

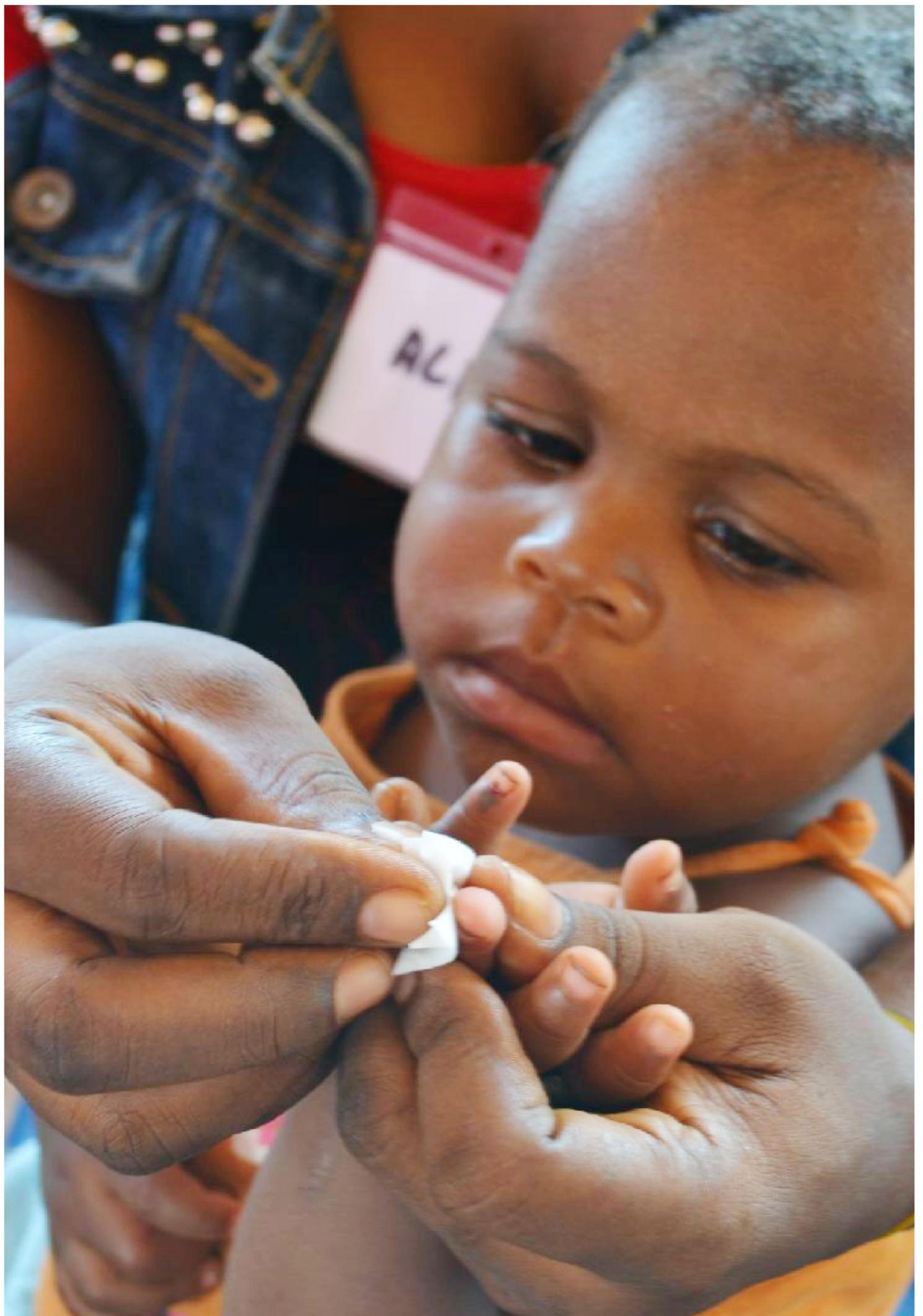
2014-2015 ANNUAL REPORT

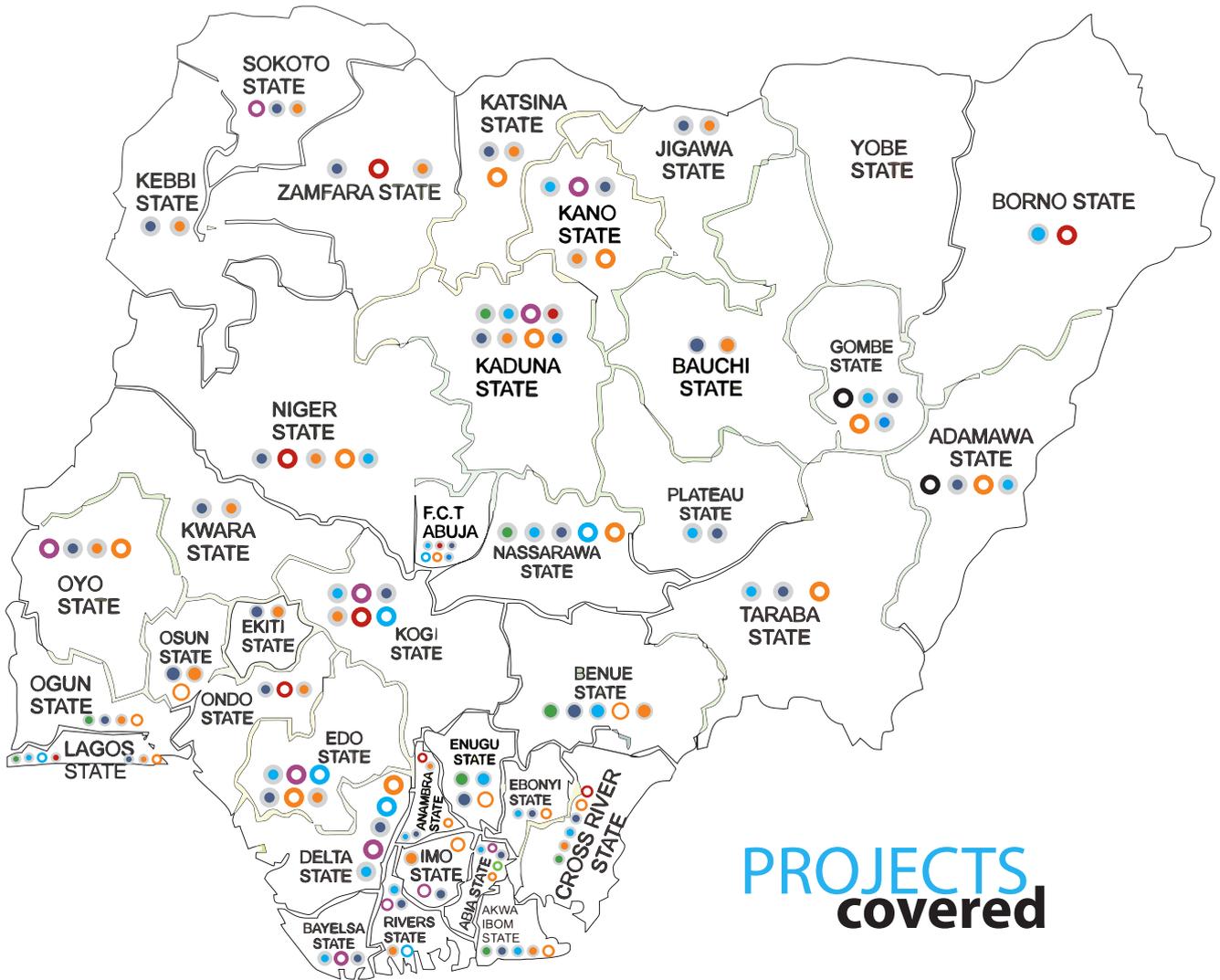


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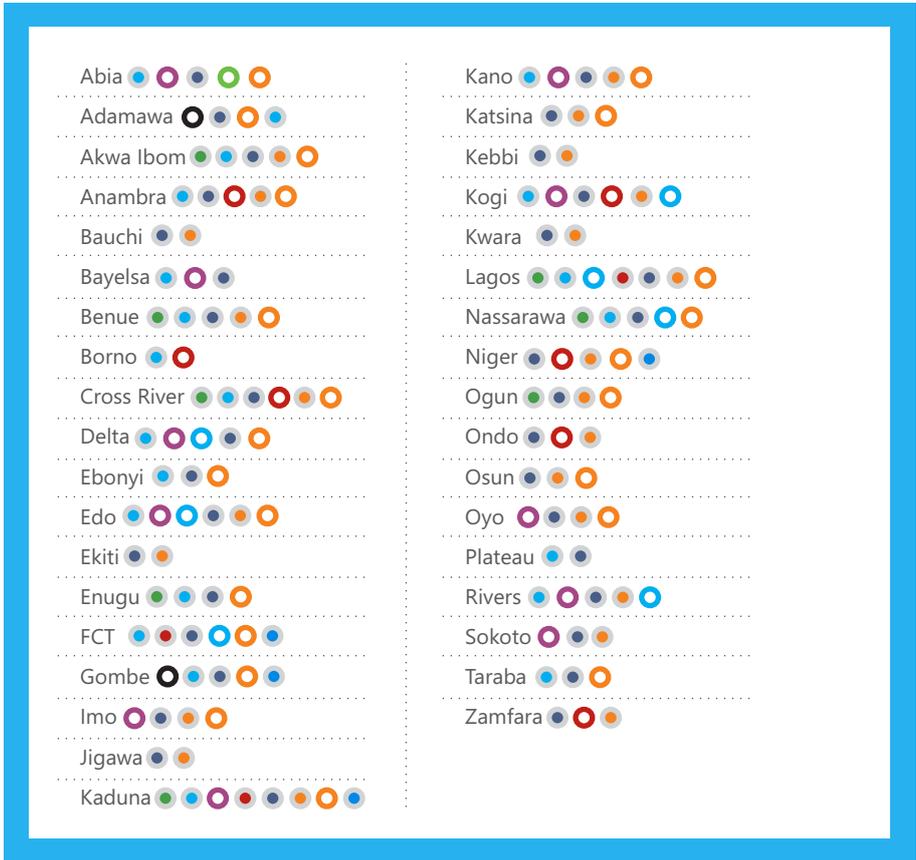
Society for Family Health
Creating Change, Enhancing Lives





