Our Mission

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

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

Society for Family Health

...Creating Change, Enhancing Lives

in partnership with

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Society for Family Health (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. An indigenous non-profit, non-political, non-governmental organisation in Nigeria which has interventions in various health fields including maternal and child health, malaria prevention and treatment, HIV & AIDS prevention, reproductive health, family planning and safe water systems. SFH uses behaviour change communication, research and social marketing to implement lifesaving programmes in partnership with the public and private sectors and provides health products and clinical services to Nigerians in both urban and rural areas, especially among the most vulnerable.

SFH works through 24 field offices spread across the 36 states and the Federal Capital Territory - where the headquarters is located. Currently running programmes include: ACTWatch, African Health Markets for Equity (AHME), Cervical Cancer Screening & Preventative Therapy (CCS&PT), Enhancing Nigeria’s Response to HIV & AIDS (ENR), Expanded Social Marketing Project in Nigeria (ESMPIN), HIV and Malaria programmes supported by the Global Fund to fight AIDS, Malaria and Tuberculosis, Maternal & Neonatal Health Project - north-east Nigeria, Nigeria Governors Leadership Challenge Fund Management (NGLCFM), Rapid Access Expansion Project, Strengthening HIV Prevention Services for Most at-risk Populations (SHIPS for MARPs), Women’s Health Project, and the Universal Access to Female Condom project.

SFH is in partnership with PSI and partners with several international donors.

SFH’s core values are the guiding principles and tenets that describe how the organisation strives to operate efficiently. They are:

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

2. Integrity:
   We are committed to demonstrating honesty and transparency at all times in our dealing with people and organisations within and outside of our own establishment.

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

4. 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.

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

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

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

The total disability adjusted life years (DALYs) averted for HIV prevention, reproductive health, malaria control, child survival and other activities in Nigeria is 6,317,748 through efforts by SFH. SFH implements health programmes in areas responsible for over 40% of the burden of diseases in Nigeria.
Foundation members:
Honourable Justice (Mrs.) Ifeyinwa C. Nzeako, Professor Olikoye Ransome-Kuti (Late), Mallam Dahiru Suleiman Wali, Phil Harvey.

The Board of Trustees comprises eminent personalities of reputable character and integrity who share a common goal towards achieving sustainable development amongst the poor and vulnerable in Nigeria, Africa and the world at large. They are:

**Professor Shima Gyoh**
President, SFH Board of Trustees

Professor Gyoh is a surgeon by profession. He has served the nation in various positions as Chief Medical Director, Jos University Teaching Hospital (1987-1988), Director-General (Permanent Secretary), Federal Ministry of Health and Social Services (1988-1994), Chairman, Executive Board, West African Health Community (1989-1991), Chairman, Medical and Dental Council of Nigeria, (2004 - 2007). Dr. Gyoh now lives in Benue State, where he is currently the Provost College of Medicine Benue State University Makurdi. He is also on the board of Population Services International (PSI).

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

Hon. Justice (Mrs) I. C. Nzeako formerly Justice, Court of Appeal, Jos Division is a founding trustee of SFH and President Emeritus, National Council of Women Societies, Nigeria. Previously, Vice President, International Council of Women (ICW) Paris, France. She is presently retired and has continued to devote her time to the development of SFH.

**Mr. Kunle Elebute**

He has a Bachelor's degree in Economics from the University of Manchester in the UK, and is a Fellow of the Institute of Chartered Accountants of Nigeria. He is a Senior Partner and Head of Advisory Services in KPMG Nigeria. He is also a member of the Board of Governors of Igbozi College Yaba, Lagos (his alma mater), 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 the chairman of the board, audit and finance committee of SFH.

**Professor Ekanem Ikpi Braide**

Professor Braide holds a Bachelor's degree in Zoology and Masters and Doctorate degrees 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 also a fellow of the Nigerian Academy of Science. She is a recipient of many awards among which is the Jimmy/Rosalyn 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 University of Technology and currently the Vice-Chancellor of University of Lafia, Nasarawa State.

**Peter Clancy**

He has been the Chief Operating Officer (COO) of PSI since 2001. In addition to being COO, Peter has, at various times in his PSI career, served as Acting CEO, Acting Chief Financial Officer, Director of AIDSMark. Regional Director for Nigeria, Uganda, West and Central Africa, Latin American and Asia. He has also served as Director of New Business Development. Peter started his career at PSI in the field; he was the Country Representative in Cote d’Ivoire and then in Nigeria in the early-mid 1990s. He is a former Peace Corps Volunteer (Senegal) and has a Master of International Affairs from the University of Pittsburgh and a Bachelor of Science in Foreign Affairs from Georgetown University.

**Dr. Ahmed I. Yakasai**

He is a Pharmacist by profession and a fellow of the Pharmaceutical Society of Nigeria (PSN). He has been strongly involved in the activities of PSN over the years and has served the Society as Deputy President. He runs Pharmplus Limited, a wholesale practice and Pharmplus consulting. He is a consultant to NAFDAC and NDLEA and, until recently was the Kano State Commissioner for Commerce and Industries.

