BIENNIAL REPORT 2016/2017

Society for Family Health
Creating Change, Enhancing Lives

www.sfhnigeria.org


from
sunrise
to sunset

Profile

Society for Family Health is one of Nigeria's largest indigenous non-governmental organisation 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 behaviour change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviours.

Vision

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

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

LAGOS OFFICE
No 20 Omotayo Ojo Street
by Oshopey Plaza bus stop,
Off Allen Avenue, Ikeja
Lagos State.
Tel: 0812 994 0449
0803 700 7790

AKURE OFFICE
C/O MDS DRPOT
Km 4, Ondo Road, Onward
Aluminium, Akure, Ondo State.

CALABAR OFFICE
C/O MDS DEPOT
Plot 32, Northern Industrial
Estate Harbour Road,
Calabar, Cross River State.

ILORIN OFFICE
C/O MDS DEPOT
111, Murtala Mohammed
Way, Kwara State.

KADUNA OFFICE
No 7 Belel Close,
Unwgwan/RIMI GRA,
Kaduna State.

OGUN OFFICE
1A Ogo Oluwa Bankole
Crescent, By Premier Paint Villa,
Ibara Housing Estate, Abeokuta,
Ogun State.

PORT HACOURT OFFICE
6 Williams Ajikere Street,
Off Stadium Road,
Port Harcourt, Rivers State.

Otta Warehouse
Plot 24-27 Ogun State Housing
Estate, Off Idiroko Road Ota,
Ogun State.

ABIA OFFICE
RACE PROJECT
Abia c/o Owerri Office, Abia
State Primary Health Care
Development Agency,
Adelabu Street Umuahia
Abia State.

AWKA OFFICE
Memorial Plaza, Opposite CBN
Along Onitsha Enugu Express
way, Awka, Anambra State.

ENUGU OFFICE
C/O MDS DEPOT
20, Okpara Avenue,
Enugu, Enugu State.

IBADAN OFFICE
26 Baale Akintayo street,
Jericho, Ibadan, Oyo State .

KANO OFFICE
No. 30 Masalachi Crescent
Farm Center Lane, Off Sokoto
Road, Kano State.

ONITSHA OFFICE
C/O MDS DRPOT
Plot 5, Dozzy Crescent,
Niger Bridge Head, Onitsha,
Anambra State.

SOKOTO OFFICE
C/O MDS DEPOT
8, Abdullahi Fodio,
Sokoto, Sokoto State.

UYO OFFICE
20D Line, Itiam/Ewet Housing
Estate, Uyo, Akwa Ibom State.

ABUJA OFFICE
House 16, 61 Road, 7th
Avenue, Gwarimpa 11
Estate, FCT - Abuja.

BENIN OFFICE
C/O MDS DRPOT
27, Oba Market Road,
Benin, Edo State.

GOMBE OFFICE
Society for Family Health
No 4, Bauchi Road, GRA
Gombe, Gombe State.

JOS OFFICE
C/O MDS JOS 1
28, Murtala Mohammed
Way, Plateau State.

MAKURDI OFFICE
C/O MDS DEPOT
1 Beach Road, New Garage,
Wadata, Benue State.

OWERRI OFFICE
Plot LM City Garden Estate
MCC/Uratta Road, Opposite Imo
State Housing Co-operation,
Owerri, Imo State.

TARABA OFFICE
c/o Essential Drug
Premises/Health System
Beside Tara State Broadcasting
Service Phase II, Jalingo,
Taraba State.

YOLA OFFICE
Behind Karewa Primary Sch.
Karewa /Maskare layout
Jimeta, Adamawa State

contents

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 to 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 the 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 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.

Founding Members

Hon. Justice Ifeyinwa Nzeako
The late former Justice of the Appeal Court Nigeria, Hon. Justice Nzeako was an advocate who despite being in the legal profession dedicated her time and energy to the healthcare of Nigerians. She headed the National Council of Women's Societies and the International Women's Society to advocate to governments concerning the status of health of young girls and women. She was an active member of the Nigerian Bar Association as well as a very committed member of the International Federation of Women Lawyers.

Olikoye Ransome-Kuti
Olikoye Ransome-Kuti was the Nigerian health minister in the 1980s under the government of General Ibrahim Babangida. He remained minister until 1992, when he joined the World Health Organisation as its Deputy Director-General. Similarly, he held various teaching positions, including a visiting professorship at Johns Hopkins University's school of hygiene and public health. In addition, he won both the Leon Bernard Foundation Prize and the Maurice Pate Award, in 1986 and in 1990 respectively.

Phil Harvey
Phil Harvey is an American entrepreneur & philanthropist who has set up large-scale programmes that deliver subsidized life saving commodities and services to poor countries. He has overtime supported countries in the third world in terms of family and reproductive health.

Mallam D.S Wali
Mallam D.S Wali is a reputable pharmacist and an entrepreneur. His deep desire to improve the health of Nigerians spurred him to establish community pharmacies across Northern Nigeria where quality and subsidised health products can be obtained. He was recently recognised by Nigeria’s current president for his service to humanity.

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.

Dr. Ahmed I. Yakasai

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

Mr. Kunle Elebute

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

Professor Ekanem Ikpi Braide

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

Dr. Chikwe Ihekweazu

Dr Chikwe Ihekweazu is an epidemiologist and Consultant Public Health Physician. Dr. Ihekweazu is the CEO of the Nigerian Centre for Disease Control. He is also the Managing Partner of EpiAfric (www.epiafric.com), a health sector focused consulting group working to improve population health through expert research and data analytics, project design and evaluation, health communication, advocacy and training. He, previously, held leadership roles at the South African National Institute for Communicable Diseases and the UK's Health Protection Agency. He has undertaken several short term consultancies for the World Health Organisation, mainly in response to major outbreaks. He is also the co-lead of Nigeria Health Watch (www.nigeriahealthwatch.com), an advocacy platform for health in Nigeria.

Pharmacist Remi Adeseun

Pharmacist Remi Adeseun is the country manager (West-Africa) of Quintiles IMS, a multinational healthcare information management and clinical research organisation. He is a Pharmacist and Lagos Business School Alumnus with over 20 years healthcare industry experience, 16 of which (1989-2005) were with leading multinational pharmaceutical companies: Sandoz, Novartis and Janssen-Cilag where he retired as Country Manager for Nigeria in 2005. Mr. Remi has also been an entrepreneur with a successful medical technology company-Rodot-Specialising in Renal Dialysis & Water Treatment Equipment. He holds the Merit Award medal of the Pharmaceutical Society of Nigeria Lagos State (2002) as well as the Eminent Persons Award of the Nigerian Association of Industrial Pharmacists (2006).

Kim Schwartz

She is the Senior Vice President and Chief Financial Officer at Population Services International and is responsible for the organisation's finance, treasury, budget, contracts, pricing, procurement and technology integration activities. She has more than 30 years' experience in finance, healthcare, non-profit organisation and fortune 500 organizations. Prior to joining PSI, Kim led the financial, contracts, procurement and warehousing operations of the American Red Cross and the finance and human resources operations of the American Lung Association. At Inova Health Care Systems, she held positions of the assistant vice president for compliance, the director of corporate finance and director of finance for Fairfax & Fair Oaks Hospitals. Kim is the past board chair of the Patient Access Network Foundation and past audit committee member for the American Lung Association.

Moussa Abbo

He was the Vice President 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 the Country Representative in Cameroon, Haiti and Guyana and as Regional Technical Advisor and Programme Manager for West and Central Africa. He also served as Deputy Director for a global HIV project, CORE INITIATIVE in Washington DC and has held both long and midterm assignments in many developing countries in Africa, America and Asia. Prior to his advent in the NGO sector, he had held top management positions in the private sector. Moussa holds a BSc in Marketing and is a board member of several indigenous organisations in Africa.

Sir Bright Ekweremadu

An extraordinary leader with over 22 years of experience in social marketing and managing complex HIV and AIDS prevention, Reproductive Health/Family Planning and Maternal and Child Health programmes. Sir Bright joined SFH in 1993, and rose to the position of Managing Director in January 2005. 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. He currently holds an Honourary Membership award from the Pharmaceutical Society of Nigeria for his worthy contribution and promotion of the cause of pharmacy within and outside Nigeria.

Foreword

Professor Shima GYOH
President, Board of Trustees

As usual, Society for Family Health (SFH) is focused on impacting the lives of Nigerians especially the poor and vulnerable, through our projects and products, across Family Planning (FP), Maternal, New Born and Child Health care (MNCH). We are also specialists in the prevention and treatment of Malaria, Diarrhoea, Pneumonia, Cervical Cancer, and Nutrition. Our commitment to health care improvement resulted in averting 3,341,180 Disability Adjusted Life Years (DALYs) and contributing to 1,167,466 Couple Years of Protection (CYP) for the 2016 and 2017 review period.

The key strategies deployed in delivering results through the various projects include behaviour change communication, social marketing, quality health service delivery, research, monitoring and evaluation. The overall impact on the various health areas were achieved in collaboration with other partners working in similar health areas.

The period under review was excitingly busy and quite rewarding even as SFH welcomed the end of a couple of long-running projects such as the United States Agency for International Development (USAID) funded Expanded Social Marketing Project in Nigeria (ESMPIN) and that of Strengthening HIV Prevention Services for Most at Risk Populations (SHiPS for MARPs). Other projects which also ended during the period include: the World Bank HIV/AIDS Programme Development Project (HPDP); Support for International Family Planning Organizations (SIFPO); the Women's Health Project; and the African Health Markets for Equity (AHME). Most of the goals for these projects were achieved with high scores on assessment; nevertheless, their completion at the same time had a significant corporate impact on the organisation.

Nonetheless, a few new projects were secured during the period. The implementation of some has already commenced while a few others will start in the next reporting period. Some of the projects which continued during the period include Adolescents 360 (A360) and Support for International Family Planning Organizations (SIFPO). The Global Fund Malaria and HIV projects which closed out during the period under review also enjoyed an extension into the next period. SFH will however continue to work hard at attracting viable projects and keep engaging quality personnel.

The period under review witnessed the formation of the Project Support Unit (PSU), set up by management to manage research grants and coordinate SFH external facing events. Some projects executed by the PSU include the UNICEF WASH operations research implemented in 6 northern states; an MSH Emergency Contraception project to strengthen the pharmacy sector in Nigeria to provide more accurate information about emergency contraception; the KIT-GAVI multi year retrospective and prospective evaluation of measles campaigns and their effects on the overall immunisation system in Nigeria.

