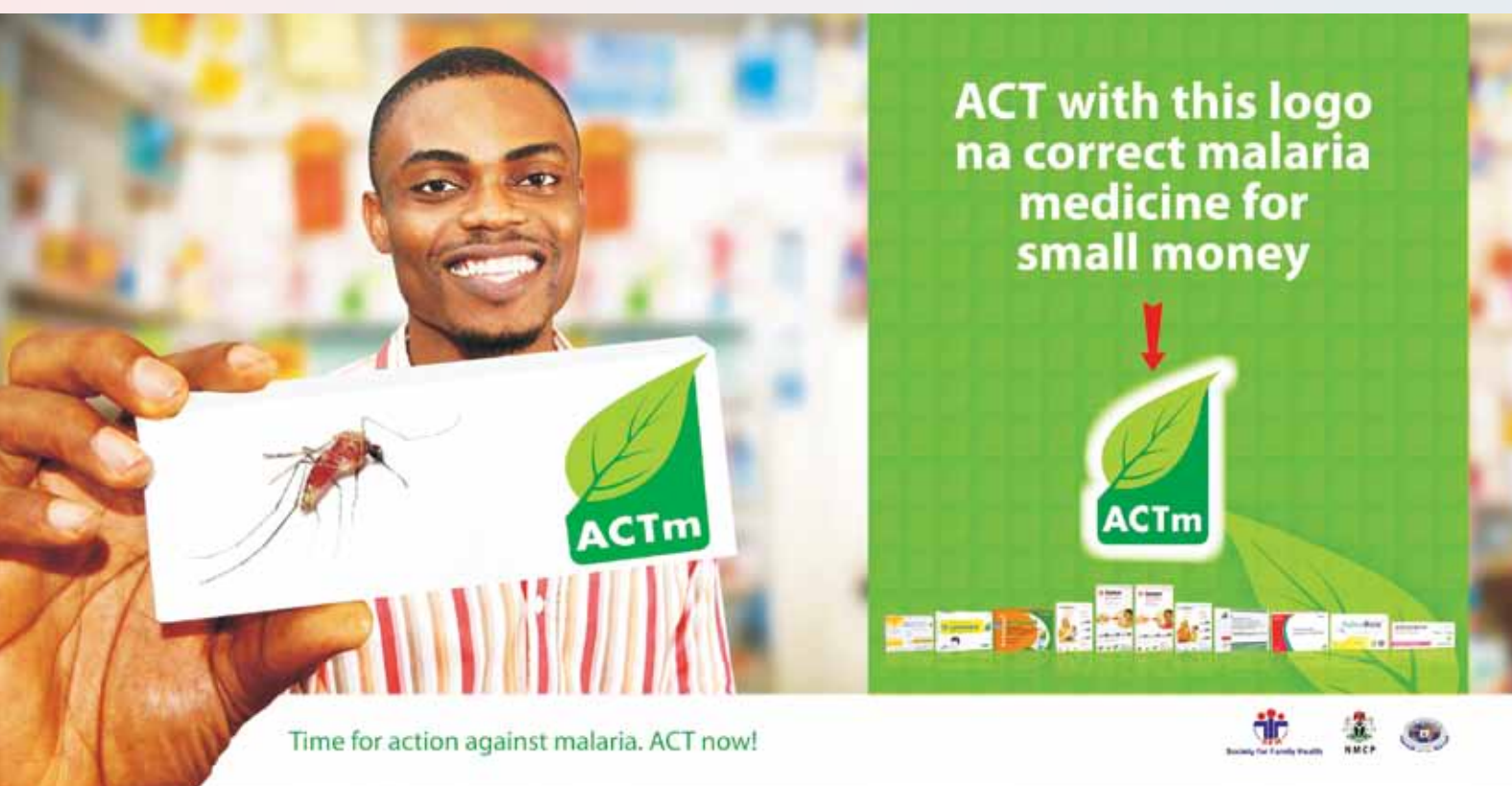


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Enhancing Lives

25th Anniversary Edition

Newsletter of the Society for Family Health, Nigeria

In this issue In this issue

COVER STORY

25 Years of Enhancing Lives and Improving Public Health; Chris Enenche relives the Institutional Memory of SFH Nigeria. An interview with the MD and other stories.

MD's FOREWORD 2
Keeping The Flame Burning.

HOMEFRONT 4
"Concern for family life informed SFH's formation" - Dahiru Wali

SPECIAL REPORT 12
Campaign improves awareness and treatment of tuberculosis. SFH Nigeria milestones; Power to the woman with female condom; SFH Nigeria Launches First Maternal and Neonatal Health Call Centre in Gombe.

COMMUNITY IMPACT 22
Tackling Cholera across Nigeria; August platform for reaching women in the South East.

SUCCESS STORIES 24
With IUCD, I Can Now Go Back To School Without Hindrance; Another End to Sex Work and Echoes from CIHPAC.

PROGRAMME BRIEF 29
Enhancing Nigeria's Response to HIV and AIDS (ENR).

PARTNERING 30
USAID Washington Team Visits IRHIN Project.

All views, opinions, contributions and short stories should be forwarded to the editor: enhancinglives@sfnigeria.org



With the registration of Society for Family Health, Nigeria in 1985 as a corporate entity, SFH Nigeria was set to commence social marketing interventions in Nigeria. It is worthy of note that the founding member's initial objective was to complement the efforts of the government of Nigeria in providing family planning services to the populace. When Michael Quist arrived the shores of Nigeria as the first Resident Advisor of SFH Nigeria in 1989, his key mandate was to develop, introduce, and distribute contraceptive products aimed at improving access to reproductive health services. In partnership with third party pharmaceutical companies - Pharco and Toga-Pharma, SFH began the distribution of Gold Circle (SFH flagship

product) condoms in the South West part of Nigeria. As the populace viewed contraceptives particularly condoms as taboo, the initial strategy was to achieve penetration through the efforts of the "market based - community based distributors (CBDs)".

The operations research conducted following the initial interventions in South West Nigeria, showed that social marketing of contraceptives is a viable venture in Nigeria, thus leading to the first funding by USAID in late 1992 through PSI to expand these efforts nationwide. This first project included other combined oral contraceptive pills as well as the vaginal foaming tablets. The period of 1992-1993 witnessed the first surge in SFH Nigeria's growth. With a new and

dynamic Resident Advisor Peter Clancy, SFH expanded its activities nationwide and later on recruited sales staff for nation-wide representation.

At this period, the HIV & AIDS pandemic was becoming a significant challenge in Nigeria, thus prompting SFH's management to create a link quickly to explore the dual protection use of condoms to prevent HIV & AIDS as well as unwanted pregnancies. SFH Nigeria began making presentations therefore on HIV & AIDS and use of condoms to captive audiences in tertiary institutions, NYSC camps, Government parastatals, local government personnel and other corporate entities.

SFH Nigeria, also carried out its first series of road show campaigns on Gold

continued on page 3

Keeping The Flame Burning



Reliving the vivid memory of our growth tends to take us on a happy journey and give us the opportunity to highlight the lengths we go to enhance lives. As we sit back, focus on how we did it and reminisce, what we recall, in all honesty does not bring bad memories. On the contrary, it indeed gives us cause to smile.

For instance, a motor vehicle operator (MVO) hired in 1985 as one of the first few employees, recounts with glee, his 25 years experience working for the organisation, proudly displaying the Driver's Licence he had tendered for employment. He is Mr. Patrick Okoro and is currently MVO supervisor in Lagos, he started working with SFH Nigeria on September 23rd 1985.

Directors who started as regional sales representatives have the pleasure of taking us back through memory lane narrating how they toiled to push products and institutionalise social marketing. Staff from foreign countries in the organisation are willing to research on past activities and products, and are happy to interview staff members on what flame burned in them in 25 years of corporate existence. Field officers are proud to talk about the efforts they have made to make sure that their impact is felt in the communities, in their fight against HIV and AIDS, Malaria and Tuberculosis and other diseases; and their sustenance of Family Planning and Maternal and Child Health.

We scan through our documents and see records of male and female out-of-school youth, transport workers, Commercial Sex Workers (CSWs), and uniformed service men with changed

behaviour. Our communities, partners, and stakeholders receive us with smiles indicative of their acknowledgement of what we have achieved with their support. We go through our personnel records and marvel at the progressive staff strength to date, fully respecting the rules of gender balance and diversity. We look around our immediate environment and remember how we started in a tiny one-room apartment. A current peep into our offices reveals that staff members perform their tasks in relative comfort. Then we look at how we have fared before our funders and we realise how far the virtues of transparency and accountability can take one. We, at this moment pause and salute all our funders. However, just as the rose has thorns, it has not been rosy all through for us. We had our corporate, programmatic and organisational challenges but we addressed them with the help of God. Along the line, we lost some staff and board members and some staff members' spouses and children. We also lost the spouse of our board chairperson. May their souls rest in peace, for that is life's journey!

I recall that I joined Society for Family Health in 1993 and today I am the Managing Director of the organisation, not by my might but by **the Will of God**.

In all that we do, we guarantee that we will keep the flame burning. Read and enjoy!

Sir Bright Ekweremadu
Managing Director



Enhancing Lives

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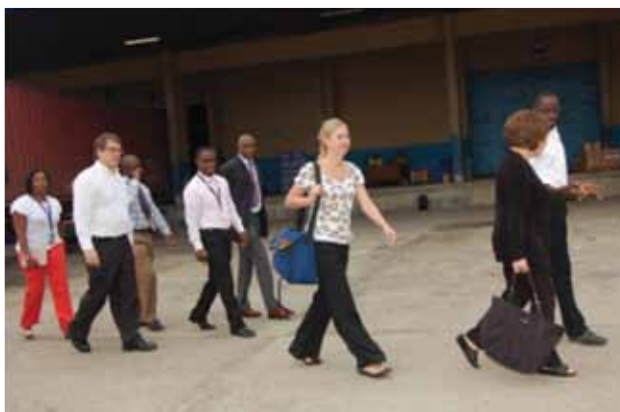
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THE SOCIETY FOR FAMILY HEALTH

...Creating Change, Enhancing Lives.