**Dr. Moussa Abbo**

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

**Dr. Chikwe Ihekweazu**

A Consultant Medical Epidemiologist currently with the National Institute for Communicable Diseases in Johannesburg, South Africa. A Fellow of the European Programme for Intervention Epidemiology (EPIET) and of the UK’s Faculty of Public Health (FPF). Dr. Ihekweazu has worked as an epidemiologist for the UK’s Health Protection Agency (HPA) and the Robert Koch Institute in Germany. He has undertaken several short term consultancies for World Health Organisation (WHO) mostly in response to major infectious disease outbreaks, and is widely published in peer review journals. Dr. Ihekweazu is also a co-curator at TEDxEast.

**Sir Bright Ekeremadu**

The Managing Director (MD) of SFH. Sir Bright joined SFH in 1993 and rose to the position of MD in January, 2005. He has 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 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.
Foreword

Professor Shima Gyoh
President, Board of Trustees

Society for Family Health, SFH, is charged with trust, cooperation and dependable selfless service, with a focus on poor and vulnerable populations in the society. Our services have continued to reap from the acquired trust of our numerous stakeholders and partners which in turn continues to inspire the timely delivery of our tasks within project budgets. The year 2013 saw yet more achievements and refreshing resolve to serve and to save the lives of Nigerians in different areas of public health. The signing of the grant for Family, Life and HIV & AIDS Education by SFH’s Global Fund HIV project, implemented in 21 states across Nigeria, ensured that SFH received an award for significant contribution and successful implementation of on-school youth programmes in Lagos state. The Global Fund Malaria project was also able to successfully bring down the cost of Artemisinin Combination Therapies (ACTs) in Nigeria, contributing to a significant reduction in malaria prevalence in the country as access to affordable medicines for malaria treatment was achieved for the poor and vulnerable.

One of the core objectives of SFH is to create and maintain healthy practices in the family, especially those that relate to mothers and newborns. To this end, there is some sense of pride in the progress being made by the Women’s Health Project (WHP), funded through Population Services International, SFH’s international partner. The project which is in its third phase, operates through the SFH Social Franchise Network of over 300 private facilities in 24 states called the HEALTHY FAMILY NETWORK. Another project aimed at addressing maternal and neonatal health in SFH is the flagship Maternal and Neonatal Health project, which is focused on improving maternal and newborn health practices in the home while increasing facility based delivery. The project is being implemented in the North-East, precisely in Gombe state, with the continued support of Bill & Melinda Gates Foundation. The success of the emergency transport scheme of this project has received international support, with SFH receiving a grant (supported by Transaid) from Comic Relief to extend it to Adamawa state. The project has also been visited by many CSOs, and government representatives in northern Nigerian states who wish to replicate lessons learnt in the project in their states.

USAID supports SFH through two programmes, the Expanded Social Marketing Project in Nigeria, which increases access to products and services for family planning, and the prevention and treatment of diarrhea and malaria, and the Strengthening HIV Prevention Services for Most at Risk Populations Project which aims to focus on provided behaviour change communication and HIV and STI prevention services to key target populations in Nigeria, and for this continued support we are grateful.

The Universal Access to Female Condom (UAFC), scaled up to one state and the FCT making a total of five project implementation states and continued the distribution of the Female Condom at the national level with Elegance*, the SFH brand of female condom. This is aimed at reducing the incidence of unwanted pregnancies, STIs and HIV & AIDS. Strategies employed included demand creation and awareness strengthening, national advocacy and policy support for female condom interventions.

Cervical Cancer Screening and Preventative Therapy (CCSPT) Project commenced in January 2013 and even though it is in its early stages, it has witnessed a series of activities towards achieving project deliverables. The project took delivery and commenced deployment of cryotherapy machines, for screening of cervical cancer at partner health facilities. It continued its advocacy and creation of awareness to promote prevention of cervical cancer through screening and referral linkages that will offer treatment to women that are found to have cervical cancer. Other projects implemented by SFH include the Enhancing Nigeria’s Response to HIV & AIDS UKAID funded, the Africa Health Markets for Equity (Bill and Melinda Gates Foundation), and the Rapid Access Expansion Programme 2015 (funded by the Canadian Department for Foreign Affairs, Trade and Development through World Health Organisation) among others.

We are most grateful to our partners and donors; the UK Department for International Development (DFID), the United States Agency for International Development (USAID), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), OXFAM Novib, the Bill & Melinda Gates Foundation and the World Health Organisation. Our gratitude is also extended to the Federal Government of Nigeria and various state governments and their agencies with whom we have worked so harmoniously over the years, and have received considerable support. SFH is satisfied with the 2013 achievements and will continue to put more effort to build a stronger working force for the challenges in the years ahead. SFH Board of Trustees appreciates and commends the outstanding effort of the entire staff of the organisation and their commitment in improving the health standards of Nigerians.

