



Society for Family Health

Creating Change, Enhancing Lives.



2009-2010 ANNUAL REPORT



SOCIETY FOR FAMILY HEALTH

18



1877-1878

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SOCIETY FOR FAMILY HEALTH
Creating Change, Enhancing Lives.

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FOREWORD



As we mark our 25th anniversary, the years 2009 and 2010 represent many things to all those inspired by our pioneers' spirit of service, including the Board of Trustees, management and staff of Society for Family Health (SFH) and their sense of altruism. Their goal was to leave the beaten path and chart a refreshing course and cause in order to improve the lives of the poor and vulnerable. This goal was even been more vigorously pursued in 2009 and 2010.

Inspired by its solid foundation for the spirit of volunteerism and service to humanity, the personnel of SFH have worked diligently to ensure the steady growth of our organisation and services from the single, humble, facility of 25 years ago to disparate and well-articulated facilities in symphonic harmony nationwide.

SFH has notched up milestones ranging from unique social marketing strategies with our partner Population Services International (PSI), to widely accepted, evidence-informed research and research findings. Inspired by private sector initiatives and well honed, or shall I say, perfected strategies, SFH has consistently delivered highly efficient products and services, working in collaboration with key partners to ensure that we meet deliverables within the stipulated period.

Following profound introspection we have assessed our capabilities to effectively provide needed services by regularly updating the capacity and professionalism of our personnel. The goal is to keep pace with the needs of the Nigerian people whom we serve.

Hitherto very restricted and technical health issues, which seemed to oscillate within the confines of core health practitioners, have become household matters. This is in line with the effort of our organisation to drive its programmes with consistency and depth, while creating awareness of much needed health information, education, and safe practices as tools for reaching far-flung communities and peoples with the best techniques, services and products.

SFH's capacity and potential continues to expand,

due to the commitment and team spirit of its board members, partners management and staff, donors, and friends. The health impact of our services over the years encourages us.

Taking stock of 2009 and 2010 gives one hope of SFH's ability to achieve more in the future. This is truly underscored by the SFH staff's adaptability, professional efficiency, and thirst to embrace new projects.

The two-way beneficial relationship with our partner, PSI, has remained constant. PSI continues to contribute technical assistance while SFH personnel improve on the technical experience required for the timely growth of our services.

We deeply appreciate our "Enhancing Nigeria's Response to HIV and AIDS (ENR)" programme partners - *Action Aid International (AAI)*, *Benguela Options Pty*, *Population Services International (PSI)*, *BBC World Service Trust*, *Population Council*, and *Crown Agents*.

SFH's collaboration with the Federal and State governments of Nigeria helps to eliminate duplication, and is yielding mutual benefits particularly through the governments respective Ministries of Health, Finance, Women's Affairs, and Education among others.

The Board of SFH remains indebted to our donors - United States Agency for International Development (USAID), the Department for International Development (DFID) of the United Kingdom, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), Oxfam Novib, Bill and Melinda Gates Foundation, among many others.

On an endnote, I would like us to reflect on the sacrifices made by donors to projects in Nigeria. Their example is a huge challenge to us all and should inspire us to develop the spirit of volunteerism and philanthropy to improve the lot of our people and others. Let us all donate!

Hon. Justice (Mrs.) I.C. Nzeako
President, SFH Board of Trustees



Consolidating and extending the frontiers

November 2008 was a momentous month for SFH and our partners in many respects. It marked the successful completion of the seven-year Promoting Sexual and Reproductive Health and HIV and AIDS Reduction (PSRHH) programme also known as 'Make We Talk'. November also marked the second year of our five-year Strategic Plan. The lessons learnt from the implementation of PSRHH and the execution of our Strategic Plan enabled us to develop new strengths as well as deepen competencies in various areas, SFH continues in good stead for the implementation of our programmes in 2009 and 2010.

If 2008 was the year of accomplishments, we would regard 2009 as the year of consolidation, and 2010 as the year of extending the frontiers of our health impact. SFH succeeded in averting over 2.6 million Disability-Adjusted Life Years (DALYs); A DALY is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

Building on the previous skills of SFH, we embarked on the implementation of the HIV and AIDS Round 5 Projects. There was a near 100 percent increase in the number of patients tested under the Global Project, as we also recorded similar positive results in many other programme areas.

Work continued on the Malaria Round 4, Phase 2 Project, which commenced in January 2008. We carried out over 1, 527 social mobilisation activities and 3000 community outreaches. Communication was strong in those communities involving an integrated campaign mix.

We expected much, and it is heartening to report that the restructuring of the organisation has started yielding results in several respects. Particular mention must be made of the new focus and improved approach to programme implementation across territories. Field Operations and Strategic Behaviour Change Communi-

cation divisions particularly bear witness to the positive changes. In collaboration with our various communication agencies, outstanding work has been carried out which enabled us to not only communicate with impactful messages on various issues but also win awards for the efforts.

We recorded significant success after the Sales and Distribution division became a part of the Field Operations Directorate. The division also successfully organised short term technical assistance to colleagues from other PSI platforms, as well as the Annual Wholesalers' conference at Ijebu-Ode, Ogun State, Long Lasting Insecticide-Treated Net (LLIN) Mass Campaign, Patent Proprietors Medicine Vendors (PPMV) Training, Product Launches; Exhibitions.

SFH also collaborated with the Federal and State governments under the ENR programme. The ENR programme supported National Agency for the Control of AIDS (NACA) in developing the National Strategic Framework and National Strategic Plan (NSFII/NSP), and development of the new National Policy on HIV and AIDS. The policy was focused particularly on institutional arrangements, financing, gender, and HIV prevention areas. We are immensely grateful to our partners in this endeavour: DFID, USAID, UNAIDS, NACA as well as line ministries of the Federal and State governments with responsibility for health, education and women affairs.

No doubt, we have recorded successes these two years. With a Board of Trustees that continues to provide inspiration, guidance and ethical leadership in corporate governance to dedicated and committed staff, we look forward to creating even more impact on our society.

Sir Bright Ekweremadu
Managing Director

FIELD OPERATIONS 2009 - 2010



2009-2010

Field Operations

Operationalising Field Activities

Management created the Field Operations Directorate at the Management Retreat in Oturkpo, Benue State in January 2009 to serve as the 'clearing house' of all SFH field activities. Headed by a well-seasoned Director and three Deputy Directors (one for Sales and Distribution and one each for Northern and Southern Field Operations), the directorate provides direction and focus for field implementation of all SFH programmes. The creation of the Field Operations Directorate was a fallout of a strategic move by SFH leadership to restructure the organisation for greater efficiency.

The Field Operations Directorate has a mandate to reposition the field and integrate all programmes for more coordination and harmonisation, as well as to improve effectiveness and efficiency in the delivery of services.

In liaison with the programme divisions, the Field Operations Directorate contributes to the design of annual strategic plans for various projects to ensure seamless implementation at field level. Based on developed annual programme plans, quarterly work plans are drawn jointly with relevant program divisions and communicated in a timely manner to field teams for implementation.

The crux of the new structure was decentralisation of activities. Management evenly split into north and south geopolitical regions of Nigeria into eight territories headed by Territorial Managers (TMs). The TMs are senior staff, responsible for the planning, coordination, and timely implementation of all field activities including budgeting and administration, and taking lead in advocacy issues within their designated territories. Each territory covers two regional offices headed by a Regional Manager who oversees all programmes within the region's component states. The focal persons are the last lap of the new field structure, positioned to champion specific projects while interfacing with stakeholders, Civil Society Organisations (CSOs) and Community Based Organisations (CBOs).

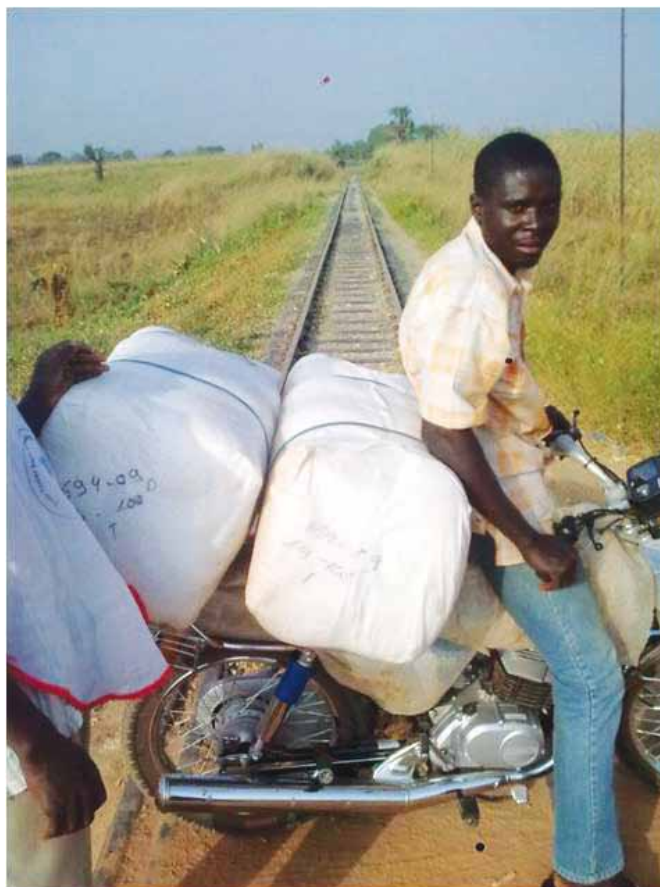
Key Milestones

Certainly, the new structure brought fresh focus and an improved approach to programme implementation across territories. Management repositioning and strengthening of the field teams led to better performance through:

- Improved coordination and linkages between Programme Divisions and Field Operations in designing strategies, as well as planning and execution of programmes. This also translated to better coordination

Table 1: Sales performance for 2010

Products	Years target	Actual YTD	% Achieved
Gold Circle	200,000,000	205,833,600	102.9 percent
Duofem	6,500,000	6,786,900	104.4 percent
Depo Provera	1,500,000	729,600	48.6 percent
Noristerat	1,500,000	1,131,100	75.4 percent
Copper T	80,000	73,560	92.0 percent
Postinor-2	1,000,000	1,136,100	113.6 percent
Misoprostol	399,292	72,896	121 percent
Lubrica	63,000	124,425	83 percent
WaterGuard	1,500,000	965,856	64 percent
PermaNet	150,000	94,364	66 percent
PUR	200,000	268,120	134 percent
Jadelle	7,000	6,500	92.9 percent
Arsaq/Coartem	10,000,000	8,543,078	85.4 percent
LifeStyles	1,500,000	1,063,400	70.9 percent
CycleBeads	10,000	7,600	76.0 percent
Pregnon EC	70,000	103,680	148.1 percent
Norigynon	70,000	36,400	52.0 percent
Elegance	1,500,000	841,920	56.1 percent
Eye Glasses	6,000	606	10.1 percent

*Delivering to the hard to reach*

- of efforts in field programme implementation.
- Integration (and leveraging of resources) of various programmes and projects into regional teams including ENR and Sales Teams led to better achievement in programme implementation.
- Improved unity of command and decentralisation of authority. Budget approval process starts from the Head Office, and is then pooled at territories for structured disbursement to regions. This shortened lead-time for fund disbursement with attendant improvement in operational efficiency.
- Upgraded, relocated and equipped Field Offices to ensure better working environment.
- Enhanced capacity for all cadres of staff to improve efficiency in service delivery.
- Balanced staffing assigned with key responsibilities and reassignment of staff to reduce redundancy.
- Structured retreats (biannual at national and quarterly at territorial levels) to share experiences and improve programme understanding.
- Improved mentoring system targeted at field staffs by assigning management staff to specific regions for support visits.

- Established of clear opportunity for staff progression to managerial level while operating from the field offices.

The integration of sales into all programme areas was a critical factor in the company's success of exceeded sales targets for the majority of products in 2010. With anticipated improvement in product stock out, product distribution for the New Year 2011 promises to be more robust as the field continues to augment sales activities.

*Meeting wit the PPMV in Gombe State*

Sales and Distribution

2009

A major reshuffling in the organisation resulted in the integration of the Sales and Distribution Division to form part of the Field Operations Directorate. The restructuring also led to the creation of two Area Sales Manager positions – North and South. All regional offices now have sales focal persons. This restructuring also saw the complete addition of WHP detailers into the Sales and Distribution team.

sales focal persons made this impressive performance possible.

Lifestyles® condoms sales closed at 993, 532 pieces representing about 50 percent of target but falling marginally below the figure of 1, 096, 848 units achieved in 2008. Extensive pipeline filling, product redistribution, and

Following the impressive distribution for condoms and LLINs in 2009, SFH Nigeria was rated number one in Health Impact among PSI affiliates globally.

Sales

The team reported notable successes for the LLINs following the mass campaign in Niger and Ogun States that delivered over 3 million nets.

Stock however hampered sales of certain products in 2009. This impediment led to the non-achievement of the sales targets of products such as Noristerat, WaterGuard, Lubrica, Depo-Provera, Norigynon, and Female condoms.