PROJECTS covered

- SFH Offices
- AHME
- CCS & PT
- ENR
- ESMPIN
- GF HIV
- GF M
- MNCH
- NGLCGM
- RAcE
- SHiPS for MARPs
- UAFC
- WHP





Hon. Justice Ifeyinwa Nzeako
HOUSE

Federal Capital Territory
Head Quarters

8, Port Harcourt Crescent
Gimbiya Street, Area 11
Garki, Abuja.

Tel: 0709 822 1440
0709 822 1445
0709 822 1447

SFH Otta Warehouse
Field Office Plot 1, 24, 26 and 27, Ogun State Housing
Estate, Off Idiroko Road, Otta, Ogun State

No 4, Bauchi Road, GRA
Gombe **Tel:** 08129940360
08035983371

2B Oyetola Street,
Off Ajanaku, Off Salvation
Bustop, Opebi Ikeja, Lagos.
Tel: 08129940449 | 08037007790

11/13 Ezillo Street,
Near Brown and Brown Centre,
Independence Layout, Enugu.
Tel: 08129940463 | 08037866343

No 30. Farm Center Lane,
Masalachi Crescent
Off Sokoto Road, Kano
Tel: 08129940461 | 08038078890

26, Bale Akintayo Street,
Jericho, Ibadan.
Tel: 08129940599 | 08035769942

No. 7 Okoro Agbor Street
Off IBB way, Calabar.
Tel: 08129940536

Behind Karewa Primary School
Karewa/Maskare Layout Jimeta
Adamawa State.
Tel: 08129940523 | 08036195077

Benin Regional Office
14 Gapiona Street, off Benoni, GRA,
(accessible from Airport) Benin City
Tel: 08129940581 | 08033923252

No. 6, William O. Ajikere Street
Off Stadium Road, by Rumuola Link
Road Port Harcourt, Rivers State.
Tel: 08129940535 | 08023253205

Old Airport Area, Off Gusau Rd.
Opposite Sultan Abubakar III
Friday Mosque, Sokoto
Tel: 08129934917 | 08056605585

No. 16 Ezekiel Okoya Street, Off
7th Avenue, Gwarinpa, Abuja,
Tel: 08129940423 | 08035957930

No. 7A Belel Close, Off
Ohinoyi Road, Unguwan
Rimi GRA - Kaduna

No. 22 Yiman Ashavar Street Off Terna U fefa
Puusu way Off Pedro Pio Street Judge
Quarter Extension, Gboko Road - Makurdi
Tel: 08129940575 | 08037054413

No 1, Ogo-Oluwa Bankole Close,
Ibara Housing Estate, Abeokuta
Ogun State

Plot LM City Garden Estate
MCC/Uratta Road, Imo State Housing
Co-operation, Owerri.
Tel: 08129940507 | 08033460422

Engr. Musa Suleiman Road, Along
Isa Yuguda Guest House, Off Dass
Park Road, New GRA Bauchi
Tel: 08129940368 | 08036967969

D LINE ITAM EWET
Ewet Housing Estate Uyo,
Akwa Ibom State
Tel: 07035105090

ENR Nasarawa Field Office: Nasarawa
State AIDS Control Agency (NASACA)
Lafia Hotel, Along Shendam Road,
Lafia, Nasarawa. **Tel:** 08035864698

MNCH2 Kano State Project
Tel: 08034516144
Email: ayyaby.yusuf@mnch2.com
yusufiyyah@yahoo.com

MNCH2 Zamfara State Project:
No 2 Maisudan Street, Off
Abubakar Mahmud Gummi
Street, Low Cost T/Wada Gusau,
Zamfara State
Tel: 08036180325
Email: ylawal@sfnigeria.org
yusuf.Lawal@mnch2.com

MNCH2 Katsina State Project
State Ministry of Health, State
Secretariat, Katsina **Tel:** 08069613967
Email: abdullahi.sule@mnch2.com
yasule2014@gmail.com

MNCH2 Yobe State Project
C111, Obasanjo Estate, Gujba
Road Damaturu, Yobe State
Tel: 08036123345
Email: ali.alkali@mnch2.com

MNCH2 Jigawa State Project
Tel: 08039338880 | 08023619363
Email: hamzah.ahmed@mnch2.com
ahmedhmzh77@gmail.com

MNCH2 Kaduna State Project
Tel: 08033418846
Email: zainab.Kwaru@mnch2.com
zainabika@gmail.com



Society for Family Health
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Society for Family Health Nigeria



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SFHNigeria



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Our Profile

Society for Family Health is one of Nigeria's largest indigenous non-governmental organisations. It was founded in 1985 by three eminent Nigerians: Professor Olikoye Ransome-Kuti (late), Justice Ifeyinwa Nzeako (late), Pharmacist Dahiru Wali and Phil Harvey. SFH has its interventions in 35 states and the Federal Capital Territory of Nigeria. Its head office is located at the FCT and has state offices in 19 states.

Mission

Our mission is to empower Nigerians, particularly the poor and vulnerable to lead healthier lives. Working with the public and private sector, we use social marketing and behavior change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviors.

Vision

Our vision is to demonstrate significant impact on HIV & AIDS control, improved Family Planning, control of Malaria and Diarrhea diseases in Nigeria; to improve access to essential health information, services and products nationwide, and to motivate the public adoption of healthy behaviors using evidence-based behavior change communication with a consistent focus on the poor.

Core Values

SFH is a union of people who believe in harnessing the power of the private sector to bring about health benefits to the Nigerian populace. SFH's core values are guiding principles and tenets that describe how the organisation strives to operate:

Service to Humanity: As a non-profit organisation, we are committed to selfless service to humanity, especially the poor and vulnerable throughout Nigeria.

Integrity: We are committed to demonstrating honesty and transparency at all times in our dealings with people and organisations in and out of our own establishment.

Accountability: As employees of a non-profit organisation, we acknowledge an obligation to set and demand the highest standards of accountability in the use of resources entrusted to us by our donors and communities we serve. We accept responsibility for our successes as well as our failures, striving always to do better.

Respect: We recognise and strive to respect the diversity inherent in individuals, organisations and our nation. This principle guides our relationships with clients, colleagues, the people we serve and others.

Professionalism: We aspire and strive to be a learning organisation, basing our strategies on evidence and objective evaluation for continuous improvement. SFH provides hard working and talented individuals with opportunities to grow and give of their best. Performance standards are applied consistently and fairly.

Entrepreneurship: We value creativity and innovation, seeking to transform challenges into opportunities to achieve our vision.

Collaboration: We embrace opportunities for furthering our mission through partnerships with other organisations. We encourage teamwork, communication and participation to maximise the collective efforts of all staff.

Board of Trustees

Professor Shima Kaimom Gyoh (President, SFH Board of Trustees)

Professor Gyoh is a surgeon by profession; he has served Nigeria in various positions as Chief Medical Director, Jos University Teaching Hospital, as Director-General (Permanent Secretary) in the Federal Ministry of Health and Social Services and as Chairman of the West African Health Community Executive Board. Dr. Gyoh is now in private medical practice in Benue State and is also on the board of Population Services International (PSI).

Hon. Justice (Mrs) Ifeyinwa C. Nzeako (late)

Hon. Justice (Mrs) I. C. Nzeako was a former Justice, Court of Appeal, Jos Division. She is a founding trustee of SFH, President Emeritus, National Council of Women Societies, and Nigeria. Hon Justice Nzeako started SFH Nigeria with 2 other eminent Nigerians in 1983. She was previously Vice President, International Council of Women (ICW) Paris, France.

Dr. Ahmed I. Yakasai

Dr. Yakasai is a fellow of the Pharmaceutical Society of Nigeria (PSN) and has been strongly involved in its activities over the years; even serving the Society as Deputy President. He currently runs Pharmaplus Limited, a wholesale practice, as well as Pharmaplus Consulting. He is a fellow of the Pharmaceutical Society of Nigeria (PSN) and consultant to National Agency for Drug Administration and Control (NAFDAC) as well as the National Drug Law Enforcement Agency (NDLEA).

