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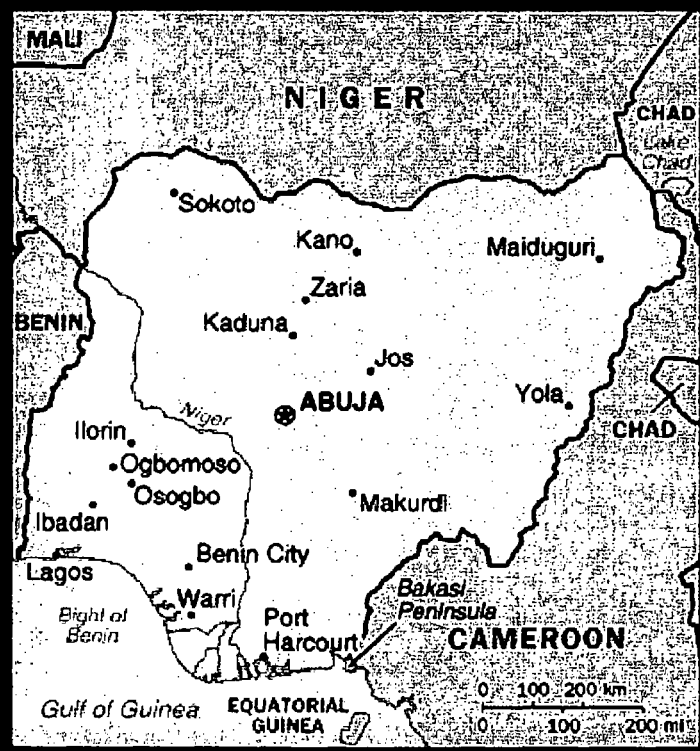
Family Health International

HIV/AIDS Prevention and Care Department

FHI-Nigeria Program Review Briefing Document

Impact Implementing AIDS Prevention and Care Project



April 26 to May 5, 2000

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ABBREVIATIONS/ACRONYMS

ADON	Association for Development Options in Nigeria
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
AFRO	Africa Regional Office
ANC	Antenatal Clinic
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BSS	Behavioral Sentinel Surveillance
CA	Cooperating Agency
CAA/OVC	Children Affected by AIDS/Orphan and Vulnerable Children
CBO	Community Based Organization
CDC	Centers for Disease Control
CEDPA	The Center for Development and Population Activities
CO	Country Office
CS	Child Survival
CSM	Condom Social Marketing
CSW	Commercial Sex Worker
CRS	Cross River State
DFID	Department for International Development
EOP	End of Project
FAHPAC	Family Health Population Action Committee
FENAM	Female Nurses and Midwives
FHI	Family Health International
FP	Family Planning
GON	Government of Nigeria
HCP	Health Care Provider
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IEC	Information, Education and Communication
IMPACT	Implementing Prevention and Care Project
IP	Implementing Partner
IPC	Interpersonal Communication
ITM	Institute for Tropical Medicine, Antwerp
JHU	Johns Hopkins University

JSMB	Joint Services Management Board
JYSAP	Jigawa State Youth AIDS Program
KAPB	Knowledge, Attitude, Practice, Behavior
LDD	Long Distance Driver
LGA	Local Government Area
LL	Lessons Learned
LOA	Letter of Agreement
MCH	Maternal and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MTP	Medium Term Plan
NAC	National AIDS Committee
NACP	National AIDS Control Program
NANNM	National Association of Nigerian Nurses and Midwives
NASCP	National AIDS and STI Control Program
NCWS	National Council for Women's Societies
NEAC	National Experts Advisory Committee
NECA	Nigeria Employers Consultative Association
NGO	Non-Governmental Organization
NMA	Nigeria Medical Association
NURTW	National Union of Road Transport Workers
NYAP	Nigeria Youth AIDS Program
PABA	Persons Affected by AIDS
PATH	Program for Appropriate Technologies in Health
PI	Prevention Indicator/Process Indicator
PHE	Peer Health Educator
PLWA	Persons Living with AIDS
PLWH/A	Persons Living with HIV/AIDS
PSA	Public Service Announcement
PSAP	Private Sector AIDS Policy
PSI	Population Services International
PSN	Pharmaceutical Society of Nigeria
RA	Resident Advisor
RP	Results Package
RRF	Rapid Response Fund
SFH	Society for Family Health
SO	Strategic Objective
SPO	Special Objective