Condoms

Sales of Gold Circle® condoms closed at 195, 543, 936 units, achieving 98 percent of target. This figure is higher than the 188, 694, 142 units achieved the previous year. Massive product redistribution and improved channel management by the

Table 2

	Product	2009 Target	2009 Sales	% Achieved	CYP
HIV	Gold Circle	200,000,000	195,543,936	98	1,622,678
	Lifestyle	2,000,000	993,532	50	8,729
	FC2 Female Condom	500,000	203,858	41	1,699
	Lubrica	120,000	95,266	79	0
	Depo provera	1,400,000	1,217,650	87	304,350
	Noristerat	1,200,000	815,000	68	135,817
	Norigynon	75,000	10,000	13	815
FP	IUCD	80,000	66,810	84	234,570
	Cycle Bead	10,000	6,842	68	12,684
	Jadelle	5,000	5,998	120	21,308
	Duofem	6,000,000	6,082,650	101	417,840
	Locon-F	100,000	22,700	23	1,527
	Postinor-2	840,000	992,850	118	49,350
	Pregnon EC	75,000	64,440	86	3,222
MCH	PermaNet	720,000	4013364	557	
	Water Guard	1,500,000	1,338,424	89	
	ACT	4,750,000	4,776,100	101	
	PUR	750,000	1,744,950	233	
S&D	Eye Glasses	14,400	1,752	12	

placement of Lifestyle boxes at strategic points made this achievement possible. Female condom sales remained localised to Edo, Delta, and Lagos in 2009.

Injectables

Depo Provera® achieved 87 percent of its target; Noristerat® achieved 68 percent and Norigynon achieved 13 percent. This performance was due to the relative non-availability of injectables for most of the year. Even as demand was high, available stock was however, inadequate.

Oral pills

Duofem® sales closed at 6,082,650 cycles, achieving 101 percent of target. Improved product redistribution, enhanced demand creation activities by the sales force and business support by the trade partners were instrumental to this success.

Postinor-2® achieved 118 percent of target and continued to enjoy excellent patronage, retaining its position as the most preferred ECP.

Pregnon performance of 86 percent was driven by increased product promotion and distribution at PPMV sessions.

Safe Water System

WaterGuard® sales were hampered by product non-availability in the face of increased demand.

PUR: This product achieved 233 percent of 2010 target driven by institutional business and retail placement by the sales team members.

Long Lasting Insecticide-treated Nets

PermaNet® sales achieved 557 percent of target accounted for by improved retail and institutional sales. Over three million nets were distributed through the National mass campaigns in Niger and Ogun states.

Others

The 2009 Annual Wholesalers' Conference that brings together our trade and logistics partners was held in Ijebu-Ode, Ogun-State. This conference provided an opportunity to share lessons learnt, acknowledge and reward the contribution of our partners.

The conference also presented an avenue to recognise

and reward the best performing sales focal persons for 2009.

LLIN Mass Campaign

The division was involved in the logistics of distribution of LLINs in both Niger and Ogun States. The division supported the assessments of the State, LGA, and Distribution Point stores.

PPMV trainings

The division was involved in capacity building and knowledge updates of PPMVs on Reproductive Health and Maternal & Child Health with an emphasis on the home management of malaria.

New Product Introduction

Locon-F®: A mass detailing strategy aimed at increasing demand and subsequent uptake of Locon-F was carried out from the 2nd to the 3rd quarter of the year 2009.

Short Term Technical Assistance

The sales team hosted our colleagues from other PSI platforms on sales learning and linking trips. The Director of Sales of PSI/Tanzania studied our sales channel management operations, especially product distribution, and partner management. The Liberian team was interested in the operations of the directorate. The visiting teams were impressed with our operations and applauded our successes over the years.

The team hosted the USAID social marketing audit team in Kaduna, Kano, Lagos, and Calabar respectively.

Exhibitions

The team was involved in exhibitions organised by various bodies such as the Pharmaceutical Society of Nigeria, Association of Community Pharmacists of Nigeria, Association of General Practice Medical Practitioners of Nigeria, Nigeria Medical Association, and Health Fair of the US Embassy.

Recruitment

Twelve new staff members were recruited to join the team as sales division staff were reassigned to other programme areas.

2010

The division was able to surpass most of the challenges of stock out in the year under review to achieve over 100 percent of 2010 target for most key products. The team was also able to achieve over 100 percent target for all trainings and demand creation activities.

The major challenge for the year under review include stock out for key ethical products like Noristerat, Depo-Provera, Copper-T, Lifestyles condom, WaterGuard also remained a recurrent issue.

There was a minor restructuring of the team culminating in a new head of division. Activities of Women's Health Project (WHP) detailers continued with product redistribution, detailing and demand creation, as well as support to sales activities. The volume of product redistributed by the team was drastically reduced as a result of change of strategy before the end of Phase 1 of the project.

A market intelligence report witnessed a huge influx of other brands of cheaper condom in the market competing effectively with our flagship brand. Some of the new entrants include Safe Ryder, LifeGuard and Foula. Masculan condom was a strong competing brand with Lifestyles Condom. There was also a huge media campaign for Mr. Jones Condom, another competing brand. WaterGuard was not spared of new competing brands as about four different brands were launched into the market last year.

There was a price increase for some key products like Gold Circle, Duofem, WaterGuard, Noristerat, Depo-Provera, Jadelle and Postinor 2 in the year under review. Sales was initially affected by the relocation of Lagos central warehouse from Orile to Ikeja.

Sales

The 2010 target for most key product was surpassed, products like Gold Circle, Duofem, Postinor 2, Pregnon all surpassed their set targets for 2010; however Noristerat, Depo-Provera, Copper T, WaterGuard, Lubrica and Lifestyles Condom did not achieve target due to non availability of products.

Condoms:

The sales of Gold Circle® condoms closed at 205,833,600 pieces achieving 103 percent of target, this achievement is a new milestone surpassing every other available sales record for Gold Circle condom. This was as a result of

the unrelenting efforts of the sales team, massive product redistribution, better territory planning and coverage. In spite of the huge competition from other competing brands, the team ensured high retail placement as a strategy to position the product in every area. There was some mass media support during the World Cup.

LifeStyles® condoms SFH premium brand achieved 71 percent of target closing at 1,063,400 units. Sales were affected by stock out towards the end of the year where sales are more. There was also huge presence of other competing brands, some ensuring they have roll up banners in all highbrow shops. The team ensures huge product placement and redistribution, sales were made to cover from street to street for better product positioning.

Elegance condom, this product achieved 56 percent of target, selling 841,920 units. The condoms were distributed nationally, sales were significantly higher in the three female condom project focal states.

Injectables:

Sales of our Injectables – **Depo Provera®** achieved 49 percent of target (729,600 vials) and **Noristerat®** 75 percent (1,131,100 ampoules and **Norigynon®** 52 percent (36,400 vials). None achieved target due to stock out of products. These injectables have continued to increase in sales volume. This feat is a direct result of our increased demand creation activities among service providers, efficient channel management and leveraging on WHP support for more penetration into other providers not initially reached. Poor sales from Norigynon were due to poor marketing support for the product.

Jadelle- achieved 93 percent of target, this was mostly sales for WHP activities. Sales to the retail market was affected by the increase in price of the product.

Copper T achieved 92 percent of target, sales towards the end of the year were affected by stock out. However sales achieved was due to massive product redistribution, storming the nightingale, demand creation and activities of WHP detailers.

Oral pills:

Duofem® sales closed at 6,786,900.00 cycles (104 percent), this was as a result of product redistribution, good



Sensitisation road walk

sales patronage and support from the trade. PPMV training also provided avenue for demand creation and sales.

Postinor-2® achieved 114 percent (1,131,100 cycles), this was also a result of massive product redistribution. Sales of this product is threatened by the massive influx of sub-standard Postinor 2 that is widely distributed and readily available at a far cheaper rate.

Pregnon sold 103,680 cycles (148 percent) of target. Improved territory coverage and increased demand creation activities especially among the PPMV's accounts for this. However product penetration with Pregon is still low.

Safe Water System:

WaterGuard® achieved 64 percent closing with sales of 965,856 bottles. However, the team would have achieved more except for the non availability of product and initial movement of Lagos Warehouse.

Pur achieved 134 percent of sales target (268,120 sachets), these huge sales were mostly from institutional businesses.

ACTs- Sales team could not meet demand for this product as stock was not adequate.

Long Lasting Insecticide-Treated Nets:

PermaNet® sales achieved 66 percent of target (94,364 pieces) this drop in sales volume is due to the massive influx of free nets distributed across the country through mass or integrated campaigns.

Others:

The 2010 Annual Wholesalers' conference brought together over 50 wholesalers registered and representatives of our haulage and warehouse partners. The Wholesalers conference was hosted in Ijebu-Ode, in Ogun state, and provided an opportunity to interact and acknowledge the contribution of all wholesalers at the same time reward the outstanding ones. The first position went to God's Foundation in Lagos, the second position went to Alapharm in Abuja, and the third position went to New Health Pharmacy in Abuja.

The team participated in several exhibitions and conferences including Pharmaceutical Society of Nigeria (PSN), Society of Gynaecology and Obstetrics of Nigeria (SOGON), Nigerian Medical Association (NMA), Association of General Practice Medical Practitioners of Nigeria (AGPMPN), Association of Community Pharmacists of Nigeria (ACPN) National Association Nigerian Nurses and Midwives (NANNM) etc.

Universal Access to Female Condoms (UAFC) Programme

2009

In the last quarter of 2008, the Universal Access to Female Condoms (UAFC) programme joined SFH project portfolio in a bid to expand contraceptive options and to contribute to reducing the incidence of HIV infection and unintended pregnancy among project beneficiaries. The UAFC project is funded through Oxfam Novib and is piloted in three states; Delta, Edo and Lagos. The project which commenced in January 2009 and will end in December 2011 and is targeted at women and men of reproductive age; and is expected to achieve within the focal states; the creation of an enabling environment for female condoms; create awareness and demand for female condoms; make female condoms widely available through supply chain management and integrate female condoms into existing structures, services and programmes in the field of Sexual and Reproductive Health (SRH). On the 13th of July 2009, SFH launched the UAFC programme and unveiled Elegance® the UAFC Nigeria female condom brand which is expected to be sold to the end user at NGN30.00 (thirty naira) for 2 pieces.

Advocacy, community mobilisation, capacity building, awareness and demand creation, integration of female condoms into programmes and services of partners and supply chain management are strategies adopted by SFH and indigenous partners like Girl Power Initiative (GPI), Lift Above Poverty Organization (LAPO) and BAOBAB for Women's Human Rights (BAOBAB). SFH through UAFC has further demonstrated its commitment in promoting gender equality and women's empowerment as the female condom is the only female initiated and controlled contraceptive that offers dual protection from STIs including HIV and unintended pregnancies. By December 2009, SFH had trained about 1,000 persons at community level across focal states on female condom message delivery and insertion; sensitised over 2,000 PPMVs on the benefits

and use of female condoms and reached over 500,000 persons on female condom messages through inter personal communication, and other outreach and promotion events. In the last quarter of 2009, the UAFC team saw an increased demand for the product and sold 169,189 pieces of Elegance® by the year end.

It was not smooth sailing though for the UAFC team as they had to deal with challenges with international procurement of the product which delayed and affected smooth project take off; however the team looks forward to an increase in activities in 2010 taking into cognizance lessons learned and best practices in 2009.

2010

The UAFC programme team and partners recorded tremendous progress and achievements in 2010. By December 2010, SFH received and cleared into its warehouse in Lagos 2,399,585 pieces of Elegance® female condom. In the focal states of Delta, Edo, and Lagos, the programme built capacity for 855 persons as Interpersonal Communication (IPC) conductors and Non Governmental Organisation (NGO) workers. They would implement awareness and demand creation activities at community level. These persons were equipped with female anatomy demonstration models, IPC flip charts, leaflets, promotional materials, and Elegance® female condoms (FCs).

Activities carried out as community level intervention include community mobilisation, advocacy visits, IPC sessions, seminars, rallies, local dramas, and product distribution. Awareness and demand creation activities reached 1,304,255



Demonstrating the use of Waterguard® at an IPC session

persons with messages on FC use, benefits and insertion. To facilitate FC uptake and the establishment of non-traditional distribution outlets; 4,231 PPMVs were sensitised within the focal states and given promotional materials for placement in their various service and delivery points.

In 2010, UAFC sold 840,576 pieces of Elegance® FCs, thus meeting 82% of the annual sales target. Of this quantity, 698,488 FCs were sold within the focal states while the balance of 142,088 FCs were sold outside focal states. The programme distributed 76,142 FC nationally as free samples to enhance product access and availability. Mass media promotions for Elegance FC intensified through the production and airing of a branded radio campaign in English and Pidgin languages and the placement of 15

billboards in the focal states to complement and reinforce community level interventions.

The UAFC programme also provided a platform for linking and learning at national and global levels through participation in international advocacy meetings, abstract presentations and experience sharing with other FC programme implementers on FC programming and distribution.

As the UAFC programme enters into its final year in 2011, key lessons learned and best practices of the previous programme years will form the thrust for this last phase. The programme team can boldly say that there is enhanced awareness, visibility, acceptance, and increasing uptake for female condoms in Nigeria through the programme.

Society for Family Health



Society for Family Health

is a non governmental organisation dedicated to improving reproductive, maternal and child health in Nigeria.

- Since 1985, we have been working to improve the quality of life for the poor and vulnerable in Nigeria, and our programmes impact directly on the lives of millions of Nigerians who use our products and hear our messages.
- Our vision is to demonstrate significant impact on HIV and AIDS, malaria, diarrhoeal diseases and maternal mortality through innovative behavioural change communication programmes and social marketing.
- Our success and growth over the years is due to the dedication of our donors, the Nigerian government, our highly motivated staff, and the people we serve.



