

# Annual Report

2011



Society for Family Health

*...Creating Change. Enhancing Lives.*





# SPEAK



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## 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 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 Profile

The Society for Family Health, Nigeria (SFH) is an indigenous non-governmental, non-political and non-profit organisation that supports the Nigerian Government's efforts in public health interventions in association with Population Services International. SFH was founded in 1985 by three persons namely: Justice Ifeyinwa Nzeako, Professor Olikoye Ransome-Kuti (late) and Pharm. Dahiru Suleiman Wali. SFH activities focus on child health care, family planning, HIV & AIDS, malaria and tuberculosis prevention and treatment, maternal and reproductive health and safe water delivery systems. SFH headquarters is located in the Federal Capital Territory Abuja, Nigeria, and has 20 field offices that cover the six geo-political zones of the country.

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

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

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 dealings with people and organisations within and outside of our own establishment.

3. **Accountability:** As employers of a non-profit organisation, we acknowledge an obligation to set and demand the highest standards of accountability in the use of resources entrusted to us by 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 hard working 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.

SFH through Population Services International (PSI) has an uncommon focus on measurable health impact and attempts to measure its effect on disease and death much like a for-profit organisation measures its profits. In 2011, SFH activities averted a total of 37,542 deaths relating to diarrhea, malaria and maternity. In addition, through SFH's efforts, the total disability adjusted life years (DALYs) for HIV, reproductive health, malaria control and child survival in Nigeria is 2,398,077.





The Foundation members are:

Honourable Justice I. 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 health goal towards achieving sustainable development amongst the poor and vulnerable in Nigeria, Africa and the world at large. They are:

**Hon. Justice (Mrs) Ifeyinwa C. Nzeako (President, SFH Board of Trustees)**

She is a former Justice, Court of Appeal, Jos Division. She is a pioneer trustee member of SFH; President Emeritus, National Council of Women Societies, Nigeria. Previously serving as the Vice President of the International Council of Women (ICW) Paris, France; she is presently retired and has devoted her time to the development of SFH

**Professor Shima Kaimom Gyoh**

He is a surgeon, an experienced administrator and medical practitioner. 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).

Dr. Gyoh is now in private medical practice in Benue State; he is also on the board of Population Services International (PSI) and currently serves as the Provost College of Medicine Benue State University Makurdi.

**Dr. Ahmed I. Yakasai**

A fellow of the Pharmaceutical Society of Nigeria (PSN), Dr. Yakasai has been visibly involved in the activities of the PSN over the years, and has served the Society as Deputy President. He is the CEO of Pharmaplus Limited, a wholesale practice and Pharmaplus consulting firm. He is a Consultant to NAFDAC and NDLEA and is a former Kano State Commissioner for Commerce and Industries.

**Mr. Kunle Elebute**

He has a Bachelor degree in Economics from the University of Manchester in the U.K. 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 a member of the Grange School Board of Trustees and a member of the Board of Governors Igbobi 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.

**Moussa Abbo**

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

**Professor Ekanem Ikpi Braide**

She holds a Bachelors degree in Zoology, and a Masters and a Doctorate degree in Parasitology. She is currently a Consultant to the 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 University of Technology.

**Peter Clancy**

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

**Sir. Bright Ekweremadu**

He is the current Managing Director of SFH. Sir Ekweremadu joined SFH in 1993 and rose to the position of MD in January, 2005. He has a Bachelor of Science degree in Management (1982) and a Masters degree in Business Administration (1987) from the University of Nigeria, Nsukka. Sir Ekweremadu has over 2 decades of experience managing large donor grants. He is also a results oriented administrator whose aspirations and initiatives structure the achievement profile of SFH.





# Foreword



**Hon. Justice (Mrs) Ifeyinwa C. Nzeako**  
**President Board of Trustees, (SFH)**

The year 2011 engendered a sense of déjà vu in the realm of charity and volunteer work, the rock foundation on which Society for Family Health's services to our nation and mankind was set nearly three decades ago. Coming on the heels of 2010, SFH's defining year in silver celebration, the year brought back memories of the early fledging steps of the beginning of SFH. It was almost as if we were on the starting blocks again, looking at a new horizon, in a quest to embrace new challenges and methods of operation. The truest statement in this redefining era, however, is that we were imbued with twenty-six years of experience and steadfastness in achieving health goals in poor and vulnerable communities in Nigeria.

That year 2011 therefore, was embraced with a refreshing tenacity to uphold our mission to save the lives of Nigerians in the area of public health. With over 2 million disability adjusted life years averted in 2011 alone, SFH continues to be an organisation devoted to saving lives of mothers and children and protecting families from ill health.

Society for Family Health was established out of the profound need to create and maintain healthy practices in the family, starting with the mother and the newborn child. This has remained a constant theme in the services and activities taken up by the organisation over the years.

In April 2011, we signed for and commenced

the Expanded Social Marketing Project in Nigeria (ESMPIN), awarded to SFH and a consortium of partners by the United States Agency for International Development (USAID), one of our committed donors. ESMPIN, an expansion (including child survival and malaria interventions) of IRHIN is a five year social marketing project in collaboration with the Association for Reproductive Health (ARFH), BBC Media Action and Population Services International (PSI). It is aimed at improving the health of women and children in Nigeria, primarily by enhancing Family Planning methods through the provision of family planning commodities and increasing the use of health products such as zinc, anti malaria drugs and other life saving health products.

The Board, Management and staff of SFH were elated and thankful in 2011 to flag off the official construction of the SFH warehouses and office in Ota, Ogun State. In emphasis of the unparalleled support of, not only the Federal, but also State Governments in Nigeria, this time with the support of the Ogun State Government, SFH procured an adequate piece of land.

With effusive support from our donors, SFH began construction of its own warehouse aimed at and expected to advance the effectiveness of SFH's services in a more expansive way.





We are grateful to record, in this same year 2011, the successful completion and close-out of two of our earlier projects – the Comprehensive Integrated Approach to HIV Prevention and Care in Nigeria (CIPHAC) and the Improved Reproductive Health in Nigeria (IRHIN). Finalising and closing these projects provided an experience for the Board, SFH staff and the communities served. It is our driving ethos to ensure that the lessons learnt are being applied in future projects and the experiences shared remain very rewarding.

SFH has been having serious concern about malaria and the Nigerian people. What with 120 million cases of that deadly scourge each year!!! Nigeria as it stands, shoulders one third of the world's malaria burden. With an estimate of 50% of the adult population in Nigeria experiencing at least one episode of malaria yearly and infants having up to two or more attacks, there is need to utilise the current available drugs more efficiently. It is in the light of the foregoing that we in SFH view the launch of the Affordable Medicines Facility for Malaria (AMFm) as a turning point in this drive to control malaria in the country. AMFm is an innovative financing mechanism to expand access to affordable Artemisinin-based Combination Therapies (ACTs).

SFH is excited to be part of this project. Going into 2012, we hope to work harder in ensuring that ACTs, as recognised medicines

recommended by the Federal Ministry of Health, being World Health Organisation (WHO) approved, are seen as the effective malaria treatment of choice, and are affordable and available to save the lives of our own people.

We are deeply indebted to all of our donors particularly the United States Agency for International Development (USAID), the British Department for International Development (DFID), Oxfam Novib and partners in the Universal Access to Female Condoms consortium, the Bill & Melinda Gates Foundation, the Global Fund to fight HIV & AIDS, Tuberculosis and Malaria, and most especially the Government of Nigeria for their continued support to the Society for Family Health. We are also indebted to our long term international partner, Population Services International for their continued support and collaboration in the implementation of some of our projects in 2011. SFH also appreciates its collaboration with other partners.

