EQUIVALENCY DETERMINATION

WOMEN'S HEALTH AND ACTION RESEARCH CENTRE

Issued on June 22, 2021

Valid until June 30, 2022

Having reviewed the materials and information provided to me, I conclude that Women's Health and Action Research Centre, organized under the laws of Nigeria, is an organization described in Internal Revenue Code Sections 501(c)(3) and 509(a)(1) or (a)(2). Specifically, I conclude that Women's Health and Action Research Centre is described in:

- ☐ 509(a)(1) and 170(b)(1)(A)(i)
- ☐ 509(a)(1) and 170(b)(1)(A)(ii)
- X 509(a)(1) and 170(b)(1)(A)(iii)
- ☐ 509(a)(1) and 170(b)(1)(A)(v) and 170(c)(1)
- ☐ 509(a)(1) and 170(b)(1)(A)(vi)
- ☐ 509(a)(2)

The basis for this conclusion is documented in the attached table and materials. I do not have any knowledge that would cause me to question the accuracy of the factual information upon which this written advice is based.

This determination may be relied upon until June 30, 2022 unless the grantor has any knowledge that would call into question the material facts that support this determination or the accuracy of its conclusions, or unless the relevant law upon which this advice is based has changed.

The grantor must retain the original written advice (or a copy) and make it available to the IRS upon request.

This determination is limited to the matters and scope provided in Treasury Regulation Sections 53.4942(a)-3(a)(6) and 53.4945-5(a)(5), and Revenue Procedure 2017-53. Analysis or opinion of whether any proposed grant would be made for an IRC Section 170(c)(2)(B) purpose or any other US federal tax matter is specifically excluded from this determination.

This Equivalency Determination has been completed at the request of Women's Health and Action Research Centre and is only for the use of Women's Health and Action Research Centre. This determination does not form an attorney-client relationship.

The following documents are attached in support of this Equivalency Determination:

- ED detailed review (see table) and all documents referenced therein
- Grantee's Governing Document(s) and any amendments thereto
- Grantee's Formation Document and any amendments thereto
- Grantee's Affidavit
- Grantee's Organization Information Form

DocuSigned by:
John Ormonde
5195E1D58E00455...

John Ormonde
Qualified Tax Practitioner
California Bar No. 308524

Detailed Analysis: Women's Health and Action Research Centre

Is the Grantee described in Section 501(c)(3)?

Criterion	Yes	No	QTP Discussion/Analysis
Charitable Purpose Part 1: Is Grantee organized for a Section 501(c)3) purpose?	☑	☐	Women's Health and Action Research Centre ("Grantee") was incorporated on March 13, 2003 under the laws of Nigeria (Registration No. 9156). Per its Constitution (attached), Grantee is organized for the purpose of "conduct[ing] research advocacy, and training in key areas related to the reproductive health of women," among other similar and related purposes. It achieves these purposes through a number of activities, including the following: • Conduct[ing] formative and intervention medical and social science research into fertility, infertility, fertility regulating behavior, sexual transmitted infections and HIV/AIDS, abortion, safe motherhood and harmful traditional practices that affect the health of Nigerian women. • Us[ing] the results obtained from the above research and other documented studies to advocate for appropriate policy formulation or change that would lead to improvement in the health, well being and social status of Nigerian women. • Provid[ing] research training for senior and junior researchers in the identification and conceptualization of research problems, designing, implementing and analyzing results from field studies on women's health and to provide logistic and technical advice and support to enable them to conduct such studies. See attached Constitution. Additional activities are set forth in the Constitution, at p. 4.

Criterion	
The 501(c)(3) purpose or purposes for which Grantee is organized are (select all that apply):	☐ Charitable ☐ Religious ☐ Educational ☑ Scientific ☐ Literary ☐ Fostering national or international amateur sports competition

Criterion	Yes	No	QTP Discussion/Analysis
Charitable Purpose Part 2: **Is Grantee organized exclusively for Section 501(c)(3) purposes?** Grantee's governing documents or local applicable law: - Limit Grantee's purposes to exempt purposes, and - Do not expressly authorize Grantee to engage in activities for non-charitable purposes (including political campaign intervention or substantial lobbying) other than as an insubstantial part of its activities. 1.501(c)(3)-1(b)(1)	☑	☐	The Constitution specifies a number of scientific activities and purposes and other activities consistent with § 501(c)(3) purposes. Similarly, "[Grantee] shall be a non-profit, non-religious, non-political, non-racial and non-governmental but a voluntary organization that would be involved in attaining optimum health for women nationally and internationally because the health of women is a reflection of the health of the nation." Constitution, at p. 3. Further, "The overall objective of the [Grantee] will be to conduct research advocacy, and training in key areas related to the reproductive health of women." Constitution, at p. 3. Grantee's governing instruments do not expressly permit Grantee to engage in activities for non-charitable purposes. The attached Affidavit, at p. 2, explains that "The laws and customs that apply to the Grantee do not permit it, directly or indirectly, to take part in any political campaign on behalf of, or in opposition to, any candidate for public office." The Affidavit also provides that "The laws and customs that apply to the Grantee do not permit it, other than as an insubstantial or minor part of its activities, (a) to engage in activities that are not for charitable, religious, scientific, literary or educational purposes, or (b) to attempt to influence legislations, by propaganda or otherwise." These representations are consistent with the attached Constitution, which do not expressly reference and allow for such activities.

Criterion	Yes	No	QTP Discussion/Analysis
Charitable Purposes Part 3 Detailed description of activities Are the past, current, and anticipated (over the term of the grant) activities of the grantee, including details such as the manner of carrying out the activities, sources of receipts, and types of expenditures, sufficient to enable the IRS to determine that the grantee would likely qualify as a qualifying public charity as of the date of the written advice? 1.501(c)(3)-1(d)	☑	☐	Please see attached document entitled "Annual Report" and the attached Affidavit for a detailed list of Grantee's activities programs and events. These include a number of scientific activities. Typical expenditures of the Grantee include personnel costs, project activities and training, African Journal of Reproductive Health project, administrative costs, and advertisement/printing. See attached "2020 Audited Accounts". These expenditures are consistent with Grantee's stated purposes and activities. Typical receipts of the Grantee include grants. See attached "PSF."

Criterion	Yes	No	QTP Discussion/Analysis
No Political / Candidate Intervention Does Grantee not participate, directly or indirectly, or intervene in, any political campaigns on behalf of or in opposition to any candidate for public office? 1.501(c)(3)-1(b)(3)	☑	☐	Grantee has represented that it does not directly or indirectly participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office. See attached Affidavit, at p. 2 ("The laws and customs that apply to the Grantee do not permit it, directly or indirectly, to take part in any political campaign on behalf of, or in opposition to, any candidate for public office."). Its stated activities per its attached Constitution (see, e.g., p. 3) and other materials are consistent with this representation and do not expressly permit such activities. In addition, its publicly available information, such as its website at https://wharc-online.org, do not reflect any candidate campaign intervention.

Criterion	Yes	No	QTP Discussion/Analysis

Insubstantial lobbying Do Grantee's activities not involve efforts to influence legislation to a more than insubstantial part? 1.501(c)(3)-1(b)(3)	☑	☐	The Affidavit, at p. 2, provides that "The laws and customs that apply to the Grantee do not permit it, other than as an insubstantial or minor part of its activities, (a) to engage in activities that are not for charitable, religious, scientific, literary or educational purposes, or (b) to attempt to influence legislations, by propaganda or otherwise." Its stated activities per its Constitution and other materials are consistent with this representation and do not expressly permit such activities. In addition, its publicly available information, such as its website at https://wharc-online.org do not reflect any efforts to influence legislation.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
Charitable distribution of assets on dissolution If Grantee terminates, liquidates, or dissolves, will Grantee's assets be distributed to another not-for-profit charitable organization for charitable purposes or to a governmental entity for public purposes? 1.501(c)(3)-1(b)(4)	☑	☐	Per the attached Constitution, at p. 9, "If in the event of winding up or dissolution of [Grantee], there remains, after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall not be distributed among the members of the [Grantee] but shall be given or transferred to some other institution or institutions having objectives similar to the objectives of [Grantee] and the body or bodies are prohibited from distributing its/their income and property amongst its/their members to an extent at least as great as is imposed on [Grantee], under or by virtue of the SPECIAL CLAUSE hereof, such institution or institutions to be determined by the members of the Board of Trustees of [Grantee]. If effect cannot be given to the aforesaid provision, then it shall be passed on to some charitable object." See also attached Affidavit, at #8, 14.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
No private shareholders (1) Does Grantee not have shareholders or members who have an ownership interest in the income or assets of Grantee? 1.501(c)(3)-1(c)(2)	☑	☐	Grantee has represented that it has no shareholders or members who have an ownership interest in the income or assets of the organization. See attached Affidavit, at #9. Grantee's governing and formation documents are consistent with this representation. See attached Constitution, at p. 9.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
No private shareholders (2) Does Grantee not distribute any of its income or assets to a non-charitable organization or individual, or apply any of its income or assets for the benefit of a non-charitable organization or individual, except pursuant to the conduct of its charitable activities, or as payment of reasonable compensation for services rendered or payment of the fair market value of property that it has purchased? 1.501(c)(3)-1(c)(2)	☑	☐	Grantee has represented that it does not, and that its governing instruments do not expressly permit, distribution of any of its income or assets to non-charitable entities or individuals except as part of Grantee's charitable programs or as payment of reasonable compensation. I have verified Grantee's governing instrument for this purpose. See attached Constitution, at p. 9; see also Constitution, at pp. 10-11.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
Public interests served Does Grantee serve public, not private interests? 1.501(c)(3)-1(d)(1)(ii)	☑	☐	Grantee has represented that its activities serve public, not private interests. See attached Affidavit. I have verified through review of Grantee's charitable programs (discussed elsewhere) that Grantee's activities benefit the general public and not the private interests of Grantee's founder(s) or his / her family.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
Action organizations Is Grantee not an action organization? A Grantee will not qualify if it is an action organization. 1.501(c)(3)-1(c)(3)	☑	☐	I have determined that the Grantee does not qualify as an action organization based on the representations of Grantee in the attached Affidavit (see paragraphs 10 and 11). This conclusion is also consistent with its stated activities on the attached "Annual Report," as confirmed by Grantee on the attached "Correspondence on lobbying," and Grantee's website at https://wharc-online.org.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
Affiliated organizations Is Grantee not controlled by or operated in connection with one or more other organization(s)?	☑	☐	Grantee has indicated that it is not controlled by any other organization. See attached "Organization Information Form," at p. 2; Affidavit, at p. 2.
Criterion	**Yes**	**No**	**QTP Discussion/Analysis**
Terrorist organizations and blocked persons Has Grantee been verified not to be designated or individually identified as a terrorist organization by the United States Government as described in § 501(p)(2)?	☑	☐	Grantee has been verified not to be designated or individually identified as a terrorist organization by the United States Government as described in § 501(p)(2). See attached "Watchlist Screening Report."

Is Grantee a Public Charity?

Criterion	**Yes**	**No**	**QTP Discussion/Analysis**

Is Grantee a Hospital? **Grantee is a hospital if its principle purpose or function is the provision of medical or hospital care or medical education or medical research.** The term "Hospital" includes (and is not limited to) the following: - Federal hospitals; - State, county, and municipal hospitals which are instrumentalities of governmental units referred to in section 170(c)(1) and otherwise come within the definition; - A rehabilitation institution, outpatient clinic, or community mental health or drug treatment center may qualify if its principal purpose or function is the provision of hospital or medical care; - A "skilled nursing facility" may qualify if its principal purpose or function is the providing of hospital or medical care; - Certain "teaching" hospitals may qualify if it is actively engaged in providing medical or hospital care to patients on its premises or in its facilities, on an inpatient or outpatient basis, as an integral part of its medical education or medical research function. "Hospital" does not include: - convalescent homes or - homes for children or the aged, - institutions whose principal purpose or function is to train handicapped individuals to learn some vocation. **170(b)(1)(A)(iii) and 1.70A-9(d)**	☑	☐	Grantee is an organization described in section 170(b)(1)(A)(iii) because it is a hospital and its principal purpose or function is the provision of medical education or medical research. See Exhibit A, Affidavit, p. 2 (Past, current, and future activities include “Research activities, Journal activities, and Hospital activities”); Exhibit G, Constitution, p. 3 (“The overall objective of the Centre will be to conduct research advocacy, and training in key areas related to the reproductive health of women.”); Exhibit P1, 2020 Annual Report, p. 4, 6, 10-11, 24-25; WHARC | Women’s Health and Action Research Centre (wharc-online.org). Grantee has a hospital on-site that offers emergency services, women’s health care, diagnostic imaging, and laboratory services, i.e., Grantee provides medical or hospital care to patients on its premises on an inpatient or outpatient basis. See Exhibit C2, Correspondence on hospital entity (“The Abel Guodadia Specialist Hospital is part of WHARC”); Exhibit P1, 2020 Annual Report, p. 20 (describing the hospital’s work in the 2019/2020 program year); ABEL GUOBADIA CLINIC (wharc-online.org). Further, Grantee provides medical care as an integral part of its medical research function. See Exhibit G, Constitution, pp. 3-4.

AFFIDAVIT FOR NON-U.S. GRANTEES
(Type or print clearly)

AFFIDAVIT FOR: WOMEN'S HEALTH AND ACTION RESEARCH CENTRE
(Complete legal name of grantee organization, hereafter referred to as "the grantee")

I am making this statement to assist grantmaking foundations in the United States of America in determining whether the Grantee is the equivalent of a public charity described in Section 509(a)(1), (2) or (3) of the United States Internal Revenue Code.

1. I, Professor Friday Okonofua,
(Name of principal officer or director)

am the Founder/Program Advisor
(Official title)

of the Grantee authorized to complete this affidavit.

2. The Grantee was created in 1995 *(Year)* under the laws of Nigeria *(country)*

by Cooperate Affairs Commission (CAC) and is
(identify statute, charter, or other governing document)

located at KM II, Benin-Lagos Road, P.O.Box 10231, Igue Iheya, Benin City, Edo State, Nigeria
(official address)

3. The Grantee is operated exclusively for the following purposes (check all boxes that apply):

- ☐ charitable
- ☒ scientific
- ☐ educational
- ☐ religious
- ☐ literary
- ☐ fostering national or international amateur sports competition
- ☐ prevention of cruelty to children or animals

4. The Grantee's fiscal year ends (month/day): June / 30

5. Explain past, current and future programs and activities of the Grantee: Research activities, Journal acitivites, and Hospital activities (see annual report)
(attach additional pages if necessary)

6. I have attached copies of the charter, bylaws and other documents that govern the Grantee.

7. I have attached a list of the organization's Board of Directors and Key Employees. Key employees are defined as the five highest paid or most influential employees. This list includes the names in English, as well as the language of origin, any acronym or other names used, nationality, citizenship, and current country of residence.

8. The laws and customs that apply to the Grantee do not permit any of its income or assets to be given to, distributed to, or applied for the benefit of, a private person or non-charitable organization other than (a) as part of the Grantee's charitable, religious, scientific, literary, or educational activities, or (b) as payment of reasonable compensation for services provided to the Grantee, or (c) as payment for the fair market value of property the Grantee has purchased.

9. The Grantee has no shareholders or members who have a proprietary interest or ownership claim in the income or assets of the Grantee.

10. The laws and customs that apply to the Grantee do not permit it, other than as an insubstantial or minor part of its activities, (a) to engage in activities that are not for charitable, religious, scientific, literary or educational purposes, or (b) to attempt to influence legislations, by propaganda or otherwise.

11. The laws and customs that apply to the Grantee do not permit it, directly or indirectly, to take part in any political campaign on behalf of, or in opposition to, any candidate for public office.