Despite the changing donor clime, SFH has continued to earn and sustain donor confidence. All audits conducted by donors during the reporting period showed that our programmes and financial records were free of any misrepresentations and that SFH maintained set standards. SFH remains grateful to Unites States Agency for International Development (USAID), Department for International Development (DFID), The Global Fund, Bill and Melinda Gates Foundation, MSD For Mothers, Children Investment Fund Foundation, World Bank, National Agency for the Control of AIDS (NACA), United Nations Children's Fund (UNICEF) and other Anonymous Donors. SFH also appreciates the support enjoyed from other partner organisations (indigenous and international) in the implementation of projects. We also recognise the contributions of the SFH chain of wholesalers who support and ensure that our products reach the beneficiaries even in hard-to-reach areas. Finally, SFH cannot fail to mention the assistance of the Federal Government of Nigeria through the Federal Ministry of Health which coordinates the activities of all partners and the government to achieve national and global goals. SFH will continue to appreciate and keep these relationships that have helped us to be where we are today. SFH as an organisation will continue to work under the highest global standards and best practices to ensure that results are achieved in a quality manner.

Overview

Sir Bright EKWEREMADU
Managing Director

Society for Family Health remains one of the leading Nigerian public health organisations in its commitment to reduce the burden of disease especially amongst the poor and vulnerable in Nigeria. In line with SFH implementation strategy, the various projects were able to achieve their objectives during the 2016 and 2017 period largely by creating awareness on how best to lead healthier lives among the general populace and amongst specific target populations. Despite emerging challenges especially around funding, SFH did not relent on delivering quality, accessible and affordable life saving commodities within our coverage areas. These efforts which were channelled towards improving child survival and the overall health of the family continue to yield positive results.

SFH also prioritised its social business units such as the warehousing services offered by its mega Warehouse in Otta, Ogun State as well as the Learning and Development Centre in Abuja. With the exit of the ESMPIN project, SFH transitioned its social marketing unit into the Social Business Enterprise (SBE). This sustainability approach is aimed at ensuring the Nigerian populace continue enjoying access to quality life saving products.

The SBE promotes a wide range of SFH commodities from contraceptives, antimalarials, antidiarrheals, to long lasting insecticidal nets (LLINs), etc. Through the SBE, SFH innovatively introduced a couple of new products as well as several variants of existing products. Some of the new entrants include: the rebranding from Gold Circle Flex to Flex Classic Condom and its range of variants namely Flex Treasure Island, Flex Stamina, Flex Brown Sugar, Flex Spice and Flex Pleasure Unlimited; change from WaterGuard (liquid base) to WaterGuard Plus (solid granules); and Mistol (Mistoprostol).

The A360 Adolescent project conducted series of formative researches as well as held numerous meetings with select teens from the target group to design implementation strategies. Towards the end of the reporting period, the project successfully recruited field staff and commenced southern field implementation in Lagos, Oyo and Ogun State. Commencement of Northern implementation is planned for the coming period.

The GF Malaria and HIV projects both ended during the review period but also enjoyed extension of field implementation into the next reporting period. Although SFH ceases to be the private sector prime recipient for the GF Malaria project, SFH continues to offer quality services as a sub recipient to Catholic Relief Services (CRS). The story is however different for GF HIV where SFH continues as prime recipient.

The Gombe Gates MNCH project transitioned from creating demand through Traditional Birth Attendants (TBAs) to Village Health Workers (VHWs) in 2016. Following the successes recorded under the VHW scheme, the project which ended in 2017 also enjoyed a no-cost extension going into the next reporting period. This novel implementation approach being led by the Gombe State Primary Healthcare Agency (GSPHCDA) is to serve as a model for other interested states. Similarly, SFH implements the DFID funded MNCH2 project with other consortium partners, across 6 northern states, to reduce child and maternal mortality.

Other projects implemented during the period include: the Cervical Cancer Screening and Preventative Therapy (CCS&PT) Project; African Health Markets for Equity (AHME) Project; World-Bank HIV & AIDS Programme Development Project; Support for International Family Planning Organisations (SIFPO) project; Expanded Social Marketing Project in Nigeria (ESMPIN); Strengthening HIV Prevention Services for Most at Risk Populations (SHiPS for MARPs) Project; Rapid Access Expansion Project (RaCE) Project; Women's Health Project (WHP); etc.

These projects contributed to SFH averting 3,341,180 DALYs, 26,802 deaths, 256,516 unintended pregnancies, 10,661 possible HIV infections and gain of 1,167,466 CYPs for the 2016 and 2017 period.

Flex classic condoms are ribbed and strawberry flavoured condom designed to provide extra sensation and heightened pleasure.

Treasure Island is a combo pack of all flavoured variant offering three matchless delights in a box: One Flex Spice condom, One Flex Brown Sugar condom and One Flex Pleasure Unlimited condom.

Stamina is a Lidocaine-treated condom for longer lasting excitement. 3 Performance Enhancing Condoms for longer excitement.

Brown Sugar is a premium studded and chocolate flavoured condom for maximum stimulation and thrill.

Spice premium latex condom is an ultra-thin and strawberry flavoured condom designed to provide that natural feel.

Pleasure Unlimited is a unique premium bubble gum flavoured condom offering extra pleasure and maximum delight.

www.flexcondom.com

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Projects

This section has been dedicated to both ongoing and completed projects. We have highlighted few areas that provide knowledge on each focus areas including: Introduction and Objectives; Project Strategies and Activities; Key Achievements and Results; Challenges and Solutions; and Plans Going Forward...

Adolescents 360 (A360)

January 2016 - June 2020

Introduction: Project Goals & Objectives

Adolescents 360 (A360) is an adolescent sexual reproductive health (ASRH) project funded by the Bill & Melinda Gates Foundation (BMGF). It attempts to identify and breakdown barriers to adolescent access and use of contraception thereby increasing voluntary, modern contraceptive use among adolescent girls aged 15–19 years, also to reduce unintended pregnancies and preventing transmission of HIV and other STIs amongst adolescents.

The project specific objectives are to:

1. Identify intervention models for unmarried girls in Southern Nigeria to increase access to modern contraceptives
2. Write business plan based on identified models for scale up
3. Realign budget to fit business plan for Scale up.

Project Strategy and Activities

1. In collaboration with Ideo.org, University of California (institute of development), A360 was able to conduct two series of prototype session for the identification of the impactful model(s). Several models of safe spaces, materials and outreach models including brand were prototyped and piloted in Lagos and Oyo states where the following models were finalised for scale-up;

Safe - space - three space types were finalised using the public and private health care systems – Stand - alone (flagship, cluster and cluster+ group of facilities).

Materials with contents - were tested and finalised to provide information to girls on sexual and reproductive health.

Outreach and advocacy - sensitisation sessions with mothers, empowering them to feel comfortable discussing sexual and reproductive health with their daughters.

Providers and mobilizers - Providers and mobilisers were recruited and trained on adolescent/youth friendly service and contraceptive technology.

Brand positioning - A brand called **9ja Girls** was identified by the beneficiaries. This is a brand that ties the space, materials, skill classes and outreach/advocacy as one system.

2. Business plan - Final draft of the business plan for southern Nigeria was written with support from PSI (A360 backstop) using the final model/system identified at

pilot.

Project Results and Achievements Against Target

1. Scale up has commenced in November with 11 facilities fully branded and equipped and are currently offering services to adolescent girls in Lagos and Oyo states .

2. Data were collected for the following activities;
   - Girls mobilized to 9ja Girls Centres- 40,885
   - Girls who reached the Centre for skills classes-5,409 (8%)
   - Girls who took up methods (for the first time i.e. adopters) 1,183 (80%)
   - Girls who are continuing users- 301

Location	2017 Targets	Adoption	%Performance
Lagos	713	504	71%
Oyo	467	500	107%
Ogun	292	179	61%
Total	1,474	1,183	80%

S/N	Challenges	Mitigation	Remarks
1	Obtaining Parental Consent for Girls under 18 years before provision of contraceptives especially longer term methods (IUD and Implant)	Consent and assent forms developed and placed at 9ja Girls spaces for under 18 (to obtain parental consent) and those that are 18+ to provide assent. Providing short term methods including condoms for girls under 18 years Targeted mobilization of girls 18 and 19 years Lagos state exploring the possibility of reviewing policy on parental consent in 2018.	No girl came back with signed consent This has improved adoption of services by girls under 18 years Improved uptake of method to help project meet target.
2	Insufficient providers (especially for the Young provider fellowship	Project hired young providers (nurses and midwives) and taking advantage of the Task Shifting Policy, recruited and trained CHEWs to provide service under supervision of government employed FP service providers .These were recruited through the State Primary Health Care Boards.	NYSC doctors asking for allowances that the states and A360 project cannot afford.

Lessons Learned

Desirability:

• Creating safe spaces for girls, where they can discuss sexual and reproductive health issues encourages communication and increase knowledge for adolescents.

• Connecting contraception to learning skills and working towards goals resonates with girls and leads to method uptake.

Feasibility:

Developing a branded network of safe spaces that offer a consistent experience requires supervision & design guidelines.

Sustainability:

Current policy may require 15-17 Year-old girls to receive parental consent for contraception, and/ or restrict them from using Long Acting Reversible Contraceptive (LARCs).

The Expanded Social Marketing Project in Nigeria (ESMPIN) **April 2011 - March 2017**

Introduction: Project Goals & Objectives

The Expanded Social Marketing Project in Nigeria (ESMPIN) was a 5 year USAID funded project (with an additional 1 year no cost extension) led by Society for family Health (SFH) in consortium with Association for Reproductive and Family Health (ARFH), BBC Media Action (BBC MA) and Population Services International (PSI). The primary objective of the project was to improve the health of women and children in Nigeria (and therefore reduce morbidity and mortality). It achieved this by increasing the use of modern family planning methods as well as the use of child health products in Nigeria

Project Strategy and Activities

ESMPIN employed social marketing and behaviour change communication strategies to expand availability and access as well as knowledge of effective and sustained use of child spacing and child survival products and information. The project also strove to engender a sustainable partnership with key stakeholders in the sectors as well as enhanced the capability of the commercial sector in Nigeria to provide family planning products. The social marketing component of the project was nationwide with 22 states acting as priority states for its community level demand creation and mass media activities. ESMPIN formally came to an end in March 2017 after a period of an additional one year No Cost Extension (NCE).

