



2018

ANNUAL
REPORT



Society for Family Health
...Creating Change, Enhancing Lives

“ We never lose sight of the women, girls, boys and men for whom we exist. They are the reason we work everyday with others of like minds: public sector, civil society and private sector players, to facilitate a truly people-centred integrated health system.”



ONGOING PROJECTS

Global Fund Malaria (GF Malaria) 2018-2020

This project aims to scale up malaria prevention and treatment interventions to universal coverage in all 36 states and the Federal Capital Territory of Nigeria.

Global Fund HIV (GF HIV) 2018-2019

This project seeks to reduce new HIV infections; provide Nigerians with access services for TB & HIV; and reverse declines in the utilisation of primary health care facilities. The project is implemented in 11 states.

Integrating FP & PHC Services Expansion in Community Pharmacies & Patent Proprietary Medicine Vendors (IntegratE) 2017-2021

The IntegratE project is set to improve the quality of Family Planning services provided by Community pharmacists and Patent and Proprietary medicine vendors to create an enabling environment for the sustainable delivery of these services. The project is implemented in Lagos and Kaduna States.

Adolescent 360 (A360) 2016-2019

Adolescent 360 aims to develop innovative approaches for designing programmes to improve the sexual and reproductive health of adolescent girls aged 15 – 19, through increasing voluntary use of modern contraceptives. The project is implemented in 9 states and the FCT.

Support for International Family Planning Organizations (SIFPO2) 2017-2019

SIFPO2 is providing affordable LLNG IUS services to clients in 40 health facilities in 18 states in Nigeria including the Federal capital territory Abuja. The states are Akwa Ibom, Cross Rivers, Niger, Kaduna, Benue, Kastina, Enugu, Kano, Imo, Abia, Taraba, Gombe, Edo, Lagos, Oyo, Ogun, Rivers and FCT.

Medical Credit Fund (MCF)

This project is strengthening the supply side of Nigeria's health delivery structure through the provision of medical credits (loans) to hospitals, pharmacies and Laboratories to improve their services.

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus TB Project 2018 –2019

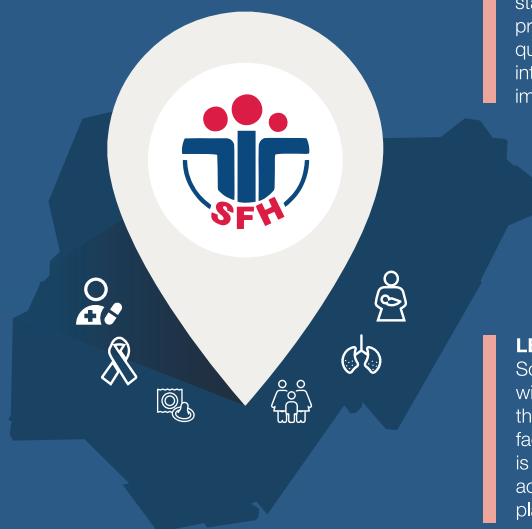
This project will increase coverage of TB services through private health facility providers towards detecting 1,000 new TB patients diagnosed by bacteriological test and linked to treatment in Kano state. It will strengthen the capacity of private health facility providers to provide quality TB prevention and treatment interventions in Kano. The project is implemented with Abt Associates.

LEAP LNG-IUS Initiative 2017-2019

Society for Family Health in partnership with PSI is offering LNG-IUS service through 40 social franchise private health facilities distributed across 18 states. This is an FP intervention to improve women's access to and encourage uptake of family planning services

The Maternal and Neonatal and Child Health – Gombe 2012-2019

MNCH aims to contribute to the reduction of maternal new-born and child morbidity by increasing coverage of lifesaving interventions across Gombe State.



OUR OFFICES

HEAD OFFICE-ABUJA

No. 8, Port Harcourt Crescent
Off Gimbiya Street Area 11, Garki, Abuja,
P.M.B. 5116, Wuse, Abuja
Tel:0709 8221445, 09-4618821-30
Fax: 09-4618830



FIELD OFFICES

SFH CENTRAL WAREHOUSE (OTA)

Plot 24-27 Ogun State Housing Estate Corporation Off Idiroko Road Ota, Ogun State

LAGOS OFFICE

No 20 Omotayo Ojo Street by Oshopey Plaza bus stop, Off Allen Avenue, Ikeja Lagos.

OSUN OFFICE

C/O RH Coordinator Osun State Government Secretariat.

OGUN OFFICE

Suite 203,38 Salawu Lambode street, Idi Aba, Abeokuta, Ogun State

IBADAN OFFICE

26 Baale Akintayo street, Jericho, Ibadan, Oyo-state

AKURE OFFICE C/O MDS DEPOT

Km 4, Ondo Road
Onward Aluminum, Akure, Ondo State

OWERRI OFFICE MDS

Owerri - 3 Old Mbieri Rd, Owerri

ONITSHA OFFICE C/O MDS DRPOT

Plot 5, Dozzy Crescent
Niger Bridge Head, Onitsha, Anambra

BENIN OFFICE C/O MDS DRPOT

27, Oba Market Road, Benin Edo State

DELTA OFFICE

Delta state PHC development agency, No1, onyeka close, beside Local Govt Civil service commission, DBS road, Asaba.

PORT HARCOURT OFFICE MDS

Port Harcourt 4, Forces Avenue, Old GRA, Port Harcourt

CALABAR OFFICE MDS

Calabar 4/5 Eyo Eta Street

UYO OFFICE

MDS, Uyo

ENUGU OFFICE C/O MDS DEPO

MDS, Enugu, 1 Okpara Avenue, Enugu

ABUJA FIELD OFFICE C/O MDS DEPOT

Idu Industrial, Estate, Off Airport Jabi Road, Idu, Abuja Nigeria

MAKURDI OFFICE C/O MDS DEPOT

1 Beach Road New Garage, Wadata, Benue

KANO OFFICE

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

KADUNA OFFICE

8ASD CITY MALL, Independence Way, Kaduna North

SOKOTO OFFICE C/O MDS DEPOT

8, Abdullahi Fodio, Sokoto

GOMBE STATE

No 4, Bauchi Road
GRA Gombe

YOLA OFFICE

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

TARABA OFFICE

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

KATSINA OFFICE

No 3, Minjirya road, barhim estate, Katsina.
Katsina state.

MADALLA WAREHOUSE

Abuja grains Nig Ltd
Madalla. Abuja

KWARA OFFICE

MDS Ilorin, 111 Murtala Mohammed Way

NIGER OFFICE

Niger State Hospital Management Board, block F, Old secretariat complex, Minna, Niger State