Mr. Kunle Elebute

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

Peter Clancy

He has been the Chief Operating Officer (COO) of PSI since 2000. In addition to being COO, Peter has, at various times in his PSI career, served as Acting CEO, Acting Chief Financial Officer, Director of AIDSMARK, Regional Director for Nigeria, Uganda, West and Central Africa, Latin America and Asia. He has also served as Director of New Business Development. Peter started his career at PSI in the field; he was the Country Representative in Cote d'Ivoire and then in Nigeria in the early-mid 1990s. Peter is a former American Peace Corps Volunteer in Senegal and has a Masters degree of International Affairs from the University of Pittsburgh, and a Bachelor of Science in Foreign Affairs from Georgetown University, USA.

Moussa Abbo

He is the Regional Director for West and Central Africa at Population Services International (PSI). Mr. Abbo has over 20 years experience in leadership and management in commercial and development sectors. As a PSI staff, he served as Country Representative in Cameroon, Haiti and Guyana and as Regional Technical Advisor and Programme Manager for West and Central Africa. He also worked as Deputy Director for a global HIV project, CORE INITIATIVE, in Washington, DC. Before joining the NGO world, he had held top management positions in the private sector. He is a board member of many indigenous organisations in Africa. He holds a BSC in Marketing and has held long and midterm assignments in many developing countries in Africa, America and Asia.

Professor Ekanem Ikpi Braide

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

Dr. Chikwe Ihekweazu

Dr Chikwe Ihekweazu is an epidemiologist and consultant public health physician. He is Managing Partner of EpiAfric (www.epiafric.com), which provides expertise in public health research and advisory services; health communication and professional development. He previously held leadership roles at the South African National Institute for Communicable Diseases and the UK's Health Protection Agency. Dr Ihekweazu has undertaken several short term consultancies for the World Health Organisation, mainly in response to major outbreaks. He also manages Nigeria Health Watch (www.nigeriahealthwatch.com), an advocacy platform for health in Nigeria.

Sir Bright Ekweremadu

An extraordinary leader with over fifteen years of experience in social marketing and managing complex HIV/AIDS prevention, Reproductive Health/Family Planning and Maternal and Child Health programmes. Sir Bright joined SFH in 1993, rose to the position of MD in January 2005. As the Managing Director for Society for Family Health (SFH), Sir Bright has led the organisation to become the first Nigerian NGO to receive direct funding from the US Government. Sir Bright holds a Masters degree in Business Administration (University of Nigeria, Nsukka, 1987) and a Bachelor of Science degree in Management (University of Nigeria, Nsukka, 1982). Sir Bright is also a Knight of John Wesley in the Methodist church. He is highly motivated, result driven and very passionate about his job. He employs these qualities effectively in steering the ship of governance in SFH.



Posthumous Commendation

Justice Ifeyinwa C. Nzeako

As William Shakespeare put it in his great work Julius Caesar; "when beggars die there are no comets seen; the heavens themselves blaze forth the death of princes." This is one such death. Justice Ifeyinwa C. Nzeako, our princess, our benefactor, and our matron has gone to rest with her creator. Justice Ifeyinwa Nzeako was not just a founding member of our Board of Trustees; she was in very simple terms, a mother to us all at Society for Family Health. We have been told how she, alongside late Professor Olikoye Ransome-Kuti, Mallam Dahiru Wali and Phil Harvey nurtured the idea of and midwived a great organisation that will affect the lives of the poor and vulnerable populations in Nigeria. From incubation till her death, she worked hard to see that Society for Family Health becomes a strong organisation and the NGO of choice in Nigeria. And her dreams came to pass: Today, from its humble beginnings with staff strength of 2, SFH boasts of over 1000 Nigerians in its service, courtesy of her vision, passion for the poor and her commitment to Nigerians. You can imagine how many homes she has touched via her commitment to service and voluntarism. Her vision of a sustainable SFH propelled us towards the achievement of our SFH head office building in Abuja and the definitive 7,500m² state of the art warehouse in Ota, Ogun State.

As a mother to us all at SFH, she always had a listening ear to our solicitations. We always looked forward to those occasions when she would have a one to one discussion with every staff member that was around her, asking questions and listening carefully to our views. Our annual management retreats and the periodic BOT meetings provided those opportunities where she would tirelessly mentor us, irrespective of the level of staff member or the issue.

Mama was a tireless defender of the rights of the woman, the vulnerable and the down trodden. She was an optimist to the core. A thoroughbred lawyer, an erudite judge, and above all, an epitome of motherhood, Justice Nzeako stood tall amongst her peers. Even as a colossus in terms of achievements, Mama's humility was infectious, so much so that you cannot but be humbled by her meekness.

A role model and a reference point of how to be a Justice of the higher court, her integrity was as transparent as an open book, for all to read. She lived a life worthy of emulation, indeed. Mama's love and respect for humanity is evident in her strong belief that you cannot say you are rich when people around you are suffering and hungry. Her magnanimity knew no bounds, as she gave freely to everyone in need.

Justice Nzeako was also a peace maker that ensured that every matter was peacefully resolved to the satisfaction of all parties. As mere mortals, we have relished our association with Mama. We continued to enjoy her large heartedness. We watched her age gracefully but we never imagined that she was going to leave us this soon and so suddenly. We desired that we would have her around for much longer, so we could continue to benefit from her wealth of experience. But at last, it happened. We take consolation in the fact that she lived well, in every material particular. She ran a good race, with various accomplishments to her credit that posterity will surely remember her for, especially with the Society for Family Health. She kept the faith.

That reassuring voice that lifts you up when you are down, that motherly care and advice that counsels us and spurs us to greater heights, that warmth and affection that brings us all together at SFH, is no more. The vacuum is a big one. We pray God to grant her family – the Nzeakos and Nwokolos, Society for Family Health, the judiciary, the Ogbunike and Oraifitte communities, the fortitude we all need to bear the loss.

Adieu Mama. Requiescat in pace.

Foreword



Professor Shima GYOH
President, Board of Trustees



Driven by the vision of our founding fathers, we have remained focussed on our goals of empowering the poor and vulnerable populations to lead healthier lives. Through thick and thin we drive to ensure healthier lives for the teeming poor and vulnerable populations. The years 2014 and 2015 were not particularly an exciting period for SFH, as we welcomed the end of the DFID funded HIV Prevention Project, Enhancing Nigeria's Response, ENR. Even though we delivered on the project goals and scored highly on assessment, we were forced to lay off staff that could no longer be covered as a result of the end of the project and the absence of a follow on project by the end of 2014. Perhaps for the first time, we were forced to part ways with our colleagues and friends who had been part of us for some time. Emotions were quite high.

As can be seen from the reports of achievements in 2015, here captured, the events of 2014 did not deter our staff as they carried on in 2015 to deliver on project goals. We shall continue to work hard at attracting and keeping quality personnel.

Our donor base has not reduced, even with the changing environment. SFH has continued to earn and sustain donor confidence. This is key to our survival in the sector. It is important that SFH as an organisation continues to work under the highest ethical standards.

To underscore our zeal and perseverance as an organisation that is focussed, we remain dogged in the things we do. Our doggedness has also continued to propel us to deliver on our core *raison detre*, health impact. In 2014 and 2015, SFH products achieved 21,520,072 Disability Adjusted Life Years, DALYs, and contributed 6,164,418 Couple Years of Protection, CYP, cumulatively. These are indicators that SFH is indeed committed to serving the underserved populations.

We remain eternally grateful to our donors, USAID, DFID, The Global Fund, Bill and Melinda Gates Foundation, Anonymous Donors, through Population Services International and others. It is also important to recognise the contributions of the SFH chain of wholesalers who support and ensure that our numerous products reach Aisha in far flung locations. Our various consortium partners who have collaborated with us to prospect for funding and also deliver on project goals are also our sources of strength. SFH is here because you are there for us. We cannot forget the assistance of the Federal Government of Nigeria through the various MDAs who have been supportive of our operations. SFH will continue to cherish and keep these relationships that have helped us to be where we are today.

Overview



Sir Bright EKWEREMADU
Managing Director

As one of the leading NGOs in the public health sphere in Nigeria, Society for Family Health is committed to contributing to the reduction of the burden of disease and creating awareness on how to lead healthier lives, among the general populace in Nigeria. Our focus has not wavered as we have grown with the times and evolved our methods of delivering quality, accessible and affordable interventions in our coverage areas.