Society for Family Health
Creating change, Enhancing lives



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GLOBAL FUND PROJECTS 2009 - 2010



ABOVE: A beneficiary displays her hung LLIN received during the free LLIN distribution in her state. LEFT: SFH displays malaria commodities at its exhibition stand during the World Malaria Day event. BELOW LEFT: SFH team set to lead the rally float on World Malaria Day (WMD) 2010



ABOVE: Acting Minister of Health flags off the 2010 World Malaria Day Rally event in Abuja on April 25th. LEFT: A human animation of the Artemisinin-based Combination Treatment (ACT) display at WMD event.

2009-2010

Global Fund HIV & AIDS Round 5 Grant

Society for Family Health implements the Global Fund Round 5 HIV Grant to Nigeria, with the specific objectives of expanding access to quality HIV Testing and Counselling (HCT) Services (Objective 2) and increasing the capacity of the private sector to implement HIV workplace programmes (Objective 5). In addition, it is responsible for engaging the private sector with HIV and AIDS and comprehensive wellness programmes for the workplace.

The HCT Programme, implemented at both public and private health facilities, targets all persons above the age of 18 years, while the workplace programme targets adult staff of private multinational companies and Small and Medium Enterprises (SMEs). In 2006, based on the Global Fund's dual track financing option, SFH was selected alongside National Agency for the Control of AIDS (NACA) and Association for Reproductive and Family Health (ARFH) by the Country Coordinating Mechanism (CCM) of Nigeria, as Principal Recipient (PR) to manage objective 2, and as a Sub Recipient (SR) to NACA on objective 5. Under objective 2, SFH selected four organisations: Family Health International (FHI), Planned Parenthood Federation of Nigeria (PPFN), GEDE Foundation, and National Institute for Medical Research (NIMR) to serve as Sub Re-

cipients (SRs) directly responsible for the implementation of various aspects of the programme while SFH provides managerial and technical supervision. In objective 5, SFH was directly responsible for implementing the HIV workplace programme at selected worksites in Kaduna State.

Programme Achievements

Project activities for the third year commenced in January 2009, with site selection, procurement of laboratory reagents, test kits, and commodities. Other activities included renovation, supply of furniture and upgrading of selected public and private health facilities. In addition, capacity building in HCT service provision and evaluation of training of health personnel were also conducted for all facilities. During the year, 686,760 new clients were counselled and tested. It brought the cumulative total of persons tested under the Global Project to 1,174,182 in total. SFH through the GF projects contributes more than 20 percent of overall HCT activities in the country:

- Trained 1,034 persons to provide HCT;
- Trained 391 record officers and HCT coordinators on basic Monitoring and Evaluation (M&E) and Management Information System (MIS);
- Trained over 605 PEs who in turn reached an aver



Traditional Birth Attendance (TBA) training in Gombe State

age of 72,360 employees out of which 1,447 referrals were carried out for counselling and testing services.

Lessons Learnt

Strengthening of coordination mechanisms at the various levels of programme implementation is necessary to reduce friction and promote cooperation and harmonisation in service delivery, particularly at the community level.

Table 3: Summary of programme achievements

Intervention	Target	Achievement
Site upgrade and HCT activation	330	363 (110%)
Number of persons counselled and tested	625,000	916,902(146%)
Number of private companies with HIV workplace policy	170	201(118%)



Heart to Heart sign post in Wudil, Kano State



2010

SFH successfully implemented activities under the GF Round 5 HIV Grant in Nigeria with the specific objectives of expanding access to quality HCT Services (Objective 2) and increasing the capacity of the workplace to maintain behaviour and sustain HIV prevention activities in the worksites (Objective 5). The HCT programme is implemented in both public and private health facilities across the country and targets all persons 15 years and above, whilst the workplace programme is targeted at employees of Small and Medium Scale Enterprises.

Worthy of note during this reporting period was the consolidation of the existing Round 5 and Round 8 Health System Strengthening (HSS) grants with a newly approved Round 9 grant. Society for Family Health would be responsible for implementing three components of the grant which would effectively take-off in 2011.

HIV Counselling and Testing Activities (HCT)

HCT is universally acknowledged as an entry point to HIV prevention, treatment and care services, and a vital component for the expansion of access to comprehensive care for persons living with the virus. HCT enables individuals, couples and the community to know their HIV status and

serves as a gateway for other HIV interventions including Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy (ART), and care and support services. More so, HCT is an effective means of addressing the psychological and socio-sexual aspects of HIV and constitutes a good platform for linkages between reproductive health and HIV.

Programme Achievements

In 2010 SFH, through the division working with its sub recipients (Planned Parenthood Federation of Nigeria and Family Health International) and other contractors, contributed 20 percent to the total national target of persons counselled and tested according to national guidelines. Specifically, in the same period, twice as many persons (705,974 as against 309,648) were counselled and tested, bringing the total number of persons tested and counselled under this grant to 1,721,033 (against a target of 989,914).

Furthermore, SFH collaborated with the Federal Ministry of Health (FMoH) and other partners to assess and select 82 health facilities. All these facilities were renovated and supplied with infrastructure site activation and service

Table 4: Summary of programme achievements

SN	Indicators	Target	Achievement
1.	Number of health facilities supported	444	444
2.	Health facilities newly upgraded & activated for HCT	82	106 (110%)
3.	No of persons counselled and tested	309,648	705,974 (128%)
4.	Health workers trained on HIV counselling and testing	246	316
5.	Capacity building on monitoring and evaluation	0	141

provision, bringing the total number of health facilities providing services since inception to 444 across the country.

The division trained a total of 316 health care workers, against a target of 246 persons, a 138 percent increase, to provide quality HIV counselling and testing services. The total number of health care workers trained to provide quality counselling and testing services under this grant is 1,350.

Lessons Learnt

Effective collaboration and leveraging of government resources, particularly for the provision of health commodities, is a key strategy to ensure continuous service provision in a large country like Nigeria.

Workplace HIV and AIDS Prevention Programme Achievements

The world of work is increasingly being recognised as a delivery point for HIV and AIDS prevention, treatment, and care and support activities. SFH, having met its entire initial programme targets embarked on behaviour maintenance and programme sustainability strategies. In collaboration with the Federal Ministry of Labour and Productivity, with support from the National Agency for the Control of AIDS (NACA), SFH selected and trained 197 master trainers in 95 Small and Medium Enterprises (SMEs) workplaces across twelve focal states. The master trainers who were formally PEs in their working places, trained new PEs, who in turn reached 29,024 employees with well-focused HIV and AIDS prevention, treatment, care and support messages, using evidence-informed

customised training manuals.

Consequently, 595 employees were referred for HCT services in the period under review. In addition, through the activities of trained consultants and the Greater Involvement of People Living with HIV (GIPA) Initiative, 15 wellness clubs and 3 support groups were established and a number of workplaces were assisted to formulate and launch their HIV workplace policy. The GIPA staff continued to be instrumental in promoting HIV stigma and discrimination activities in the various worksites.

Programme Challenges

- The economic downturn impacted negatively on business during the year under review, and manifested in high rate of employee turnover and attrition of trained PEs;
- Time constraints and frequent changes in management often result to inadequate management support and made programme intervention difficult in some of the SMEs;

Lessons learnt

The stakeholders particularly the SMEs owners and management should be involved the drafting of MoUs prior to the commencement of the workplace programme.

With the consolidation of the Round 5 grant and the new grant management architecture for Round 9, SFH would cease to be an SR to NACA and consequently would not be involved in the implementation of the GF Workplace programme. However, a formal close out plan would be put in place to ensure a seamless transition of programme activities.



2010 World Malaria day rapid diagnostic testing in session



LLIN beneficiaries at the Ogun State mop-up campaign

2009-2010

Global Fund Malaria Round 4 phase 2 Grant

The two malaria grants of the Global Fund to fight HIV and AIDS, Tuberculosis and Malaria (GF) in Nigeria, Rounds 2 and 4 were reprogrammed in 2007 to become the GF Round 4, Phase 2 project. The GF appointed SFH PR along with the Yakubu Gowon Centre (YGC). The mandate was to oversee objectives 1-7 of the private sector component of the grant. SFH had the additional mandate to implement the behaviour change communication of the whole project. In implementing and improving on the achievements gained in the first year, SFH has continued to work with the two selected sub-recipients: Planned Parenthood Federation of Nigeria (PPFN) and Africare and a contractor, Errand Express, in the management of the commodity supply chain.

While Errand Express, Africare and PPFN implemented commodities logistics management, SFH was also contracted to conduct periodic quality assessments for Artemisinin-based Combination Therapies (ACT) and Sulphadoxine Pyrimethamine (SP) in Nigeria. Trainings were concluded in year one by Gede Foundation and Nigerian Institute of Medical Research (NIMR). The project com-

menced in January 2008 and ended in June 2010.

The Round 4, Phase 2 project activities began in January 2008 with site selection, training plan design and capacity building of health providers from selected service delivery points. NIMR and GEDE Foundation trained facility personnel for the 18 states. SFH selected 6,050 service delivery points and trained health providers in these facilities in 18 states of the country. The trained personnel also received job aids and management information system (MIS) tools.

SFH continuously deployed social mobilisation interventions through community-based and faith-based organisations targeted at driving the demand for health commodities and increasing knowledge about malaria prevention and treatment. In consequence, it carried out 1,527 social mobilisation activities and over 3000 community outreaches. It erected 90 billboards in all 18 states of the Round 4, Phase 2 project. SFH continued to promote specialised behaviour change communication, through

Table 5: Programme achievements in the Global Fund Malaria Project

Indicators	Target	Actual	Variance
	Year 2 cumulative	Year 2 cumulative	% Achieved
Number of bed nets distributed to pregnant women	183,433	267,005	146%
Number of bed nets distributed to children under five years	550,315	727,759	132%
Number of treatment doses of ACT given to children under 5 years with fever	6,300,000	6,972,128	111%
Number of Pregnant women receiving IPT 1 (first dose) according to the national policy	399,292	364,960	91%
Number of Pregnant women receiving IPT 2 (second dose) according to the national policy	358,384	264,312	74%
Number of communities reached by BCC through community outreach/drama	3,180	3,448	108%
Number of health care providers trained on case management and prevention	6,048	6,050	100%
Number of role model mothers trained on symptom identification and home management of malaria	1,008	1,160	115%

Table 6: Global Fund Malaria products distributed

ACTs	4,955,026
LLINs for under five children	501,723
LLINs for pregnant women	107,771
IPT 1	151,237
IPT 2	156,956

mass and mid mass media, to further raise awareness on malaria, ACTs and LLINs as well as ensure the uptake of commodities from the service delivery points (see table 6).

To contribute to the rapid scale up to universal coverage of the population at risk of malaria in 2010, through 100 percent coverage and 80 percent use of LLINs as well as sustaining this through 2013, SFH conducted LLIN cam-

paigns in Niger and Ogun states in 2009. Two nets per household of five were distributed in Ogun State for free. From 27th September to 2nd October, a mop-up campaign was carried out in Ogun State to reach individuals and communities that have been left out in the preceding year. 117,428 nets were distributed among members of previously unreached communities in 19 LGAs within the state.

2010

Global Fund Malaria Round 8 Grant

The Global Fund Malaria division began the year 2010 with plans to fully roll out the components of the Round 8 Malaria Programme; the grant was signed in October 2009. The Round 4 malaria programme was ending and the programme focus was shifting to ensure that the new grant activities were competently implemented. Private health facilities were engaged as service points for delivery of ACT medicines and Rapid Diagnostic Tests (RDTs); community-based groups conducted social mobilisation for malaria prevention and control awareness; and health workers' would perform project monitoring and evaluation activities. Activities under the Affordable Medicines Facility for malaria (AMFm) grant—to be hosted by the Round 8 grant—also commenced in 2010.

To prepare for comprehensive programme start-up, private sector, health care providers and members of CSOs were trained on the current recommended practices for malaria control and prevention. They were equipped with the knowledge and skills necessary for the correct diagnosis and appropriate treatment and management of malaria, including Pharmacovigilance, and with the details of commodity supply chain and data management for the project.

To contribute to increasing prompt and effective treatment of malaria using ACTs, for 80 percent of the population at risk by 2011 and sustain through 2013, a total of 4,788,845 treatment doses of the Coartem brand of ACTs were distributed in 2010. Unlike the Round 4 ACTs programme which targeted only children under five years, Round 8 ACTs were distributed to members of all age groups. The round 4 GF malaria project ended in June 2010 with Year to Date (YTD) distribution figures of 1,414,567 treatment doses. To effectively implement and oversee project activities in the additional Round 8 states, the division employed 12 new state project coordinators. A two-day divisional orientation was held for the new recruits from June 10th-11th where their new duties were detailed.

AMFm Grant Signing and Launch

AMFm grant was signed at a ceremony, on the 30th of September, 2010 with support from the government of Nigeria. Under the AMFm grant, effective anti-malaria medicines will be made more accessible and affordable to end users through support from GF buyer co-payments and other supporting interventions.



Journalists at the WMD media forum feedback session on April 22nd 2010



Panelists at the World Malaria Day (WMD) Media Round Table : From L-R: Babatunde Ipaye of NMCP, Olaokun Soyinka of World Health Organisation (WHO), Chioma Amajoh of NMCP, Odili Chukwu of Sanofi Aventis and Folake Olayinka of USAID, April 22nd 2010

AMFm Training of Trainers (TOT) and Training

TOT under the AMFm component of the GF Malaria grant was conducted in 2010. In December, a total of 2,335 PP-MVs across 15 states were trained in malaria case management by SFH staff and training consultants. SFH also engaged the services of National Agency for Food and Drug Administration and Control (NAFDAC) to commence training of health service providers in Pharmacovigilance.

