

2021



ANNUAL REPORT

THE TRIHEALTHON DEVELOPMENT NETWORK



WE ARE THE ONLY ONES WHO CAN TRULY FOSTER HEALTH DEVELOPMENT IN OUR COUNTRY.



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FOUNDER'S ADDRESS

At The TriHealthon, every year is unique. The year 2021, however, was nothing short of exceptional. Like the rest of the world, the health crisis presented us with many challenges and led us to question everything, like we did in 2020.

Nonetheless, it is clear that our organization made overall remarkable progress. Remarkable because we became even more committed, behind masks and protective equipment, to fulfil our mission. Our team provided health support to over 3,000 people in 2021, compared to 2,000 people the previous year.

Remarkable because we launched new research projects, particularly on malnutrition and emerging infectious diseases, contributing to increased knowledge in our region. Such projects support our emergency operations while consolidating our long-term approach. Also, 2021 was remarkable because we integrated a much-needed environmental approach. From now on, environmental awareness will guide our operations.

Essentially, our 2021 exploits were indeed remarkable, in large part because of our capacity to adapt quickly in this seemingly unfavorable context. At a time when businesses and nonprofits were losing all their funding, we were able to retain 100 percent of our existing funding. In a context of economic crisis, we hired more personnel and forged more partnerships than ever before. This enabled our teams to keep things running smoothly despite the pandemic, which is an unprecedented global crisis, the likes of which we have never seen before.

Finally, despite the context of the pandemic, our NGO attracted many financial partners and new donors - whom we cannot thank enough. Furthermore, in 2021, we demonstrated the relevance of our organizational model and the determination of our core team members and volunteers. Our teams learned to collaborate remotely while maintaining proximity to our beneficiaries; our staff committed to working in villages where the security situation continued to deteriorate; and we succeeded in carrying out all our 2021 projects against all odds. Most importantly, I want to extend my thanks to every one of you who are members of The TriHealthon family.



Our team managed to keep things running smoothly despite the COVID-19 pandemic, which is an unprecedented global crisis, the likes of which we have never seen before.



Esther Ejiroghene Ajari
Founder and Executive Director



OUR INITIATIVES

Sexual and Reproductive Health Development Initiative



Began in 2018

In 2021, we empowered **1,614** beneficiaries in schools and townhalls across **12** communities

End Childhood Malnutrition and Diarrhea Initiative



Began in 2018

In 2021, we empowered **169** beneficiaries in public primary healthcare centers across **12** communities

Global Research Initiative



Began in 2020

In 2021, we conducted **3** scientific research projects that were published in international journals, and presented in an international conference.

LOCATIONS OF OUR IMPACT



OUR UNIQUE ALLIANCE

Externally, we have established strategic partnerships with 8 local, national, and international organizations.

Our earliest collaborator is the **Nigerian Medical Student Association**. They assist our fundraising team to explore novel, strategic and innovative ways of raising money to adequately fund our annual budget. Also, they assist us in establishing bidirectional beneficial partnerships with other organizations, in line with our vision. Furthermore, they work with our Human Resource team to recruit, train and manage volunteers and core-team members as well as review their performance ratings.

Our other major collaborators include the **Otefe Community Development Council**, the **Oghara Council of Chiefs and Elders**, and the **Urhobo Progressive Union**. These organizations help us to initiate our penetration of our communities of interest by establishing working relationships with its leaders, residents, and other stakeholders. They also assist us in reviewing and improving our annual plan and



OUR OPERATIONAL PARTNERS

Strategies for achieving our mission, goals and objectives. In addition, they monitor and evaluate our newly launched projects aimed at augmenting our social impact in their communities.

Another of our collaborator is **Wells Mountain Initiative, USA**. We are partnered with their Nigerian Fellowship Program which supplies about one-fifth of our committed volunteers.

Our only private-sector collaborator is **Temidayo Abass Photography**, an organization responsible for documenting our project implementation phases through photography and videography.

Our most recent collaborator is the **AYSRH Global Program of Action**, which is a global coalition of 50 youth-led organizations, which we are a part of. This coalition is headquartered at John Hopkins University, and it is funded by the Bill and Melinda Gates Institute for Population and Reproductive Health. This coalition provides us with financial support, project and program reviews and evaluation, and global publicity for our projects. Furthermore, they sponsor us to go present our research and our advocacy projects at prestigious national and international medical conferences and summits.