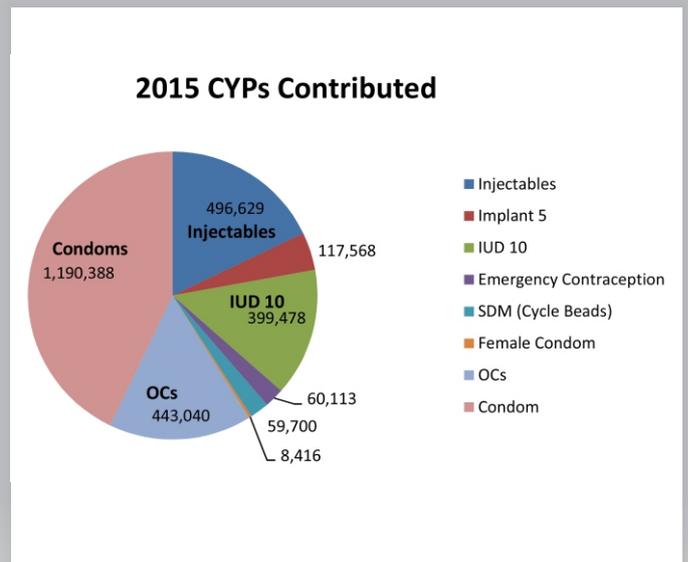
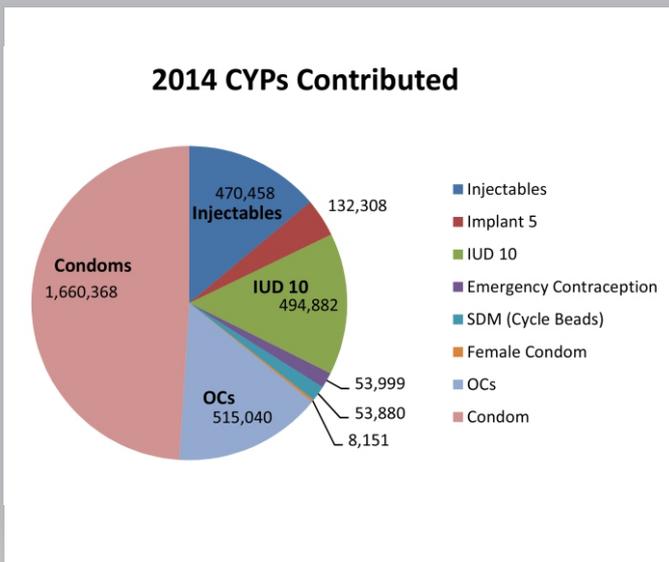
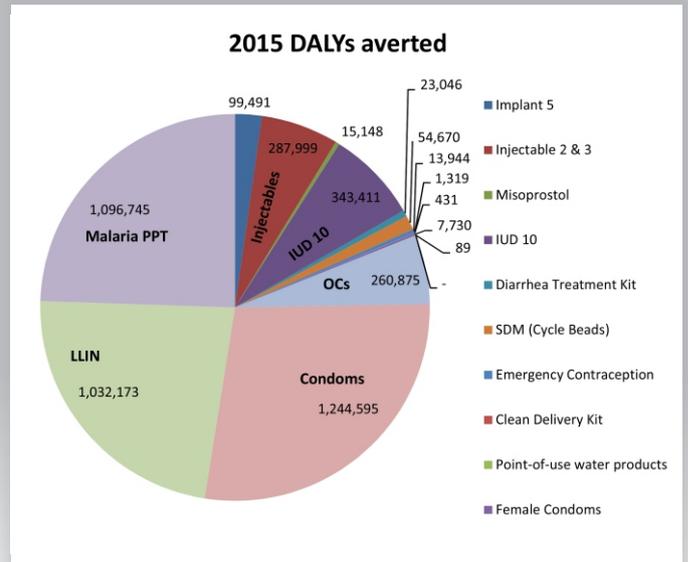
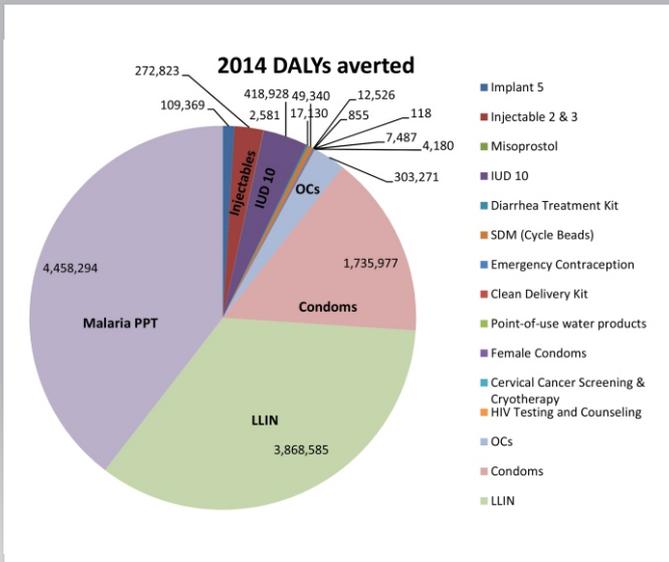
Our efforts towards improving child survival and the overall health of the family continue to yield positive results. The Expanded Social Marketing Project in Nigeria, ESMPIN, in the reporting period generated 5,369,804 Couple Year of Protection (CYP) through the sales of child spacing commodities. In addition, 26,259,900 litres of water were treated through the sales of Point of Use (PoU) water treatment products. ESMPIN also played a key role in the commencement of the integrated community case management of childhood illnesses (iCCM) pilot in Ebonyi State. This will go a long way in informing policy on the role of the private sector in health service delivery in Nigeria. In a bid to promote Diarrhea prevention, treatment and Oral care, Unilever partnered with SFH and Population Services International to pilot a 3 months 'Sunlight Village' intervention in 3 states of Nigeria (Imo, Ogun and Anambra), with a health objective to drive behaviour change and increase the use of a basket of products containing brands from both Unilever and SFH. The encouraging results of the findings have seen to the scale up of the intervention to 10 communities in Enugu and Oyo States.

Capacity building of service providers has consistently improved quality of service delivery. This has remained a constant lesson learned especially from the interventions carried out by our Social Franchise unit. The results of implant insertions alone have contributed in averting 147,979 DALYs and this is a result of our partnering with private health facilities.

With 2014 marking the end of the Enhancing Nigeria's Response to HIV & AIDS prevention project (ENR), an extension grant focused on commodity social marketing of Gold Circle condom based on the DFID cost recovery model is in effect and will end in 2016. The adoption of this model has contributed to building our capacity on how to manage SFH products devoid of donor backing such as Postinor 2, Water guard Plus, Perma-Net and Pur. Even though activities were scaled down to 8 priority states in 2014; the SHiPs for MARPS project; has been able to identify new communities in the PEPFAR locations of Akwa Ibom, Cross Rivers, Lagos, Kaduna, Nassarawa, Benue and the FCT. Trained community facilitators have been deployed for maximum saturation and service delivery. Other projects such as the Bill & Melinda Gates funded Maternal and Neonatal Health Care project have taken a definite step towards ensuring sustainability by adopting the national road map concept of 'Village Health Workers', as a result of lessons learnt while working with community volunteers. The Call Centre which was hitherto being managed by the project has been handed over to the Gombe State Government so that its full potential can be utilized.

Clearly we have come along steadfastly towards the realization of our 3rd strategic plan which is sustainability for the long term. SFH remains a relevant key player in implementing impactful, cost effective health interventions through the use of social marketing, behaviour change communication and research. Once again I want to encourage all of us to remain committed to the vision of our founding fathers while finding more innovative ways to contribute to sustenance of our beloved organization.

SFH IMPACTS



SFH
interventions from
Pre conception
to Geriatrics

.....
**SFH CARES AT
EVERY STAGE OF LIFE!**

**Pre Conception
Health**

ESMPIN | WHP | UAFC | AHME



**Maternal &
Newborn Health**

MNHC | GFM | ESMPIN | AHME



Child Health

MNHC | GFM | ESMPIN | RAcE



Adolescent Health

GF HIV | SHiPS for MARPs
UAFC | AHME | ESMPIN



Adult Health

ENR | GF HIV | SHiPS for MARPs
UAFC | AHME | ESMPIN



Geriatrics

ESMPIN | WHP | UAFC | AHME





EXPANDED SOCIAL MARKETING Project in Nigeria

The USAID funded Expanded Social Marketing project in Nigeria generated 5,369,804 Couple Year of Protection (CYP) through the sales of child spacing commodities to Nigerians. In addition, 26,259,900 litres of water were treated through the sales of Point of Use (PoU) water treatment products such as PUR. The sale of these child spacing and child survival commodities translated to 3,129,858 Disability Adjusted Life Years (DALYs) which expresses the number of years of life which would have been lost to ill-health, disability or early death without the interventions implemented by the project. Similarly, the sale of these commodities resulted in 37,383 maternal and 449 child deaths being averted.

In addition, USAID/ESMPIN trained 17,449 Patent and Proprietary Medicine Vendors (PPMVs) across the country. These numbers of trainees added to the pool of health providers who offer quality services aimed at reaching ESMPIN health objectives. Over 6,500 reproductive health and maternal and child health care providers were reached through clinical meetings where presentations on a range of family planning (FP) methods and child survival commodities was conducted. The Community Based Distribution (CBD) strategy in the reporting year continued to gain ground as implementation continued in fifty-five project implementation LGAs in CBD states in the North (Zamfara, Kebbi, Kastina and Ebonyi State). An additional 9 LGAs were identified and community based distribution of child spacing and child survival products were introduced into these LGAs.

ESMPIN also reached a total of 5,324,853 men and women of reproductive age through interpersonal communication (IPC), with IPC agents working across 22 locations continuing to create demand for child spacing and child survival products and services within intervention communities. Radio spots and radio dramas also aired across stations in every state nationwide. With messages on healthy timing and spacing of pregnancy, the interpersonal communication agents successfully referred 210,601 persons to referral health facilities. Approximately 56% of these referrals took up an intermediate or long acting FP method on their 1st visit to the referral facilities.

