



2012

Annual Report



Society for Family Health

...Creating Change, Enhancing Lives



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



Time for action against malaria. ACT now!

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Spacing
For a
Healthy Family



MEDIA ACTION
IT'S HOW WE LIVE THROUGH MEDIA
WE TIP TO THE W. 3012



NEROS MOR
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Our Mission

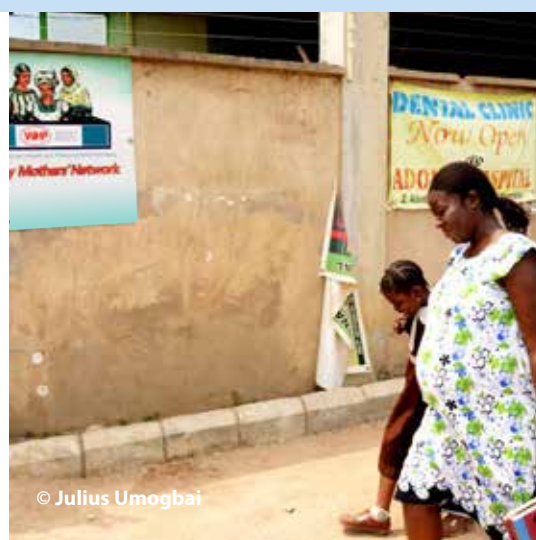
Society for Family Health has a mission to empower Nigerians, particularly the poor and vulnerable to lead healthier lives.

Working with the private and public sectors, SFH adopts social marketing and behaviour change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviours.



Society for Family Health
Creating Change, Enhancing Lives

in partnership with



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SFHNigeria



Shima Kaimom Gyoh
President, Board of Trustees

I have witnessed the growth of Society for Family Health as a member of the Board of Trustees for the last 10 years. I can safely say that the vision of the founding members of the organisation has continued to be on track in terms positive contribution to the public health of the country and the creation of a model NGO in Nigeria. The critical role played by the Population Services International of Washington in the areas of capacity building, sharing of social marketing tools and techniques and general nurture is a major part of the success story.

This achievement is more remarkable because of the environment in which it happened. Nigeria's famous corruption perception index and its turbulent, highly challenging environment have proved too much for many public and private institutions. SFH has been successfully swimming against these adverse currents because of the appropriate leadership provided by the Managing Director, the Nzeako-led Board of Trustees and the stabilising influence of Population Services International. Justice Nzeako, a member of the original team of founders, handed the baton to me last year, but she remains on the Board and continues to provide the wise counsel that has driven SFH along the road to success, which I will briefly recoup.

Starting as a small league organisation a little more than a quarter century ago, SFH has become one of the leading players in the health sector of Nigeria, particularly in the areas of child survival, family planning, and HIV & AIDS prevention and control. It has become one of the highly renowned NGOs in Nigeria in implementing evidence-based programmes and providing value for money. This has resulted in a continuing stream of funding from many donors for the realisation of vital health programmes. We are indeed very grateful to our donors without whose support we would not have been able to come this far—United States Agency for International Development, UK Department for International Development, The Global Fund to Fight AIDS, Malaria and Tuberculosis, Bill and Melinda Gates Foundation, the Large Anonymous Donor through PSI, Oxfam Novib and the Dutch government.

2012 was a remarkable year for SFH. We were able to deliver great outcomes in 2012, averting 2,358,930 Disability Adjusted Life Years (DALYs) and achieving 3,681,635 Couple Years of Protection (CYP). We completed the construction of an ultra-modern warehouse of about 7,300 square metres at Ota, the industrial area of Ogun State. We hope that this will enable us attain international standards in the quality of the storage of our health products. In addition, it will facilitate our efforts in rendering affordable services to the poor and vulnerable populations in Nigeria for the foreseeable future, thanks to our donors.

SFH also won new awards and received donor approval for the continuation of existing projects in 2012. Some of the new awards include the Strengthening HIV/AIDS Prevention Services for Most At Risk Populations project (SHIPS for MARPs) which is funded by USAID, African Health Markets for Equity (AHME), Cervical Cancer Screening and Preventive Services and the Nigerian Governors' Leadership Challenge Grant Management projects all funded by Bill and Melinda Gates Foundation. The Global Fund awards for Malaria and HIV and AIDS were also renewed for phase 2 of rounds 8 and 9 respectively in 2012.

While continuing to thank the donors and development partners for their partnership and support to SFH, we also extend our thanks and appreciation to the Government of Nigeria for its support and partnership. The import duty exemption, which SFH enjoys for all of its donated commodities and the enabling policy and regulatory environment provided by the Government of Nigeria greatly facilitate the smooth operation of our activities.

SFH is eager to serve humanity with integrity, respect and professionalism while collaborating with all of our partners and donors. I hope that the contents of this report will inspire all of us to increase our efforts in creating a healthy and happy Nigeria.



Sir Bright Ekweremadu
Managing Director

Emerging New Horizons

"Your comfort zones serve no purpose other than prohibiting your own growth and keeping you from achieving. It may be a bitter pill to swallow but the truth is that you cannot grow and be comfortable at the same time".

David Byrd, New Horizon – It's Time to get Uncomfortable.

The Year 2012 brought along an assortment of emotions, many achievements were recorded with the unrelenting support of our donors, despite the prevailing challenges in Nigeria. We made huge impact on the lives of the people in communities where we work, donors of existing projects continued to be happy with our outputs, there was smooth commencement of new projects and new grants were won through international competitive bidding.

The year was not without its intensely sad times. SFH remembers Yakubu Chiroma, a member of staff who we lost during the January crisis in Kano State and Dr. Olaronke Ladipo who was until her sudden death, in October, the Chief of Party of the Strengthening HIV Prevention Services for Most at Risk Persons (SHiPs for MARPs) - one of the new projects awarded to SFH as the lead partner by USAID.

In spite of the daunting challenges, the resilience of our personnel shone brightly and helped greatly to pull the organisation through the tumultuous year. Indeed, immense gratitude is owed to our partners and entire members of the Board of Trustees for their unflinching support which, coupled with the dedication of staff held us firmly in focus and control of our programme objectives. With a wealth of experience spanning twenty seven years we continue to be one of the pillar of public health in Nigeria through our ever growing range of interventions.

In 2012, we joined "the best run businesses" by introducing an Enterprise Resource Planning package called SAP into our organisation. The aim

is to improve our overall business systems from finance and accounts, to procurement, warehousing, Human Resources management, to office administration both in the head office and our 21 Territorial Offices around Nigeria. This was and remains a major shift in the way we work and affects every single staff of SFH. As is with most new things (particularly technology), it has thrown a new set of challenges into our operations, particularly in finance and procurement, thus taking us away from our comfort zones. In 2013, we will turn off the Quickbooks accounting software completely and depend 100% on SAP. All our project finances (budgets and expenses) will be run on SAP; all travel requests and expenses retirements will be processed through SAP by individual staff members both in the head office and field; all procurements, Human Resources processes, warehousing operations and indeed every process at SFH must pass through the SAP.