May we continue to uphold the integrity and efficient service and sustainability of our organisation and focus on creating change and enhancing lives.
Over the years, Society for Family Health (SFH) Nigeria has continued to break new grounds in impacting lives and empowering the Nigerian populace. For this, we have our donors to thank for their unflinching support to us. I would also like to express my gratitude to the SFH Board of Trustees and our staff for their unwavering support and dedication to ensuring that our programmes are carried out successfully.

In 2013, SFH’s programming in non communicable diseases was launched in January. This saw to the rehabilitation of a mental health facility in Lagos state for drug rehabilitation programming and a series of capacity building activities for the staff of the clinic geared towards improving their relationship with patients who visit the facility. In the same vein, SFH commenced the Cervical Cancer Screening and Preventative Therapy project in partnership with Planned Parenthood Federation of Nigeria, and Marie Stopes International Nigeria in the Bill & Melinda Gates funded initiative to scale up cancer screening services in Nigeria. SFH also supported health system strengthening in the public and private health sector through a number of projects, including the ENR, AHME and Maternal and Neonatal health projects.

SFH’s strategy for HIV & AIDS prevention in Nigeria has been working with the Federal Government of Nigeria, several community based organisations and members of the society. The programme targets men, women and youth who are most at risk, reaching them with services and information on effective HIV and AIDS prevention, treatment, care and support. Throughout the year, SFH provided HIV counselling and testing sites all over Nigeria especially in hard to reach communities. We also had excellent support from the SFH sales division which distributed over 180 million condoms; 408,672 Elegance female condoms all over the country, amongst other products. SFH continued to support the Nigerian Government in the plan to eliminate malaria from Nigeria. By the end of the year, over 1,600 patent medicine vendors and health service providers were trained in malaria case management and 2,795 health providers trained in administering rapid diagnostic tests (RDT) for malaria. SFH continued to carry out Family Planning interventions under the Expanding Social Marketing Project in Nigeria (ESMPIN), Women Health Project (WHP), and Universal Access to Female Condom projects.

Last year, ESMPIN, which is in its third year, was focused on strengthening child survival health areas which consist of malaria case management and prevention, diarrhoea prevention and treatment as well as nutrition (exclusive breast feeding). Through Interpersonal Communication Agents (IPCAs) in the communities, the project reached over 2 million persons with messages promoting family planning and child survival products and services. Special sessions were also held at antenatal clinics and child welfare centres with over 12,000 women being referred for counselling.

ESMPIN in collaboration with CHI Pharmaceuticals in 2013 launched the first pediatric low osmolality ORS & Zinc products, positioning SFH to strategically increase the use of life saving products in the bid to eliminate childhood diarrhoea deaths in Nigeria. The Women’s Health Project, which seeks to decrease the prevalence of contraceptive use in Nigeria, and now in its third phase, successfully distributed a total of 100,716 Misoprostol tablets through pharmacies and health facilities and clinical meetings which were conducted by Field Office Programme Coordinators (FOPCs). Also, the UAF project, funded by the Dutch Ministry of Foreign Affairs and Oxfam Novib, increased in the number of collaborating partners, and succeeded in sensitising over half a million Nigerians on the features, benefits and use of the female condom. The project also scaled up to rivers state and the federal capital territory. For this project, female condoms were made available through a donation of 4 million pieces of female condoms by United Nations Population Fund (UNFPA).

In 2013, SFH experienced a 96% increase in disability adjusted life years (DALYs) averted over 2012 figures, avert over 6,000 DALYs in 2013. We also took on several new projects: the WHO Rapid Access Expansion Programme on Integrated Community Case Management of childhood illness (ICCM) which is being implemented in Abia state, ACT Watch Phase 2, additional/Interim grants for GF HIV and GF Malaria, as well as an increased number of research grants.

SFH also grew more efficient as an organisation by completely turning off QuickBooks and turning to SAP as 2013 was the first full year of SAP implementation. Our internal audit processes were improved and generally we worked hard towards ensuring sustainability.
Our warehousing operations officially relocated to our own warehouse at Ota, Ogun state in May 2013 and our projects continued to meet donor expectations. We also secured approval to introduce Water Guard powder and a mid-priced variant of the Gold Circle condom - Gold Circle Flex which will be officially introduced in 2014.

In preparation for the end of ENR (one of our major HIV prevention grants) in 2014, new business opportunities will be explored and managed more strategically. We are already participating in consortia for new bids and hope to look out for more during the course of the year. This is also part of ensuring SFH’s sustainability and reputation as the Nigerian leader in social marketing of health services and products. We hope to improve our product sales substantially in 2014 and to also strive better to improve our brand image, build greater brand equity for our products and demonstrate a distinguishing quality in our services. Above all, we will continue to show integrity and accountability in all of our work and donor projects.
Every year about 53,000 women die from complications during pregnancy and delivery, some of these complications are excessive bleeding, anaemia, infections, pregnancy-induced high blood pressure leading to convulsions, unsafe abortion, malaria, and obstructed labour. Amongst children under five years of age, about 1 million die every year from complications of low birth weight, inability to start breathing after birth, infections, pneumonia, diarrhoea and malaria. To respond to these challenges in Nigeria, Society for Family Health’s maternal, neonatal and child health programmes are aimed at improving the quality of all maternal, newborn and child health care services which include antenatal and postnatal care, safer deliveries, care for newborn and young children, improved nutrition, routine immunisation and effective primary health care outreach and services.