Another of our recent collaborators is the **Federation of African Medical Students Association**. This organization is responsible for organizing our research workshops and webinars.

2021 IN FIGURES



10
million naira budget



1,783
Individual beneficiaries



4
National and international awards



1,232
school beneficiaries



6
projects



382
hospital beneficiaries



62
core team members
volunteers



12
Beneficiary communities



17
States of intervention



2,012
customers

471
beneficiaries who are
children under the age of 5



109
HIV positive beneficiaries



169
Community beneficiaries



3
research projects



OUR COVID-19 RESPONSE

We encountered the following problems due to the pandemic, especially during its lockdown phase. Firstly, during the first three months after the lockdown phase was initiated, we experienced a sharp drop in the sales of our kits. This ranged from 30% to 65%, the highest rate being in January, 2021.

Also, for the first two months after our workshop venues (schools and town halls) were shutdown, we could not execute our charitable projects that teaches rural girls to make simplified and home-made versions of our kits. Furthermore, during the first month of the lockdown phase, ten of our volunteers and two of our donors expressed their desire to stop working with us due to how the pandemic has affected their businesses, income and mental health.

To improve sales, we partnered with several Southern-Nigerian stores, permitted by the government to continue their operations due to their essential nature. This allowed individuals shopping at the stores to buy our kits during the designated shopping-hours. Furthermore, we collaborated with BirdCo, a small logistics-company, to facilitate the delivery of our kits to locations with none of our partner-stores.

Additionally, due to our understanding that Nigeria, a deeply-religious nation, would not stringently restrict religious-activities due to the pandemic, we changed our workshop-venues from schools and town-halls (which were closed down) to churches and mosques. This was because we could not explore virtual-alternatives for these projects since our target-communities lack access to technological-devices, electricity, and the internet.

However, we ensured that the project-implementation teams/beneficiaries maintained the best hygienic-practices. We also sought the approval of the medical-inspection unit of the secretariat-offices in the local government areas where our projects were implemented. These measures ensured no case of COVID-19 was reported among the project teams/beneficiaries.

Furthermore, we retained 100% of our non-sales funding and volunteer-base by providing our funders and volunteers with a "happiness curriculum" (designed and provided to us by Labhya Foundation, an India-based educational nonprofit organization), business-publicity, technical-assistance and other free virtual-services that helped improved their COVID-19 resilience.

We believe the continued-implementation of these strategies will help us survive the pandemic.



JANUARY REPORT



Our SRH Initiative taught **99 girls, 10 parents, 4 teachers, and 2 NGOs** to make reusable menstrual pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sexual education, and distributed contraceptives (female condoms and dental dams) to them.

We also organized workshops to show **20 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we helped these women generate adequate income to afford food for their children by leasing to them, at highly subsidized rates, farmlands owned by individuals with no immediate use for them, and by empowering them with appropriate agricultural skills.

FEBRUARY REPORT



Our SRH Initiative taught **89 girls, 12 parents, and 3 teachers** to make reusable menstrual pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sexual education, and distributed contraceptives (female condoms and dental dams) to them.

We also organized workshops to show **25 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition and diarrhea.

We also attended and presented our research, virtually, at the **HIV Research For Prevention Conference**, after receiving the highly prestigious **Community Development Award** from the International AIDS Society.

MARCH REPORT



Our SRH Initiative taught **97 girls, 9 parents, 4 teachers, and 1 NGO** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **31 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we helped these women generate adequate income to afford food for their children by leasing to them, at highly subsidized rates, farmlands owned by individuals with no immediate use for them, and by empowering them with appropriate agricultural skills.



APRIL REPORT



Our SRH Initiative taught **100 girls, 10 parents, and 2 teachers** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **29 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we were nominated for the highly prestigious Public Interest Registry's **Org Impact Awards** (in the Rising Star Category). This award honors the world's most impactful projects that thrives with minimal financial resources, and uses the .Org Web domain.



MAY REPORT



Our SRH Initiative taught **91 girls, 5 parents, 2 teachers, and 1 NGO** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **24 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we helped these women generate adequate income to afford food for their children by leasing to them, at highly subsidized rates, farmlands owned by individuals with no immediate use for them, and by empowering them with appropriate agricultural skills.



JUNE REPORT



Our SRH Initiative taught **100 girls, 10 parents, 4 teachers, and 2 NGOs** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **29 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we received an anonymous nomination for the **Nigerian Vice Presidency's** March 8th Initiative's **COVID-19 Hero Award**. According to the award organizers, we were the only youth-led organization nominated.