A total of 1,693 laboratory personnel were trained in RDT, a new service delivery area under the Round 8 grant, which was aimed at scaling up parasitological diagnosis of malaria in patients above five years, at health facilities to 80 percent by 2013. RDT was introduced in Round 8 to encourage rational use of ACT drugs, reduce drug wastage and slow down the possibility of resistance to ACTs. RDT testing under the GF Malaria programme was implemented in four states and a total of 32,960 RDT kits were distributed through facilities (private clinics and hospitals) in 2010.

Behaviour Change Communication (BCC) Activities

SFH is the PR implementing BCC activities on behalf of the other GF Malaria grant PRs in the country. A total of 564 civil society organisation (CSO) members were trained to carry out

Round 8 activities nationwide. These CSOs performed social mobilisation activities in communities across the country to encourage uptake of the recommended malaria medicines, as well as educate community members in malaria causes and prevention.

As the PR implementing BCC activities, SFH played a major role in World Malaria Day commemoration activities. SFH hosted a roundtable meeting of journalists on April 22nd, 2010 to update them on events in malaria programming.



Office of the Inspector General of the Global Fund (OIG)-SFH debriefing session: (front row – Mr. Andrew, head of the Nigerian OIG team, Mr. John Parson, The GF IG, Mrs. Debrework Zewdie DED GF, Mr. Bright Ekwere madu, MD SFH, Mr. Joe Odogwu COO SFH, John Jinung, Chair-CCM Nigeria)



The Inspector General of the Global Fund, John Parson Delivering a speech at the OIG's debriefing to the GF PRs in Abuja.



5th from left Professor Shima Gyoh, Member SFH board of trustees, present at OIG debriefing

SFH also participated in the annual World Malaria Day rally, traditionally celebrated on April 25th, and provided a float for the procession. This year's celebration was marked on Monday, April 26th.

Road Shows

SFH contracted the services of two agencies, Marketing and Promotions Concept (MPC) and Expo Momentum to conduct road show activities in the Northern and Southern regions of the country respectively. Road show activities comprised of drama shows, question and answer sessions with the audience and games to educate the public about malaria prevention and treatment.

Training of Health Service Providers and programme staff

To contribute to health and community systems strengthening through malaria control activities, assessments of health facilities and patent medicine stores to operate as service delivery points were conducted in all 36 states and Federal Capital Territory (FCT). Training of health facility personnel in all states commenced in March and continued through August, 2010. SFH trained a total of 3,169 private sector health care providers and 7,333 Patent Proprietary Medicine Vendors (PPMVs).

The District Health Information System (DHIS) is a web-based system for data entry and reporting that serves to validate and improve data quality. In June 2010, the GF team from HQ, as well as SP and state focal persons attended a week-long training on how to use the DHIS software. A second training session was conducted for new recruits in August 2010. Since the training sessions, GF Malaria state coordinators and focal persons have gradually begun providing monthly reports through the DHIS, improving health system reporting for malaria.

Malaria Associates Training

The Malaria Associates Training was an in-house training event that included participants from SFH's divisions, including Administration, Field Operations, Sales and Distribution, Research, Finance and Strategic Behavioural Communication. GF Malaria SRs' representatives from Errand Express, Africare and PPFN were also in attendance. Training sessions were facilitated by SFH staff: managers, associate directors and directors. The training was held from November 8th-13th, 2010. The training objective was to provide malaria staff in SFH and implementing partners with the knowledge and skills in malaria epidemiology, global, national and SFH contemporary malaria policy issues, and link these up to demonstrate how an effective malaria control programme can be managed in the context of the national programme.

Participants had their malaria programming knowledge effectively augmented. With more training programmes that will provide insight to staff in support divisions and organisations, there would be a marked improvement in staff productivity.



LLIN beneficiaries at the Ogun State mop-up campaign



The Chairman of NAPPMED, Kogi State chapter presenting a Patent Medicine Vendor with his certificate after training of PPMVs in Lokoja, March 30th 2010



**ACT with this logo
na correct malaria
medicine for small money**



The ACT wey get green leaf logo for im packet na correct ACT wey dey work for malaria well well. Wetin make am beta be say e no cost. Dis na becos gofment and global fund don pay down money make e for reach everybody. NAFDAC too don stamp am o!



Time for action against malaria. ACT now!



2009-2010

ENR Programme

2009

Society for Family Health is the managing partner to the Enhancing Nigeria's Response to HIV & AIDS (ENR) programme. ENR is implemented by a consortium of partners which are: Action Aid International (AAI), Benguela Options Pty, Population Services International (PSI), BBC World Service Trust, Population Council, and Crown Agents.

The programme technically supported NACA in developing the National Strategic Framework (NSF) II/ National Strategic Plan (NSP) and development of the new National Policy on HIV & AIDS with particular focus on institutional arrangement, financing, gender and HIV prevention areas, worked closely with NACA in providing logistics and facilitating a total of 20 Line Ministries, Departments and Agencies process of developing their sectoral plans. ENR provided technical assistance to State Action Committee on AIDS (SACAs) in ENR States and Civil Society Organisations (CSOs) in developing their strategic plans from the framework. Support provided includes technical assistance in designing their process, recruiting consultants, facilitating the state thematic working groups and the mainstreaming of gender in the emerging plans.

In addition, the ENR is strengthening the framework for financial sustainability of Nigeria's AIDS response through conducting the first ever National AIDS Spending Assessment (NASA) in Nigeria in partnership with UNAIDS and working with NACA, supporting NACA in the finalization of the Joint Financing Agreement and supporting drafting the HIV & AIDS Programme Sustainability Analysis Tool (HAPSAT) report that reveals gaps between resource requirements and available resources.

In the Inception period ENR built on earlier work aimed at strengthening NACA's Human Resource Management System (HRM), its Performance Management System (PMS) and developing a Human Resource Management Information system. ENR assisted NACA in developing a process for strengthening these systems and procuring the HRM and PMS technical assistance.

ENR supported Cross River State SACA (CRSACA) to advocate with members of the House committee on Health on the quick passage of the HIV & AIDS anti-stigma bill. The state House of Assembly has since had a first hearing of the Bill.

Policy and Enabling Environment

The National Policy on HIV & AIDS remains the cornerstone for the renewed vision and efforts to combat the HIV & AIDS challenge. The strategies as enunciated in the National HIV & AIDS Framework and Plan are derived and designed to achieve the goals set forth by the National Policy on HIV & AIDS. The overarching priority of the NSP is to reposition HIV prevention as the centrepiece of the national HIV & AIDS response. ENR supported NACA in the review of the past date National HIV and AIDS Policy, helping in the drawing of the overall policy review and development process; working in the five thematic areas during the policy review and supporting select gender experts to work in these five groups to ensure that the review process benefit analysis from the gender perspective. Inputs and comments from the ENR team were incorporated into the new National HIV and AIDS Policy document at the consensus building meeting. The document has been ratified by the National and State stakeholders. The final step is for the consultants to carry out the final editing and for NACA to present the document to the President for ascent in the first quarter of 2010.

The ENR also provided technical assistance to, Faith Based Organisations (FBOs) in developing their definitive policies including supporting the National Supreme Council on Islamic Affairs (NSCIA) in the production and dissemination of the Islamic Policy on HIV & AIDS.

In the year of inception, there were advocacy visits to National Broadcasting Corporation, DITV Radio and Television Private Media Corporation in Kaduna that resulted in the willingness of DITV radio to give 15 minutes of free airtime to Kaduna State SACA (KADSACA) in the last quarter of 2009.

Working with CSOs and their Networks

ENR worked with NACA and other partners as part of the HIV & AIDS Fund (HAF) grant technical selection panel in the assessment of proposals received under the national HAF grant. Coordination with the World Bank Multi country AIDS programme grant at national level has been through NACA. Support was given to NACA in the gender assessment of the HAF grantees proposals and the capacity building of the grantees on how to use gender lens in analysis and implementation of their awards.

ENR supported training on skills assessment and organisation development tools for ENR programme staffs, and staffs from the State Agencies for the Control of AIDS (SACA) in ENR host states, and selected consultants. The

key tool that formed the focus of the training was Action-Aid developed Partnership Assessment and Development Framework (PADEF) and the training aimed at building the capacity of SACAs, ENR Programme staff and selected consultants in the use of this tool in the assessment and selection of ENR CSOs using established criteria.

The programme has worked extensively with SACAs to reinvigorate the technical working groups and use same in the coordination of the state response. ENR supported the convening of the Technical Working Group (TWG) planning meeting while United Nations Programme on HIV & AIDS (UNAIDS) provided the lead consultants. Support to technical working groups will be a key feature of the implementation phase. Furthermore, at State level support was given to Local Government Action Committee on AIDS (LACA) in facilitating quarterly meeting of Community Drivers of Change (CDC) for community mobilisation using Society Tracking AIDS through Rights (STAR) and CDC networks around reducing stigma and discrimination of people living with HIV and AIDS (PLHA).

The programme also initiated efforts towards strengthening the capacity of NACA and selected SACAs in reducing stigma and discrimination through its diversity training programme initiatives. A diversity training curriculum was developed in electronic and hard copy formats. ENR, SACA and SASCP staffs were exposed to a three-day diversity training workshop with particular emphasis on sexual minorities and this occurred in the last quarter of the year.

Furthermore, the Civil Society Network on HIV & AIDS in Nigeria (CiSHAN) and Network of People Living with HIV & AIDS in Nigeria (NEPWHAN) were assisted in Strategic Planning drawing from the National Strategic Framework (NSF). ENR supported CiSHAN's biennial general assembly where officials of the network were elected.

Communication/Commodity Distribution Activities

In terms of prevention, the National HIV Prevention Technical Working Group was assisted technically by the ENR to ensure that the Peer Education Plus (PEP) model developed from the Promoting Sexual & Reproductive Health for HIV & AIDS reduction (PSRHH) Programme was a key component of the Minimum HIV Prevention Package (MHPP) to ensure that lessons and experiences from previous programme continue to drive a broader national response. Meanwhile, NACA was supported in harmonising all existing Peer Education Training (PET) Manuals to develop a National comprehensive harmonised Peer educa-



Women at the HIV open community August meeting, South Eastern Nigeria

tion manual, Information Education and Communication (IEC) materials and Behavioural Change Communication (BCC) strategy for Male members of key target groups (KTGs).

With regards to commodity distribution and demand creation, ENR Programme achieved targets it had set for years to date on Gold Circle condoms and Lubrica. The ENR Programme also distributes certain Family Planning products using the social marketing approach. The products include Noristerat (two month injectable contraceptive), Norigynon (one month injectable contraceptive), Postinor 2 and Pregnon (both Emergency Contraceptive pills).

ENR supported Benue and Cross River states SACA in the dissemination and orientation of service providers on the national guidelines on ART and PMTCT and facilities for fast tracking STIs/RTIs and PMTCT. The essence of the dissemination and orientation on the use of these guidelines helped to standardise care, provide equal access, prevent abuses, reduce emergence of resistant strain of the HIV virus, ensure best practices and eventually improve the quality of care for person living with and affected by HIV.

Knowledge Management Studies Conducted

Mass Media

Due to varied geographical locations and cultural backgrounds of selected ENR states, a situational analysis of the media response in these states was conducted to gather information to examine peculiarities, cultural and lifestyle differences to ensure appropriate programmes are developed for target audience. Also scoping assessment of media situation was conducted in to gather information from available radio stations and issues requiring intervention in the State, HIV Prevention and Stigma Reduction Programmes (*Flava* in English and *Ya ta ke ne?* in Hausa language) were produced, TV and Radio messages on Partner Reduction were reviewed and Media Forum was conducted in Nasarawa and Kaduna to set up the State HIV & AIDS Media Committee to coordinate HIV & AIDS media activities and media learning attachment to ensure skills.

National AIDS Spending Accounts (NASA)

Financial information has been one area of the national



ENR Calabar Carnival

response where there have been significant gaps in available information. It is in this regard that ENR in partnership with UNAIDS is working with NACA to conduct the first ever National AIDS Spending Assessment in the country. ENR supported the training of the NASA Field Assessors and is working with the team in the collection of financial data from the range of stakeholders in Nigeria's HIV and AIDS response.

HAPSAT

The HIV & AIDS Programme Sustainability Analysis Tool (HAPSAT) draft report reveals gaps between resource requirements and available resources. Currently, about 92 percent of the HIV and AIDS resources are from bilateral or multilateral sources. However, these resources have not translated to services as a result of many factors. To address this, ENR will work closely with and strengthen CSOs, various HIV & AIDS network and the private sector to actively engage the federal and state government in budget advocacy, tracking and generally demanding accountability and transparency. SACA and line ministries will be supported to ensure plans are met in time to accommodate the annual budgeting cycle.

Capacity Assessment and Skill Audit

Taking into consideration the need to improve monitoring and evaluation in the states, ENR supported the

conduct of M&E Capacity Assessment and Skill Audit in all the ENR states. Findings from the study revealed capacity gaps leading to the development of capacity building framework to address these gaps and provide SACA with the technical skills needed to improve the quality of data from the states and use of research findings to improve programming.