12. The Grantee is not controlled by or operated in connection with any other organization, other than as follows (list legal name of organization and describe relationship): Not operated in connection with any other organization

13. The Grantee is (check one):

☐ A school, meaning an educational organization for which all of the following statements are true: it normally maintains a regular faculty and curriculum; it normally has a regularly enrolled body of student in attendance at the place where its education activities are regularly carried on; it has adopted and operates according to a racially nondiscriminatory policy as to students; and it either receives substantial funding from the government or has completed IRS Form 5578.

☐ A hospital whose primary purpose or function is to provide medical or hospital care.

☐ A church or convention of churches (church, synagogue, temple, mosque, or other formal place of worship)

☐ A governmental agency (describe):

☒ None of the above, but still a publicly supported charitable organization (you **must complete and attach** a Public Support Schedule and Major Donor Support form covering the past five years)

14. Under the laws and customs that apply to the Grantee, or under its governing documents, if the Grantee were liquidated or dissolved, all of its assets would be distributed to another not-for-profit organization with charitable, religious, scientific, literacy or educational purposes, or to a governmental agency. I have attached, in English, the provision in the Grantee's own governing documents that control the distribution of the Grantee's assets upon liquidation.

I declare that the foregoing and any supporting documents are true and correct to the best of my knowledge.

30/05/2021

_____ _____

Signature Date

PARAGON PHILANTHROPY
Advisors in Global Giving

Suzanne York <suzanne@paragonphilanthropy.com>

WHARC and lobbying?

2 messages

Suzanne York <suzanne@paragonphilanthropy.com> Thu, Jun 10, 2021 at 7:58 PM
To: karl4rich@gmail.com
Cc: feokonofua <feokonofua@yahoo.co.uk>, patokonofua <patokonofua@gmail.com>, jerryedogun <jerryedogun@gmail.com>

Dear Karl,

Thanks for your patience with our process.

Based on your research advocacy work and references in your communications strategy to influencing policy and possibly legislative activities (see page 7 of the attached document), it appears Women's Health and Action Research Centre (WHARC) *may* engage in lobbying activities. Would you please confirm, however, whether Women's Health and Action Research Centre (WHARC) engages in any lobbying as specifically defined in the attached document?

If so, do lobbying activities constitute "less than 5% of WHARC's time and effort"?

If lobbying activities constitute more than 5% of WHARC's time and effort, I will send you some follow up questions that the reviewing attorney will need answered.

Please let me know if you have any questions about this.

Warm regards,
Suzanne

--
Suzanne York ▮ Grant Services Specialist, Paragon Philanthropy ▮ Cell: 510-517-4082 ▮ Twitter

2 attachments

Lobbying Definitions.pdf
54K

P2 - Communication Strategy_Revised.pdf
1347K

Karl Ero <karl4rich@gmail.com> Fri, Jun 11, 2021 at 7:53 PM
To: Suzanne York <suzanne@paragonphilanthropy.com>
Cc: feokonofua <feokonofua@yahoo.co.uk>, patokonofua <patokonofua@gmail.com>, jerryedogun <jerryedogun@gmail.com>, Karl Ero <karl4rich@gmail.com>

Dear Suzanne,

Good to hear from you.

WHARC does not engage in any lobbying activities. Thank you.

Karl.

[Quoted text hidden]
[Quoted text hidden]

Suzanne York <suzanne@paragonphilanthropy.com> Mon, Jun 14, 2021 at 12:10 PM To: Karl Ero <karl4rich@gmail.com> Cc: feokonofua <feokonofua@yahoo.co.uk>, patokonofua <patokonofua@gmail.com>, jerryedogun <jerryedogun@gmail.com>, Andrzej Kozlowski <andrzej@paragonphilanthropy.com>

Dear Karl,

We saw on your website that you work with the Abel Guodadia Specialist Hospital. Is this the hospital to which you are referring? Is the clinic a separate legal entity or part of WHARC?

Many thanks, Suzanne

[Quoted text hidden]

Karl Ero <karl4rich@gmail.com> To: Suzanne York <suzanne@paragonphilanthropy.com>

Mon, Jun 14, 2021 at 1:50 PM Cc: feokonofua <feokonofua@yahoo.co.uk>, patokonofua <patokonofua@gmail.com>, jerryedogun <jerryedogun@gmail.com>, Andrzej Kozlowski <andrzej@paragonphilanthropy.com>

Dear Suzanne,

The Abel Guodadia Specialist Hospital is part of WHARC and not a separate entity. This is the hospital we were referring to. Thank you.

Regards,

Karl E. Eimuhi Managing Editor African Journal of Reproductive Health (AJRH) Women's Health and Action Research Centre (WHARC) http://www.ajrh.info

15th September, 2020.

Dear Sir,

Audit of Woman's Health and Action Research Centre (WHARC)

Our audit of Woman's Health and Action Research Centre (WHARC) for the year ended 30th June, 2020 has been completed. In the course of an audit it is normal that we include in the procedures, tests of the internal accounting and operating system and controls, established by management to ensure the accuracy of the Financial Statements presented to us and ascertain their reliability and validity. This report presents significant findings arising from our audit procedures and communicates weaknesses in Internal Controls, as well as any inaccuracies in the financial statements, which came to our attention during the audit.

An audit is designed principally to enable the expression of an independent opinion on the Financial Statements as a whole and not to evaluate internal controls. Because of the inherent limitations of an audit, it is possible that material misstatements in the Financial Statements resulting from fraud and to a lesser extent from error may not have been detected. Accordingly, our audit would not necessarily have revealed all conditions requiring attention.
Additionally, our comments address controls and reporting issues only and are not intended to reflect in any way upon the Centre's personnel.

MANAGEMENT LETTER ON ACCOUNT FOR THE YEAR ENDED 30TH JUNE, 2020,

MATTER ARISING FROM PREVIOUS AUDIT

1; NON-CURRENT ASSETS REGISTER

OBSERVATION: It has been observed that the Centre has no adequate Fixed Asset Register to recordNon-current Assets at their historical cost and ascertain their accumulated depreciation as well as their net Book value.

CONSEQUENCE: The non-current Assets cannot be recorded at their date of purchase and cost. It will be very difficult to ascertaintheir depreciation and Net book value. Physical verification of the Assets with book record will be tedious. On Disposal, it will be difficult to ascertain gain or loss if any of the Assets so disposed off.

RECOMMENDATION: We recommend that there should be an Asset register, where all Non-current Asset will be recorded at their historical cost and date of purchase to ascertain their Net book value as well as their accumulated depreciation.

MANAGEMENT COMMENT:

Noted for necessary action.

MATTER ARISING FROM CURRENT AUDIT

2. RETURN ON CAPITAL:

OBSERVATION: It was observed that income generated from the water factory was N1,806,000. While the overhead cost for the period was N6,494,444. This result to a loss of N4,688,444. The Depreciation of assets was not inclusive. Net loss would have been more than the amount.

CONSEQUENCES: Low return on capital employed is a treat to business sustainability. The production and sales could not meet the market force in respect to demand and supply. Assets were underutilized considering the loss incurred for the period. This will have a negative effect on profit margin for the enterprise. The replacement of Assets in the water factory after its useful life may be difficult if this continuous. It will be difficult to finance the overhead cost.

RECOMMENDATION: The Management should intensify effort on Sales and Advertisement. Production and Sales should be increased, especially at the peak of dry season and festivity in the month of November to March. The use of distributors and daily Hawkers of the product is recommended to increase the turn over. Management should intensify control effort to reduce avoidable losses owning to wastages and pilferages'
Management Comment:

Noted for necessary action.

3. BANK CHARGES

OBSERVATION: It was observed that the bank charges (finance cost) was not taken into the books of account. Bank charges is part of the administrative cost.

CONSEQUENCES: This show, lack of proper bank reconciliation at the end of every month. Bank charges is ascertained in every month. Absence of bank reconciliation, will make it difficult to track any unauthorized debit in the bank account.

RECOMMENDATION: We recommend proper bank reconciliation at the end of every month to ascertain the bank charges. Also,bank charges should have its expenses heads and files like every other Administration cost for proper accountability

MANAGEMENT COMMENT:

Noted for necessary action.

Acknowledgement:
We extend our thanks to Management and staff for the cooperation received during the course of Audit. Should you wish to discuss any of the issue with us, we will be pleased to do so at a mutual convenient time

Yours faithfully,

David Ugiagbe, B.Sc,MBA, FCNA, FCTI.
Managing Partner.
(For: David Ugiagbe& Co.)

11th December, 2020

The Charman,
Association of National Accountants of Nigeria (ANAN).
Edo State Branch, Benin City,
EdoState, Nigeria.

Dear Sir,

Audit 2018 and 2019 –Association of National Accountants of Nigeria (ANAN).

Our audit of Association of National Accountants of Nigeria (ANAN),for the year ended 31st December, 2018 and 2019 has been completed. In the course of an audit it is normal that we include in the procedures, tests of the internal accounting and operating system and controls, established by management to ensure the accuracy of the Financial Statements presented to us and ascertain their reliability and accuracy. This report presents significant findings arising from our audit procedures and communicates weaknesses in Internal Controls, as well as any inaccuracies in the financial statements, which came to our attention during the audit.

An audit is designed principally to enable the expression of an independent opinion on the Financial Statements as a whole and not to evaluate internal controls. Because of the inherent limitations of an audit, it is possible that material misstatements in the Financial Statements resulting from fraud and to a lesser extent from error may not have been detected. Accordingly, our audit would not necessarily have revealed all conditions requiring attention.
Additionally, our comments address controls and reporting issues only and are not intended to reflect in any way upon the Associationpersonnel.

MATTER ARISING FROM THE CURRENT YEAR AUDIT

WEAKNESS

PAYABLES:

OBSERVATION

It has been observed that the sum of N1,720,000 was taking as payables for 2017.
This was an amount initially proposed for 3rd Plot of Land which was no longer acquired by the Association. Therefore, the said amount should not be taking as payables for the current year.
The sum of N912,500 was also taken as payables for Building expenses (WIP). After analysing the books of accounts and asking of questions. It was discovered that this amount was already taking care of in 2016 accounting year.

Consequence:

This is incomplete disclosure of accounting information. Financial statement drown from such information/data will not give the true and fare view of the Association. Economic decision made from such information will be misleading. This led to prior year adjustment in the note to the account.

Recommendation:

We recommend that all transactions and economic events should be posted properly to their respective accounts heads to reflect the true and fare view of the Association financial position.

Management Comment:

……
……
……
……
……

Posting

Observation: it was observed that some of the economic events and transactions were not properly posted. There was no Bank reconciliation at the end of every Month which resulted to disagreement in cash balances in the Management account and that of the statement see below:

	Closing Balances 2018		Closing Balances 2019	
Banks	Mgt. Report	Statement	Mgt. Report	Statement
Access 318	15,800	29,544	1,054,544	1,054,544
Access 568	35,402	135,236	664,402	128,494.71
Zenith 630	4,176701.68	4.140,752	(2,525,453.69)	424,453.69
Fidelity 921	(713,300)	1,797,371	2,311,700	2,107,227.50

Consequence:

I. The Account will not reflect the true and fair view of the economic transaction of the Association.

II. This makes the computations and analyses of the books accounts very difficult.

III. Financial statement produced from such incomplete records cannot give a true picture of the operations of the Association.

IV. Besides, such gaps can be exploited by unscrupulous persons to embarrass the Management

Recommendation:

We are recommending bank reconciliation for every Month to avoid reoccurrence. It is important to note that posting should obey the principle of corresponding entering and transaction should be posted correctly to their respective account and their income or expense Heads.

Management Comment

.....
.....
.....
.....

Overcastting:

Observation: It was observed that in 2019, income statement expenditure from the Management account was overstated with N467,82.(4,666,271against 4,198,450).

Consequence: The Account will not reflect the true and fair view of the Financial Position. Any economic decision made on such information can be misleading.

Recommendation: Posting should obey the principle of corresponding entering and transaction should be posted correctly to their respective account and their income or expense Heads.

Management Comment

……
……
……
……..

Receipt

Observation: it was observed that some of receipt booklets were having the same serial number

Consequence: The means that two or more persons will be issued with a receipt with the same serial numbers. This may be difficult to reconciled if there mistake or errors. It also led to fraud since the opportunity is created.

Recommendation: We are recommending that receipt book let should be number from the last serial number of the last leaflet. The Executive should ensure this is carried out to avoid this practises.

Management Comment

……
……
……
……

Acknowledgements

We extend our thanks to Management and Exco of the Association for the co-operation received during the course of the audit. Should you wish to discuss any of the issues with us, we will be pleased to do so at a mutually convenient time.

Yours faithfully,

PARTRICK ONYEWUCHI, (B.Sc (Hons), MEBE, HND,FCNA, ACTI MINIM, FRC)
Managing Partner
For: (OnyewuchiPaddykay Professional Services (OPPS)).

CONSTITUTION OF THE WOMEN'S HEALTH AND ACTION RESEARCH CENTRE

Benin City, Nigeria

Contents

Revised in 2016

Preamble

Whereas an Organization entitled "Women's Health and Action Research Centre" shall be formed, whose aims and objectives shall include co-operation and mutual understanding among members. It shall be a non-profit, non-religious, non-political, non-racial and non-governmental but a voluntary organization that would be involved in attaining optimum health for women nationally and internationally because the health of women is a reflection of the health of the nation.

Article 1: Name and Title

The Centre shall be called WOMEN'S HEALTH AND ACTION RESEARCH CENTRE, hereinafter referred to as WHARC.

Article II: Registered Office

a. The registered office of the Centre shall be at Km 11, Benin- Lagos Expressway, Igue-Iheya, Benin City, Edo State, Nigeria, or any other place as my be agreed upon by the Board of Trustees with the consent of the President of the organization.
b. The Centre shall establish, operate, and maintain a unit in Ile-Ife, Osun State, and in any part of Nigeria including the Federal Capital Territory, Abuja, and also maintain units outside the country. The representatives of the Centre outside Nigeria shall be known as associates in diaspora, or by any other name that may be decided by the Board of Trustees.

Article III: Objectives of the Centre

1. The overall objective of the Centre will be to conduct research advocacy, and training in key areas related to the reproductive health of women.
2. The specific objectives of the Centre will be as follows:
    a. To conduct formative and intervention medical and social science research into fertility, infertility, fertility regulating behavior, sexual transmitted infections and HIV/AIDS, abortion, safe motherhood and harmful traditional practices that affect the health of Nigerian women.

b. To use the results obtained from the above research and other documented studies to advocate for appropriate policy formulation or change that would lead to improvement in the health, well being and social status f Nigerian women.
c. To provide research training for senior and junior researchers in the identification and conceptualization of research problems, designing, implementing and analyzing results from field studies on women's health and to provide logistic and technical advice and support to enable them to conduct such studies.
d. To train and re-train health workers in the use of simple technologies and practices, which will lead t the improvement in the health of Nigerian women.
e. To network and communicate with other organizations and individuals that are interested in the health of women nationally and internationally.
f. To make relevant information accessible and available to women in the languages they would understand in order to improve their knowledge and enable them to adopt health practices that would enhance their health and social status.

Article IV: Administration of the Centre

The Centre shall be managed by the following persons:

1. The President
2. The Vice-President
3. Associate President
4. A Board of Trustees
5. Administrative Secretary/Legal Adviser
6. Programme Officers
7. Core Associates
8. Associates
9. Accounting Officer
10. Auditor

Article V: Membership

Shall be by invitation, extended to individuals who are known to have strong interest in women's health research and advocacy.

Article VI: Duties and Functions

President

i The President shall be appointed from among the core associates of the Centre. The President shall be elected by simple majority during the annual meeting of associates of the Centre.