It is obvious that we are getting out of our comfort zone in several areas in one go and so likely to be uncomfortable for some time. But the truth is that we cannot grow or even get better in what we are doing if we keep doing the same thing over and again. Unfortunately, the workplace in modern efficient organisations is not the place for mediocrity or even average performance. In my view, SFH is a modern organisation and so efficiency and excellence should be our watch words. SFH is also no longer a place for so much of keeping our comfort zones as doing that we scuttle our potentials and growth. In all, I am sure that we will be the better for the introduction of SAP as we all gear up to embrace the changes and step out of our comfort zones.

Overview

PROJECT RESULTS

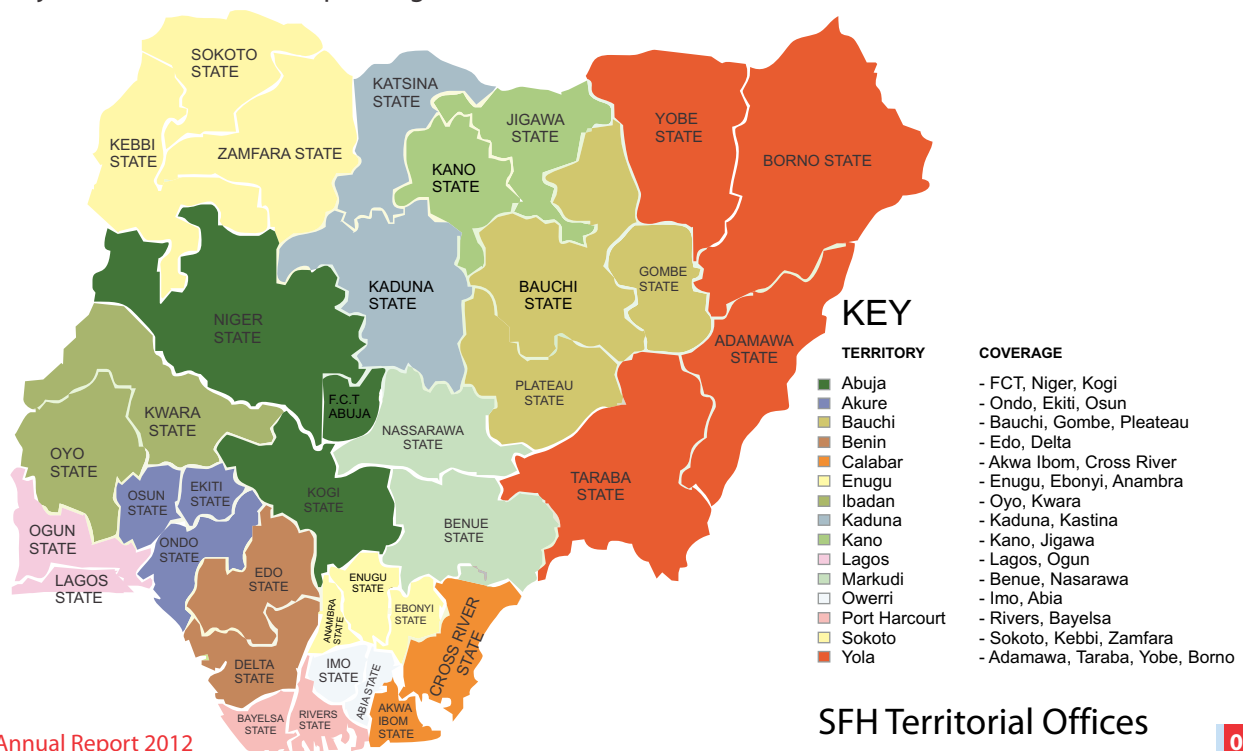
Our Women's Health Project targeted at reducing maternal mortality rate successfully empowered facilities through its 'Happy Mother's Network' and capacity building on family planning services resulting in a marked improvement in the quality of service being delivered. 2012 marked the end of the second phase of the project implemented in 23 states including the FCT. Worthy of note at this point is the new development that gave rise to the grant for the procurement of family planning commodities. Donations of about 4,000,000 pieces of female condom have been guaranteed by the United Nations Population Fund following deliberations with SFH under the auspices of SFH's UAFC (Universal Access to Female Condom) project. In 2012, Society for Family Health completed the first phase of the seven thousand square foot warehouse construction in Ota, Ogun State, Nigeria.

The maternal and neonatal health (MNH) project in North East Nigeria, which premiered in 2009, received a new grant for its second project phase in June 2012. By the end of the year 2012, a total of 2,078 women from 11 LGAs in North Eastern Nigerian had benefitted from the emergency transport scheme implemented by the grant and more than 6,000 maternal and neonatal health associated calls have been placed over the toll free line. The USAID funded Expanded Social Marketing Project in Nigeria (ESMPIN) – a five year reproductive health and family planning project, focused on improving child and

maternal health which completed its first year in April 2012 continues to operate in selected 15 states in the country.

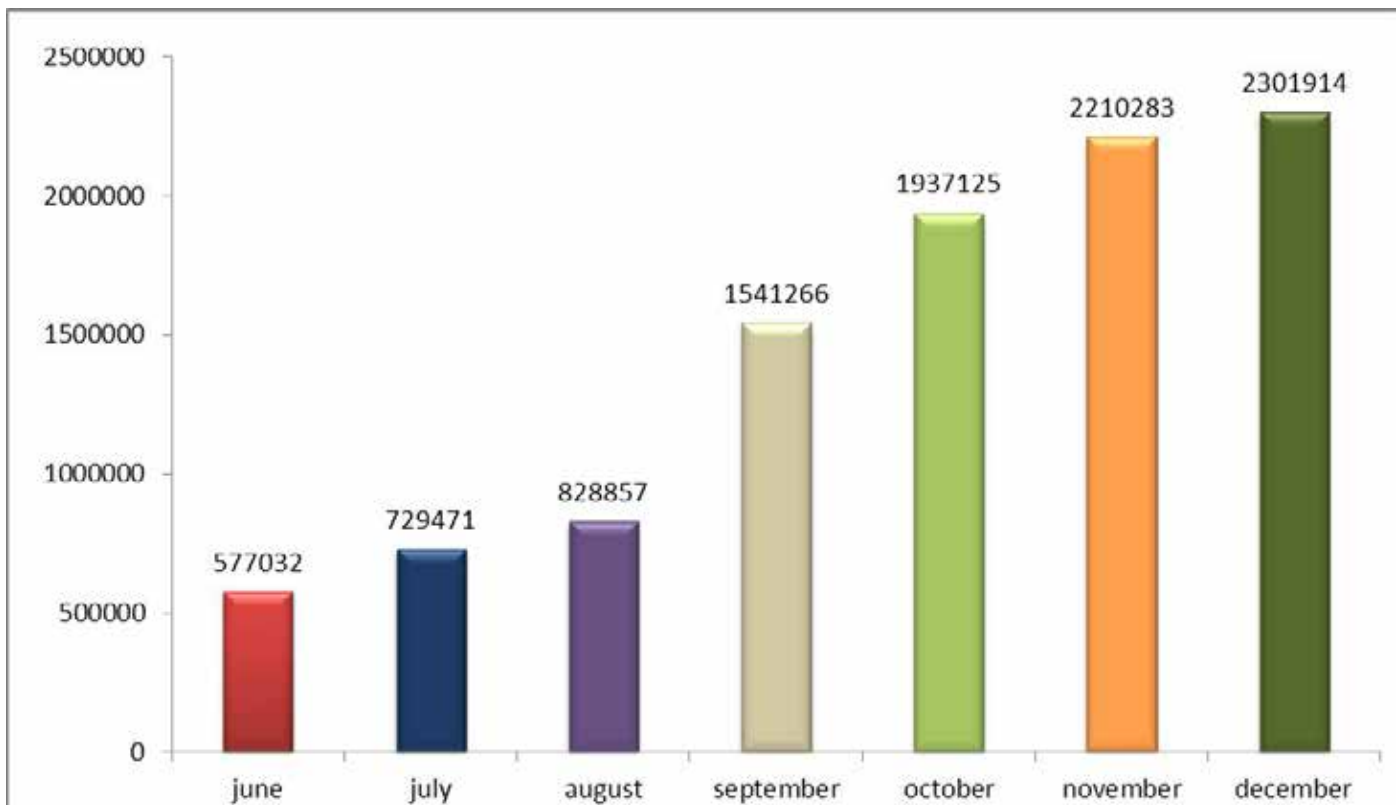
The SFH malaria grant (funded by the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria), commenced the second phase of the grant in 2012, aimed at distributing subsidised ACTs (Artemisinin Combined Therapy), Rapid Diagnostic Testing and distribution of LLINs (Long Lasting Insecticide Treated Nets) across the nation. Through the grant, SFH is also supporting the provision of microscopes to health facilities nationwide. Our HIV and AIDS programme experienced another boost as SFH joined forces with USAID/Nigeria in a 5 year agreement to strengthen HIV prevention among most-at-risk populations in May 2012. SFH's Enhancing Nigeria's Response to HIV & AIDS programme funded by the UK Department for International Development (DFID) entered its fourth year in 2012. With the support of SFH's ENR project, the National HIV and AIDS Resource Centre (NHRC) was officially launched in 2012.