SFH will continue to uphold the trust by our government, donors, partners and the beneficiaries to our services. We are indeed encouraged by the appreciation of our work by those we serve.





## Overview



**Sir. Bright Ekweremadu**  
**Managing Director SFH**

We can never thank our donors enough for their continuing support to us over the years – United States Agency for International Development (USAID), Department for International Development (UK Aid), Global Fund, Bill & Melinda Gates Foundation, Oxfam Novib and our international partner Population Services International (PSI). Let me also pay tribute to the unflinching support, guidance and dedication of the SFH Board of Trustees and our staff who despite the wide spread insecurity in many of our locations continue to strive in ensuring that our programmes are implemented even at the risk of their safety. I salute your courage and commitment to serving humanity. The year came with many events which showcased our resilience, hard work and determination to better serve the poor, vulnerable and hard to reach.

The 2011 management retreat offered us the opportunity to assess our work in 2010, to reflect, re-organise and plan for the year. Paramount was our aim to become even more transparent in all our work and thus the decision to change the financial reporting system. This progression of ideas gave birth to the deployment of SAP Enterprise Resource Planning (ERP) systems, spearheaded by a team of select SFH staff and consultants. The consultants (C2G) were contracted from a leading SAP implementation company and the training for staff and revamping of systems began in earnest in preparation for a 2012

launch.

The Expanded Social Marketing Project in Nigeria (ESMPIN), a USAID funded project which was awarded to SFH following an international competitive bid, is an integrated reproductive health and maternal, neonatal and child health (MNCH) intervention aimed at improving the health of women and children in Nigeria. Though a nationwide project, ESMPIN will intensify community mobilisation across 15 priority states (8 in the north & 7 in the south) to ensure increased awareness and informed demand for modern contraceptive methods and child survival products (Malaria & ORS/Zinc). The ESMPIN project award was further testimony to our hard work and dedication. The launch of the ESMPIN project in Abuja, Enugu, Kano, Lagos, and Yola States provided the opportunity to introduce the new oral contraceptive pill – Combination-3 which replaces Duofem. The attendance of these events by several Federal Ministers, the Ambassador of the United States of America, senior officers of donor agencies, Commissioners at the State levels and other dignitaries provided further testimony to the support and acceptance of SFH as a partner to these various agencies of government, donors, civil society organisations and other stakeholders.

One area of social marketing which has been our dream of incorporating into the SFH operations is Social Franchising.



This will allow SFH to provide a "one-stop shop" for our various health services to our clients. The Women's Health Project (WHP) (a project implemented by SFH and PSI) provided this opportunity. The SFH Social Franchise Network of hospitals and clinics called "Happy Mothers' Network" now has a membership of over 250 hospitals and clinics across Nigeria. We hope that more hospitals and clinics will join this innovative network to provide quality health services ranging from family planning to HIV & AIDS, Malaria and other services to families in Nigeria. We are happy to announce that the Happy Mothers' Network emerged as one of the eleven platforms within the Population Services International's network of over 60 country programmes around the world that received an award of excellence in programme quality service delivery at a conference in Mombasa during the social franchising conference organised by the University of California, San Francisco. The Happy Mothers' Network of SFH Nigeria is part of a social franchising compendium which comprises 52 Networks globally.

The Maternal and Neonatal Health Project funded by the Bill and Melinda Gates Foundation in Gombe State reached its 2-year end of year period. The lessons learned from this learning grant (as it is also called), the best strategies identified and the challenges encountered will be capitalized upon to provide the donor with another qualitative proposal with the hope of extension of the project to other states in the northeast of Nigeria.

SFH also continued with the implementation of the Enhancing Nigeria's Response to HIV & AIDS (ENR) programme which entered into its third year in 2011. Funded by the United Kingdom's Department for International Development (UK Aid) and implemented in collaboration with seven partners, ENR was able to work with the National Agency for the Control of AIDS and States AIDS Control Agencies in 7 states to provide a range of services including HIV & AIDS prevention and systems strengthening for SACAs and Civil

Society Organisations. Some of the notable achievements of the ENR in 2011 included the passing of Anti-Stigma bills for persons living with HIV & AIDS in most of the states we worked in as well as several survey studies and development of policy documents that has enhanced the work of organisations working in HIV & AIDS in Nigeria and consequently improving the lives of the poor and vulnerable people in the communities we are working in.

As one of the Principal Recipients for the Global Fund (GF) in HIV & AIDS and Malaria awards in Nigeria, SFH also provided services to Nigerians in these two disease areas in 2011. Working with sub recipients in all 36 states and the Federal Capital Territory, SFH provided services which contributed to the reduction of HIV incidence and mitigating the impact of HIV & AIDS through HIV Counseling and Testing, and promotion of behaviour change communication through interpersonal communication, community mobilization and mass media. Through the GF Malaria project, SFH provided several million doses of Artemisinin-based Combination Therapy (ACTs) recommended by the Ministry of Health for effective treatment of malaria to communities (particularly pregnant women and children under 5 years) all over Nigeria.

With these modest contributions and achievements in 2011, SFH is poised to go into 2012 with more resolve and determination to contribute significantly to the achievement of MDG goals 4, 5 and 6 by Nigeria in 2015.

It was with deep remorse, regret and reluctance that the SFH office in Maiduguri, Borno State had to be relocated to Yola in Adamawa State because of the increasing life threatening security challenges in Borno State. SFH continued to provide services to communities in Adamawa state as well as relatively safe peripheral communities in Borno State from the Yola office.

Society for Family Health looks forward to a fruitful and life changing 2012. We remain committed to our organisation's ethos: *...Creating Change, Enhancing Lives!*





SFH Official (middle) pointing out our interventions to some young community members

Society for Family Health, a leading Nigerian health organisation, has interventions in various health fields, including child survival, HIV & AIDS prevention, malaria prevention and treatment, reproductive health and water purification. SFH implements life saving programmes in partnership with the public and private sectors and provides health products, clinical services and behaviour change communications to Nigerians in both urban and rural areas, especially among the most vulnerable.

## Our Current Projects (2011)

USAID	DFID	Bill & Melinda Gates Foundation (BMGF)	Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM)	Others
Expanded Social Marketing Project in Nigeria (ESMPIN)	Enhancing Nigeria's Response to HIV & AIDS (ENR)	ACTWatch Research Project:	HIV Testing and Counseling project	<b>Population Services International (PSI)</b> Women's Health Project
Water Sanitation and Hygiene Project (WASH) with The Coca-Cola Company		Maternal Neonatal and Child Health (MNCH) Learning Project, Gombe	Malaria Round 8 Grant	<b>Procter &amp; Gamble</b> PUR School Health Programme
Improving Reproductive Health in Nigeria (IRHIN)				<b>PSI:</b> Distribution of Long Lasting Insecticide Treated Nets (LLINs)
				<b>Oxfam Novib</b> Universal Access to the Female Condom (UAFC)



# Impacting Lives

## Improving Water, Sanitation and Hygiene in Nkanu East Local Government Area (LGA), Enugu State

Water Sanitation and Hygiene (WASH) related health problems have become prevalent in the Nigerian society with children under five being the most affected. This led the Society for Family Health (SFH) in collaboration with The Coca-Cola Company (TCCC) and USAID to implement the WASH project in three rural communities in Nkanu East Local Government Area (LGA) of Enugu State.