Working with community based organisations (CBOs), interpersonal communication conductors (IPC’s), health facility workers, proprietary patent medicine vendors (PPMVs), community stakeholders and community front line workers (FLWs) such as traditional birth attendants (TBAs), federation of muslim women associations of Nigeria (FOMWAN) and others, SFH provides products and services in maternal, neonatal and child health. In a system that is sustainable and very effective for achieving results, SFH informs and educates on healthy practices for mothers, their newborn and their children. Some of these practices promote nutrition, exclusive breastfeeding, kangaroo mother care and skilled birth attendance.

In addition, SFH builds capacity of care providers at all levels to deliver quality services, innovatively using antenatal care, child welfare and immunisation clinics as forums to encourage facility attendance, provide information on water, sanitation and hygiene, and malaria treatment. Demand is created for these services, and products are distributed through SFH’s distribution channels. These life-saving products include but are not limited to ORS and Zine, Waterguard, PUR, and clean delivery kits (CDKs). Outreach to mothers is service oriented, toll free service information lines are available every hour of the day, throughout the year in North East Nigeria, emergency transport to reduce the delay in seeking care is also provided.

SFH programmes addressing maternal, neonatal and child health in Nigeria are the Maternal and Neonatal Health Care project (in Gombe state funded by the Bill & Melinda Gates Foundation) as well as the Expanded Social Marketing project in Nigeria (funded by the United States Agency for International Development). Other projects supporting MNCH in Nigeria in SFH are the African Health Markets for Equity and the Rapid Access Expansion Project 2015 funded by the World Health Organisation.

**SFH INFORMS and EDUCATES on exclusive breastfeeding, kangaroo mother care and skilled birth attendance.**

### 2013 key results of the Maternal & Neonatal Healthcare project Gombe state

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>106,283</td>
<td>Number of visits to pregnant women by traditional birth attendants (TBA) &amp; federation of Muslim women associations in Nigeria (FOMWAN) volunteers</td>
</tr>
<tr>
<td>17,283</td>
<td>Number of emergency deliveries conducted by traditional birth attendants</td>
</tr>
<tr>
<td>7,093</td>
<td>Number of deliveries taken with clean delivery kit</td>
</tr>
<tr>
<td>16,550</td>
<td>Number of newborns delivered</td>
</tr>
<tr>
<td>22,945</td>
<td>Number of pregnant women with danger signs referred to facility</td>
</tr>
<tr>
<td>34,642</td>
<td>Number of postnatal visits conducted by frontline workers</td>
</tr>
<tr>
<td>35,156</td>
<td>Number of calls made to frontline workers by clients</td>
</tr>
<tr>
<td>3,687</td>
<td>Number of calls made to the project call centre</td>
</tr>
<tr>
<td>8,163</td>
<td>Number of newborns referred by frontline workers</td>
</tr>
<tr>
<td>1,675</td>
<td>Number of women lifted by emergency transport scheme volunteers (ETS)</td>
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</tbody>
</table>
The Maternal and Neonatal Health Care project in Gombe aims to improve maternal and neonatal survival as a response to the high maternal mortality ratio in north-east Nigeria.

Remarkable success was recorded during the learning phase of the project (November 2009 and April 2012) and these innovations have been refined and expanded in order to make maximum impact in the current scale up phase (2012-2016) where the project will extend into Adamawa state.

Improving maternal and newborn health practices in the home and increasing the rate of facility births are the focus of the Gates Maternal and Neonatal Health Care project in Gombe and Adamawa states. It aims at expanding the use of current solutions and developing new ones to ensure that mothers and infants survive and stay healthy during childbirth and early childhood, where services are most lacking and the majority of deaths occur.

The Expanded Social Marketing Project in Nigeria (ESMPIN) aims to increase availability and access to family planning and child survival products and services by creating demand for these products and services, engaging frontline workers in providing health information services and products and improving effective counselling and referral at the community level.

ESMPIN also aims to improve the capacity of the private sector to produce life saving health care products. ESMPIN promotes these areas by combining already established programme designs of nationwide social marketing activities, supported by robust and integrated behaviour change communication strategies. In 2013, ESMPIN focused on improving child survival, including malaria case management and prevention, diarrhoea prevention and treatment (water sanitation and hygiene promotion) as well as nutrition (exclusive breastfeeding and appropriate complementary feeding). The programme also promotes family planning and safe motherhood information at the community level through the deployment of hundreds of interpersonal communication agents. In 2013, SFH supported CHI Pharmaceuticals Limited to introduce into Nigeria, the first pre-packaged ORS and Zinc. This has the potential to save thousands of children’s lives.