STI	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STP	Short Term Plan
SWAAN	Society for Women and AIDS
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
WARO	Women's Action Research Organization
WHED	Women's Health and Development
WHO	World Health Organization
UNFPA	United Nations Fund for Population Activities
ULAMAs	Islamic Religious Leaders

PURPOSE AND OBJECTIVES OF THE PROGRAM REVIEW

Purpose

To provide periodic opportunity for IMPACT review of each country program and to provide necessary guidance and input for current and future programming.

Objectives

- Perform a comprehensive review of program implementation;
- Explore implementation progress in light of original strategy, roles of other donors and operational realities;
- Assess staffing and TA to the country program;
- Examine relationships of IMPACT/Nigeria, USAID Mission, the National AIDS Control Program (NACP) and other relevant donors and collaborators
- Gain an understanding from the Implementing Agencies in Nigeria on the country program – strengths and weaknesses
- Identify areas for capacity building and collaboration
- Address issues raised by HQ, Regional and Country Office staff, and by USAID regarding the Nigeria program and
- Provide recommendations to the FHI country program staff, FHI regional office and FHI/HQ on current and future programming.

INTRODUCTION TO FHI/NIGERIA COUNTRY PROGRAM

Country Profile

With a total surface area of 923,768 square kilometres, Nigeria is the tenth largest country in Africa. However, with a population of over 110 million, it is the most populated country in the continent with an annual growth rate of 3.1%. It is situated on the West Coast of Africa, bordered on the West by the Republic of Benin, North by the Republics of Niger and Chad, East by the Republics of Cameroon and on the South by the Atlantic Ocean.

Nigeria is divided into 36 states and one Federal Capital Territory (FCT), Abuja. These states are further classified into six geo-political zones – the North-East, North-West, North-Central, South-West, South-East and

South-South. These zones differ from one another in terms of geographical size, economic opportunities, language and culture. There are more than 350 ethnic/linguistic groups in Nigeria, with the major ones being Hausa (North), Igbo (Southeast) and Yoruba (Southwest).

Overview of HIV/AIDS/STI in Nigeria

The first case of AIDS was reported in 1986. Since then the numbers have been rising at quite alarming rates. In December 1997, it was estimated that 364,268 cases of AIDS had occurred since the beginning of the epidemic.

National sentinel surveillance data from 1990-1995 showed an increase in prevalence from less than 1% in 1990 to 1.2% (1991-1992), 3.8% (1993/4) 4.5% (1995) and 5.4% in 1999. The 1999 HIV/Syphilis sentinel sero-prevalence survey revealed that an estimated 2.6 million Nigerians are already infected. This represents an annual increase of more than 5%.

The HIV/AIDS epidemic continues to pose a serious public health problem in Nigeria. The seemingly low overall national prevalence of 5.4% is actually masking the explosive rate of increase in certain areas. For example, in Benue State, the mean HIV prevalence increased from 2.3% in 1995 to 16.8% in 1999, an increase of more than 700%. Out of the 73 sentinel sites surveyed, eight had HIV prevalence greater than 10%. Likewise, in the youth group (20-24 years old), the prevalence rate was between 4.2% -9.7%. The table below gives some idea of regional variations in HIV prevalence:

Zone	Prevalence rate in youth	"Hotspot" State	ANC prevalence rate in "hotspot" state
South-East	8.4%	Ebonyi	11.1%
South-West	4.3%	Osun	4.7%
North Central	9.5%	Benue	21%
North-West	4.5%	Kaduna	15%
North-East	3.6%	Taraba	7%

South-South	6.8%	Akwa Ibom	13.3%

Given the current prevalence rate, it is estimated that within the next 5 years, more than 4.9 million Nigerians will be infected with HIV.