Project Results and Achievements Against Target

The project which came to an end in March 2017 had a CYP target of **17,200,000** and it achieved a CYP of **15,939,457** bringing the inception to date CYP performance to **92.6%.**

The project also successfully implemented the Cycles 9 and10 IPC intervention in 2016. The Cycle 10 implementation was modified to leverage on the FG task shift policy as means of providing direct FP services through CHEWs. The project therefore achieved a combined total of **21,032** CYPs with 349 chews through the

Cycle 10 six month period. Nevertheless, a total of **15,123,844** IPC contacts were recorded through the entire Cycle 1-10 of the ESMPIN program (at **102%** of planned target) along with **598,037** redeemed FP referrals (similarly at **80%** of target).

Furthermore, mass media programs (a 60sec radio spots on child spacing, diarrhea, malaria and exclusive breastfeeding) were aired through a 3 month wave within the priority states.

The iCCM pilot in Ebonyi was successfully completed with the participation of 295 PPMVs. The project in the period actively participated in the review of national policies and training curriculum on reproductive health. These include review of the 2017-2021 National Reproductive Health Policy; National training curriculum for post-partum long acting reversible contraceptives (PP LARC) methods and the policy change on use of amoxicillin at community level for management of uncomplicated pneumonia in children.

Challenges and Way Forward

The high cost of FP services remained a challenge to access of FP (and MCH) products and services. As a result, most community members resorted to getting services from unqualified sources such as PPMVs who most times offer services beyond their scope. The ESMPIN project therefore recruited and trained CHEWs who created demand on FP within intervention communities as well as offered FP services as appropriate afterwards. In this way, the project bridged the gap on proximity and cost through direct offer of subsidized FP services within intervention communities.

Lessons Learned

Although policies are in place encouraging task shift as well as the engagement of other lower level healthcare providers such as PPMVs, in actual implementation there is need to gain the support and active participation of all relevant groups including the government, regulatory authorities, health association groups as well as community leaders.

Planning for interventions must also include minor issues such as provision of consumables required for offering services or waste disposal strategy for mobile agents, etc

The Emergency Transport Scheme (ETS)

October 2013 - June 2018

Introduction: Project Goals & Objectives

The Emergency Transport Scheme (ETS) is implemented by Society for Family Health in 16 LGAs of Adamawa State in collaboration with the National Union of Road Transport Workers (NURTW) and Transaid. The project aims to increase access to maternal health services through provision of affordable and timely means of transportation to health facilities for women in maternal health emergency. The project is helping link pregnant women to maternal health services such as access to deliveries in health facilities assisted by skilled health providers by removing transportation barriers.

Project Strategy and Activities

The project provides routine transportation of pregnant women and new born in maternal emergency to health facilities; creates awareness and demand for intervention in Internally Displaced Persons (IDP) camps and host communities and actively engages government and community stakeholders for project ownership and uptake of services.

The project has a pool of 640 trained volunteer drivers. In 2016 and 2017, the project worked with NURTW state council to replace 101 inactive drivers out of a total of 640 spread across intervention LGAs. Refresher training was conducted for all 640 volunteer drivers to improve service delivery to pregnant women and new born in maternal emergency.

ETS Technical Steering Group (TSG) with membership from relevant government Ministries, Departments and Agencies, Faith Based Organisations, women groups and other partners' coordinates activities that are designed to institutionalise project sustainability in the state.

Project Results and Achievements Against Target

In the period under review, over 70% of 640 trained volunteer drivers on the scheme were actively transported at least one woman and newborn under emergency to a health facility, 11,186 pregnant women including those in labour representing 102% target for the period under review were provided transportation services. Since inception, over 14,644 women representing 76% of project target have benefitted from the transportation scheme.

The project equally recorded more than 90% attendance of drivers at ETS club meetings held quarterly in all the 16 intervention LGAs to keep drivers updated and on course on the project. Pregnant women in IDP camps and host communities now benefit from transport services provided by volunteer drivers.

Challenges and Way Forward

• There is a wrong perception by community members that volunteer drivers receive monthly stipend hence do not support them in subsidizing their fuel cost. The project is exploring collaboration with the media to further sensitize community members on volunteerism nature of support provided by ETS drivers.

Way Forward

Going Forward, the team will prepare for project close out in June 2018, intervention activities will be sustained and planned sustainability approach expanded to identify ETS champions at community and LGA level to serve as patrons to drive sustainability activities.

The African Health Markets for Equity (AHME) November 2012 - March 2017

Introduction: Project Goals & Objectives

The African Health Markets for Equity (AHME) Project was a five (5) year project funded by Bill and Melinda Gates Foundation and the British Department for International Development (DFID) and received through Marie Stopes International (MSI) as the principal recipient.

The goal of the project was to improve health outcomes through the provision of quality private sector health care targeted at the poor in Nigeria, Kenya and Ghana.

This was achieved by increasing the scale and scope of private provider networks, demand-side financing and the provision of Medical Credit Fund (MCF) for selected providers in all three countries. The project was focused on demonstrating DALYs averted among children and women through its Family Planning, Maternal care, HIV, Malaria, Diarrhea, Acute Respiratory Infection (ARI) and Nutrition Interventions.

Project Strategy and Activities

Scale Increase: SFH implemented this project in all 12 social franchise territories with over 340 clinic/hospital facilities, 190 Pharmacies and 180 Proprietary Patent Medicine Vendors (PPMVs) actively reporting on their impact.

Scope Increase: SFH started with only Family Planning but over time, more providers were trained and supported to provide services in other major health areas like Integrated Management of Childhood Illnesses (IMCI), Malaria Prevention and Treatment, Diarrhoea Disease Prevention and Treatment, Basic Emergency Obstetrics and Neonatal Care (BEmONC), Post-abortion Care (PAC) and Cervical Cancer Screening and Prevention Services.

Quality Improvement: All franchised facilities under the project recorded a steady increase in the quality of services delivered. In 2016, the annual internal quality assurance assessment result showed that on average, all SFH facilities were at 93% performance level based on the 5 key standards assessed. SFH also worked with PharmAccess to implement the SafeCare quality improvement methodology. About 135 of the SFH franchise health facilities (25 in Ogun) benefited from the Safecare quality improvement plan with 4 of them attaining Safecare Level 2 (a high quality assurance standard) in Ogun state.

Use of Health Network Quality System (HNQIS) Application: Working with Population Service International (PSI), the AHME project developed the HNQIS app for supportive supervisory visits to health providers and quality assessments. This app has been used to conduct a baseline assessment for all our facilities.

Commodity supply: SFH also supported the facilities through the supply of quality and affordable commodities (Family Planning (FP), IMCI including chlorhexidine etc) to all our outlets through the services of our sales and distribution unit.

Demand Generation: SFH engaged the services of Inter Personal Communications agents (IPCs) which clearly proved to be a successful strategy by boosting the number of visits to the health facilities and also enhance service update. Some providers toom further to engage the services of other IPCs and pay them because of the realised benefits.

Business Training and Loan disbursement: Over 200 franchise facilities benefitted from our business trainings under the medical credit funds (MCF) program while about 76 of them have accessed loans worth over N200 million Naira to improve their services.

Linkages with ARAYA: SFH supported the ARAYA health insurance scheme in Ogun state and in 4 months 6 SFH facilities were empanelled with 4 activated to provide services to the people of Ogun.

Project Results and Achievements Against Target

SFH DALYs and DEATHs Averted Between Phase in to Q3 YR5			
	Achieved	Target	% Performance
DALYs Averted	2,002,646.28	1,146,914.51	175%
Maternal Death Averted	16,713.00	7,579.00	221%
Child Death Averted	5,798.00	1,979.00	293%
Total Deaths Averted	22,511.00	9,558.00	236%

Challenges and Way Forward

It was challenging for both partners and providers to come to terms with the abrupt end of the project at the time, especially the Ogun ARAYA team. It was however accepted in good faith and the providers were encouraged to use the trainings they had received to continue service provision and provide services to their communities.

The ARAYA team were also assured of the continued presence of the partner organisations and our continued support to the scheme beyond the life of AHME.

Lessons Learned

The project came to a successful end by the end of March 2017

World-Bank HIV/AIDS Programme Development Project (HPDP)

August 2016 – February, 2017

Introduction: Project Goals & Objectives

Society for Family Health (SFH), Nigeria was engaged by the National Agency for the Control of AIDS (NACA) to oversee key aspects of the World Bank's HIV/AIDS Programme Development Project (HPDP) II, titled "Expansion of Access to HTS for PMTCT under Private Sector Response." The project's scope covered seven of the twelve implementation states of Akwa-Ibom, Cross-River, Kano, Kaduna, Rivers, Sokoto and Taraba with seven months' duration from August 2016 to February 2017.

The aim of the project was to support Private Health Facilities (PHFs) to deliver quality HIV Testing Services (HTS) to a total of 147,000 pregnant women, thereby expanding channels of enrollment into Prevention of Mother To Child Transmission (PMTCT) programmes.

Project Strategy and Activities

NACA served as the Principal Recipient of the fund and coordinating body for supervision and funds release. The funding strategy was based on a reimbursement principle (Performance Based) in which funds are disbursed as targets are reached, verified and approved by the donor. NACA working through Independent Verification Agent (IVA) validated the submitted data for making payment to the Implementing partners.

SFH as one of implementing partners played supervisory and mentoring roles in the project. Other responsibilities include provision of training, quality control, data management, demand creation and community involvement activities to 210 Private Health Facilities (PHFs) in the selected states. Specifically, SFH coordinated the delivery of PMTCT services in 30 PHFs in each project state: worked in close collaboration with the leadership of project states, including SACA, SASCP and SMT, to ensure at least 25 pregnant women per week access HIV Testing Services and enrollment of HIV positive client into PMTCT programme in private health facilities.

The project deployed the use of cash and non-cash incentives to promote demand creation and increase PMTCT service uptake among pregnant women. It engaged Village Health Workers (VHWs) to mobilize the women in the communities and create demand for facility based HIV Testing Services; extensive community HTS outreaches and the motivation of national and state project team and target beneficiaries. In addition, the States Project Teams worked in close collaboration with the leadership of project states, including, States Agency for the Control of AIDS (SACA), States AIDS and STI Control Programme (SASCP) and other stakeholders.