ABBREVIATIONS & ACRONYMS

ACSM	Advocacy, Communication and Social Mobilisation	PPFN	Planned Parenthood Federation of Nigeria
AGYW	Adolescent Girls and Young Women	PPMV	Patent and Proprietary Medicine Vendors
BMGF	Bill & Melinda Gates Foundation	PSI	Population Services International
BoQ	Bill of Quantities	RMNCH	Reproductive Maternal Newborn and Child Health
CAT	Cash and Asset Transfer	SBCC	Social Behavioural Change Communication
CBO	Community Based Organization	SFH	Society for Family Health
CHEW	Community Health Extension Workers	SHOPS	Sustaining Health Outcomes through the Private Sector
CP	Community Pharmacists	SIFPO	Support for International Family Planning Organisation
CPD	Continuing Professional Development	STI	Sexual Transmitted Infection
CTS	Counsellor Testers	TB	Tuberculosis
CYP	ouple-Year-Protection	TBA	Traditional Birth Attendant
DFID	UK Department for International Development	TSTS	Task Shifting Task Sharing
DHIS	The District Health Information Software	UCD	User Centred Design
ETS	Emergency Transport Scheme	UNAIDS	United Nations Programme on HIV/AIDS
ETS	Emergency Transport Scheme	WCG	Women Care Global
FCT	Federal Capital Territory	WDC	Ward Development Committee
FGD	Focus Group Discussion	WRA	Women of Reproductive Age
FHI	Family Health International	YTD	Year to Date
FMOHREW	Federal Ministry Of Health Reaching Every Ward	YWSG	Young Women Support Groups
FP	Family Planning		
GAVI	Global Alliance for Vaccine Initiative		
GIS	Geographic Information System		
GSPHCDA	Gombe State Primary Health Care Development Agency		
HIV	Human Immuno-deficiency Virus		
HMIS	Health Management Information System		
HTS	Harmonized Traffic Schedule		
ICA	International Contraceptive Access		
IDI	In Depth Interviews		
IEC	Information Education and Communication		
IPCA	Inter-Personal Communication Agent		
IUS	Intra Uterine System		
KAP	Knowledge Attitude and Practice		
KIT	Royal Tropical Institute		
L&D	Learning and Development		
LARC	Long Acting Reversible Contraceptives		
LEAP	Learning about Expanded Access Potential		
LGA	Local Government Area		
LLIN	Long Lasting Insecticide Nest		
LNG	Levonorgestrel		
M&E	Monitoring and Evaluation		
mHTS	mobile HIV Testing Services		
MNCH	Maternal Neonatal and Child Health		
MOU	Memorandum Of Understanding		
MSION	Marie Stopes International Organisation of Nigeria		
NFM	New Funding Model		
NMEP	National Malaria Elimination Programme		
OCA	Organizational Capacity Assessment		
PCN	Pharmacists Council of Nigeria		
PHC	Primary Healthcare Centre		
PHP	Private Health Providers		



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OUR PROFILE

Society for Family Health is one of Nigeria's largest non-governmental organisations. Founded in 1985 by three eminent Nigerians: Justice Ifeyinwa Nzeako (late), Professor Olikoye Ransome-Kuti (late), Pharmacist Dahiru Wali and Phil Harvey. SFH has its interventions in 35 states and the Federal Capital Territory on Nigeria. Its head office is located at the FCT and has state offices in 23 States.

OUR MISSION

Society for Family Health has a mission to empower Nigeria, particularly the poor and vulnerable to lead healthier lives. Working with the private and public sectors, SFH adopts social marketing and behaviour change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviours.

OUR VISION

Society for Family Health has a mission to empower Nigeria, particularly the poor and vulnerable to lead healthier lives. Working with the private and public sectors, SFH adopts social marketing and behaviour change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviours.

BOARD OF TRUSTEES

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. He is the President of the SFH Board of Trustees.

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.

PHARM. 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 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.

DR. CHIKWE IHEKWEAZU

Dr Chikwe Ihekweazu is an epidemiologist and Consultant Public Health Physician. Dr. Ihekweazu is the CEO of the Nigerian Center 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

Kim Schwartz, CPA serves as Senior Vice President and Chief Financial Officer of Population Services International (PSI) and is responsible for the organization's finance, treasury, budget financial analysis, contracts, pricing, procurement and technology activities. She has more than 30 years' experience in finance, healthcare, non-profit organization and fortune 500 organizations. Prior to joining PSI, Kim served as a financial and compliance executive at the American Red Cross, the American Lung Association and Inova Health Care Systems. Kim was also a member of the health care consultant and audit teams at Ernst & Young, as well as a Tax Advisor for J. Cook and Associates.

Kim is a member of the following boards: Humentum, UK; Society for Family Health, Nigeria; Society for Family Health, South Africa. She is also past Chair of the Board of the Patient Access Network Foundation.

Kim is a CPA and a Graduate of the State University of New York at Utica and has attended executive leadership courses at the Harvard Kennedy School.

BOARD OF TRUSTEES

PROFESSOR JOY NGOZI EZEILO

Professor Joy Ngozi Ezeilo is a lawyer, feminist and scholar/activist. She earned a post graduate degree in law (LLM) from Queen Mary College, University of London, and a BL from the Nigerian Law School. She is a Senior Lecturer and teaches law at the University of Nigeria (Enugu Campus). She attended the International Institute of Human Rights and the International Centre for University Teaching of Human Rights in Strasbourg, France. She holds a diploma in gender studies and also a diploma in peace studies and conflict resolution from CODESRIA, Dakar and the Uppsala University, Sweden. Joy Ezeilo, was appointed the United Nations Special Rapporteur on Trafficking in Persons, especially women and children (2008-2011) in June 2008 and took up office in August 2008. In recognition of her outstanding contributions to nation building in the area of legal scholarship, advocacy, civil society movement and community service, Ms. Joy Ezeilo, popularly called Ochendo, was conferred with the National honour of Officer of the Order of Niger (OON) by Mr. President Olusegun Obasanjo (GCFR) in December 2006.

JILL SHUMANN

Jill Shumann is the Senior Director for Francophone-Lusophone Africa. Jill's first tour at PSI began in 1996 when she was hired as an Assistant Program Manager. She also served as a Program Manager, Country Representative in Mozambique and VP/Regional Director for West and Central Africa (WCA). She left PSI in 2007 to work domestically in family homeless and domestic violence, but left after 2 years to return to international work as a consultant. She consulted for a variety of NGOs writing proposals, conducting technical reviews, facilitating strategic planning workshops and various other assignments. For PSI, she assisted with the Global Strategic Plan process, was Interim Director for Adolescents 360 and chaired the Research Ethics Board from 2009 – 2018. Jill has two Masters Degrees from Johns Hopkins University: one in International Studies and the other in International Public Health. She was also a Peace Corps Volunteer in Mamou, Guinea in the late 1980s.

SIR BRIGHT EKWEREMADU

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

DR ALMUJTABA ABUBAKAR

Dr Almujtaba Abubakar is a distinguished chartered accountant of over 20 years' experience, An ACCA professional. A former managing director of Apt Pensions Funds Managers Ltd and Assurance bank Nigeria Ltd. He is currently a member of Kaduna Textiles Limited, and is an author of many educational books. He is an alma mater from Kaduna State Polytechnique and a mentor to all. He loves Traveling, Reading and Farming. He is married and blessed with 3 children.

FOREWARD

The Society for Family Health (SFH) continues to work in solidarity with communities, government, donors and the private sector to achieve Universal Health coverage and social justice for all Nigerians.

This report showcases the many ways in which SFH supports work at local, state and national levels to turn the aims of the 2030 Agenda for Sustainable Development into results for Nigerians especially women and girls. SFH works closely with the government and a wide range of partners to create access, change behaviour and strengthen health systems.

We strive to unify the private and public health sector to scale an Essential Package of Health Services (EPHS) offering of good quality to all Nigerians. We leverage on over thirty years of thought leadership in a range of practical community-level interventions and policy engagements. This is to drive population-level impact and connect all Nigerians regardless of social status in an innovative social business model which expands access to healthcare services and products while supporting overall national health financing.

The year 2018 marked the beginning, extension and conclusion of projects in HIV, Malaria, Adolescent programming among other areas. At the expiration of the Global Fund HIV New Funding grant, to prevent disruptions of much needed HIV service delivery particularly to key populations, adolescent girls and young women, Global Fund recommended for an extension of the NFM grant for eighteen months (January 2018 – June 2019) across eight states: Akwa Ibom, Kano, Gombe, Anambra, Imo, Lagos, Oyo and FCT Abuja. The total value of the extension grant managed by SFH is \$19,540,696.