Response to the Epidemic

- Public Sector

At the outset of the epidemic in 1986, the Federal Ministry of Health set up a National Expert Advisory Committee (NEAC) with an emphasis on prevention of transmission through blood transfusion using a short term plan. In 1988, a National AIDS Committee (NAC) and the National AIDS Control Programme (NACP), with a multi-sectoral and multidisciplinary approach, were established. In 1992, the NACP was merged with the NACP to form the National AIDS and STI Control Programme (NASCP). Since the beginning of the epidemic, three national plans were developed and executed thus:

- Short Term Plan (STP) 1987-1988
- Medium Term Plan I (MTPI) 1988-1991
- Medium Term Plan II (MTP II) 1992-1997 (extended to 1998)

The STP and MTP I focused on assessing the AIDS situation, providing infrastructure, building capacity and creating awareness. The MTP II was more comprehensive and had the following objectives to:

1. Prevent HIV transmission
2. Reduce the personal and social impact on HIV infected persons and their families
3. Reduce the impact of HV/AIDS epidemic on the society.
4. Unify and mobilize national and international efforts and resources to fight against AIDS.

In 1991, the Federal Ministry of Health established a HIV sentinel surveillance as a means of monitoring the HIV/AIDS epidemic in the country, with subsequent surveys in 1993, 1995 and 1999. In the same year, a funding directive was issued by the President thus: a Federal budget of N30 Million/$375,000 annually; State budget of N1 million/$12,500 per state and Local government budget of N500,000/$6,250 per Local Government Authority (LGA) annually. The implementation of this directive has not been fully achieved.

The National Action Committee on AIDS (NACA) was recently set up by the Federal Government of Nigeria. The committee reports directly to the Presidency with the following approved terms of reference:

- Coordinate and sustain advocacy at all levels for HIV/AIDS/STDs in Nigeria.
- Develop the framework for collaboration and support from stakeholders for a successful multisectoral response to HIV/AIDS/STDs in Nigeria.
- Develop and articulate a Strategic Plan for an expanded National Response to HIV/AIDS/STDs in Nigeria.
- Coordinate, monitor and evaluate the implementation of the Strategic National Plan for the control of HIV.AIDS/STDs in Nigeria
- Coordinate the mobilization of resources for an effective and sustainable response to HIV/AIDS/STDs in Nigeria.

❖ Non-Governmental Organizations

Nigerian NGOs have been responding to the challenges of HIV/AIDS. NASCP and major international and multilateral agencies have continued to encourage this effort. However, considering the population size and rate of spread of the epidemic, more NGOs need to be involved, especially in rural areas.

❖ International Donors

The government and people of Nigeria have received support and collaboration from the international community since the beginning of the epidemic. Prominent among these are USAID, DFID, Ford Foundation, WHO and other bilateral and multilateral organizations. The support has been in the areas of programming, blood safety, surveillance, capacity building, awareness, community mobilization and provisions of service.

IMPACT/NIGERIA

With funding from USAID, FHI has been working with Nigerian counterparts since 1988 (AIDSTECH 1988-1991, AIDSCAP 1992-1997, Bilateral Grant Agreement 1997-1998) and thus has developed excellent collaborative relationships with the public and private sectors as well as community based organizations.

FHI/IMPACT is designed to specifically help USAID Missions and Bureaus implement effective interventions and increase the capacity of local organizations, public and private, to assume responsibility for their own HIV/AIDS program.

Goals and Objectives

FHI/IMPACT is designed to intervene simultaneously at multiple levels: influencing individual and societal norms, improving the health infrastructure and alleviating structural and environmental constraints. Interventions are tailored to the local context and stage of the epidemic, recognizing that the global HIV/AIDS pandemic consists of many separate individual epidemics, each with its own distinct characteristics that depend on the cultural context and geography, as well as the timing of the introduction of the virus.