USAID Team & SFH Nigeria Visit the IRHIN Project

USAID Team at a debriefing session at SFH Nigeria HQ



gards the implementation of the USAID-funded Improved Reproductive Health in Nigeria (IRHIN) project that is in the last lap of its 5-year (2005-2010) term. He highlighted that the project was the first direct USAID funding to an indigenous NGO in Nigeria. IRHIN's objectives include improving quality of Reproductive Health (RH) services, increasing access, and expanding demand for RH services/products in Nigeria. The IRHIN project has not only continually maintained a GREEN rating from USAID annual portfolio review, but has surpassed the annual CYP target, having contributed to averting over 13 million couple years of protection over the last five years.

The team visited MDS Logistics, the company facilitating warehousing and part of logistics of SFH Nigeria's social-marketed products. The visit gave the visiting team opportunity to observe the

storage process and conditions, as well as access the stock levels of key contraceptive products.

The visiting team later visited the Kurudu community, situated in a suburb of AMAC area council of FCT where SFH Nigeria in partnership with a Civil Society Organization (CSO), Tender Care for Human Development (TCHD) who implements a Family Planning community intervention. This visit enabled the team to witness a peer facilitation session in action.



USAID Team & Mr. Obi Oluigbo at one of the MDS Warehouses

The community level programme targets women and men of reproductive age to increase informed demand for RH services/products in the community. This is done through interpersonal communication activities (IPC) and peer education sessions conducted by trained facilitators in a systematic manner over a period of at least 12 months in the same community. The visitors witnessed a peer education session where a trained peer educator (PE) facilitated

a session on modern FP methods, among eight of her peers, generating further questions, concerns and clarifications.

The team also visited the Primary Health Centre in Kurudu community and interacted with the health provider who happens to be a trained FP provider. The cost of the FP products, referral system, and most preferred FP methods and integration of FP, HIV and MCH programming were the focus of the chat.



The management of SFH Nigeria with the USAID Team from Washinton DC and Nigeria.

USAID Washington Team Visits IRHIN Project

High level visitors from the Washington DC office of the United States Agency for International Development, USAID, recently visited Society for Family Health, Nigeria on a "Fact Finding and Hands-on Evidence of Reproductive Health Programming and Implementation in Nigeria" mission. Their focus was the SFH Nigeria-led Improved Reproductive Health in Nigeria (IRHIN) project.

The visiting team comprised of Dr. Scott Radloff, Director, Orphan and Vulnerable Children (OVC), Population and Nutrition in Washington DC and Sarah Habison, Chief Researcher and Nigeria Team Coordinator in Washington DC. Alhaji Maiwada Abdullahi, Senior Programme Manager Reproductive Health, USAID Nigeria, Mr. Kayode Morenikeji, and Miss Juan.

According to Sarah Habison, family planning and maternal and child health

are focus areas of President Barack Obama's government expressed through the Global Health Initiative (GHI) and Nigeria is one of the priority countries for the GHI. According to Ms. Habison, the GHI is particular about country ownership, public private partnership, and strengthening partnerships.

Sir Bright Ekweremadu, Managing Director, SFH Nigeria received the team and took them down memory lane with a brief history of the organisation and the

various programme portfolios in HIV & AIDS, Maternal and Child Health and Family Planning. He also spoke about SFH Nigeria's multiple donors such as United Kingdom Department for International Development (DFID), Bill and Melinda Gates Foundation, and Global Fund for HIV/AIDS, Tuberculosis and Malaria and several others.

Mr. Obi Oluigbo, the then Director Programmes and presently Chief Technical Officer also presented SFH Nigeria's summary card as it re



Society for Family Health

25TH ANNIVERSARY

...Enhancing Lives
1985 - 2010

continued from cover

condoms that won popular acclaim. The popular award-winning Molue (mass transit bus) campaign was tagged "Na who get dis raincoat?"

Furthermore, motor-cycle sales representatives were recruited in late 1994 to complement the activities of the regional sales representatives. Their main deliverables were to identify and open non-traditional outlets for condom distribution and this led to the initial SFH Nigeria interaction with the first group of key target population – Sex Workers (SWs) and their clients.

These giant strides saw the distribution of condoms grow from a few millions at the turn of 1992, maintaining a steady rise until the distribution reached a plateau of about 17 million between 1995 and 1997. The regional sales representatives were the pivot in redirecting the SFH Nigeria strategy by integrating SFH Nigeria efforts with the existing pharmaceutical distribution channels, establishing wholesalers and retailers within the channel.

In 1995, the British Government through its Overseas Development Agency (ODA) funded SFH Nigeria to introduce a two monthly injectable - Noristerat and a second brand of condoms - Cool Condom targeted at the younger populations. The introduction and launch of injectables caused SFH Nigeria to collaborate with Pathfinder International and Nigerian elite team of Family Planning (FP) trainers to train over 3500 providers nationwide.

This intervention further

deepened SFH Nigeria's FP programming, making it popular, particularly among the Federal and State Ministries of Health officials as well as top executives of the various professional bodies. However, the second brand of condom - Cool Condom did not expand condom sales contrary to expectations.

Having reached all the low hanging fruits, SFH Nigeria needed to enhance its behaviour communication approaches to grow its contraceptive market. Hence, in 1998, SFH Nigeria in collaboration with John Hopkins University re-engineered its approach to focus more on effective communication and demand creation. The company converted sales agents to communication specialists who used tailored flip chart visual impressions and messages to engage men and women in small clusters on HIV & AIDS /STIs (sexually transmitted infections) discussions. These small interactive sessions climaxed in the demonstration of correct and appropriate condom usage. In addition to the above, SFH Nigeria field team also began to engage Sex Workers (SWs) and their clients in a different way through its Listening Communications Approach which was more participatory and which enabled target populations to contribute in providing solutions to some of the challenges they experience in their day to day activities. All the field activities were complemented by creative mass media communications that attracted attention from young people, parents,

other gatekeepers as well as authorities of Advertising Practitioners Council of Nigeria (APCON). These approaches helped in de-mystifying HIV & AIDS as well as condom use. Expectedly, condom sales began to grow once more only to stabilize around 40-45 million condoms per year by the turn of the century.

With the onset of the DFID-funded Promoting Sexual and Reproductive Health and HIV & AIDS Reduction (PSRHH) programme in Nigeria, which SFH Nigeria won in partnership with Population Service International (PSI), Action Aid and Crown Agents, came yet another paradigm shift in SFH Nigeria strategy.

Promoting Sexual and Reproductive Health and HIV Reduction (PSRHH) commenced effectively in January 2002. SFH Nigeria worked to merge its result oriented approach of the commercial sector and Action Aid's participatory rural appraisal approach to community mobilisation tagged "Stepping Stones" to implement this programme. It began to identify locations and groups of high-risk communities as intervention sites. Staff identified and worked with community influencers, trained and mobilised peer educators to reach their peers within those sites, while still providing commodity access to target groups. This new approach witnessed another round of remarkable growth for commodity sales/distribution, with over 200 million condoms sales by 2009. The period of 2002 - 2009 also had other important USAID projects that complemented the

efforts. These were the Contraceptive Social Marketing project tagged Improved Reproductive Health in Nigeria (IRHIN) and the Comprehensive Integrated HIV&AIDS Prevention and Control (CIHPAC) project, which commenced in 2005. Lessons learnt in PSRHH were incorporated into IRHIN and CIHPAC projects with outstanding impact.

Today, SFH Nigeria interventions remain one of the outstanding PSI affiliate programmes around the globe, implementing behaviour change communications interventions in three key health areas of Family Planning and Reproductive Health, HIV & AIDS prevention and control and Maternal and Child Health. The Couples Years of Protection (CYP) generated from SFH's programmes is about three million annually. In 2009 and 2010 fiscal year, SFH has assumed the mantle of leadership in achieving the most Disability Adjusted Life Years (DALYs) per year when compared to over 60 other country platforms spread across the globe. Some of these DALYs are linked to impressive behaviour change communications efforts. The efforts helped to averting disability and death.

At 25, SFH Nigeria has come of age in designing, developing and implementing world-class behaviour change communications, building capacities of other civil society groups and complementing the efforts of the Nigerian Government in creating change and enhancing lives!

Obi Oluigbo, Abuja

... cover

Enhancing Lives • First Issue, 2011

3

25 years of Touching Lives



An interview with a founding father

“Concern for family life informed SFH’s formation” – Dahiru Wali



Mallam Dahiru Wali in his office

Interviewing Mallam Dahiru Suleiman Wali was a very pleasant experience. Mallam Wali, one of the three founding members of SFH Nigeria, is an outstanding representation of the best of humankind and a very experienced and learned person in his field of pharmacology and the related aspect of sexual and reproductive health.

Mallam Wali is dedicated to a routine, in retirement that takes him to the office from morning until afternoon: reading, researching or simply reclining on his couch. Mallam Wali is the father of two adult children, who he says are, “my limit of what I can feed, clothe and train”. His son is a medical doctor in the United States of America, and his daughter is also a professional resident in Nigeria.

Mallam Dahiru Suleiman Wali is from one of the Wali family who are the leading families in Kano, well-known throughout Nigeria. His father was an intellectual, a scholar and a traditional leader of high integrity in Kano, highly notable for his principles and knowledge. As Mallam Wali sits in his office with a desk full of books, documents, favourite penholders, magnifying glass and a teacup, he answered our questions.

Sir, you are one of the founders of SFH Nigeria. Could you please tell us what motivated its formation?

There was a day I visited the then Minister of Health, Professor Olikoye Ransome-Kuti, in his office. I was then the General Manager of the Kingsway Chemist and a full-fledged member of the Pharmacy Board. We were discussing when he abruptly asked me how many children I had, and I told him two. He was surprised and astonished that I, a Hausa man from Kano, only had two children.

He went on to say that he could not believe it given that polygamy is fully accepted in Islam. I told him that one should be able to decide the kind of family he desires and can cater for. My family is what I can feed, clothe and train. This discussion was the first of our meetings on the health of the family of Nigerians.

There are things you can do to delay pregnancy in the privacy of your married life. In those days, people were afraid of going to the pharmacy to ask for Durex (condom) and all those things. Kuti and I kept meeting at conferences, and there were many times when the Minister will call for a meeting and he would ask me to attend - and sometimes in his absence to chair the meeting. The focus of some of these meetings was how we can create a way to make people feel comfortable with planning their families. This committee we called Family Health Committee. People were invited to join, and the committee grew bigger and the members talked about condoms

easily. They would talk to other people and were very strong about it. Due to my background, I was not vocal enough, but the Lagos people were very dynamic where I was not. Those people in Lagos are very strong. A conference was organized in Lagos to talk about Family Life and it was from that conference that the committee got the name **Family Health**. We felt that this name was appropriate since we were talking about the health of the family.