Society for Family Health is thankful for a busy and successful year and continues to appreciate the support of all its donor and development partners, Board of Trustees, our international partners and particularly Population Services International and Nigerian Government Ministries and agencies. SFH remains committed to creating change and enhancing lives and is indeed primed for more successes in the year 2013. Partner with us!



DALYs (Disability Adjusted Life Years)

Society for Family Health averted 2.3 million disability adjusted life years in the year 2012

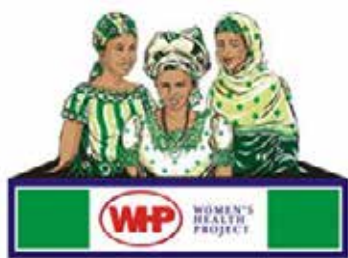


Society for Family Health Nigeria averted 2.3 million Disability Adjusted Life Years (DALYs) in year 2012. The cumulative monthly DALYs are presented in the graph above.

DALY (Disability Adjusted Life Year) is a measure of overall disease burden expressed as the number of years lost due to ill health, disability or early death. This method was first made for the World Bank and the World Health Organisation adopted it in 2000.

The DALY is increasingly used in the field of public health and health impact assessment, and it is a fundamental measure of health impact.

Some of the lowest Maternal and Child Health indices can be found in Nigeria. SFH's projects altogether border on a healthy family with the Women's Health Project (available in 21 states, including the Federal Capital Territory of Nigeria); the MNH project (in Gombe & Adamawa States); Universal Access to Female Condom project (in Lagos, Edo & Delta States) and Expanded Social Marketing Project in Nigeria (ESMPIN) – all squared on achieving healthy lives for women of reproductive age.



Women's Health Project runs over 280 Happy Mothers Network franchise facilities across Nigeria.

The second phase of the Women's Health Project (WHP) operated a network of over 280 "Happy Mothers Network" franchise facilities.

WHP also carried out successful capacity building on family planning services for private sector providers which led to improved quality of service delivery.

The project implemented in 21 states including FCT created high demand for long term methods (LTMs) of Family Planning in communities through the use of Inter Personal Communication (IPC) conductors and Field educators.

Throughout the phase of the project which ended in December 2012; SFH recorded impressive achievements in comparison to the project goals including:

WHP GOALS

- ✓ Increase modern contraceptive prevalence rate in Nigeria from 10% in 2010 to 12% in 2012
- ✓ Increase percentage of women of reproductive age (WRA) using IUDs from 0.7% to 1.2%
- ✓ Increase access to Misoprostol (for PAC) through sales of 120,000 tablets/pills

More Women Embrace IUDs

Through 2012, there was an increase of over 650% in IUD insertion rates from 466 insertions in January 2011 to 3,538 insertions in December 2012 due to improved skills of IPC conductors and supportive supervision visits that helped increase provider competence and confidence.

Motivated IPCCs for more impact

IPCCs exercised regular monitoring, more focused contacts and revisits leading to more women of reproductive age reaching facilities.

90% facilities adhere to 100% Quality Assurance Standards

There was a 200% increase in quality standards from 30% of providers meeting quality standards at the baseline to 91% meeting quality standards at the end of project period.

IUD INSERTION TREND IN 2012



Advocacy for Family Planning Commodities

WHP and other Reproductive Health stakeholders led the FMOH to include, for the first time, a budgetary line of US \$3M dollars for the purchase of family planning commodities. In addition, Misoprostol distribution for Post Abortion Care services achieved about 99% of the target; this is largely due to more result-oriented detailing activities.

Employing the innovative Emergency Transport Scheme, an MNH Call Center – which is the first of its kind in North East Nigeria, and training of frontline workers – Traditional Birth Attendants (TBAs), the Maternal and Neonatal Health (MNH) project aims at making better the health of mothers and newborns during pregnancy and child birth in Gombe and Adamawa States.



The goal of the second phase of the MNH project is to scale up effective and efficient approaches to improve maternal and newborn health practices in the home as well as engender improved facility-based MNH services in Gombe and Adamawa States. The grant is as a result of the successful implementation of the learning phase which spanned November 2009 to April 2012.

The new grant which commenced in June 2012 has so far seen an increase in advocacy and awareness efforts to increase use of the Emergency Transport Scheme (ETS). ETS in Gombe and Adamawa States contributes to reducing delays in accessing key services by pregnant women and their new borns. A total of 2,078 women across the 11 local government areas were transported to health facilities in Gombe State in 2012.

Over 6,000 MNH related calls have been received at and referred appropriately by the SFH MNH Project Call Centre in Gombe State. The toll free hotline which pregnant women and their families call to receive information on pregnancy, delivery and new born care is also accessed by frontline workers (TBAs FOMWAN and ETS) who call to resolve challenges encountered when delivering services at the communities. The call centre stations are manned by experienced nurses and midwives who are available 24 hours a day, 7 days a week, to receive calls and render the required advice and referrals during emergencies.

Traditional Birth Attendants (TBAs) received training in order to provide quality home-based care to women during pregnancy, labour, delivery and post delivery in their local communities, one of the fundamental objectives of the Gates project. To this effect 671 TBAs have been trained and deployed their various clusters to start implementing home visits and referrals.



We prevented an estimated 1300 neonatal deaths



Estimated maternal deaths prevented: 55



Reached: 24,495 women were visited at home by community volunteer workers



11% of all women who delivered in the last 2 years in the state used the call centre as a source of reproductive health information



Rosaline Etukudo-Mordi, Director, HR Admin, SFH stressing a point at a workshop on better health for women

Universal Access to Female Condom Project



The Universal Access to Female Condom (UAFC) Project is focused on providing awareness of and access to the use of female condoms in Nigeria.