Project Results and Achievements Against Target

At the end of project in February 2017, as against a target 147000, a total of 157,610 representing 107% pregnant women were provided with HTS. Of this 1,350 tested positive and substantial number were successfully enrolled into different PMTCT programme in the seven project states.

In terms of other qualitative achievements, the project provided interventions in extremely remote communities, that PEPFAR and Global Fund HIV funded projects could not reach. It also brought the private sector into the mainstream of HIV intervention and rewarded them directly for their time and efforts.

Challenges and Way Forward

S/N	Challenges	Resolution
1	Lack of project vehicles, which led to dependence on public transportation schedule, loss of time and road accidents for field personnel	Leveraged on other projects in SFH to provide transportation to hard-to-reach areas
2	Zero time for critical start up activities	Successfully conducted the start-up trainings that were relevant to the programme implementation before activities started
3	Late provision of test-kits, incentives and data collection tools after start-up	Leveraged on other projects in SFH to get RTKs and data collection tools before RTKs for the project were procured
4	Bureaucracy and complicated system of tracking referred clients in public PMTCT facilities	Advocacy was conducted to the management of health facilities, this aided the tracking of referred clients
5	Attrition of trained Field Focal Persons FFPs.	Immediate recruitment of staff and provision of on the job training by the second FFP in the state
6	Cultural and religious beliefs related to HIV testing and status disclosure. HIV status denial and refusal to be referred for PMTCT, especially in Northern States.	Community sensitization was conducted to educate community members about HIV/AIDS

Medical Credit Fund
June 2017 - December 2017

Introduction: Project Goals & Objectives

Society for Family Health (SFH) is partnering with PharmAccess Foundation (PAF) to strengthen the supply side of the nation's health delivery structure through the provision of medical credits (loans) to hospitals, pharmacies and Laboratories to improve their services.

This partnership was borne out of the successes recorded under the Medical Credit Fund (MCF) stream of the African Health Markets for Equity (AHME) project where SFH provided medical loans to franchised facilities as well as Pharmacies and Laboratories in and around our Network sites. Following this success, PAF agreed to work with SFH by supporting about 3-5 Business Analysts to work on the project across the country. A memorandum of Understanding (MoU) was signed for the project with 3 Business Analysts currently working on the project. The project commenced effectively on the 1st of June 2017.

The main objective of the project is to prepare facilities and pharmacy outlets to be bankable, and create access to loans for the improvement of their businesses. Benefitting outlets are trained on financial management, an Expert Opinion (for small loans less than N3 million) or a Business Quick Scan (for loans greater than N3 Million) developed for them and their loan request processed through their bank of interest. At the moment, the main banks supporting the schemes were Diamond Bank and First City Monument Bank (FCMB).

Project Strategy and Activities

After the signing of the MoU with PAF on the project, the activities commenced with the process of engagement of Business Analysts (BAs). Three BAs were recruited to be based in Abuja, Enugu and Port Harcourt.

The BAs worked with facilities and pharmacy outlets to create demand for the loans. Interested business owners were followed up to have a business plan developed based on the amount of interest and the intended use. Such business plans were

submitted to MCF Headquarters in Amsterdam for approval. After approval, the documents were submitted to the banks, after which the loans were disbursed to the outlets.

Project Results and Achievements Against Target

Between June and December 2017, a total of **85** Business processes were approved. This was comprised of **82** Expert opinions and **3** Business Quick Scans. From these, a total of 41 Loans were disbursed worth **N102,305,000**. During the period, **11** of the beneficiaries were able to repay their loans and took a second loan for their business.

Challenges and Way Forward

There were initial delays in the release of funds for project activity as a result of the process involved in setting up the project on SAP. This affected the BAs in their delivery as they were not able to have access to funds for their activities on time. However, this was promptly rectified and funding for the project has been timely since then.

Going forward:

- BAs will continue active project implementation by reaching out to new territories and linking up more facilities to the MCF
- SFH will work closely with PAF to create demand for the project among providers
- Explore getting more BAs to effectively cover the country

Lessons Learned

- Banks are now seeing medical loans as very attractive and good business, unlike before. Many banks are now opening their doors to medical loan (previously a no go area)
- Access to loans enhanced service delivery leading to improved service quality
- Business training for service providers is an effective tool in improving the business growth

The Support for International Family Planning Organizations (SIFPO) **January – December 2017**

Introduction: Project Goals & Objectives

The Support for International Family Planning Organizations (SIFPO) and International Contraceptive Access (ICA) foundation through Population Services International (PSI) made a donation of 500 pieces of Levonogesterol Intrauterine System (LNG IUS) to Society for Family Health (SFH) to implement a one-year pilot study of LNG IUS services in Nigeria. Furthermore, an additional 500 units of the commodity was collected from Marie Stopes International Organization Nigeria (MSION) through an arrangement made by PSI. The project budget spanned from 1st January, 2017 to 31st December, 2017.

Project Strategy and Activities

The programme was implemented across 40 facilities selected from 16 states and the FCT.

At inception, the project carried out selection of facilities to implement the pilot study based on the following criteria;

a) Positive attitude towards FP services especially LARCs,
b) Previous training on IUD insertion and removal
c) High FP clientele,
d) Location of clinics in areas with high WRA population density,
e) Availability of provider for trainings and assessment

SFH developed and signed memorandum of understanding (MOUs) with participating facilities stating service requirements for participation, terms of engagement and disengagement. This was followed by a training of trainer's workshop on LNG IUS services in collaboration with Family Health Department of the Federal Ministry of Health (FMoH) and Jos University Teaching Hospital (JUTH). A total of eight seasoned trainers participated in the TOT. SFH facilitated the conduct of a cascade training on LNG IUS services for the 40 selected facilities and service provision commenced May, 2017.

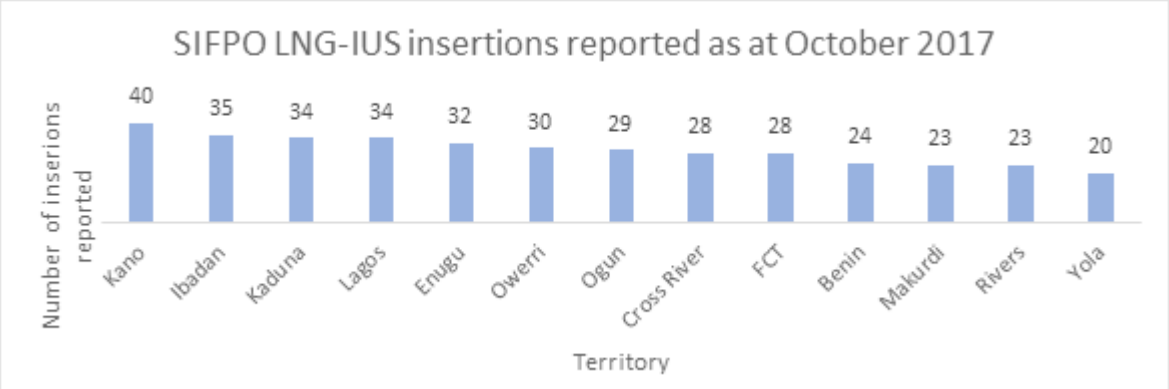
Services were provided to clients at N3000 per client which is less than $10 while clients that obtained the services during the trainings were given free.

Within the period under review, the project completed procurement and distribution of Clients Enhanced MIS Data (an M&E tool specifically designed for LNG IUS services); as well as adaption of other MIS tools in use to accommodate the documentation of activities for LNG IUS services. Post training mentoring visits were conducted for all implementing providers.

These included review meeting conducted for the selected providers were family planning coordinators of the respective states of implementation in attendance. Supportive supervisory visits specifically designed for providers' capacity building and coaching on LNG IUS service provision held for all the providers across the implementing states.

Project Results and Achievements Against Target

A total of 380 units of LNG IUS have been inserted. The project marketing plan document for LNG IUS is at the stage of finalization. The chart shows project achievement by territories.



Challenges and Way Forward

i. The late commencement of implementation due to ethics board approval and delayed access to funds.
ii. The prize of the product has been found to discourage uptake.
iii. Some key surveys are yet to be conducted due to the way the project is designed and such surveys will be coming up early next year.

The Cervical Cancer Screening and Preventative Therapy (CCS & PT)

November 2012 - October 2017

Introduction: Project Goals & Objectives

The Cervical Cancer Screening and Preventative Therapy (CCS&PT) was a 4-year, $1,039,684.47 project funded by Bill and Melinda Gates Foundation. 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. It is being implemented through the Social Franchise Network and mobile Outreach service teams. The project, originally billed to end by October 2016, received a one-year no-cost extension that extended the project to October 2017.

The goal of the project is to transform access to CCS&PT for millions of women worldwide, across reproductive health networks in low and middle-income countries by integrating cervical cancer prevention and therapy with RH services.
The specific project objectives include:

- To increase screening and preventive treatment uptake by 60 % over that of the previous period.
- To consolidate on the gains of the institutionalization strategy by ensuring that 100% of the CCS&PT facilities fully integrate CCS&PT service into their Reproductive Health/Family Planning service packages.
- To prepare the Network facility owners to own the CCS&PT intervention for sustainability purpose

Project Strategy and Activities

The project was implemented through 28 Healthy Family Network facilities and four outreach teams across 13 states of the Federation in 7 of the SFH territories using the following strategies.

- Demand creation for CCS&PT services
- Screening for Cervical cancer using VIA.
- Preventive treatment of pre-cancerous lesions using cryotherapy.
- “See and Treat” through the Single Visit Approach by the outreach teams
- Intra network and inter platform referral linkages for treatment of advanced stages of the abnormalities.
- Conduct of screening and treatment outreaches in communities, schools, church programmes etc. in collaboration with partners.

During the 2016 to 2017 reporting period, the CCS&PT project focus was supportive supervision, mentoring and provision of on-the-job continuous coaching of all staff and personnel on the project in order to attain optimal performance. The available cryotherapy machines in all the locations were kept at usable conditions through prompt attention to maintenance required at any point.

The outreach teams are present in Kaduna, FCT, Lagos and Ibadan; and are fully equipped to provide screening and treatment services using the "See and Treat" approach. SFH in collaboration with Medicaid Foundation funded by Her Excellency, Dr. Zainab Abubakar, wife of the Kebbi state Governor, trained forty –two public sector providers from Kebbi and Sokoto states on Visual Inspection of the Cervix using Acetic Acid in 2016.