Ii The President shall act in the best interest of the whole organization and will not act in such a way that his/her duty as President conflicts with his/her personal interest.

Iii He/She shall, unless prevented by illness or other sufficient cause or matter, preside over all meetings and all general meetings of the organization.

Iv. He will be the signatory to the Centre's account

v. For any resolution passed to be valid it must include his/her signature.

vi. The President will be responsible for appointing the Board of Trustees of the Centre in the first instance

vii. He/she owes the Centre the duty of care and skill.

viii. He/she is the principal executor of all the programmes of the Centre.

Vice-President

If for any reason the President is unable to perform his/her duties these will be carried out by the Vice-President but with the consent of the President. The Vice-President will perform other duties that would be assigned to him/her by the President.

Associate President

The Associate President shall be appointed by the President from among the international associates of the Centre. He /she shall carry out the duties of the President when such duties are to be performed in the country where he/she resides, or internationally. The Associate President shall visit the Centre in Nigeria at least once a year.

Administrative Secretary/Legal Adviser

The Administrative Secretary shall deal with all correspondence of the organization under the general supervision of the President. He/she shall issue notices convening all meetings and shall prepare the agenda for such meetings. The secretary shall have such other powers as may be assigned to him/her from time to time by the President of the Centre. He/she shall present an annual report to the organization.

The common seal the Centre shall be kept in the custody of the Centre's legal adviser who shall produce it when it is required for use by the Trustees.

The Board of Trustees

The Trustees shall be appointed by the President for a term of four (4) years, which may be renewed for another four (4) years at the expiration of the first term to be decided by 2/3 members of the Board of Trustees at its annual general meeting. Every Trustee shall be informed at the time of his/her appointment as a Trustee and would be required to indicate in writing his/her preparedness to function as one. The appointed Trustees (hereinafter referred to as "The Trustee") shall be known as "The Registered Trustees of the Women's Health and Action Research Centre".

All properties of the Centre, freehold or leasehold, and other interest in land acquired for the use and benefit of the Centre shall be vested in the Trustees. The Trustees shall deal with the properties of the Centre as directed in writing by the President of the Centre.

Members of the Board of Trustees shall ensure that the objectives for which the Centre was established are rigorously pursued. However, they could expand the mandate of the Centre where they consider that such expansion will be in the overall interest of women. They shall support the Centre, raise awareness of its activities nationally and internationally and assist with fund raising for the Centre. The Board of Trustees shall perform such other tasks that would be in the overall interest of the Centre.

A trustee shall cease to hold office if he/she:

a. Resigns from office
b. Ceases to be a member of the Registered Trustee of WHARC
c. Becomes mentally, physically or otherwise incapacitated
d. Is officially declared bankrupt
e. Is convicted of a criminal offence including dishonesty by a court of competent jurisdiction
f. Is recommended for removal from office by a majority vote of Associates and Board of Trustees present at any general meeting of the Women's Health and Action Research Centre
g. Cease to reside in Nigeria
h. Dies

The Trustees shall have a common seal, which shall be kept in the custody of the Administrative Secretary/Legal Adviser of the Centre who shall produce it when required for use by the Trustees.

The Trustees shall apply to the Corporate Affairs Commission for certificate of incorporation under the Companies and Allied Matters Decree No.1 of 1990 Part C.

If the Certificate of Incorporation is granted, the Trustees shall have power to accept and hold in trust all landed property belonging to the Centre and to acquire land on behalf of the Centre subject to the conditions as the Commission may impose.

All documents to be executed by the Trustees shall be signed by at least one member of the Board to Trustees and the President or the President and the Secretary.

Upon a vacancy occurring in the number of trustees, a general meeting of the Board of Trustees will be held to appoint another person as a Trustee of the Women's Health and Action Research Centre.

Associates

These would comprise reputable scholars and women activists from all works of life who would be invited to participate in the programmes of the Centre from time to time. Core Associates will be appointed by the President from among the associates to assist Programme Officers in conceptualizing and implementing the specific programmes of the Centre. A meeting of associates shall be convened once a year where the programmes and activities of the Centre for the coming year will be discussed and agreed upon. An associate will cease to be involved in the

Centre based on evidence of poor performance by the President. Notice must be given to the associate in writing with 21 days from the date such decision is taken.

Programme Officers

There will be three Programme Officer who will be responsible for the research, advocacy and training units of the Centre respectively. Appointment and selection of Programme Officers will be competitive and will be decided by a panel appointed by the President. The Programme Officer will be responsible for planning and implementing the programmes of the Centre under the supervision of core associates, the Vice-President and the President.

Auditor

A qualified Auditor shall be appointed by 2/3 members of the Board of Trustees for the following two years during the annual general meeting. All accounts, records and reports of the Centre shall be open to inspection of the auditor at any time. The accounts book keeper shall produce an account of his receipts and payments and a statement of assets and liabilities made up to date, which shall not be less than three (3) months and not more than six (6) months before the date of the annual meeting. The Auditor shall examine and vouch such annual accounts and statements and certify that they are correct in accordance with the laws and guidelines, and reports as prescribed by the organization. A copy of the Auditor's report on the account and statement shall be made available to all members as the notice convening the annual meeting. The Auditor would be paid such honorarium for his duties as would be agreed upon by the Board of Trustees.

Article VII: Rules and Regulations

1. (a) The Trustees of Women's Health and Action Research Centre shall be appointed by the President in the first instance for a term of four (4) years and may be renewed for another of four (4) years at the expiration of the first term to be decided at the general meeting of Associates.

   (b) Such Trustees hereinafter referred to as "THE TRUSTEES" shall not be more than 10 in number and shall be known as THE REGISTERED TRUSTEES OF WOMEN'S HEALTH AND ACTION RESEARCH CENTRE.

   (C) A Trustees shall cease to hold office if he/she:

(i) resigns his office
(ii) ceases to be a member of the registered Trustees of WHARC
(iii) becomes insane
(iv) is officially declared bankrupt
(v) Convicted of a criminal offence involving dishonesty by a court of competent jurisdiction
(Vi) is recommended for removal from office by the Board of Trustees majority vote of members present at any general meeting of WHARC

(d) Upon a vacancy occurring in the number of trustees, another person will be appointed at the meeting of the Associates of WHARC.

2. If in the event of winding up or dissolution of the Centre, there remains, after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall not be distributed among the members of the Centre but shall be given or transferred to some other institution or institutions having objectives similar to the objectives of WHARC and the body or bodies are prohibited from distributing its/their income and property amongst its/their members to an extent at least as great as is imposed on WHARC, under or by virtue of the SPECIAL CLAUSE hereof, such institution or institutions to be determined by the members of the Board of Trustees of WHARC. If effect cannot be given to the aforesaid provision, then it shall be passed on to some charitable object.

3. The income and property of the Women's Health and Action Research Centre, whosoever derived, shall be applied solely towards the promotion of the aims and objectives of the Centre as was set forth in these rules and regulations/constitution, and no portion thereof shall be paid or transferred directly by way of dividend, bonus or otherwise, howsoever by way of profit to members of the Women's Health and Action
Research Centre, provided that nothing herein shall prevent the payment, in good faith, or reasonable and proper remuneration to any officer or servant of WHARC in return for any service actually rendered, but so that no member of the governing body shall be appointed to any salaried officer of WHARC or any office of the Centre paid by fees, and that no remuneration or other benefit in money shall be given by the Centre to any member of such governing body except repayment of pocket expenses or reasonable and proper rent for premises let to the Centre, provided that the provision last aforesaid shall not apply to any payment of any company to a member of WHARC, maybe to a company in which such member shall not hold more than one-hundredth part of the capital and such member shall not be bound to account for any share of profits he may receive in respect of any such payment.

4. Under no circumstance shall the decision of the Centre set aside any provisions of these Rules and Regulations/Constitution, except that occurring in the process of amendment of

the Rules and Regulations/Constitution and standing orders, provided all the provisions of Article XIII and those of the standing orders shall be fulfilled.

5. No member shall institute any action in any law court or any issue that is purely the Centre's matter without allowing the organization to adjudicate first in the matter or without exhausting all constitutional provisions in seeking redress within the Centre.

6. The provisions of the Constitution of WHARC shall be arranged as Articles, Sections, Subsections and Paragraphs of the various Articles that make up the Constitution.

7. Tobacco shall neither be smoked nor used at all meetings of the Centre/Organization.

8. A member must confine his observations to the subject under discussion and may not introduce irrelevant matters thereby.

9. No member shall be permitted to re-open any specific question upon which the meeting has come to a conclusion.

10. No member shall use offensive, insulting, or disorderly language about any member of the Centre or impute improper motives to such member.

11. Any member whose conduct is disorderly at any meeting, or who refuses to withdraw an offensive or insulting language after he has been told by the chairman to do so may be asked to leave the meeting by the chairman/president.

12. No member shall leave any meting except with the permission of the chairman.

13. On any issue, cause, or matter, every member eligible to vote according to the organization's constitution shall have one vote at a time but the chairman shall have a second or casting vote in the event of equality of votes.

Attested to on this 6th day of July, 1995 at the conclusion of the annual general meeting, held at the Department of Obstetrics and Gynaecology, Obafemi Awolowo University, Ile-Ife, where this Rules and Regulations/Constitution was unanimously adopted.

Article VIII: Special Clause

1. The INCOME AND PROPERTY of the Women's Health and Action Research Centre, whensoever derived, shall be applied sole towards promoting objects of the Centre as set

forth in this Rules and Regulations/Constitution, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend, bonus, or otherwise by way of profit to members of the Centre.

2. Provided that nothing herein shall prevent the payment, in good faith or reasonable and proper remuneration to any officer or servant of the Centre in return for any service actually rendered to the Centre but so that no member of the council of management or governing body shall be appointed to any salaried office of the Centre or any office of the Centre paid by fees, and that no remuneration of other benefit or money shall be given by the Centre to any member of such council or governing body except repayment of out-of-pocket expenses or reasonable and proper rent for premises demised, or let to the Centre provided that the provision last aforesaid shall not apply to any payment of any company to a member of the Centre, may be a company in which such member shall not hold more than one hundredth part of capital, and such member shall not be bound to account for any share of profit he/she may receive in respect of any such payment.
3. No addition, alteration, or amendment shall be made to the Rules and Regulations/Constitution for the time being in force, unless the same have been previously submitted to ad proved by the registrar-general.
4. If in the event of a winding up or dissolution of the Women's Health and Action Research Centre, there remains, after the satisfaction of all its debts and liabilities, any property whatsoever, the same shall be given or transferred to some other institution or institutions, having objectives similar to the objectives of the Women's Health and Action Research Centre, and the body or bodies are prohibited from distributing its or their income and property amongst its/their members to an extent at least as great as imposed on the Centre under or by virtue of the SPECIAL CLAUSE hereof, such institution(s) to be determined by members of the Board of Trustees of the Women's Health and Action Research Centre. If effect cannot be given to the aforesaid provision then it shall be passed on to some charitable object.

Article IX: Finance of the Centre

An account would be opened for the organization whereby money obtained through donation or by grant would be kept.

Article X: Holding of Property

The organization has power to acquire landed property or any other property. Whatever property the organization is holding should be vested in the Board of Trustees.

Article XI: Meeting of Board of Trustees

1. The Board of Trustees of the organization would meet at least once a year at a date to be agreed upon by the members.
2. A special board meeting may be called by the secretary any time with the consent of the Chairman as at when necessary.
3. Notice of the meeting in writing accompanied by the agenda of the meeting must be sent to the members within 21 days before the date of newspapers and electronic media advertisement in the daily newspapers and electronic media not less than 7 days before the date of the meeting.
4. The Agenda of the meeting shall contain the following:
   (a) Adoption of minutes of the previous board meeting
   (b) The Chairman's report
   (c) The Auditor's report
   (d) Review of the programmes being executed in the Centre as presented by the Associates
   (e) Review of financial status of the Centre
   (f) Proposal of activities to be executed in the organization for another two years to be presented by the President.
   (g) Discussion and approval of proposal by the board members
   (h) Appointment of Trustees and Auditor in accordance with Articles vi (a) and vi (c).
   (i) Such other matters as the President of the Centre might have notified other members.
   (j) Any other business as may be approved by the chairman of the Board of Trustees in the meeting.
   (k) A special meeting in accordance with Article X (2) may be held for specified purpose in writing to members. Such meeting should not be more than two year and it must conform to the guidelines of regular meetings.
   (l) The quorum for board meetings shall not be less than one third (1/3)

Article XII: Removal of Members

Removal from Office

1. An officer found wanting shall be suspended from office by the President and endorsed by the motion supported by two third (2/3) majority of members present and voting at the annual general meeting of the Board of Trustees. Voting shall be by secret ballot and members shall vote individually. The officer shall remain suspended until investigations are over. The officer shall be given a fair opportunity to defend himself. The

recommendations shall be subject to approval of the annual general meeting and the decisions shall take immediate effect.

2. An officer can also be removed for the following reasons:
   (a) If he falls short of the requirements set out by the organization, for example, due for vacation.
   (b) If he is of bad character.
   (c) If he commits fraud.
   (d) If he is found to have a criminal record.
   (e) If he becomes incapable as a result of insanity or other disabilities.
   (f) If his tenure has expired.

Article XIII: Amendment of the Constitution

1. The amendment of the constitution shall be by ordinary resolution and it must be passed to notify the change. The resolution passed must be signed by the President and Secretary of the organization.
2. The amendment must be in writing, and approval by two thirds (2/3) of the members must be circulated to the state(s) and the Federal Capital Territory, Abuja.
3. The registrar of societies would be informed in writing about the amendment and signed by at least three (3) board members, including the President.
4. The proposed amendment(s) approved by the 2/3 of members must be circulated to the state(s) and the Federal Capital Territory, Abuja.
5. Any amendment to the constitution shall come into effect immediately after the conclusion of the annual general meeting where the amendment is passed.