In addition, ENR conducted an in-depth Organisation Capacity Assessment Tool (OCAT) assessment for SACA, key public sector and civil society and private sector. This followed an initial assessment which was conducted three years ago which generated baselines for the Strengthening Nigeria's Response to HIV & AIDS (SNR) programme. The result from this process formed the baseline for ENR intervention in the states.

Capacity Building

ENR monitoring and evaluation, SACA and State AIDS/STIs Control Programme (SASCP) officers attended training on Nigerian National HIV & AIDS Response Information Management System (NNRIMS); the national tool for capturing data on HIV & AIDS in Nigeria and DHIS with the objective of providing participants with good understanding of the NNRIMS technique and improving knowledge and skills on the generation of quality and usable data.



MD NN24, Anthony Dara and MD SFH Sir Bright Ekweremadu

Mapping and Formative Research for MARPS:

Mapping and formative research among male Most at Risk Populations (MARPs) were initiated in the inception phase. ENR provided technical support to National AIDS/STIs Control Programme (NASCP) and SASCP staff in conducting ethnographic studies and mapping of MARP populations and communities. In addition, plans were initiated to design Men's Health Network (MHN) Social Franchise methodology and Smartcard Referral system in the ENR States.

Developing a National Research Agenda

ENR has worked with the Strategic Knowledge Management Directorate of NACA and the National AIDS Research Network (NARN) on developing a National Research agenda. The process which is still at its infancy will see all critical research stakeholders in the national response working together to develop a coherent and synergistic research plan for the response of finalizing the strategic framework.

Gender

In June 2009, a gender capacity needs assessment was conducted for all ENR Staff. This revealed significant gaps in gender awareness, and mainstreaming knowledge and skills within staff. In responding to this gap and to prepare the team to function effectively as gender champions on

ground, gender training was conducted and the training among other benefits helped to improve staff knowledge of gender concept and its implications for planning and programme implementation in the context of HIV and AIDS. An in-depth analysis of how gender impacts on ENR outputs, programme beneficiaries and the overall purpose of the programme was explored and plans developed.

As part of efforts towards strengthening the nation's commitment to gender equality and women empowerment issues in the National AIDS Policy Framework, the ENR Programme through the platform of the Gender Technical Working Committee (GTC) supported a review process looking at gender equality issues. The paper identified some gender gaps in the policy while recommending measures to address the gaps. ENR through the national and state gender teams held various consultative meetings with ENR Partners to discuss measures to promote greater gender mainstreaming in the partners' plans and programmes.



MD SFH, Sir Bright Ekweremadu, presenting a plaque to the MD NN24, Anthony Dara in recognition of their support to the Nigerian HIV response

2010

Reviews

The Enhancing Nigeria's Response to HIV & AIDS programme (ENR) conducted several activities focused on improving implementation. On the recommendations of the Inception review, the logframe was revised to align the programme to ensure outputs deliver the purpose. Also, in depth reviews of the mid-term and end-term reviews were conducted in Kaduna, Cross River, Benue, Nasarawa states, SACAs and other governmental institutions in collaboration with UNAIDS, NACA and Management Strategies for Health (MSH).

Planning and Financing

The ENR programme supported the development of the National and State Strategic Plans and cost operational plans for HIV & AIDS response. An AIDS spending assessment from 2007 to 2010 was undertaken in the states to align budget allocation with release at the National and State level.

The programme hired a consultant to develop a road map for strengthening NACA's Human Resources Management and Performance Management System of the project. ENR also facilitated the adoption of the Organi-

sational Capacity Assessment Tools (OCAT) for UNAIDS state-level OCAT assessment. The SACA OCAT reports for three new ENR states of Lagos, Ogun and Akwa Ibom were reviewed and adopted.

Policy and Enabling Environment

To engender a guideline for coordination of HIV & AIDS response, the following strategic documents and policies were developed with support of ENR: National HIV & AIDS Policy review report, National Policy on HIV & AIDS, National HIV & AIDS Strategic Framework and National HIV & AIDS Strategic plan.

The Lagos State anti-stigma bill was disseminated through various sensitisation forums. The anti-stigma bills in Cross River and Kaduna States successfully passed through the Houses of Assembly and are now awaiting the executive assent.

ENR led a national workshop to identify barriers to evidence-based policy making and programming among policy makers and stakeholders. The outcome of the meeting was the development of policy briefs and an advocacy plan by state teams targeting state executive and local



ENR Calabar Carnival

Table 7: ENR Community level intervention achievements

SN	Intervention	No of sessions	Persons reached
1.	Peer Education Plus targeted at MARPs	4,707	20,177
2.	PLACE	2,175	61,765
3.	Road shows	586	314,863
4.	IPC	56,354	988,299
5.	Mass Media	0	above 2,000,000
6.	Referrals during IPC sessions	18,288	27,375

government authorities on resource mobilisation for a multi-sectoral HIV response.

Knowledge Management

The mode of transmission study showing the distribution of new infections by mode of exposure in the ENR states, was conducted and validated by the respective stakeholders. The ENR programme also continued to take a lead in the development of the National HIV Resource Centre of Excellence, which will be a source of knowledge management and best practices related to HIV prevention.

Prevention Interventions

In Cross River State, ENR programme collaborated with the Cross River SACA during the Annual Calabar Carnival to: conduct HIV awareness and sensitisation sessions; provide HIV counselling and testing (HCT) and distribute free condoms and promotional materials to participants at the carnival. The Lagos ENR team also participated in Fanti carnival, and the Makurdi team supported the SACA participation at the various year end carnivals.

The table 7 displays the number of persons reached with the various interventions in ENR states.

HIV AND AIDS PREVENTION PROGRAMME



*Nkechi (DFID), Helen Bassey – Osijo (BBCWST),
Bright Ekweremadu (SFH), Ipoade Omilaju (AAN), Hussaini Abdu (AAN),
Cross River State Governor, Sen. Liyel Imoke, Professor Idoko (NACA),
Amina Babamanu(AAN),
Dr. Irene Aniyom (CRSACA, DG)*



*The Honourable Minister of Health, Prof. Christian Onyebuchi Chukwu
at the SFH stand during 2010 World AIDS Day*

2009-2010

Comprehensive Integrated Approach to HIV and AIDS Prevention and Care (CIHPAC)

In July 8, 2005, USAID/Nigeria entered into a four and a half year Cooperative Agreement with SFH acting as the prime agent. To implement the agreement, SFH partnered with PSI to establish the CIHPAC projects. The project was to further the objectives of USAID Strategic Objective 14 (SO14).

Working at the community level in selected sites in Nigeria, the project staff will help create, strengthen, and support the adoption of healthy reproductive and HIV prevention behaviour among Most At-Risk Populations (MARPs). The MARP targets are female sex workers (FSWs), transport workers (TW), uniformed servicemen (USM), and youths. Programmatically, youths are subdivided into two groups: in school and out of- school youths, as they experience different levels of risk.

In 2008, USAID approved a request to expand CIHPAC, over a two-year period, from April 2008 to December 2009. CIHPAC expanded to other groups identified as high risk and vulnerable, according to evidenced research, including: the incarcerated populations (prison community), women with special needs (widowed, divorced or separated women), and persons with disabilities (deaf

populations). In 2009, USAID approved a no-cost extension of the CIHPAC project until December 2010.

The SFH HIV Behaviour Change Strategy is annually reviewed to ensure the project incorporates lessons learned in the previous years and ensure that its interventions remain evidenced based. Beginning in 2007, SFH engaged Civil Society Organisations (CSOs) and Community Based Organisations (CBOs) within or around intervention sites in order to contribute to a critical mass of social development workers in the field of HIV & AIDS. This allowed for external scale up of the Peer Education Plus (PEP) model to new communities all over Nigeria, and increased the likelihood of sustainability of behaviour that may have changed. The selection process of CSO partners was through a participatory assessment, process called the Partnership Assessment and Development Framework (PADEF). In 2007, twenty 20 CSO partners implemented PEP activities in 20 sites across SFH states; however, this was scaled up in 2008 to 32 CSO partners in 32 selected intervention sites. By 2009/2010, SFH had engaged 52 CSO partners to implement CIHPAC's behaviour change and behaviour maintenance programmes across the country.



Recalibrating the testing machines at the FMOH / NAFDAC Laboratory. All lots of SFH condoms are tested to ensure they meet international standards before nationwide distribution

Programme Strategy

SFH implemented community HIV prevention programmes through local partners. Targeted prevention messages were aimed at high-risk populations through both formal and informal approaches, in order to meet the recommendations for the minimum prevention package. Formal outreach are structured peer education sessions conducted among target populations; while informal outreaches are supportive activities such as IPC sessions, special events, dramas, application of Information Education and Communication (IEC) materials for messaging, interactive fora, use of the solar powered audio devices, HCT and others within a peer-led group that augments peer education to reach target populations in both structured and non-structured groups.

In 2009/2010, SFH engaged 20 CSO partners to directly implement BC programmes targeted at identified MARPs in selected sites across the country. The BC interventions in programme were concluded in 2010. Partners conducted final open community meetings and formation of 22 CBOs across selected sites at the conclusion of community interventions. CBOs were formed and nurtured for behaviour maintenance and programme sustainability once the interventions ended. SFH reviewed the CIHPAC sites to assess programme impact, organisational development and performance of local partners at the end of

the programme.

Based on the emerging needs to reach more communities, and the importance of sustaining behaviour following the approval of the no-cost extension, SFH engaged over 100 CBOs formed from the CIHPAC 2007-2009 programmes. The CBO partners implemented community prevention programmes for behaviour maintenance within and around sites across more than 24 states of Nigeria. To support this process, 32 CSO partners from the 2007 and 2008 programmes were engaged to support, supervise, and coordinate the CBO programmes and scale up rural prevention projects.

Capacity development processes on programme and financial management, documentation and gender were conducted for both management and programme staff of the selected local partners to enhance their skills for development work. The CIHPAC project ended 31st December 2010. In preparation for the project phase-out process, SFH conducted an End of Project evaluation at both the national and regional levels. A team of independent evaluators were engaged to assess programme strategies, implementation, impact, and sustainability.

2010

In 2010, SFH implemented the NYSC HIV prevention programme in collaboration with the NYSC, UNICEF, Association for Reproductive & Family Health (ARFH), and other stakeholders. In the NYSC prevention programme, serving corps members are selected, trained as Peer Education Trainers (PETs) during the camp orientation programme, and deployed to secondary schools to teach adolescents and young people sexual and reproductive health issues as it relates to HIV and AIDS. PETs from the three batches (Batches A, B, C) for 2010 completed programme activities as planned. SFH provided technical and logistics support during the planning process of all camp orientation and training programmes in 37 camps across Nigeria.

SFH trained 13,070 (7926 males and 5144 females) Peer Education Trainers (PETs), while 7,005 students were trained as peer educators (3355 males and 3650 females) in selected secondary schools. The educators who then conveyed the abstinence related messages to 12,847 (6,092 males and 6,755 females) student peers. Through the CIHPAC focal staff, SFH continued direct monitoring, supervision and support to PETs in their respective regions. PETs were coordinated to conduct prevention programmes targeted at out-of-school youths in their respective communities. The programmes reached 30,434 (16,025 males and 14,409 females) persons.

Prisons

In 2010, SFH implemented the Peer Education Plus (PEP) programme, targeting incarcerated populations within the Nigerian Prisons Service. The programme trained 1,707 inmates (1,460 males and 247 females) as PEs and reached 9,058 inmates (8,410 males and 648 females) with messages promoting secondary abstinence within the prisons community.

Faith Based Organisations (FBO)

The Faith Based programme piloted in 2010, targeted youths, women of special needs (widowed, divorced, and separated women), and couples with HIV prevention messages. Staff of the PEP implementation programme trained 43 persons (22 males and 21 females) as PEs, who in turn, spread prevention messages to 1,352 peers

(739 males and 613 females). Trained religious leaders from the Faith-Based programme reached 9,066 persons (4,260 males and 4,806 females) with AB messages.

Solar Powered Audio Devices Projects

In 2009/2010, the programme was integrated into the community interventions as an activity under the peer education plus strategy of the minimum prevention package. It was executed in communities throughout selected regions, amongst out-of-school youth; 379 (224 males and 155 females) facilitators were trained. Through small group sessions, the programme reached 30,137 (16,015 males and 14,122 females) youths with abstinence related messages via the formation of listenership groups.

Behaviour Maintenance

The Behaviour Maintenance programme was re-designed in 2010; CSO partners from the 2007 and 2008 programmes directly implemented interventions in old ex-ited sites and neighbouring communities. Thirty two CSO partners directly monitored and mentored over 150 CBOs to conduct behaviour maintenance programmes.

Promoting partner reduction

The Be Faithful programme area was aimed at the general population, with a particular interest in out-of-school youths, and prison staff, in PEP behaviour change and maintenance programmes. Trained peer facilitators conducted community programmes in the sites that promoted messages on partner reduction, risk assessment, and treatment seeking behaviours for Sexually Transmitted Infections (STIs).

As a part of the General Population programme in 2010, SFH trained 691 new peer facilitators (400 males and 291 females) who reached 250,945 persons (149,337 males and 101,608 females) in the general population with creative innovative programme mixes that promoted Be Faithful messages.

In the prison programmes, SFH trained 111 (75 male and 36 females) staffs of the Nigerian Prisons as PEs.