Did you know each other before then?

I knew Professor Olikoye Ransome-Kuti as we are all medical professionals and we’ve had a close and professional relationship since the Obasanjo years in his first dispensation as Head of State; but I cannot remember where, when, and how we met with Justice Nzeako. I have forgotten but maybe when I see her and she reminds me of one incident, maybe it will all come back.

What were the initial challenges?

I was not very vocal in the condom campaign and people felt I was not helping matters, so I was left out; but when invited I would attend.

The condom issue was very challenging; acceptance was very little and people said we were encouraging promiscuity.

What do you cherish most about SFH Nigeria then?

The focus was on the health of the family, which to me is about the society and leaders of tomorrow. I cherish our earlier meetings and enjoyed discussing health and the family. I enjoyed talking about the health of the family, training children, developing the society and trying to ensure that we have a healthy family.

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

Enhancing Nigeria's Response to HIV and AIDS (ENR) is a six-year Integrated Institutional Strengthening, Governance, and HIV Prevention Programme, funded by the United Kingdom Department for International Development (DFID) with the objective of strengthening the Nigeria HIV & AIDS response. The project was signed and is to be managed

by a consortium of six organisations with SFH, Nigeria as the managing partner; the other partners are ActionAID International Nigeria, Population Services International (PSI), Options Consultancy, Benguela Health (PTY), BBC World Service Trust, Population Council and Crown Agents. This is a six years contract where 40% of its value will come in the form of products including contraceptives.

The goal of the programme is to contribute to Nigeria's achievement of the Millennium Development Goal (MDG) number 6. The programme focuses on reducing the spread of the HIV epidemic and mitigating the impact of AIDS on the lives of the key target populations and vulnerable groups. Its purpose is to ensure sustained behaviour change.

The programme operates at both the state and federal levels and aims to achieve strengthening stewardship and coordination of the roles of the Federal and State governments for an effective, multi-sectoral, and evidence-based HIV/AIDS response, improving and increasing institutional and resource capacity of Civil Society Organisations (CSOs), engaged in HIV/AIDS, improved appropriate behaviours conducive to safer sexual practices, arising from increased knowledge and access (availability and affordability) to safer sex products including condoms and improve targeting of interventions through better knowledge obtained from monitoring and evaluation (M&E), surveys and research around HIV and AIDS.

The programme is implemented at the national level in conjunction with the National Agency for the Control

of AIDS (NACA), the Federal Ministries of Health, Women Affairs, and Education and the national network for CSOs. At the state level, ENR works with the Ministries of Health, Women Affairs and Education and the State Agencies for the Control on AIDS. ENR works at the state level in seven states, namely Benue, Nassarawa, Kaduna, Cross River, Lagos, Ogun, and Akwa Ibom States. SFH Nigeria and its partners have demonstrated the ability, commitment, and expertise to measurably improve the health of the Nigerian people and build the capacity of institutions to respond effectively to the HIV epidemic in the past.

The SFH Nigeria consortium implements the ENR programme with certain key principles in mind, including commitment to local ownership and stewardship, alignment with the 'Three Ones': One national HIV and AIDS framework, One Strategic Plan and One Monitoring and Evaluation system, Gender Mainstreaming, ensuring rights-based approaches, ensuring interventions are evidence-based, balancing HIV prevention with treatment needs, using targeted approaches to reach the most vulnerable and good governance and transparency.



Enabling Nigeria's Response (ENR) to HIV and AIDS workshop



...from workshop to outreach!



Beauty's mother

myself make I no carry STIs including HIV and how to prevent unplanned pregnancy”.

- JA

From Yola

“...My life has im-

proved because I can now stay for four days without drinking. Not because I don't have the money as my friends can buy for me and even the seller may give me free once I visit the joint but I have learnt so much from this CIHPAC project that I am trying my best to reduce drinking and gradually stop and re-establish my focus on my business of fishing and farming.”

- TJ

“...I was able to get my mother's attention every morning before she starts brewing the burukutu (local beer from sorghum). I used the time to tell her all I learnt from the sessions. When we started with the Goal Setting session, she was happy and kept on asking me to tell her more. Sometimes I invite my Peer Educator to help explain some key questions asked by my mother. There was a time when she insisted all my juniors must also be part of the sessions we conducted with the Peer Educator. “When we reached Drug Abuse and Alcoholism, I was surprised that my mother did not turn me down when I was showing her the pictures. She rather begged for time to have a re-think of her business. Thank God that this led to the closure of the business. My father was also happy and asked her to open another business, which she did. The renowned

Burukutu joint is now completely closed down and she is now into petty trading called ‘Kayan Tebur.’ She said ‘God has blessed my present business because it is making progress and I am able to utilize my money well not like when I was in the burukutu business. I didn't know that all this while I have been causing a lot of injuries to the health of our own sons and daughters. Thank God that Beauty my daughter was able to get me out of darkness.”

- Saratu, peer under CIHPAC project.

From Nassarawa

“Nassarawa community is so lucky to have CIHPAC intervention. I have always been afraid for my daughter Halima, because whenever she was not with me, I worry that she might likely get into one or another form of risky behaviour. I was quite excited during the community open meeting not knowing that my daughter would be chosen as one of the peer educators in the female-out-of-school youth (FOSY) target group. So far, my daughter has not disappointed me and I am very impressed with her performances. Since the inception of CIHPAC her enthusiasm has not reduced, the peer sessions she conducts are always very interesting and when I look at her my fears are gone. I occasionally join her during her peer sessions to hear what she has to say. What makes me happy the most is the fact that people come to meet her to get clarification and sensitisation on HIV/AIDS and other related issues. I am so happy, I am no longer afraid.”

- Mrs. Jimoh



Mrs. Jimoh

CIHPAC Closes-Out Builds capacity of partners

CIHPAC project which was as implemented by SFH Nigeria finally ended in December 2010. As part of the sustainability plan in the memorandum of understanding (MoU), SFH Nigeria built the capacity of the partner organisations that worked with the CIHPAC project to enable them to carry on with the behaviour change processes initiated by the project. The process took the form of workshops for the northern and southern groups. The workshops put together by SFH Nigeria were aimed at strengthening the capacity of its implementing partners, staff, and associates in **Documenta-**

tion and Proposal Development.

Most of these partners worked with Community Based Organisations (CBOs) have been nurtured by SFH Nigeria. The partners were therefore mandated to step down the training to the CBOs when they returned to their respective bases, so that behaviour change is sustained among target groups and the general population.

Different teams of the end of project reviewers paid visits to every CIHPAC partner organisation in the country to ascertain how they had fared programmatically, financially and administratively and conducted a formal close out of the project.

It is the desire of SFH Nigeria that its implementing partners have their viability and relevance strengthened, to enable sustainability of project goals, even as the project closes out.



Society for Family Health

25TH ANNIVERSARY

...Enhancing Lives
1985 - 2010

How do you feel about the growth of SFH Nigeria?

This is a big question. I am impressed, amazed and shocked by the growth of SFH Nigeria; I cannot believe it when I read that you have offices all over Nigeria, and my name is on the folder. It gladdens my heart and I look forward to rendering as much help as I can. I never thought the organisation would be half of what it is today. I feel very happy and grateful to the staff that did all the hard work and the donors who provided the grants to make the organisation the success that it is today.

What message do you have for SFH Nigeria @ 25?

Words are too small but I see the work is big and enormous. Put

in more effort, and with the combination of projects, it is very clear that the organisation will go a long way. I believe in womanhood and I am willing to assist in any way that I can to alleviate their problems.

How is life in retirement?

I resigned from full time work as a pharmacist, here in Kaduna, in 2003. I paid my staff, closed my pharmacy, and gave part of the building for rent. Now I am fully retired from the pharmacy work, but I still come to my office and do other things, as my health will permit. However, I still attend meetings all over Nigeria whenever I am invited.

25 Years of Improving Public Health

Founded in 1985, Society for Family Health, Nigeria has a history of promoting and distributing public health products to offer Nigerians the ability to choose the best methods for spacing and planning their families; for providing access to protection from HIV infection and other sexually transmitted diseases; for protecting families from malaria using the long lasting insecticide treated nets and the use of effective drugs for treatment of malaria (ACTs); and also for ensuring clean water for the family through the use of Water Guard and PUR.

At the start, SFH Nigeria began working with Population Services International (PSI), a non profit health-

oriented organisation with over 40 years of health experience working in developing cities; this partnership led to the introduction of social marketing in Nigeria. PSI provided SFH Nigeria with the funding to conduct a condom market analysis in 1990, followed by three years of funding for Gold Circle Condom distribution in three states, Lagos, Oyo, and Ogun. These early years of programming enabled SFH Nigeria to build capacity and subsequent interest from the United States Agency for International Development (USAID), who funded a two-year programme from 1993-1995 which allowed the introduction of modern contraceptive methods for family planning using the Gold Circle Condom.

This first USAID project brought oral contraceptive

pills (Lo-Feminal, Norquest and Ovrette – a mini pill) and the intra-uterine contraceptive device (IUCD) to the product pool of SFH Nigeria. For this first major social marketing project, SFH Nigeria had five sales representatives covering Nigeria.

In 1995, the United Kingdom Department for International Development (DFID) funded SFH Nigeria for a new project for a three-year period (1995-1998), which allowed for the introduction of yet another important type of product - contraceptive injectables (Depo Provera and Noristerat).

After three successful years, DFID in 1998 funded SFH Nigeria for another three years; providing support for condoms, oral contraceptives, injectables, IUCD, and two new products: emergency contraception (EC) called Postinor-2 and a water-based lubricant called Lubrica.

Based on outstanding performance, growing staff and clear organisational capacity, SFH Nigeria in 2001 received funding for a seven year reproductive health programme (2001 – 2008), called 'Promoting Sexual and Reproductive Health

and HIV Reduction' (PSRHH). This programme enabled nationwide distribution of all SFH Nigeria family planning products, in addition to behaviour change communication, capacity building, and policy/environment activities. The IRHIN programme allowed for the introduction of a natural method of family planning called the Cycle Beads which tracks the days and timing of fertility. Other products introduced within this funding phase include Norigynon (a monthly injectable), Pregnon (a second brand of EC) and Jadelle.