<table>
<thead>
<tr>
<th>PROJECTS</th>
<th>DONOR</th>
<th>KEY ACHIEVEMENTS</th>
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<tbody>
<tr>
<td>ESMPIN</td>
<td>USAID</td>
<td>1,921,442 men women of reproductive age reached through interpersonal communication.</td>
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<tr>
<td></td>
<td></td>
<td>3,621 providers were reached through clinical presentation sessions focusing on designated FP products.</td>
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<tr>
<td></td>
<td></td>
<td>Launch of ORS and Zinc with CHI Pharmaceuticals Limited</td>
</tr>
<tr>
<td>Maternal &amp; Neonatal Health Care Project in north-east Nigeria</td>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>Commencement of pilot phase of Performance Based Incentive (PBI) to promote referrals and facility births to traditional birth attendance</td>
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<td>140 advocacy visits to community leaders to engender support for the project</td>
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<td>Open community meetings held across 10 local governments in Gombe State to create awareness and to garner support from the community for the project.</td>
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<td></td>
<td>Incorporation of 72 Ward Development Committees (WDCs) to ensure project sustainability</td>
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<td>Provided step down training for health facility staff from facilities in the 10 intervention local governments on management of third stage labour, kangaroo mothercare and essential newborn care.</td>
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</table>
Synergistic Strategies addressing HIV & AIDS prevention in Nigeria

Nigeria, Africa’s most populous nation has a population of over 170 million people. With a general adult population HIV prevalence of 3.4% and 4.4% among women attending antenatal clinics, the country has the world’s third largest burden of people living with HIV and AIDS after South Africa and India. The population of people living with HIV & AIDS is estimated to be 3.86 million, and AIDS related deaths average 310,000 per year.

Society for Family Health Nigeria’s strategy for HIV & AIDS prevention in Nigeria involves collaborating with the Federal Government of Nigeria, community based organisations and members of the society. SFH uses behaviour change communication, research and social marketing to design customised interventions created to generate maximum impact which means more lives saved; more people aware and practicing healthy behaviour.

SFH’s HIV & AIDS programmes target men, women, youth and people who are most at risk, reaching them with services and information on effective HIV & AIDS prevention, treatment, care and support. SFH achieves big results because our methods are mostly community focused and peer to peer.

The Government plays a central role in making sure Nigerians adopt healthy behaviour as well. SFH recognises this and engages all levels of government closely in all activities.

At the community level, Interpersonal Communicators (IPCs) and detailers play a major role in the delivery of our HIV & AIDS services. IPCs serve as information agents who engage the community and refer people to receive HIV counselling and testing. Detailers ensure that SFH’s Gold Circle condoms and female condoms are always accessible and available. The approach is wholesome.

Mid and mass media messages tailored to fit lifestyles, literacy levels and socio economic status are designed and ensured sustained broadcasting on popular stations by SFH’s Marketing and Corporate Communication directorate to keep behaviour change messages at the fore. These messages range from how HIV is and not contracted to discourage stigma and to encourage counselling and testing and healthy lifestyles.

Monitoring and Evaluation of field activities helps to maintain quality and gather research information for improving implementation of HIV programming all over Nigeria.

Methods

SFH’s strategy is embedded into already existing government structures which are thus strengthened for sustainability.

SFH’s strategy also informs, educates and makes commodities available that sustain and encourage changed behaviour and healthy practices. SFH through specifically targeted programmes and synergistic activities delivers HIV counselling and testing, prevention of mother to child transmission, systems strengthening in government agencies, behaviour change communication messages for use of male and female condoms including providing heavily subsidised, high quality product varieties.

SFH connects with in-school youth, most at risk populations (this includes female sex workers, injecting drug users and men most at risk), pregnant women, local government agencies, and state primary healthcare agencies through four programmes:

1. Scaling up gender sensitive HIV & AIDS prevention treatment and care and support interventions for adults and children in Nigeria (funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria)

2. Enhancing Nigeria’s Response to HIV (ENR) funded by United Kingdom Department for International Development (DFID)

3. Strengthening HIV Prevention Services for Most-At-Risk Populations (SHiPS for MARPs) funded by United States Agency for International Development (USAID)

4. Universal Access to Female Condoms (UAFC) (supported by Oxfam Novib, World Population Foundation, i-solutions and the Dutch Ministry of Foreign Affairs)
SFH’s programmes work synergistically in different states to deliver benefits to the populace. For instance ENR and SHiPS for MARPs provides referral for HCT services to their target public across Nigeria. The Global Fund HIV project supplies HIV Counseling and Testing sites throughout the year all over Nigeria especially in hard to reach communities. These sessions are conducted in facilities, and are also mobile – at least 196,143 men and women were referred by ENR for HCT in 2013 and from that number 30,354 people received HCT. With support from the SFH sales division, over 160 million Gold Circle condoms; 819,072 LifeStyles condoms; 408,672 Elegance Female condoms were sold all over the country.