In collaboration with the Federal Ministry of Health, the 3rd Nigeria Family Planning Conference held with good representation from ESMPIN. A total of 106 abstracts were presented at the conference with 20 of these abstracts coming from SFH. In addition, the project commenced a pilot of an integrated community case management of childhood illnesses (iCCM) intervention in Ebonyi State – a land mark intervention in the private sector and the first of its kind, in close collaboration with the Federal and State Ministries of Health which is expected to inform policy on the role of the private sector in health service delivery in Nigeria. During the pilot, the project trained an additional 295 PPMVs on ICCM, and conducted a pilot study with the support of MalariaCare. Case management has commenced through the PPMVs and will be continuing into 2016.



Women's Health Project

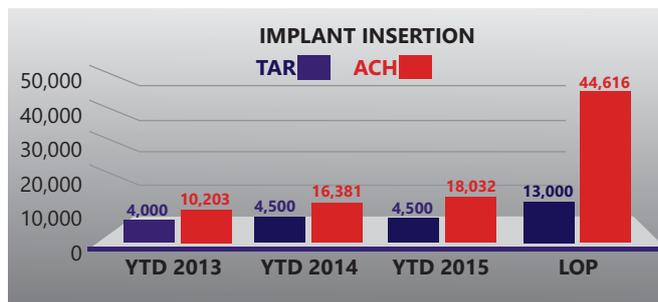
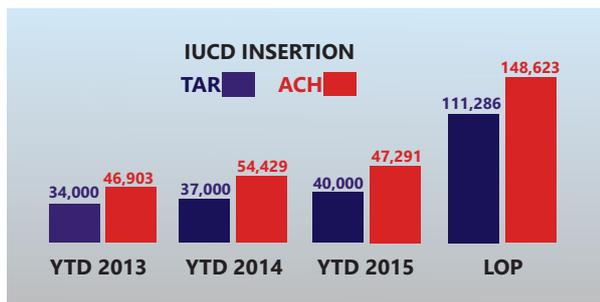
The Women's Health Project which is funded by a large anonymous donor through Population Services International aims to decrease maternal mortality in Nigeria by increasing contraceptive prevalence rate, the utilisation of long term methods of family planning particularly intra uterine contraceptive devices (IUCDs) and expanding women's access to post abortion care services. WHP is a 3-year project which began implementation in January 2013 and ended in December 2015.

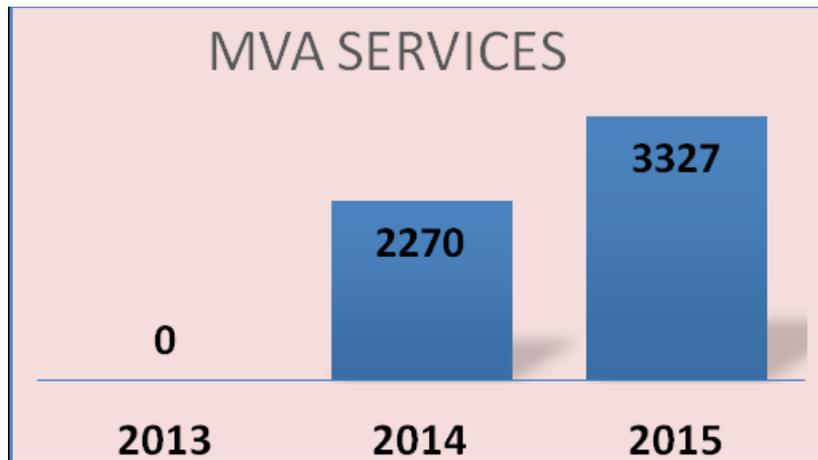
KEY RESULTS (UPDATED TO OCTOBER 2015)

In the 3 years of the project, a number of deliverables were achieved.

1. Long and reversible contraception:

- A total of 148,623 IUD insertions representing 134% of the life of project targets were conducted, which translated to a total of 683,666 couple years of protection (CYPs) and 608,834 DALYs averted.
- Implant insertions through the project came to a total of 44,615 which was an over 300% achievement of the project targets, with 169,537 CYPs generated and 147,979 DALYs averted as a result.
- The internal quality audit of the project was conducted in 300 SFH Health Family Network facilities nationwide and the project had a quality score of 89%.





2. Improve consumers' perception and demand for IUDs

- The interpersonal communication agents contacted over 3.3 million women of reproductive age with family planning messages.
- To improve the quality of IPC programming, a number of capacity building sessions were conducted on communication effectiveness and active listening skill development

3. Increase women's access to post abortion care services

- 128 franchise providers have been trained on the use of manual vacuum aspiration (MVA) for post abortion care and have been providing services to women in the communities. A total of 5,519 MVA procedure for post abortion care have been performed by these trained providers.
- The total number of Misoprostol distributed was 1,817,496 tablets averting 46,346 DALYs.

4. Branding health family network social franchise facilities

- Over 150 franchise facilities have been branded in the healthy family network colours for ease of recognition. Others also received logo branding and support for consumables.
- Franchise providers also received non monetary incentives in form of hospital equipment, as well as sponsorship for international conferences for high performers.



UNIVERSAL ACCESS TO **Female Condoms**

The Universal Access to Female Condom (UAFC) Joint Programme, an initiative of four Dutch organisations, aims to make female condoms accessible, affordable and available for all. Its goals are to contribute to (i) a decrease in the number of unwanted pregnancies and, subsequently, a decrease in the number of maternal deaths (MDG 5); (ii) a decrease in the number of STIs, including HIV transmissions (MDG 6); (iii) an increase in gender equality and women's empowerment in Sexual and Reproductive Health and Rights (MDG 3). The programme was started in 2009, is followed by a second phase that is to end in 2016.

The active phase of the UAFC project ended on the 31st of March, 2015. On the 12th of May, an external evaluation team commissioned by UAFC international visited Abuja and engaged with various stakeholders and other implementing partners to assess the Nigeria country programme. The evaluation team held interviews with project beneficiaries, interpersonal communication conductors and also visited distribution outlets in urban and peri urban locations of the FCT.



ENHANCING NIGERIA'S RESPONSE TO HIV and AIDS

The Enhancing Nigeria's Response to HIV & AIDS is an innovative eight year (2009 – 2016), integrated HIV prevention and institutional strengthening programme, implemented at national level (commodity social marketing), at federal and across eight states. The programme's goal is to contribute to Nigeria's achievement of the Millennium Development Goal 6 by reducing the spread of HIV epidemic and mitigating the impact of AIDS. The expected Outcome of the programme is to improve access of those most vulnerable to infection to effective HIV & AIDS prevention, treatment, care and support information and services. ENR was implemented by a seven member consortium led by the Society for Family health up on till the end of the first phase in Dec 2014. The programme was granted a 2 years extension from 2015 – 2016, focused on commodity social marketing, with SFH as sole implementer in Dec 2014. The aim of the extension period is to reduce the subsidy on Gold Circle condoms and work towards a sustainable business model.

Select achievements at the end of 2014/2015 includes:

1. Comprehensive HIV knowledge increased from 35% for male and 23% for females in ENR states as at 2007 to 45% for males and 38% for females in 2014. This translated to a 28% point increase for men and 64% for women over the life of programme.

	Sex	Baseline: (2007 NARHS)	2014 Target	SHARHS 2014
3.1 Proportion of females and males in ENR states with accurate knowledge of HIV&AIDS prevention using the UNAIDS prevention knowledge indicator	Males	35%	44%	44.8%
	Females	23%	33%	39.7%

BASELINE AND MILESTONE: SOURCE NARHS 2007; SHARHS 2014

2. The proportion of people who received HIV counselling and testing and received results in ENR States increased from 13% (females) and 15% (males) in 2007 to 50% (f) and 44% (m) in 2014 far exceeding the 2014 target of 18% (f) and 20% (m) respectively.

Milestones

	Baseline: (2007)	Baseline: (2012)	2012 NARHS	Target (2014)	2014 SHARHS
Females	13%	16%	37.4%	18%	49.5
Males	15%	18%	30.9%	20%	43.7

3. Anti-stigma and discrimination laws were passed in five states during the six years of the programme with Benue and Ogun states being the last two states in 2014. This means that at the end of Dec 2014 all 7 states with anti-stigma and discrimination laws in Nigeria were all ENR states.

Indicator	2007 Baseline	2014 Target	Achievement in 2014
Number of States with Legislation to protect the rights of people living with and affected by HIV & AIDS	0	5	7 (Lagos, Enugu, Kaduna, Nasarawa, Benue, Ogun and Cross River)

4. The programme had distributed 1.23 billion male and 4.0 million female condoms between 2009 and 2014. In 2014 and 2015, the programme distributed 192 million condoms in 2014 and in the context of reduced subsidy on the Gold Circle brand of condoms, 109 million condoms have been sold of the project 120million target for the year.

5. Table 1: Commodity Distributed in 2013 (January - September 2013)

Products	2013	2014 Achievement	2015 Achievement
Male Condom	177,238,656	192,780,560	108,956,160 (as at end Nov 2015)

Data Source: SFH MIS

6. Access to condoms in the rural area also increased from 50% in 2007 to 90% as at end of 2014. Condom use also increased with 69% of men and 56% of women having used a condom in last risk sex in ENR states.