The year equally saw the engagement of SFH in new projects on Tuberculosis (TB), specifically by SHOPS Plus as an intermediary organisation for its private-sector TB intervention in Kano state. SFH provided technical support mentorship and supervised the network of private health providers in Kano to provide quality TB services. Also, the SIFPO LNG IUS user study provider prospective longitudinal study was concluded with baseline and end-line surveys conducted for 40 and 36 health providers.

In SBE, the year 2018 started with a reinforcement of the changes in sales strategies and interventions adapted from 2017. One of the major challenges addressed was growing consumer interests in condom brand by the introduction of a well-differentiated brand of condoms, the Flex condom, with six exciting variants. There was also a change in brand packaging for the flagship condom, Gold Circle condom. Sales volume for priority products like Gold Circle, remained stable, while the new products like Flex (all variants) condom had increased unit sales in the first three months of the year. The SBE division marshalled some key strategies aimed at entrenching SFH Flex Condoms with the deployment of roadshows across major cities in the country and the sponsorship/advertisement on the Big Brother Naija show on DSTV.

SFH Health Financing Project focused on working with state governments to restore Primary Health Care (PHCs) centres for effective service delivery. This was accomplished by supporting states in the implementation of their state-supported Health Insurance Scheme. The rehabilitation and management of the PHCs are linked to the insurance scheme where the PHCs will be accredited to provide services under the scheme and receive capitation in return. SFH commenced this process with Lagos and Delta states and plans to expand to additional states over the next strategic planning period.

Despite the changing donor environment, SFH continues 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 optimum standards.

SFH remains grateful to Global Fund, DFID, USAID, Bill & Melinda Gates Foundation, MSD for Mothers, Childrens Investment Fund Foundation, AIDS Fonds, National Agency for the Control of AIDS (NACA), and other Donors. SFH also appreciates the support from other partner organisation (indigenous and international) in the implementation of projects. We also recognise the contributions of the SFH chain of wholesalers and retailers who support and ensure our products reach the beneficiaries even in hard-to-reach areas.

Finally, SFH cannot fail to mention the assistance of the Federal and State Governments of Nigeria through the Federal Ministry of Health which coordinates the activities of all partner organisations to achieve national and global goals. We plan to sustain these relationships that have aided our growth. SFH as an organisation will continue ensuring efficient utilisation of resources to guarantee best practices in all our deliveries to the people we serve.

OVERVIEW

**“ TO IMPROVE IS TO CHANGE, SO TO BE
PERFECT IS TO CHANGE OFTEN.”**

SIR WINSTON CHURCHILL

These words from Sir Winston Churchill continue inspiring us at the Society for Family Health to embrace all efforts to improve the health and wellbeing of Nigerians. 2018 brought to a conclusion the 6-year strategic plan from 2013 – 2017 (with an extension in 2018) and was particularly exciting as a number of our projects recorded well over 85% achievement on key milestones. Typical examples are the Global Fund HIV project and the Maternal, Neonatal and Child Health project which recorded approximately 106% in HIV testing for key populations and use of Emergency Transport Scheme among pregnant women respectively.

Despite emerging challenges arising from the conclusion of a considerable number of projects, SFH did not relent on delivering quality accessible and lifesaving commodities and services in the communities that we work with. Under SFH's Family Planning portfolio, the SIFPO LNG IUS user study was concluded in September 2018. The provider prospective longitudinal study in the SIFPO project was concluded with baseline and end-line surveys conducted.

SFH was able to organise and conduct key activities required for the effective implementation of the Global Fund Malaria project, within the last two quarters of the year. Capacity building was conducted for state health educators and advocacy, communication and social mobilisation (ACSM) staff from all the 13 supported States. The capacity building was necessitated by the need to fine-tune implementation modalities and emphasize the importance of state support for the achievement of targets. The total number of LLINs distributed in 2018 equalled 8,613,696. The number of persons reached with malaria control messages via house to house IPC agents came up to 2,721,528.

The Global Fund HIV project recorded excellent results in major targets within the review period. Against the set target of 70,000, 78,885 individuals were tested for HIV and received their results during the reporting period. Among populations who inject drugs, 2,140 received HIV testing and know their results. In total, 89,883 tests were carried out in 2018. Going further, the project aims to accelerate achievement of key population target through the engagement of key population led Community-Based Organizations (CBOs) as implementing entities to the sub-recipient.

Social Business Enterprise (SBE) maintained strong growth in the sales volume for priority products such as Gold Circle which maintained a monthly average sale of 6M units, while the new products such as Flex (all variants) condom had above 300,000-unit sales in the first three months of the year. The SBE

division rolled out key strategies aimed at establishing the SFH Flex Condoms in the with the deployment of roadshows across major cities in the country and the sponsorship/advertisement on the Big Brother Naija show.

The IntegratE project aimed at improving the quality of Family planning services provided by Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) conducted GIS Mapping of Community Pharmacies and PPMVs in Lagos and Kaduna States. SFH provided FP training to over 230 PPMVs in both states. Consultants were engaged to facilitate the development of the National FP training manual for PPMVs. Mobile DHIS 2 was also developed which helped linked data from CPs and PPMVs into a staging server from where this will be migrated to the National HMIS. This is key to expanding access to HMIS data from the private sector.

The Adolescents 360 (A360) project funded by the Bill & Melinda Gates Foundation (BMGF) recorded remarkable results. Across target states, 7,364 DALYS were averted for both married and unmarried adolescents. A total of 8,434 CYPs were generated on the project averting 2,767 unplanned pregnancies.

SFH Health Financing Project is currently focused on working with state governments to revitalize Primary Healthcare Centres (PHCs) for effective service delivery. In 2018, SFH took up 4 facilities under the Lagos state Access to Finance framework (A2F). The facilities were assessed and a BoQ developed for their renovation. In Delta State, SFH expressed her willingness in participating in the Delta State A2F framework and submitted all relevant documentation for the process. SFH also participated fully as a member of the Technical Advisory group for the Legislative Summit on Universal Health Coverage in Nigeria. The group advocated for the inclusion of the 1% CRF in the 2018 budget in addition to successfully holding its second summit in July 2018 in Abuja.

Within the reporting period, the SFH L&D centre facilitated the training of CBO Programme offices on the ARFH/LOPIN 1 project on HIV Prevention in Rivers and Akwa Ibom. In all, a total of 42 programme staff were trained in both locations. The L&D also completed the registration process with the Community Health Practitioners Registration Board of Nigeria as a Continuing Professional Development (CPD) provider for the Community Health Extension Workers (CHEWs) in Nigeria.

The year under review was not without challenges, but it was a fulfilling one for us. We recognise that we still have areas to improve on and continue working towards this. Ultimately, we are building an organisation that is strong and adaptable enough to ensure good health for all Nigerians, as we move into a new strategic planning period.

This is also a year of changes within the organisation as the long standing managing director Sir Bright Ekweremadu will be retiring and handing over to the new managing director Dr Omokhudu Idogho. SFH looks forward to continued growth as the organisation moves into a new strategy plan period.



HIV & AIDS PROGRAMMING

The **Global Fund HIV New Funding Model (NFM)** worth **\$38 million** was implemented from **July 2015 to December 2017** across **10 States: Akwa Ibom, Edo, Enugu, Kano, Kaduna, Gombe, Anambra, Imo, Lagos, Oyo, and FCT Abuja** by Society for Family Health (SFH). eighteen months (January 2018 – June 2019) across eight states: Akwa Ibom, Kano, Gombe, Anambra, Imo, Lagos, Oyo and FCT Abuja. The total value of the extension grant managed by SFH is \$19,540,696.