Since 2004, SFH Nigeria has also promoted safe water treatment and storage. SFH does this through water sanitation and hygiene programmes with the help of two important point-of-use water treatment products: Water Guard and PUR. Water Guard is available everywhere in Nigeria, and PUR is found in many states, but they offer slightly different attributes and benefits in water treatment. Water Guard purifies water, but does not remove sediments, as does PUR.

In 2003, USAID funded SFH Nigeria again to help combat the malaria epidemic, with

continued on page 8



the introduction of another product, 'KidCare', a pre-packaged Chloroquine treatment for malaria targeting children under age five. This brought SFH Nigeria into yet another field - the provision of treatment drugs. To add prevention activities in combating malaria, SFH Nigeria in 2004 began sales of Long Lasting Insecticide-treated mosquito nets (LLIN), with the PermaNet brand, as a separate enterprise. In 2006, with the change in policy to Artemisinin-based combination therapies (ACTs) for malaria treatment, SFH Nigeria stopped promoting Chloroquine, and began distribution of ACTs.

In 2006, SFH Nigeria started a partnership with the Global Fund to Fight AIDS, TB, and malaria, implementing HIV & AIDS prevention activities. In 2008, SFH Nigeria continued the fight against malaria by taking on another Global Fund project in malaria for two years and with this came more ACTs. Recently, SFH Nigeria began a brand new Global Fund malaria project with more ACTs and nets. These were distributed to every household in Niger and Ogun state.

In 2007, SFH Nigeria and partner - PSI took on the 'Women's Health Project' (WHP), being implemented in 14 countries worldwide. The focus of this programme is to promote and distribute longer-term family planning methods, the IUCD and implants (Jadelle), adding yet another product to the SFH Nigeria pool of products. WHP also introduced Mis-

oprostol to prevent and treat post-partum haemorrhage.

In 2008, Oxfam Novib approached SFH Nigeria with a proposal to embark on a pilot project to promote and distribute the Female Condom in three targeted states: Lagos, Edo, and Delta. SFH Nigeria accepted this challenge and is making progress in those sites.

Some products however have been less successful than others. In 1996, SFH Nigeria launched what was called the "Cool Condom", an inexpensive basic condom targeting young people, and continued to promote it for three years, with youth friendly messages and advertising. Due to poor sales, SFH Nigeria discontinued this product.

Another product (Locon-F: a low-dose combined oral contraceptive pill) which was introduced in 2009 has also been discontinued, due to its very short shelf life, and limited supply chain support.

A third product - reading glasses, was introduced in 2006, but this too has not enjoyed a great deal of interest and sales, and may be discontinued.

But the highest sales and distribution goes to Gold Circle Condoms (manufactured in the far East, and packaged at the SFH Nigeria warehouse in Lagos) - more than 50% of SFH Nigeria rev-



L-R: Chris Enenche, Wale Adedeji, Bright Ekweremadu, Muyiwa Efuntoye and Obi Oluigbo. They were there in the early years.



Some SFH Nigeria staff at the first ever gender training in 2001

enue is from this important product, found in every corner of Nigeria. Like most SFH Nigeria products, the Gold Circle Condom is heavily subsidised, so that it can be affordable and available everywhere and to everyone.

SFH Nigeria is always looking for new and improved ways to bring public health products to the people of Nigeria. The future might include Oral Rehydration Solution (ORS) and zinc, to alleviate dehydration among small children, and new mid-

priced contraceptive pills and injectables, among other things. For SFH Nigeria, the focus now is on product sustainability and scale up with efficiency, continuity in improving quality of services, design of modern and creative advertising with improved product targeting.

SFH Nigeria is only 25 years old - just wait and see what products she will be offering in the next 25 years!

Victor Anoliefo, Abuja

Echoes From CIHPAC

From Kano

"My brother has been coughing for a while but I never associated it with anything. Rather we were told that it was due to change in weather. His appetite was getting bad but it was associated with symptoms and signs of cough. A relation of ours took him to a traditional doctor who placed him on treatment but he was not getting better. I came into town for business one day. I was at the motor park, waiting for the vehicle to get filled up when a young man walked to the bus and started talking to the people in the bus. As I listened to him, some of the signs and symptoms he mentioned were similar to what my brother was going through. When he was through, I called him aside and told him about my brother. He referred us to a health facility. We went to the facility and were attended to. A test was carried out on him and it was discovered he had TB. He has been placed on treatment and is responding.

I really want to appreciate the initiators of this programme".

– Balarabe

From Abuja

"...He doubled the agreed amount. I still refused. He begged me to no avail. Then he pulled out his belt and flogged me thoroughly. My face was swollen from the beating. He threw me out of his apartment after taking back the money paid for service not rendered. When I was going back to my brothel, I was very scared because it was really late and no one was awake at that time. The road was completely empty. Thank God, I got home safely. Although I was thoroughly beaten, I am glad that I refused, and was not raped as an alternative. I know the benefits of protection and would not want to lose my life for one careless night. Thank God for this programme. I have learnt how to say no, and use protection."

- Story by a Female Sex Worker (FSW)

From Benin City

"...After the training I learnt a lot about HIV/AIDS, the need for me to prevent myself from contracting HIV, other infections and unintended pregnancy and the need for me to reduce my multiple sex partners by sticking to just one partner if I cannot abstain from sex. This led to a change in my

lifestyle in such a way that I no longer have three boyfriends as I used to and engage in other risky behaviours. Now I know my HIV status, thanks to CIHPAC! I value myself better now. I also never thought I would be able to address a large number of people but since I have been trained I am now able to pass the message to my peers and people around me".

- Miss Joy Godfrey.

From Maiduguri

"I am 22 years old. I live in Maiduguri. Before I met the CIHPAC team, I used to drink at least six bottles of beer and smoke four wraps of Indian hemp daily in the company of my friends. My appointment as a peer educator (PE), the training I received on HIV/STI prevention and the need for me to lead by example, all influenced my positive manner I decided to abandon alcohol and Indian hemp."

- Bala

"The prevention messages, the meetings and trainings have assisted parents and the entire community to become indebted to CIHPAC because the project has brought peace and tranquillity to their area. Previously there were intermittent fights between the male youth from the nearby police barrack and those from the main community. The CIHPAC team after several meetings turned them into male-out-of-school youth (MOSY) peer groups. Presently, fighting among these peers, which had been the talk of the community, has stopped since the inception of CIHPAC. "Gone are days when the peers always fought each other. Today, they fight no more."

- Alhaji Gana Bulama, community leader

From Makurdi

"...I bin get plenty girlfriends and I no dey use condom with them because I feel say them no fit get HIV or AIDS and I dey take igbo well well and beer, in fact, I dey mix the two together (igbo and beer) so that e go charge well well. But now wey this HIV programme come, I come sabi say na my life I been de joke with so I don stop. For the beginning e bin no dey easy at all but now I dey kamkpe. With the campaign and IEC materials I don see say HIV no dey show for face, except you go for HIV counselling and testing. I don sabi how to protect

SFH Nigeria staff down memory lane...



Let us pray, says SFH Nigeria MD



An award ceremony in the early days of SFH Nigeria



In the early days of SFH Nigeria



Now I can document it



Let me think about it, says the SFH Board President



Yemisi and Tony in a game of scrabble at annual picnic



Dr. Jennifer, Technical Services and Dr. Laila, WHP



Emma and Cornel, two regional egg heads



Kunle Elebute, SFH Nigeria board member and the MD



Exemplifying team work



L-R Wale, Kene and Bright. The original three musketeers

First Nigeria Family Planning Conference holds in Abuja

The Federal Ministry of Health in collaboration with other partners organised a well attended National Summit on family planning in Nigeria from 22nd – 24th November, 2010 in Abuja at the Sheraton Hotel and Towers Abuja.

The overall goal of the Summit was to improve access to Family Planning in Nigeria, while the conference theme was “Strengthening Family Planning for National Development”. The major objectives of the conference were repositioning Family Planning in Nigeria as a tool for National Development, promoting an FP leadership role for relevant government ministries, generating a national discussion on the various roles of Family Planning, highlighting the strong link between Family Planning and the attainment or otherwise of set MDG targets; and engendering better coordination of government and non-governmental organisations in ensuring Family Planning commodity security. The conference essentially focused on a critical review of the reasons why significant progress had not been made on implementation of family planning related policies.

Conference sponsors include The David and Lucille Packard Foundation, Society for Family Health (SFH Nigeria), Bill and Melinda Gates Foundation, UNFPA, DFID and supported by Federal Ministries of Health and Women Affairs; and the Office of the Senior Special Assistant to the President (OSSAP) on MDGs. There are also several corporate partners and a Local Organising Committee (LOC) which SFH, Nigeria was a member.

Presentations were made on the current status of Family Planning in Nigeria, contraceptive security, addressing unmet needs, role of family planning in maternal mortality, in various faiths, in polygamous relationships and men taking the lead and so on. There was room for product exhibition at the conference venue and SFH Nigeria displayed products. Nine abstracts written by SFH Nigeria were accepted and presented during the conference concurrent sessions.

Accepted Abstracts from SFH Nigeria:

“Women’s educational attainment, socio-economic status, level and trend of contraceptive use: unravelling the link”
Ujuju, C. N, Adebayo S B, Ipadeola B, and Anyanti J. - HQ

“Making long term family planning methods accessible to rural communities to reduce MMR in Nigeria”
Asanato J.I, John Bako – Akure Regional office



Left, Bright Ekweremadu, MD SFH Nigeria at First Nigeria Family Planning Conference

“Community Level intervention key to improving knowledge of family planning in Nigeria”

Ujuju, C. N. Adebayo S B, Ipadeola B and Anyanti J. - HQ

“Participatory approach to enhancing uptake to family planning services and women empowerment”

Bashir A. Bashir, Ibrahim Gala, Emmanuel Ede, Kayode Oyatoye, Samson B Adebayo. – Kaduna Regional office

“Interpersonal communication: A veritable tool for family planning acceptance”

Ibekwe, S. O, Olowokere, K, Anyanwu, M and Okere, F. – Owerri Regional office

“Using non-traditional outlets of family planning services to meet the intentions of contraceptives users – a rural community approach in Owerri, Nigeria”

Eke C, Ofudje Ben, Ofurum Oluchi, Ujuju C.N. – Owerri Regional office

“Role of men in family planning: evidence from community intervention in FCT”

Saman, A. Y. – FCT office

Quality FP services in Nigeria: A call to call.