UAFC

Continued female condom product uptake and acceptance are essential for programme sustainability.

A research study was conducted on the factors that affected sustained/repeat use of female condoms. Findings indicated that a first positive experience was the primary motivation for sustained female condom use which in turn was hinged on appropriate message delivery, correct insertion and user follow up.

In the last quarter of 2012, a new female condom variant, the CUPID was pretested. Made of latex and presenting in natural and vanilla flavours, CUPID female condom was well received among the study participants and is expected to stimulate more interest in female condom use among current and potential users in future programming.

The first phase of the UAFC Project was disseminated in March 2012 serving as a platform for SFH to showcase the successes and share experiences on lessons learned and future opportunities in female condom programming among partners and relevant stakeholders.

As a result of the successful first phase, the UAFC programme received a one year extension in 2012.

The 2012 programme focused on the primary target groups - women and men of reproductive age 15-49 and 15-64 years respectively in Delta, Edo and Lagos states. Additional focus was strengthening of international and national advocacy and policy support for female condoms, research and development and fund raising for programme sustainability beyond 2012.

Extensive discussions between SFH and UNFPA to explore opportunities for collaborations, technical support and joint platforms to enhance female condoms programming held.

This resulted in UNFPA's commitment to donate 4,000,000 pieces of female condom to UAFC programme beyond 2012.

The programme also reached 500,000 persons using IPC and sold over 1,000,000 pieces of female condoms equivalent to 8,333 couple years of protection.

SFH participation at the Implementation of the UN commission recommendations meeting was a good platform to present the UAFC programme to a variety of partners including the Nigerian Government, donors, implementing partners and relevant stakeholders.

UAFC's successes, lessons learned, future opportunities in female condom programming were shared; in addition there was advocacy for stronger commitment and support for female condom.





USAID
FROM THE AMERICAN PEOPLE

The USAID funded Expanded Social Marketing Project in Nigeria (ESMPIN), implemented by SFH contributes to USAID's strategic objective of improving the health of women and children in Nigeria, primarily by increasing the use of modern family planning methods and secondarily, by increasing use of child survival products and services in Nigeria through the private sector. ESMPIN is a 5-year project contracted in April 2011 and operates nationwide with focus in selected 15 priority states.

© SFH



ESMPIN Chief of Party Martin Bell (7th Right) and team at the ESMPIN partners/consortium meeting in April 2012

ESMPIN 4 Key Health Areas of Intervention:

- Child Spacing
- Malaria Prevention & Treatment
- Diarrhea Prevention & Treatment
- Breastfeeding & Nutrition

ESMPIN social marketing intervention contributed to increased access and availability of wide range of modern contraceptives in Nigeria through the private sector in 2012, leading to achievement of 3,253,966 CYP, a 6% increase from 2011 CYP achievement. While male condom distribution contributed to 54% of the achieved CYP, the Injectables contraceptives (Depo Provera, Noristerat & Norigynon) recorded 23% growth in comparison to 2011 results.

ESMPIN 2012 strategy anchored on massive mobilisation of both private providers to increase their knowledge on contraceptives and child survival products for improved quality services and quality drug prescription to consumers, as well as direct engagement and mobilisation of men and women of reproductive age and caregivers, to make informed choice on health issues. The project deployed several strategies to achieve these

including medical detailing, training of PPMVs, mass media campaigns (radio drama, radio jingles & radio magazine), community level intervention through interpersonal communication (IPC) and community based distribution (CBD).

Specifically, the project conducted medical detailing to a total of 35,231 health care providers introducing SFH products to them, and trained 14,336 (8,815 males and 5,521 females) Proprietary & Patent Medicine Vendors (PPMVs) in 35 states of the country. These trainings were used to improve the FP/MCH knowledge and quality of their services in the community as the first point of call for many in the rural and semi-urban areas.

Interpersonal Communication (IPC) was deployed in 145 communities across 16 states in 2012 for sensitisation and mobilisation of target groups using 632 trained IPC agents.

Over 2.3M men and women of reproductive age were directly reached with key messages on child spacing/child survival methods and services through this strategy, while referral of clients to health facilities for further counselling and FP services uptake were also achieved. By the end of 2012, about seventy six thousand (76,000) women accepted modern contraceptives or received FP counselling from trained FP providers as a result of the project's interventions across the 16 IPC states.

On the same hand, the Community Based Distribution Agents (CBDA) in Kebbi, Katsina, Jigawa and Zamfara states assured rural access to essential over the counter health commodities, which include PUR, Water Guard, Cycle Beads, Combination 3 and male & female condoms, where most of the population lack access to health products because of limited private sector providers while also conducting community sensitisation.

To complete the ESMPIN BCC channel mix, the year witnessed a robust mass media campaign to support the demand creation activities at community and health providers' levels. This include the ESMPIN "My Healthy Family, my Pride and Joy" radio campaign on Malaria, Child Spacing and Diarrhoea management. Worthy of note is that the project produced the first ever ORS & Zinc

media campaign in pidgin and Hausa languages across 55 radio stations in Nigeria in 2012.

The ESMPIN produces Hausa radio magazine (talk show), tagged 'Ya Take Ne Arewa' broadcasted across the northern radio stations in 2012, promoting key messages of the project through prominent health providers and religious/opinion leaders.

Several monitoring and evaluation surveys were also conducted to track the project progress in 2012 and these include, IPC evaluation study, PPMV post training evaluation study, communication materials pretests and Framework for Qualitative Studies in Social Marketing (FOQUS) on concept development. Reports of these studies are available for further dissemination.



Global Fund Malaria

The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria continued work with SFH on the round 8 malaria grant which involves provision of ACTs and Rapid Diagnostic Testing (RDT) across Nigeria.



In 2012, the GF Malaria Round 8 Phase 2 agreement between the Global Fund and Society for Family Health was formally signed. The second phase of the grant will extend till June 2014 and available grant funds will ensure that

programme activities expand to include routine LLIN distribution through antenatal clinics and private schools.

Highly subsidised ACTs will continue to be available for all age groups; and malaria diagnosis using malaria rapid diagnostic tests (RDT) and microscopy will encourage the rational use of malaria medicines and delay resistance to ACTs. Sub-recipients were assessed and engaged. ACT stock-outs, which were frequent in Phase 1, have not been reported since the signing of the Phase 2 grants.

The Global Fund Malaria Round 8 Project is supporting the provision of 406 microscopes to public health facilities in 19 states of Nigeria. Secondary health facilities, or General Hospitals, frequently serve as referral centres from Primary health care centres. To ensure that secondary facilities possess the capacity to implement malaria diagnosis through the correct use of microscopes, the Global Fund, through SFH, distributed Microscopes and consumables to these facilities in Niger state and FCT. This scheme will be extended to the Southern states of Nigeria in 2013.

SFH engaged State Ministries of Health to select the facilities in which these microscopes will be placed. Microscopes were presented to the states

on the basis of one per secondary health facility in each state's LGA, and an additional one for a tertiary facility in the state. SFH presented the microscopes in a mini-ceremony to which the State Commissioners of Health, Roll Back Malaria managers and the contact medical officers of the selected health facilities were invited. Representatives of the receiving health facilities were on hand to receive the microscopes and to ensure that the commodities reach the centres and are used for what they are intended.