Project Results and Achievements Against Target

I. There was sharp rise in achievement of most of the project indicators during the reporting period. Total screening and treatment increased by 62 % and 541 % respectively.
II. There occurred a full integration of CCS&PT service in reproductive health service by all trained providers in the network. During the projects close-out meeting, providers and facility owners stated their commitment to continuous delivery of screening and treatment (for those that house cryotherapy machine) service. These are indicative of the projects sustainability.
III. Collaboration and training of public sector providers is expected to enhance sustainability beyond the life of the project.

Challenges and Way Forward

There was significant disapproval by male spouses on their partners taking up cryotherapy services. Because of the period of abstinence from sexual intercourse required after treatment. This had a negative effect on the uptake of cryotherapy treatments. Nonetheless, this was overcome by male engagement and involvement during mobilisations. CCS&PT services were considered as a ploy to reduce the population, in some communities, due to myths and misconceptions that the screening and cryotherapy treatment would lead to women's infertility. This erroneous notion was debunked by constructive engagement with community, religious and traditional key opinion leaders

Lessons Learned

1. The 'See and Treat' approach utilized by the outreach teams has helped to reduce the number of positive client cases that don't access treatment when referred out. Through this approach, treatment was made available at the point of screening.
2. Outreaches are important tools in reaching difficult areas with high quality care.
3. As a means to further build capacities of health providers, the project provided 5% white vinegar to providers. This was necessary to mitigate against inaccurate acetic acid dilutions as a result of human errors, which were prevalent at the inception of the project. Consequently the positivity yield rate increased.
4. Leveraging on religious organizational activities for both Christian and Moslem communities helped to generate demand for CCS & PT services.
5. Clarifying myths and misconceptions among community members improved project performance.

Maternal Newborn and Child Health Program

June 2014 - May 2016

Introduction: Project Goals & Objectives

The DFID funded MNCH2 project aims at improving the health statuses of women and children in Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara states through a combination of demand creation and supply side interventions.

Project Strategy and Activities

These demand side interventions include:

I. Use of traditional birth attendants (TBA): Interventions targeted at Traditional Birth Attendants (TBAs) who are often influencers within Communities of intervention are aimed at enhancing their knowledge of danger signs in pregnancy and new-borns. TBAs refer and escort women and children to health facilities.

II. Religious and traditional leader's interventions: Interventions provided by religious leaders include delivering sermons to raise awareness about MNCH.

III. Male support group intervention: This is the use of male groups to provide Interpersonal Communication (IPC) of health messages and mobilization of volunteers to donate blood, and facilitate standing permissions for women to access MNCH services).

IV. Emergency Transport Services (ETS): The ETS is a network of volunteer drivers under the National Union of Road Tranport Workers (NURTW) and supported by MNCH2 to transport at little or no cost, to women with pregnancy related conditions to health facility.

V. Young Women's Support Group (SSI) Intervention: This intervention is targeted at married (unmarried may join) young girls age 14-19 using a community discussion guide facilitated by a mentor.

Project Results and Achievements Against Target

- Engagement with traditional institutions: Intensified engagement with traditional institutions at the highest level; conducted emirate/district level sensitization targeting over 200 traditional leaders across 6 MNCH2 States. This has led to more involvement of traditional leaders in the planning and implementation of MNCH programing.
- ETS: facilitated the emergence of a new stream of ETS - the National Commercial Tricycle and Motorcycle Association (NACTOMORAS) who voluntarily transport pregnant women with complication to health facilities at no cost.

Progress Against Output 2 Indicators

Indicator	LOP Target	PY4 Milestone	Last quarter's cumulative achievement	This quarter's Achievement	Cumulative achievement this Year
Cumulative number of communities reached with small group interventions (through male groups, religious leaders and TBAs) to increase demand for, and uptake of RMNCH services	3,380	2,714	13,275	377	13,624
Cumulative number of young women benefiting from safe space interventions	23,709	22,427	13,275	3,875	52,351
Cumulative number of women with pregnancy-related conditions transported through the Emergency Transport Scheme (ETS) in supported communities	35,227	31,373	48,476	9,240	66,650

Challenges and Way Forward

The insecurity in some MNCH2 states (Yobe and southern parts of Kaduna) is adversely affecting ETS activities as volunteer drivers sometimes turn down requests to transport women to facilities in insecure areas. The programme is working closely with the MNCH2 security team to monitor staff trips and avoid security threats.

Lessons Learned

- Use of evidence such as the Maternal Death Review (MDR) during quarterly review meetings has changed the perspective and direction of how community facilitators (e.g. TBAs, Young Women Support Groups (YWSG) and Religious leaders) now deploy their sessions. Peer meetings are now richer in content with evidence at their disposal.
- Equipping state officials with the right skill sets is a sure way of sustaining MNCH2 strategies beyond the program; this was demonstrated during training of trainer sessions on demand creation.
- Engagement of Religious stakeholders such as Hisbah & Council of Ulamas to coordinate and facilitate activities of community religious leaders have paved way for a smooth enabling environment for MNCH2 demand creation achievements.
- Free MNCH commodities complimented demand creation efforts by improving women's access and utilization of MNCH services.
- It has been observed that across all SSI communities, the desire for economic empowerment and self-reliance is a major outcome upon completing the module on life skills from the manual. To this end, some SSI facilitators who are skilled in certain vocational areas have commenced training members of young women support groups (at no cost) in different vocational skills. The need to link young women with women's economic empowerment programmes has been noted.

The Strengthening HIV Prevention Services for Most at Risk Populations (SHiPS for MARPs) **January 2012 - December 2017**

Introduction: Project Goals & Objectives

The Strengthening HIV Prevention Services for Most at Risk Populations (SHiPS for MARPs) Project is implemented by Society for Family Health (SFH) in partnership with Population Services International (PSI) and Centre for the Right to Health (CRH). This five-year project was funded by USAID and implemented in six states (Akwa Ibom, Benue, Cross River, Lagos, Nasarawa, Rivers) and the Federal Capital Territory. In May 2017, the project was granted a four-month No Cost Extension, thereby extending the period of performance for the Cooperative Agreement to 30th September, 2017.

The SHiPS for MARPs project adopts a combination prevention approach designed to reach Key Populations (female sex workers, people who inject drugs and men who have sex with men) with behavioural, biomedical and structural interventions. To this effect, the project has the following four key objectives:

1. Increased organizational capacity of local stakeholders to develop, manage, and evaluate effective HIV prevention interventions and create an enabling environment for service expansion.
2. Increased access to a comprehensive package of HIV sexual prevention activities at sufficient intensity and quality.
3. Improved continuum of community- and facility-based prevention, care, and treatment services targeted at Key Populations.
4. Improved use of data to strategically prioritize and target Key Populations as well as plan HIV interventions emphasizing evidence-informed strategies.

Project Strategy and Activities

SHiPS for MARPs project implementation is designed around a six-month cycle, during which Behaviour Change activities are conducted among peer cohorts. In addition, a Sustained Risk Reduction (Behaviour Maintenance) component is implemented after the cycle in each project community to reinforce HIV prevention knowledge and risk reduction strategies.

As a significant development in project implementation, from 1st October 2016, the project made the transition from a prevention implementing partner to a prevention, care and treatment partner. This shift in programming is in line with the PEPFAR High Impact Agenda as well as the UNAIDS 90-90-90 cascade. In view of this, efforts were scaled up to provide comprehensive HIV prevention, treatment, care

and support services to Key Populations. The implementation of the full HIV care cascade was primarily achieved by ensuring that the established One-Stop-Shops (OSS) across all project states became fully functional. The project recruited the key clinical personnel for service delivery and relevant staff were trained on Antiretroviral Therapy (ART) services and Logistic Management of HIV/AIDS Commodities. Case Management Officers were trained to manage cohorts of positive peers and provide sustained client follow-up, counselling and support until treatment adherence is achieved.

During the period under review, project activities focused on scaling up access to service delivery for Key Populations. These included HIV Testing Services (HTS), ART, STI Syndromic Management, Cervical Cancer Screening, Post-Gender Based Violence Care, etc.). The project implemented various targeted testing approaches including out-of-cohort testing and sexual partner tracing and testing (both index and snowball partners) which increased positivity yield considerably. The provision of STI Syndromic Management services to Key Populations continued across the One-Stop-Shops in the six project states and the FCT (two per location), as well as the Drop-in Centres in Abuja and Lagos, making a total of 16 active service delivery points.

Project Results and Achievements Against Target

The various initiatives implemented by the project resulted in a remarkable increase in enrollment figures with approximately 6,998 individuals successfully receiving ART across the project states. In addition, most of the annual targets for 2016 and 2017 were exceeded. The table below shows the results of key performance indicators for the project.

Challenges and Way Forward

a. The project is still making efforts to meet the cost share of 50 million sample condoms to be distributed among Key Populations.

b. The project observed an increasing number of transferred-in clients currently on ART, who willingly self-transferred from other facilities. It was decided that all transferred-in clients at the OSS, who had been initiated and currently on ART from another facility should have viral load testing conducted as baseline to assess viral suppression.

c. The limited number of functional facilities for viral load testing across project states resulted in significant delays in receiving results for samples sent for viral load testing. Efforts are ongoing to improve the current situation and ensure that samples are properly stored.

d. The project continues to clarify expectations of community stakeholders and volunteers in order to minimise unreasonable demands for incentives.

e. Concerns were expressed by Key Populations and Community Facilitators regarding project closure and what will happen to KPs who are currently on treatment. A comprehensive hand over of facilities, community workers and relevant project assets has since been effected in preparation for project closure on 30th September 2017.

Maternal and Neonatal Health Care (MNHC)
October 2016 - December 2017

Introduction: Project Goals & Objectives

The strategic objective of the Maternal and Neonatal Health Care (MNHC) project is to increase effective coverage of life-saving maternal and newborn health interventions, thereby contributing to maternal and newborn survival in Gombe State.

The project is geared towards achieving 2 key Intermediate Results (IRs): Increased household behaviours that promote MNHC and increased health seeking behaviours; and Improved quality of care during the antenatal, intrapartum, and postpartum/ postnatal periods.

Project Strategy and Activities

Within the reporting period, the project transited from the approach of working with frontline workers to a more sustainable Village Health Workers (VHW) program. The VHW program which is the fulcrum of the MNHC project, is owned, led and driven by Gombe State Primary Health Care Development Agency (GSPHCDA).