Community water source



Household latrine

**IMPACTING LIVES**  
Improving Water, Sanitation and Hygiene in Nkanu East LGA, Enugu State

The project supported the provision of water and sanitation infrastructure as well as Behaviour Change Communication (BCC) activities in benefitting communities and schools. Community Led Total Sanitation (CLTS) and the Safe Water System (SWS) strategies were used to sensitise and empower households, communities and schools to adopt safe water, sanitation and hygiene practices. The CLTS approach enabled the target groups to analyse their hygiene and sanitation profile and make positive efforts to improve it through the construction and delivery of household Ventilation Improved Pit (VIP) latrines. This helped to reduce open defecation and improved environmental cleanliness.

The SWS approach focused on safe water collection, treatment (using water disinfectants - *PUR* or *Water Guard*) and storage in households and in schools. The project's beneficiaries were

about 23,601 community members and 1884 primary school pupils. The project also provided 9 boreholes and 90 sex segregated latrines in target communities and schools.

### Quality surveys for effective reporting in Malaria Treatment

The ACT Watch Outlet Survey was conducted in collaboration with Population Services International (PSI) between October and December 2011. It also serves as an end line outlet survey of the independent evaluation of the Affordable Medicines Facility for Malaria (AMFm) in Nigeria. The outlet survey is aimed at evaluating the impact of change in terms of stocking, availability and the price of ACTs. Results generated from this provides policymakers with tools and guides that can promote access to effective treatment and change in behaviour among care-givers, impacting the lives of millions of Nigerians at the risk of malaria.





## SFH Launches Water Sanitation and Hygiene (WASH) Project in Enugu State March 19 2011

### IMPACTING LIVES

SFH Launches Water Sanitation and Hygiene (WASH) Project in Enugu State March 19th 2011

Following the successful implementation of the WASH project which focused on improving rural WASH in three rural communities, SFH in collaboration with The Coca-Cola Company (TCCC) and USAID launched the WASH project in Amaechi Idodo community in Nkanu East LGA of Enugu State.

The event was graced by the presence of many dignitaries across the country. Her Excellency Mrs. Clara Chime, the First Lady of Enugu State, reiterated her support for and commitment to

the reduction of WASH related illnesses within the State.

Also present were Justice I. Nzeako, President SFH's Board of Trustees; Sir Bright Ekweremadu, Managing Director SFH; Howard Batson, representing the Mission Director USAID; Mrs. Irene Ubah, representative for the Managing Director Coca-Cola amongst others.

The First Lady of Enugu State (in black hat) commissioning a borehole



The First Lady of Enugu State (in black hat) commissioning the latrine blocks





## Influencing Policies for People Living with HIV & AIDS (PLWHA)

### IMPACTING LIVES

Influencing Policies for People Living with HIV & AIDS (PLWHA)

ESMPIN/Combination-3 Launch

In Akwa Ibom State, the State Agency for the Control of AIDS (SACA) Bill underwent the first reading since the commencement of the State's response. This was as a result of the 1st Akwa Ibom SACA Policy Dialogue. In Benue State, the first draft of the Anti-stigma Bill was reviewed while draft of the bill was finalised and submitted for further review to the State's Ministry of Justice through SACA. The ENR programme supported the dissemination of

the Lagos State Anti-stigma Bill ensuring widespread awareness.

Anti-stigma laws were passed in Kaduna and Cross Rivers States. The laws define policies that will create an enabling environment for effective implementation of HIV prevention, treatment and care services as well as policies that will help reduce stigma and discrimination faced by people living with HIV & AIDS (PLWHA).

## ESMPIN/Combination-3 Launch-Improving Access to Oral Contraceptives

The Expanded Social Marketing Project in Nigeria (ESMPIN) introduced the newly registered *Combination3* oral contraceptive replacing *Duofem*. A total of 1,081,200 doses of *Combination3* were received and cleared in October 2011 paving the way for the product introduction as a replacement and upgrade on the successful *Duofem* oral pill. Despite security concerns in the Northern region of Nigeria, the new oral contraceptive pill *Combination3* was successfully launched in six major cities in Nigeria namely Abuja, Enugu, Kano, Lagos, Sokoto and Yola from November to December 2011. A press conference preceded the national launch which held in

Abuja to inform the media of the new USAID funded project and the new oral contraceptive. The Abuja national launch led by the SFH Board of Trustees was well attended by key dignitaries. Among them were Mr. Terrence P. McCulley, US Ambassador; Ms. Dana Masuri, USAID Mission Director; Prof. Onyebuchi Chukwu, Honourable Minister of Health; and Hajiya Zainab Maina, Honourable Minister of Women Affairs. Others were representatives from the House of Representatives, Government agencies, development implementing partners, religious and community leaders.



Honourable Ministers of Health and Women Affairs at the launch displaying *Combination3* at the launch





## Programme Focus



SFH believes that healthy homes and healthy practices will ultimately amount to healthier communities; hence our focus is on Family Planning and Reproductive Health, HIV & AIDS prevention, Malaria Prevention and Treatment, Maternal and Child Health and Water Purification.



# Family Planning (FP) and Reproductive Health (RH)

## Expanded Social Marketing Project in Nigeria (ESMPIN)

The Society for Family Health (SFH) in collaboration with the Association for Reproductive and Family Health (ARFH), the BBC Media Action and Population Services International (PSI), under the ESMPIN project is undertaking a five-year social marketing project to improve the health of women and children in Nigeria; primarily by increasing the use of modern family planning methods and secondarily by increasing the use of child health products.

**FAMILY PLANNING (FP) AND REPRODUCTIVE HEALTH (RH)**  
Expanded Social Marketing Project in Nigeria (ESMPIN)

The project intends to achieve its mission by:

- I. Increased availability, accessibility and affordability of Family Planning (FP), and child health products and services;
- ii. Increased knowledge, attitude, perception and practice of healthy behaviours;
- iii. Collaboration and partnership with private providers to generate support from all sectors for social marketing as an important part of a total market approach;
- iv. Increased capability of the commercial/private partners to assess the viability of local manufacturing of key health products.

Overall, the team proposes to act as a spur in Nigeria's FP effort in three significant ways:

- a) Providing directly over 23 million Couple Years of Protection (CYP) over the life of the project;
- b) Growing the overall market for FP in Nigeria by generating increased demand; and,
- c) Pushing to increase the use of medium and long-acting methods that will normalize contraceptive methods that are currently in low demand and which suffer many myths, misconceptions and barriers to use.

### Availability, Accessibility and Acceptability of FP Methods and Products

Target populations reach are a significant part of the ESMPIN impact assessment process. As such, it is expected that increasing access, product sales and Couple Years Protection (CYP) should in time influence the infant and maternal morbidity and mortality rate. ESMPIN expects that by increasing contraceptive use, there should be better

birth spacing and healthier mothers and children. There is strengthened belief that with more Nigerians influenced by consistent messages related to FP, Maternal and Child Health (MCH) including nutrition there will be a significant contribution to Nigeria's health goals and outcomes.