List of the First Board of Trustees

1. Dr. (Mrs.) Olatokunbo Awolowo-Dosumu - Chairman
   Executive Secretary, Obafemi Awolowo Foundation
   28 Lanre Awolowo Road, Gbagada Phase II
   P.M.B 80075, Victoria Island
   Lagos State

2. Chief (Mrs.) Christiana Aduke Fawole
   Community Leader and Chairperson, COWAD

3. Dr. Nahid Toubia
   Associate Professor and Director
   Global Action Against Female Genital Mutilation

4. Professor Friday Okonofua
   Obstetrician and Gynaecologist
   President of WHARC
   Benin City, Edo State

5. Mr. Emmanuel Oriakhi
   Publisher, Nigerian Medical Directory
   Chief Executive, Healthy Living Communication Limited
   Shop 1002 Iponri Shopping Centre, Surulere
   P.O.Box 13264,
   Ikeja Lagos

6. Mrs. Dupe Adesioye
   Journalist, Daily Times of Nigeria Plc (Publications
   Division) Lateef Jakande Road, Agidingbi
   P.M.B 21340,
   Ikeja Lagos

List of Second Board of Trustees

1. Dr Abel Guobadia
   1 Liberty Road, GRA, Benin City – Chairman

2. Mrs. Amina E. Sambo
   3 Abdu Sambo Street
   Gandun Albasa Rail Line
   P.O.Box 4704
   Kano, Kano State

3. Mrs. M. I. Aisuebeogun
   8 Omoruyi Omigie Avenue
   Off Ewah Road
   Benin City, Edo State

4. Lady Winifred Onyeonwu
   34 Federal Government Girls College
   Road Off Uselu-Lagos Road
   Benin City, Edo State

5. Chief (Mrs.) Christian
   Fawole Line 3 Omitoto
   Street, Ilodo P.O.Box 60
   Ile-Ife, Osun State

6. Professor Friday Okonofua
   Executive Director
   Women's Health and Action Research Centre
   4 Alofoje Street, Off Uwasota
   Street Benin City, Edo State

7. Professor Obioma Nnaemeka
   Associate Professor of French & Women's Studies
   President, Association of African Women Scholars (AAWS)
   Cavanaugh Hall, Room 001C
   Indiana University
   425 University Boulevard
   Indianapolis IN 46202. USA

List of Present (Third) Board of Trustees

1 Lady Winifred Onyeonwu
34 Federal Government Girls College
Road Off Uselu-Lagos Road
Benin City, Edo State

2 Professor Cyril Mokwenye
WHARC, Km 11 Lagos-Benin Expressway
Igue-Iheya, Benin City. Edo State

3 Dr Babatunde Ahonsi
Country Representative, Population Council
Abuja.

4 Professor F E Okonofua
Ford Foundation
No Ten 105 Close Banana Island, Ikoyi. Lagos

5 Mrs. Amina E. Sambo 3 Abdu
Sambo Street Gandun Albasa
Rail Line P.O.Box 4704, Kano,
Kano State

6 Mrs. M. I. Aisuebeogun
8 Omoruyi Omigie Avenue
Off Ewah Road
Benin City, Edo State

7 Chief (Mrs.) Christian
Fawole Line 3 Omitoto
Street, Ilodo P.O.Box 60
Ile-Ife, Osun State

8 Professor Obioma Nnaemeka
Associate Professor of French & Women's Studies
President, Association of African Women Scholars (AAWS)
Cavanaugh Hall, Room 001C
Indiana University

425 University Boulevard
Indianapolis IN 46202. USA

Organization Information Form

The following information is requested (i) in support of making an Equivalency Determination on your organization and (ii) in an effort to comply with U.S. anti-terrorism measures. Please answer all questions and include all material requested. This form can be completed electronically.

1. Organization name, address, and countries of operation

Organization legal name in English: WOMEN's HEALTH AND ACTION RESEARCH CENTRE

Organization legal name in language of origin: WOMEN's HEALTH AND ACTION RESEARCH CENTRE

Acronyms used or previously used for organization: WHARC

Other names used or previously used for organization:

Address	KM II, BENIN-LAGOS EXPRESSWAY		
City	BENI CITY	State/Province	EDO STATE
Postal Code	P.O. BOX 10231	Country	NIGERIA
Web Site	www.wharc-online.org; www.ajrh.info	Telephone	+2348023347828
Email	feokonofua@yahoo.co.uk	FAX	

List any additional jurisdictions in which your organization operates or maintains a physical presence:

2. Legal status of organization

Is the organization officially classified or recognized as a charity, public benefit organization, or other nonprofit organization by the government of your country? Yes ☒ No ☐

If Yes, please quote the registration number: 9156

When was the organization established and under the laws of which country?

Date (Day, Month, Year) 1995 Country NIGERIA

Under which national law was the organization established? (please provide the complete name of the law): Companies and Allied Matters Decree, No 1 1990, Corporate Affairs Commission, Federal Republic of Nigeria.

Please attach a current copy of:

(i) The organization's certificate of registration (in language of origin and in English);

(ii) The organization's governing documents (such as articles of incorporation, bylaws, deed, trust agreement, or memorandum of association) in language of origin and in English;
(iii) The Organizational Chart in English (if an Organizational Chart is available)
(iv) Audited Financial Statements for organization's most recently completed fiscal year. *If your Audited Financial Statements are not currently available in English, please provide both the original and an English translation of only the section covering your organization's expenditures, including expenditures by program (if covered in the Financial Statements). (Usually, such a translation will be only 1-3 pages long.)*
(v) Current Annual Budget
(vi) The national law under which the organization was established
(vii) Annual report (if available)

Is the organization controlled by or operated in connection with any other affiliated organization(s)? ☐ Yes ☒ No. If you answered yes, please give the name of the organization(s) and provide an explanation below.

---

3. Special requirements for foreign funding

Under the laws of your country, are you required to complete special registration to receive funding from a foreign source? Yes ☐ No ☒ If yes, please describe and attach evidence of your registration:

Are you aware of special requirements that foreign donors must comply with (such as a requirement to be registered in your country or to provide specific information) Yes ☐ No ☒ If yes, please describe:

---

4. List of key employees

Key employees are defined as the five highest paid or most influential employees. Please list each full legal name in English, in language of origin, and any acronym or alternative names used, along with their title. **Please do not abbreviate names (no initials)**:

1. Prof. Friday Okonofua - Founder/Program Advisor
2. Dr. Imogan Wilson - Executive Director
3. Mrs. Patience Okonofua - Deputy Executive Director
4. Mr. Brian Igboin - Monitoring and Evaluation
5. Mr. Karl Eimuhi - Managing Editor, African Journal of Reproductive Health (AJRH)
6. Mr. Jeremiah Edogun - Account Officer

---

5. List of members of the board of directors (or similar governing body)

Please list each full legal name in English, in language of origin, and any acronym or alternative names used. **Please do not abbreviate names (no initials)**:

WHARC BOARD OF DIRECTORS

Professor Agatha Nonyem Taiwo Eguavoen – Chairman

Dr. Wilson Imongan – Secretary

Prof. Bridget Oghneakpobo Ogonor - Member

Prof. Cyril Mokwenye – Member

Prof. Friday E. Okonofua – Member

Chief Marcellina Aisuabeogun – Member

Engr. Ibude Guobadia – Member

WHARC ASSOCIATES

Prof. Joseph Abiodun Balogun

Dr. Lorretta Favour Chizomam Ntoimo

Dr. Kunle Odunsi

Barr. Oluwadamilola A. Adejumo

Prof. Olufemi Olatunbosun

Prof. Akhere Omonkhua

Prof Lindsay Edouard

Prof. Rosemary Ogu

Dr. Uche Menakaya

---

6. List of organization founders

Please list each full legal name in English, in language of origin, and any acronym or alternative names used. **Please do not abbreviate names (no initials)**:

United Nations Popupation Fund (UNFPA)
World Health Organization (WHO)

Independent Development Research Center (IDRC)
Marcarthur Foundation

7. Responsible official

Name of the official that will sign a grant agreement if a grant is approved (must be an officer, director, or trustee): Prof. Friday Okonofua

Title with the organization: Program Advisor/Lead Investigator

8. Use of data:

Paragon Philanthropy Inc. shares the personal information requested by way of this form exclusively with our grantmaking client and only with your consent. We do so in accordance with the privacy policy published at https://www.paragonphilanthropy.com/privacypolicy. We retain this information as long as is necessary to complete the service we are providing to our client and assist them in meeting any regulatory requirements.

I agree to the use of this information as described.

☒ Yes ☐ No (if no, please explain):

Name of the official completing this form: Karl Eromosele Eimuhi

Title with the organization: Managing Editor

Date: 25/05/2021

Direct telephone number for official completing this form: +2348052120929

Preferred: Mobile telephone number for official completing this form:

Checklist for requested documents

Please indicate, below, which documents have been attached:

☒ Certificate of registration (in language of origin and in English);
☒ Governing documents (such as articles of incorporation, bylaws, deed, trust agreement, or memorandum of association) in language of origin and in English;
☒ Organizational Chart in English (if an Organizational Chart is available)
☒ Audited Financial Statements for organization's most recently completed fiscal year. If not currently available in English: (i) a copy in the language of origin; and (ii) an English translation of the section covering your organization's expenditures, including expenditures by program (if covered in the Financial Statements).
☐ Current Annual Budget
☒ Annual Report (if available)
☐ The national law under which the organization was established

PROMOTING THE HEALTH AND SOCIAL WELL-BEING OF WOMEN AND YOUTH THROUGH EVIDENCE-BASED RESEARCH AND INTERVENTIONS

2020 ANNUAL REPORT

WOMEN'S HEALTH AND ACTION RESEARCH CENTRE (WHARC)

WHARC
Women's Health and Action Research Centre

JULY 1, 2019 - JUNE 30, 2020

TABLE OF CONTENT:

WOMEN'S HEALTH AND ACTION RESEARCH CENTRE (WHARC)

Address: Km 11 Benin-Lagos Expressway, Opposite Evidence of the Gospel Church,
Igue-Iheya, Benin City, Edo State
Tel: +2348176358767
Email: info@wharc-online.org,wharc@hyperia.com
Website: www.wharc-online.org
Journal website: www.ajrh.info
Guest House website:www.wharcguesthouse.com
Facebook: facebook.com/pages/Women's-Health-and-Action-Research-Centre
Twitter Account twitter.com/WHARC1
Instagram
YouTube Account www.youtube.com/wharc1
Blog Site www.wydblog.com

Brief Introduction

WHARC is a non-governmental, non-for-profit organization established in 1993 with Headquarters in Benin City, Edo State, Nigeria. It consists of a multi-disciplinary team of professionals and researchers together to improve the knowledge and the policy environment for advancing the social development of women and youth in sub-Saharan Africa.

Our Vision

WHARC vision seeks to create a world where all people are treated with equal respect and dignity and where women and young adolescents have equality and access to basic reproductive health information and services.

Our Mission

WHARC mission is grounded in a deep love of humanity and a belief in equality and dignity for all people, WHARC works to improve the reproductive health and social wellbeing of woman and adolescents in Africa so they can lead productive, fulfilling lives and provide a healthy future for their children. Through its cutting edge research, WHARC educates women, youth, community gatekeepers and policymakers about sexual and reproductive health, and advocates for policy change at the local, state and federal level. WHARC also provides current and effective reproductive health services for adolescent girls in Africa.

Till date, WHARC has conducted formative and intervention research that documents the socio-cultural determinants of women's health that provides data for developing policies and programs for scaling up best practices relating to women's health in Nigeria and African. In particular, WHARC's niche is to use the results of research to build public health awareness and to advocate for policy changes about critical sexual and reproductive health issues in Nigeria.

Executive Summary

In line with her mission of promoting the health and social development of women the Women's Health and Action Research Centre (WHARC) continues to strive to improve the quality of life of women and adolescents and thus contribute to the development of the country. This is achieved through research to generate evidence which is documented and used for evidence based advocacy for policy change; and modern effective reproductive health services. This annual report documents our activities, results and achievements for the period July 1, 2019 to June 30, 2020 which is our reporting year. A major challenge during the reporting period is the outbreak of the Covid – 19 pandemic which is ravaging the world and has depressed national economies leading to reduce donor funding. The pandemic also hampered free movement limiting visits to project sites.

The constraining impact of Covid -19 notwithstanding, WHARC continued to support the improvement of the quality of emergency obstetric care for preventing maternal and perinatal deaths in Nigeria funded by the World Health Organization (WHO), reviewing and documenting data for research presentation. In addition to this, WHARC continued with the implementation of the project on MPDSR which promotes the uptake of accountability practices for the prevention of maternal and perinatal mortalities in Lagos, Niger and Edo States. Our flagship project on innovating for maternal and child health in Africa continues to increase women's access to skilled pregnancy care in rural Edo, while our scope of activities extended to Akwa Ibom and Adamawa States through a project funded by UNFPA.

The African Journal of reproductive Health which has remained the leading journal in this discipline in African continued to maintain leadership in quality, unbroken publication consistency record and wide readership across the world with record breaking downloads and citations,; while the highly modernized Abel Guobadia Specialist Hospital with digital Health Information management System got NHIS accreditation and highly specialized clinical consultation, investigation and patient management increased tremendously.

We are thankful to the governments of the State in which we carried out these various activities for their cooperation and creating the enabling environment, to the Board of Trustees for your leadership and commitment to quality service and our partners & sponsors for believing in us and trusting in our capacity to deliver expected results. We hope this terrible covid -19 pandemic will blow over quickly so we can achieve more in promoting the health and social well-being of women in African

Dr. Wilson Imongan

Executive Director

Acknowledgement

We are grateful to all organizations that supported WHARC during the 2020-2021 through provision of financial and technical support. These include the following:

1) International Development Research Centre (IDRC) under the Innovating for Maternal and Child Health in Africa (IMCHA) project.
2) United Nations Fund for Population Activities (UNFPA)under the United Nations Basket Fund in support of the Presidential Task Force (PTF) on the Covid-19 pandemic for Civil Society Organisation Engagement (CSOE) project to reverse the negative impact of COVID-19.
3) The Ford Foundation, under its CSO sustainability and investment grant making.
4) The Federal Ministry of Health of Nigeria.
5) The West African Health Organization (WAHO).
6) The University of Ottawa, Canada.
7) Queen's University, Belfast.
8) Harvard School of Public Health, Boston, USA

PROGRAM REPORTS

1. *IMPROVING QUALITY OF EMERGENCY OBSTRETRIC CARE FOR PREVENTING MATERNAL AND PERINATAL DEATHS IN NIGERIA FUNDED BY THE WORLD HEALTH ORGANISATION (WHO)*

The World Health Organisation (WHO) introduced the implementation research platform providing funds initiative to work with six countries with high burden of maternal, new-born and child mortality including Nigeria. In November 2014, WHARC obtained the competitive grant from the WHO to implement a national implementation research on titled Improving Quality of Emergency Obstetric Care in Nigeria. The intervention study was aimed at improving the quality of care for the management of obstetric complications that leads to maternal and perinatal mortality in secondary and tertiary facility in Nigeria.

It was a five year project implemented in 2 phases (Formative research phase and Intervention Phase) between November 2014 and June 2019.

In the first phase of the project, a formative research was conducted in 8 referral hospitals within 4 geopolitical zone (North-west, North-central, South-west and South-south) to obtain baseline of current trend of maternal and perinatal mortality and associated factors usingqualitative and quantitative methods. Following data collection, analysis and reporting, the formative baseline result dissemination and intervention design workshop was organised by WHARC with support from the Federal Ministry of Health in collaboration with Nigeria WHO office. The workshop took place on April 6 and 7, 2016 in Abuja.

Empirical evidence from the baseline results was used to design interventions that were implemented in the 2nd phase (intervention phase).

The second phase which is the intervention implementation phase to test the effectiveness of a multifaceted intervention for improving Emergency Obstetric care commenced in March 2017 with a technical committee meeting to discuss the result of the formative research. Three (3) major causes of maternal deaths in referral hospitals were identified. These are:

i. Postpartum Haemorrhage
ii. Eclampsia
iii. Obstructed labour.

Following these findings, two health facilities (Central Hospital, Benin City, Edo state and Jummai Babangida Aliyu Maternal and Neonatal Hospital (JBAMNH) Minna, Niger state) were selected for the intervention phase. This is especially because of their urgent need for remediating actions to improve the quality of maternal health care and reduce the maternal and perinatal mortality ratio in these facilities. Some of the major activities carried out by WHARC in these facilities include:

1. Development of a strategic plan for preventing maternal and perinatal deaths
2. Establishing a maternal and perinatal death surveillance and response system in the health facilities
3. Development of protocols, guidelines, algorithm and reminder for clinical Emergency Obstetric Care EmOC
4. Capacity building for healthcare providers in the facilities
5. Advocacy activities for increased funding and resource mobilization

6. Involving men in maternal andchild health care through monthly health talk.

The project ended in June 30, 2019 and manuscripts have written, presented in local and international conferences and published in reputable international journals.

1. *INCREASING WOMEN ACCESS TO SKILLED PREGNANCY CARE TO REDUCE MATERNAL AND PERINATAL MORTALITY IN NIGERA ASLO KNOW AS INNOVATING FOR MATERNAL AND CHILD HEALTH IN AFRICA (IMCHA) FUNDED BY INTERNATIAL DEVELOPMENT RESEARCH CENTRE (IDRC)*

The project which began in 2015 in collaboration with the University of Ottawa (UOttawa), Canada is an implementation research project to increased access to skilled obstetric care, especially in rural areas, as a key to reducing the high rate of maternal mortality. The West African Health Organization (WAHO) is the selected regional partner working with WHARC on the project and facilitating the policy/knowledge transfer component throughout the region.