The program is implemented across 57 (50%) wards in 11 Local Government Areas of the State and is set to address the growing shortage of health workers and expand rural access to maternal and child health services. Other project components strategically designed to support the VHW program include: Supply of essential MNCH commodities to priority PHC facilities to improve quality of care, the Mass Media communication activities, Emergency Transport Scheme (ETS), Group Interpersonal Communication (IPC) among key influencers and home decision makers.

Project Results and Achievements Against Target

1. There has been an improved political support and commitment from the government to the VHW scheme through counterpart funding of Fifty-Seven Million Naira (N57M) for VHW's monthly stipends. About **1,359** women were trained as Village Health

Workers with additional 206 CHEWs/JCHEWs and 'facility in-charges' to provide supportive supervision for the VHW programme.

2. After the successful launch of the VHW scheme by the State Governor (on the 13th of October 2016), **1148** VHWs were equipped and deployed to 57 intervention wards. During the period, a total of **73,583** pregnant women were reached (against the target of **73,227** for the period) with **two-third** (61.9%) of them delivering in health facilities. A total of **30,020** (**64.42%** target achieved) pregnant women received complete 4 home visits from VHWs during their pregnancy.

3. A total of 30,878 (66.26% target achieved) newly delivered mothers received complete postnatal home visits (2) from VHWs within the first week of delivery.

4. And about **38,000** home decision makers and key influencers from 550 communities in 57 intervention wards benefitted from the group IPC strategy.

5. ETS volunteers were able to lift **3,406** mothers and newborns to access skilled care in health facilities.

6. The programme was also able to reach a large population of the state with the **'Ya Take Ne Arewa'**- a weekly radio magazine programme aimed at providing health education on key Health areas (exclusive breastfeeding, delayed bath, thermal care, spousal support and health facility delivery).

Challenges and Way Forward

The long distance and difficult terrains in the state deter women living in hard-to-reach communities from accessing focal facilities. There were also Shortage of staff in health facilities to deal with increased demand generated by VHWs, with the shortage also affecting the supervisory roles of trained CHEWs for the programme. Limited funding also affected the number of VHWs deployed which were not adequate to effectively cover the state.

Efforts were made to resolve the challenges through constant engagement with GSPHCDA and the Donor. Collaboration with other Gates' MNCH grantees in Gombe has also helped in addressing some implementation challenges.

Lessons Learned

The project will strengthen the capacity of SPHCDA to implement the VHWs programme effectively. The Phase 2 of the VHW implementation will be a Rolled out to include child health first-aid treatment. VHWs will be equipped with Job Aids and essential commodities on child health for effective delivery while efforts will be made to Complete documentation (video documentary and publication) on Gombe VHW program design and implementation for replication by other States.

KIT WASH
March 2017 – September 2017

Introduction: Project Goals & Objectives

The KIT WASH Project is a six months' operations research contract implemented from March 15 – September 15, 2017. The project carried out an operational research on UNICEF Nigeria Water, Sanitation and Hygiene (WASH) program called "Sanitation, Hygiene and water supply in Nigeria II (SHAWN II)" across six northern states of Nigeria. The states are Bauchi, Benue, Jigawa, Kaduna, Katsina and Zamfara.

The Society for Family Health (SFH) Nigeria and the Royal Tropical Institute (KIT) Netherlands jointly implemented the project. SFH was responsible for obtaining ethics approval, training and field activities (data collection) while KIT the lead partner in the project was responsible for data analysis and reporting with support from SFH.

The objectives of the operations research are to determine the functionality of the outputs planned under the SHAWN II Programme in the six Northern States of Nigeria and to assess barriers and enablers associated with its implementation. The findings from the research is expected to provide UNICEF with data to improve the SHAWN programming across the states; and provide data that will serve as a guide for future WASH programming for UNICEF and the government of Nigeria

Project Strategy and Activities

The study was implemented in 12 LGAs across the six SHAWN-II states utilizing qualitative and quantitative research methods.

To enable proper community mobilization, sensitization and participation in the study, SFH recruited and trained community mobilization consultants in the six study states.

The consultants identified and engaged with all relevant stakeholders in selected survey LGAs and Communities. They worked with community stakeholders to sensitize survey communities and prepare them for the survey.

Project Results and Achievements Against Target

All project deliverables were excellently executed.

In line with project deliverables, the research generated evidence on community level aspects of SHAWN-II project in terms of:

behaviour (use of toilets and hygiene behaviour)

inclusiveness (especially for physically challenged persons)

equity (reducing inequalities in access to WASH improvements)

impact of WASH improvements beyond access to improved WASH services (impact on quality of life and reduction of burdens as a result of WASH improvements); and the effectiveness and sustainability of WASHCOMs.

Lessons Learned

The implementation of KIT WASH project provided experience and new learning for SFH on WASH strategies. Short term contracts like the KIT WASH are profitable in that they provide an avenue for SFH to expand the scope of our interventions to include new thematic areas.

Through the KIT project, the organization has gained experience to deepen its engagement and intervention on water, hygiene and sanitation.

Rapid Access Expansion (RAcE)
November 2013 - March 2018

Introduction: Project Goals & Objectives

RAcE 2015 Project was launched in 2012 in five countries within sub-Saharan Africa by the World Health Organisation (WHO). The project has a goal to achieve a reduction in child mortality from pneumonia, diarrhea and malaria among children ages 2 to 59 months. In Nigeria, RAcE 2015 Project is aimed at strengthening Integrated Community Case Management (iCCM) of malaria, pneumonia and diarrhea in children.

Project Strategy and Activities

Society for Family Health as sub-grantee leads the project implementation in fifteen (15) Local Government Areas (LGAs) of Abia State. The project attempts to cover a population of 202,998 children under the age of five, living in iCCM eligible areas of Abia State in partnership with Abia State Ministry of Health through the State Primary Healthcare Development Agency (SPHCDA). WHO however provides technical oversight and programme monitoring through funding from the Canadian Government. Other implementing partners include Grassroots Community Development Initiative (GRACODEV), Population Services International, and the Institute of Tropical Diseases Research & Prevention at the University of Calabar, Nigeria (ITDRP) and ICF MACRO proving data quality control of the programme. Since project inception, RAcE has increased coverage of diagnosis, treatment, and referral services for the major causes of childhood mortality in hard-to-reach areas.

Project Results and Achievements Against Target

Enhancing the Quality of health services being delivered by government health workers for malaria, pneumonia and diarrhea.
RAcE trained **1,351** CORPs, **151** CHEWs and **39** nurses on iCCM during the 2016 period. The trainings have improved health workers' adherence to the provided iCCM algorithm; strengthened referral linkages between the community and health facility; and enhanced supervision to ensure quality of care.

Increasing access to appropriate case management of malaria, pneumonia and diarrhoea among children ages 2-59 months
Presently, **142** trained CHEWs and **1,239** trained CORPs on iCCM are actively implementing iCCM.

Increasing informed demand for community-level services and essential iCCM medicines among caregivers of children ages 2-59 months.
The project conducted iCCM community sensitisation activity in the past 2 years to allow CORPs move around communities seeking out sick children under the age of five with malaria, pneumonia and diarrhoea. This improved care seeking rate for iCCM services in the community.

Total Cases Managed by CHEWs and CORPs Under the RAcE iCCM Program

Cases Treated	Nov 2015 – Oct 2016	Nov 2016 – Oct 2017
Total Fever Cases Tested with RDTs	265,912	290,008
Total Confirmed Malaria Treated with ACT	198,295	154,777
Total Suspected Pneumonia Cases Treated with Amoxicillin	79,956	74,908
Total Diarrhea Cases Treated with ORS/Zn	89481	79,637
Total Cases Managed	460,110	474,626

Challenges and Way Forward

1. Banking the Unbanked: Over 85 per cent of the CORPs participating in the project were assisted by the project to open bank accounts without a fee.

2. Incessant health workers strike during training posed a threat to clinical sessions of the training: Mobilisation of sick children at the Primary Health Centres led to massive case loads at the PHCs. In turn, the CORPs had several exposures to sick children.

3. Transfer of CORP Supervisors to non-iCCM eligible areas: Advocacy to government to retain CORP Supervisors in their catchment areas.

4. Weak community engagement with regards to community support and community sensitisation in several communities: Continuous advocacy visits to traditional leaders and WDC especially new ones as soon as they emerge.

5. Primary Health Centres used as referral facilities are not capable of managing cases of severe illnesses: Conduct of Service Availability Readiness Assessment for Secondary Health Facilities to identify referral facilities.

Lessons Learned

1. Embedment of SFH staff in the SMoH.
2. State collaboration in micro-planning for implementation, training and supervision important.
3. Community, Ward Development Committee involvement in the selection of CORPs.
4. CORPs valued the use of video demonstration during the classroom sessions.
5. Advocacy to community leaders often led to obtaining community halls or school halls free of charge for the class room trainings.
6. Training of CORP supervisors(CHEWs) on iCCM as well as IMCI increased their performance.
7. Refresher trainings were very helpful for reinforcing good practice and providing update.
8. Advocacy to government to retain CORP Supervisors in their catchment areas.
9. Integration of routine data collection and supportive supervision saved cost.

Women's Health Project (WHP)
January 2016 - December 2018

Introduction: Project Goals & Objectives

WHP is a 3-year project implemented in 25 States nationwide through close collaboration with 365 private network providers called the Healthy Family Network. These facilities render clinical services on family planning and post abortion care within select communities.

The goals of the project therefore are to:

1. Increase women access to Misoprostol for post abortion care (PAC) through distribution of 5,000,000 tablets
2. Contribute to the increase of modern contraceptive prevalence rate (CPR) in Nigeria from 11% in 2015 to 36% in 2018, and
3. Increase the percentage of women of reproductive age (WRA) using IUDs from 1.1% in 2015 to 1.5% in 2018.

The objectives are to:

- Increase women's access to Misoprostol through pharmacies
- Increase women's access to PAC services through clinics
- Improve MOH/Government stakeholder perceptions of Misoprostol and policy environment for PAC
- Improve access to IUD services through network providers
- Increase productivity and motivation of network providers to insert IUDs and implants
- Improve consumer perceptions and demand for IUDs
- Improve government environment for IUD service provision through the public sector
- Improve quality of care in private sector network clinics through the implementation of Client Based Record Management (CBRM)

Project Strategy and Activities

WHP Quality Focal Persons conducts capacity building through On-the Job-Training to providers during Supportive Supervisory Visits (SSV) and Clinic Support Days (CSD). SSVs are conducted using models and checklists while CSDs are conducted using live client.