The collaborations with the States are serving to make the public aware of the commodities' availability, and further provide necessary linkages between Primary Healthcare Centres and other higher levels of care.



Capacity Building for Health Reporters

A one-day capacity building activity was carried out for representatives of the media. This event was part of SFH's capacity enhancement of journalist, who are seen as 'agenda setters' when it comes to voice and accountability of those involved in public health. This session was distinct from previous years' round table sessions because it served as a training opportunity for media representatives, who are crucial sources of information for the public.

The journalists were provided with updated malaria information, and best practices in health reporting was shared with them. It was an opportunity for health reporters to network with each other and garner new information about malaria specifically and health reporting in general. Knowledge tests were

administered to the journalists, pre and post test and this helped to enhance their understanding of the information.

Working with the media to encourage the reporting of accurate malaria information to the public will help the project to achieve its behaviour change communication objective of reaching at least 80% of the population at risk of malaria with BCC messages for awareness and appropriate action on malaria prevention and treatment. SFH has noticed more balanced and structured reporting on Public health especially malaria issues by the journalists as a result of this capacity building and subsequent follow up activities.

2012 World Water Day Commemoration



Like all previous years, World Water Day this year, was marked to remind us that much of the world still faces a global water, sanitation and hygiene crisis and also to focus attention on the importance of fresh/clean water and also to advocate for the sustenance of fresh/clean water sources. International World Water Day is held annually on 22nd March as a means of focusing attention on the importance of fresh/clean water and advocating for the sustainable management of fresh/clean water resources.

SFH marked this year's World Water Day Celebration in 4 States, Akwa Ibom, Cross River, Adamawa and the FCT (Abuja). This event served as an opportunity to promote ESMPIN point of use water treatment namely PUR and Water Guard as over 300 people were reached during the sensitisation workshop in all the locations.

The UN and its member nations devote this day to implementing UN recommendations and promoting concrete activities within their countries regarding the world's water resources. Each year, one of various UN agencies involved in water issues takes the lead in promoting and coordinating international activities for World Water Day.

In addition to the UN member states, a number of NGOs promoting clean water and sustainable aquatic habitats have used World Day for Water as a time to focus public attention on the critical water issues of our era. Participating agencies and NGOs have highlighted issues such as a billion people being without access to safe water for drinking and the role of gender in family access to safe water.

The theme of the 2012 World Water Day is "water and food security." Agriculture is by far the main user of freshwater. Unless we increase our capacity to use water wisely in agriculture, we will fail to end hunger and we will open the door to a range of other ills, including drought, famine and political instability. In many parts of the world, water scarcity is increasing and rates of growth in agricultural production have been slowing. At the same time, climate change is exacerbating risk and unpredictability for farmers, especially for poor farmers in low-income countries who are the most vulnerable and the least able to adapt.

Targeting the more vulnerable populations: Strengthening HIV Prevention Services for Most-at-Risk Populations (SHiPS for MARPs)

On the 23rd of May 2012, USAID/Nigeria entered into a five year cooperative agreement with the Society for Family Health (SFH) as the managing partner of a consortium in an agreement that mandates SFH to implement a project titled Strengthening HIV Prevention Services for Most-at-Risk Populations (SHiPS for MARPs) with the Centre for the Right to Health (CRH), Population Council (PC) and Population Services International (PSI) as sub-partners.

The SHiPS for MARPs project was formally presented to NACA; the forum was used to introduce the SHiPS project and highlight its goal, objectives and scope of work. The consortium team used this avenue to underline possible areas of collaboration with NACA and the need to create an enabling environment at both national and state level for the implementation of the project. This event was followed by advocacy programmes to various state level stakeholders that included the Government of Nigeria, NGOs, civil society groups and networks, law enforcement agencies and implementing partners.

The project responsibility to increased organisational capacity of implementing partners and other local stakeholders to develop, manage, and evaluate effective HIV prevention interventions commenced with assessment of SACA in 12 states across the country. This process commenced with a training workshop on the National Harmonised Organisational Capacity Assessment Tool (NHOCAT) for consortium project on 8 - 10 October 2012. The assessment commenced at the states with advocacy to SACA executives in the phase 1 states (Oyo, Rivers, Edo, FCT, Sokoto, Gombe, Kano, Delta, Kogi, Imo and Abia) and orientation workshop on the utilisation of NHOCAT for this exercise. The orientation programmes was conducted for SACA and other relevant state ministries, departments and agencies; this included state ministries of health, education, women affairs and social development, state agencies, networks and civil society. Following the orientation, state players were encouraged to assess their respective organizational capacities using the NHOCAT based on mutually agreed schedule and timelines. The project finally conducted a verification exercise of

the assessed SACAs in November and December 2012 as scheduled.

The SHiPS for MARPs project implementation will be informed by evidence obtained from research studies and surveys conducted to obtain more insight into the target populations. In order to support programme design and implementation the consortium team conducted training programmes on relevant research studies as contained and approved in the proposal. These research studies will inform programming for MARPs in Nigeria under the project. Participants at the training included the consortium M&E officers and programme team, SACA programme managers and M&E officers. The facilitators for training were PSI/SFH staff and they worked with consortium members to manage the trainings.

The trainings were on the following;

- a. **The application of Framework of Qualitative Survey (FoQUS) to obtain qualitative data on sexual risk behaviours of MARPs conducted 2-6 October 2012, facilitated by Dr. Joseph Inungu (PSI)**
- b. **The Mapping and Size Estimation Survey conducted 8-13 October 2012, was facilitated by Lung Vu (PSI).**



Promoting Sexual and Reproductive Health and HIV/AIDS reduction in Nigeria (PSRHH) book of abstracts
Presentations at international conferences

Targeting the more vulnerable populations: Strengthening HIV Prevention Services for Most-at-Risk Populations (SHiPS for MARPs)



The field work for qualitative study targeting Most-at-Risk Population was conducted in Lagos, Kano, Rivers states and the FCT respectively. For each target group Focused Group Discussions (FGDs) and In-depth Interviews (IDIs) were conducted. The data collection, collation and analysis were conducted to inform programme design and implementation.

The field work for mapping and size estimation study were conducted for Oyo, Kaduna, Delta and Rivers states respectively. This exercise commenced with a training of respective state study teams and formation of state technical teams. The level 1 of the study involved the use of key informants to identify MARPs hot-spots within the states; and Level 2 of the study involved verification of identified hot-spots from Level 1.

State technical teams were set-up to coordinate and support the implementation of size estimation and mapping exercise. The project will extend the mapping exercise to other states following lessons learnt and best practices from the pilot exercise.

The project also conducted a review on sex workers in Nigeria.

The objectives of the review is to better understand female sex workers and the sex work industry in Nigeria; understand female sex workers' sexual behaviour and attitudes including condom use, drug/alcohol use, health seeking behaviour, alternative sources of income and sex worker vulnerability; identify areas of motivation to behaviour change including values, aspirations, beliefs, role models and communication patterns of female sex workers in Nigeria; understand what motivates and sustains sex work in Nigeria and examine current interventions among FSW in Nigeria.





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Phase 2, GF-Round 9 Grant signing ceremony (Left to Right): Prof. Shima Gyoh, President SFH BOT; Dr. Fatai Bello, CCM Secretary; Prof. John Idoko, DG NACA; Rt. Hon. Anyim Pius Anyim, SGF; Prof. Onyebuchi Chukwu, Hon. Min. for Health.