PROJECT OBJECTIVES

- » To achieve a high yield of positives among the key and general population and adolescent girls and young women,
- » To increase availability and access to condoms and lubricants and focused mobile HIV testing services (mHTS),
- » To promote integrated HIV service delivery across the cascade of treatment and care in line with the UNAIDS 90:90:90 target,

OBJECTIVES



Achieve a **high yield of positives among the key and general population** and adolescent girls and young women



Increase availability and access to **condoms and lubricants** and focused mobile HIV testing services (mHTS)



Intensify efforts to address stigma and **discrimination against the key population**



Promote integrated HIV service delivery across the cascade of treatment and care in line **with the UNAIDS 90:90:90 target**



To reach **77,663 Adolescent Girls and Young Women (AGYW)** in the 3 focal states with combination prevention interventions

- » To intensify efforts to address stigma and discrimination against the key persons in healthcare settings and social and legal barriers which inhibit achieving programme targets, and
- » To reach 77,663 Adolescent Girls and Young Women (AGYW) in the 3 focal states with combination prevention interventions (appropriate information, condom programming, increased access to STI services, HTS, linkage to treatment and adherence support) in sync with the 90:90:90 UNAIDS target.

NEXT STEPS

- » Accelerated achievement of key population target through the engagement of selected key population-led Community-Based Organisations (CBOs) by the KAP Secretariat as implementing entities to the sub-recipient.
- » Recruitment of 2 HIV Counsellor Testers (CTs) to meet high targets. The general population CTs will equally be deployed to assist where necessary for testing and linkage to treatment and care.
- » Deployment of HTS services concurrently with the peer sessions for greater coverage of the peers.
- » Strategic engagement of SR and implementing entities program and finance officers through mentoring, handholding, coaching, and weekly supportive supervision.



**THE PROGRAMME AIMED TO ACHIEVE
A HIGH YIELD OF POSITIVES AMONG
THE KEY AND GENERAL POPULATION
AND ADOLESCENT GIRLS AND YOUNG
WOMEN**



TUBERCULOSIS

The National TB and Leprosy Control Programme recognize the engagement of private health providers (PHPs) as critical for expanding TB care. SFH has been engaged by SHOPS Plus as an intermediary organization for its private-sector TB intervention in Kano state. Specifically, SFH provides technical support mentorship and supervises the network of private health providers in Kano to provide quality TB services. The goal of this project is to increase TB case detection and treatment through the provision of quality TB services by private sector providers in Kano state.

PROJECT OBJECTIVES



To increase coverage of TB services through the private health facility providers towards detecting 2,800 new TB patients diagnosed by bacteriological test and linked to treatment by October 2019

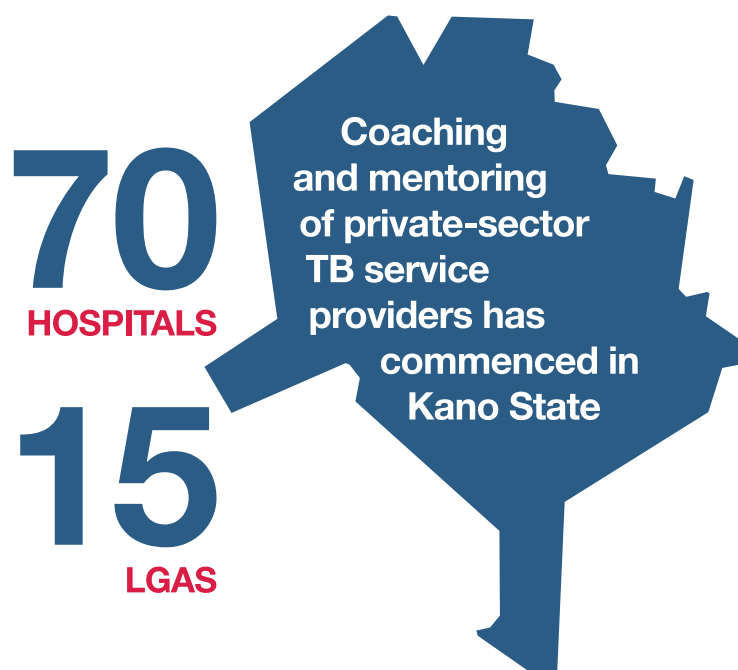


To ensure that private health facility providers **provide quality TB prevention and treatment interventions** to the general population through capacity strengthening, mentoring and supervision of these facilities

ACHIEVEMENTS



Completed training of project personnel on TB and Interpersonal Communication



The project commenced activities August 2018. Training of project personnel on TB and Interpersonal Communication has been completed. Coaching and mentoring of private-sector TB service providers has commenced across 70 hospitals in 15 LGAs in Kano. The team is supporting PPMVs, Labs, community pharmacists and hospitals participating in the project.



FAMILY PLANNING

The SIFPO LNG IUS survey and the LEAP initiative are two research projects focused on the Levonorgestrel Intrauterine System (LNG IUS), a hormonal contraceptive. Both projects are implemented in 40 health facilities selected from the Healthy Family Network franchise. 40 providers are trained to offer quality LNG IUS services and also to recruit participants for the acceptor and rejecter study via telephone interviews.

PROJECT OBJECTIVES

SIFPO LNG IUS Study

SIFPO LNG IUS project is funded by Support for International Family Planning (SIFPO) and the International Contraceptive Access (ICA) through PSI.

The SIFPO LNG IU study aims to ascertain providers' and users' perception and experience with the LNG IUS product. It comprises the provider study and the user study. They are both prospective longitudinal phone surveys but the latter has a baseline at 12 weeks, and follow-up 3 months and 12-months post-insertion.

LEAP Study

Learning about Expanded Access and Potential of the LNG IUS (LEAP LNG IUS) initiative is funded by Bill and Melinda Gates Foundation in partnership with Women Care Global (WCG), PSI and FHI 360.

The project commenced in January 2018 and will end on June 2019. The LEAP initiative is a study of the user population in Nigeria, intending to generate evidence on the value proposition of the LNG-IUS through

an improved understanding of the profile and experiences of the potential user population. It is designed as a prospective longitudinal survey in which information of acceptors and rejecters of LNG IUS is obtained through qualitative and a quantitative phone survey.

The phone survey is a follow-up at a different level with baseline (first phone call after insertion of LNG IUS), and follow-up at 6 months and 12-months post-insertion. The sample size for the LEAP baseline study is 904. Recruitment is still ongoing for the baseline with about 650 participants recruited.

ACHIEVEMENTS



In the service provision for LNG IUS from all the 40 health facilities, 828 LNG IUS insertions have been made since October 2017.



The SIFPO LNG IUS user study was concluded in September 2018. In the baseline survey, 207 samples of WRA were interviewed, 102 at 3 months and 78 at the 12-month follow-up.



The provider prospective longitudinal study in the SIFPO project has been concluded with the baseline and end-line surveys conducted for 40 and 36 health providers, respectively; 4 due to provider attrition.

LEAP

The LEAP quantitative phone survey commenced in June 2018 and is still at the baseline stage. So far 658 WRA have been interviewed.



The LEAP qualitative survey comprises 6 sessions of Focused Group Discussions (FGDs) and In-Depth-Interviews (IDI) with 28 identified participants of the FGDs. All 6 FGDs have been concluded and 6 out of 28 IDIs have been concluded.



Within the period in review, there have been refresher training for 34 health providers out of the 40 initially trained. 6 new health providers have been trained to replace the 4 that were lost to attrition.



20 units of insertion kits have been procured and are being distributed to health providers. Service support packages have also been procured, and their distribution has commenced.



10 IPCAs have been recruited for identified 10 high performing facilities, called supersites, for enhanced demand generation and awareness creation for the LNG IUS.