Last year, SFH took on again the Family Life and HIV Education component of HIV & AIDS programming in Nigeria. This component targets youths who are in primary and secondary schools. The messages of abstinence and wise decision-making is delivered to children aged 10 to 17 through classroom subjects, school clubs and during free periods by SFH approved community-based organisations.

Over 170 million Gold Circle condoms; 819,072 LifeStyles condoms; 408,672 Elegance Female condoms were sold all over the country. In addition Lagos state government recognised SFH’s Family Life and HIV Education programme in secondary schools in a special award for service.

In 2013, here are some achievements recorded in each of our HIV & AIDS programmes:

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>DONOR</th>
<th>STATES</th>
<th>KEY ACHIEVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENR</td>
<td>DFID</td>
<td>Benue, Cross River, Kaduna, Nasarawa, Akwa Ibom, Lagos, Ogun and Enugu</td>
<td>ENR trained and equipped 135 CSOs in Enugu, Benue, Kaduna and Akwa-Ibom States to undertake a number of prevention methodologies with minimal on-going support. The proportion of females and males in ENR states with non-stigmatizing attitudes towards persons living with AIDS has increased significant as a result of the programme, exceeding expectations especially for males. National HIV &amp; AIDS resource centre launched with the National Agency for the Control of AIDS. The Centre is now a national resource to obtain information on HIV and AIDS programming in Nigeria. ENR also provides ongoing support to the National HIV call centre. ENR provided over 70% of the condoms used in Nigeria in 2013.</td>
</tr>
<tr>
<td>GF HIV</td>
<td>Global Fund to Fight AIDS, Tuberculosis &amp; Malaria</td>
<td>Taraba, Kaduna, Kano, Gombe, Plateau, Abia, Enugu, Edo, Cross River, Akwa Ibom, Lagos, Rivers, Bayelsa, Kogi, FCT, Anambra, Delta, Edo, Nasarawa, Benue and Borno</td>
<td>19,194 most at risk populations were reached with comprehensive HIV prevention messages. 64.1% persons were counselled, tested and received their results through mobile HCT outreaches. 270,804 in-school youth were reached with HIV prevention messages by trained FLHE teachers.</td>
</tr>
<tr>
<td>SHiPS for MARPs</td>
<td>USAID</td>
<td>Abia, Bayelsa, Delta, Edo, Imo, Kogi, Kano, Kaduna, Oyo, Rivers, and Sokoto</td>
<td>Reached over 19,000 persons most at risk of HIV with messages and HIV prevention and treatment. MARPs are estimated to be responsible for over 1/3 of new HIV infections in Nigeria. Supported the review of the National Prevention Plan (NPP) Supported the Strategic Knowledge Management (SKM) Technical Working Group meetings at both the national and state levels.</td>
</tr>
<tr>
<td>UAFC</td>
<td>Oxfam Novib, World Population Foundation, ISSolutions and the Dutch Ministry of Foreign Affairs</td>
<td>Delta, Edo, Lagos FCT covering Kogi and Nasarawa and Rivers</td>
<td>Integration of female condoms in SFH, SRH and FP projects, and in the services and packages of other partners aimed at increasing FC use, acceptance and visibility. Over 100 organisations received capacity building on appropriate delivery of female condom messages, female condom negotiation and correct use. Over 600,000 people provided information on female condom benefits and use. UNFPA began funding the Universal Access to Female Condom project in SFH with a distribution of 4,000,000 female condoms.</td>
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Family Planning is the voluntary planning and action taken by individuals to prevent, delay or achieve a pregnancy. Family planning services include counselling and education, preconception care, screening and laboratory tests, and approved methods of contraception.

One of the founding principles of Society for Family Health (SFH) is to promote and support the practice of Child Spacing. Spacing of births of three to five years allows each child to develop and grow best, and gives mothers the chance to recover their health and strengthen between pregnancies, for the benefit and well-being of the whole family. SFH does this through education and empowerment of couples through the provision of information, services, and products for both modern and natural birth spacing methods and the provision of FP services through socially franchised clinics and hospitals (which are members of the Healthy Family Network), other service delivery points, as well as through outreaches.

SFH works to achieve the following goals on family planning: increase knowledge of modern child spacing methods among couples of reproductive age; and increase positive attitudes and understanding of the importance of child spacing products to achieve a national reduction in maternal mortality.

Community based distribution agents (CBDAs) carried out interventions in communities in four Northern states namely Jigawa, Katsina, Zamfara, and Kebbi states. The project targets two existing men groups within rural hard to reach communities and engages them in discussions which will motivate the adoption and promotion of family planning. As a result of this intervention, a large number of referrals for Family Planning services were redeemed from referral facilities within these communities.

SFH implements family planning interventions in the following projects: the Women’s Health Project (WHP), the African Health Markets for Equity project, the Expanded Social Marketing Project in Nigeria (ESMPIN) and Universal Access to Female Condom (UAFC) programme.