The Global Fund in 2010 consolidated all its HIV grants in Nigeria which resulted in the merger of previously existing Rounds 5 and 8 with the newly approved Round 9 grant (2010-2015). The newly consolidated grant is expected to run in two phases: Phase 1 (2010-2012) and Phase 2 (2013 - 2015). The total value for both Phases of the grant is over \$42million.

As one of the Principal Recipients' (PR), SFH is responsible for implementing three major service delivery areas of the grant:

- ✔ Provision of HIV counselling and testing (HCT) services,
- ✔ Promoting behaviour change through the mass-media
- ✔ Promoting community specific interventions among Most at Risk Persons (MARPs).

HIV COUNSELLING AND TESTING (reporting period January – September 2012)

HCT services were implemented in 36 states of the federation and the Federal Capital Territory. Key targets achieved are;

- ✔ 559 out of the targeted 628 sites provided quality services for counselling and testing according to national guidelines (89% achievement).
- ✔ 752,476 men and women 15 years and above were counselled, tested and received results. This represents a 162% achievement rate against the target of 465,912.

BCC MASS MEDIA

- ✔ Aired HIV/AIDS campaigns on radio and television in four languages (Pidgin, Hausa, Igbo and Yoruba). Specifically, these campaigns are geared towards addressing HIV&AIDS prevention, risk reduction, myths & misconceptions, and to promote the demand for services, especially PMTCT and HCT. The campaigns were aired on both National and State stations in all 36 states and the Federal Capital Territory.

Most-at-Risk Persons (MARPS) Programming

- ✔ At the end of Q9 reporting period i.e. July-Sept. 2012; 19,743 MARPs were reached as against a target of 20,276 with comprehensive HIV prevention education using MPPI resulting in a 97% achievement of target.
- ✔ A National draft guideline for drug treatment and rehabilitation services in the country was developed through the National Mental Health Action Committee with the support of FMOH.
- ✔ SFH signed MOUs with two Federal Neuro-Psychiatry Hospitals (Lagos and Kaduna) and commenced clinical and facility upgrade for provision of improved mental health services in the country.

Enhancing Nigeria's Response to HIV & AIDS (ENR) Programme



ENR is a six year, Integrated HIV Prevention and Institutional Strengthening Programme funded by the United Kingdom's Department for International Development (DFID). The Programme started in January 2009 and is due to end December 2014. The programme aims to improve the access of those most vulnerable to infection to effective HIV&AIDS prevention, treatment, care and support information and services. SFH is the lead consortium partner.



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NHOCAT Launch by the DG NACA, Prof. John Idoko (Centre) supported by the Director of ENR, Dr. Omokhudu Idogho (Right) & the Director of MSH.

Sustainability for ENR Response

There have been a number of efforts to ensure sustainability of the IPC work beyond ENR in response to the last annual review. In Benue, Kaduna and Ogun States for example, agriculture extension workers have been trained to conduct IPC work as part of the extension field work. In these states IPC work is now taking place in additional LGAs not supported directly by ENR.

SFH through the ENR programme supported the harmonisation of the national organisational capacity assessment (OCA) tools for the country which led to a more objective assessment tool called the National Harmonised Organisational Capacity Assessment Tool (NHOCAT). The NHOCAT comprises various assessment domains and the result (presented as weighted aggregate score) provides an indication of the institution's capacity; the higher the score, the stronger the institution.

ENR has continued to support NACA in actualising the plan of establishing a National HIV and AIDS Resource Centre (NHRC) which serves as a virtual library, in Abuja. A key outcome of ENR support is bringing a number of stakeholders to work collaboratively on the process. While USAID supported the virtual component, the World Bank

HPDP supported select infrastructure, NACA and ENR in addition to convening and coordinating the process also contributed to the physical and Information system infrastructure. The centre has been formally launched and the process of integrating the virtual and physical component will take place in 2013. ENR will continue to provide technical assistance to NACA staff for the first six months in 2013 to manage the day to day operation of the centre.

In three ENR States (Ogun, Cross River, Nasarawa) 85 CSO were equipped with skills and tools on the use of evidence-informed HIV&AIDS prevention methodologies. Overall the programme trained 245 CSOs on the use of evidence informed HIV prevention methodologies in 5 ENR focal states. In Ogun and Akwa Ibom States, State Agency Laws were only recently passed after significant efforts from ENR. Out of the 36 States and FCT Abuja only 5 States in Nigeria have anti-stigma laws and they are all ENR States.

The 14 radios and 13 television station ENR partners cumulatively led to HIV related programming reaching 33% of radio audiences and 19% of television audiences in the ENR States and contributed to increased knowledge of HIV prevention. By the third quarter of 2012, it was estimated that 2264 messages have been aired by the partner stations which include radio and TV spots and magazine programmes worth about NGN 113,352,820.00 all free to the ENR programme.

Enhancing Nigeria's Response to HIV and AIDS (ENR) Programme



Experience and learning from community level interventions in the states is shaping ongoing HIV prevention work by the SACA, CSOs and other state actors. SFH, through ENR is actively supporting the uptake of these various methodologies and working with the states to better understand how evidence based HIV prevention methodologies are applied in the field. In 2012, activities have been focused on strengthening interventions directed at the general population.

Community level prevention interventions to increase knowledge were successfully implemented in all focal states. Highlights of community level interventions show that a total of 326, 182 direct community level sessions were conducted through the various types of interventions and **5,067,778 interpersonal contacts** were made in 2012.

A total of 212,795,064 male condoms were distributed and used this year. This reflects a 106% achievement of the programme milestone for 2012.



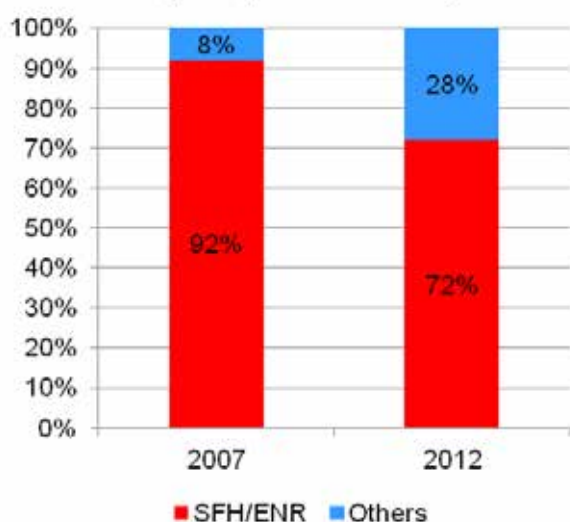
© SFH

The Nigerian condom market: Growth and Opportunities

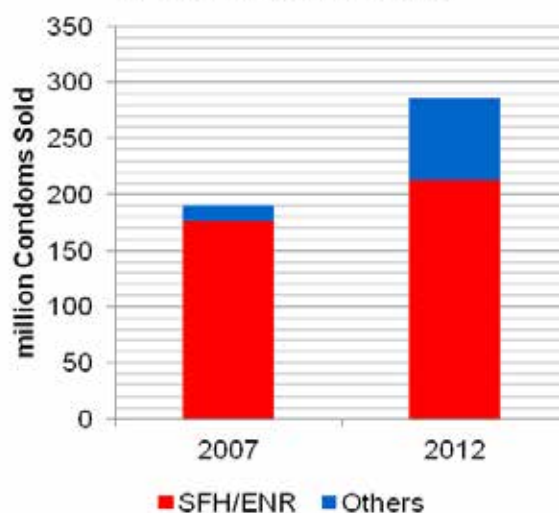
In 2007, SFH contributed about 92% of the condom market in Nigeria. This was through the sale/distribution of 176 million condoms out of the total market volume of 191 million condoms. However, with the enabling environment provided by SFH, other suppliers have now entered the market. Presently, the volume of the SFH sales in the country has increased to 211 million condoms but the market share is now at 72%.