40 PROVIDERS ARE TRAINED TO OFFER QUALITY LNG IUS SERVICES AND ALSO TO RECRUIT PARTICIPANTS FOR THE ACCEPTOR AND REJECTER STUDY VIA TELEPHONE INTERVIEWS.



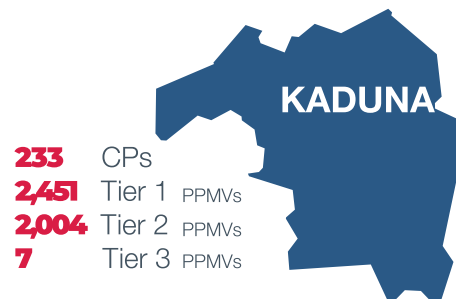
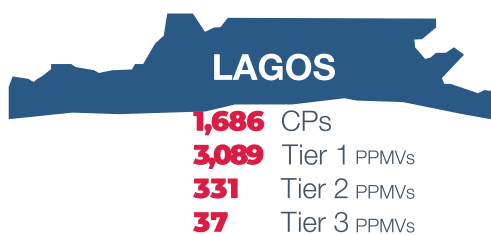
IntegratE PROJECT

Integrating FP & PHC Services Expansion in Community Pharmacies & Patent Proprietary Medicine Vendors (IntegratE) is a four-year project (2017-2021) to be implemented in Lagos and Kaduna states, co-funded by the Bill and Melinda Gates Foundation and Merck for Mothers. The project targets the youths and women of reproductive age (WRA) living in underserved areas of Lagos and Kaduna States. The project is being implemented by a six-member consortium led by SFH (other members include PPFN, MSION, PharmAccess, DKT and Population Council) with a project value of \$8.73million.

PROJECT OBJECTIVES

- » To improve the quality of Family planning services provided by Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) and support the creation of an enabling environment for the sustainable delivery of these services

ACHIEVEMENTS



Supported the **Pharmacists Council of Nigeria (PCN)** in development of a **guideline/SOP** for rolling out the Tiered accreditation and supervision models (Hub and Spoke).

Engaged a Consultant to carry out the **Organisational Capacity Assessment (OCA)** of PCN.



Provided Family Planning training to a total of **231 PPMVs** in both states with an emphasis on refill of Oral pills, Youth friendly FP services, Balanced counselling, and Referral as well as documentation.

Recruited consultants and commenced development of the National FP training manual for both Tier 1 and Tier 2 PPMVs.

Developed the mobile DHIS 2 which will link data from CPs and PPMVs into a staging server from where this will be migrated to the National HMIS. Currently creating an Org unit for the PPMVs and CPs on the project.

Lagos- Tier 1PPMVs - 147

Kaduna- Tier 1PPMVs - 58 | Tier 2PPMVs-26

The Tier 1 PPMVs (Non-Health trained PPMVs) who are mainly providers without background training in health related areas in line with PCN's guidelines where trained only on overview of Family planning, Counselling and Referral. While the Tier 2 PPMVs (Health trained PPMVs) were provided with both practical and didactic training on the overview of Family planning methods, Balanced Counselling and Referral, Value clarifications, youth friendly services and documentation.



THE PROJECT IS AIMED AT IMPROVING THE QUALITY OF FAMILY PLANNING SERVICES PROVIDED BY COMMUNITY PHARMACISTS (CPS) AND PATENT AND PROPRIETARY MEDICINE VENDORS (PPMVS) AND SUPPORT THE CREATION OF AN ENABLING ENVIRONMENT FOR THE SUSTAINABLE DELIVERY OF THESE SERVICES






MATERNAL NEONATAL AND CHILD HEALTH

Society for Family Health is improving the health status of women and enhancing child survival by creating demand, addressing the supply side and strengthening health systems through innovative strategies such as the FMOH REW strategy focusing on Integrated MNCH trainings and service delivery models work in **159 LGAs in 6 states: Kano, Kaduna, Katsina, Zamfara, Jigawa and Yobe. The DFID funded MNCH2 intervenes in 159 secondary facilities and 795 primary health care facilities from six wards per LGA.**

The Maternal Neonatal and Child Health (MNCH) Project Gombe through the Village Health Worker (VHW) project in the state is also increasing effective coverage of life-saving interventions (products and services) for maternal and child health. The project is led and co-funded by the Gombe State Primary Health Care Development Agency (GSPHCDA). It is implemented principally through low literate locals selected and trained to carry out door-to-door health promotion, provision of basic services and referrals to focal health facilities. The program is implemented across 57 of the 114 wards in 11 Local Government Areas of the State (i.e. a 50% coverage of the state). The project is also strategically complemented through the supply of essential MNCH commodities for improved quality of care, Ward Development Committee (WDC) led social mobilization activities, Emergency Transport Scheme (ETS), Group Interpersonal Communication (IPC) among key influencers and home decision-makers, etc.

Performance Across Key Donor Indicators: Oct 2017 – Sep 2018 for MNCH GOMBE

**321,898**Women Visited
by VHWsAnnual Target
479,304**67.2%** Annualized
Performance**83,524**New Women
Registered by VHWAnnual Target
72,227**114.1%** Annualized
Performance**172,893**Antenatal Facility
Visits by ClientsAnnual Target
186,396**92.8%** Annualized
Performance**31,936**Deliveries in
Health FacilityAnnual Target
46,599**68.5%** Annualized
Performance**48,162**Postnatal Facility
Visits by ClientsAnnual Target
93,198**51.7%** Annualized
Performance

INDICATOR	CUMULATIVE ACHIEVEMENT AT OCTOBER'2018	REMARKS
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 	14,586	Success can be attributed to the well-established community structures as well as initiatives made to integrate all community structures in LGAs through facility health committees
Cumulative number of young women benefiting from safe space interventions 	66,716	Multiplier effect of mentors' activities at establishing additional young women support groups (YWSGs) within their communities at no extra cost to MNCH2
Cumulative number of women with pregnancy-related conditions transported through the Emergency Transport Scheme (ETS) in supported communities 	108,349	Efforts by State Secretariats of NURTW at recruiting more volunteer drivers into the scheme at no extra cost to MNCH2.

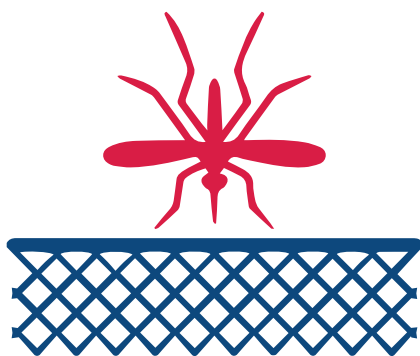


THE MATERNAL NEONATAL AND CHILD HEALTH (MNCH) PROJECT GOMBE THROUGH THE VILLAGE HEALTH WORKER (VHW) PROJECT IN THE STATE IS ALSO INCREASING EFFECTIVE COVERAGE OF LIFE-SAVING INTERVENTIONS (PRODUCTS AND SERVICES) FOR MATERNAL AND CHILD HEALTH.



MALARIA

The Global Fund Malaria project aims to provide adequate information to all Nigerians such that at least 80% of the populace habitually takes appropriate malaria preventive and treatment measures as necessary by 2020. The project is to be implemented in 13 States: Jigawa, Kano, Kaduna, Katsina, Niger, Yobe, Adamawa, Gombe, Kwara, Delta, Ogun, Taraba and Osun. **The project will also conduct the Long Lasting Insecticidal Net (LLIN) Mass Campaigns in 5 States (Jigawa, Katsina, Kano, Niger and Kaduna)** between 2018-2019. A total of about 26 million LLINs will be distributed in the 5 States. The total sum of the grant is \$38,430,823 (N11,595,382,202) for three years.