JULY REPORT



Our SRH Initiative taught **108 girls, 15 parents, 3 teachers, and 3 NGOs** to make reusable menstrual pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sexual education, and distributed contraceptives (female condoms and dental dams) to them.

We also organized workshops to show **55 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we helped these women generate adequate income to afford food for their children by leasing to them, at highly subsidized rates, farmlands owned by individuals with no immediate use for them, and by empowering them with appropriate agricultural skills.

AUGUST REPORT



Our SRH Initiative taught **113 girls, 7 parents, and 2 teachers** to make reusable menstrual pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sexual education, and distributed contraceptives (female condoms and dental dams) to them.

Additionally, we also attended and presented our research, virtually, at the **International Conference on HIV Science**, after receiving the highly prestigious **Community Health Development Award** from the International AIDS Society.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition and diarrhea.

In addition, we attend the **Towards Unity for Health Virtual Conference**, where we presented our scientific research titled, **"Nigerian National Health Insurance Scheme (NHIS): The Extent of Reform Required"**.

SEPTEMBER REPORT



Our SRH Initiative taught **120 girls, 5 parents, 5 teachers, and 1 NGO** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **30 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we received the great news that we had been awarded the **Nigerian Vice Presidency's** March 8th Initiative's **COVID-19 Hero Award**, worth **NGN1,000,000**. According to the award organizers, we were the only youth-led organization among the winners.



OCTOBER REPORT



Our SRH Initiative taught **102 girls, 10 parents, and 4 teachers** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **57 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

Moreover, we received the great news that we were the only African organization to have won Public Interest Registry's **Org Impact Awards**. We won the **US\$10,000 Rising Star Award**, and we were named a Finalist for the **Org of the Year Award**.



NOVEMBER REPORT



Our SRH Initiative taught **110 girls, 3 parents, and 7 teachers** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **44 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, our scientific research (a scoping review), titled "**Cost Implications of Menstrual Hygiene Management in Nigeria and its Associated Impacts**" was accepted for publication by the International Journal of Health and Life Sciences.



DECEMBER REPORT



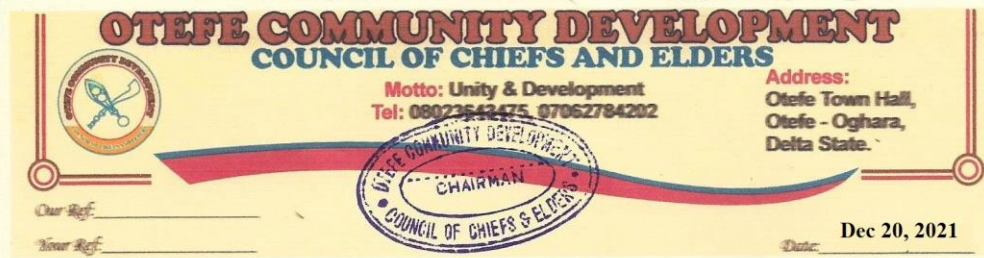
Our SRH Initiative taught **103 girls, 13 parents, 9 teachers, and 1 NGO** to make reusable pads, using local, accessible, biodegradable, and cheap (<\$1) products. Furthermore, we empowered them with comprehensive sex education and distributed female condoms and dental dams to them.

We also organized workshops to show **39 mothers** how to combine cheap, local, and accessible food items to generate adequate nutrition for their children, monitor their nutrition and dehydration status, and specially manage the nutrition status of their HIV positive children.

Furthermore, we empowered these women with comprehensive information on proper breastfeeding, breast pumping and laxation improvement techniques; the importance of exclusive breastfeeding; maintenance of adequate antenatal nutrition; and health risks associated with childhood malnutrition diarrhea.

In addition, we published our scientific research (a scoping review), titled "**Connecting the Dots Between Mental and Menstrual Health**" in the Journal of Health Reports Technology. A month later, it was named the "**Most Read Paper of the Month**".





A Case Study of the Impacts of Esther Ajari's Sexual and Reproductive Health Dev Initiative

Esther would always say that girls like Stella is the reason she does what she does. A case report of Stella's life experience before and after Esther's intervention at her school is thus necessary to exemplify the level of impact Esther has and will continue to create through her Sexual and Reproductive Health Dev Initiative.