Clinical workshops are conducted for public and private providers, pharmacists and pharmacy personnel on Misoprostol use for PAC as well as MVA for PAC. Health Communication Conductors (HCC) monitors and supervises interpersonal communication agents to mobilize women to designated franchise facilities for

counselling. IPCAs work in the communities using flip charts to create awareness and generate focused group discussions and refer interested persons for counselling at designated facilities. Annual providers meeting were conducted for sharing of experiences and best practices amongst providers. WHP conducts internal and external quality audits to ensure processes and protocols are adhered to and all quality standards are not compromised

Project Results and Achievements Against Target

Mistol, SFH brand of misoprostol was launched in April 2017.

SN	DELIVERABLES	1 year PROJECTION	ACHIEVEMENT 2016	ACHIEVEMENT 2017	TOTAL BIENNIAL	%
1	Misoprostol distribution	1m tablets	408,100 tablets	463,600 tablets	871,700 tablets	43.6%
2	Misoprostol for PAC services	3,000 Mpac services	5002 Mpac services	3,895	8,897	148%
3	MVA services	6,000 services	5,646 services(94%)	6,453	12,099	100%
4	Interval IUD insertions	57,300	61,251	74,172	135,423	118%
5	Postpartum IUD insertions	700	2,797	3,425	6,222	444%
6	Implants insertion	7,500	23,218	26,690	49908	332%
7	Branding of HFN facilities	340	272	Completed		80%
8	IPC contacts with WRAs	400,950	795,763	784,523	1,580,286	197%
9	WRAs referred to franchise facilities		231,848	276,684	508,532	
10	WRAs completed referral to franchise facilities		135,088	26,690	161778	
11	Migration to electronic supervision (HNQIS)	100%	100%	Completed		100%
12	Scale up of network facilities	360 facilities	365 with 1 added territory	Completed		102%

Challenges and Way Forward

There was some delay in 2016 before the finalization of the phase four contract which delayed commencement of the project. Erratic supplies of Misoprostol (Misoclear) from MSION before the launch of Mistol hampered distribution. WHP transition necessitated the reduction of some activities and actual stopping of others from July 2017. The efficiency of Misoprostol distribution was hampered by recent attrition and turnover of the sales team in 2017.

Lessons Learned

The project distributed free samples of Misoprostol to franchise providers and government facilities to stimulate product purchase. This attracted significant institutional sales. Transition process of WHP to PSI needed to be systematized so as not to affect program implementation during the transition period.

Global Fund Malaria
February 2015 - December 2017

Introduction: Project Goals & Objectives

Society for Family Health was the co-Principal Recipient for the Global Fund Malaria New Funding Model Grant and implemented activities in the Private sector. The Project was funded by The Global Fund to fight HIV, Tuberculosis and Malaria with the aim of achieving greater impact against Malaria. The total amount of the Grant was $91,676,004.00 for the duration from 1st February 2015 to 31st December, 2016. The Project received approval to implement a no-cost extension phase from January to September 2017 with a budget of $7,358,741.

The Project was implemented across 24 States; namely Kano, Oyo, Katsina, Lagos, Kaduna, Benue, Kebbi, Bauchi, Niger, Osun, Zamfara, Sokoto, Ondo, Imo, Rivers, Ogun, Jigawa, Akwa Ibom, Kogi, Kwara, Ekiti, Edo, Cross River and Anambra.

Project Strategy and Activities

2016

• Continuous/routine distribution of malaria commodities (Long Lasting Insecticidal Nets, Rapid Diagnostic Tests, Artemisinin Combination Therapy and Sulphadoxine Pyrimethamine) through private health facility channels

• Conduct of house to house IPC sessions and use of radio/TV spots to promote appropriate malaria management practices

• Capacity building of 4,294 private health facilities service providers on malaria case management (prevention, diagnosis and treatment)

2017

• Some of the close-out activities for implementation during the no-cost extension in 2017 include routine distribution of commodities through private sector channels, commodities reconciliation, advocacies for sustainability, project report writing and dissemination.

• Distributed 2,673,836 ACTs, 12,100 LLINs, 3,544,612 RDTs and 6,226 SPs

• The Project conducted mass LLIN replacement campaigns in Osun and Adamawa States from August to December, 2017.

Project Results and Achievements Against Target

• The Country's policy in terms of diagnosis before treatment was achieved as most patients that visited supported facilities were diagnosed for malaria using Rapid Diagnostic Tests before treatment. There was increase in testing rate of suspected malaria cases from 68% in 2015 to 77% in 2016.

• Reduction of presumptive treatment of suspected malaria in the private sector from 61% in 2015 to 29% in 2016.

• Successful completion of mass LLIN campaigns in Osun and Adamawa States. A total of 2,470,742 LLINs were distributed to the inhabitants of Osun State while 2,511,329 LLINs were distributed in Adamawa State, (4,982,071 LLINs across both States).

Challenges and Way Forward

• Stock out of ACT3 towards the end of 2016

• The long stretch of non-disbursement of funds by Global Fund led to low burn rate and affected conduct of various planned activities.

• The Project implemented prioritized activities and suspended other activities pending disbursement.

• The Project also leveraged on other Partners to ensure achievement of some activities.

Lessons Learned

When SFH stock had not arrived in-country, the Project borrowed commodities (Rapid Diagnostic Tests and Sulphadoxine Pyrimethamine) from the co-Principal Recipient, National Malaria Elimination Programme to avoid stock-out of commodities and ensure seamless implementation of activities.

For A Malaria Free-Nigeria, PLAY YOUR PART

Global Fund HIV
July 2015 - December 2017

Introduction: Project Goals & Objectives

Society for Family health (SFH) as one of the Principal Recipients (PRs) in July 2015 was allocated the responsibility of implementing HIV prevention programmes for the following modules: Prevention among the General Population, Key Population-Men who have Sex with men (MSM), Female Sex Workers (FSW), People who inject drugs (PWID) and an Action Research among Adolescent and Young Persons. The project was implementated across ten States (Akwa Ibom, Edo, Enugu, Kano, Kaduna, Gombe, Anambra, Imo, Lagos and Oyo) and FCT Abuja.

The approach of the New Funding Mechanism (NFM) "Investing for Impact against Tuberculosis and HIV" sought to: reduce new HIV infections; provide Nigerians with access services for TB & HIV; and reverse declines in the utilization of primary health care facilities.

Project Strategy and Activities

2016

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• Conduct of house to house IPC sessions and use of radio/TV spots to promote appropriate malaria management practices.

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Project Results and Achievements Against Target

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Healthy Family Network

Introduction: Project Goals & Objectives

The Healthy Family Network is SFH's Social Franchise network that is aimed at strengthening the existing health care system by engaging private sector providers in the provision of essential quality health services that is accessible and affordable to the poor and vulnerable in Nigeria.

The network was set up in 2010 under the Women's Health Project, providing family Planning services through a network of privately own hospitals. However, from 2013, the network expanded its scale to recruit more privately owned hospitals, maternities, pharmacies and patent proprietary medicine vendors (PPMVs) located in urban, semi-urban and rural areas.

In addition the network supports the providers in provision of quality health care services (through capacity building, commodity supply and quality improvement initiatives), facilitation of medical credit fund by making the facilities bankable and demand generation through strategic behavioral change communication activities. Presently, the network comprises of 340 hospitals and clinics, 195 pharmacies and 185 PPMVs across 22 states of the federation.

Project Strategy and Activities

There was also an expansion in the scope of services. Presently, the network trains and provide quality services in the areas of Family planning (short and Long acting), maternal and child health, including BEmONC services and safe motherhood, Integrated Management of Childhood Illnesses (IMCI), Post Abortion care services, HCT and STI management, Malaria services, Cervical Cancer screening and Preventative therapy, clean and safe water treatment, diarrhea prevention and treatment etc.

The key pillars of the network have been Quality, Access, Equity and Cost effectiveness. SFH staff provides quarterly supportive supervisory visits to the providers consistently to ensure the quality of service delivery.

Project Results and Achievements Against Target

Under the AHME project for example, the HFN averted a total of 2,002,646.28 DALYs and averted a total of 16,713 Maternal and 5,798 child deaths. It was also able to screen over 90,000 women for cervical cancer and provided cryotherapy treatment for about 4,096 women who tested positive to VIA. These services are delivered at a cost of less than $10/DALYs

Through our work with the PharmAccess foundation under the African Health Markets for Equity project, SFH implemented the SafeCare Stepwise quality improvement program to ensure that the quality of service is enhanced across the entire facility. This is in addition to the annual quality audit and the bi-annual external quality audits conducted to ensure that providers adhere to SFH's and international quality standards. They have also been able to drastically reduce the price of services through the provision of affordable quality commodities at a subsidized rate through social marketing and the provision of consumable supplies.

SFH has conducted a number of business trainings for most of our network members, and providers have been able to accessed loans to improve their practices.

Challenges and Way Forward

A major challenge in running the social franchise has been the entire dependence of the scheme on donor funding. This has made sustainability in the long term very challenging. The unwillingness of the providers to support the scheme through counterpart funding has also hampered our drive for sustainability as most of them think that SFH has already collected huge sums of money from the donors and are still trying to get additional funding from them. SFH has tried to improve the situation by introducing a minimal annual registration fee, and a 5-10% counterpart funding for equipment received, with varying level of success.

Lessons Learned

The social franchise system is a viable model for harnessing the power of the private sector and very effective in community programme delivery but this is as long as there is a funding source to take care of the activities.

The SFH Learning and Development Centre

Introduction: Project Goals & Objectives

Society for Family Health (SFH) Learning and Development (L&D) Centre is a training centre set up by SFH with the aim of building the capacity and improve the competencies of staff members and the public for better effectiveness, professionalism and efficiency in the delivery of their duties. SFH strongly believes in the power of well trained and skilled staff in the success of any establishment and is therefore committed to the development of staff for this purpose.

Our vision is to be the leading centre of learning and development in Nigeria, supporting organisations to strengthen the capacities and competencies of their staff for effective service delivery.

Our Mission is to support organisations in building the capacities and improve the competencies of staff members and the public for better effectiveness, professionalism and service efficiency through innovative and value-added modern training methodologies to improve the overall performance of their organisations. We are committed to the professional development of staff members to be useful to themselves, their organization and the nation at large..