About
26 Million

Long Lasting Insecticidal Nets (LLINs)

To be Distributed in **Jigawa, Katsina, Kano, Niger and Kaduna**

ACHIEVEMENTS

1

Some key activities needed for the effective implementation of the project. Recruitment/engagement/orientation of project staff were conducted where strategies for the implementation of the project were discussed and potential bottlenecks identified and solutions proffered.

2

Capacity strengthening of State Health Educators and Advocacy, Communication and Social Mobilization (ACSM) Officers from all the 13 supported States was conducted during the reporting period. The main aim of the meeting was to train the participants on the National ACSM guidelines and the Social Mobilization manual; this was led by the ACSM branch of the National Malaria Elimination Programme (NMEP). The project also leveraged on this meeting to discuss implementation modalities while emphasizing on the need for state support for the achievement of implementation targets.

3

As part of the efforts to increase awareness on Malaria issues and improve uptake of interventions in the country, key IEC materials, IPC flip chart, manuals and job aids to be used by the project were reviewed, harmonized and are currently being pretested. This activity was led by SFH in collaboration with ACSM/NMEP and other Malaria partners.

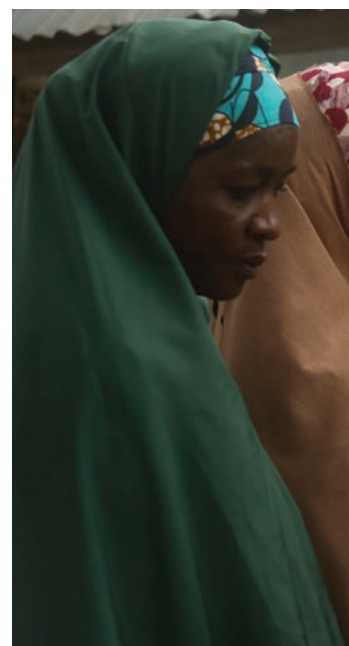
4

Jigawa micro-plan was conducted during the reporting period. The use of cash and asset transfer (CAT) technology was introduced in the SFH campaign implementation. Microdata from all the wards in the State have been obtained and will be used to develop the campaign budget for the State. The data showed an increase of 5% of the expected LLINs to be distributed. 3,606,894 LLINs were projected to be distributed.

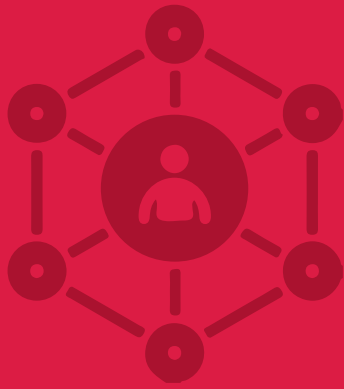
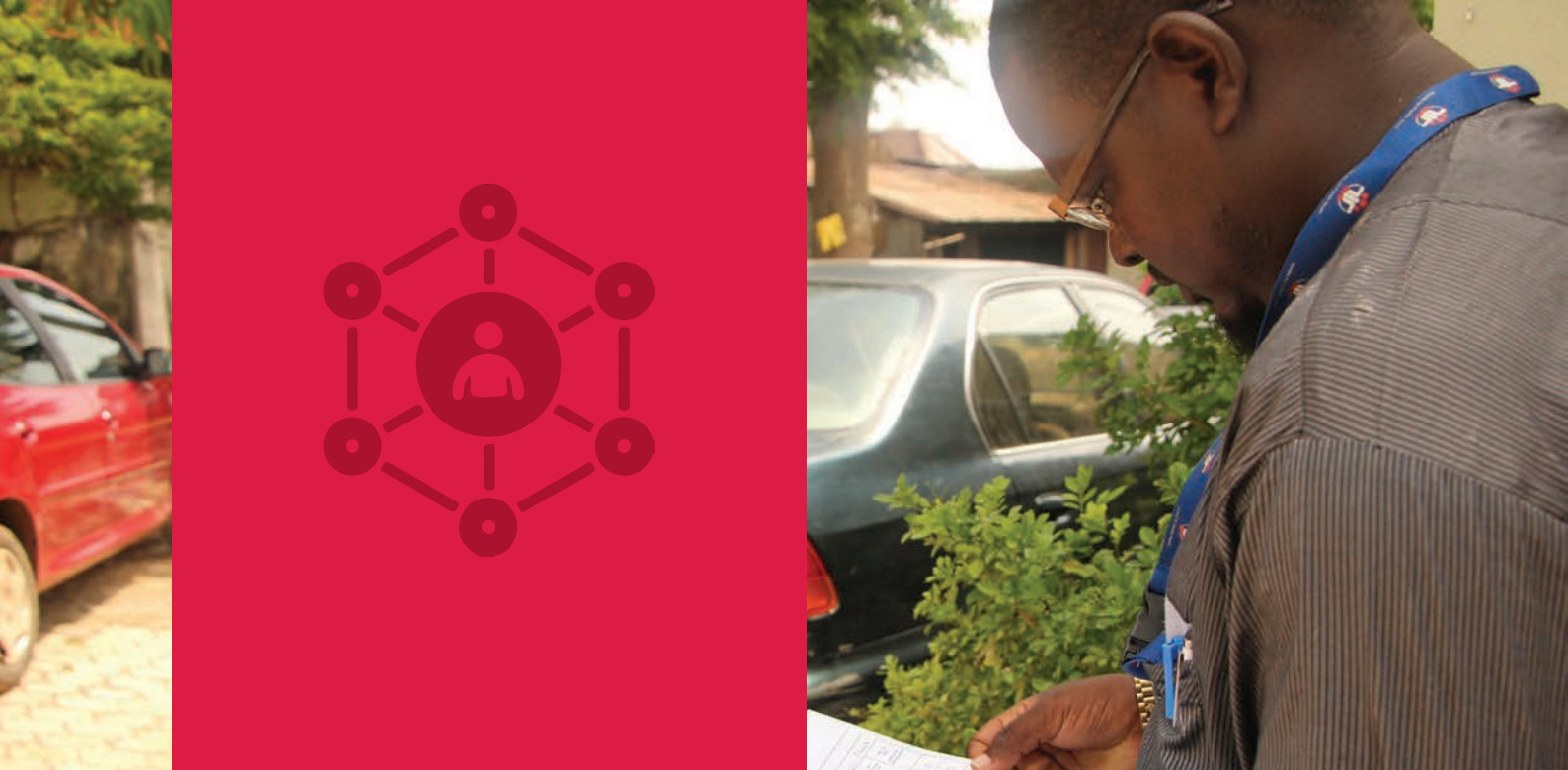


THE GLOBAL FUND MALARIA PROJECT AIMS TO PROVIDE ADEQUATE INFORMATION TO ALL NIGERIANS SUCH THAT AT LEAST 80% OF THE POPULACE HABITUALLY TAKES APPROPRIATE MALARIA PREVENTIVE AND TREATMENT MEASURES AS NECESSARY BY 2020.

Photo Stories







STRENGTHENING HEALTH SYSTEMS

SFH Health Financing Project is currently focused on working with state governments to revitalize Primary Health Care (PHCs) centres for effective service delivery. Most states in the country are currently at various stages in the implementation of their state-supported Health Insurance Scheme. The revitalization and management of the PHCs are linked to the insurance scheme where the PHCs will be accredited to provide services under the scheme and receive capitation in return. SFH has commenced the process with Lagos and Delta. The unit is also a member of the Technical Advisory Group for the Legislative Summit on Universal Health Coverage in Nigeria.