	Baseline: (2007)	Milestone (2012)	NARHS 2012	2014 Target	SHARHS 2014
Males	56%	61%	65.7%	65%	69%
Females	40%	47%	49.1%	50%	56.1%D

These condoms associated health promotion and increased use have prevented an estimated 109,364 new HIV infections, provided 8,400,000 couple years of contraceptive protection, and averted 2,500,000 unintended pregnancies, preventing 10,000 maternal deaths and generated 10 million disability adjusted life years (DALYs) over the last six years.

In addition, the institutional capacity of the federal and at least 5 ENR states was built with an OCA threshold of 60% exceeded. Table 2 below shows the results of the 2014 OCA; chart 1 shows a comparison with 2012 OCA scores. Following ENR's intense and focused capacity building effort throughout 2014, all ENR supported states and the federal level crossed the OCA threshold score of 60%. This result is more than double the 2012 result and exceeds the programme target.

Table 2: 2014 OCA Scores (to the nearest integer, in percentages)

OCA Score	Federal	Akwa Ibom	Benue	Cross River	Enugu	Kaduna	Lagos	Nasarawa	Ogun
Aggregate	70	74	80	77	73	75	80	78	73
SACA (NACA)	75	74	87	80	74	76	80	79	77
MoH	62	74	74	73	72	74	82	84	69
MoE	60	76	64	70	67	66	75	60	68

ENR did not only exceed results, it achieved this at the very best value for money (VFM) Based on ENR indicators and evidence, there is strong evidence to show ENR is good value for money. In particular:

- The funding arrangements for ENR are based on a grant from DFID and income generated by the programme. As a result, for every £1 invested by DFID, £1.18 is available to the programme. This would infer that more value for money is being realised based on the design alone.
- Of this £1.18, spent in the year, only £0.10 (8%) is spent on overheads rather than programme activities. This is low compared to other DFID funded projects. The budget actually states that 15% would be spent however so far only 8% has been spent on overheads
- Through the media programme as much as ₦184,847,124 (£710,950) was leveraged by obtaining free air slots of media messages on television and radio through our media partners in the first 9 months of the 2014. This translates to ₦20.5 million (£79,000) on average per month. This is calculated based on up to date commercial information on the value of the media spot in each state and the number of number of free spots. In total, there were 17,325 free spots during this period.
- In 2014, 4.69 million persons were reached with HIV prevention information at the average cost of ₦28 per interpersonal contact made. This is a significant reduction on previous years. Over the life of programme a total of 12 million such interpersonal contacts have been made.



GLOBAL FUND HIV Project in SFH

Introduction

The second Phase (2010-2015) of the Global Fund HIV Round 9 Consolidated grant worth over \$50.7million in 21 States focused on scaling up gender-sensitive HIV and AIDS prevention, treatment, and care and support interventions for adults and children in Nigeria

Achievement of Programme

The mass media component focused on increasing comprehensive correct knowledge of HIV and this was achieved through the following:

- A message targeting the five UNAIDS indicators and addressing comprehensive knowledge of HIV, tagged Five over five was developed, produced in Hausa, Igbo, Pidgin and Yoruba for airing in 42 stations across 13 states in Nigeria. This was adopted by a sister programme of SFH; ENR Programme in their implementation States. This resulted in initiation and collaboration efforts between SFH and NACA on airing of campaign on radio and other. The programmatic achievement by service delivery areas is as highlighted in Table 1 below.

Table 1: Summary of key results

Programmatic Performance (January – December 2014)			
Indicator	Target	Achieved	% Achievement
Number of individuals aged 15+ years who received an HIV counseling and testing and who received results through mobile outreach	89,856	141,984	158%

Number of students exposed to Family life and HIV Education using MPPI	262,000	403,096	154%
Number of MARPs (FSW, MSM, IDU) reached with HIV prevention programs	19,592	25,761	131%

Programmatic Performance (January – June 2015)

Indicator	Target	Achieved	% Achievement
Number of individuals aged 15+ years who received HIV counseling and testing and who received results through mobile outreach	56,160	58,092	103%
Number of students exposed to Family life and HIV Education using MPPI	131,000	253,290	193%
Number of MARPs (FSW, MSM, IDU) reached with HIV prevention programs	9,796	13,180	135%

MEDIA **42** stations
CAMPAIGN **13** states
radio, brochures, posters, flyers and others





STRENGTHENING HIV PREVENTION SERVICES FOR **Most-at-Risk Populations**

Following technical directives from USAID, around the second quarter of 2014, the project scaled down its activities to only eight PEPFAR priority locations of Akwa Ibom, Cross River, Rivers, Lagos, Kaduna, Nasarawa, Benue and the FCT. The donor also provided time frame for complete exit from the non-priority states and entry into additional new states which were not included in the 18 states plus FCT originally proposed in the old proposal. Key project activities in the last 2 years across 8 states are:

1. Trained HCT counsellors/testers and initiated the provision of HIV testing services (HTS) with particular focus on key populations in December, 2014.
2. Established 10 drop-in-centres (DiCs) for the provision of stand-alone services; the DiCs have been renovated and equipped with recommended hospital equipment and consumables and commenced provision of STI syndromic management and HCT services in October 2015.
3. Conducted the second wave of MARP Mapping & Characterisation in the 8 priority states.
4. Conducted a study to provide insights into Transactional sex and it's occurrence among women in Nigeria.
5. Conducted a study to better inform the Condom Messaging Campaign targeted at Men who engage in transactional sexual relationships

For the period under review, the SHiPS for MARPs project focused on service saturation and scaling up of interventions in project communities. The aim was to ensure that all identified MARP communities were reached with HIV prevention services and products as well as maximize resources to ensure value for money (cost per target). To achieve this, state teams identified new communities for activation and deployed community facilitators and outreach workers to support this expansion process. In line with the project realignment/scaling down process, entry level activities were implemented in the additional states of Cross River, Benue and Nasarawa. Project implementation had already commenced in Akwa Ibom in September 2014. The results below shows the number of MARPS reached on the project with MPPI 2015-2015:

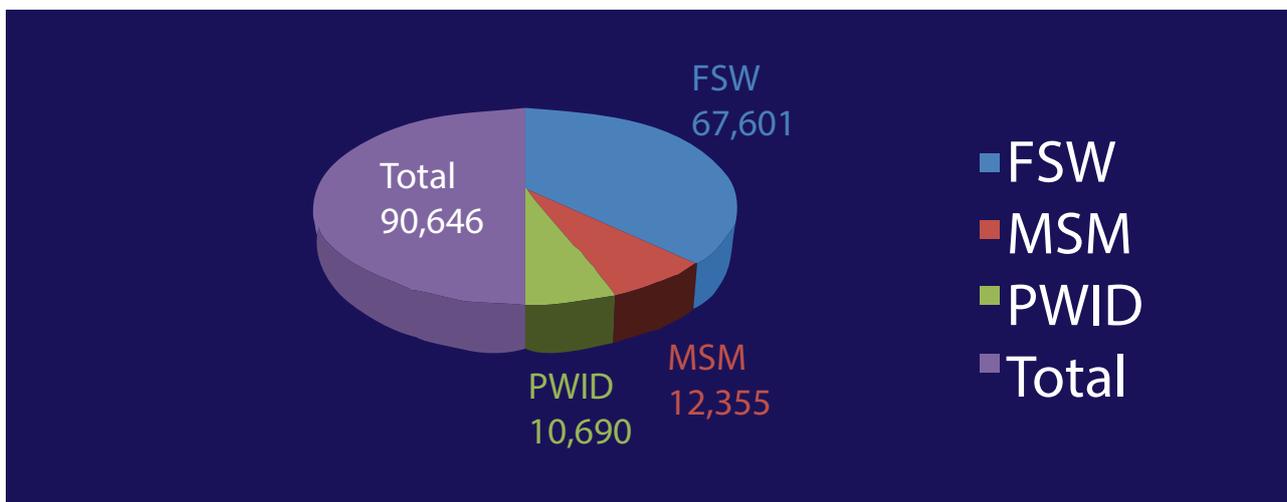


FIGURE 1: MARPS REACHED WITH MPPI (2014-2015)

In February 2015, to support the expanded scope of project implementation, the project conducted the second batch of the HCT training for counselor-testers in the four new states of Akwa Ibom, Cross River, Benue and Nasarawa. With the conclusion of this training, the project has over 100 counsellor-testers, including members of MARP communities, available to provide direct HCT services in all eight project states. For this reporting period, HCT services were scaled up by doubling the number of community outreaches from 10 to 20 per month. A total of 88,537 individuals were counselled and tested for HIV. Of this number, 60,739 MARPs (FSW-45,867, MSM-4,730 and PWID - 10,142) representing 70% of annual MARPs targets, tested and received their results. In addition 13,292 clients of FSW were reached with HCT services during the period.

TOTAL HCT SERVICES FOR FY15					
Target Group	Oct - Dec 14	Jan - Mar 15	April - May 15	Jul - Sept 15	Total
FSW	2,535	3,255	15,056	25,021	45,867
PWID	222	981	1,957	6,982	10,142
MSM	116	346	1,897	2,371	4,730
CLIENT/GP	641	3,358	10,507	13,292	27,798
TOTAL	3,514	7,940	29,417	47,666	88,537

Table 1: Total HTS services for 2014-2015



MATERNAL AND NEONATAL Health Care Project

Key Activities

The Maternal and Neonatal Health Care project is being implemented in Gombe State and funded by the Bill & Melinda Gates Foundation (BMGF). The project aims at improving maternal and neonate survival by increasing effective coverage of life-saving Maternal and Neonatal Health (MNH) interventions. Within the period under review, the project scaled up implementation of effective approaches to improve health seeking behaviours and household behaviours that promote MNH in 10 Local Government Areas (LGAs).