Stella's Situation BEFORE Esther's Intervention

Stella was admitted to Otefe Community School, Oghara, Delta State, Nigeria, at the age of 10. She was the top student in her class for two years until 2018 when disaster struck. She had an episode of menstrual blood staining her school skirt in front of her classmates. This was because her parents could not provide her with proper menstrual hygiene management products. She had to improvise by using plantain leaves to absorb her menstrual flow. According to her, even tissue paper rolls were too expensive.

This incidence caused her to be the ridicule of her class. Her classmates, both boys and girls, jeered at her continuously for two years. She lost focus in class, dropping to the bottom 30% of students. She also refused to participate in any extracurricular activities, she was socially withdrawn, and her friends said she sometimes cry on her desk face down. Her parents complained to the school that ever since their daughter came back from school on that faithful day, April 26, 2018, she has refused to take up her work shift at the restaurant she works in after school. They said she also refused to speak about the incidence with any of them and even with her sisters, whom she relates better with.

Upon further discussion with her parents, the school's headmistress, Mrs. Godley Ighomena, discovered that since 2014, when Stella attained menarche, she had gone from one case of urinary and pelvic tract infections to another. In 2015, she had Toxic Shock Syndrome when she utilized the disposable menstrual tampons her aunty bought her from the United States for twelve consecutive months, washing and sun-drying them after each menstrual episode.

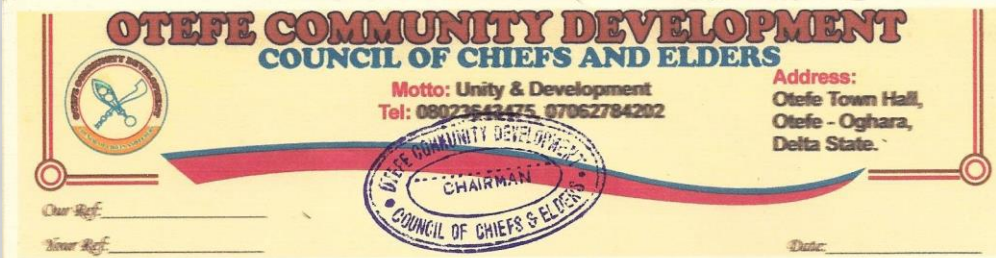
Stella's Situation AFTER Esther's Intervention

On June 28, 2019, the Sexual and Reproductive Health Dev Initiative organized the Keep a Girl Dry and Clean (Kagdac) project at Stella's school. The female students of the school (from JSS1 to SS3) were taught about their menstrual and sexual health, and how to sew reusable and biodegradable menstrual sanitary pads using clean fabric such as Ankara, the African wax print. These pads can be used for 12 months to 3 years. They were also taught how to wash, dry and store these pads. Furthermore, they led the most vulnerable of these girls to mental disorders, Stella included, through a guided session of mindfulness meditation.

Six months after this intervention, Mrs Ighomena wrote to us about how Stella's life and grades have improved tremendously, thanks to the Kagdac project. This is an excerpt from her letter:

"She has returned to getting the top grade in her class. During the second term of the 2019/2020 academic session, she received nine out of the twelve awards at the end-of-term ceremony. This is three awards more than what she is usually honored with before the incidence.

She has also joined the school's female football team, and has agreed to return to travelling to quiz venues to compete with her peers across the country. She no longer remains in her classroom during the recess period when other students are jumping up and down around the school.



She has come out of her shell. This was evident when she resumed answering questions in class. The students no longer jeer at her because other female students were sensitized by the project's team and they have since told all the boys to back off."

This case was really interesting so much so that we sent a representative to speak with Stella. She was visibly happier than what she was described to be. She described her life as "easier now" and said she is confident in her skin and no longer suffers from low self-esteem.

She also said she has not experienced any period poverty related infections since the intervention. She has resumed her position as a waitress at the restaurant she once worked with.

Perhaps the most unconventional effect of the intervention on Stella is that she is now aware of the concept of climate change and environmental sustainability as discussed by Esther's team during the Kagdac project at her school. To help protect her environment and the health of other girls, she taught her four sisters the pad making and management skill, and has started teaching other girls in the community the same.

Speaking with her parents, they are very happy about this intervention because it "brought their daughter back to life". They are also grateful that other basic needs of the family no longer have to be an opportunity cost in purchasing menstrual pads for Stella, something they started doing to appease her a month after the incidence of 2018.