FHI is committed to improving the quality of family lives by reducing sexually transmitted infections and developing capacity of local institutions to reduce the spread of HIV/AIDS.

As such, the FHI/IMPACT program in Nigeria has five outputs that will contribute to USAID/Nigeria's special objective 1 (SPO1) for HIV/AIDS: *Improved HIV/AIDS/STI prevention and impact mitigation practices* and to SPO1's three intermediate results (IR). USAID IR 1: Increased awareness of HIV/AIDS/STI and how to prevent HIV/STI transmission; USAID IR 2: Increased availability of condoms; and USAID IR 3: Mitigation of impact of AIDS through community home-based care of PLWH/A and PABA.

FHI's five outputs are:

- 1.1 Increased risk reduction behavior among target groups;
- 1.2 Improved availability of quality STI services;

- 1.3 Improved capacity of NGOs to provide quality HIV/AIDS/STI prevention and care services;
- 2.1 Improved condom availability and access; and
- 3.1 Development of community based programs in support of people infected and affected by HIV/AIDS.

The table below illustrates how FHI/IMPACT outputs will fit into USAID/Nigeria's Results framework:

USAID/Nigeria Special Objective 1 for HIV/AIDS: Improved HIV/AIDS/STI Prevention and Impact Mitigation Practices.		
USAID/Nigeria Intermediate Result 1: Increased awareness of HIV/AIDS/STI and how to prevent HIV/STI transmission.	**USAID/Nigeria Intermediate Result 2:** Increased availability of condoms.	**USAID/Nigeria Intermediate Result 3:** Mitigation of impact of AIDS through community home-based care of PLWH/A and PABAs.
FHI Output: 1.1 Increased risk reduction behavior among target groups. 1.2 Improved availability of quality STI services. 1.3 Improved capacity of NGOs to provide quality HIV/AIDS/STI prevention and care services.	**FHI Output:** 2.1 Improved condom availability and access (SFH/PSI will contribute to this output).	**FHI Output:** 3.1 Development of community based programs in support of people infected and affected by HIV/AIDS.

FHI will implement the Nigeria program by establishing effective collaboration at the community, district and national levels with complementary programs to achieve synergistic results in a cost-efficient manner. FHI will collaborate with USAID/Nigeria's implementing partners

(BASICS, CEDPA, JHU/PCS) who contribute to the Mission's results framework in the areas of maternal/child health (MCH) and family planning (FP). FHI will also cooperate closely with HORIZONS, AIDSMARK and other partners implementing Global Bureau HIV/AIDS prevention activities.

Program Design and Parameters

In order to implement its HIV/AIDS program in Nigeria, the USAID Mission has identified six program implementation parameters, which guide the intervention strategies of all implementing partners working in Nigeria with USAID funds. These include geographic focus and strategy, integration, adolescent reproductive health, women's (health care) decision making, urban/rural distribution of activities and an exit strategy. See Appendix II for details of USAID's parameters

After consultation with Nigerian stakeholders and other key players in HIV/AIDS, and in response to USAID's special and strategic objectives, FHI/IMPACT has designed and will implement programs in three geographical clusters - North, Southeast and Southwest. Technical strategies will seek to do the following:

- Reduce high-risk behavior among five target populations: Youth, CSWs, long distance drivers (LDDs),women and people in the workplace;
- Improve STI health seeking behavior and availability of quality STI services in the clusters;
- Build the organizational, managerial and technical capacity of the private sector; non-governmental organizations and community based organizations;
- Increase use and availability of condoms in collaboration with SFH/PSI;
- Develop community-based programs in support of people infected with and affected by HIV/AIDS;
- Disseminate information effectively to improve program implementation;
- Advocate with the private sector, religious groups, and NGOs to increase their response to HIV/AIDS.

