,260	2,880	960	2,700	1,620	1,500	1,080	720	660	1,980	2,640	19,180	60,000	32.0
Jadelle	110	260	320	230	150	260	570	330	0	0	0	0	2,230	15,000	14.9
CycleBeads	0	0	0	100	100	0	300	0	100	100	200	0	900	50,000	1.8
Postinor-2	8,640	960	6,144	0	362,304	139,392	86,592	75,456	61,056	90,432	105,984	78,528	1,015,488	2,119,680	47.9
WaterGuard Plus	2,496	4,992	5,472	6,528	7,392	3,528	384	144	0	0	0	0	30,936	159,840	19.4
P&G POW	1,200	13,680	1,680	24,240	480	0	0	1,680	150,480	0	960	960	195,360	518,400	37.7
ORS/Zinc	6,600	12,100	8,800	9,000	3,200	1,300	3,200	9,200	8,400	11,400	1,600	3,600	78,400	408,000	19.2
Misoprostol	0	0	0	0	0	0	0	0	0	0	0	0	0	700,000	0.0
PermaNet	85	160	320	255	410	180	210	150	20	30	0	0	1,820	51,960	3.5
Topmal	0	0	0	0	0	14,430	51,130	38,110	27,540	38,930	36,160	32,210	238,510	123,600	193.0
ChlorxyG	600	400	5,200	2,000	3,600	7,400	800	1,000	0	0	0	200	21,200	175,200	12.1
Mistol X3	300	0	0	0	0	0	0	0	0	0	0	0	300	139,200	0.2
Postpone	0	0	0	0	0	0	0	0	0	0	0	0	0	558,000	0.0
Confidence 3	0	0	0	0	0	0	0	0	0	0	0	0	0	1,755,000	0.0
Levopiant	2,570	650	130	110	630	1,290	300	550	460	220	5,140	740	12,790	15,000	85.3
Sayana Press	0	0	0	0	0	0	0	1,600	13,400	2,800	8,200	5,800	31,800	156,000	20.4
Mirena	0	0	0	0	0	0	48	41	34	10	19	33	185	1,000	18.5
Microgynon	0	0	0	0	0	0	400	1,200	1,200	3,620	3,670	4,650	14,740	800,000	1.8
Novartis NCDs	0	0	0	0	0	0	0	0	237	3,076	2,669	1,633	7,615		
Mistol X 12	0	0	0	0	0	0	0	0	0	1,280	1,145	875	3,300		





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

TO IMPROVE HEALTH OUTCOMES BY ENSURING COMMUNITIES HAVE
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