Esther's General Impact on Girls and Women in the Otefe Community of Oghara, Delta State

Following Stella's case, we collaborated with Esther on her Kagdac project. Following our own independent assessment of the project, we report the following general impacts of the project on the 485 Oghara girls it has trained to make reusable menstrual pads.

The Kagdac project has led to: an increase in the school-attendance rate of 61% of its beneficiaries, a 66% decrease in the prevalence of urinary and pelvic tract infection among them, self-esteem boost in 84% of them, improved school grades in 53% of them, engagement in sports, school trips and other extracurricular activities in 58% of them, improved family savings and work attendance in 81% of them, commitment to a greener-lifestyle in 30% of them, and 82% of them teaching at least one girl the pad-making skill.

Furthermore, after empowering these students with comprehensive sexuality education and distributing female condoms and dental dams to them; the project also recorded an average knowledge rate of 85%, up from the pre-intervention rate of 39%; and a sexual behavior improvement rate of 78%, up from 34%.

NB:

- We obtained oral permission from Stella before writing this case report
- This report was written by the Council's secretary on the request of Hon. Chief Vincent Igho Atumah, and was approved by the Council's chairman.
- Kindly contact the Council's secretary, Hon. Chief Edward Oghenekevwe at edwardkevwe7@gmail.com for further clarification if needed.



OUR INNOVATION

We improved on our pad-design by reviewing open-standard videos and documents on reusable pad designs globally, and discarding their unimpressive techniques, adopting their best techniques, and developing some new techniques on my own through a trial and error process. A key improvement we made to our design is that we allow for pad customization, depending on menstrual flow level, allergy and personal preferences.

We also adopted our novel technique to suit the Nigerian climate. This is why we use *Ankara*, the Nigerian wax print fabric, to make reusable pads. Moreover, to compensate for our target population's lack of access to laundry machines and them not being comfortable with sun-drying their washed pads in open air, we came up with the alternative maintenance option of sun drying these pads under deep-colored, light-weighted linen.

Furthermore, our comprehensive sexual education course was appraised by the Delta State Health Commission as having "Higher quality than other similar courses in Nigeria". This is because in designing our course, we made it as multi-media, interactive and dynamic as possible. It also explores unpopular aspects of sexual-education like masturbation, sympatothermal natural contraception method, dyspareunia etc.

Additionally, we guided our beneficiaries through mindfulness meditation, an alternative health therapeutic practice our research has shown to help people prevent and combat mental disorders associated with period-poverty, teenage pregnancy and sexually transmitted diseases. We also became the first West African NGO applying mindfulness meditation directly to healthcare.

Furthermore, we became the first home-based NGO promoting land equity among Nigerian rural women. We do this by utilizing crowdfunding among our employed beneficiaries to pay the first-year lease for the unemployed beneficiaries of our land scheme. Moreover, due to our pioneering nature and our understanding that land hoarders are terrified of land-invaders, we have been able to set a highly subsidized

Complacency is not in our DNA.



land lease rate.

Our Global Research Initiative contributes novel research about the good, best, bad and worst practices, lesson-learned, and key trends from health projects, policies, and topics in Africa. It also innovates accurate scientific-prediction patterns and provides recommendations that can be directly or indirectly applied to non-African countries.

Most importantly, we made our innovations easily replicable because our blog contains all our techniques, curricula and workshop outlines for others to use, amend and disseminate freely.

In 2021, five national and international community projects were executed using our pad design and course curriculum.

Furthermore, we made our innovative research data collection and analysis methodologies easily replicable, even by independent-researchers and those from low- and middle-income countries. This is because of our exclusive open-access publications of our research outputs. Moreover, these outputs comprehensively outline our research methodologies, and contains extensive referencing to other publications, presentations, and supplementary files which can help them arrive at our conclusion(s).

OUR OTHER STAND-OUT ACTIONS

We started abiding by certain principles, which makes us stand out from other organizations intervening in fields similar to ours. These principles include: reaching the unreached, designing projects with its beneficiaries, holistic intervention approaches, doing no harm, research-backed advocacy, and dissemination of best practices.