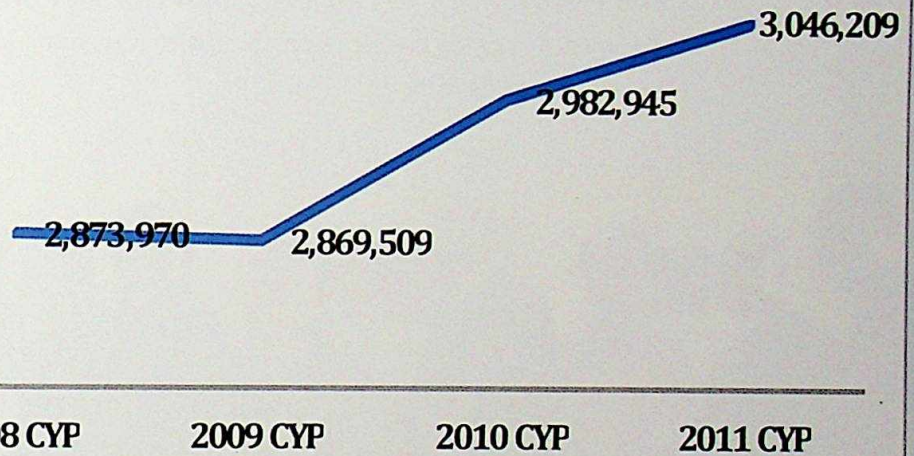
Within the first 6 months, about 3,566 (2,400 males, 1,166 females) Patent Proprietary Medicine Vendors (PPMVs) were trained in modern contraceptive methods, malaria, safe water system and referrals. Many products reach the large Nigerian population through Patent Proprietary Medicine Vendors (PPMVs). Thus based on CYP figures, the project protected 1,962,669 couples from undesired pregnancies.





**FAMILY PLANNING (FP) AND  
REPRODUCTIVE HEALTH (RH)**  
Expanded Social Marketing  
Project in Nigeria (ESMPIN)

## Couple Years of Protection (CYP) provided by SFH in Nigeria (2008-2011)



Hajiya Zainab Maina, Honourable Minister of Women  
Affair High level attendees at ESMPIN launch in Abuja





## Women's Health Project (WHP)

In 2011, the WHP team was represented in the First Global Social Franchising conference that held in Mombasa, Kenya. It was a great time for the Happy Mothers Network of SFH as it emerged as one of the eleven platforms that received an award of excellence in programme quality service delivery.



FAMILY PLANNING (FP) AND  
REPRODUCTIVE HEALTH (RH)  
Women's Health Project (WHP)



...appreciating Ethiopia products and stand



...explaining tools and p... at SFH stand

By the first quarter of 2011, a total of 76 new facilities were identified across the regions bringing it to a total of 275 franchise facilities. IPC conductors were trained throughout the year. By the end of the year, SFH was able to cross over the 3,000 mark for IUCD insertions in her facilities monthly. This represents a remarkable increase in the number of long lasting family planning methods used by couples.





## Universal Access to Female Condoms (UAFC)

By the end of 2011, SFH and partners reached 874,206 persons (529,543 Female and 344,663 Male) with key messages on female condom (FC) use, insertion, benefits and male support for female condom acceptance and use. The overall product sales was over 1.3 million pieces of female condom.

**FAMILY PLANNING (FP) AND REPRODUCTIVE HEALTH (RH)**  
Universal Access to Female Condoms (UAFC)

A total of 284 (183 Female and 101 Male) partners were trained on female condom (FC) message delivery and use with an additional 2,471 PPMVs (1,160 female and 1,311 male) sensitised to facilitate FC uptake at community level. A national steering committee meeting was held in Abuja while at State level, quarterly State coordination meetings were conducted. These were all aimed at strengthening advocacy and fortifying the enabling environment for the programme.

programme, as part of the End of Project (EoP) assessment. The review team visited Lagos and Edo states, and held interactions with various partners and stakeholders at community and state levels. In Abuja, the team met with SFH Executive Management and key staff from other divisions supporting the UAFC programme. In-depth interviews were conducted among other key stakeholders including NACA, FMOH, United Nations Population Fund (UNFPA), USAID, and DFID.

In June, an evaluation team of international consultants from the Netherlands were contracted by UAFC International to conduct a programme review of the UAFC Nigeria Country

The key findings from the assessment include the need for strengthened national advocacy and policy support for female condoms; and sustaining funding for the UAFC programme beyond 2012.



On the field for FC programming



# HIV & AIDS Interventions



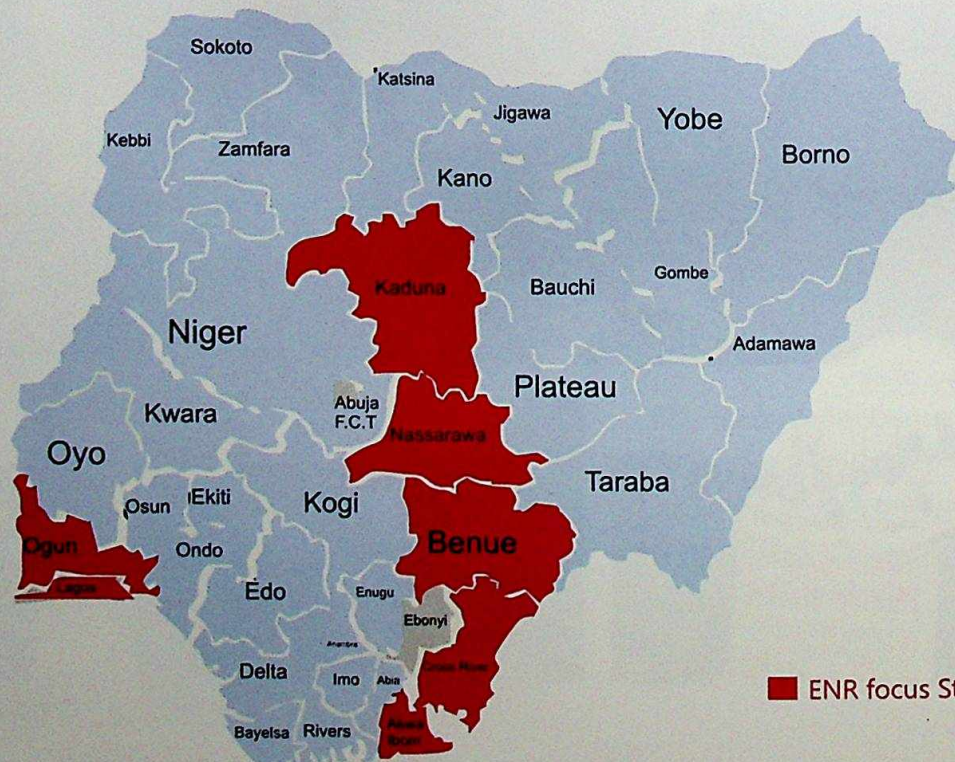
## Enhancing Nigeria's Response to HIV & AIDS (ENR)

2011 was the third year of the Enhancing Nigeria's Response (ENR) to HIV & AIDS programme implementation in Nigeria, funded by United Kingdom's Department for International Development (UK Aid).



**HIV & AIDS INTERVENTIONS**  
Enhancing Nigeria's  
Response to HIV & AIDS (ENR)

ENR is managed by the Society for Family Health (SFH) in collaboration with Action Aid Nigeria, BBC Media Action, Benguela Pty, Crown Agents, Options UK, Population Council and Population Services International (PSI). The programme covers seven States in Nigeria, namely: Akwa Ibom, Benue, Cross River, Kaduna, Lagos, Nassarawa and Ogun States.