ACHIEVEMENTS

1

In Lagos state, SFH has taken up 4 facilities under the Lagos state Access to Finance framework (A2F). The facilities have been assessed and a BoQ developed for their renovation. An MOU will be developed based on the BoQ for signing between the state and SFH, after which the revitalization exercise will commence.

2

In Delta State, SFH has expressed her willingness in participating in the Delta State A2F and has submitted all relevant documentation for the process. Feedback from the state is anticipated.

ACHIEVEMENTS (CONT'D)

3

SFH has participated fully as a member of the Technical Advisory group for the Legislative Summit on Universal Health Coverage in Nigeria. The group advocated for the inclusion of the 1% CRF in the 2018 budget in addition to holding successfully its second summit in July 2018 here in Abuja.

4

SFH secured a contract with MTV Shuga for the implementation of a 6-month peer education project in Lagos, Kaduna and Kano worth \$143,782.87. The project is expected to commence fully in November. The staff recruitment process is ongoing.

5

The unit also led a consortium (with Kaduna State University) in submitting a proposal for a Knowledge Attitudes and Practices (KAP) Study and Design of Sanitation Promotion Strategy valued at \$317,922.61. We are expecting feedback from the state on its status.



THE REVITALISATION AND MANAGEMENT OF THE PHCS ARE LINKED TO THE INSURANCE SCHEME WHERE THE PHCS WILL BE ACCREDITED TO PROVIDE SERVICES UNDER THE SCHEME AND RECEIVE CAPITATION IN RETURN.



SCALING UP ACCESS TO PRODUCTS AND SERVICES

Society for Family Health is scaling up access to products and services through her Social Business Enterprise (SBE). The year 2018 started with a reinforcement of the changes in our sales strategies and interventions adapted from 2017. One of the strategies adopted to overcome the challenge of growing consumer interest in our condom brand was the introduction of a well-differentiated brand of condom, the Flex condom, with six exciting variants. There was also a change in brand packaging for our flagship condom, Gold Circle condom. Sales volume for priority products such as Gold Circle, maintained monthly average sales of 6M units, while the new products such as Flex (all variants) condom had an above 300,000-unit sales in the first three months of the year.

The SBE division marshalled some key strategies aimed at entrenching SFH Flex Condoms with the deployment of roadshows across major cities in the country and the sponsorship/advertisement on the Big Brother Naija show. The recruitment of pharmacy associates in four major locations, as well as the re-introduction of the direct to retail merchandisers, is anticipated to shore up the sales numbers for the various condom brands.

PRODUCT - CUMULATIVE SALES AT DECEMBER 2018

During the quarter under review, Year 2018-To-Date (YTD) performance for the flagship brand of condom, Gold Circle closed at 70%. Overall Couple-Year-Protection (CYP) achievement for the quarter was 206,550.

GOLD CIRCLE - 78,921,216

GOLD CIRCLE FLEX - 5,197,608

COMBINATION 3 - 3,232,805

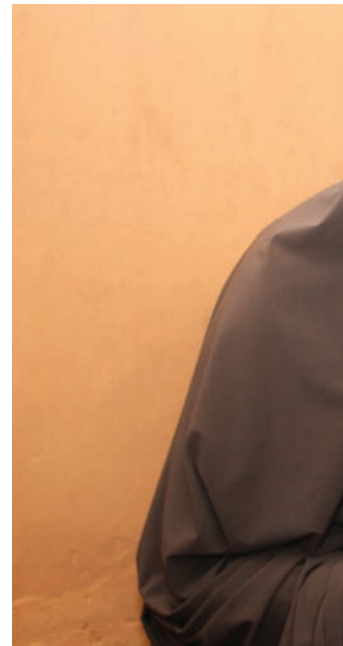
POSTINOR-2 - 1,451,520

P&G POW - 1,174,080

ORS/ZINC - 180,900



Photo Stories







NEGLECTED TROPICAL DISEASES

With funding from the Global Alliance for Vaccine Initiative (GAVI), the Royal Tropical Institute (KIT) based in the Netherlands and Society for Family Health (SFH) Nigeria are implementing the project titled “Retrospective and Prospective Evaluation of Measles Campaigns and their Effects on the Overall Immunization System in Nigeria”. KIT is the lead partner in the project. SFH key roles are to process ethics approval, field data collection, support organization of stakeholder engagements, support analysis and dissemination of results.

Nigeria has conducted several measles campaigns, but the country’s measles epidemiological profile indicates that there continues to be a high risk for outbreaks. This gave reason to evaluate the quality of campaigns and the effect of the campaigns on the measles vaccination status of under-fives. The evaluation includes a retrospective section (2015 and 2016) and a prospective section that will assess the campaigns planned between October 2017 and March 2018.

OBJECTIVES

The evaluation will assess the quality of measles campaigns, assess if and to what extent the measles campaigns are effective and the extent of the effect of the campaigns on the vaccination coverage.; It aims to build the knowledge base on “what works, why, where and for whom”. We propose to use a “mixed methods approach” combining literature review, quantitative and qualitative research methods.



ACTIVITIES

The activities carried out include data collection in six states selected to achieve geopolitical coverage. The states include Sokoto in North West; Gombe in North East, Niger in North Central, Imo in South East, Edo in South-South, and Oyo in South West. A national stakeholders meeting held in January and another is scheduled to hold in May to present preliminary findings of the evaluation and receive stakeholder input. Field data collection activities were completed. The project is at the stage of data analysis.



THE EVALUATION WILL ASSESS THE QUALITY OF MEASLES CAMPAIGNS, ASSESS IF AND TO WHAT EXTENT THE MEASLES CAMPAIGNS ARE EFFECTIVE AND THE EXTENT OF THE EFFECT OF THE CAMPAIGNS ON THE VACCINATION COVERAGE.



IMPROVING KNOWLEDGE MANAGEMENT AND TRAINING

The SFH Learning and Development (L&D) Centre is a training centre set up in 2014 to build the capacity 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 aimed at improving the overall performance of their organisations. The centre is committed to the professional development of staff members to be useful to themselves, their organization and the nation at large.

ACHIEVEMENTS

1

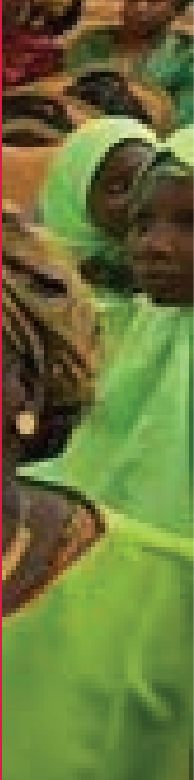
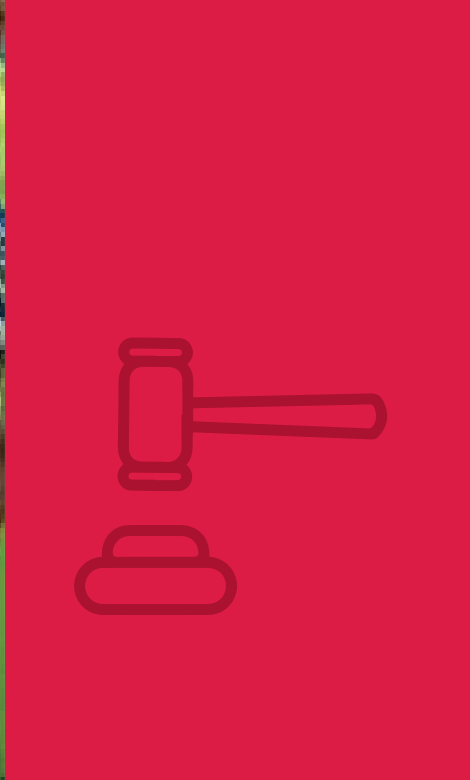
Since its inception, the L&D centre has facilitated the training of a large number of SFH junior, mid-level and senior managers in several administrative and managerial courses. Within the reporting period, the centre facilitated the training of CBO Programme offices on the ARFH/LOPIN 1 project on HIV Prevention in Rivers and Akwa Ibom. In all, a total of 42 programme staff were trained in both locations and N378,000 was realised from the training.