Following the formative research that have been reported in our 2016/2017 annual reports, WHARC began implementing a multi-faceted interventions working closely with community stakeholders, Edo State Ministry of Health, Edo State Primary Healthcare Development Agency, and Federal Ministry of Health to improve the utilization of the available PHCs in two LGAs in Edo State namely Esan South East and Etsako East Local Government Areas (LGAs) of Edo State with an aim to reduce maternal mortality.

The Community-based Health Insurance Scheme, Drug Revolving Fund Text4life interventions, capacity building for healthcare providers which began in 2018 year are still on-going in project communities. In the year under review, the following activities were implemented

Data review meeting by WHARC management and program officers

As part of monitoring and evaluation activities, 3 data review meetings held during this reporting period. The meetings took place in August, October 2019and March, 2020. The objectives of the meeting were to review data collected from the project sites and to develop a manuscript writing plan for the project. A list of manuscripts to be written was proposed. The data analysis plan for each manuscript was developed. Since then, the research team have been working on the data management and the writing of the manuscripts.

Conferences and Presentation on the WHARC/IMCHA project

During the reporting period, WHARC attended the 2019 edition of the Women Deliver Conference. Vancouver, Canada June 3-6 2019, the second edition of the Maternal New Born and Child Health Research held in Abuja, Nigeria from the 24th – 26th of September, 2019, Canadian Conference on Global Health (CCGH) held from October 17-19 in Ottawa, Canada, the 8th African Population Conference from the 18th – 22nd November, 2019 in Entebbe, Uganda, and the Gender analysis training organised by West African Health Organization (WAHO) from 26th -28th November, 2019 in Abuja, Nigeria, 1st Nigerian Academy of Science Annual Scientific Conference held from 4th – 5th February, 2020 at the University of Lagos, Nigeria. WHARC participated in follow-up virtual meetings on Gender analysis training organised by WAHO for the IMCHA teams in West Africa. The meetings held on April 21, 2020, May 4th and 30th, 2020. The agenda included update on gender analysis report writing, support needed from WAHO in the writing, finalization of reports and journal for publication.

Post Intervention Survey

A Two day training workshop for field data collectors and WDC chairmen from the project sites was conducted between June 16 and 17, 2020 in WHARC. The Training workshop was organised in preparation for the endline data collection phase. The aim of the workshop was to build capacity of the field data collectors the art of qualitative and quantitative data collection, the process of data collection using electronic devices and to discuss how the project achievement can be disseminated using knowledge transfer. Thereafter, data was collected between June 24th – July 7th and a total of 1400 women were reached in the two interventions LGA. The data will be analysed and reported.

Till date, the impact of the project has been documented in our research publications.

1. *INCREASING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES AND ADDRESSING THE UNMET NEED FOR FAMILY PLANNING FUNDED BY UNITED NATION POPULATION FUND (UNFPA)*

In 2018, the United Nation population fund (UNFPA) proposed various activities to be implemented in the Northwest, Northeast and Southwest regions of Nigeria that will contribute to;

i. Increase in the availability and use of multi-sectorial capacity to prevent and address GBV with a focus on advocacy, data, health and health systems, psychosocial support
ii. Address gaps in traditional harmful practices
iii. Address and prevent early child forced marriages
iv. Increase access to SRH information and services.

WHARC was interested in implementing some of the activities and submitted a concept note of interest and an activity work plan which was approved by the UNFPA and WHARC was selected as an Implementing Partner (IP) among other partners to implement UNFPA activities for 5 years(2018-2022).

WHARC as an IPis workingin Adamawa state to increase access to Sexual and Reproductive Health(SRH) information and services and increase the availability and use of multi-sectorial capacity to prevent and address GBV with a focus on advocacy, data, and providing psychosocial support.

The goal of the activities is to enhance capacities to develop and implement policies, including financial protection mechanism, that prioritize access to SRH information and services by those women, adolescent, youth left furthest behind including in humanitarian settings.

At the inception of the project in 2018, WHARC carried out advocacy activities to government officials, capacity building activities for Gender Base Violence Case Workers on GBV case management and provision of psychosocial support and Healthcare Providers on providing Emergency Obstetric Care (EmOC) services in hard to reach communities including IDP camps in Adamawa State. A safe space for women and girls was also constructed to provide a conducive environment where women and girls can interact and re-build their social networks, acquire relevant skills, receive social support, access safe and non-stigmatizing multi-sectorial GBV response services (psychosocial, legal, medical) and receive information on issues relating to women's rights, health, and services.

For this reporting year, we implemented advocacy activities in July 2019 and august 2019 to newly appointed government officials in Adamawa and Akwa Ibom state respectively. The aim of the visit was to reintroduce the project activities in state and the proposed activities for the year and build support for the implementation of the WHARC family planning activities in the States.

WHARC held a training workshop to strengthen family planning and reproductive health services through evidence-based guidelines and best practices in Yola, Adamawa State, Nigeria from 19th to 22nd November 2019. The workshop aimed to build capacity of healthcare providers on family planning methods, programmatic and managerial practices and approaches to help improve quality, access, and demand for effective delivery of family planning services to address the unmet need of family planning in the state particularly in hard to reach communities and insurgency affected areas. The workshop was attended by the State Reproductive Health Coordinator, Family Planning Coordinator and 40 participants from 8 Local Government Areas in the state namely; Numan, Madagli, Michika, Lamurde, Hong, Demsa, Maiha and Toungo

Following the training we established and supported 40 health facilities to provide family planning and SRH service in 8 communities. Some of the items provided include, Jackets, Face caps, service bags, public address systems facility sign posts and Electronic tablets for data collection.

1. BUILDING ACCOUNTABILTY MECHANISM FOR MATERNAL AND PERINATAL DEATH SURVELANE AND RESPONSE (MPDSR) FUNDED BY MACARTHUR FOUNDATION

WHARC continues with the implementation of this project which promotes the uptake of accountability practices for the prevention of maternal and perinatal mortalities in Lagos, Niger and Edo States, with funding support from the John D. and Catherine T. MacArthur Foundation. This 3-year project was commenced in January 2017 and aims to investigate the causes of maternal and perinatal deaths as well as extend recommendations to prevent the reoccurrence of such deaths, through the practice of Maternal and Perinatal Death Surveillance and Response (MPDSR). The project ends in June 2020 and the project have achieved a major milestone of establishing MPDSR committee in the two states owned health facilities and verbal autopsy in two communities as well as identifying and making recommendations for preventable causes of maternal deaths in the health facilities.

Some of the implemented recommendations include provision of emergency CS pack for emergency caesarean sections, development of obstetrics management protocols and algorithms which are made available within strategic points in the hospital e.g Labor room to ensure proper management of obstetric and delivery cases, provision of

blood and blood during emergency without demanding for immediate payment, improved patient care, and the use of monitor for neonates.

During the reporting period, The project facilities continued to conduct maternal and perinatal death reviews in order to identify preventable measures in reducing maternal and perinatal mortalities in the facilities. The data collated from these review meetings have been documented and is been disseminated through publications.

Two(2) papers have been documented for this project and one has been published in a peer review journal.

1. Maternal Death Reviews and Outcomes: Experiences from the Central Hospital, Benin City, Nigeria. Published in Plos One Journal
2. Preventing Maternal Deaths in Northern Nigeria: Lessons from Maternal Death Review from Jumai Babangida Maternal and Neonatal Hospital Minna.

Periodic courtesy visits were carried out to stakeholders at the project sites at Ewatto (Etsako East LGA) and Okpekpe (Esan South East LGA) communities for continued support on the project implementation. The project team also paid a courtesy visit to the newly appointed Edo State Commissioner for Health for a briefing and his support on the project implementation and for dissemination of the project outcome amongst stakeholders.

The Verbal Autopsy committees have continued to work to identify maternal deaths in the community, however there has been no maternal death so far in the project communities.

Courtesy Visit to the Newly Appointed Edo State Commissioner for Health

AFRICAN JOURNAL FOR REPRODUCTIVE HEALTH (AJRH) UNIT REPORT

The **African Journal of Reproductive Health** is a multidisciplinary and international journal which started in 1997. The journal is published quarterly (March, June, September and December), with special editions that come up any time of the year.

The journal focuses on publishing original research, comprehensive review articles, case reports and commentaries on reproductive health. It strives to provide a forum for both African and foreign researchers working in Africa to share findings in all aspects of reproductive health and to disseminate innovative, relevant and useful information on reproductive health throughout the continent. To date, the journal has published 24 volumes, 87 issues, and 1,334 articles.

The AJRH has open access in several websites including PubMed, AJOL and AJRH while full text is published at http://www.ajrh.info. It is also abstracted in Ulrich's periodical feminist, Periodical African books publishing records and in 10 other indexing and abstracting bodies. In the year under review, the following major achievements were recorded:

- **The publication of the June, September and December 2019 Edition**
- **The publication of the March and June 2020 Edition**

  Specific articles from these issues can be accessed via http://www.ajrh.info.

- **2019-2020 Journal Rating**

SCImago Journal Rating (SJR) ranked the African Journal of Reproductive Health (AJRH) as the Best Rated Journal on Reproductive Health in Africa with an SJR value (2019) of 0.32, H-Index (2019) of 38 and Researchgate Journal impact of 0.19.

- **Creation of Journal and Article's Digital Object Identifiers (DOI)**

The AJRH articles are Digital Object Identifier (DOIs) assigned. The team has machinery in place to generate itsMeta data and provides article-linked DOIs, which ramps the journal's impact factor, citations, article downloads and views as well providing easy visibility online.

- **JSTOR 2019-2020 Journal Rating of the AJRH**

Journal Usage (Views and Downloads) = 169,842
Institution Usag[illegible]national and National) = 7,975

Total Social media platform followers:
Facebook, Instagram and Twitter: 7,842

- **Improved 2019 Journal impact factor:** Research Gate (RG) Journal Impact (2019): 0.91
- **Improved AJRH online downloads, abstract views and citations**

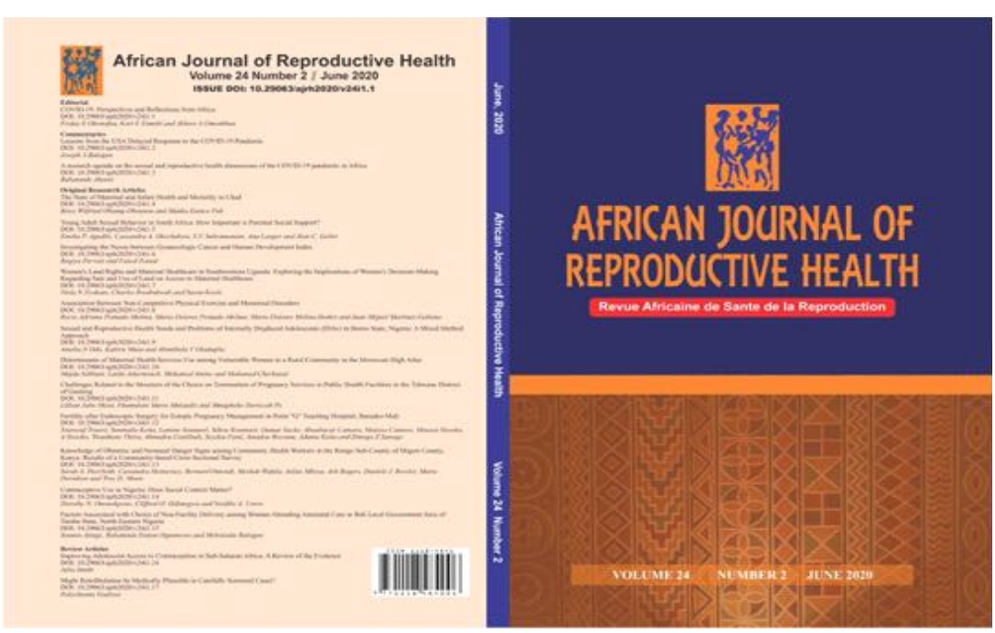
i. African Journal Online (AJOL) Article Downloads (2017-2020):

Total Article Downloads: 196,465
United States: 24,536
China: 4,262
Nigeria: 46,385
United Kingdom: 7,467
Indian: 8,054
South Africa: 10,237

ii. African Journal Online (AJOL) Article Abstract Views (2017-2020):

Total Article Views: 56,480
Nigeria: 12,019
United States: 6,963
United Kingdom: 3,475
Ghana: 3,004
South Africa: 2,314
https://www.ajol.info/stats/caaddfe26385d0322487fd76539b93e779d0c63d

- **Publication of the June 2020 Edition (Vol. 24, No. 2)**



Volume 24, Number 2 issue of the African Journal of Reproductive Health (AJRH) (https://ajrh.info/index.php/ajrh) has recently been published. It may be accessed via the following URL:https://ajrh.info/index.php/ajrh/issue/view/102. All published articles are DOI-assigned. The table of content for this issue is listed below:

Editorial

Significance of the George Macdonald Medal 1987 for Reproductive Health
DOI: 10.29063/ajrh2020/v24i1.1
Friday Okonofua

Original Research Articles

Prevalence and Factors Associated with Late First Antenatal Care Visit in Kaya Health District, Burkina Faso
DOI: 10.29063/ajrh2020/v24i1.2
*Anthony Somé, Adama Baguiya, Abou Coulibaly, Vincent Bagnoa*and *Seni Kouanda*

Quest for Conception: Exploring Treatment Patterns Associated with Infertility in Ghana
DOI: 10.29063/ajrh2020/v24i1.3
Rosemond A. Hiadzi and Isaac M. Boafo

Association of Partner Support and Partner Communication with Provider Prescribed Contraceptive Method Use among Heterosexual Couples in Kisumu, Kenya
DOI: 10.29063/ajrh2020/v24i1.4
Virginia Mason, Fredrick Otieno, Finch Odhiambo, Olivia R. Sappenfield and Supriya D. Mehta

Predictors of discontinuation of subdermal Levonorgestrel implants (Jadelle) at the Lagos University Teaching Hospital, Lagos, Nigeria: An analytic cohort study
DOI: 10.29063/ajrh2020/v24i1.5
Ephraim Ohazurike, Joseph A Olamijulo, Latifat Ibisomi, Gbenga Olorunfemi and Ayodeji A. Oluwole
Comparison of Birth and Family Planning Acceptor Rates Patterns in Ghana: An Ecological Study
DOI: 10.29063/ajrh2020/v24i1.6
Peter K Essien, John K Essien and Samuel K Essien
Male Involvement in Birth Preparedness in Ogun, State, Nigeria: A Rural/Urban comparative cross-sectional study
DOI: 10.29063/ajrh2020/v24i1.7
Kolawole J Sodeinde, Olorunfemi E Amoranand Olumide A Abiodun
Nutritional Factors Related to Male Fertility: Turkish Sample
DOI: 10.29063/ajrh2020/v24i1.8
Teslime Ö Yörüsün, Yasemin Akdevelioğlu, Recep O Karabacak, Nuray Bozkurt, Nevin Şanlıer, Süleyman Yeşil and Seyhan Gümüşlü

Assessment of Post-abortion Care Services in Two Health Facilities in Conakry, Guinea
DOI: 10.29063/ajrh2020/v24i1.9
Tamba M. Millimouno, Jean P. Leno, Sidikiba Sidibé, Oumou H. Bah, Alexandre Delamou and Yolande Hyjazi