ENR focus States





**HIV & AIDS INTERVENTIONS**  
Enhancing Nigeria's  
Response to HIV & AIDS (ENR)

In 2011, the ENR programme provided technical support to NACA by conducting the 2011 Joint AIDS Annual Review. In addition, ENR developed a Board Governance Manual to provide a clear understanding of the roles and responsibilities for the council and secretariat. ENR also conducted the first Nigerian National AIDS Spending Assessment (NNASA) in partnership with UNAIDS; as a result, information on HIV & AIDS-related investment by the Federal Government and Development Partners is now available.

At State level, the programme provided technical support to states in conducting State-specific Spending Assessments and in developing State unified and cost work-plans aligned to the Medium Term Sector Strategy (MTSS) and budget process to improve coordination of the national, state response and planning. The involvement of the ENR State team members as resource persons during thematic sessions strengthened collaboration resulting in follow up visits and requests for expertise on State specific HIV programmes. Coaching and mentoring of State Agency for the Control of AIDS (SACA) / Local Government Agency for the Control of AIDS (LACA) / CSOs and IPC facilitators provided hands on experience for more efficient prevention interventions.

Activities in edutainment (education and entertainment) took the form of community dramas to promote healthy behaviours among reasonably large groups. The dramas reached 35,792 persons (17,125 male; 18,667 female). In preparation for the full roll out of the National TV Short Films in 2011, a pilot was produced and broadcast on National Television Authority (NTA) Network to mark the 2011 World AIDS Day. The short film was on Stigma and discrimination in line with the day's theme of "Getting to Zero". ENR programme provided technical support to the Federal Ministry of Health

through the HIV and AIDS Division of the Ministry of Health (formerly NASCAP) in conducting the 2nd round of the Integrated Biological and Behavioural Surveillance Survey (IBBSS) to obtain serological and behavioural information on population groups considered at higher risk of HIV. This was with a view to supporting HIV prevention, treatment and care.

State Specific HIV & AIDS, Reproductive Health and Child Health Survey (SPARCS) was conducted using the National HIV & AIDS and Reproductive Health Survey (NARHS) methodology to provide monitoring data for the programme, in the absence of NARHS data. State specific reports on Knowledge, Attitude and Behaviours (KAB) with regards to HIV & AIDS have since been written based on the findings of the SPARC survey. A second round of the Modes of Transmission (MoT) study was conducted in the ENR states to monitor trends in sources of new HIV infections.

The Ministry of Health, HIV & AIDS Division in collaboration with ENR designed the first of its kind multi-faceted action research comparing the use of audio-computer assisted interviewing (ACASI) technique with the traditional face-to-face technique, to elicit sensitive sexual behaviour information from marginalised, stigmatised and hard to reach populations. The envisaged feedback is that the findings of this study will divulge how sensitive behavioural information is elicited in future surveys. The Enhancing Nigeria's Response to HIV & AIDS (ENR) Programme is expanding its HIV prevention coverage and reach to ensure health impact and to be linked with the emerging World Bank MAP 2 project.





## Global Fund HIV Project

The overall goal of this programme is to contribute to the reduction of HIV incidence and to mitigate the impact of HIV & AIDS. Specifically for SFH, the objective is to scale up gender sensitive HIV & AIDS prevention services through the provision of HIV Counselling and Testing (HCT) services, promotion of Behavior Change Communication (BCC) community prevention for Most at Risk Populations (MARPs) and mass media intervention for the general population.

### HIV & AIDS INTERVENTIONS Global Fund HIV Project

The GF workplace programme was concluded in the early part of the year, with the preparation and submission of an end of project report to NACA. The HCT team continued in the provision of routine counselling and testing services and conducted Data Quality Assurance (DQA) for 522 HCT sites across the country.

During the year, the community HIV prevention programme for Most at Risk Population (MARPs) selected two sub recipients (SRs): Population Council (PC) and Center for the Right to Health (CRH) to implement different components of the project. The SRs in collaboration with SFH are implementing the Female Sex Workers (FSW) component of the programme which will target MARPs in 13 selected States. These are: Abuja, Adamawa, Akwa Ibom, Anambra, Benue, Borno, Cross River, Enugu, Kaduna, Kano, Lagos, Nasarawa, and Ogun States.

A total of 10,756 as against a target of 11,950 MARPs were reached with HIV prevention messages using the national minimum prevention package (MPP).

To further improve the range of services offered to the target population, the division identified and trained 74 health care workers from 26 GF selected facilities across the intervention. The health care workers were trained on the provision of MARP friendly services.

The Behavioural Change Communication (BCC) component of the grant is to influence behavioural change in the entire population through the use of the mass media. Considerable achievements using mass media activities have been recorded in the general population. Campaigns were developed to address the following: HIV & AIDS myths and misconceptions, HIV prevention and risk reduction, demand creation, uptake and benefits of Prevention of Mother to Child Transmission of HIV (PMTCT) services and positive living. The report of the spots were selected for HIV Counselling and Testing (HCT) campaigns and also adopted for broadcasting.







## Maternal and Child Health



### Gates MNCH Learning Project: Supporting motherhood through engagement with community volunteers

The Maternal and Neonatal Health Care (MNHC) project is a two year learning grant implemented in Gombe State and supported by the Bill & Melinda Gates Foundation. The goal of the project is to demonstrate effective, scalable approaches to improving critical maternal health practices in the home, and to position successful approaches for scale up.



**MATERNAL AND CHILD HEALTH**  
Gates MNCH Learning Project:  
Supporting motherhood through  
engagement with community  
volunteers

The aim of the project is to reduce common causes of ill health and death among pregnant women and the newborn at home through the use of different approaches:-

1. Use of Community Volunteers: Over 248 women volunteers were trained by Federation of Muslim Women's Association of Nigeria (FOMWAN) as a component of the project in 6 LGAs in the state. Their main roles include counselling of pregnant women in their communities, as well as care of the mother and newborn after delivery.
2. The project built and established a Call Centre, the first of its kind, focused on

Maternal and Neonatal health care issues in Nigeria. The call centre provides toll free numbers and runs a 24 hour service to give information to pregnant women and their families as well as provide linkages between women and the emergency transport scheme and community volunteers. The centre is situated in the Specialist Hospital in Gombe, on a plot of land donated by the Gombe State Government.

3. Emergency Transport Scheme (ETS): The project collaborated with the Nigerian National Union of Road Transport Workers (NURTW) who donated their



**MATERNAL AND CHILD HEALTH**  
**Gates MNCH Learning Project:**  
Supporting motherhood through  
engagement with community  
volunteers

Collaborative Initiatives

time and vehicles to transport women and newborns in need of emergency care. Over 695 volunteer drivers were trained through the project.

4. Clean Delivery Kits (CDKs) were provided through over 760 Patent Proprietary Medicine Vendors (PPMVs).
5. Training of traditional birth attendants (TBAs): Over 315 TBAs were trained on how to conduct clean and safe delivery of pregnant women, identify danger signs and provide counselling and referral of pregnant women and newborns in their local communities.

Key achievements of the project include a 20% increase in the number of women who attended antenatal care (ANC) in project areas with increases in use of anti-malarials in pregnancy and iron supplementation. There was also a 20% increase in the number of home births that used a clean delivery kit. During the project over 1,292 women were transported to health facilities by volunteer drivers in the emergency transport

scheme. The call centre received over 80,000 calls, an average of 5,500 calls per month. Post natal visits decreased in the non intervention areas by 10%, but increased by 6% points in the FOMWAN areas. Approximately, 11% of the population used the call centre for health information.