Strategy and Activities

The SFH L&D centre was established in 2014 with an initial focus on building the managerial and administrative competencies of its employees using SFH's in-house capacities. However, this has been expanded to include the provision of training services to members of the public, especially those in the public health sector. SFH is currently in discussion with some leading Nigerian Universities to partner with in the award of a post graduate degree (Masters in Public Health) in Health Research, monitoring and Evaluation.

Under this arrangement, SFH will serve as the distance learning center for these institutions. Other degrees will be explored with time. The L&D centre has also been repositioned to serve as a CPD provider for several professional bodies such as the Nurses and Midwifery Council of Nigeria, the Medical and Dental Council of Nigeria, the Community Health Practitioners Registration Board, the Pharmacy Council of Nigeria etc. Faculty members are drawn from a pool of experienced and professional in-house staff as well as members of the public, training institutions and the university community.

Results and Achievements Against Target

Since its inception, the L&D centre has facilitated the training of a large number of SFH junior, mid-level and senior managers in several administrative and managerial courses in and out of the country. Trainings are usually conducted in-house, but a few of the staff have benefitted from off-site trainings using other training institutions. These trainings have been of great help in strengthening the capacities of staff in the discharge of their roles and also position them for higher level functions.

Some of the initial sets of courses available include the following:

- Proposal Development and Report Writing
- Logistics and Supply Chain Management
- Value for Money (VFM)
- Basic Management Course for Heads of Primary Health Care Facilities
- Skills Training on Long Acting Reversible Contraceptives
- Client Based Record Management
- Research Methodology
- Cervical Cancer Screening and Preventative Treatment with Cryotherapy
- Integrated Supportive Supervision
- Advocacy and Systems Strengthening Training
- Financial Analysis and Reporting in NGO Using IFRS
- Preparation, Presentation, Interpretation and Analysis of Financial Statements
- Budgeting, Forecasting and the Planning Process
- Cash Management: Control, Reconciliation and Risk Strategies
- Fundamentals of Finance and Accounting

SFH L&D courses are now open to the public and individuals or organisations can now arrange for training for their staff members by registering.

Challenges and Way Forward

A major challenge of the centre has been that of sustainability. Internally, many donors are no longer interested in the capacity building of staff on their project, hence limiting the number of training session the centre can conduct for staff members. Effort is being made to create more awareness on the programme and get more people interested in the training.

Lessons Learned

Capacity building for members of staff increases their effectiveness and efficiency.

Warehousing

Introduction: Project Goals & Objectives

SFH warehouse provides the robust supply chain on which various projects and programs leverage upon to improve access to affordable health products and commodities. The warehouse being the central coordination unit, SFH logistic system consists of: an SFH central warehouse; private haulage systems; regional MDSs; SFH accredited wholesalers; SFH sales team (inclusive of DCRs and SRs); semi-wholesalers; retailers; and NTOs.

Project Strategy and Activities

The warehouse provided commodity logistics through continued warehousing and haulage for all SFH commodities. These activities involved the SFH central warehouse in Otta coordinating the transportation to and management of commodities and products across the regional MDS depots within the country. The MDs in turn provided sales or pick-up services to the various SFH projects including SFH wholesalers and other vendors (institutional sales) on case by case basis.

Project Results and Achievements Against Target

In 2016, SFH warehouse developed standard operating procedures (SOPs) for all its operations ranging from receipt of commodities, repackaging process, storage,

cleaning to pest control. By September 2016, warehouse worked with other units like procurement, GFHIV and Malaria divisions and service departments to develop its first quality control policy. Within the last quarter of 2016, three new third party logistics services providers (3PLs) were prequalified and engaged to increase the total number of the 3PLs to four. They include MDS logistics, Zenith Carex, Red Star Logistics and Courier plus. These logistics companies were engaged to support our increasing need for outbound logistics and commodities delivery to MDS.

Following the decision to enhance the retail pack of Gold Circle classic condom and re-launch it into the Nigeria retail market to take its place as a market leader, SFH warehouse commenced the re-packaging of the product which was received early in 2017.And to make sure the condom retail market was not overtly disrupted, there was a gradual phase out of the old Gold Circle classic pack. Between May and August of 2017, there was a rapid scale up of packaging activities of the old Gold Circle Classic to consume the old products and pave way for the new pack.

By September 2017, the repackaging of the new classic pack commenced. Because the new Gold Circle classics comes almost 95% completely repackaged from overseas (only requiring the breaking of bulk and replacement of shipper cartons), there was minimal repackaging done in the warehouse. This change in operations necessitated a drop of over 60% of our packaging workforce. From an average of 350 packaging workers, warehouse operations reduced its packaging labour workers to between 80-100 staff This is even more so as Gold Circle classic packaging account for about 80% of all packaging operations in the warehouse.

Challenges and Way Forward

Warehouse inventory optimisation was operationalised in July 2017.This process which allows the cost element of commodities like production and packaging labour costs to be calculated and valuated in SAP, presented some initial challenges following its introduction. However, most of the challenges were resolved in the course of the year as we understood the functions and scope of the application.
Combination-3 Oral pills, Jadelle etc. which were received in early 2017 had to be walled off even when there were growing demands for them as a result of stock out at the trade.

Lessons Learned

By the last quarter of 2017, there were major improvements in our quality management system in attempt to close out some of the Corrective Actions and Preventive Actions (CAPA) recommendations of the last quality audit carried out by Novartis.

Following the report of this mapping which was done in July/September 2017, about 10units of additional 2HP Air-conditioners were installed to bring down the temperature of the cold store to the desired range of 18-20°C.

Warehouse also completed the erection of two units of loading/offloading overhang to make it easy for commodities to be received and dispatched during the rain without getting the danger of getting them wet and damaged.

Social Business Enterprise (SBE)

Introduction: Project Goals & Objectives

The Society for Family Health, Social Business Enterprise (SBE) was inaugurated in April 2017; building on the Expanded Enterprise project (2015-2016) that combined SFH legacy Enterprise fund products with the DFID supported Enhancing Nigeria's Response to HIV&AIDS No Cost Extension project, 2015 - 2016.

The mission of the SBE is to deliver Health impact to all Nigerians through the provision of products and services using a business model that is sustainable on the long term. The measure of success of the SBE includes Health Impact as well as financial self-reliance of the portfolio in alignment with SFH strategic objective of sustainability for the long term.

This report captures the key results, challenges and learning of the last year of the Expanded Enterprise Project (2016) and the first year of the SBE (2017). As a transitional report, it aims to provide the reader with a few highlights and emerging trends on key performance areas.

Project Strategy and Activities

SFH SBE relies largely on a social business enterprise model to ensure continuous product availability. The model helps to achieve sustainable health impact, complement the Nigerian government's healthcare delivery goals as well as the global SDG's.

The SBE through effective private sector engagement and relationship with manufacturers both within and outside Nigeria makes it possible to provide its health commodities on a sustainable platform. A robust portfolio expansion, staff strength, sales, marketing and social marketing with effective distribution operation ensures sustainability of the SBE with key focus on providing healthcare commodities in health intervention areas that requires more access to Nigerians. Also, SBE complements behavioural change communication goals of other projects in SFH and other implementing partner NGO's in Nigeria.

Project Results and Achievements Against Target

In the area of Health Impact, the SBE in 2016 (known then as EEP) distributed 130 million Condoms, 1.2 million Noristerat, 46,000 Chlorhexidine and 120,000

WaterGuard Plus. These products and the associated health Promotion averted 1,504,792 DALYS. Provided 1,195,833.33 CYP in so doing forestalled 404,530 numbers of unwanted pregnancies, prevented 4,628 number of maternal death and averted 1,094,854 new HIV & STIs infections. As at half year 2017, SBE had distributed 50 million condoms and 45,000 Chlorhexidine, in the process averted 588,674.26 DALYS. Provided 408,706.88 CYP and in so doing forestalled 58,553.5230 number of unintended pregnancies, prevented 439.24 number of maternal death and averted 10,653.50 new HIV & STIs infections

Overall in the 2016 and half year 2017 reporting period, SBE averted 2,092,686.26 DALYS. Provided 1,604,540.21 CYP and in so doing forestalled 463,084 numbers of unintended pregnancies, prevented 5,067 number of maternal death and averted 1,105,508 new HIV & STIs infections.

Operational highlights

In line with SBE strategy of portfolio expansion and value creation:

- **WaterGuard Plus** was introduced to the market in 2016, rapidly gaining market penetration, such that by end December 2017, more than 350,000 bottles had been sold. This number will be doubled in 2017 based on sales so far. Further development of smaller SKU started in 2017 and will be completed in 2018.

- **Gold Circle Classic Condom** was revamped with improved formulation, enhanced scent and better 3-piece pack. The product was relaunched to the trade in October 2017.

- **FLEX premium Condom** brand was revamped complete with unique new logo and pack design with six (6) variants introduced to offer customers more options and excite the market place. The brand was relaunched in October 2017.

    - **FLEX CLASSIC** – ribbed for extra sensation flavoured for your delight
    - **STAMINA** – performance enhancing condom for longer excitement
    - **BROWN SUGAR** – studded and chocolate flavoured for extra excitement
    - **SPICE** – ultra thin for extra sensation strawberry flavoured for your delight
    - **PLEASURE UNLIMITED** – bubble gum flavoured condom for extra pleasure
    - **TREASURE ISLAND** condom variants for infinite pleasure.

- **Mistol** was also developed and launched into the safe motherhood market in April 2017

Challenges and Way Forward

Key challenges for the SBE unit can be linked to:
1. Port clearing of commodities.
2.The frequent change of the policy on health products, regulation/registration
3. Poor logistics and documentation services which leads to demurrage and other expenses causing implications on the product shelf life.

Lessons Learned

Continually engaging all stakeholders – the regulatory bodies and agents to share relevant information first hand, this helps with achieving the organization's objectives on a timely basis.

Abbreviations and Acronyms

AHME	Africa Health Markets for Equity
CCS & PT	Cervical Cancer Screening and Preventative Therapy
CPD	Continuing Professional Development
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
LARCS	Long acting reversible Contraction
MDS	Myelodysplastic syndrome
DCRS	Data Collection and recording services
SRr	Supplemental restraint system
SKU	Stock keeping Unit
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
WRA	War relocation authority
WHP	Women's Health Project

Society for Family Health

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