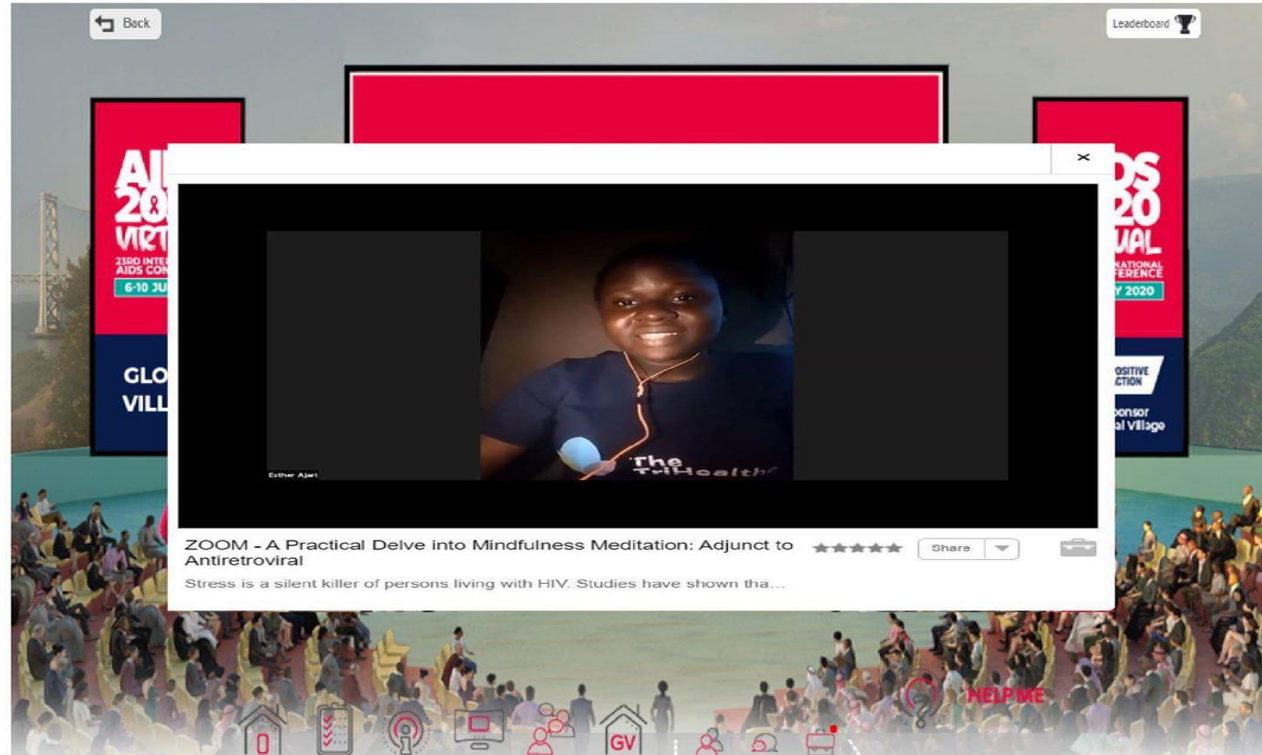
To reach the unreached, we started intervening in poor, rural, and tribally and religiously marginalized communities, executing our projects in English and the communities' prevalent local language(s). Also, to promote project acceptance and avoid foreigner directed hostility, we recruit indigenes of these communities as project executors.

In 2021, the best instance of us designing with our project beneficiaries was evident in our End Childhood Malnutrition and Diarrhea Initiative. Our pre-intervention survey revealed that our target beneficiaries believe that to maximally impact some of them, we have to go beyond health education and provide them with an income source as well. They remarked that agriculture is a viable business venture, but tagged land inequity as a major barrier to them pursuing it. Hence, we started our land lease scheme.

During one of our school-based projects in 2021, we realized that the poor school environment was a major contributory factor to the rapid deterioration of the health of students in the school. Hence, we did a total school revamp by rebuilding dilapidated parts of the school and providing it with better facilities. This is but one instance of our holistic approach to health intervention.

Furthermore, to do no harm, we ensured that 88 percent of our core team members possess advanced academic and professional healthcare experiences (unlike most organizations with mainly business and nonprofit administration professionals). Therefore, through our pre-intervention and post-intervention surveys, we usually correctly assess, mitigate, and inform our beneficiaries of the health risks associated with our interventions-for example-the increased exposure of menstruators to urinary

Complacency is not in our DNA.



maintained, and the increased risk for mental health deterioration when our mindfulness-based intervention is treated as a main therapy, not an adjunct to expert mental healthcare.

Nevertheless, when we make mistakes during our project execution, we always promptly correct them, learn from them, and reassess the situation.