Attitudes and Opinions of Young People in Mali on Family Planning, Barriers to Contraceptive Use, and Suggestions for Programming
DOI: 10.29063/ajrh2020/v24i1.10
Janine Barden-O'Fallon, Aminata Traore and Maimouna Tounkara

The Pattern and Spectrum of Severe Maternal Morbidities in Nigerian tertiary Hospitals
DOI: 10.29063/ajrh2020/v24i1.11
Calvin M Chama, Saturday J Etuk and Olufemi T Oladapo

Hysteroscopy Findings in Women with Thin Endometrium Scheduled for *In Vitro* fertilization in Niger Delta Region, Nigeria
DOI: 10.29063/ajrh2020/v24i1.12
Jude E. Okohue

Perceived Causes of Obstetric Fistula and Predictors of Treatment Seeking Among Ugandan Women: Insights from Qualitative Research
DOI: 10.29063/ajrh2020/v24i1.13
Hadija Nalubwama, Alison M. El Ayadi, Justus K. Barageine, Josaphat Byamugisha, Othman Kakaire, Susan Obore, Haruna Mwanje and Suellen Miller

Prevalence and Risk Factors Associated with Anemia among Women of Childbearing Age in Rwanda
DOI: 10.29063/ajrh2020/v24i1.14
Faustin Habyarimana, Temesgen Zewotir and Shaun Ramroop

Can women's lives be saved from hypertensive disorders during pregnancy? Experiences of South African Midwives
DOI: 10.29063/ajrh2020/v24i1.15
Irene T Ramavhoya, Maria S Maputle and Rachel T Lebese

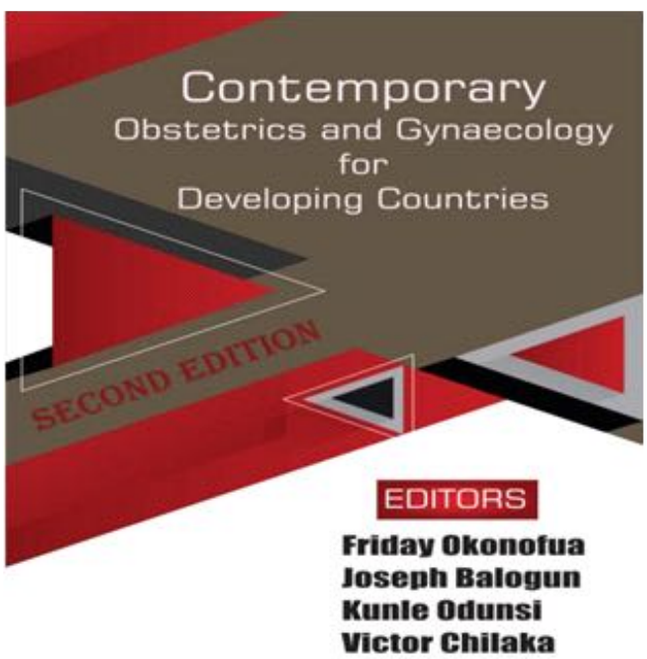
Assessment of Knowledge, Attitude and Experience of Sexual Violence among Female Employees in Sokoto Metropolis, Northwest Nigeria
DOI: 10.29063/ajrh2020/v24i1.16
Oche M Oche, Habibullah A, Shawwal A Mallam, Rasheedat A Oluwashola and Aisha S Muhammad

Prevalence and factors associated with institutional-based delivery in The Gambia: Further analysis of population-based cross-sectional data
DOI: 10.29063/ajrh2020/v24i1.17
Amadou Barrow, AmienattaJobe,Onoh Vivian Ifunanya and Kenneth Toby Maduako

REVIEW ARTICLE

Prevalence and determinants of unintended pregnancy in Sub–Saharan Africa: A systematic review
DOI: 10.29063/ajrh2020/v24i1.18
Luchuo Engelbert Bain, Marjolein B.M. Zweekhorst and Tjard de Cock Buning

- **Forthcoming Textbook on Contemporary Obstetrics and Gynaecology for Developing Countries (2nd Edition)**



The first edition of *Contemporary Obstetrics and Gynaecology for Developing Countries* was published in 2005. Since then, several groundbreaking discoveries and innovations have taken place in the discipline, including within the context of developing countries. The widespread enthusiasm with which the first edition was received, and the opportunity to incorporate the suggestions of numerous readers and stakeholders, justify the publication of this second edition. Many countries in the developing world continue to witness some of the most daunting clinical scenarios relating to reproductive health, obstetrics and gynaecology, and women's health. It is beyond doubt that these challenges and scenarios require specific and novel methods differing from those applied in other parts of the world. It is therefore necessary and appropriate to devote a specific textbook, and to enable the development of approaches and methodologies to address these challenges.

The editors of this textbook possess rich scientific backgrounds, with years of clinical practice, research, and service delivery in many parts of the developing world. As such, we are conversant with some of the drawbacks in educational delivery and pedagogy which continue to feature in the curricula of many undergraduate and postgraduate programs. In particular,

there remains a deficit of skills, clinical orientation, and broad-based practices that limit the ability of graduates to deal with contemporary challenges connected to women's health and its related components in the region. Some of these deficits include poor linkage of science to service delivery, misalignment of competencies to patient and population needs, poor inter-professional teamwork, narrow technical focus without broader contextual understanding of a practitioner's role in the health system, the predominance of a hospital-based orientation at the expense of public health (especially with respect to reproductive health and primary health care), and weak understanding of the importance of leadership and business in firmly positioning the discipline within societal infrastructure.

The need to address these deficits has guided the development of this second edition of the textbook. The volume now comprises 70 chapters written by a multi-disciplinary team of 80 authors. Apart from updating information on specific topics in obstetrics and gynaecology, we have expanded the sections on sexual and reproductive health, and gynaecological oncology. These are two key areas that currently generate intense interest in most of the developing world. We have also incorporated chapters that were missing in the first edition, especially those related to research methodology, epidemiology, biostatistics, physical therapy, health management, human rights and the legal context of obstetrics and gynaecology. We believe that these additional topics will provide readers with a single integrated resource which contextualizes the interconnections between different concepts and principles that underpin the practice of the discipline in the region.

In summary, this second edition of *Contemporary Obstetrics and Gynaecology for Developing Countries* will be an exciting and essential textbook for undergraduate and postgraduate students in obstetrics and gynaecology, public health, health economics, nursing, physical therapy, reproductive health, demography, medical sociology, gender studies, and related fields in many parts of the developing world, especially sub-Saharan Africa. To the best of our knowledge, this textbook is currently the most comprehensive, detailed, and multi-disciplinary of its kind in the region. It will be of use for researchers, programmers, development workers, and women's advocates in the developed world who have research interests or conduct health promotion activities in the developing world.

- **Forthcoming Special Edition of AJRH on the COVID-19 Pandemic**

The African Journal of Reproductive Health (AJRH), Africa's leading indigenous Journal in Reproductive Health, announces a special edition focusing on the COVID-19 pandemic.

The purpose of this special edition is to compile various perspectives of the pandemic in order to document research, policies and actions that can be explored to tackle the current and future pandemics. While we would be interested in narratives that describe the experiences of the virus in Africa, we are also interested in experiences from other regions of the world that will guide the design of policies and interventions for curtailing the virus in the African region. We are particularly interested in the description of innovative indigenous and traditional approaches being trialed or being considered for the elimination of the virus. However, such descriptions must provide verifiable scientific explanations to warrant their inclusion in the special edition.

AJRH is particularly interested in original research articles, commentaries, reviews, short communications, methodologies, work-in-progress, and case reports that highlight the peculiarity of the COVID-19 experience. While the Journal would appreciate perspectives relating to reproductive health, for this edition we also welcome perspectives from the broader aspects of health, including papers that explore the social and economic consequences of the pandemic.

For Subscription Order placement, please contact:

Karl Eromosele Eimuhi
Managing Editor (AJRH)

Joy Nomamiukor
Marketing Officer (AJRH)
C/o Women's Health and Action Research Centre (WHARC) KM 11, Benin-Lagos Expressway, Igue-Iheya, Benin city, Edo State.
Email: ajrhmarketing@gmail.com;
africanjournalofreproductiveH@gmail.com;
Phone: 08052120929, 08106384194

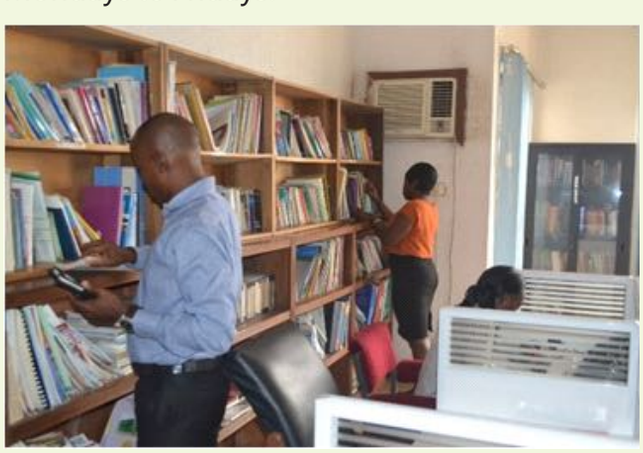
WHARC REPRODUCTIVE HEALTH LIBRARY

TheReproductive Health Library of the centre grew considerable during the year 2019- 2020. The unit which stores materials on issues around women's reproductive health, female mutilation, violence against women, obstetrics and gynaecology such as gynaecology by ten teachers, Tips and Tricks in Operative obstetrics and Gynaecology, A-Z Encyclopaedia on male and female infertility etc. and all aspects of women and adolescence health. The knowledge centre houses collections of resources material used by staff members and researchers, ranging from publications such as books, conferences and workshop, proceedings to policy and research reviews.

During the year, the unit was able to source for and acquire new shelves and devices to enhance a better reading facility for users, and is able to assist its users to a greater extent as compared to previous years. Among our resources stock are recent materials of obstetrics and Gynaecology, international journal of Obstetrics and Gynaecology, Studies in family planning , Demography, Development in Practice, Reproductive health matters and British journal of Obstetrics and Gynaecology etc.

To facilitate easy retrieval of information, books in the library are organised and classified according to the Library of congress classification Scheme. The unit got 996 different titles of text books, 760 journals, 640 magazines, and 40 CD-ROMS on various subject concerned with reproductive health. We received these materials through various sources including paid subscriptions, donations, exchange for our publications and subscriptions to free copies available to developing countries, World Health Organisation (WHO), the Ford Foundation and the John Hopkins University.

The library has become a rich place for acquiring facts for undergraduate, postgraduate students, NGOs from different part of the state and researchers. Over 1,800 persons used the library facilities. A consumer's assessment notebook is provided at the library where users can express their views and assessments in writing. The library is open from the hour of 8am-4pm Mondays to Fridays.



ABEL GUOBADIA SPECIALIST HOSPITAL

Abel Guobadia specialist hospital was very active in meeting the need of clients during the 2019/2020 programme year.

The clinic recorded 3 successful Laparoscopic and hysteroscopic surgeries with improve laboratory services. A total of 35 consultations were made in the year under review. There were 141 new registrations and 215 follow up cases. There is significant increase over the previous year's consultations. The family planning/immunization unit were equipped to carry all forms of requisite activities. A total of Nine (9) spontaneous vaginal delivery, three (3) caesarean sections 5 myomectomy, 4 intrauterine insemination, 1 hysteroscopy and 2 Laparoscopy.

Additionally, AGSH provided laboratory, diagnostic n ultrasound services during the year, more than 300 samples relating to hormonal assay, basic haematological services, STIs screening and diagnosis and blood chemistry were carried out in the facility during the year.

AGSH is also an approved service provider for National Health Insurance Scheme (NHIS)
Specialist consultants and medical consultant who worked in the clinic during the year under review includes Prof. Vincent Odigie, Dr Johnson Koiwu Guilavogui, Dr Tobechukwa Maduako and assisted by 5 nurses, 2 laboratory scientist and 2 orderlies.

In the year under review, we successfully carried out hysteroscopy endometrial sampling + laparoscopy and excision of endometriosis in a 25years old lady who had history of infertility of $2^{1/2}$years.

A hysterosalphigogram (HSG) revealed a patent right fallopian tube with left hydrosalpinx and tubla blockage ad also marginal uterine caritory irregularities possibly from submucosal leromyoma.

She underwent a hystercopy and excision of endometrosis surgery by Dr Uche Menakaya, Prof. Friday Okonofua and Prof. Vincent Odigie in September, 2019 was discharged. She later achieved pregnancy in February 2020 and she is doing well.

This case illustrates the need for prompt treatment to prevent further complications.

In our ultrasound diagnostic clinic, we received about 83 women who underwent ovarian follicular growth monitoring using vaginal probe as part of infertility treatment. We also carried out a number of ultrasound scans in women desiring evaluation of their pregnancy.

The clinic is also computerised. A complete management information system is now in place to document and monitor of all clinical activities in the clinic.

WHARC GUESTHOUSE AND EVENT CENTRE

The WHARC Guest House is designed with top class taste We offers complete comfort including 24 hours electricity, (2 standby generator) CCTV surveillance and security, in-room internet facilities, plasma TV with multiple channels, full air-conditioning, excellent local and international meals and lots more. It is positioned in a quiet and serene part of Benin City, to make our guests feel royal, comfortable and to experience the proverbial feeling of being in a home away from home.

This highly prestigious guest house is situated on Km 11 along the Benin -Lagos express way (immediately after the University of Benin gate). WHARC Guest House is offering the best quality of hospitality available in south-south Nigeria. We have 14 spacious rooms fully equipped to meet international standards.

Our key value is never to compromise on quality and the services we provide to our customers. We believe in keeping customers happy and providing them with the best experience at a very competitive price. We have excellent staff that is prepared to attend to the needs of all our customers making sure they achieve maximum value for their money.

Enjoy your stay with us!

THE NEXT PREMIUM WATER

The Next table water is a premium still water bottled and packaged by the Women's Health and Action Research Centre (WHARC) with it factory functioning at international standards at the most hygienic conditions, located at km 14, after Uromi Junction Benin-Auchi Expressway, Irrua, Esan Central, Edo State.

The factory is a registered legal entity with NAFDAC registration number E1-1767. With our multi-disciplinary team of health professionals and industry experts, we provide the best quality water with high preference to purity using the latest technologies and scientific methods.

The following modernized scientific methods are used for daily quality assurance;

1. Reverse Osmosis to remove odour and taste
2. Ozonator to kill bacteria that may be present in the water and also to improve the water PH
3. Ultraviolet Sterilizer to destroy the DNA of the bacteria thereby making it harmless
4. Stand Filter to trap all particles that maybe present in the water.

Our premium table water is available in 75cl and 50cl bottles. With it elegant shape, the table water is perfectly suited for use in restaurants, press conferences, seminars, public lectures, offices, outdoor events etc. To continue offering high quality water across several regions in Nigeria, we provide a network of distributors with a relative competitive price.

For more information on product testing, marketing and distributorship, please contact;
08023105456, 08056038843, 08060612739 | Email thenexttablewater@gmail.com

WHARC
Women's Health and Action Research Centre

WHARC PUBLISHED AND SUBMITTED MANUSCRITS

1. Assessment of the Quality of Antenatal and Postnatal Care Services in Primary Health Centres in Rural Nigeria: Evidence from Exit Interviews. Ntoimo Lorretta, Ogungbangbe Julius, Omo-Omorodion Blessing, Imongan Wilson, Sanni Yaya, Okonofua Friday. Submitted to the Proceedings of the Nigerian Academy of Science.