This implies that the total market for condoms has increased significantly and is estimated to be about 286 million condoms. There are now about 250 brands of condoms in the market as against the 107 brands in 2007 with the commercial segments of it increasing while the social marketing component is gradually decreasing. SFH through the support of its donors has grown the total market for condoms in Nigeria (see graph below).

Market Share of Condoms Sold in Nigeria (2007 and 2011)



Number of Condoms Sold in Nigeria (2007 & 2011)





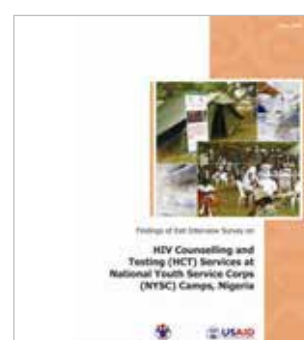
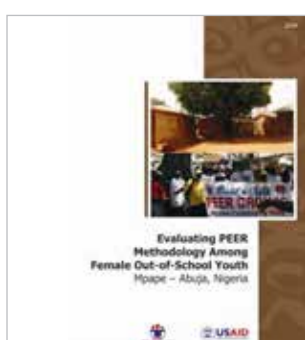
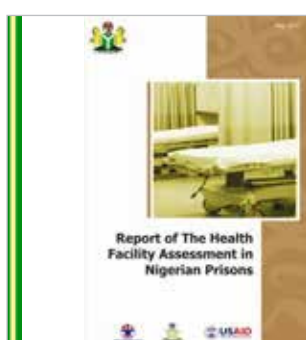
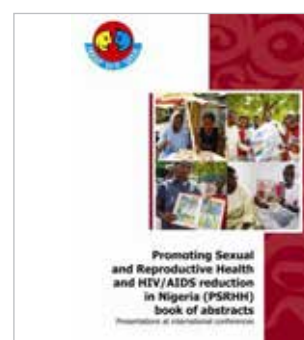
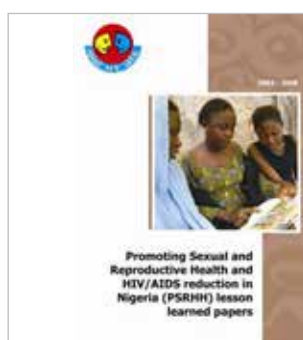
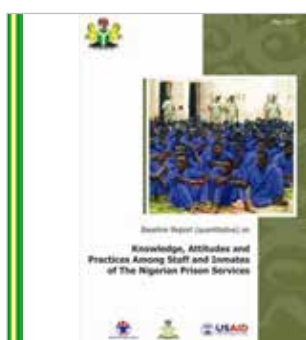
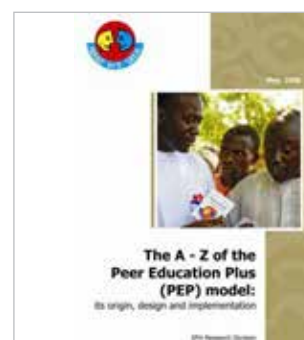
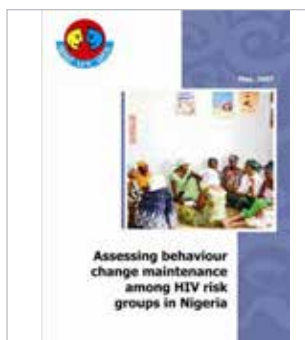
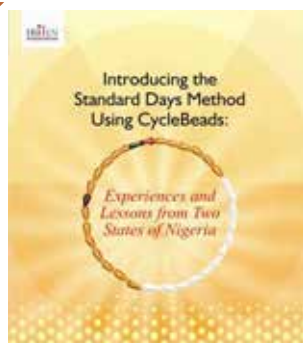
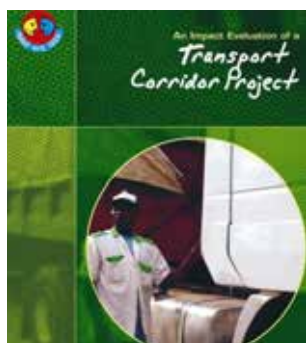
Evidence based findings for programmatic decisions

Over the years, Society for Family Health has provided unrivalled quality of evidence for decision making both for SFH interventions, for the Government and other partners and donors who rely on research for national and programmatic planning. SFH uses the District Health Information System (DHIS) platform to collate and transmit routine management information systems data from the field to the zonal offices and subsequently to the head office.

In 2012, SFH's robust Research Division and Measurements & Results provided expertise to achieve the following studies:

STUDY	CONDUCTED BY	OBJECTIVE
RDT Feasibility	Global Fund Malaria	<p>The study describes the process of determining the feasibility of lower level health workers mainly (PPMVs) to perform malaria RDTs in a private health system setting in Nigeria</p> <p>OUTCOME: The study will further improve access to malaria treatment through an efficient use of RDTs among the lower level health workers</p>
REMEDI - Rapid Examination of Malaria and Evaluation of Diagnostic Information study	Global Health Group of the University of California, San Francisco and Global Fund Malaria/ Research Division of Society for Family Health with funding from Exxon Mobil	<p>The study measured the prevalence of malaria among purchasers of antimalarial drugs at private drug shops in Oyo State.</p> <p>The study also assessed the acceptability of providing RDTs to customers seeking malaria treatment in private drug shops and determined the key demographic, socioeconomic, and behavioural correlates of adherence to RDT results</p>
ACTWatch Household Survey	SFH and Population Services International (PSI)	<p>The objective of the household survey component is to monitor consumer treatment-seeking behaviour including choice of antimalarial, and price paid for treatment</p> <p>OUTCOME: Data from the household survey are also used to identify determinants of prompt, appropriate treatment behaviour</p>
NARHS Plus - The National Sexual and Reproductive Health and Serological Survey	Federal Government of Nigeria with support from SFH	<p>The survey's objective is to obtain accurate HIV prevalence estimates and information on risk factors related to HIV infection at the national, zonal and to some extent at state levels. The survey which is nationally representative, sampled females aged 15-49 years and males aged 15-64 years living in households in rural and urban areas in Nigeria was conducted across the 36 states and FCT.</p>
Media Impact Survey	Research and Strategic Behavioural Communication Divisions	<p>The nationwide survey measures basic knowledge on modes of transmission and prevention of HIV based on HIV messages aired on radio and television across Nigeria</p>
MARPS Estimation Survey – Most-at-Risk Population Size estimation survey	National Agency for the Control of AIDS (NACA) & SFH	<p>Conducted in Jigawa, Adamawa, Katsina, Enugu, Akwa Ibom, Bauchi, Osun, Ekiti and Ogun States; the survey sought to determine locations and estimates of MARPS, their typology and mode of operation, so as to provide evidence for programming among MARPS in Nigeria</p>

Evidence based findings for programmatic decisions



Evidence based findings for programmatic decisions

SFH's Research Division continued partnership with the Federal Government of Nigeria by providing much needed and notable research support to National Programmes such as below:

Joint National Data Quality Assessment (DQA)

Support for the National Monitoring & Evaluation (M&E) system from SFH was provided through the Global Fund HIV Round 9 project. SFH supported the implementation of the Joint National HIV Data Quality Assessment which is conducted annually with coordination by the National Agency for the Control of AIDS (NACA), Federal Ministry of Health, implementing and development partners. It is aimed at reviewing data, M&E processes and systems to ensure compliance with set standards. It is also used to build capacity, make recommendations and provide support where necessary.