Ujuju, C. N. HQ

Exploring the road to improve knowledge and access to Female Condom in Nigeria: Evidence from Edo, Delta and Lagos States

Mohammed – Jantabo J, Ujuju C N. HQ.

An interview with the MD

“Family spirit, partnerships and integrity make SFH tick”

— Bright Ekweremadu

When you look back at your early days in SFH Nigeria, what do you remember most?

I joined SFH Nigeria from a project called Nigeria Family Health Services (FHS).

I worked in the private sector component of that project which was managed by Family Planning International Assistance (FPIA), which is the international arm of the Planned Parenthood Federation of America. The project provided

me with the opportunity to work with several American international NGOs including Pathfinder International, John Snow Incorporated (JSI), Management Sciences for Health, African-American Institute amongst many others.

I also had the opportunity to work and interact with a few Nigerian NGOs at the time including Nigeria Youths AIDS Programme, Association for Reproductive and Family Health (ARFHR), Planned Parenthood Federation of Nigeria (PPFN), Cross River State's AIDS Committee and SFH Nigeria amongst others. Having worked with both the international and national NGOs, I was able to draw some analogy about the strengths, weaknesses, and gaps within each of these two categories of NGOs. When the opportunity to work for SFH Nigeria came, I accepted the offer from Mr. Peter Clancy, who was the SFH Nigeria Resident Advisor from Population Services International (PSI) at that time. One thing that motivated me to leave a place I considered safer and more prestigious to work at that time, the Family Health Service Project of USAID, for a Nigerian NGO (SFH Nigeria), was an inner drive to contribute to the nurturing of a Nigerian NGO that will someday become as capable of implementing projects with integrity and accountability, and delivering health impact in Nigeria and other African countries, as the international NGOs.

What was your biggest challenge working in SFH Nigeria in those early days?

The personnel that joined me at SFH Nigeria shortly after I joined the organisation in early 1993 were mostly from the private sector, mainly the pharmaceutical industry. I was the only non-pharmacist in the core programme unit. I worried that SFH Nigeria was becoming a pseudo-pharmaceutical company, and as such, I was not sure it was the right place for me to actualise my ambition. While I was not a junior staff member at that time, I was worried that most of my colleagues who joined shortly after me were made managers with some benefits that were not extended to me. I blamed it all on the fact that I am not a pharmacist (particu-





Peter Clancy

When were you in Nigeria?

It feels sometimes like I have never left! My stay was for about two years from 1993-1995. I have made between 45-50 round trips to Nigeria from the USA, all for SFH, in my career.

What factors led to you coming to Nigeria and how did you feel about it?

I had just finished a job where I was seconded to FHI as the Africa Private Sector Officer in a large centrally funded worldwide HIV prevention program (AIDSCAP). The job was mostly consulting to USAID missions around the world. I became sick of it, and wanted a position where I could achieve more measurable results. Phil Harvey was supporting Nigeria at the time, and he had asked PSI to write proposals for SFH. When we won a grant from USAID, we needed someone to manage it, and since Phil's man was leaving, PSI asked me to

do it. I remember agonizing over the job. I had actually decided to turn it down, but the fax I sent to my boss declining the offer never made it. PSI interpreted my silence as an agreement to take the post, and by the time I knew what was up, they had already sent my name to USAID. I was lucky that the fax got lost.

What was Nigeria like when you were here? What was your favorite pastime/hobby and food while you were here?

Some things have changed and some not. The people I worked with were—and remain—world class. The Nigerian market was starving for the products and services that we began to offer. Now I sense we have to work much harder to create demand. Lagos outwardly does not seem to have changed enough—lousy roads, horribly congested, dirty, exciting, dangerous, and never enough power an-

ywhere. The political system is much improved. I had a boat when I was in Lagos, and a one-year-old baby (she is now 18). My wife took care of the baby. My free time was spent arguing with a collection of boat mechanics, and arguing with the people who rented me a beach hut. I loved—and still do—eating Nigeria street food—rice, beans, chicken and goat meat. We had lunch in the plumbers' market across the street from the office (the office was in the Awaye House in the Orile Iganmu section of Lagos). I was the only 'Oyibo' for miles around. Joe, Zach and Bright took care of me, I think. I lived in a flat in Ikoyi, in accommodations that I would never otherwise have afforded.

Please give a brief description of 'SFH the Journey so far' from your perspective

SFH has grown into a monster, and I mean that mostly in the positive sense. However, I worry that in our growth, we take on too much too quickly, and that our quality slips. My worry here extends to many PSI affiliated operations, not just SFH. A balance needs to be maintained, and it is hard to get it perfectly correct. SFH is often the "go to" organization in Nigeria because of our competence and capacity. However, the folks who run to us for help will be the first to nail us if we do not deliver with excellence. In this business, your mistakes are widely known and endlessly repeated, whereas

your successes are quickly forgotten. That said, I have full confidence in our management. However, what about the future?

What do you cherish most about SFH and Nigeria?

The fact that SFH has proven all the Nigeria doubters wrong. It's by far the best indigenous health sector NGO in Africa, if not in the world. Who said Nigeria could not be the best? I also am in awe of our President, Justice Nzeako, who has been our guiding light since the day I arrived (and before!)

Is SFH today what you have envisioned it would be many years ago?

SFH has far exceeded my expectations in all dimensions.

Any regrets?

That I did not stay longer, or that I have not done enough to help.

Could you please talk about the PSI-SFH relationship from your perspective and from PSI's perspective?

I am empowered by the PSI CEO, Karl Hofmann, to speak for all of PSI.

The SFH-PSI relationship is strong. It is strong because both partners know what to try to keep and what to try to change. But I have many fears. I fear that too much of the partnership is vested in people who will one day move on. Are the roots deep enough, on both sides?

When I look back, I realize that PSI has made mistakes over the years (meaning Peter Clancy, mostly). We should have been more

“With IUCD, I can now go back to school without hindrance”

‘Get ready tomorrow, we are going together!’ Ummi’s husband said to her. “I did not imagine that my husband could say that to me. Thank goodness, I can to my educational pursuit”, she confessed. Ummi’s husband kept his promise and they both went for counselling. Ummi said, “Based on the counselling we received, we were made to understand



SFH Nigeria staff demonstrating the preparation for an IUD insertion

now go back to school without hindrance. Honestly, my major desire had been to return to school, but I was concerned that pregnancy would be a stumbling block that IUCD is just a barrier placed in the neck of the womb and it does not flow in our blood.” Many women had confessed that they preferred IUCDs to injections

and pills because IUCD does not get into their blood stream and, it is “free”.

Ummi also said that her husband previously did not grant her permission to adopt any method because he wanted to be sure from the religious point that child spacing was acceptable in Islam.

“The situation turned in my favour. He came back one evening from their Majalisa (their meeting point) and told me that the Mai-Anguwa (Ward Head) came to their Majalisa and gave a talk on modern FP methods. He said that the Mai-Anguwa also informed them of the forth-coming event of free IUCD service at the hospital. And said to me ‘Get ready tomorrow, we are going together’”

Based on Hausa tradition, it is not ideal for a married woman to go out frequently, so for her and others, going

“This method is once until when I decide to take it off. I like it. My husband and I heard the radio jingle on child spacing and picked interest in this child spacing method, thanks to SFH Nigeria.

to the hospital every two months for FP is challenging.

“This method is once until when I decide to take it off. I like it. My husband and I heard the radio jingle on FP and picked interest in this FP method, thanks to SFH Nigeria.”

Interview with Peter Clancy – 1st Resident Advisor, SFH Nigeria

– Peter Clancy, SFH Board Member, PSI Chief Operating Officer and the first Country Representative of SFH Nigeria

When were you in Nigeria?

It feels sometimes like I have never left! My stay was

for about two years from 1993-1995. I have made between 45-50 round trips to Nigeria from the USA, all for

SFH, in my career.

What factors led to you coming to Nigeria and how did you feel about it?

I had just finished a job where I was seconded to FHI as the Africa Private Sector Officer in a large centrally



Society for Family Health

25TH ANNIVERSARY

...Enhancing Lives
1985 - 2010

larly because I graduated from the university before some of them and had experience working in the development sector). Notwithstanding this challenge, I was not deterred. I was able to manage my emotions and clung firmly to my motivation and ambition for joining SFH Nigeria. In 1995, I was appointed the National Sales Manager to replace Mr. Olu Akanmu who was reassigned from that position to work with the then Resident Advisor (Ms. Renee Romanoski) in the area of strategy for taking SFH Nigeria to the next level and phase of social marketing.

What do you cherish most about SFH Nigeria?

The partnership with PSI remains one of the most cherished things about SFH Nigeria for me. The relationship provided me (and I believe many of the senior SFH Nigeria staff members who joined in the early years at least) the opportunity to develop my skills and capacity not only in the area of social marketing but also in practical management of persons and projects. I attended courses and trainings organised by PSI. On a general note, I cherish the rare true family life characteristics exhibited by all of SFH Nigeria staff members towards each other. I wake up and feel enthused and happy coming to work because I know that I am going to meet with an extension of my family. SFH Nigeria is the place to be.

Above all, I cherish the guidance and support of the SFH Nigeria Board – the commitment of the voluntary members who receive nothing from SFH Nigeria and yet show commitment of their time, energy, experience, and sometimes their financial resources; more than all of us who work and earn a living from SFH Nigeria.

In all, the integrity and accountability culture that we have developed at SFH Nigeria is something to hold on to and continue to pass on from generation to generation.

Is SFH Nigeria today what you have envisioned?

SFH Nigeria is becoming what I envisioned and is certainly in the right path of becoming an African International NGO. We are yet to get there, but remember that vision is something that is dynamic. Overall, I am happy with what I am seeing at SFH Nigeria today.

Any regrets in retrospect?

None that I can think of.

It will be interesting to know what factors inspired your involvement with SFH Nigeria.

To be a member of a team that will nurture a true African

international NGO that can stand side by side and work in partnership with other International NGOs most of which have their origins in the developed western countries of USA and Europe.

Could you please talk about the PSI-SFH Nigeria ties from your perspective as MD?