2. Ntoimo L, Okonofua FE, Igboin B, Ekwo C, Imongan W, Yaya S. Why Women do not use Primary Health Centres for Skilled Pregnancy Care in Rural Nigeria: Evidence from a Qualitative Study in Nigeria. BMC Pregnancy and Childbirth*19*,277 Published. August 2019.https://doi.org/10.1186/s12884-019-2433-1

3. Fantaye, A. W., Okonofua, F., Ntoimo, L., & Yaya, S. (2019). A qualitative study of community elders' perceptions about the underutilization of formal maternal care and maternal death in rural Nigeria.

4. Yaya, S., Okonofua, F., Ntoimo, L., Udenigwe, O., & Bishwajit, G. (2019). Men's perception of barriers to women's use and access of skilled pregnancy care in rural Nigeria: a qualitative study

5. Ntoimo Lorretta, Ogungbangbe Julius, Omo-Omorodion Blessing, Imongan Wilson, Sanni Yaya, Okonofua Friday Assessment of the Quality of Antenatal and Postnatal Care Services in Primary Health Centres in Rural Nigeria. Submitted BMC Health Services Research

6. Ntoimo Lorretta, Ogungbangbe Julius, Brian Igboin, Imongan Wilson, Sanni Yaya, Okonofua Friday. Assessment of Physical Structures, Medical Equipment, Personnel and Essential Medicines for Primary Health Care in Rural Nigeria: Implication for Policies and Programs Submitted to BMC Family Practice

7. Ogochukwu Udenigwe; Friday E Okonofua; Lorretta FC Ntoimo; Wilson Imongan; Brian Igboin; Sanni Yaya Perspectives of policymakers and health providers on barriers and facilitators to skilled pregnancy care : Findings from a qualitative study in rural Nigeria: Submitted

8. Friday Okonofua; Lorretta Ntoimo; Bola Ekezue; Victor Ohenhen; Kingsley Agholor; Brian Igboin; Toby Maduako; Wilson Imongan; Hadiza Galadanci,; Rosemary OguOutcomes of a multifaceted intervention to improve Maternal Satisfaction with Care in Secondary Hospitals in Nigeria Submitted

9. Friday Ebhodaghe Okonofua; Lorretta Favour Chizomam Ntoimo; Bola Ekezue; Victor Ohenhen; Kingsley Agholor; Mohammed Gana; Brian Igboin; Chioma Ekwo; Wilson Imongan; Hadiza Galadanci; Rosemary Ogu Outcome of multifaceted interventions for improving the quality of antenatal care in Nigerian Referral hospitals**.** Submitted

WHARC CONFERENCES AND PRESENTATIONS

1. Assessment of the Quality of Antenatal and Postnatal Care Services in Primary Health Centres in Rural Nigeria: Evidence from Exit Interviews" during the 1st Nigerian Academy of Science Annual Scientific Conference held from 4th – 5th February, 2020 at the University of Lagos, Nigeria.

2. Regional workshop on Open Data Nairobi was held as virtual meeting on April 27-28, 2020. Three persons from WHARC attended: Prof Friday Okonofua, Dr Lorretta Ntoimo and Mr Julius Ogungbangbe. The workshop was training on the principles and practices of data sharing. On behalf of WHARC, Lorretta participated in the first roundtable presentation on Monday April 27, 2020. She gave a brief overview of WHARC's IMCHA project and responded to the question on how her thinking about data has changed as part of the IDRC Open Data Initiative process.

3. On April 30, 2020, WHARC had one-on-one feedback virtual meeting with Springer Nature. At this meeting one of the trainers, Varsha Khodiyar, Data Curation Manager, Springer Nature answered specific questions from WHARC and clarified issues with our data deposition and data paper.

4. WHARC participated in follow-up virtual meetings on Gender analysis training organised by WAHO for the IMCHA teams in West Africa. The meetings held on April 21, 2020, May 4th and 30th, 2020. The agenda included update on gender analysis report writing, support needed from WAHO in the writing, finalization of reports and journal for publication.

CONCLUSION

The year under review was a very amazing and fulfilling year. Despite the upsurge of the COVID 19 pandemic, WHARC was able to achieve all set goals and delivered high quality services. Our research and program outputs and outcomes have been tremendous and have contributed significantly in knowledge of public and reproductive health matters.

Of course, there were challenges but we pulled through brilliantly, executing our projects and programs efficienstly. We are happy that this year has set a pace for more activities in the centre.

We remain thankful to our funders, Associates Board of Trustees, Staff, friends of WHARC and Volunteers, you all made this year a great year and we look forward to your continuous support in the coming year.

COMMUNICATIONS STRATEGY

WOMEN'S HEALTH AND ACTION RESEARCH CENTRE (WHARC)

KM 11, Benin Lagos Express way, Igue-Iheya, Edo State, Nigeria.

Revised in June, 2018

BACKGROUND

The Women's Health and Action Research Centre (WHARC) was founded in January 1993. Although the Centre's operational headquarters is in Benin City, Edo state, Nigeria, its research and other activities have impacted greatly the practice and provision of sexual and reproductive health care in other parts of Nigeria, Africa and the world.

THE VISION OF WHARC

The Women's Health and Action Research Center (WHARC) seeks to create a world where all people are treated with equal respect and dignity and where women and young adolescents have equality and access to basic reproductive information and services.

THE MISSION OF WHARC

Grounded in a deep love of humanity and a belief in equality and dignity for all people, WHARC works to improve the reproductive health and social wellbeing of women and adolescents in Africa so they can lead productive, fulfilling lives and provide a healthy future for their children. Through its cutting edge research, WHARC educates women, youth, community gatekeepers and policymakers about sexual and reproductive health, and advocates for policy change at the local, state and federal level. WHARC also provides current and effective reproductive health services to women and adolescent girls in Africa.

NEED FOR A COMMUNICATIONS STRATEGY IN WHARC

Since its founding, WHARC has conducted major research and published ground breaking research findings in sexual and reproductive health in Nigeria. To date, WHARC has published more than 170 scientific papers in sexual and reproductive health in leading peer review international journals. It has also presented papers in major international, regional and local conferences that advance various components of sexual and reproductive health. These papers and presentations have focussed on essential topics in adolescent reproductive health, infertility, safe motherhood, unsafe abortion, female genital cutting/mutilation, fertility regulation, sexually transmitted infections, including HIV/AIDS, and sex trafficking.

The Centre also publishes the *African Journal of Reproductive Health* (AJRH) that has been adjudged by the National Universities Commission (NUC) since 2005 as the best journal in Nigeria in all disciplines. The journal has one of the best citation indices among all leading African journals.

Although researchers and students around the world have used WHARC's research, there is little evidence that Nigerian policymakers have used the research findings to design policies and programs in sexual and reproductive health. We believe this to be due to inadequate communication of the research results to key audiences and policymakers.

This communications strategy will build on WHARC's pioneering research work in the area of reproductive health, and its effort in publishing the *African Journal of Reproductive Health*—helping to increase the use and adoption of WHARC's research findings by policymakers in Nigeria, and in other countries.

COMMUNICATING RESEARCH FINDINGS BY WHARC: A SWOT ANALYSIS

1.0 STRENGTHS

i. Since 1993, WHARC has published more than 170 articles in women's health

ii. Presented papers in more than 100 local and international conferences

iii. Publishes AJRH, Africa's leading journal in reproductive health

iv. AJRH has been voted the best journal in Nigeria by the NUC since 2005

WHARC'S Research to Advocacy campaign led to:

v. Passage of first law against the practice of female genital mutilation/cutting in Nigeria (Edo State- 2000)

vi. The political prioritization of safe motherhood in the country

vii. The enunciation of free maternal health care by 18 states in the country

viii. Ondo State ascendancy in maternal and child health programming

ix. The establishment of the mid-wifery corp by the NPHCDA

x. The development of a youth strategic plan in Edo-State that is now being replicated across several states in Nigeria.

1.1 WEAKNESSES

i. Lack of a strategic plan to communicate its research findings to various audiences, including policymakers

ii. Despite its successes, WHARC is still not regarded as a source of useful information in SRHR

iii. Poor integration of communication into WHARC's program

iv. Staff not yet knowledgeable and savvy on communication methods and its importance

v. Poor linkages to communication and media channels

vi. Poor linkages to policymakers and segmented audiences to use its research findings

vii. Poor training of its staff on communication and related activities

viii. Lack of funding for communication activities

1.2 OPPORTUNITIES

i. Increasing recognition of WHARC as a leading NGO in Nigeria

ii. Its enlisting of policy champions and role models – President Obasanjo, Governor Mimiko, etc.

iii. The increasing use of WHARC published research findings by local and international researchers, advocates and programmers

iv. The improvement of its social networking sites – website, facebook, twitter, etc.

1.3 THREATS

i. "Competition" with other organizations better able to communicate their work

ii. Increasing “commercialization” of media and communication work in the country

iii. The poor recognition of the work of social philanthropy in Nigeria

iv. Decreasing funding for research and communication of research findings

v. Poor use of research findings by policy makers

2.0 A summary of WHARC communications challenges include:

1. High cost of communication and media activities

2. WHARC has limited visibility among policy makers

3. Staff buy-in is very low as they lack knowledge of WHARC’s key activities and successes as well as wider issues on reproductive health.

4. Poor funding

5. Poor relationship management

6. The activities of other NGOs who are better able to communicate their activities pose a threat

7. Poor use of research findings by policymakers

8. Commercialisation of the media/cash and carry journalism thus inhibiting the ability of WHARC’s communications team to effectively publicise the work of WHARC.

9. The need for capacity building amongst key communications staff

The plans presented hereunder will hopefully address some of these issues and help re-position WHARC as a reputable organisation committed to research activities in reproductive health in Africa.

3.0 WHARC's Communications Goal and Strategic Objectives

Goal: The ultimate goal is to be known as the leading global research centre on research in women's health in Africa, so we can continue to help women and their children lead healthier and more fulfilling lives.

Strategic Objectives: The strategic objectives are as follows:

1. To increase awareness of WHARC's research findings among women, youth, policymakers and community gatekeepers and girls, as well as policymakers at the national level and in two key states in Nigeria; and
2. To increase adoption of WHARC's research findings by policymakers at the national and state level, as shown by their introduction of new policies and programs in sexual and reproductive health.

4.0 Stakeholders/Target Audiences

WHARC's stakeholders and target publics are the individuals, groups and organisations whose knowledge, attitudes and behaviour are to be changed/influenced through communications.

The following groups of stakeholders have been identified as being strategic to the success of WHARC. These are the publics to be targeted by WHARC's various communications. As part of the implementation of the strategy, WHARC will maintain a detailed contact list in both electronic and hard copies to enable easy reach of these various audiences

S/NO	STAKEHOLDER	CATEGORY	RELEVANCE
1	WHARC Board of Trustees	Internal	Responsible for policy and leadership. Communication required with the management team and external stakeholders.
2	WHARC Management team	Internal	Responsible for day-to-day. Need to communicate vision to the employees and represent WHARC externally

3	WHARC Associates	Internal/External	A group of technical experts that assist WHARC in implementing its project activities in various parts of the country. They therefore have the knowledge and skills to disseminate WHARC's research findings
4	Research/Academic Community/Health Workers	External	They need to be informed of WHARC's research findings so that they can use that to improve on their research as well as medical/clinical practices.
5	WHARC Employees	Internal	They implement management policies and drive WHARC on a daily basis. They need to understand the vision and also have information to help in their jobs.
6	Local community in WHARC's centre and other locations	External	Like the saying goes, Charity begins at home. They need to be informed of WHARC activities so as to win support and sympathy for WHARC activities. They can then take the message forward.
7	Funding bodies/Donor Agencies (Local and International)	External	They need to be made aware of WHARC's relevance in the area of RH so as to give them the confidence to continue to provide funding for WHARC's activities.
8	Legislators (Local, State, Federal)	External	If they are made regularly aware of WHARC's research findings, it can inform their legislative activities in the area of RH.
9	Government officials/Policy makers	External	If they are made aware of the findings of WHARC research activities, it can influence policy in the area of RH and also attract increased funding to the sector
10	The Media (Local, national, International)	External	Their support can help publicise WHARC activities and raise its profile. They need regular information on WHARC activities etc.
11	Non-Governmental organisations	External	Being in the same sector competing for the same donor funds, there are opportunities for cross-

	(NGOs)		learning and sharing of best practices
12	Corporate Nigeria	External	Will require adequate information on WHARC activities to win sympathies for the support (financial & material) of WHARC projects.
13	General Publics	External	Health related issues are usually of interest to the citizens. Ultimately, they are the beneficiaries of WHARC's research findings but such info should get to them in a way that they can access and understand.
14	People in Arts & Entertainment (celebrities)	External	A selected few can be targeted and inducted as WHARC Ambassadors. This will help to raise the profile of WHARC by association with the celebrities.

5.0 Communication Channels

Various communications channels will be employed to reach target audiences, including:

1. In person meetings & direct outreach

2. Events

3. Media (Print, broadcast, social)

4. Film & Video

5. Website

6. Alternative media platforms (these include other formats that WHARC can adopt to propagate its messages and ideals. They are also known as brand collaterals or promotional give-away items and help to generally enhance the brand image of WHARC.

7. Brand endorsement through the appointment of WHARC Ambassadors

6.0 APPROACHES TO REACH TARGETED AUDIENCES

The following methods will be used to develop messages to reach the audiences outlined above:

1. Specific audience messaging. Messages will be tailored to the needs of specific audiences.

Messages will focus on sustained believability, clarity, readability, consistency and succinctness.

2. Messages would be kept simple and short (the Kiss principle)

3. WHARC will establish a Media Relations Office (MRO) and identify a spokesperson that will regularly convey its messages to the public.

4. WHARC will seek to train all its key staff and board members on communication (see 6.1)

5. All messages will be reviewed by WHARC senior staff and associates pre-tested before final production.

6. An integrated approach would be used by combining all the channels listed above to get the desired results and to reach the desired audiences.

7. WHARC will write to editors of targeted dailies requesting a column on reproductive health.

8. WHARC will develop a comprehensive segmented mailing list, which comprises all key funders, policymakers, stakeholders, youth and people that have shown interest in WHARC activities in the past, and conduct outreach to them based on their interests.

Primary	Secondary	Tertiary
National and international donors (Ford, Macarthur, TY Danjuma etc) CSOs/NGOs	Social workers Public and private health services providers Mid level health providers Academia	Young sex workers PLWHA Children, Orphans and vulnerable children Men

☐ Women and Girls, including adolescents & young adults in and out of school ☐ Policymakers (Governors, their Wives and Aides, Federal and state legislators, Women legislators and leaders etc) ☐ The Media	☐ Corporate organizations ☐ Researchers ☐ Key community leaders ☐ Politicians at all levels	

6.1 Communications Training for Staff

To ensure staff are communicating consistently and effectively, we would train selected staff in the centre on media, public speaking, speech/public writing. The substance of these coaching sessions will vary depending on the needs of each team member, but typically they include practice using key messages with different audiences and in diverse settings, including media interviews, one-on-one meetings and speeches. The training would give practical techniques for connecting with audiences and help staff feel comfortable and confident in front of a crowd.

6.2 WHARC Re-launch. WHARC will also re-launch its brand. This activity will include brand identity and brand collaterals refreshing, creation of new brand liveries and alignment of all brand communications activities. There will also be a formal unveil event. WHARC will take the opportunity of its 30 years anniversary to produce a documentary of its research activities in sexual and reproductive health.

Henceforth, WHARC will seek to develop a media/communication strategy for every activity and research it undertakes and include communication in every funding proposal it develops.

7.0 Strategic Communications Plan

A major challenge for WHARC is how to use the research findings to reach its audiences more effectively. Understanding that all audiences will have an interest in different materials, the organization will target research findings and other content accordingly.