Additionally, our Global Research Initiative allows us advocate, for health development, in the media, community, high-level meetings and government houses, with concrete and verifiable research data to back our claims. Also, this initiative disseminates its best research practices by reviewing the works of other researchers and teaching research protocols, methodologies, and strategies to medical students globally.

OUR TEAM

VOLUNTEER OF THE YEAR

Omowunmi Mary Fawole is passionate about building a resilient healthcare system that is capable of providing sustainable, affordable, accessible and equitable healthcare for all citizens of the world, regardless of their age, gender, race, nationality, tribe, religion, location, sexual orientation and disability status.

A graduate of the Department of Rural Development, University of Ibadan, she is also a ICTforAg ambassador, a Net Impact Climate Ambassador, and a Ford Community Impact Fellow.

ENABLER OF THE YEAR

Iyanuoluwa Aliu Olamide is an AgriTech Entrepreneur and Business Strategist. He leads MyFarmbase Africa - A fast-rising capacity building hub for Agriculture - where he has provided over 5,000 people with skills and resources that fits with the local agriculture market needs.

With strong skills in Transformational Leadership, Business Strategy and Development, Iyanuoluwa has enabled over 10 development projects in Health, Agriculture, Educational Technologies and Social Entrepreneurship.



CORE TEAM MEMBERS

Management of day-to-day activities of the organization is carried out by the management team and its various departments. In 2021, the team reelected the previous year, continued to carry out its responsibilities:



Esther Ejiroghene Ajari
Executive Director



Daniel Animashaun
Public Relations Officer



Blessing Enor Edokun
Financial Manager



Anjolaoluwa Oluyole
Research Officer



Dolapo Olugbile
Programs Coordinator



Kazeem Oluwatobiloba
Graphics Officer

OUR FINANCIAL SUSTAINABILITY PLAN



Our three-point agenda for achieving this includes:

Sales of products and services: We are working towards evolving into a fully-fledged hybrid organization, one where funds from the for-profit division is channeled to the non-profit division. The for-profit division will manage the commercial production and sales of reusable menstrual pads via physical and online stores to menstruators who can afford them.

Low-risk investment: With the consent of the grant funders, we will invest 10-50% of every grant money we get into investment portfolios with capital insurance. These investments will last for minimum of 6 months and a maximum of 3 years. Moreover, we will only invest in agricultural

and real-estate portfolios, based on stable currencies found on trusted platforms such as Risevest, Agropartnerships, Piggyvest etc. Furthermore, the ventures must have been in operation for a minimum of 2 years, and they must have physical operation base(s). In addition, we would diversify our investment portfolios.

Expansion of our pool of personal and organizational donors:

To do this, we will utilize the following strategies:

Community crowd-funding: We currently have 56 committed individuals contributing \$1 to \$100 monthly to the organization. With increased publicity of our impact, we will increase the number of regular donors. We would even accept donors who can only contribute \$1 per month.

Membership fee: We will introduce an affordable monthly membership fee, whose rate would be dependent on the core team member's monthly income.

In-kind donation: Just like we accept waivers of the rent of our project venues as in-kind donations from the schools and communities we partner with, we will intimate other organizations of this donation option.

Corporate social responsibility: We will bid for the CSR slots of companies operating in our target communities.

OUR IMPACT SUSTAINABILITY PLAN



Our three-point agenda for achieving this includes:

Decentralizing the source of impact: We plan to take the responsibility of impact creation with the following initiatives from the hands of few (us) into that of many (the entire community). Hence, we are currently exploring ways to collaborate with the Ministry of Health to incorporate our pad-making workshops and our comprehensive sexual education course in

The TriHealthon

Nigeria's secondary school curriculum.

Improvement of the scope of our partnerships with community stakeholders:

We plan to improve community awareness of our projects by patronizing local businesses in acquiring our project implementation resources.

Enhancement of community mobilization:

We plan to employ the following strategies in recruiting the population of community residents outlined below:

Pre-intervention survey respondents: To drastically reduce the amount of time invested in recruiting these individuals, we plan to provide them with a little token of appreciation amounting to about \$0.3 per completed questionnaire.

Volunteers: We plan to start organizing a pre-intervention town hall meeting with the community youths to intimate them on our project and the impacts they can achieve as volunteers.

OUR ORGANIZATIONAL SUSTAINABILITY PLAN



Our two-point agenda for achieving this includes:

Improvement of volunteer care: We are working towards ensuring that our volunteering system is not on a come-and-go basis. Apart from our rigorous volunteer selection system, we plan to implement the following:

Trainings: We will enroll volunteers into a three-mentee-to-one-mentor coaching program, lasting three months, to enable them better understand the dynamics of our work, thus ensuring they fully commit to it. **Volunteer stipends:** We plan to begin providing our volunteers with transport, meal and equipment stipends according to prevalent market rate.