The partnership has evolved over the years. The partnership is becoming stronger and mutually beneficial to both partners. In the early years, PSI virtually took SFH Nigeria under its wings, built our capacity via formal and informal training, provided technical support through long term and short term technical assistance, helped in attracting funds from different donors and so on. While PSI continues to provide support in a number of these areas and other areas not mentioned, SFH Nigeria is also able to attract funds directly for itself. The partnership is becoming more interesting but challenging. The challenge comes from the fact that change in life has never been easy to manage for all parties involved. Having said that, one strong belief from both PSI and SFH Nigeria, which the SFH Nigeria Board has echoed many times, is that the partnership has come to stay and that staff from both should continue to explore creative ways of making it stronger and mutually symbiotic. Most prosperous organisations that stay on the cutting edge in whatever they do are characterised by international linkages and partnerships. Therefore, the partnership is a welcome one that I believe will continue to evolve and grow in the coming years.

Please give a brief description of "SFH Nigeria the Journey so far."

This amounts to marking my script in part and so I would prefer others watching SFH Nigeria from the outside to respond to this question. I think it will be more credible (whatever they say), and more inspiring if they are positive than if it were coming from me.

What message do you have for SFH Nigeria @25?

Our successes (if our stakeholders and beneficiaries of our programmes think that we have made positive impact) must not get into our heads. We still have a long journey in front of us and we cannot afford to be distracted. Our watchwords must continue to be integrity, accountability, and responsibility. The future certainly looks very promising; we must make use of all opportunities that come our way and turn all challenges into stepping-stones to greater heights.



Chris Enenche relives the institutional memory of SFH Nigeria

Chris Enenche, a pharmacist by profession, joined SFH Nigeria some 20 years ago, as the Sales Representative in the North West Region of Nigeria. Chris, as a pioneer, was faced with the challenge of the negative mind set on HIV and modern child spacing methods that were considered as 'promoting promiscuity'.

He recalls at that time, the sales representative did everything – sales, door-to-door communication, working with new partners, working on product placement, retirements, and so on. In the early '90's, selling condoms was not a popular job. He recalls one day in 1995, after waiting hours on a petrol queue where he was turned away and refused petrol because he was "the condom seller". These challenges persisted but gradually sales of products around Nigeria has become easier over the years and the demand for high quality condoms and contraception is widespread.

In the early days, SFH Nigeria had nine separate warehouses in Lagos. Now SFH Nigeria has a single massive warehouse, offering 70,000 square feet of space, enough room for all the



Chris Enenche and Peter Clancy in 1995.

products, as well as packaging activities and storage. In the past, the Sales Representatives in Kano, Kaduna, Maiduguri and Sokoto felt alienated from the Lagos office due to the difficulties in accessing funds and products due to distance. This was truly a big challenge. Some Sales Representatives rode motorcycles to reach the most remote areas.

There were only five representatives at that time covering the whole of Nigeria; Chris, Muiyiwa, Obi, Wale, and Tokunbo were all young

men in their mid-twenties. Chris recalls, "We used to spend every night feeling feverish, working on retirements, (financial reports) – we had to do everything - and SFH Nigeria was so rigorous in managing these issues". Now, Chris says, SFH Nigeria has grown to a point where the systems and staff are in place to facilitate and manage this much better.

In 1993, during the stalemate with the then Head of State General Sani Abacha, USAID declared that no US funding would go toward

working with Federal and State government partners. Donors enforced a focus on the private sector, until a new and stable government was in place.

From 1994 to 1995, to fill the donor void after US-AID limited funding, DFID stepped in and with this support came the introduction of injectable contraceptives, expanding the SFH Nigeria product portfolio. Still, the SFH Nigeria list of products was rather small. There were no mosquito nets or water disinfectants, no ACTs, im-

tal. SFH Nigeria had already donated Water Guard to the government and participated in training the field workers on PuR and Water Guard.

The situation never went out of hand in Gombe but the State still received donations and demonstrations in the use of Water Guard and PuR during a town hall meet-

ing organised by Voice of America (VOA) Hausa.

SFH Nigeria received commendation from the governments of Bauchi and Gombe for their intervention and

this proved the mettle of the regional team. They were proud to be SFH Nigeria staff and were very happy in their support of the government in time of need'.

AUGUST MEETING:

A Period to Reach More Women in the South East

It is an all-important annual event, which takes place in the month of August every year. It is usually time for Igbo-speaking women to return from their various locations outside of home for a grand meeting that lasts for days. The meeting presents the opportunity to discuss and deliberate on issues that affect them com-

the entire community. In most cases, participation is reserved for married women from the community and it is compulsory. Absenteeism attracts a fine. The idea of stimulating communal growth through women participation is a very commendable concept and serves as best practice for the rest of the world to learn from as a veritable aspect

The SFH Nigeria team in Enugu region seized the opportunity to reach women in the communities of Enugu and Anambra states. The team interacted with various communities and discussed various health issues. They made demonstrations of PUR usage as well as product placements. Different SFH Nigeria teams visited nine (9) communities and provided information and access the availability of family planning and reproductive health services.

Mpu community was one of the locations visited, where a health talk was given to women who had gathered for the meeting at one of the community secondary schools

Over 1000 women were reached out of which 320 were referred to SFH Nigeria Women's Health Project FP partner facilities. The women asked many questions on

family planning and received responses from SFH Nigeria teams. The Enugu team also distributed introductory brochures and fliers, including materials on the use of Water Guard.

The Enugu Water Sanitation and Health (WASH) Team also demonstrated how to use SFH Nigeria products, PuR and Water Guard. This also took place in Mpu, Aninri LGA, where the SFH Nigeria WASH consultant gave a health talk with a focus on general behaviour change required in hygiene, sanitation, and safe water treatment system. The women were made to understand that people, especially children, could be infected with water borne diseases even when their surroundings are clean because of failure to wash hands.

The community women leaders appreciated SFH Nigeria for all their effort in going the extra mile to ensure that women have access and information to health and reproductive health issues.



Women of the South-East listening during the health talk

monly and bring up suggestions and ideas on how to tackle their problems and help the advancement of

of the Millennium Development Goals (MDGs).

Women's Health Project FP partner facilities. The women asked many questions on

SFH Nigeria collaborates with Government to provide relief for Cholera Outbreak communities

The month of August 2010 brings back memories of cholera outbreak especially in some communities in the northern states of Nigeria. Anecdotal evidence shows that over a thousand lives were lost to the epidemic and many were hospitalized. The management of SFH Nigeria on receiving the news of the outbreak approved the donation of WaterGuard and PuR (SFH Nigeria Safe Water System (SWS) products) to the affected state governments as its contribution to alleviating and controlling the epidemic. Swiftly, field teams swung into action through advocacies to the State Governments via their various State Ministries of Health, and mobilised affected communities through their community leaders and trained community health care givers/providers on SWS. Currently, SFH Nigeria has donated Water Guard to 11 states in addition to 5 states which benefitted from PuR donation.

As the epidemic is being contained in outbreak communities, the field teams continue to monitor and provide necessary support to the communities and government. The following are

some responses from some field teams:

In Kaduna "The first outbreak we got to know about was from Badarawa. This community is quite close to the regional office. We contacted our headquarters and swiftly, a donation of 20 cartons of Water Guard was authorised. This was brought to the attention of the State Ministry of Health (SMoH) through the State Monitoring and Evaluation (M&E) focal person and the permanent secretary.

An advocacy visit was made to the community leader (district head) who took the SFH team round the particular areas that were affected. We got our IPC conductors to go round the community and conduct sessions on Safe Water Systems. The district head also got other community leaders and with their support, WaterGuard was distributed in the community and people were very happy and grateful for the intervention by SFH.

When the Katsina epidemic was reported, SFH sent 25 cartons of Water Guard to the State Primary Health Care Development Agency. Questions and misunderstandings were answered and the agency thereafter expressed gratitude for the gesture. SFH, Nigeria Kaduna office also later



SFH donates PUR and Water Guard to a health facility

learnt that *Medicins Sans Frontiers* (MSF) had also intervened."

In Maiduguri advocacy visits to the State Ministry of Health and various communities, including Shokari, Lawanti, Bulabulin, Ruwan Zarfi, Gwange were conducted. There were also regular visits to cholera camps including the Infectious Disease Hospital (IDH) in Ruwan Zarfi, Primary Health Centre, Gamboru, Fatima Ali Sheriff Comprehensive Health Center and Malakachalla Maternal and Child Health, Bolori. SFH Nigeria trained IPC Water Guard canvassers and provided information to the communities on hygiene and safe water system and the need to maintain the behaviour after the epidemic. Demonstrations on how to

use PuR and Water Guard were conducted and a donation and distribution of 50 cartons of Water Guard was made to the facilities. 40 cartons of PuR was also donated to the Ministry of Health for onward distribution to the various camps and affected communities.

This effort increased awareness and demand for Water Guard and PuR in the region and in Maiduguri there was a call for all to imbibe the culture of safe water even when there is no cholera outbreak.

Bauchi Region:

At the peak of the epidemic there were about 200 people on admission. "The situation later improved and the number came down to seventeen people on admission at the Teaching Hospi-



...in the early days

plants or eyeglasses; just condoms, pills, and injectables. Things continued to progress for SFH Nigeria, but we were not the huge organisation as you can see now.

A question was put to Chris about what he remembered of his first days on the job, and he had this to say, "Excited. You had to know your customer, where the shops were, and map out all the possible distribution outlets. We were just going around delivering commodities. Things moved slowly then, with small gains, limited sales, breaking up cartons to sell condoms in smaller quantities (dispenser packs) and oral pills (10 cycles), bound up in rubber bands."

Chris is most proud of the efforts of Bright Ekweremadu (now Managing Di-

rector), late Professor Ransome Kuti, the late Emir of Dass Bilyaminu Othman, and himself in gaining duty exemption for condoms coming into Nigeria from outside manufacturers in 1998-99. He recounts how they conducted advocacy visits to the Ministry of Finance and later the Comptroller General of Customs to gain this important waiver. SFH Nigeria continued to advocate for the waiver until they were successful. Since then the Federal Government of Nigeria has renewed this duty waiver regularly. The waiver has allowed SFH Nigeria to promote and distribute high quality products at very affordable prices, ensuring access for the vulnerable and hard to reach Nigerians.

Chris recalls that one of

the biggest challenges SFH Nigeria faced over the past 25 years was the uptake of family planning/child spacing products and services due to lack of a national coordinating body for Family Planning/child spacing unlike HIV or malaria where official bodies such as NACA and NMCP work together with partners to facilitate policy, promotion, and development; FP has no such entity. "But I had no idea SFH Nigeria would become so large", Chris says, "even though we were growing then".