The Women’s Health Project (WHP) is funded by PSI and currently implemented in 24 states in private health sector facilities. It operates a social franchise network of over 300 private facilities (SFH’s franchise is called the Healthy Family Network). This project is now in its third phase having ended the previous phase with good results. A total of 308 private facilities are currently in the social franchise network. The project is implemented in 21 states including the Federal Capital Territory, focusing on long term methods of contraception and post abortion care services. The goal of the project is to increase modern contraceptive prevalence rate in Nigeria.

The Expanded Social Marketing Project in Nigeria (ESMPIN) aims to improve the health of women and children in Nigeria through innovative interventions, including increasing the use of modern family planning methods. ESMPIN was contracted in April 2011 and is in its 3rd year.
It is implemented in partnership with Society for Family Health, Association for Family and Reproductive Health, BBC Media Action and Population Services International (PSI) and funded by USAID. Among other approaches, the project targets existing men groups within communities and engages them in discussions which motivate them to become adopters and promoters of family planning.

The project increases access to family planning (FP), increasing use of health products and the practice of healthy behaviours; generating support from all sectors for social marketing as an important part of a total market approach; and assessing the viability of local manufacture of key health products. Through a proven approach, the project strengthens collaborative partnerships with private health providers so that social marketing interventions are widely understood and supported. The project enhances the capability of the commercial and private sector in Nigeria to manufacture high quality, affordable child survival and maternal health products for social marketing in Nigeria.

The Universal Access to the Female Condom (UAF) programme phase 2 projects commenced in January 2012 and will end in December 2015. In its second year of implementation (2013), the programme built on the successes and lessons learned in the first programme phase to increase female condom acceptance and use.

The future outlook for female condom (FC) is bright with recent renewed global interest in female condom which has resulted in opportunities to strengthen efforts aimed at repositioning the product through platforms such as the UN Commission Recommendations and Every Woman, Every Child (EWEC). In 2013 the project scaled up to 2 additional states (FCT and Rivers) making a total of 5 project implementation states inclusive of the initial pilot states of Delta, Edo and Lagos. Product distribution continued at national level. The main focus of the project in SFH is to improve the knowledge and understanding of key national level decision and policy makers on reproductive health and rights of issues of women especially in the area of family planning and to make FC widely accepted as one of methods of family planning by making the product available at convenient places and at affordable price and more so, to reduce the incidence of unwanted pregnancy, HIV & AIDS and STIs.

The integration of female condoms in SFH, SHR in family planning project scaled up sensitisation on at least 600,000 people on the features, use and benefits of female condoms and built capacity of 300 community partners on the delivering appropriate female condom messages to address misconceptions about female condoms and to strengthen and build skill on product negotiation and use. Product availability was made possible through a donation of 4 million pieces of female condom (FC2) by United Nations Populations Fund (UNFPA) in 2013.

Spacing of births of three to five years allows each child to develop and grow best, and gives mothers the chance to recover their health and strength between pregnancies, for the benefit and well-being of the whole family.

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>DONOR</th>
<th>KEY ACHIEVEMENTS</th>
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<tbody>
<tr>
<td>ESMPIN</td>
<td>USAID</td>
<td>1,921,442 men and women of reproductive age reached through interpersonal communication. The project through interpersonal communication agents in the communities reached 2,618,085 persons with messages to promote family planning and child survival products and services and issued a total of 361,93 referral cards to men and women of reproductive age in their various communities.</td>
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<tr>
<td>WHP</td>
<td>PSI</td>
<td>38,350 IUD insertions and 8158 implants were recorded during the reporting period; this represents more than 100% of the targets. A total of 100,716 misoprostol doses distributed through pharmacies and health facilities.</td>
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<tr>
<td>UAFC</td>
<td>Dutch Govt, UNFPA</td>
<td>Sensitisation of over 600,000 people on female condom (FC) features and benefits. Capacity building conducted for over 300 people and 100 organisations on appropriate delivery on FC messages, FC negotiation and correct use. 617,246 distributed</td>
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</table>
6,317,748

total disability adjusted life years (DALYs) averted

308 private facilities
in the social franchise network focused on
long term methods of contraception
in 21 states including the Federal Capital Territory of Nigeria

600,000

people sensitised on the features
use and benefits of female condoms.
Malaria has the highest burden of disease in Nigeria – with an estimated 300,000 children dying of malaria each year. It accounts for over 25% of infant mortality (children under age one), 30% of childhood mortality (children under five), and 11% of maternal mortality. At least 50% of the population has at least one episode of malaria annually, while children aged less than 5 years have 2 to 4 attacks annually (NDHS 2008). Malaria is particularly severe among pregnant women and children under 5 years of age due to their relatively lower levels of immunity.

Society for Family Health Nigeria is dedicated to supporting the Nigerian Government in the plan to eliminate malaria from Nigeria. The integrated strategy through our malaria programmes includes: social marketing to promote healthy behaviour and sustain behaviour change; tactical targeting; providing highly subsidised life saving commodities for prevention, treatment and care of malaria; capacity building and empowerment of health workers in all levels of the health system; research; monitoring and evaluation to improve implementation and ultimately the National strategy.