The project through Community Front Line Workers (FLWs) reached 181,922 pregnant women, 102,845 new mothers with interpersonal communication on key MNH health messages during home visits. A total of 42,165 women in pregnancy and 58,767 in labour were referred to health facilities for skilled care. Emergency Transport Scheme (ETS) implemented in collaboration with National Union of Road Transport Workers (NURTW) facilitated timely access to health facility for normal delivery and in response to danger signs in mothers and newborns. The Call Centre provided information, linkages and referrals for health care services. To entrench sustainability, the FLWs were incorporated into the Ward Development Committees (WDC) in the intervention LGAs.

Key Results & Lessons Learnt

Innovative interventions of the project contributed to increase in knowledge and some household behaviour on MNH in Gombe State as shown in the results of household surveys conducted by IDEAS London School of Hygiene in 2012 and June 2015.

INDICATOR	2012	2015
Knowledge of danger signs relating to pregnancy	50% (40-50)	73% (67-77)
Knowledge of danger signs relating to labour	36% (25-48)	53% (48-57)
Exclusive breastfeeding through first six months	Not applicable	26% (22-31)
Breastfeeding within 1 hour of delivery	40% (33-37)	49% (45-53)
Newborns receiving clean cord care	28% (20-36)	46% (42-50)
Newborns who had a post-natal check-up within 2 days for last live birth	4% (2-8)	13% (10-18)
Women reached by Community Front Line Workers during their last pregnancy	5% (1-8)	19% (14-23)

Implementation lessons learnt have informed review of strategies and approaches geared at maximizing impact:

Call center - The huge potential of the call centre can be better maximized if utilized for a wider range of health issues beyond MNH. Hence the project has commenced the process of handing over the management of the MNH Call centre to Gombe State government.

Emergency Transport Scheme (ETS) - Altruism can be leveraged in the community to increase coverage of ETS. The project therefore plans to develop and train a cadre of Community Transport Volunteers (Not members of NURTW) with vehicles that are willing to transport women and newborns in case of emergency.

Sustainability of community FLW program - The project has learnt the need and begun the process of transforming the community FLW program to state government owned Village Health Workers program, in accordance with the national roadmap concept which is intended for better coverage, effectiveness and sustainability.





RACe



RAPID ACCESS Expansion

Key activities conducted

The Abia state Rapid Access Expansion (RACe) 2015 Programme has contributed to the increase in appropriate, integrated Community Case Management (iCCM) of Malaria, Diarrhoea, Pneumonia and malnutrition among children ages 2-59 months, as an integral part of government health services. All activities conducted these 2 years were with funding from the Department of Foreign Affairs, Trade and Development through World Health Organisation.

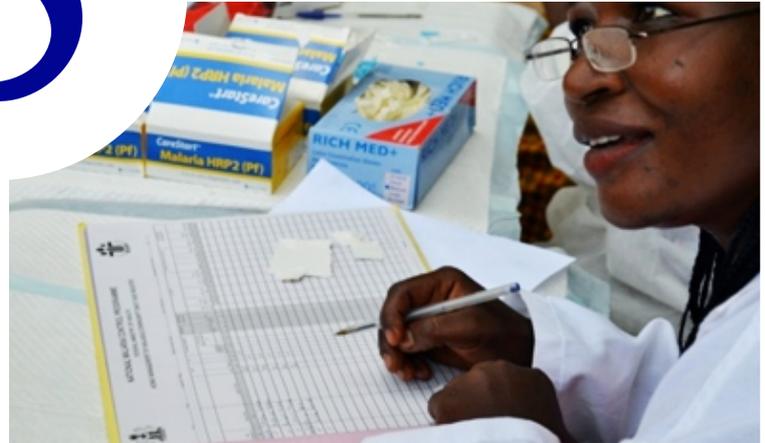
In the past 2 years, RACe project in Abia completed its training of the Community Resource Persons (CORPs) and scaled up services to 15 LGAs. Presently, iCCM implementation is on-going in all selected 15 LGAs of Abia State. A total of 1351 CORPs, 151 CHEWs and 48 Officers in Charge (OIC) were trained on iCCM. The RACe project conducted Social Mobilisation activities, commenced operations research activities and strengthened Abia State's primary health care data retrieval by supporting the OIC meetings. In 2015, Data Quality Assessment was conducted by ICF-MACRO and monitoring and supervision was conducted by WHO, FMOH, NPHCDA and DFATD. The project supported the FMOH in development of iCCM M&E data collection tools, iCCM implementation framework and iCCM implementation plan.

Key results achieved

Case management of children under the age of five commenced in November 2014 in Abia State. The total number of children under five years seen by CORPs was 94,341.72,702 fever cases were tested with RDTs. 58,608 cases of confirmed malaria were treated with ACT, 22,148 cases of suspected pneumonia were treated in this quarter with amoxicillin and 16,638 cases of diarrhea received both ORS and Zinc.

Impact calculation

DALYs averted were 53,122 and the number of deaths averted were 603.



GLOBAL FUND MALARIA Project in SFH

In 2014, the Global Fund Malaria Project implemented Round 8, Phase 2 Grant and commenced implementation of the ongoing New Funding Model Grant in February, 2015. Key activities for the two implementing years include successful completion of mass Long Lasting Insecticidal Net campaigns in 4 States, namely Ogun, Akwa Ibom, Ekiti and Niger in 2014. In 2015, the project keyed into the popular and well attended women August Meetings carried out in the South East and South South zones of Nigeria to create awareness on effective diagnosis of malaria using Rapid Diagnostic Tests, prompt treatment of malaria using Artemisinin-based Combination Therapy and prevention of malaria in pregnancy using Sulphadoxine Pyrimethamine.

The indicators used to assess performance were different for both grants. Most indicators were achieved above the targets set for 2014 activities leading to an A1 score by Global Fund. There has been improved adherence to management of malaria cases in accordance to national guidelines by both health providers and beneficiaries. In the last reporting period, 77% of supported health facilities did not have stock-out of key commodities. Lessons learnt include seeking approvals from Global Fund early enough to avoid delays in project implementation; as well as frequent monitoring and supervision of activities.



AFRICA HEALTH MARKETS FOR **Equity**

The African Health Markets for Equity (AHME) project is a 5 years programme funded by the Bill & Melinda Gates Foundation (BMGF) and Department for International Development (DFID) being implemented in Nigeria, Ghana and Kenya. Its goal is to improve health outcomes through provision of quality private sector healthcare targeted at the poor by increasing the scale and scope of provider's network and services through social franchising and also by addressing the demand and supply sides of private health markets in Africa.

Key Activities and Achievement:

- The AHME project has over the period increased the number of outlets in the Healthy Family Network, having contractual agreement with providers in 333 hospitals, 191 Pharmacies and 187 PPMVs delivering franchised services.
- The project has built the capacities of the providers in all the different intervention areas of AHME and established a supply chain for SFH commodities for the intervention areas. A total of 130 providers (with 11 SFH staff) trained on Integrated Management of Childhood Illnesses (IMCI); 16 providers (with 4 SFH staff) trained on Basic Emergency Obstetrics and Neonatal care (BEmONC), while all the providers have benefitted from FP training, either directly or through on-the- job coaching. The IMCI and BEmONC trainings were facilitated by the FMOH, and happen to be the first time providers in the private sectors are being trained in these service areas.
- All the providers in the network had regular supportive supervision covering the intervention areas to strengthen service delivery.
- The project commenced franchising operation in Ogun state to integrate with the demand side activities through the Community Based Health Insurance Scheme of the state. (called ARAYA)



Unilever Project

Unilever partnered with Society for Family Health and Population Services International in 2014 to pilot a three-month Sunlight Village Intervention in three states of Nigeria (Imo, Ogun and Anambra) with a health objective to drive behaviour change and increase the use of a basket of products containing brands from both Unilever and SFH. Health objectives and corresponding products promoted by this pilot included Diarrhea prevention, Diarrhea treatment and Oral care.

Based on the successes recorded during the 2014 pilot, Unilever decided to scale up the Sunlight Village Intervention to 10 communities in Enugu and Oyo. In addition to the Sunlight Village Intervention, the Shakti + model will also be piloted in Imo and Oyo states. The nutrition component was incorporated into the intervention during the six month scale up in 2015.

Unilever will introduce selected SFH brands into its supply chain, and their network of distributors will create access among rural retailers. SFH will also promote the health benefits of a subset of these products through activities designed to grow market category. These will be carried out through the use of IPC agents in the Sunlight Village and the Shakti+ ladies in the Shakti + sites.

The main focus of the Shakti + is behavioral change communications. This is centred on nutrition as the core message. Society for Family Health (SFH) will liaise with Growing Business Foundation (GBF) on this project.