He thinks the future of SFH is as bright as ever – as SFH has proven her capacity to perform, and to be flexible to donor and community interests and trends. He feels the next arena of expansion for SFH might be in Mater-

nal and Child Health (MCH)/child survival – products such as oral rehydration solution and zinc, clean delivery kits and other maternal and child products.

Chris Enenche has served SFH Nigeria for two decades in a variety of roles and sites which include Sales, Logistics, Family Planning and currently he is Deputy Director Field Operations, Northern Region based at the national office in Abuja. What would Chris like people to know about the Society for Family Health Nigeria, at 25: "We have never thrown away our core values. We keep working hard, and we deliver. We maintain a spirit of integrity. And we believe that whatever we do, is worth doing well."



IPC Awareness Session in a community

Campaign Improves Awareness and Treatment of Tuberculosis

The challenge of tuberculosis (TB) in Nigeria, if not properly addressed will be a crises for Nigerian health and development endeavours. The infection has been on the increase among the general population especially where HIV prevalence rate is high. This spread is due to inadequate knowledge, access to treatment and lack of awareness of the TB infection in the communities.

Where TB services are made available at the Directly Observed Therapy (DOTs) short course centres, client inflow is usually poor because people are not aware of the services and also have fear that the services might be expensive.

Society for Family Health, Nigeria goes the extra mile, trying to meet with this challenge through the mobile HIV testing services which is available in the communities through the TB community

awareness programme to increase referrals, uptake of free TB services and visibility of the DOT centres within communities.

Field staff members within the regions work assiduously using the interpersonal communication (IPC) strategy to tackle the TB scourge and in the process receive eye-opening feedback that creates continuous behaviour change in the communities.

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positive to TB said they were not aware that it is treatable and curable. Others who knew they had the infection could not access the treatment for the fear of stigma and discrimination.

SFH Nigeria provided help and hope to TB clients in their environment through the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care (CIH-PAC) in Nigeria. The project was sponsored by USAID

World AIDS Day

Health Minister visits SFH Nigeria stand, applauds products display

The Human Immuno-deficiency Virus (HIV)/Acquired Immuno-deficiency Syndrome (AIDS) has been a major problem in many parts of the world. Approximately 33.2 million persons live with HIV/AIDS worldwide and AIDS continues to be a major cause of death in sub-Saharan Africa. In Nigeria, the overall HIV prevalence is estimated at 3.6% among the general population (NARHS 2007), with more than 2,600,000 people infected with HIV (UNAIDS, 2008). Almost 200,000 people die from AIDS each year in Nigeria.

Recent reports suggest a slowing of the epidemic in Nigeria, with many persons living with HIV on life saving Highly Active Antiretroviral Therapy (HAART) and over a million people tested for HIV yearly. Surveys also show changes in sexual behaviour, especially among young people, resulting in a reduction in new infections. Nevertheless, more still needs to be done.

World AIDS Day, recognized and marked worldwide on the first day of December (01/12) every year, with the view to remind the World of

the harsh reality that we all face with this pandemic, and to educate and create a rekindled awareness on the best ways to manage the HIV/AIDS scourge. This year's event was no different with a more centralised management of the event by the National Agency for the Control of AIDS (NACA) and collaboration with stakeholders. The event was a great success.

The Minister of Health, Prof. Christian Onyebuchi Chukwu, chaired the occasion. Also present at the event was the NACA Director General, Prof. John Idoko, representatives of the United States Agency for International Development (USAID), and the rest of the international community as well as key indigenous stakeholders.

SFH Nigeria was well represented at the event with a delegation led by the trio of Mr. Ifeanyi Okekearu, Mr. Damola Ogunbowale, and Mr. Paschal Azubuike.

The SFH Nigeria information booth was a beehive of activities. Almost immediately after arrival, inquisitive participants at the event could not help but admire the products and materials on display at the booth.



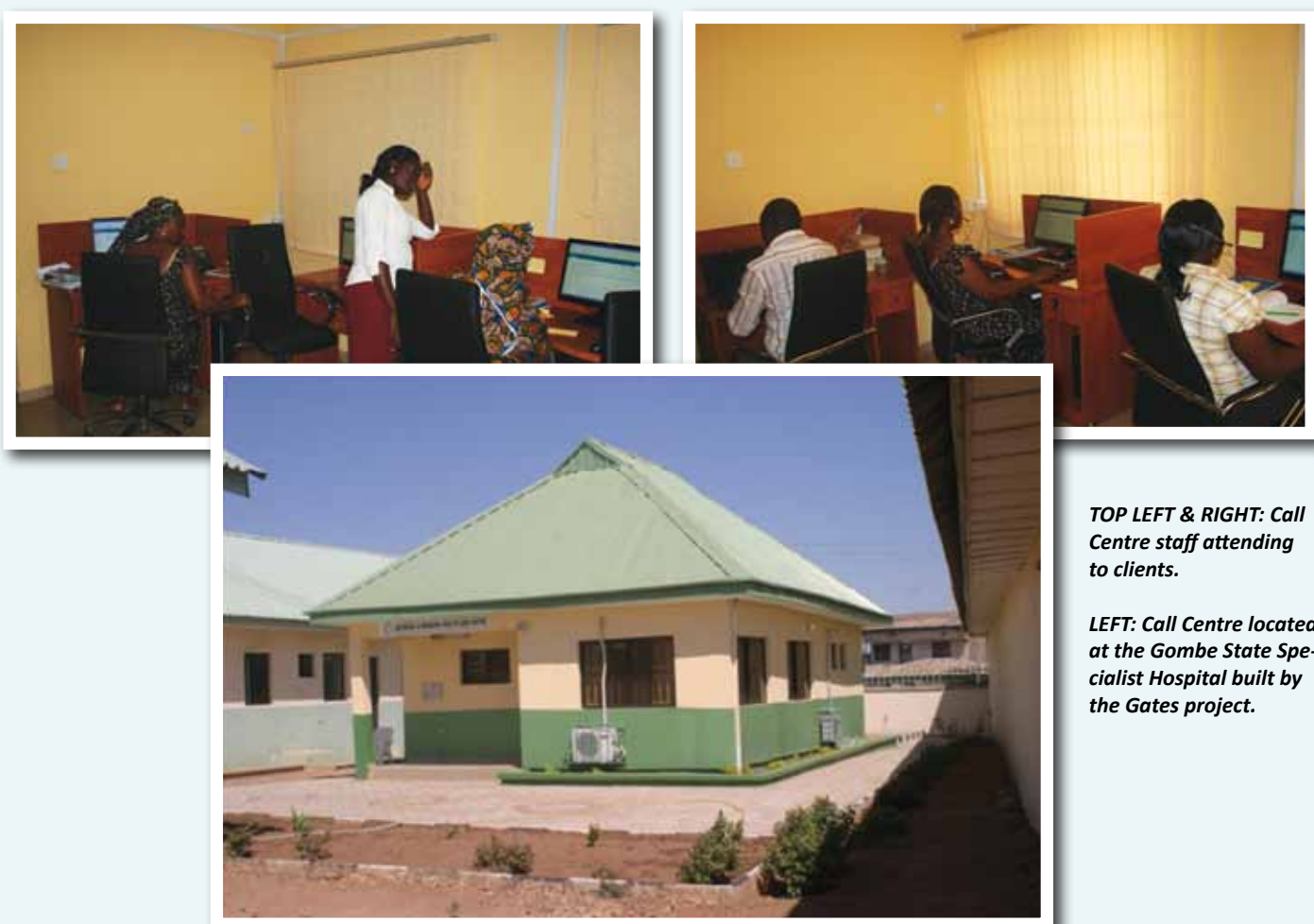
Hon. Minister of Health, Prof. Chukwu at SFH Nigeria stand, World AIDS Day 2010

There was an educative session by MIS. Joyce Longkwang on the use of the female condom, which admirers applauded and requested samples for use. Members of the SFH Nigeria team had their work cut out for them as they educated the crowd on the products and IEC materials on display. In particular, there seemed to be great interest in PuR (a water disinfection and sedimentation product), female condom, and Lubrica (used for condom lubrication) as well as the laminated IEC materials with pictorial illustrations.

SFH Nigeria also made

available, a Road Show truck, and HIV Counseling and Testing (HCT) booth for the event. There was entertainment from the Road Show truck and interested persons visited the HCT booths to know their HIV status.

After the Minister's speech, he declared the event open and took a tour of the booths. While at the SFH Nigeria booth, he commended SFH Nigeria for the products on display. The visibly happy Minister expressed his delight with the SFH Nigeria team and congratulated them for a job well done.



TOP LEFT & RIGHT: Call Centre staff attending to clients.

LEFT: Call Centre located at the Gombe State Specialist Hospital built by the Gates project.

The Gombe State Government, Society for Family Health, Nigeria and Population Services International (PSI), through the support of the Bill and Melinda Gates Foundation have launched the first Maternal and Neonatal Health Call Centre (Hot-line) in Nigeria. The commissioning of the call centre was conducted on 11th November 2010 at the Specialist Hospital in the heart of the capital city of Gombe. Special Guests of Honour who attended the Launch included: His Excellency, the Deputy Governor of Gombe State, Mr. John Lazarus Yoriyo, the Honourable Commissioner of Health, Dr. Mohammed Isa Umar (Garkuwan Yamaltu), His Royal Highness, Chairman of the Occasion and Patron of the MNHCP HRH, the Mai of Kaltungo, Alhaji Saleh Mohammed OON, His Royal Highness, the Emir of Waja, Alhaji Mohammadu Bello.

Also in attendance were the Health, Information and Education Commissioners of Gombe State, UNICEF and

NHCPDA representatives and Civil Society Organisations (CSOs) Partners such as Federation of Muslim Women Association of Nigeria (FOMWAN), Guidance and Counselling Development Association, and traditional birth attendants (TBAs).

There were in addition, representatives of State Action Committee on AIDS (SACA), Health Committee, Gombe State Assembly; the Medical Director of the Specialist Hospital and Principals of the Schools of Nursing, Midwifery and Health Technology, Kaltungo. Reporters from the British Broadcasting

Telephone Numbers for the Call Centre:		
GLO	MTN	AIRTEL
+234 705 8890 021	+234 803 1230 206	+234 708 0601 009
+234 705 8890 022	+234 803 1230 221	+234 708 0601 010
+234 705 8890 023	+234 803 1230 167	+234 708 0601 011



Some members of the UAFC awareness team

The challenge of tuberculosis (TB) in Nigeria, if not properly addressed will be a crises for Nigerian health and development endeavours. The infection has been on the increase among the general population especially where HIV prevalence rate is high. This spread is due to inadequate knowledge, access to treatment and lack of awareness of the TB infection in the communities. Where TB services are made available at the Directly Observed Therapy (DOTs) short course centres, client inflow is usually poor because people are not aware of the services and also have fear that the services might be expensive.