Retreats: We plan to organize a mid-year and an end-of-year volunteers with

according to prevalent market rate.

Retreats: We plan to organize a mid-year and an end-of-year volunteer retreat annually as a platform for them to bond with the core team members beyond the professional setting. **Awards:** To inspire more volunteers to commit to excellence, we will initiate an end-of-year volunteer award ceremony where prizes like vacation get-away, cinema, dinner, spa and makeover session tickets will be awarded to outstanding volunteers. We will also celebrate these volunteers on our official website and social media pages.

Wellbeing development: We plan to commit to providing volunteers with personal and professional development opportunities such as mental wellbeing development workshops and webinars; CV, cover letter and personal statement review; nominations for awards & honors.

Establishment of multiple organizational branches:

To compensate for a future when core team members migrate abroad for short-term or long-term personal or professional purposes, we are currently working with the Nigerian Medical Student Association to establish independent operational branches in all medical schools in the country. The current branch will then serve as the organization's headquarters.

OUR ENVIRONMENTAL SUSTAINABILITY PLAN



crisis?" Answers came as the result of a collective exercise, based on interviews with our staff and board members, and internal working sessions.

To give this commitment a lasting impact and incorporate it into all our work, the members of the association added the core value "Environmental Responsibility" to The TriHealthon Charter at our General Assembly on October 17, 2021. The Charter's core values, including Putting the Patient First, Transforming Humanitarian Medicine and Collective Intelligence, provide a complete and solid foundation to implement the environmental strategy.

To achieve this, five pillars of action were identified: Raising awareness, training and equipping staff; Reducing our environmental footprint; Researching and innovating; Anticipating the growth of humanitarian needs; Witnessing, raising awareness and advocating.

Also, in December 2021, we co-signed a Statement of Commitment on Climate, to bring together leading organizations in the aid sector and support them in their efforts to reduce CO2 emissions.

Within our 2020-2022 strategic framework, The TriHealthon has made a commitment to integrate the impact of climate change into all aspects of its medical and research projects, to reduce its environmental footprint, and to be transparent with the achieved progress. With that in mind, we developed a position paper on its environmental approach centered on the question: "What are the implications and responsibilities for The TriHealthon in the face of climate change and the environmental

WE ARE THE ONLY ONES WHO CAN TRULY BRING HEALTH DEVELOPMENT TO OUR COUNTRY

This was the kind of pain
That could turn blood lines to blurred scribbles,
And admiration, to disdain.
It could turn the flames of love, into frosty feelings

It could make you drenched
With heavy downpours of scorn,
Like a person, devoid of a shed;
Vulnerable to the merciless rainstorm

She never expected that, a bag full of agony
Would be the price for euphoria.
But the foreseen joy was more than any kind of fee
Life would require of her

Her weary body
Was about to cross the finish line
That had witnessed the downfall of so many
Who got hurt, on a race track that was meant to be benign

Her pain-induced euphoria
Was heralded by cries of hurt;
Not from her,
But from a new cohort.

The vapid designs and homely decoration
Were the legacies left by the surgeon.



OUR COMMUNICATION

BRAND AWARENESS CAMPAIGN

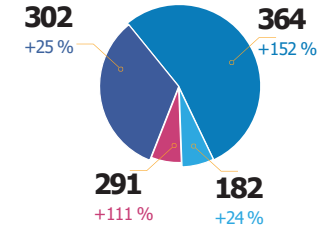
We launched our first communication campaign "YES, WE ARE WOMEN" during the first week of November 2021. The objective of the campaign was to raise awareness among the Nigerian general public about The TriHealthon's unique model, highlighting our focus on local expertise.

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Influencers and personalities have promoted the campaign

SOCIAL MEDIA : FOLLOW US !

The "YES, WE ARE WOMEN" campaign helped boost the continued growth of our social media communities, especially on Instagram and LinkedIn.



OUR AFFIRMATION

Of fire and power
Of energy and strength
Of warmth and vibrance
Of love and life

Yet you only know red of danger
Making my blood sinister
You say I should be ashamed
You say I should hide

But this red
It tells me I'm now a woman
That I can bring forth life
This I choose to see



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