SFH Managing Director met with Jeff Rakkes, CEO of Bill & Melinda Gates Foundation, in Abuja. The CEO was briefed on the progress made so far with MNH project in Gombe and he expressed his satisfaction with the work being done by SFH.

The Gombe State Ministry of Health organised the second Maternal and Child Health Week in 2011 which was supported by the SFH Gates project. The one week activity was to ensure maternal and child health care schemes received deserving attention capable of reducing mortality in Gombe State.

## Collaborative Initiatives by Society for Family Health

**Reproductive Health Working Group:** ESMPIN participated in various partnership meetings aimed at enhancing collaboration especially the RH Technical Working Group on Task shifting.

**Advocacy to Religious/Traditional leaders:** For the year in review, ESMPIN with the SFH Managing Director executed high level advocacy to the Sultan of Sokoto and Emir of Kano. These events were used to acquaint the religious leaders on the start of the ESMPIN project and also solicit their support.

**Pharmaceutical Association of Nigeria (PSN):** ESMPIN participated in 2011 annual conference and made presentations on the

new product Combination 3.

**Nigeria Medical Association:** The ESMPIN team was represented at this conference /AGM where a presentation on Norigynon and point-of-use water purifier was made. These presentations attracted interest from key medical institutions. The team also supported and participated in the 45th Annual conference of Society of Obstetrics and Gynaecologists of Nigeria (SOGON).

**International FP Conference Senegal:**

The ESMPIN team was represented at the 2011 International FP conference in Dakar, two religious stakeholders from Northern Nigeria were sponsored to participate in the event.






The Global Fund  
To Fight AIDS, Tuberculosis and Malaria

## Global Fund Malaria Project in SFH

Artemisinin-based Combination Therapies (ACTs) are the medicines recommended by the Federal Ministry of Health for effective malaria treatment. The AMFm is a grant hosted and managed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF).

### MATERNAL AND CHILD HEALTH Global Fund Malaria Project in SFH

Launch of the Affordable Medicines Facility for Malaria (AMFm)

## Launch of the Affordable Medicines Facility for Malaria (AMFm)



The AMFm logo displayed at the launch

ACT drugs are distributed through private facilities at subsidised prices and are provided free of charge at all Government facilities.

The National launch of the AMFm in Nigeria was honoured by Her Excellency Dame Patience Jonathan, the First Lady of the Federal Republic of Nigeria, who was ably represented by the Hajiya Aisha Bala Mohammed, wife of the Minister of the Federal Capital Territory. Professor Onyebuchi Chukwu, Honourable Minister of Health, at the event maintained that ACTs are the best drugs for treating uncomplicated malaria. The launch of AMFm was a turning point in the effort to control malaria in the country because of its goal to diminish the challenge of high costs of effective malaria medicines. For all-inclusive availability, ACT

The GF Malaria programme deploys Artemisinin-based combination therapies (ACTs) through service delivery points (SDPs) which comprise patent medicine shops, pharmacies and clinics. The programmatic mandate is that at least 70% of these facilities be located in hard-to-reach communities where access to effective and affordable antimalarials is limited. During the year, a total of 7,139,280 ACTs were distributed.

GF Malaria conducted several impactful trainings in the course of the year namely:

Pharmacovigilance Training for Health Care Providers in collaboration with National Agency for Food and Drugs Control (NAFDAC); Managers Toolkit Training in Enugu, Nigeria and District Health Information System (DHIS) software Training.

SFH implemented Rapid Diagnostic Tests (RDT) activities in a total of six States (selected from three geopolitical zones) as follows: South South – Cross River State, South East - Enugu State and South West – Ogun and Lagos States



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Billboard for LLINs

**MATERNAL AND CHILD HEALTH**  
Launch of the Affordable Medicines  
Facility for Malaria (AMFm)

and the Federal Capital Territory, FCT, Abuja. In the selected States, SFH distributed RDTs through selected public and private facilities and through community-based medical outreaches. So far 889,965 RDT tests have been carried out in both the public and private sectors and about 75.2% of these RDTs were utilised through outreaches in the six RDT implementation States. RDTs were not always readily accepted by health facilities and the slow uptake led to the decision to conduct outreaches to accelerate uptake and in the process achieve set targets.

The GF Round 8/AMFm BCC strategy involves using integrated mass media campaigns to create demand, increase knowledge about and promote prompt and effective treatment of malaria. The key messages were: malaria prevention using LLINs and environmental management; prevention of malaria in pregnancy through the use of intermittent preventive treatment (IPT); malaria treatment using Artemisinin-based Combination

Therapies (ACTs); the recommended malaria medicines; and the recognition of the signs and symptoms of malaria, including fever, vomiting and body weakness and the need to verify, through a test, that the symptoms experienced are due to malaria. A total of 1,090 TV spots and 6,464 radio spots were aired.

SFH uses mass media campaigns as a means of generating demand for malaria products and services. The Strategic Behavioural Communication (SBC) division with support from Research and the GF team led the production of Malaria prevention and treatment messages that featured a well-known Nollywood actor- Nkem Owoh (Osuofia) titled 'Bazooka' and 'the Park'. The media impact survey was conducted to assess the recall and impact of these messages with regards to malaria prevention and treatment among the Nigerian populace. The results show that a significant proportion of the population attribute the cause of malaria to mosquito bites.



The Society for Family Health



Malaria Day 2011





## Support to Programme Areas

The divisions in SFH: Finance, Accounts, IT, Audits, Procurement, Field Operations, Lagos / Warehouse Operations, Human Resources and Administration, Research, Strategic Behavioural Communications, and Corporate Communications work to ensure that all programmes are indeed creating change and enhancing the lives of poor and vulnerable Nigerians in addition to impacting family life.





## Field Operations

The Field Operations Directorate supports programmes in the attainment of project goals. Under the now completed Improved Reproductive Health in Nigeria (IRHIN) project and the Expanded Social Marketing Project in Nigeria (ESMPIN) project which commenced mid 2011, detailers supported training of Proprietary Patent Medicine Vendors (PPMVs) as part of the projects deliverable of improving the quality of Reproductive Health (RH) services in Nigeria. Commodity distribution also formed a key part of the directorate's contribution to the programme divisions. Major highlights of the year included the successful launch of the ESMPIN project and the seamless switch from *Duofem* to *Combination 3* in December 2011.

### FIELD OPERATIONS

Products	2011 Target	2011 Actual	% Achieved
Gold Circle	220,000,000	204,334,784	92.9
Duofem/Combi 3	7,500,000	6,170,400	82.3
Depo Provera	1,800,000	1,071,100	59.5
Noristerat	1,300,000	1,038,300	79.9
Copper T	80,000	71,400	89.3
Postinor-2	1,250,000	1,069,200	85.5
Lubrica	160,000	167,825	104.9
WaterGuard	1,750,000	778,320	44.5
PermaNet	150,000	78,648	52.4
PUR	250,000	382,890	153.2
Jadelle	7,000	22,700	324
ACTs	20,000,000	11,000,000	55
CycleBeads	10,000	10,500	105
Pregnon EC	150,000	137,880	91.9
Elegance	1,500,000	1,301,040	86.7





## FIELD OPERATIONS

The Field Operations Directorate rendered support to Global Fund (GF) Malaria and HIV projects. The directorate played a key role in the successful execution of the Affordable Medicines Facility for Malaria (AMFm) trainings which eventually culminated in the distribution of over 11 million doses of Artemisin-based Combination Therapy (ACTs) in 2011. As part of its managerial duties, the directorate supervised facility maintenance activities and played an oversight role in the conduct of the quarterly Data Quality Assurance (DQA) exercise.