- About 27 facilities were franchised and linked to the ARAYA scheme with the aim of providing primary health care services. Three (3) of these facilities have been activated on the Araya Scheme, with 7 already enrolled but at different stages of activation.
- The project championed the rebranding process of the SFH social franchise network from Happy Mothers' Network to Healthy Family Network and ensured the new franchise logo was duly registered. AHME project also collaborated with the WHP to brand 103 hospitals in the Social Franchise network as part of its branding activities.
- About 113 facilities in the Healthy Family Network have benefitted from the Safecare entry assessment with all of them now working on their quality Improvement plan (QIP). AHME project also promotes health care financing through the promotion of linkages to medical credit and health insurance schemes. As a result of this 15 loans have so far been disbursed to providers in Lagos, Oyo, Enugu, Kaduna and Abuja

Impact Generated:

DALY's AVERTED BY SERVICE AREA	
Service Area	TOTAL ACHIEVED (Jan 2014 to Sept 2015)
Family Planning	751,262
Maternal Health and Perinatal	36,625
HIV	691
Malaria	394,602
Diarreal Disease	10,739
TOTAL	1,193,919

TOTAL ACHIEVED (Jan 2014 to Sept 2015)	
Maternal Deaths Averted	12,163
Child Deaths Averted	1973



CERVICAL CANCER SCREENING AND Preventative Therapy (CCS &PT)

The Cervical Cancer Screening and Preventative Therapy (CCS & PT), funded by the Bill & Melinda Gates Foundation, is a 4-year project being implemented under the Social Franchise of the Society for Family Health (SFH). The project was set up to increase access of women of reproductive age (30-49years) to cervical cancer screening, using the Visual Inspection with Acetic Acid (VIA) and treatment of pre-cancerous lesion using Cryotherapy.

Key Activities during the period:

The CCS&PT project, between 2014 and 2015 focused on building the capacity of the providers in screening and treatment services, procurement and distribution of equipment and consumables to facilities, targeted awareness creation and mobilization by Interpersonal Communication Agents (IPCAs), outreach services to hard to reach communities, and provision of on-site cryotherapy treatment (See-and-treat approach) to women with pre-cancerous lesions in franchised clinics and during outreach services.

In order to increase access to the life-saving treatment services for precancerous cervical lesion, SFH procured additional 9 cryotherapy machines during the period bringing to 12 the number of cryo-machines. A more efficient source of vinegar was also sourced during the period that helped to increase our positivity rates. Two outreach teams were also set up (one each in Kaduna and Ibadan) to expand the coverage of services and were well equipped to provide screening and treatment services using the single visit approach. The project also made available essential materials and consumables periodically for screening and treatment services.

Key Results Achieved:

The impact of building the capacity of a well-motivated team coupled with targeted mobilization was a key factor in the tremendous improvement in 2015 achievement over that of 2014. Over 85 providers were trained with about forty five of them retrained on VIA Cryotherapy Services. With 26 screening centres nationwide, SFH has offered cervical cancer screening to well-over twenty seven thousand women in the period under review. About 42% of women found to have pre-cancerous lesion have received preventative treatment. SFH has also partnered with several organizations and helped to train staff from the National Biotechnology Development Agency (NABDA)

Table 1: Achievements in 2014 and 2015
Impact Generated:

INDICATORS	2014	2015 (Jan - October)	Total (2014 - Date)
Total Number of Screening done	10810	16443	27253
Total positive Cases seen	113	577	690
Total number of Positive cases eligible for treatment with Cryotherapy	93	533	626
Total number of women who have received cryotherapy	16	244	260

27,253

SCREENING DONE

26

SCREENING CENTRES NATIONWIDE



85

PROVIDERS TRAINED

45

PROVIDERS RETAINED



NGLCGM



NIGERIA GOVERNORS' LEADERSHIP CHALLENGE Grant Management

SFH was selected by the Bill & Melinda Gates Foundation to manage the award grant for the Nigeria Governors' Immunisation Leadership Challenge with the goal of improving political commitment to the eradication of polio and improved immunisation outcomes amongst Nigeria State Governors.

Performance data from the 36 states of the federation including the FCT was collated and verified by the National Primary Health Care Development Agency; World Health Organisation and the Nigeria Governors Forum. The highest performing states were awarded individual grants of \$500,000 to implement a pre-selected project aimed at achieving MDG 1,4,5,6 and 7.

Each of the 7 winning states identified choose a project in line with the project implementation guideline developed by SFH. In cases where state preferences were not fully developed or acceptable; SFH worked with the state to support selection of a project by conducting either a desk review or a needs assessment to help establish state health priorities with priority health outcomes Throughout 2014 and 2015 SFH supported the Nigeria Governors' Forum and the 7 winner states to implement the grant funds and ensure successful completion of the selected projects. SFH ensured strict adherence to implementation guidelines, and series of processes which included engagement of state embedded consultants, developments of practical, time bound work plans, capacity building for the state government staff and strict supervision and monitoring of activities at every stage of implementation.

Impact

All 7 winner states choose to implement projects which are directly linked with increasing Routine Immunisation coverage, improving maternal and child care, through service improvement and increased uptake of initiatives by building the capacity of health care providers and Traditional Birth Attendants (TBAs) in order to bridge the persistent gap in Human Resource for Health (HRH) and the delivery of quality health care services.



EMERGENCY TRANSPORT SCHEME Project in Adamawa

Key Activities

The Emergency Transport Scheme (ETS) project is being implemented in Adamawa State and funded by the UK Charity Comic Relief through Transaid. The project aims at making a contribution to saving the lives of pregnant women when in labour or when a maternal health emergency occurs. In collaboration with National Union of Road Transport Workers (NURTW), the project is addressing delay in reaching health facility (second delay) by providing affordable and timely means of transportation to health facility and thus increasing pregnant women's uptake of maternal health services.

Within the period under review, the project built the capacity of 640 volunteer drivers who render emergency transport services in the 16 intervention LGAs. In addition to priority loadings, ETS clubs were established and outstanding volunteers recognised as incentive. An electronic tool was developed to track and monitor ETS drivers performance and level of efforts. Bearing in mind the challenge associated with the stand-alone model of the scheme, the project established linkages and collaboration with other larger and comprehensive maternal health access initiative to create demand for ETS. The project is currently working with the State Ministry of Women Affairs to facilitate the establishment of State Technical Working Group on ETS.

Key Results

A total of 2,658 trips were made to health facilities by ETS volunteers between August 2014 and November 2015. This number represents about 4% of estimated number of women who visit Health Facilities with an obstetric emergency (pregnancy related complication and normal labour) in the intervention LGAs

Donors and Partners

SFH places great value on partnership and recognizes the support and efforts of both its local and international partners and donors in leading to the successful implementation of interventions.

Donors



Partners



MAJOR PARTNERS



Abbreviations and Acronyms

AHME	Africa Health Markets for Equity
CCS & PT	Cervical Cancer Screening and Preventative Therapy
ENR	Enhancing Nigeria's Response to HIV and AIDS
ESMPIN	Expanded Social Marketing Project in Nigeria
GF HIV	Global Fund HIV Project in SFH
GF M	Global Fund Malaria Project in SFH
MNCH	Maternal and Neonatal Health Project
NGLCGM	Nigeria Governors' Leadership Challenge Grant Management
RACe	Rapid Access Expansion
SFH	Society for Family Health
SHiPS for MARPs	Strengthening HIV Prevention Services for Most-at-Risk Populations
UAFC	Universal Access to Female Condoms
WHP	Women's Health Project

SFH Products



FC2 contains two condoms and is sold at a subsidised rate. *"Free your mind... Enjoy!"*

Gold Circle Condom contains four solid latex condoms sold at a subsidised price; *"Strong for maximum protection, sensitive for maximum pleasure"*.

Gold Circle Flex Condom contains three ribbed and strawberry flavored latex condoms. *"Ribbed for extra sensation, flavored for your delight"*

LifeStyles Condom is SFH Nigeria's premium condom brand and comes in four variants: Original, Ribbed flavours and Ultra Thin

Depo Provera is a safe, effective and convenient birth control injection which lasts for three months.

Noristerat is a short-term modern method of contraception lasts for two months.

Combination-3 is a new generation low dose combined oral contraceptive that contains 28 tablets.

CycleBeads is a color-coded string of beads used as an easy, effective natural method of planning or preventing pregnancies.

Optima Copper T - IUCD (Intra-uterine Copper Device) is a long lasting reversible contraceptive for women which can last between 3 to 12 years.

Jadelle is made up of "two thin, flexible silicone rods, each containing 75 mg levonorgestrel (a synthetic progestin) and can be used for up to five years."

Misoprostol (2 &3) is a prescription drug used for post miscarriage care, to induce labour and for the treatment of miscarriage.

PermaNet is a long lasting insecticide treated net proven to be safe and effective in the prevention and control of malaria.

Postinor II is an over-the-counter "morning after" pill taken within 72 hours after unprotected intercourse.

PUR is a powdered water disinfectant packaged in a sachet which makes it easy and safe to transport and store, with each sachet treating 10 litres of water.

Water Guard Plus is a powdered water disinfectant that purifies and "makes water safe for drinking".



STAY SAFE

PROTECT AGAINST

▪STIs ▪HIV

**Good for
child spacing**

USE FEMALE CONDOM



Headquarters: 8 Port Harcourt
Crescent, Area 11, Garki, Abuja

Tel: +234 709 822 1440
709 822 1445, 709 822 1447

Email: info@sfnigeria.org
www.sfnigeria.org

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