Condom testing at the FMOH/NAFDAC laboratory in Lagos

The programme reached 1,830 peers (1,417 males and 413 females) with Be Faithful messages using the MPP approach. In addition, SFH in collaboration with senior officers of the Nigerian Prison Service conducted a field assessment visit to five Nigerian prisons located in Benin, Owerri, Kano, Lagos, and Abuja.

The out-of-school youths interventions in 2010 trained 1,278 (660 males and 618 females) youths as PEs; who reached 11,618 (5,834 males and 5,784 females) youth peers with behaviour change prevention interventions. Behaviour maintenance programmes, implemented by CBOs in old exited sites, reached 45,975 (25,625 males and 20,350 females) youths.

Promoting safer sex among at-risk groups

Condom and other prevention programmes (adopting Minimum Prevention Package [MPP] approach) were conducted to target primarily Female Sex Workers (brothel and non-brothel based) and their clients, TW and USM with condom related messages, prompt treatment of STIs, risk behaviour assessment and HIV status knowledge; the secondary target population include People Living with HIV (PLHIV) and the general population.

In 2010, the programme trained 274 female sex workers as PEs, who reached 1400 female peers and 344 male

clients with a mix of interventions. The Behaviour Maintenance programme, working through CBOs, reached additional 2,365 persons (367 males and 1998 females) in CIHPAC sites across the country.

The transport workers programme trained 368 persons (356 males and 12 females) as PEs; and reached 3,233 (3,096 males and 137 females) peers. CBO partners working in old communities reached 16,059 (11,312 males and 4747 females). Uniformed servicemen, 215 (184 males and 31 females) persons were trained as PEs for the Behaviour Change programme that reached 4,048 peers (3,045 males and 1,003 females) with HIV and STI prevention interventions. In addition, behaviour maintenance programmes reached 6,099 persons (4,183 males and 1,916 females) with condom related messages in programme sites.

Transport Corridor Project

The Transport Corridor is a project focused on providing prevention services for long distance drivers and other identified MARPs along a selected transport route. Based on the successes of the pilot project (2006 to 2008) along the Port Harcourt-Maiduguri route, in 2009/2010, SFH scaled-up the project to the Lagos-Ibadan-Jebba-Mokwa-Kaduna route. This programme trained selected corridor marshals in 25 corridor spots to reach their peers and other MARPs with condom related messages using the minimum prevention package. In 2010, 65 corridor marshals (55 males and 10 females) were trained and reached



Inter-Faith Forum in Benue State

about 30,743 peers (19,625 males and 11,118 females) with condom related and mutual fidelity messages.

Positive Prevention

The Positive Prevention programme targeted support group members and general community with messages that promote prevention with positives, care, and support to Persons Living with HIV (PLHIV) and stigma reduction. SFH concluded engagement of selected support groups in 2010. In the 2010 programme, 215 support group members (85 males and 130 females) were trained, and reached 15,659 members and the general community (5,718 males and 9,941 females) with messages promoting positive prevention.

Tuberculosis prevention programme targets MARPs and general population with TB prevention and treatment messages. The programme targets identified intervention groups through community outreaches and referrals. In the 2010 programme, 635 persons were trained as peer facilitators that reached 198,610 persons (94,848 males and 103,762 females) with TB-HIV prevention messages and referrals in both behaviour change and maintenance sites across the country.

Priorities for Local AIDS Control Efforts (PLACE) Project

The PLACE Project is an innovative approach aimed at reaching persons in venues where new sexual partnerships are likely to be formed, including street venues, bars, nightclubs and other high risk areas. SFH implemented

this programme to reach street-based female sex workers and their male patrons in identified and selected "Red Light Spots" in nine SFH regions across the country. This project was concluded in 2010 and trained 121 (58 males and 63 females) persons as venue outreach staff (VOS). VOS used informal activities and reached 32,971 (20,873 males and 12,098 females) with condom messages and referrals for HCT services.

SFH facilitated the review process of the PEP model now adopted by NACA and other stakeholders as a national community tool for HIV prevention programmes. The review process witnessed the expansion of target populations to include the incarcerated populations (prisons), faith-based community, MSM and IDU. In addition, the duration of intervention was reduced from 12 months to six months.

Orphans and Vulnerable Children (OVC) Programmes

SFH supports the OVC programme area through the production and distribution of basic care kits (BCKs) to OVC in focal states. The BCK contains the following items; one safe water storage vessel with spigot (i.e. a 20-litre bucket with lid), one bottle of Water Guard or sachets of PUR (chlorine based point-of-use water treatment products), one long-lasting insecticide-treated net (LLIN) and IEC materials. SFH concluded distribution of BCK to partners in 2010. Three partners were provided with 1,297 units.

HIV Counselling and Testing (HCT) programmes

SFH provides mobile HCT services to Most-At-Risk Population (MARPs) communities in all regions across the country. In 2010, 28,245 clients (16,791 male and 11,454 female) were counselled, tested and received their test

results. Over five hundred and fifty clients (203 male and 360 females) were HIV positive. All clients who tested HIV positive were referred to both Government of Nigeria (GoN) and United States Government (USG) service delivery sites.



Staff and partners of SFH being led in a session by Dr. Adebayo of SFH's Technical Service Directorate, November 11th, 2010

Strengthened Public, Private, and Community Enabling Environments

SFH produced and distributed HIV policy and strategic plan documents for three partner organisations; Living Faith Foundation, Anglican Communion and NASFAT respectively in 2010.

SFH conducted several capacity building programmes for its behaviour change and maintenance CSO partners in 2010. The training programmes involved CSO Executive Directors, programme officers and selected CBO facilitators from across the country. These trainings focused on community programme management and supervision, gender mainstreaming and networking for policy and advocacy, documentation and report writing.

SFH facilitated its CBO partners to form a national CBO coalition group for both the North and South chapters of CBOs. The coalition will provide an opportunity for CBOs to access funds or mobilise resources by leveraging on their respective resources for programme implementation. This will also assist in networking, linkages, and programme sustainability at both the state and national levels.

SFH in 2010, assisted the Police Action Committee on AIDS (PACA) in the review and production of a national HIV and AIDS strategic plan for the Nigeria Police Force. The documents have been distributed accordingly.



CONFIRMED



FAMILY PLANNING & REPRODUCTIVE HEALTH PROGRAMMES



Above: MCH IPC Session



Pictures from the Maternal and Neonatal Health Care Project in Gombe state



2009-2010

Family Planning & Reproductive Health Programmes

Improved Reproductive Health in Nigeria (IRHIN)

SFH obtained direct funding from USAID in June 2005 to implement a five year cooperative agreement it secured after leading a consortium comprising PSI and Pathfinder International to win a bid for Contraceptive Social Marketing in Nigeria. The project is called Improved Reproductive Health in Nigeria (IRHIN). The project is to further the purpose of USAID's Strategic Objective 13 (SO 13) and involves the distribution of contraceptive commodities nationwide through social marketing, nationwide BCC activities and provider training, technical support, monitoring and supervision of health facilities in selected states (Kaduna, Cross River and Abia).

Key Achievements

In the year under review, significant progress was made in all programme outputs. To improve the quality of RH services, 52 providers (doctors and nurses) from IRHIN supported CSO partners in three targeted sites (Kaduna, Cross Rivers, and Abia) received training on FP methods and counselling. Service provision at the IRHIN supported clinics was also scaled up as IRHIN clinics were increased from 21 to 28. Because of this, 85,722 (Female - 53,789, Male - 31,933) clients received one-on-one counselling, while 107,525 (Female - 76,395, Male - 31,130) persons were

reached through group health talks. Over 5,140 persons (Female - 1,989; Male - 3,158) who are mainly PPMVs were trained on reproductive health from across the country on counselling, referrals, re-supply of oral pills and provision of *CycleBeads*®.

The IRHIN project collaborated with other SFH Projects to produce and air the very successful radio drama series tagged, "One Thing at a Time" and its equivalents in Yoruba, Hausa and Igbo. The radio drama addresses deep rooted myths and misconceptions on family planning, benefits of child spacing and encouraged target groups to access services from FP clinics. The project developed and aired radio jingles in 54 radio Stations in 18 states (with high-unmet need for FP) for 12 weeks. SFH also aired 19,304 spots with messages focused on knowledge and availability of three child spacing methods (oral pills, injectables, and IUCDs).

The IRHIN project continued with its community level interventions aimed at sensitising women and men to access family planning services. In 2009, an end-of-cycle review/evaluation was conducted which showed an increase in awareness of the benefits of FP and increase in client flow as reported by providers.



2010

A frame from the Gold Circle 2010 World Cup TV commercial

In 2010, which is the fifth and last year of the project, significant progress was made in all programme outputs as almost all project targets have been achieved. The service delivery aspect lead by Pathfinder International (PI) in the targeted States was concluded in the third quarter of the year. To improve the quality of RH services, 8 providers; Nurses/Midwives and Community Health Extension Workers (CHEWs) from IRHIN supported Health Facilities in 3 targeted states - Abia, Cross Rivers and Kaduna that had issues of staff attrition received training on FP methods and counseling.

A total of 76,154 (female- 47,755, male-28,399) clients received one-on-one counseling, while 86,222 (female-62,494, male- 23,728) persons were reached through group health talks. No facility reported any stock out of the tracer commodities throughout 2009. Over 10,900 persons (female- 3,679; male- 7,177) who are mainly PPMVs were trained from across the country on counselling, referrals, re-supply of oral pills and provision of *CycleBeads*®. To increase access of semi urban and rural populations to contraceptive uptake, advocacy visits were made to the Pharmacists Council of Nigeria (PCN) to allow PPMVs resupply oral pills.

The IRHIN project collaborated with other SFH Projects to produce and air the very successful radio drama series

tagged '*One Thing at a Time*' and its equivalents in Yoruba, Hausa and Ibo which was aired in 42 radio stations across the country. The project also developed and aired radio jingles in 54 radio Stations in 18 states (these states had the highest unmet need for FP in Nigeria) for a period of 12 weeks. A total of 7,232 spots with messages focused on knowledge and availability of three child spacing methods (oral pills, injectables and IUCDs) were aired. In addition, the IRHIN CSO partner in Cross River State carried out a total of 12 slots of radio jingles and 6 episodes of health talks on radio.

Community Level Intervention

The IRHIN project continued with its community level interventions aimed at sensitising women and men to access family planning services. In the year under review, SFH scaled-up community level awareness creation for FP services and products. This effective approach was conducted by engaging 22 CSOs who were trained and supported by SFH field staff from 16 regional teams/offices. The CSOs were selected from 22 states with high unmet need for Family Planning. Over 2,773,519 Couple Years of Protection (CYPs) were generated in fiscal year 2010 through the provision of 6,130,250 oral pills, 1,228,110 cycles of Emergency Contraceptive Pills (ECPs), 1,788,750 units of Injectables, 72,750 units of IUCD, 196,830,748 pieces of condoms, 6,660 units of implants and 9,800 units of *CycleBeads*®.

2009-2010

Women's Health Project (WHP)

Under the Women's Health Project, SFH and its partner Population Services International (PSI) focus on advocacy at the highest levels of government and the Ministry of Health, promotion and distribution of intra-uterine devices (IUDs) in the private sector, behaviour change communications for providers and consumers, demand generation for IUDs and implants, and supply and distribution of Misoprostol. The project aims to increase IUD use rates nationally, through generating interest in long term family planning methods.

Through the Social Marketing approach, WHP focuses on both service providers and clients, by encouraging referral for services to any trained provider where services are available and affordable, including public, private, network, or NGO service delivery points. The Women's Health Project (WHP) aims to bring about sustained behaviour change in both providers and clients, and as such, there is a significant focus on medical services for changing care provider perceptions and behaviour in providing Long Term Methods (LTMs), and use of Misoprostol. SFH works to improve availability of these products, accessibility and affordability for users of LTMs (IUD and Implants), and includes provider capacity building on Misoprostol use for the management and prevention of Postpartum Haemorrhage (PPH).

In the first half of the year 2009, WHP concentrated on identifying potential service providers and enhancing their existing skills to provide IUD and Implant services. A total of 193 providers received updated training. The facilities and providers were identified through a rigorous selection process, including identifying facilities in a potential population area of 40,000, which has 10,000 women of reproductive age, and a provider who is allowed to insert IUDs and Implants.

Improving consumer perceptions and demand for IUDs

Numerous mobilisation events were held with the assistance of 336 trained community mobilisation agents. SFH reached thousands of women with messages on the importance of family planning and locations of the nearest service point for delivery of long-term methods. By activation of the private sector, enhanced services by the public

sector partner facilities, and referrals through community mobilisation "outreach events" and "clinic events," IUD and Implant acceptance by women increased by 54 percent within facilities where the project was implemented. In the early part of the year, to address the issue of creating demand for the facilities identified as WHP partner facilities, the WHP team visited Nairobi for a study tour, and on return implemented community mobilisation initiatives. This demand creation was linked to the facilities which were introduced to the community as offering family planning services in addition to other routine services, at the same time strengthening the service delivery through update trainings and commodity supply. The project also established Standards of Quality for all facilities and providing on the job coaching to providers, leading to enhanced service quality and improved customer satisfaction rates. A user-friendly Management Information System (MIS) register was designed to ensure recording of accurate data is being used at all facilities. During 2009, a total of 33,296 IUDs and 4,096 Implants were inserted in routine services at partner facilities and during the clinical training sessions at clinic event days.