Knowledge Management & Skills Transfer

Strengthening of personnel capacity on record keeping at service delivery points has improved the quality of data retrieved from health facilities. M&E training was conducted for health workers from Global Fund Malaria-Supported Health Facilities across Nigeria. The training was aimed at building the capacity of health workers on record keeping, documentation, data capturing and reporting, as well as to facilitate knowledge and skills in data management and programme monitoring and evaluation.

Contributing to World Body of Knowledge: L' Series

L' series was launched by SFH's Research and Evaluation division to serve as a reference material on recent health research communicated in simple languages easily understood by programme managers and policy makers without losing their scientific values.



Warehouse Operations-Gold Circle condom packaging

A visible period for SFH

Society for Family Health delivered creative messages in HIV&AIDS, Malaria, Clean Water Systems among others, as informed by research and programme divisions.

The year was particularly exciting as SFH, working with TBWA, a partner advertising agency developed scripts for television and radio spots addressing various issues impeding the prevention of HIV transmission among the general population. From a standpoint of entertainment and education these spots delivered messages targeted at; reducing stigma against those living with the HIV virus, preventing mother to child transmission, addressing appropriate knowledge of modes of transmission of the virus, etc. The scripts were later given life by a production team led by Zack Amata, a popular TV drama personality in Nigeria. Crisscrossing various semi urban locations around the Federal Capital Territory, looking for the environment that will provide the apt abode for the poor and vulnerable population which SFH exists and works for; the production team delivered 16 TV spots in four main Nigerian languages (including Pidgin English).

Turning away from HIV prevention, SBC also supported the ESMPIN project to produce various radio spots in Pidgin and Hausa in their quest to push back the frontiers of ignorance in dealing with issues around family planning, diarrhoea prevention and treatment (ORS and Zinc) and in malaria prevention and treatment. A total of 16 radio spots were developed, with eight in Pidgin and eight in Hausa. The spots for both languages follow the same themes and health areas in both languages, and the scripts were designed to be culturally appropriate for the different target audiences.

SFH spots were quite visible on the broadcast media as several campaigns were run during the second half of 2012. There was the Gold Circle campaign on TV and radio; the Global Fund HIV prevention campaign, also on TV and radio; and the ESMPIN radio campaign. Each of these ran for twelve weeks. Earlier in the year the popular SFH radio drama series called 'One thing at a time' was aired for 26 weeks.



© Ben Williams - SFH

Production team on location with director Zack Amata

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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The SFH warehouse in Lagos State hosted high-level guests - members of the Federal House of Representatives Committee on HIV&AIDs, STIs and Malaria led by its chairman Hon. (Dr) Joseph Kigbu representing Lafia/Obi Federal Constituency in Nasarawa state. The visit which was part of the committee's oversight role on HIV&AIDs prevention and control in the country was to provide the lawmakers with firsthand information on how the

Condom Quality Assurance Laboratory functions and the challenges faced in condom testing as well as other issues related to condom quality in the country. The committee was quick to commend SFH for supporting and ensuring that the Condom Quality Assurance Laboratory has been running effectively over the years.

Success story: New warehouse for SFH and capacity building of PSI partners

After about nine months of intensive construction work, *Omolara Aries Nigeria Limited*, the contractor handling the construction of SFH new warehouse in Ota, Ogun State handed over the completed warehouse to SFH.

© SFH



Omolara Aries Nig. handing over the completed warehouse to SFH Board

SFH board members, some members of the executive management and representatives from SFH partner, Delta Design partook in the handing over of seven newly completed warehouses measuring approximately 7,300sqm. The keys to the completed storage section and the packaging sections of the warehouse were officially handed over to SFH with praise for the principled worth-while partnership between SFH, Delta Design and *Omolara Aries Nigeria Limited*

The SFH Lagos warehouse also hosted some board members from PSI platforms in Cote d'Ivoire and Benin republic who came to share and learn from our successful social marketing programme. During the visit, they were taken through a tour of the warehouse.

© SFH



Hon. Justice (Mrs) I.C. Nzeako (2nd right) and Executive Management on a tour of the warehouse

The SFH Lagos Warehouse is a shining beacon to partners all over the world as it also entertained board members from PSI platforms in Benin Republic and Cote d'Ivoire who paid the warehouse a "learning and experience sharing visit" to find out what can be learned from the SFH warehousing, logistics and packaging experience and also share what obtains in their own platforms.

Partners & Donors

Main Partner



Population
Services
International

Partners

- ✔ ActionAid International
- ✔ Africare
- ✔ Association of Civil Organisations in Malaria Control, Immunisation & Nutrition
- ✔ BBC Media Action
- ✔ Benguela Pty
- ✔ Centre for the Right to Health
- ✔ Coca Cola Africa Foundation
- ✔ Comic Relief
- ✔ Community Based Organisations
- ✔ Crown Agents
- ✔ Family Health International
- ✔ Federation of Muslim Women Association of Nigeria
- ✔ Grameen Foundation
- ✔ International Finance Corporation
- ✔ London School of Hygiene & Tropical Medicine: Informed Decisions for Actions in Maternal & Newborn Health (IDEAS)
- ✔ Marie Stopes International
- ✔ Medical Credit Fund
- ✔ National Union of Road Transport Workers
- ✔ Options Consulting
- ✔ Pact
- ✔ Pathfinder International
- ✔ PharmAccess
- ✔ Planned Parenthood Federation of Nigeria
- ✔ Population Council
- ✔ SafeCare
- ✔ Save the Children
- ✔ Shell Petroleum Development Corporation
- ✔ Transaid
- ✔ UNAIDS
- ✔ University of California, San Francisco: Global Health Group
- ✔ University of Ibadan
- ✔ Vital Waves

Donors

- ✔ Bill & Melinda Gates Foundation
- ✔ United Kingdom Department for International Development (UKAid)
- ✔ Chevron Texaco
- ✔ Exxon Mobil
- ✔ Global Fund to fight HIV & AIDS, Tuberculosis & Malaria
- ✔ Nigerian Bottling Company
- ✔ Nigerian Liquefied Natural Gas (NLNG)
- ✔ Oxfam Novib: World Population Foundation, I+solutions and the Dutch Ministry of Foreign Affairs
- ✔ Population Services International
- ✔ Procter and Gamble
- ✔ Shell Petroleum Development Corporation
- ✔ The Nigerian Government
- ✔ United States Agency for International Development (USAID)





Enhancing Women's Health and Promoting Family Well-being

Happy Mothers' Network

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