Society for Family Health, Nigeria goes the extra mile, trying to meet with this challenge through the mobile HIV testing services which is available in the communities through the TB community awareness programme to increase referrals, uptake of free TB services and visibility of the DOT centres within communities.

Field staff members within the regions work assiduously using the interpersonal communication (IPC) strategy to tackle the TB scourge and in the process receive eye-opening feedback that creates continuous behaviour change in the communities.

Some clients who tested positive to TB said they were not aware that it is treatable

and curable. Others who knew they had the infection could not access the treatment for the fear of stigma and discrimination.

SFH Nigeria provided help and hope to TB clients in their environment through the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care (CIH-PAC) in Nigeria. The project was sponsored by USAID with the aim of creating and supporting the adoption of healthy reproductive and HIV prevention behaviour among the poor and most at risk population in Nigeria.

A major component of this project revolves around awareness creation on issues surrounding tuberculosis and HIV as one of its objectives.

This includes activities conducted on the 2010 World TB Day (March 24th 2010) to create more awareness about TB infection and to solicit community support for comprehensive TB intervention in the regions. SFH Nigeria teams all over the regions participated in the World TB Day celebration in collaboration with the State TB and Leprosy Control Agencies. Testimonies attested to in some regions displayed the success of the project before it finally closed in 2010. Different approaches were designed to create awareness and provide services. Interpersonal conductors were trained to reach as many people as possible with information, messages and access service centres.



IPC sessions in Kala'a and Gamji Communities - 1

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The communities in Bauchi State asked the IPC conductors if TB treatment is free in Bauchi or if they had come like past development workers to only talk and go away. The state government



The Deputy Governor of Gombe State, Mr John Lazarus Yoriyo commissioning the Call Centre

SFH Launches First Maternal and Neonatal Health Call Centre In Gombe

The Gombe State Government, Society for Family Health, Nigeria and Population Services International (PSI), through the support of the Bill and Melinda Gates Foundation have launched the first Maternal and Neo-natal Health

Call Centre (Hotline) in Nigeria. The commissioning of the call centre was conducted on 11th November 2010 at the Specialist Hospital in the heart of the capital city of Gombe. Special Guests of Honour who attended the Launch included: His Excellency, the Deputy Governor of Gombe State, Mr. John

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Also in attendance were the Health, Information and Education Commissioners of Gombe State, UNICEF and NHCPDA representatives and Civil Society Organisations (CSOs) Partners such as Federation of Muslim Women Association of Nigeria (FOMWAN), Guidance and Counselling Development



UAFC awareness team
in the market

With UAFC, Women Have A Say

Negotiating for safer sex in both spousal and non-spousal sexual encounters remains a major challenge for most women. This is especially as the male condom, despite its wide acceptability and availability, does not offer most women the option of negotiating protected sex with their partners. The consequences of unintended pregnancies and the burden of HIV infection affect women more.

Introducing the Female Condom (FC) into the Nigerian product mix of Reproductive Health, Sexually Transmitted Infections (STI), HIV and family planning, will therefore help to address some challenges associated in the past with low FC programming and distribution. The female condom is the only female-initiated dual protection method that would enable

women to have greater control over their own protection from disease and unplanned pregnancy.

Unfortunately, the product is still poorly known among women and men. Initial female condom programmes in Nigeria were limited and Female Condom was promoted as a 'health product' targeted at mostly sex workers and women at government family planning clinics. In addition, high cost of the product, low male involvement; low level of awareness on the benefits, absence of skills on proper usage, poor promotion and issues around supply chain management were factors that contributed to the low acceptance and uptake of female condom making it one of the least accepted Reproductive Health methods in Nigeria.

In 2009, the SFH Nigeria HIV division expanded its prevention programmes to include

female condoms through the Universal Access to Female Condoms (UAFC) programme. Nigeria thus became one of the pilot countries to implement the UAFC large scale country programme component funded by Oxfam Novib and managed by an international steering committee consisting of Oxfam Novib (ON), World Population Foundation (WPF), DANIDA, I+ Solutions and The Netherlands Ministry of Foreign Affairs (DGIS).

The three-year programme which commenced in January 2009, will end in December 2011, and is piloted in three focal states, Delta, Edo, and Lagos. SFH Nigeria is the lead partner and works in conjunction with other Oxfam counterparts like BAOBAB for Women's Human Rights, Girls Power Initiative (GPI) and Lift Above Poverty Organisation (LAPO). The primary target groups are women of reproductive age

(15-49 years) and men of reproductive age (15-64 years).

The goal of UAFC is to reduce the number of unplanned pregnancies and the incidence of STIs including HIV. By December 2011, the programme will increase the demand for female condoms within the focal states; make the female condom available and accessible at an affordable price and in a sustainable manner; and ensure the inclusion of female condom provision in existing programmes and service delivery packages offered by participating organisations.

Now in its implementation phase, great strides have been made by the UAFC team from a well-attended programme launch and unveiling of Elegance® as the programme female condom (FC) brand, to the first ever FC radio campaign aired in Nigeria. Other feats achieved include an increasing number of partners in each state that are successfully carrying out FC programmes and the sale of over 700,000 pieces of Elegance®.

We the UAFC team encourage you all to free your mind and enjoy this new experience!

Victoria Achibong – Abuja



IPC sessions in Kala'a and Gamji Communities - 2

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The SFH Nigeria Milestones

			1983	1984
			The formation year of SFH Nigeria.	Family Health Committee was set up. Meetings and conferences on family health began.
1985	1986	1987	1988	1989
SFH registered as a Corporate Entity.	Occasional meetings and discussion among board members.	Occasional meetings and discussion among board members.	Occasional meetings and discussions among board members.	Michael West came to SFH Nigeria as the First Resident Adviser. Distribution of Gold Circle Condom commenced with third party pharmaceutical companies : - Pharco and Toga-Pharma in South West.
1990	1991	1992	1993	1994
PSI funded SFH Nigeria to conduct a condom market analysis and provided funding for 3 years on Gold Circle distribution in Lagos, Oyo and Ogun States.	Gold Circle distribution continues in South West Nigeria.	First USAID funding through PSI to expand efforts nationwide. Peter Clancy joined SFH Nigeria as the new Resident Advisor. First surge of SFH Nigeria growth. Condom distribution improved to a few millions.	Sir Bright Ekweremadu joined SFH Nigeria USAID funded 3 year programme called CSM-1993-1995 which encouraged modern contraceptive of FP. SFH commenced national social marketing of Gold Circle Condom.	Recruitment of motor-cycle representatives to complement the activities of the regional sales representatives. Award winning TV Gold Circle Condom advert "Na Who Get This Raincoat?" released.
1995	1996	1997	1998	1999
Condom distribution reached 17 million. ODA funded SFH Nigeria to distribute Noristerat and second brand of condom – Cool condoms for the younger generation developed the collaboration with PFI and Nigerian FP elite trainers who trained 3,500 providers nation wide. DFID funded CSM1 for three years 1995-1998. Launching of injectibles "Noristerat Depo"	Gold Circle Condom distribution. Cool condom distribution targeting youth. Noristerat distribution.	Gold Circle Condom distribution. Noristerat distribution.	Collaboration with John Hopkins to focus on effective communication and demand creation. DFID three years funding 1988-2001 called CSM2.	Condom sales improved to about 40-45 million units Additional staff recruited "Make We Talk" project under AIDSMark commenced.

2000	2001	2002	2003	2004
Condom sales improved to about 40-45 million units.	<p>USAID funded seven year PSRHH.</p> <p>Large mass media campaign "Future Dreams" launched.</p>	<p>SFH moved to Abuja in August. The movement began in April and was finalized in October.</p> <p>DFID funding for PSRHH partnership with Crown Agents, PSI Action Aid Won the USAID/DFID PRSHH project.</p>	<p>USAID funded SFH Nigeria to combat malaria and the 'KidCare' package.</p> <p>Sales of LLIN.</p>	<p>Began the water treatment products Water Guard with PSI and PUR with Procter and Gamble.</p> <p>"Zip Up" mass media campaign (for delayed abstinence) debuted"</p>
2005	2006	2007	2008	2009
<p>IRHIN commenced; the first USAID project funded directly to a Nigerian NGO.</p> <p>Global Fund HIV Round 5 project granted to SFH Nigeria.</p> <p>ACTs for Malaria treatment commenced distribution.</p> <p>"Make We Talk" project under AIDSMark concluded.</p>	<p>SFH Nigeria moved to main office in Abuja on Port Harcourt Crescent, Area 11, Garki.</p> <p>Achieved DALYs.</p> <p>Began distribution of ACTS.</p>	<p>USAID funded Women's Health Project of IUDs, Jadelle etc and promoted long term FP products.</p> <p>Reading glasses project was launched- not a very successful project.</p>	<p>SFH Nigeria continued partnership with GF, Malaria 2 years, ACTs and now distributed to all household free especially in Ogun and Niger States.</p> <p>Oxfam Novib pilot project to promote Female condom in Lagos, Edo and Delta States.</p> <p>Achieved DALYs.</p> <p>Began distribution of ACTS Condom sales reached over 200 million.</p>	<p>Restructured the Field Operations division.</p> <p>ENR Project approved in January and began in April with Kaduna, Benue, Nassarawa and Cross River States.</p> <p>Partnership between SFH Nigeria and Global Fund to fight AIDS, TB, Malaria and implement HIV/AIDS prevention and condom promotion.</p> <p>Began the Maternal and Neonatal Health learning project by Gates Foundation in Gombe State.</p> <p>SFH Nigeria awarded Lagos Advertising and Ideas Festival (LAIF) Award for "Slap" Malaria advert.</p> <p>Universal Access to Female Condom (UAFC) project begins.</p>
2010	2011			
SFH Nigeria celebrated 25 years.	<p>ESMPIN project begins.</p> <p>IRHIN project closed and disseminated.</p> <p>The positions of CTO, COO and CFO created.</p>			