Promotion of continuing professional development (CPD) in the private sector

Meeting the primary stakeholder's needs and expectations is a requirement for Total Quality Management. Medical information is growing and changing constantly, hence the need for technical updates for health providers will never diminish. There is a clear need for continuing professional development (CPD) in the private sector, which does not have access to regular CPD, particularly regarding quality of care. SFH conducted 16 training sessions to update the skills of 193 network providers. In addition, the training on Postpartum IUD insertions, where women can be offered an IUD even before they leave the hospital after delivery, was conducted for 14 providers (nurses and midwives) as well as the QA Assistant Managers at University of Jos Teaching Hospital. Additionally, re-



Commissioning the first call centre dedicated to maternal and neonatal health care issues in Northern Nigeria

view meetings for providers in WHP partner facilities and other stakeholders for the project took place in five zones of the country to discuss quality assurance.

Quality Assurance processes

SFH knows the critical importance of ensuring high quality health services, and so developed processes and systems to enhance the competence of service providers, to implement and monitor the recommended standards of quality in service delivery through efficiently planned supportive supervisory visits. A Quality Assurance plan was developed to ensure providers put into practice the skills gained during training. Various tools and job aids were designed, and a methodology of assessing the skills of providers and standards of quality at facilities was developed and implemented. As part of the partnership agreement equipment needed for quality assurance such as autoclaves, screens for privacy during insertions, IUD insertions kits, head lamps and consumables for providing aseptic services were provided. Similarly, to ensure the quality of insertions being conducted at clinic events, 247 IUD insertion kits, 12 autoclaves and 21 generators were provided to two teams for each geopolitical zone.

Increasing Access to Misoprostol

Appropriate use of Misoprostol is another key element of the Women's Health Project. A total of 16,812 tablets of Misoprostol were distributed to network health facilities during 2009. Each health facility which received a supply of Misoprostol was oriented on the use of the product in reducing post partum haemorrhage, which is a key cause of maternal mortality in Nigeria.

SFH conducted exit interviews to assess the quality of service provision among partner facilities in six zones of the country (Lagos, Kaduna, Cross River, Enugu, Bauchi and FCT). These interviews were aimed at assessing quality of

care at partner facilities and during outreach/event days. A Data Quality Assessment (DQA) was conducted in 137 partner health facilities between the last week of June and the first week of July 2009. All observed issues were addressed through further training.

Challenges in the health sector

There is a high rate of attrition among providers in both private and public sector facilities, and the project will continue to address this issue through refresher trainings on Long Term Methods (LTMs) and one-on-one training during supportive supervision visits.

Advocacy at the higher levels of government and the Ministry of Health

The Government of Nigeria and the FMOH has been very supportive of promoting the use of IUDs in Nigeria. WHP/SFH arranges meetings at Regional and State levels as an opportunity to promote IUDs and introduce the WHP's objectives of boosting awareness and promoting LTMs by improving the quality of service delivery, while increasing demand in communities. Approximately 60 percent of health care needs are met by the private sector in Nigeria; including FP. Stimulating the private sector to provide FP/LTM services to complement the public sector is of critical importance, toward improving national health indicators in Nigeria. The likelihood that the private health sector will be a successful partner depends on its ability to provide an increased scale of quality health services to rural, lower-income, and remote populations. SFH is concentrating on addressing the challenge of building quality in the private sector through the WHP project

Maternal and Neonatal Health Care Project

2010

In November 2009, SFH received funding from Bill & Melinda Gates Foundation through PSI to implement a Maternal and Neonatal Health Care Project (MNHCP) in Gombe State which is situated in North Eastern Nigeria. The project's goal is to demonstrate effective, scalable approaches to improving critical maternal health practices in the home and position successful approaches for scale up.

The project would seek to attain these objectives:

- Improve Maternal and Neonatal Health (MNH) interventions in the home: through the provision of home based care by Traditional Birth Attendants (TBAs), Federation of Muslim Women Association of Nigeria (FOMWAN) volunteers to pregnant women, women in labour, at post delivery period and the newborn.
- Improve supply of Maternal and Neonatal Health (MNH) products availability among PPMVs.
- To set up a functional Call Centre and MNH hotline to assist health providers and families to manage MNH issues in the home and referrals.
- Set up an Emergency Transport Scheme (ETS) for transportation of women and babies that require emergency care to health facilities
- Build key stakeholder buy-in and develop a strategy for scale up of successful approaches
- Improve the ability of PPMVs to counsel on the use of MNH products (iron tablet and clean delivery kit), recognize complications and make appropriate referrals to health facilities for appropriate intervention.

A project office and full complement of staff are in place in Gombe. Several activities have been conducted since the project started in November 2009. Home based care

interventions are conducted through front line workers. The TBAs and FOMWAN volunteers are the two groups of implementers that were recruited from their places of domicile with support from traditional leaders, Ward Development Committee members, and representatives from each of the project LGAs.

The project team trained implementers in all the LGAs on identifying danger signs of pregnancy, referral, conduct of normal delivery by TBAs and health communicators. Two hundred and twenty nine TBAs and 214 FOMWAN volunteers were trained and subsequently deployed to their respective communities to commence work. TBA implementers commenced work in June 2010 while FOMWAN volunteers commenced in July 2010. Over 100,000 visits were made during the antenatal period. TBAs visited 48,921, FOMWAN Volunteers - 36,475 and in the Local Government Areas (LGAs) where both FOMWAN volunteers and TBAs were working, known as the Combined Model LGAs - 43,754 visits were conducted. Over 9,000 deliveries were taken (9,978). As one of the aims of the project is to improve referral linkages, 6,242 women were referred for higher level care, 4,381 during pregnancy and 1,861 during labour. In addition, 462 women were transported through the emergency transport scheme of the project.

The project trained 763 PPMVs with skills in recognition of danger signs, referral, and sale of clean delivery kits (CDKs) to pregnant women for use during childbirth. 4,150 clean delivery kits have so far been sold. As a result of programme advocacy, and the interest of the state government in the project, the government has promised to buy all the CDKs in SFH's warehouse to distribute at no cost and in line with the government's free maternity and *under-five* services.

As it is important to build key stakeholder buy-in, and develop a strategy for scale up of successful approaches, the project commenced with the conduct of stakeholder



Briefing FOMWAN officials about the MNHCP in Gombe State

First Nigerian call centre and MNH hotline in Northern Nigeria commissioned to assist health providers and families to manage MNH issues in the home and refer when needed

A call centre (MNH hotline) was constructed, equipped, and staffed during the reporting period. Ten call centre agents have been trained (five are qualified and experienced nurse/midwives). They commenced work in September 2010. The Executive Governor of Gombe State, represented by the Deputy Governor, commissioned the Centre in November 2010. So far 2,105 calls have been made to the call center by women, men and families.

analysis aimed at identifying and categorising persons and groups that can influence the implementation and outcome of the project. This process led to the selection of project champions whose mandate is to help advise the project team towards successful implementation. The project champions meet quarterly; the first meeting was held along with the annual review meeting on 16th December 2010. Eminent persons who attended the meeting include the Mai of Kaltungo, the Gombe State Commissioner of Health, Permanent Secretary Ministry of Health, representatives of Commissioners for Local Government as well as Women Affairs. There were also representatives of the Federal Ministry of Health (FMoH) and National Primary Health Care Development Agency (NPHCDA), Abuja.

Lessons Learnt

Consistent and intensive advocacy with persons and groups either identified during the stakeholder analysis, or suggested by project champions and partners, facilitated the acceptance of the project in Gombe state. Working closely with State Ministry of Health (SMoH) and Local Government gave the project team and the project high level of credibility with the target groups and their families.



Training TBAs on the processes of glove wearing



2009 - 2010

External Engagement

The External Engagement Division (EED) has the responsibility for creating the right enabling environment for programmes as well as corporate Public Relations within and outside the organisation. SFH has a resource base comprising in-house personnel as well as external (outsourced) consultants and through the EED has developed relationships over the years with faith-based organisations, support groups, policy makers, public relations consultants, and a plethora of mass media organisations.

Advocacy and Policy Promotion

Strategic advocacy visits to the FMOH created the platform for the effective approval by the Federal Ministry of Finance (FMOF) for waiver consideration of commodities for the implementation of Global Fund Malaria Round 5 (HIV) and Round 4 (Malaria) grants.

A submission of all documentation indicating SFH status as an organisation that enjoys privileges such as waivers, concessions, etc was made to the National Assembly and a copy of the submission was also delivered to the Country Coordinating Mechanism (CCM).

EED coordinated the nationally broadcast radio programme Health Watch on Radio Nigeria (FRCN 92.9) for 24 months. The radio programme featured all programmes of SFH, effectively educating the public on SFH's respec-

tive projects. Many listeners received enlightenment on SFH programmes and projects, with a lot of interest generated.

Events Management

Professor Olikoye Ransome-Kuti Memorial Lecture Forum: Professor Olikoye Ransome Kuti, former Minister of Health, was one of the founding fathers of SFH. A memorial lecture took place on the 2nd of June 2009 and 1st of June 2010. SFH took responsibility for the publication of documents and media coordination for the two lectures. A fall out of the 2009 lecture was the launching of the NGO - Professor Olikoye Ransome-Kuti Trust Fund in Primary Health Care and Reproductive Health.

SFH also ensured full coordination (in support of the HIV division) and effective facilitation of protocol and media for the Female Condom Launch that took place on the 30th of June 2009 in Lagos. The event was a huge success. EED also coordinated the dissemination of findings of the 2007 Global Fund Malaria phase 2 Baseline/Midterm survey conducted in Nigeria.

The division produced the 2008 Annual report. The selection of a website vendor was rigorously accomplished. This helped to achieve the deployment of the new face of the SFH website.

2009 - 2010

Research, Monitoring and Evaluation

SFH uses a scientific and evidence-informed approach in its health interventions - strategy development, planning, and implementation - with the aim of improving performance. This is in recognition of the fact that if SFH is to build a great brand, it needs to carefully balance intuition and creativity with solid analysis of programmatic and financially grounded research data. To improve impact, SFH needs good evidence of what works and the most effective tools for improving the health of the poor and vulnerable. In 2009 and 2010, SFH Research activities included testing new ways of doing things, identifying methods that no longer work and supporting the national quest for improved programming driven by evidence.

SFH Research Strategic Thrust

SFH research strategic thrust is based on a strong commitment to commissioning world class research, M&E; and ensuring that the resulting evidence is available and useful to implementers and policy makers nationwide. This strategic thrust rests on a “tripod plus” approach of internal programme M&E, strengthening of the Nigeria M & E system especially in the areas of HIV & AIDS, reproductive, maternal and child health; improved use of data and skill transfer.

Internal programme monitoring and evaluation

The Research and Evaluation division of SFH conducted

a number of research, monitoring and evaluation activities which have provided useful tools for decision making at national level as well as states across Nigeria. Among the activities conducted are: Measuring Access and Performance (National and ENR states), ACTwatch (Outlet and household), Survey among inmates and staff of Nigerian prisons, Female condom baseline survey, pre-test of packaging of FC Elegance, Women’s Health Project Exit interview, mapping of high risk sites in Nigeria, pilot of 2009/10 Integrated Bio-Behavioural Surveillance Survey (IBBSS), 2009 August Nigerbus, baseline survey of Water and Development Alliance (WADA) project in Enugu state, *PuR* school project in Lagos and Benue assessments. In addition, the division conducted data quality for Women Health’s, Global Fund Malaria and Global Fund HIV projects in 2009.

System Strengthening

SFH believes that a functional national monitoring and evaluation system will yield more robust and improved programming in Nigeria. Recognising the near absence of weak institutions and institutional framework for research in the country, SFH is committed to providing leadership in strengthening the system.

Three key issues were identified as the leading causes of the identified gaps mentioned :- absence/limited use of



operational plans, absence of research agenda and limited skills in the use of existing tools.

The division built the capacity of state representatives from 10 states on the use of NRRIMS and the DHIS software. Monthly M&E meetings at the state level were also facilitated under the ENR programme which provides forum for submission of data and sharing of reports. The team led in the development of national indicators for HIV/AIDS, Malaria and Reproductive Health interventions in line with global standards but with national realities. Improving data use for programming and policy formulation.

Over time, a pool of evidence has been generated in Nigeria and sub Saharan African Countries. One of the major challenges is the limited use of those evidences in daily programming especially at the state and local levels. To this end, the division responded by making deliberate efforts to increase use of evidences through dissemination and sharing of reports. Internally, 6 reports of post evaluation studies of the organisation's interventions were shared. Fact sheets were also produced for ease of use both from the MIS and the post evaluation reports. The division facilitated the process for the sharing of reports of national major surveys conducted. These include the NARHS Plus and Malaria baseline studies. In all the dissemination workshops, states were supported to participate. They were also supported under the ENR programme to critically evaluate the HIV & AIDS epidemiological response in their states as part of efforts in using available evidences in programming. The

result of these efforts was the improved States Strategic plans developed in late 2009.

Capacity Building and Skills Transfer

Research as a discipline is evolving in Nigeria and there is a dearth of experienced persons. In addressing this gap, the Society for Family Health applied two broad approaches in 2009: the first was the training of a pool of research consultants while the second approach was the hands-on mentoring through the provision of technical support in major national surveys.

Through the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) grant, the Women Health Project, Improved Reproductive Health in Nigeria and the ENR programmes, over 400 independent consultants were trained on data collection, data quality assurance and other basic M&E issues. The division also participated in the planning and implementation of the Integrated Biological and Behavioural Surveillance Survey (IBBSS). In both instances, skills were transferred.