IMPLEMENTATION STATUS REVIEW: RESIDENT ADVISOR'S ASSESSMENT

Background

To review IMPACT/Nigeria, it is necessary to consider three very crucial factors that have played significant roles as background to the project in Nigeria. These three factors, no doubt, greatly influenced the design of IMPACT in Nigeria. They are:

- Weak commitment on the side of the Government of Nigeria (including poor funding for a national response to HIV/AIDS).
- Political instability and decertification.
- Budgetary constraints occasioned by low level of funding for USAID/Nigeria.

Under the above scenario, the active role and funding support the government of Nigeria could have provided was lost on HIV/AIDS programming in the country. The HIV/AIDS field was therefore left almost entirely to the NGOs with support from the donor community. In this regard, the USAID funded FHI HIV/AIDS program became the most prominent and visible on the field. In order to satisfy the yearning needs of a huge nation like Nigeria, it became necessary under IMPACT to provide support for HIV/AIDS prevention and care as widely as possible in the country. This inevitably led to thinning out of program activities under the circumstance. Decertification also did not help matters since we had to grapple with waivers at the end of every year to get activities to either start or continue. This on its own led to delays and loss of good programming time.

IMPACT milestones

A glance at IMPACT milestone of activities gives a clear picture of the progress of implementation:

January 1998: Stakeholders meeting
May 1998: IMPACT Strategic Plan Design
Sept. 1998 Cooperative Agreement (Bridging Program) ends.
Oct.- Dec. 1998: Bridging Program evaluation/ Closeout activities.
Dec. 1998: Assessment of Implementing Agencies (IAs) for engagement under IMPACT.
Jan. 1999 IAs engaged to implement IMPACT.

Feb.- Mar. 1999 Development of IMPACT subproject proposals by engaged IAs.
Mar.- Apr. 1999 Approval of IAs subproject proposals.
April 1999 IAs commence field activities.

The take-off of IMPACT was hampered by delays arising from;

- *Decertification*:

  After the stakeholders' meeting, a design team was put in place for IMPACT but the HQ participants could not travel to Nigeria due to decertification. We had to wait until a waiver was granted in May.

- *Evaluation of the Cooperative Agreeement Bridging Program*:

  The cooperative agreement under which the bridging program was implemented did not stipulate an evaluation. But USAID/Nigeria insisted there must be an evaluation of the program activities. Thus an evaluation was embarked upon that also added to the delay suffered by IMPACT. Since the assessment of NGOs/CBOs was to include both new and old, it was necessary to wait until the outcome of the evaluation exercise before going out for the assessment.

FHI Output 1.1: Increased risk reduction behavior among target groups.

Proposed Activities

Identification of NGOs and CBOs

The IMPACT Implementation Plan stipulates the identification of NGOs/CBOs in the forth quarter of 1998 to implement BCI subprojects. It also recommended an equitable distribution of the NGOs/CBOs in the three clusters by number and intervention type. Twelve NGOs/CBOs were expected in all to target youth, CSWs, LDD, women and people in the workplace.

Status

The identification of the 12 BCI NGOs/CBOs was delayed. Their distribution was fairly equitably done among the three clusters by number, intervention type and target population (see table below).

Cluster distribution of BCI projects.

Clusters	*In-School Youth*	*Commercial Sex Workers*	*Transport Workers*	*Women & Men in Workplace*	*Women, Men and Youth (Faith-based)*
North	1	1	1	-	1
Southwest	1	1	-	1	1
Southeast	1	1	1	-	1

At the time of proposal development with the NGOs, a cluster-wide or statewide programming was attempted. This is an approach whereby if you are implementing an in-school youth project in a state or cluster, you target several schools in the state where the project is sited instead of the present approach where about 4-5 schools are targeted in the capital city. The low level of funding for IMPACT did not permit this laudable approach.