To this end, WHARC can create monthly communications campaigns. Each campaign would involve targeted outreach to each audience, with specific content.

For example, for June 2018, the month could focus on the topic of overcoming health and social inequality in Nigeria, with a special focus on maternal mortality prevention (see table on next page for our initial ideas on how to accomplish this).

Monthly Focus & Channels

Month	Media	Events	Website	Social Media	Partners
June: Overcoming Health and Social Inequality in Nigeria, with a special focus on preventing maternal mortality	*Health Happens at Home* column. Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*) that focuses on research and health policies for women and girls.	June 2: Ransome Kuti Memorial Lecture June 6: Research Release June 11: Policymaker Advocacy Day June 16: Int'l Day of the African Child June 21: Award Party	One month ad campaign around health and social equality	Twitter Chat about how to overcome health and social inequality in Nigeria	Begin reaching out to 1-2 CSOs/NGOs who you could partner with to co-host events and advocate with policymakers

Monthly Content by Audience

	Audience	Content	Channel(s)
June 2, 2013 **Ransome Kuti Memorial**	**Donors**	Press Release, Targeted Email Invite	Email
	CSOs/NGOs	Press Release	Email

Lecture	**Policymakers**	One-pager	One-on-One meetings with PM staff
	Women & Girls	Press Release, tweets, in-person conversations	Email, Face-to-face, Social Media, SMS
	News Media	Press Release, Ad	Email and follow-up phone calls, ad on FB/website

	Audience	**Content**	**Channel(s)**
June 6, 2013	**Donors**	One pager	Mention in newsletter, social media
Research Release on maternal mortality and unsafe birth conditions	**CSOs/NGOs**	One pager	Mention in newsletter, social media
	Policymakers	One pager	Email to policymaker aides
	Women & Girls	One pager and tweets	Social Media, mention in newsletter
	News Media	Press Release w/key research findings	Email, social media

	Audience	**Content**	**Channel(s)**
June 11, 2013	**Donors**	N/A	N/A
Policymaker Advocacy Day	**CSOs/NGOs**	Joint statement	One-on-one mtg. with policymakers, media
	Policymakers	Talking points	One-on-one mtg.
	Women & Girls	Paragraph w/outcomes from advocacy	Social media, blog, newsletter

	News Media	Press Advisory & press conference	Email and in person

	Audience	Content	Channel(s)
June 16, 2013 **Int'l Day of the African Child**	**Donors**	Targeted invite & event announcement	Email, phone, newsletter
	CSOs/NGOs	Targeted invite & event announcement	Email, website calendar, newsletter
	Policymakers	Targeted invite	Email, phone followup
	Women & Girls	Targeted invite & event announcement	Social Media, Email, newsletter
	News Media	Press Release	Email, phone followup

	Audience	Content	Channel(s)
June 21, 2013 **Party to celebrate WHARC's research grant on maternal mortality prevention**	**Donors**	One-pager on WHARC's research Targeted invite	Email, phone
	CSOs/NGOs	Targeted invite & event announcement	Email, mention in newsletter
	Policymakers	Targeted invite & event announcement	Email, phone followup
	Women & Girls	Targeted invite & event announcement	Social Media, Email, mention in newsletter
	News Media	Press Release	Email, phone followup

***More ideas for mini campaigns can be found in Appendix A and a product guide can be found in Appendix B.**

7.1 Funding and Communication Budget

WHARC will develop a yearly communications budget based on available resources. This annual budget will pay for all communications activities planned for the year with a certain percentage kept aside as contingency to pay for unforeseen expenses.

Leveraging Partnerships: WHARC would build media partnerships as this will help to publicise its work and enhance its public profile at little or no cost. For example a certain lady writes a weekly Saturday column in This Day on reproductive Health. WHARC would make available its research findings to various medial channels for publication as reference materials

Proposal Writing: WHARC will also seek to develop proposals to obtain funds for its communication activities. Also going forward, WHARC would include funding of communication activities into grants obtained from donor agency.

Appendix A. Additional Mini Campaign Ideas

Month	Media	Events	Website	Social Media	Partners
July: Need for Policymaking on Integrated Social Development of Youth	*Health Happens At Home* column. Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*). This month with a focus policymaking as it relates to social development of youth	July 5: Bring leaders of youth led organisations together to discuss needs for youth social development. July 12: World Population Day article July 18: Present resolutions reached at meeting to Minister of Youth and Sports July 28: Result of Photo contest for best idea on youth development	Blog on World Population Day. Share results and resolutions reached at meetings.	Twitter Chat with youth led organisations about youth development Voting for best photo idea on SM platforms, Facebook upload on how to integrate Social Development for Youth, Receive comments and share with others	Partner with youth led organizations to co-host tweet chat, discussions and photo contest.

Month	Media	Events	Website	Social Media	Partners
August: HIV/AIDS and Youth	*Health Happens At Home* column.	Aug 10: Free condom sharing at different	Share Planned Parenthood's comic strip on	Build opinion on facebook and twitter on HIV/AIDS	Partner with organizations to provide trainings and

Vulnerability	Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*). This month with a focus on how vulnerable youth are with regard to HIV/AIDS	spot Aug 12: Int'l Youth Day bringing youths together to discuss on how best youth can control HIV/AIDS Aug 20: Highlight past work on Youth and HIV/AIDS done by WHARC	birth control	about Youth vulnerability.	lectures to local schools and health centers about HIV/AIDS.

Month	**Media**	**Events**	**Website**	**Social Media**	**Partners**
September: Improving Girl Child Education for Social Development	*Health Happens At* *Home* column Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*). This month with a focus on birth control	Free condom giveaway at local hangout spots Friend & Bring a Friend afternoon tea at local café focused on birth control &	Share Planned Parenthood's comic strip on birth control	Twitter Chat about birth control methods Send messages on instagram on how to improve the Girl Child Education	Partner with organizations to provide trainings and lectures to local schools and health centers about birth control methods

	methods and latest	related questions			

	research				

Month	**Media**	**Events**	**Website**	**Social Media**	**Partners**
October: Birth Control Awareness & STD Prevention	*Health Happens At Home* column. Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*). This month with a focus on birth control methods and latest research	Free condom giveaway at local hangout spot Friend & Bring a Friend afternoon tea at local café focused on birth control & related questions	Share Planned Parenthood's comic strip on birth control	Twitter Chat about birth control methods	Partner with organizations to provide trainings and lectures to local schools and health centers about birth control methods

Month	Media	Events	Website	Social Media	Partners
November: Addressing infertility	*Health Happens At Home* column. Monthly health column in a Nigeria publication (*The Guardian, This Day, The Punch*). This month with a focus on infertility	Policymaker advocacy day & letter writing campaign re: health policy and emergency contraception in rural areas Present at an international health conference on fertility research Media workshop on sexual and reproductive health issues, including fertility, HIV/AIDs	Raise awareness of sexual and reproductive health via Int'l Planned Parenthood Federation's video	Weekly "Friday Fertility" day, where you post about an interesting fact related to fertility	Work with local CSOs/NGOs to put pressure on rural government leaders to improve access to emergency contraception

Appendix B: Product Guide

Scope	Product	Length	Audience	Type of Engagement
	Tweets	140 Characters	Women & girls, CSOs/NGOs, donors	Ask questions, tweet articles, notify re: reports

Less than a Page	Blog Facebook	5 paragraphs 2-3 sentences	Staff, donors, CSOs/NGOs, women & girls	Posts about current happenings, new research and upcoming events
	Postcards	4-5 sentences	Donors, women & girls, CSOs/NGOs	"Save-the-Dates" for events, service clinics, etc.
	E-Newsletter	1-2 paragraphs/topic	Donors, women & girls, policymakers, CSOs/NGOs	Update audiences on latest research, new grants, upcoming events and current services
1-10 pages	Video	2-5 minutes	Women & girls, policymakers, CSOs/NGOs, news media	Share relevant research in a digestible way, cross post on social media sites
	PSAs (TV and radio)	30 second script	Women & girls	Latest info. about health solutions & services
	Op Ed	600-800 words	Policymakers	Write about policy solutions to health issues in Nigeria
	Press release	1 page	Media, women & girls,	Highlight upcoming events, research, policy decisions & award ceremonies
	Case Studies	2 pages	Policymakers & their aides	Send with policy brief to policymakers, add case studies to website
	Policy Brief	1 page	Policymakers & their aides	Digestible info. about key health issues and policy recommendations
	Research Journal	25-100 pages	Thought leaders, academics, CSOs/NGOs,	Available on WHARC's website and by mail

			Donors	
25-100 pages	Program reports	30-40 pages	Donors, staff	Distributed internally and shared among WHARC's leadership
	Annual report	40-50 pages	Donors and CSOs/NGOs	Distributed electronically and through mail to donors and NGO partners
100+	Books	100+ pages	CSOs/NGOs, thought leaders	Available at WHARC's office and on WHARC's website as a downloadable e-book

CAC/6/INCT/
3471==

IT/CERT. NO. 9156==

CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA

COMPANIES AND ALLIED MATTERS DECREE No.1, 1990
(PART C—INCORPORATED TRUSTEES)

CERTIFICATE OF REGISTRATION

Of the Incorporated Trustees of ==WOMEN'S HEALTH AND ACTION RESEARCH CENTRE==

IT IS HEREBY CERTIFIED THAT:

(SEE BACK PAGE)

the duly appointed Trustees of ==WOMEN'S HEALTH AND ACTION RESEARCH CENTRE== have this day been registered as a corporate body, subject to the below mentioned conditions and directions.

Given under the affixed common seal of the Corporate Affairs Commission at Abuja this 13th day of March 2003 ~~19~~.

GORDON ESA,
for: REGISTRAR GENERAL

CONDITIONS AND DIRECTIONS

"This Certificate is liable to cancellation should the objects or the rules of the body as set out in the Annexures hereto be changed without the previous consent in writing of the CAC or should the body at any time permit or condone any divergence from or breach of such objects and rules, or the body is dissolved under Section 691 of the Companies and Allied Matters Decree No.1, 1990."

SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING
(SCUML)

RN: SC251400026

Certificate of Registration

I hereby certify that

WOMEN'S HEALTH AND ACTION RESEARCH CENTRE

Has been duly registered in accordance with the provisions of Section 5 (1) (a) and (4) of the Money Laundering (Prohibition) Act, 2011.

DIRECTOR

Date of Issue: 8th December, 2012.

PARAGON PHILANTHROPY
Advisors in Global Giving

June 14, 2021

Karl Eimuhi
Managing Editor
African Journal of Reproductive Health (AJRH)
Women's Health and Action Research Centre (WHARC)
KM II Benin-Lagos Road
P.O.Box 10231
Igue Iheya
Benin City, Edo State, Nigeria

Dear Karl,

At the request of Women's Health and Action Research Centre, Paragon Philanthropy conducted *Silver Vetting* to investigate the status of the following organization: Women's Health and Action Research Centre.

Our search results are provided in the enclosed Silver Vetting report.

Using the CSI WatchDOG Elite regulatory compliance platform, Paragon referenced the names and information provided by Women's Health and Action Research Centre with the following lists:

- OFAC Specially Designated Nationals List (OFAC)
- European Union Sanctions List (EU)
- Terrorist Exclusion List (TEL)
- United Nations Consolidated Sanctions List (UNSL)
- Federal Bureau of Investigation Criminal List (FBI)
- International Criminal Police Organization Most Wanted List (INTERPOL)

Summary of findings:

- There were no watchlist matches for this order.
- There were no OFAC country-based sanctions program matches.

If you have any questions, please don't hesitate to contact me.

Andrzej Kozlowski, Managing Director

For internal reference: P ID: 21 Women's Health ARC ED 5-17

Attachments:

☒ For each organization screened: Silver Vetting report
☒ For each organization screened: Organization Information Form submitted by the screened entity
☒ CSI “Review and Resolve Detail Report”
☒ Data file uploaded to the CSI WatchDog Elite database
☒ Current OFAC country-based sanctions programs list (applies when screening foreign individuals)
☐ OFAC individual country/ies sanctions information (if any matches)
☐ As applicable: correspondence with the organization updating the information to be screened

Silver Vetting report for:

Women's Health and Action Research Centre

Based on information submitted via the enclosed Organization Information Form the following results were logged:

---

1. OFAC Country-Based Sanctions Programs

☒ No OFAC country-based sanctions programs are associated with the organization's listed place(s) of operations.

☐ The following OFAC country-based sanctions programs are associated with the organization's listed place(s) of operations:

If applicable: Analysis of matching OFAC country-based sanctions programs:

---

2. Watchlist Screening

Date of watchlist screening: June 14, 2021

Screening against the watchlists produced **no matches.**

Review and Resolve Detail Report

Batch Statistics

Date and time for comments are displayed as Central Standard Time

Batch Number:	4913994	**Threshold:**	85%
Batch Name:	21 Women's Health ARC ED 5-17	**Address DQ:**	No
Run Date:	6/14/2021 7:07 PM	**Search Street Address:**	Yes
Record Count:	37	**DOB DQ:**	No
Total Searched:	39	**Last Status:**	Complete
Total Matched:	0	**Searched List(s):**	EUROPE-05/28/2021 FBI-06/08/2021 INTERPOL-05/20/2021 OFAC-06/10/2021 TEL-11/23/2020 UNSL-04/29/2021
Source File:	21 Women's Health ARC ED 5-17 - 3832686475377.95.csv		
Notification:	No		
Notification Email(s):	n/a		
Notification Group(s):	n/a		

Batch Comments:

Batch Results

Filtering out: NONE **Possible Matches:** 0

foreign policy and national security goals.

Where is OFAC's country list?

ACTIVE SANCTIONS PROGRAMS:	PROGRAM LAST UPDATED:
Balkans-Related Sanctions	06/08/2021
Belarus Sanctions	04/19/2021
Burma-Related Sanctions	05/28/2021
Burundi Sanctions	06/02/2016
Central African Republic Sanctions	08/07/2020
Chinese Military Companies Sanctions	06/03/2021
Countering America's Adversaries Through Sanctions Act of 2017 (CAATSA)	03/02/2021
Counter Narcotics Trafficking Sanctions	05/14/2021
Counter Terrorism Sanctions	06/10/2021
Cuba Sanctions	04/13/2021
Cyber-Related Sanctions	04/15/2021
Democratic Republic of the Congo-Related Sanctions	03/10/2021
Foreign Interference in a United States Election Sanctions	04/15/2021
Global Magnitsky Sanctions	06/02/2021
Hong Kong-Related Sanctions	05/18/2021
Iran Sanctions	06/10/2021
Iraq-Related Sanctions	04/30/2021
Lebanon-Related Sanctions	07/30/2010
Libya Sanctions	08/06/2020
Magnitsky Sanctions	12/10/2020

ACTIVE SANCTIONS PROGRAMS:	PROGRAM LAST UPDATED:
Mali-Related Sanctions	02/06/2020
Nicaragua-Related Sanctions	06/09/2021
Non-Proliferation Sanctions	03/02/2021
North Korea Sanctions	12/08/2020
Rough Diamond Trade Controls	06/18/2018
Russian Harmful Foreign Activities Sanctions	04/15/2021
Somalia Sanctions	04/27/2021
Sudan and Darfur Sanctions	05/19/2021
South Sudan-Related Sanctions	02/26/2020
Syria Sanctions	06/10/2021
Syria-Related Sanctions	12/22/2020
Transnational Criminal Organizations	04/07/2021
Ukraine-/Russia-Related Sanctions	05/21/2021
Venezuela-Related Sanctions	06/01/2021
Yemen-Related Sanctions	05/20/2021
Zimbabwe Sanctions	08/05/2020

Click here for information on OFAC sanctions lists program tags and their definitions