Efforts were also made to improve research and M & E capacity of CSOs and community based organisations. Participatory monitoring and evaluation is a community empowering tool which creates opportunity for community self reflection, taking necessary actions and evaluating the result of their action. Twenty three CSOs/CBOs' capacity were built on participatory monitoring and evaluation.

2009 -2010

Strategic Behavioural Communication

In 2009, the anti-malaria campaign that was developed and broadcasted in 2008 won various awards at the 4th Lagos Advertising and Ideas Festival (The Lagos Advertising and Ideas Festival is the Nigerian equivalent of the Lions Advertising Festival that holds in Cannes, France). The highpoint was that one of the treatments of the 'Slap' concept; the 'Draughts' TV spot, won the Grand Prix at the awards. The agency that developed the adverts presented the awards to the SFH management. This award demonstrates the efforts SFH is making to push the frontiers regarding public health issues with evidence informed behavioural campaigns. This also reflects that our advertising campaigns are visible, noticeable and therefore likely to be impactful.

SFH delivered several campaigns in 2009 outside of the traditional annual radio drama and road shows. The Gold Circle 'Confirmed' billboards continued to adorn strategic high traffic locations across Nigeria.

SFH also deployed a child spacing campaign to promote various FP methods intended to ensure the health of the mother and child as well as the overall well being of the family unit.

During the FIFA U-21 World Cup, SFH promoted partner reduction and Gold Circle condoms as ways of reducing

the risk of contracting STIs and HIV. The TV spots were aired during the live telecast of matches. The ENR programme sponsored the adverts. SFH continued to anchor the annual programme of developing and producing the radio drama series and producing the radio drama series *One Thing At A Time* and its variants - *Odejinjin*, *Abule Oloke Merin* and *Garin Muna Fata*.

In 2009, SFH finalised the development of creative models for HCT and stigma reduction campaigns and got APCON approvals for the production of both TV and radio adverts. (SFH reaches over 30 million adult Nigerians on a regular basis with its innovative media campaigns).

2010

SFH executed 11 mass media campaigns in the year 2010 which was also a World Cup year and SFH used the high-point of the telecast to reach the teeming population of soccer loving Nigerians with Gold Circle adverts.

SFH explored and exploited various media in the efforts to advance the frontiers of knowledge about public health issues - HIV & AIDS, maternal and neo-natal health, family planning, malaria, and safe water systems. This is reflected in the diversity of mass media campaigns in 2011 (see table 8).

Table 8

S/N	CAMPAIGN	TYPE OF CAMPAIGN	DURATION	NO'S STATIONS / STATES	NO'S OF HYPE	NO'S OF SPOTS
1.	SFH Radio Drama Phase I	Radio	Jan - Jul 2010 (26 weeks)	42 Stations/37 States		2,376
2.	Antimalaria Campaign	TV	Mar - May 2010 (12 weeks)	39 Stations/37 States	43 Programmes	1,233
3.	Antimalaria Campaign	Radio	Mar - May 2010 (12 weeks)	31 Stations/37 States		9,100
4.	Child spacing Campaign	Radio	Apr- May 2010 (8 weeks)	44 Stations/37 States	5 Programmes	12,078
5.	HIV Counselling and Testing Campaign	TV	May - Jul 2010 (12 weeks)	17 Stations/15 States		2,022
6.	HIV Counselling and Testing Campaign	Radio	May - Jul 2010 (12 weeks)	19 Stations/15 States		7,965
7.	Gold Circle World Campaign	TV/ Radio	Jun - Jul 2010 (4weeks)	OSMI Network		24
8.	Artemisinin Combination Therapy Campaign	Radio	Jul- Aug 2010 (6weeks)	10 Stations /3 States		2,450
9.	Water guard Campaign	Radio	Jun - Jul 2010 (6 weeks)	27 Stations/24 States	6 Programmes	2,781
10.	Elegance Female Condom Campaign	Radio	Oct – Dec 2010 (12 weeks)	13 Stations/4 States	7 Programmes	3,581
11.	Safe Water and Sanitation Campaign	Radio	Aug – Sept 2010 (16 Weeks)	3 Stations /1 State		444
12.	SFH Radio Drama Phase II	Radio	Aug – Jan 2010 (26 weeks)	42 Stations/37 Stations		2,376
	Total					46,430

Specifically, SFH also ran a robust campaign promoting HIV Counselling and Testing and HIV stigma reduction on Radio and TV which had been developed with assistance from the CIHPAC project. In the ENR states, the state teams leveraged their partnership with the state broadcasting organisations to expose the HCT spots without paying for airtime. ENR management team was also supported to broker a joint Corporate Social Responsibility initiative with a new Nigerian cable TV CNN International affiliate station, NN24, which saw NN24 offer over 800 free spots (air time) for airing the HCT spots with a promise of more. Other materials promoting HIV prevention and stigma reduction have also been aired free of charge on state radio stations.

During the year, SFH also promoted a branded female condom, Elegance, in the three project states of Delta, Edo, and Lagos. It is the first time that a branded female condom offering would be promoted via the mass media in Nigeria. Radio spots and 48 sheet outdoor sites were deployed in the states. In terms of value adding, SFH also got one of its outdoor bill-

board site suppliers to offer a double sided 30 by 20 feet site to expose the *Elegance* and *Affordable Medicines Facility for malaria* (AMFm) outdoor posters at no cost to SFH in the Lagos Island; an equivalent of 9 million naira in savings yearly. The supplier also, as part of corporate social responsibility offered to let SFH use any large outdoor platforms that were vacant for the period that no other clients were interested in the sites. This was actualised in 2010.

SFH concluded selection of agencies for media planning and buying, billboard sites provision, media monitoring development of mass media campaign materials for Global Fund Malaria Round 8 and *Affordable Medicines Facility for malaria* (AMFm). Work commenced on the development of the mass media campaign materials for GFM Round 8. This involved a plethora of planning meetings and collaboration with the BCC focal persons in the three Principal Recipient organisations – SFH, National Malaria Control Programme (NMCP of the Federal Ministry of Health), and the Yakubu Gowon Centre.

HUMAN RESOURCES, ADMINISTRATION, FINANCE AND ACCOUNTS



Training Sessions in SFH

2009-2010

Human Resources, Administration, Finance and Accounts

SFH prides itself in its highly efficient and productive workforce. SFH is an organisation guided by egalitarian principles and the concepts of flexibility, creativity, and timely responsiveness to the needs of its employees, customers and stakeholders.

The Finance and Accounts division is responsible for managing the financial capital of the organisation. The HR and Admin Division has responsibility for the management of the human capital of SFH, providing administrative and logistic support as well as ensuring compliance with legal, statutory and corporate governance requirements. The HR and Admin division consists of three departments that are equipped with qualified and experienced professionals. These are Human Resource Department, Administrative Department, and Legal unit. SFH aims to create a genial work environment where the diverse work force is valued, motivated, developed, and rewarded for excellent performance. SFH will continuously seek to attract and retain top class talent and offer an enabling environment to allow good people to actualise their full potential. We provide and maintain the working tools required for such staff to perform at the highest levels of efficiency and provide the logistical support to enable us to optimise all the resources at our disposal. The Legal Unit aims to ensure the continued legal and corporate good standing of SFH as well as full regulatory, legal and donor compliance.

2009

Major restructuring took place in 2009, leading to the current organisational structure based on six directorates and 16 divisions. A restructuring of field operations for greater decentralisation led to an increase in the number of regional offices to 17. SFH had a 23 percent increase in number of staff in December 2009. SFH also trained over 100 employees in leadership, interpersonal skills development, sales, and reporting, among other capacity building areas.

2010

SFH set up an organisational development (OD) team to review and disseminate all OD activities and developed a compendium of competencies to reflect the core competencies of all functional areas. A field mentorship

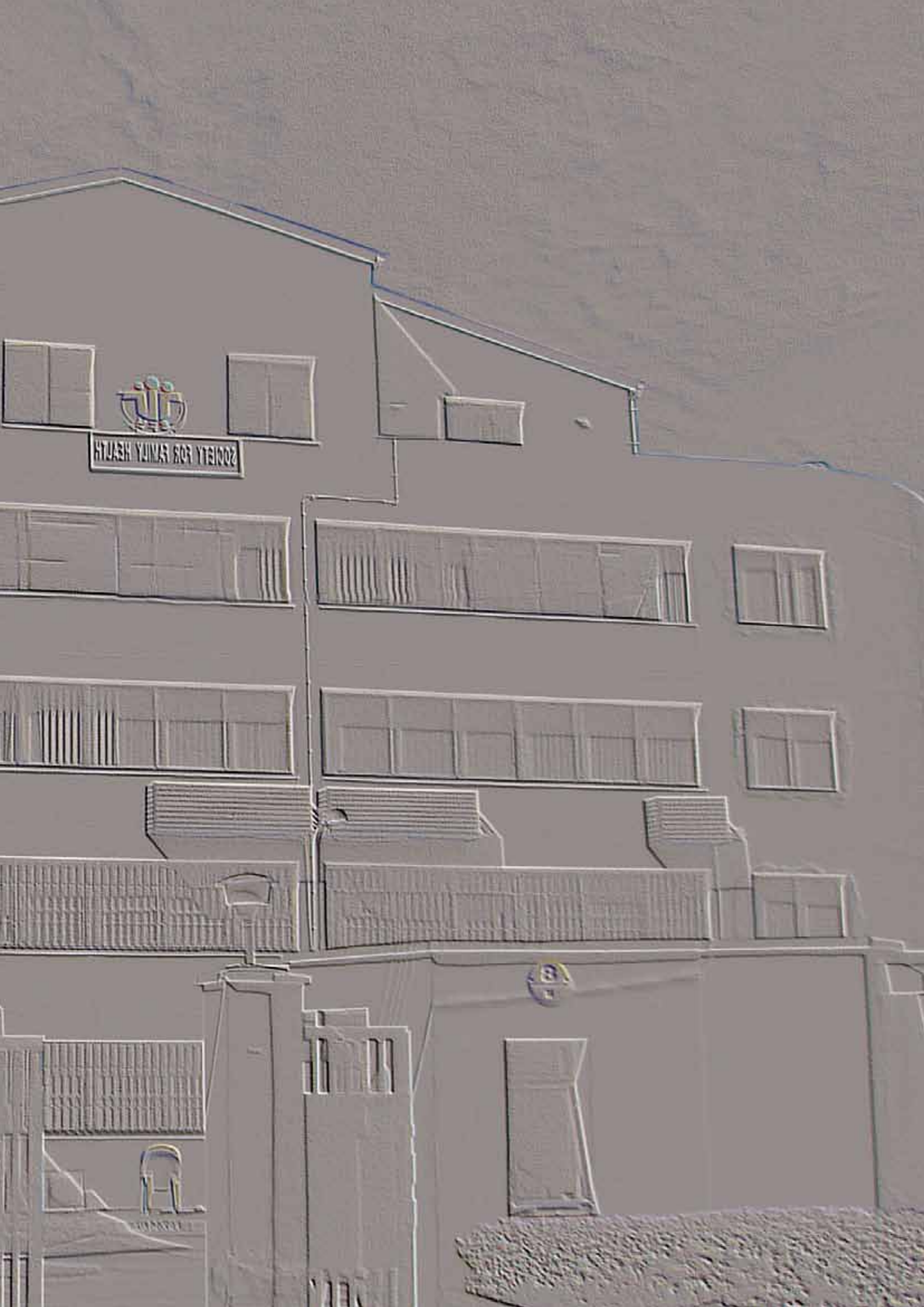
programme was created and implemented

The HR team organised team building activities in HQ aimed at fostering good employee relationships and bonding. Guidelines and reporting template for the SFH mentoring scheme were circulated and the progressive discipline steps, to help employees in following through actions for erring employees was introduced. SFH commenced Management Developmental trainings and an HR guideline for all regional offices was developed and disseminated.

In 2010, SFH Administrative Unit continued its role of managing assets and facilities in support of SFH operations. In the course of the year and due to the changing donor environment, the unit revised its asset management and fleet management policies. Logistics activities included assisting the Support to the National Malaria Programme (SuNMaP) and Crown Agents in the clearance of 1.7 million Long Lasting Insecticide-Treated Nets (LLINs). SuNMaP is DFID-funded five year programme to support the National Malaria Control Programme (NMCP). The admin unit also ensured prompt and timely clearance of health commodities at the port, travel advisory services and up-to-date documentation of all expatriate re-entry visas and residence/work permits. A 51 line Closed User Group was introduced to facilitate costs savings in communication.

Society for Family Health Audits, 2009 and 2010

SFH concluded the following audits in the year and the various auditors issued clean audit opinions: the Global Fund (GF) Office of the Inspector General (OIG); review of GF activities from 2007 to 2010; the GF Quarterly Local Fund Agent (LFA) by Price Waterhouse Ghana of GF activities; Population Services International (PSI) Overseas Financial Operations Group (OFOG) review of SFH transactions for the period January 01, 2009 to June 30, 2010; DFID external audit of ENR accounts for the period January 01, 2009 to March 31, 2010; Deloitte external audit of SFH accounts for the year ended December 31, 2009; Deloitte external audit of GF accounts for the year ended December 31, 2009; Deloitte stock count report for the year ended December 31, 2009 and the Panel Kerr foster audit of Oxfam accounts for the year December 31, 2009.



SOCIETY FOR FAMILY HEALTH