Train Select NGOs and CBOs:

IMPACT recognized the need to improve or build the skills of engaged IAs in IEC materials development, interpersonal communication/counseling and training of peer health educators. It therefore recommended the following BCI workshops to be carried out on cluster basis:

- IEC materials development workshop
- Interpersonal communication (IPC)/ Counseling workshop.
- Training of trainer's workshop for PHEs.

Status

The three workshops were completed on target although budget constraints did not permit their being implemented on cluster basis as recommended. They were all done on a national basis (that is, bringing participants from all the three clusters together at a national workshop).

The budget constraints may have been due to a few factors. Low level of funding for the USAID at the time, lack of prior market price survey to guide budgets at the time of proposal development and a percentage cutting across board (at HQ) to bring the budget to meet the ceiling provided by USAID. Future proposals would best be guided by a market price survey.

Mass Media/ Mass Communication:

IMPACT recognized mass media as complimentary to other activities and interventions being implemented. It therefore proposed a mass media campaign using billboards, radio and television programs. This was to be implemented with a Public Relations firm or an Advertising Agency. It was meant to be implemented in year two of IMPACT by the country office.

Status

The campaign was delayed in take-off. The funding mechanism was changed to a task order and is being implemented by PSI through its Nigeria local affiliate, SFH (Society for Family Health).The television component was dropped on the advice of the subcontractor. The number of billboards was also reduced from 80 to 50. The billboard component is yet to be completed.

The process of subcontracting contributed to the delay since IMPACT at the time of its design did not anticipate this mechanism. The subcontractor had to contract an Advertising Agency that in turn went to contract to various media organizations. While the latter process may have caused some delays it also may have increased the cost of implementing the activity. It was not surprising therefore that a component was entirely dropped while a scaling down occurred to some aspect. The entire duration of the radio component when pooled at the time of execution amounted to only twelve weeks airing.

A future mass media campaign will best be implemented as a subproject with mass media practitioners themselves. This will encourage their participation and involvement and also enhance their assumption of ownership of the project .

Organize youth drama.

IMPACT proposed a cluster based drama festival/ competition and a national competition showcasing the winners of the cluster level competitions. The first drama festival was scheduled for year two of IMPACT.

Status

The implementation of this activity is behind schedule. However meetings have been held with drama consultants and a suitable mode of implementation has been established.

Organize Musical concert to support PLWHA:

IMPACT proposed a musical concert/competition as fundraiser to generate funds to support PLWHA and also select young artists to participate at the "Africa Alive" concert at Durban 2000. The first concert was scheduled for first year of the project.

Status

The activity is behind schedule. A PR firm has been selected (following bids submission and interviews) to facilitate the coordination of the concert. In addition, an LOA has been developed and budget already negotiated with the PR firm.

The activity is linked to the "Africa Alive" concert in South Africa the date of which has been changing in the last two years. It is also currently on hold due to the shortfall in FY99 allocations.

FHI Output 1.2: Improved availability of quality STI services.

Proposed Activities:

Promote health-seeking behavior of STI patients.

IMPACT proposed the following activities

- Assessment of the quality of STI services being provided.
- Rapid assessment of health seeking behavior of STI patients.
- FGDs in each cluster.

Status

The implementation of these activities is behind schedule. The FGDs have been carried out while the two assessments are still outstanding. Funding has been a constraint here.

Improve the quality of STI care.

IMPACT plans to provide capacity building for health care providers in the syndromic management of STIs and develop messages to improve awareness , knowledge, and health seeking behavior. In addition, it also intends to put in place monitoring and supervision to reinforce the skills learned.

Status

This activity is running behind schedule. However, extensive discussions have been held with representatives of 20 state branches of the Nigeria Medical Association (the coordinating body). A review of the existing syndromic management guidelines has been conducted and the treatment algorithm is being finalized for pretesting.

Funding has constituted a major constraint to the STI program under IMPACT/Nigeria. In addition, the project only provides for capacity building without a complimentary drug component. The following must be considered for future programming:

- Collaboration with other funding agencies that may be willing to fund the drug component.
- Collaboration with NASCP to explore the possibility of using the Federal Ministry of Health Bamako Initiative Program to address the drug problem.
- Advocacy to place STI drugs on the essential drug list at the Primary Health Care level.
- Increased funding for the STI component of IMPACT.