In creating an enabling environment for the successful implementation of these activities, the Territorial Managers (TMs) led advocacies to government and stakeholders and executed administrative functions for smooth running of offices. The Women's Health Project (WHP) commenced the implementation of an innovative interpersonal communication programme - the Willows project in Maiduguri

and Oyo States with the directorate's operatives supervising site selection and training of implementers. In addition to this, identification and selection of partner facilities and Interpersonal Communication (IPC) conductors was successfully carried out in all territories leading to the selection of 234 facilities (101 franchise, 53 affiliate, 10 Post Partum Intra-Uterine Device (PPIUD), 31 Post Abortion Care (PAC) and 28 referrals), 81 IPCs plus 20 field educators.

The Water and Development Alliance (WADA) project came to a successful conclusion with the commissioning of some facilities by Her Excellency, Mrs. Clara Chime, the First Lady of Enugu State. The closeout review of IRHIN project by a USAID team took place in Lagos, Abuja and Calabar territories.



Interpersonal Communication in the communities



## Operations and Warehousing

In 2011, Lagos Operations successfully handled its logistics and administrative support duties. The Lagos office also executed the clearing and distribution of nets for Support to Nigeria Malaria Programme (SuNMAP), a UK Aid supported programme to designate warehouses in Anambra, Kaduna, Katsina, Lagos, Niger and Ogun States which started in December 2010.

### OPERATIONS AND WAREHOUSING

As part of the warehouse improvement and modernisation strategy to enable SFH surpass meet the minimum storage requirement of commodities and ensure adherence to best practices in storage and inventory management; the warehouse embarked on installation of about 138 storage racks.

Lot-to-Lot testing of *Gold Circle* condom took place at the Lagos warehouse with the daily number of tested Lot increasing from 3 to 4. SFH took delivery of a total of about 4.2 million doses

of SFH customised packs of *Coartem*. *Water Guard* production rose from 38,928 pieces to 99,216 pieces representing over 250% increase on previous production. Successful deliveries of *Depo Provera* injections totaling about 1,537,600 vials were received within the year in two separate shipments of 1 million vials and 537,600 vials respectively. In addition about 15,000 units of *Jadelle* and 100,200 units of *Optima* IUCD were also received.



Packaging Operations at the SFH warehouse





# Research

## Evidence for Programmatic Decisions

As one of the foremost organisations in public health research, monitoring and evaluation in Nigeria; the Society for Family Health provides the evidence base for decision making both within SFH and for the Government and other partners and donors who rely on its research for national and programmatic planning. SFH currently uses the District Health Information System (DHIS) platform to collate routine management information systems data and transmit this data from the field to zonal and subsequently to the head office.

### RESEARCH Evidence Based Findings for Programmatic Decisions

In addition to using the data for planning and programming within SFH, data is also transmitted at the State level to the State Agencies for the Control of AIDS (SACAs) and other State Government partners, and at the Federal level to relevant arms of Government, including the National Agency for the Control of AIDS (NACA) and the National Malaria Control Programme (NMCP). SFH also supports the national monitoring and evaluation (M&E) system as well as provides routine support for Data Quality Assessments (DQAs) for both

malaria and HIV with NACA, Federal Ministry of Health (FMOH) and other development and implementation partners. Support is also provided for the planning and conducting of the Nigerian HIV and AIDS and Reproductive Health Surveys (NARHS), Integrated Bio-Behavioural Surveillance Surveys (IBBSS) and the National Malaria Indicator Surveys (NMIS), where SFH provides technical assistance, secretariat services and funding.

### MAJOR RESEARCH STUDIES CONDUCTED IN 2011

- **Measuring Access and Performance (MAP) survey** measures the availability and coverage of SFH products, allowing for adjustments in programme interventions in areas where coverage is poor.
- **State Specific HIV & AIDS, Reproductive Health and Child Health Survey:** This survey measures key HIV & AIDS, reproductive and child health indicators in 18 states in Nigeria. Data from this study is also forming baselines for the ESMPIN programme as well as implementation of state programmes.
- **ACT Watch Outlet survey** provides information on stocking, availability and price of ACTs within Nigeria. This survey also serves as the end line survey for the independent evaluation of the Affordable Medicines Facility for malaria (AMFm).
- **Universal Access to Female Condom (UAFC) End of Project Survey** measured the impact of female condom programming in Lagos, Edo and Delta States. Results showed significant improvements in knowledge and use of the female condom.
- **Malaria Provider Knowledge and Client Exit Survey** measures the effectiveness of training private sector providers in line with the malaria National Treatment Policy.
- **Balanced Scorecard survey** is used to measure the perceptions of service providers and stakeholders on the intra uterine contraceptive device, a long term method of Family Planning.



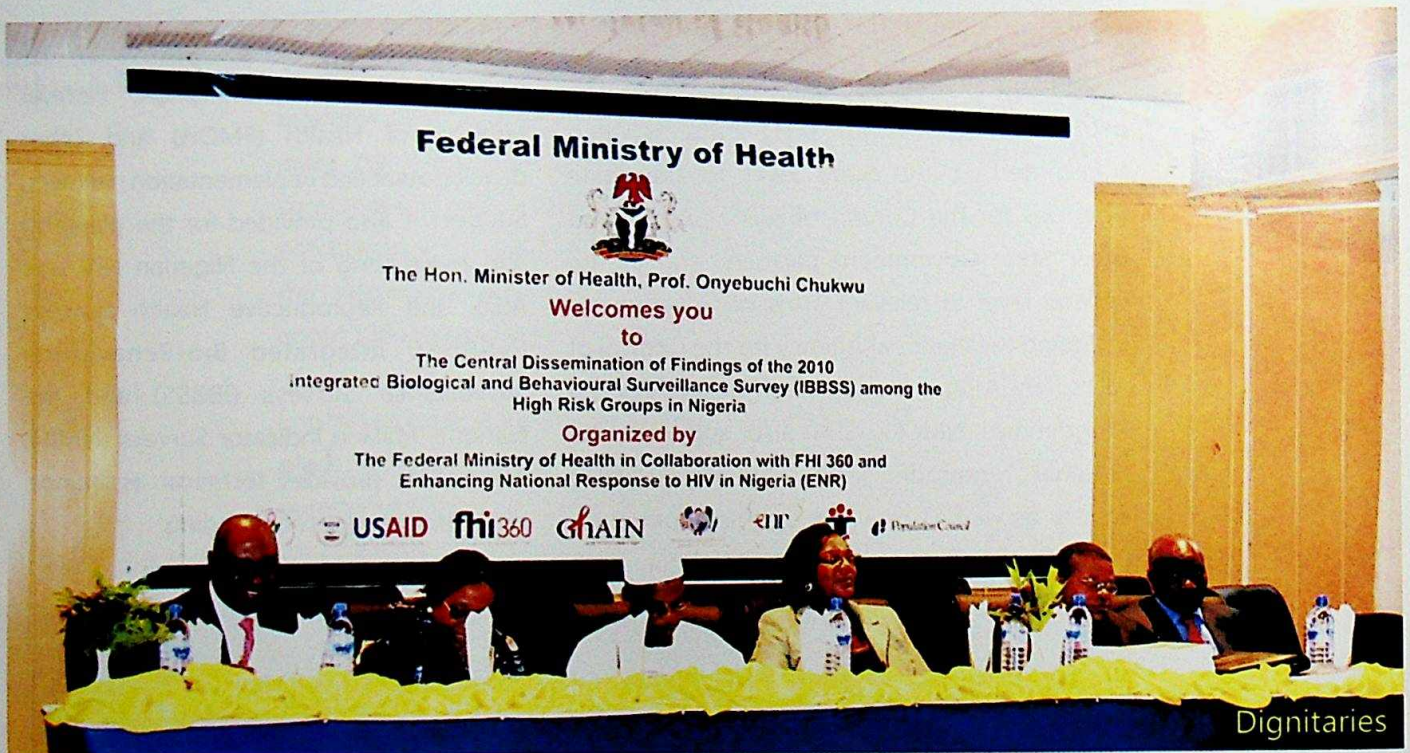
## Improving M&E Systems at the State level