2

The L&D also completed the registration process with the Community Health Practitioners Registration Board of Nigeria as a Continuing Professional Development (CPD) provider for the Community Health Extension Workers (CHEWs) in Nigeria. The unit is currently working out the details for the training activities.

3

The general training plan is ready and members of the public can now arrange for any training of their choice after the payment of the training fee and the availability of enough participants to meet the training quota.



POLICY ENGAGEMENT



**THE KIND OF
CHALLENGES
WE FACE ON THE
CONTINENT REQUIRE
NOT ONLY VISION BUT
ALSO PATIENCE AND
PERSEVERANCE.**

TONY O. ELUMELU

SFH has been active in policy engagement over the last 20 years, and has been responsible for landmark changes in policy relating to task shifting/task sharing, the National Health Act, HIV treatment & care and practice areas changes for community pharmacists and patent and proprietary medicine vendors (PPMVs) over the last 10 years.

SFH is currently partnering with the various government partners and regulators on addressing key policy areas relating to PHC and public private partnerships, including with the Pharmacists Council of Nigeria on scaling up PHC through CPs and PPMVs, and the Gender, Adolescents, School Health and the Elderly (GASHE) division in the Family Health Department of the Federal Ministry of Health on adolescent health. SFH also has active collaborations with the National Primary Health Care Development Agency on expanding human resources for health through village health workers as well as with State Governments on scaling up primary health care through public private partnerships of primary health care centres and the state health insurance schemes.



ADOLESCENT PROGRAMMING

The Adolescents 360 (A360) project funded by the Bill & Melinda Gates Foundation (BMGF) aims to break down barriers to adolescents' access and use of contraception increasing voluntary, modern contraceptive use among adolescent girls aged 15–19 years, through the use of a replicable User Centred Design (UCD) and youth engagement approach built on evidence base for developing a high-impact SRH model or models. Models will be co-created with adolescents, such that they are affordable and scalable within the three project countries of Ethiopia, Nigeria, and Tanzania. The expected outcome is to reduce unintended pregnancies and prevent transmission of HIV and other STIs and to sustain improvements in the Sexual and Reproductive Health of adolescent girls beyond the life of the project.

ACHIEVEMENTS

Scale-up commenced in November 2017 (for unmarried girls) with 15 facilities fully branded and equipped and currently offering services to adolescent girls in Lagos, Oyo and Ogun states. 7 more spaces (9ja Girls) were added in 7 PHCs in Lagos state for unmarried adolescents, and in Kaduna and Nasarawa states for married adolescents from January to April 2018.

Six models were tested to reduce the cost of reaching one adolescent with contraceptives. The cost is about \$400/adopter in six states (Edo, Kaduna, Nasarawa, Delta, FCT and Akwa Ibom), where a mix of models showed a reduction in the cost of adoption of contraceptive and addresses saturation of intervention at current locations. The model that showed reduced cost to as low as \$39/adopter, The Bridging the Gap+ (in which an existing FP site within a PHC is used to serve girls along with a Young Provider supported by a more experienced government-hired provider), reduced skill classes to 4 from 8 and has mobilisation agents assigned to each facility to help mobilise and direct girls to the facility. The testing was going on alongside the initial models in other states (Lagos, Oyo, Ogun and Osun). Reports have been sent to the donors through PSI.



UNMARRIED

- » **02,022 9Ja Girls** were mobilized in the south and north.
- » **48,420 (47.5%)** were referred to the 9ja Girls facilities.
- » **19,454 (40.2%)** girls reached facilities.
- » **9,412 (48.4%)** took up methods.
- » There were **888** continuing users (those who came back to revisits/resupply).
- » Conversion Rate: **48%**



MARRIED

- » **380** married and **2,693** unmarried girls took up methods (for the first time i.e. adopters)
- » **8,589** were mobilized for mentorship
- » **4,095 (47.7%)** were referred
- » **1,728** reached a facility for mentorship and walk-in
- » **1,117 (64.6%)** took up method
- » **26** continuing users
- » Conversion Rate: **64.6%**
- » **7,364** DALYS were averted for both married and unmarried –
- » **8,434** CYPs
- » **2,767** unplanned pregnancies were averted-



THE EXPECTED OUTCOME IS TO REDUCE UNINTENDED PREGNANCIES AND PREVENT TRANSMISSION OF HIV AND OTHER STIS AND TO SUSTAIN IMPROVEMENTS IN THE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENT GIRLS BEYOND THE LIFE OF THE PROJECT.



SOCIETY FOR FAMILY HEALTH AND NOVARTIS SOCIAL BUSINESS



Nigeria is facing many challenges to tackle its growing NCD burden. according to the World Health Organization the probability of dying due to one of the four main NCDs between the ages of 30 and 70 is 20 percent in Nigeria (as of 2014). NCDs are estimated to account for 24 percent of deaths in the country as a whole. Cardiovascular diseases are the deadliest set of NCDs in Nigeria, responsible for seven percent of deaths. Cancer accounts for three percent of deaths; diabetes accounts for two percent of deaths; chronic respiratory diseases account for one percent of deaths; and other NCDs account for eleven percent (WHO, 2014).

The country's advancing middle-class and increasing urbanization are driving an increase in lifestyle factors which pose high risk for several NCDs, including obesity and tobacco use. 8.9 percent of Nigerian adults are obese (Index mundi, 2018) and more than 3.5 million adults use tobacco daily - a smoking prevalence of 17.4 percent (Tobacco atlas, 2018).

In September 2018, SFH announced that she and Novartis Social Business have signed an agreement to implement Novartis Access in Nigeria. Through this partnership, SFH will distribute Novartis Access medicines to treat chronic diseases to the poorest and the most vulnerable populations in health facilities, and in the hospitals and clinics SFH is working with throughout the country. The collaboration also includes capacity-building activities and community awareness.

The Novartis Access portfolio includes high-quality medicines targeting four key chronic diseases, also known as non-communicable diseases (NCDs): cardiovascular diseases, type 2 diabetes, respiratory illnesses, and breast cancer. This portfolio covers the world's most frequently prescribed medicines for chronic diseases.

In Nigeria treatments will be offered to patients through SFH at a final cost of up to 2.21 USD per patient per month. Beyond medicines, the collaboration will also include activities to strengthen healthcare systems in Nigeria, for example by training healthcare professionals on NCD screening, diagnosis and treatment, quality assurance and by providing community education and awareness.

The program will be implemented to start in 8 states in Nigeria, potentially reaching more than 5 million patients. Nigeria is the fifth country in Africa (after Kenya, Ethiopia, Uganda and Cameroon) to sign an agreement to distribute Novartis Access treatments against chronic diseases. First treatments will start reaching patients in the upcoming months.



***THROUGH THIS PARTNERSHIP, SFH WILL
DISTRIBUTE NOVARTIS ACCESS MEDICINES TO
TREAT CHRONIC DISEASES TO THE POOREST
AND THE MOST VULNERABLE POPULATIONS
IN HEALTH FACILITIES, AND IN THE HOSPITALS
AND CLINICS SFH IS WORKING WITH
THROUGHOUT THE COUNTRY.***

“ What you do makes a difference,
and you have to decide what kind
of difference you want to make.”





2018

ANNUAL REPORT



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