FHI Output 1.3: Improved capacity of NGOs to provide quality HIV/AIDS/STI prevention and care services.

Needs Assessment

The capacity needs of the IAs were taken into consideration during the initial need assessment.

Status

This was done on schedule.

Conduct training workshops

In order to develop the necessary technical skills and the capacity to implement IMPACT projects successfully, IA staff members were to attend a number of training workshops or conferences. The following training were planned:

- Project management skills update
- Evaluation skills transfer
- Advocacy/community mobilization
- TOT for peer health educators
- Interpersonal Communication/Counseling
- IEC materials development

Status

All the training were done on schedule.

Networking

IMPACT/Nigeria plans to facilitate the formation of NGO networks at the cluster levels to foster collaboration, information sharing and development of referrals. The networks are expected to be formed by both IMPACT and non-IMPACT NGOs.

Status

Running behind schedule.

In order to hasten the formation of the cluster networks, it is now planned that IMPACT NGOs will begin to come together at the cluster level to form the nucleus of the networks. The networks so formed will as time goes on, be expanded to accommodate other non-IMPACT NGOs.

Exchange visits

Status

On hold at this early stage of project implementation.

FHI Output 2.1: Improved condom availability and Access (SFH/PSI will contribute to this output)

IMPACT/Nigeria plans to collaborate with the Society for Family Health (SFH)/Population Services International (PSI) to increase the availability, accessibility and use of affordable condoms in the cluster areas. This it intends to do by:

- Facilitating the provision of condom seed stock to the NGOs.
- Facilitating the establishment of condom revolving funds by the NGOs to enable them continue to replenish their condom stocks.
- Transfering appropriate condom logistic and demonstration skills to the NGOs at cluster-based condom logistic workshops.

Status:
Activity is running behind schedule.
A rapid needs assessment of the IAs was conducted by SFH, a local affiliate of PSI to ascertain the true requirements for condom seed and promotional stock. Cluster based condom logistic workshops have been conducted in two clusters already (southwestern and northern clusters). Meanwhile all NGOs have received condom seed stocks for promotional activities and the revolving fund scheme.

FHI Output 3.1: Development of community based programs in support of people infected with HIV and people affected by AIDS.

Proposed activities:

Identification of NGOs/CBOs

Status

This activity was done on schedule. Six CBOs were identified and engaged to implement the care and support project under IMPACT. There are two CBOs per cluster.

Conduct training workshops

The following training were planned:

- TOT workshop for CBO members in care and support skills
- Sensitization workshop for health care workers.

Status

The TOT workshop was done on schedule while the sensitization workshop has been on hold due to funding constraints. The TOT workshop could not be implemented on cluster basis because of low level of funding. It was done on a national basis.

Facilitate the formation of one peer support structure per cluster:

Status

There are two PLWHA networks in place (one in the northern and another in the southeastern clusters). The network in the southwestern cluster is yet to be formed. The monthly meeting of the networks is ongoing.

Conduct annual national meeting of PLWHA:

Status

This activity is running behind schedule because it is tagged to the annual national conference of NGOs, which is yet to be implemented.

Training of healthcare providers:

IMPACT plans to improve the skills of healthcare providers in both public and private health facilities collaborating with the care and support projects. It planned to improve their capacity in the management of HIV/AIDS including pre- and post-test counseling and supportive counseling.

Status

The sensitization and TOT workshops planned under this activity are yet to be implemented. The care and support projects under IMPACT/Nigeria are being implemented at US$40k for the four years of its duration. This puts the funding rate at US$10k per annum. This level of funding is extremely low when compared with what the IAs are expected to do in terms of project activities. This is an area that should be looked into during the proposed review exercise.