Society for Family Health’s malaria programming is implemented through the GF malaria programme funded by GFATM, the ESMPIN programme and the African Health Markets for Equity project funded by BMGF working with other partners. The unique characteristic of SFH’s malaria programming is the emphasis on individual action after knowledge and commodities are disseminated.

Our programmes target the whole family with a special focus on pregnant women and children – a most vulnerable group. SFH’s extensive programme in malaria across Nigeria distributes long lasting insecticide treated nets, provides rapid diagnostic test (RDT) kits, promotes the use of and provides subsidised ACTs. In 2013 a total of 1,696 PPMVs and health service providers were trained in malaria case management and 2,795 health providers trained in RDT.

Proprietary Patent Medicine Vendors (PPMVs) play a central role in the delivery of health services across Nigeria. SFH has found this to be an effective means for ensuring that patients test before they treat for malaria as majority of Nigerians visit PPMVs at the first sign of illness. PPMVs have been trained by SFH to conduct RDTs as part of malaria diagnosis in their communities.

The general public PPMVs, care givers, community health workers, etc) are empowered to make the right decisions such as testing before treatment, proper use of the long lasting insecticidal net and using ACTs as a preferred treatment option.
* How far can funds go?

*SFH receives funding from donors to socially market life-saving products to Nigerians at a cost they can easily afford so that small amounts of money spent (such as depicted above) can go a long way to ensuring healthy practices.
Until recently, non-communicable diseases affected developed countries more than developing countries. However, there is a steady increase of non-communicable diseases as a major cause of death in Nigeria and other sub-Saharan African countries. Non-communicable diseases such as diabetes, cancer, cardiovascular disease and respiratory disease affect women and children differently. Cervical cancer, caused by the human papillomavirus is the most common cancer affecting women in low and middle-income countries. Cervical cancer kills hundreds of thousands of women yearly yet it is preventable by vaccination and early detection.

In 2013, Society for Family Health (SFH) Nigeria took some positive steps in establishing a response to the prevalence of cervical cancer. SFH commenced the Cervical Cancer Screening and Preventative Therapy project in partnership with International Planned Parenthood Federation (IPPF), Marie Stopes Nigeria and Population Services International (PSI) in the Bill & Melinda Gates Foundation funded initiative to scale up cancer screening and screening services in Kenya, Nigeria, Tanzania and Uganda and provide screening services to 17 million women, with another 137,000 women to benefit from lifesaving treatment with cryotherapy. In a short time, laudable successes have been recorded in well attended free cervical cancer screenings in Abuja, Kaduna and Lagos States. Women who had lesions were referred to receive cryotherapy treatments. Cryotherapy machines (which are used to treat lesions) were provided free of charge to hospitals in Lagos, Kaduna and the FCT. The absence of these machines which are used for curative treatment for early cervical cancer was a key challenge in previous preventative programmes in Nigeria. The programme also takes advantage of international and national observances to propagate the message on the importance of cervical cancer screening for sexually active women and vaccination against Human Papillomavirus (HPV) for preadolescent girls.

SFH’s programming in non-communicable diseases is also involved in mental health as it relates with target recipients: injecting drug users. Last year SFH rebuilt and rehabilitated a mental health facility; in addition, staff of the facility received a series of capacity building trainings geared towards improving their relationship with patients who visit the facility. Health and social system strengthening is important for sustainability of interventions in the Nigerian context. SFH works to build on the health and social systems within communities to engender sustainability of behavioural change and social system improvements over the long term.

Programmes such as the Enhancing Nigeria’s Response to HIV (ENR) and the Nigerian Governor’s Leadership Challenge Fund Management Project (funded by the Bill & Melinda Gates Foundation) among others, work to improve the functioning of the health system at the national level through the Federal Ministries of Health and Education and the National Agency for the Control of AIDS, and at the state and local government level through agencies for the control of AIDS and the state ministries of health. Capacity strengthening; mentoring and embedding of staff in ministries, agencies and departments are key approaches to improving systems within the government. Community system strengthening is addressed through a systematic approach of working with ward development committees, traditional leaders, and other community structures and unions at the ward level, which are key components of SFH programmes working at community level among which are the Maternal and Neonatal Health care project, as well as the Strengthening HIV Prevention for MARPs, ESMPIN and the ENR programme among other.
Partners and Donors

Main Partner

Population Services International

Partners

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

Donors

Bill & Melinda Gates Foundation
ChevronTexaco
Dutch Ministry of Foreign Affairs
Exxon Mobil
Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
I-solutions
Oxfam Novib
Population Services International
Procter and Gamble
Nigerian Bottling Company
Nigerian Liquefied Natural Gas (NLNG)
Nigerian Government
Shell Petroleum Development Corporation
United Kingdom Department for International Development (UKAid)
United Nations Population Fund (UNFPA)
United States Agency for International Development (USAID)
World Health Organisation
World Population Foundation

Creating Change, Enhancing Lives