### RESEARCH

Improving M&E Systems at the State level

SFH through the ENR Programme has been improving systems of data collection in the States within which the programme is implemented. This is done through a process of systems improvement, training and skills building programmes for State M&E staff, mentoring, and the promotion of the use of data for decision making. This results in the

development of policy briefs, leaflets with reader friendly research information and other materials that can be used by Policy makers within the State. This also facilitates understanding of HIV trends within the State, and the development of interventions that will be effective and informed by evidence.







## Audits

SFH received a number of routine audits in the year 2011. These include external audits of projects and programmes as well as internal audits. The outcome showed clean and accurate documentation for SFH finances. The external audits of The Global Fund to fight HIV & AIDS, Tuberculosis and Malaria, ENR Programme Income and Oxfam Novib were concluded and forwarded to the donors in accordance with the donor agreements.

### AUDITS

The corporate audit of Society for Family Health was concluded in June 2011 and was presented in the Annual General Meeting of SFH Trustees in 2011.

PSI and Global Internal Auditors (GIA) also conducted the audit of SFH financials for the period July 2010 to June 2011. There was no major exception in their report. BDO and PSI external auditors visited SFH to review certain selected transactions of SFH. There was no major exception in their report.

The Global Fund Local Fund Agents (LFA) and Price Waterhouse Coopers (PWC) Ghana conducted the quarterly review of SFH Global Fund projects financials.

The Audit of ENR Consortium Partners: Action Aid, Population Council, BBC Media Action, and Population Services International was also conducted. All outstanding issues were resolved.

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The Society for Family Health recognises the commitment of our donors and partners to SFH's growth and development, and to the success of its interventions. These donors and partners include:

## PARTNERS AND DONORS

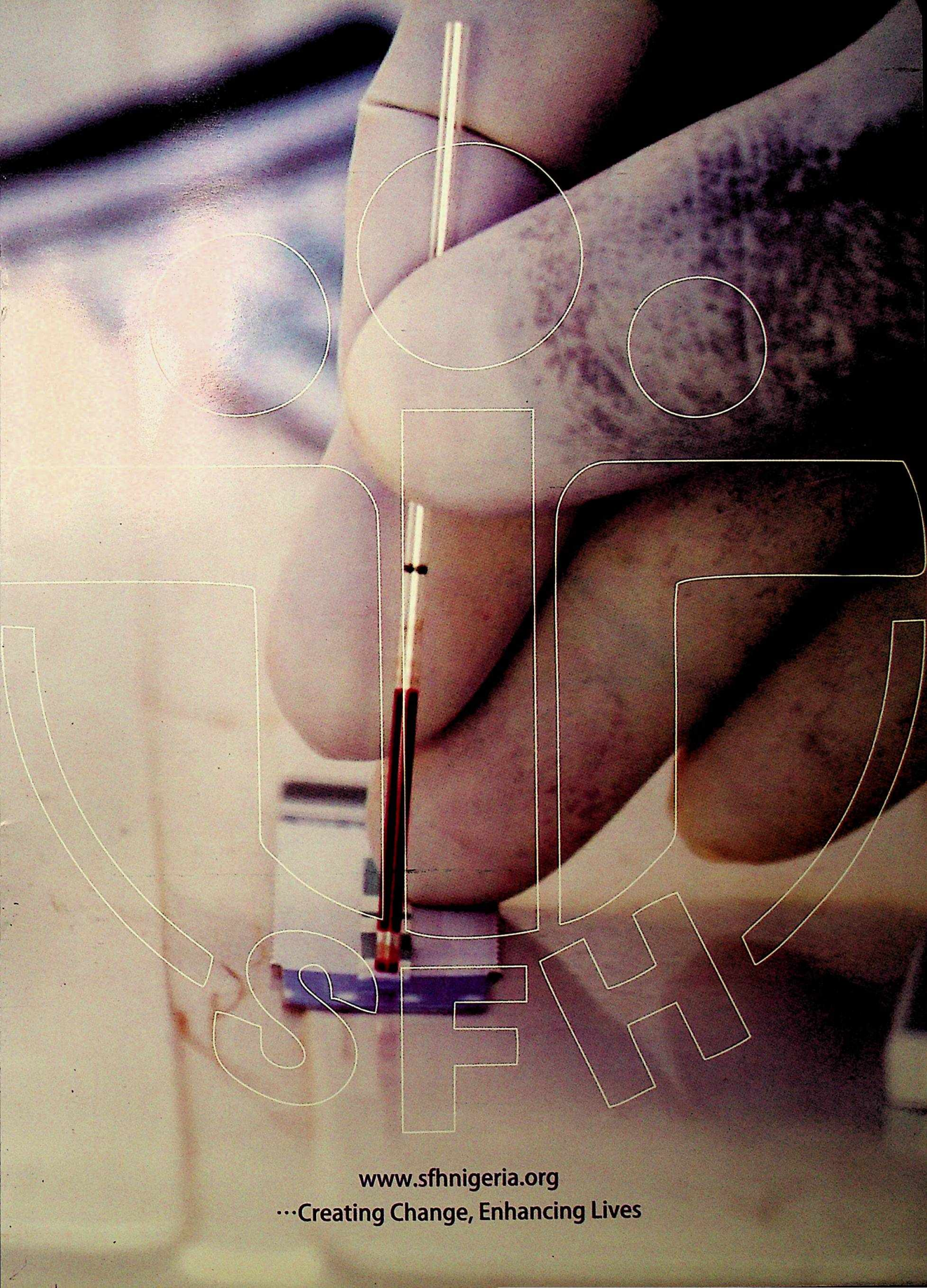
### Major Donors

1. Bill & Melinda Gates Foundation
2. British Department for International Development (UK Aid)
3. ChevronTexaco
4. Exxon Mobil
5. Global Fund to fight HIV & AIDS, Tuberculosis and Malaria (GFATM)
6. Nigerian Bottling Company
7. Nigerian Liquefied Natural Gas (NLNG)
8. Oxfam Novib: World Population Foundation, I+solutions and the Dutch Ministry of Foreign Affairs
9. Population Services International
10. Procter and Gamble
11. Shell Petroleum Development Corporation
12. The Nigerian Government
13. United States Agency for International Development (USAID)
14. Other independent Foundations

### Major Partners

1. Action Aid International
2. Africare
3. Centre for the Right to Health
4. Coca Cola Africa Foundation
5. Community based organisations
6. Crown Agents
7. Family Health International
8. National Union of Road Transport Workers
9. Options Consulting
10. Pathfinder International
11. Planned Parenthood Federation of Nigeria
12. Population Council
13. Population Services International
14. Shell Petroleum Development Corporation
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# SFHN

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