TECHNICAL ISSUES FOR PROGRAM REVIEW

STI

Activities programmed under the STI initiative are as follows:

- Development of appropriate messages to improve awareness, knowledge and health seeking behavior
- Training of trainers course for STI consultants
- Cluster based trainings for private health care providers
- Semi annual monitoring visits to help reinforce the skills learned
- Rapid assessment of health seeking behavior of target population
- Assessment of quality of care of current STI services

So far under the STI component, contacts have been established with the National AIDS and STDs Control Programme (NASCP) and the Nigerian Medical Association has been identified as the group to work with in the implementation of the training activities. In collaboration with the NASCP and other key stakeholders, the flow chart and training manual for syndromic management of STIs has been reviewed. The flow chart and training manual are currently being finalized for pretesting.

Areas under the STI program that have become necessary for review are as follows:

- The need for drugs access program. The current STI program concentrates on capacity building and has no drugs component
- Incentives for the participating health workers in the scheme. The training program envisaged under IMPACT is for medical doctors and community health officers.
- The current initiative only provides for a limited number of doctors and nurses to be trained. There is a need to review this area for a wider participation of doctors and nurses to cover the target populations in the project sites
- Sustainability of the STI program over time after the training
- Competence-based monitoring and supervision

Care and Support

The Care and Support program is designed to respond to the USAID/Nigeria intermediate result 3: mitigation of AIDS through community home-based

care of persons living with HIV/AIDS (PLWHA) and persons affected by AIDS (PABA). Under this initiative, psychosocial support is provided to PLWHA and PABA through community home-based care. There is no drug access program. The NGOs also facilitate the formation of peer support structure in each of the three clusters where the CHBC projects are sited.

Areas that require review under care and support are as follows:

- Ways and means of programming with the networks and coalitions of PLWHA after the formation of the peer support structures. The current program does not provide much for the networks and the PLWHA which still look up to FHI at this nascent stage are already expressing boredom and inactivity. Stigma continues to be a major hindrance in accessing help from the community and the private sector
- How to meet the capacity building needs of the networks. This includes preparing the networks to access domestic and foreign donor support
- Need for a drug access program including the antiretrovirals and drugs for the treatment of opportunistic infections. Many of the PLWA in Nigeria do not have access to even TB drugs
- The current projects have continued to identify orphans but there is no orphan care component.
- Training in health care facilities are limited to sensitization and counselor training. There is a need to make the hospitals more PLWHA friendly by examining the feasibility of expanding the project to add-on clinical management of HIV/AIDS in designated link facilities. The two-way referral from the hospital to home (CHBC project) and back to the hospital would perhaps be more effective if there is room for capacity building of the health workers in the collaborating health facilities

Behavior Change Intervention (BCI)

BCI activities cut through the entire IMPACT project. Critical areas needing review include:

- Development and production of STI specific IEC materials
- Budgetary constraints that prevent the project from engaging the services of professionals in producing certain categories of IEC materials. At current funding level, sub projects are not, for example, in a position to engage the services of advertising agencies or high grade consultants

Mass Media

The mass media is an indispensable constituency ally in the fight against HIV/AIDS. The place of the mass media has been duly identified under impact. The critical issue is how to sustain the mass media initiative amidst limited funding and huge manpower turnover in the industry in Nigeria. Owing to funding constraints and understaffing the project has not been able to build an effective and sustainable partnership with the media

Policy

The workplace initiative under IMPACT is limited to some banks and finance institutions. The project is restricted to Lagos. Areas needing assessment include:

- Expansion of the workplace program to cover the three clusters where IMPACT sub projects are currently sited
- Capacity building on the use of Private Sector AIDS Policy (PSAP)

Other Program Areas

Other program areas missing under IMPACT which have been identified as program gaps by the country office are:

- Women's Initiative
- AIDS orphans
- Voluntary counseling and testing

PROGRAM MANAGEMENT ISSUES FOR PROGRAM REVIEW

FHI/Nigeria under the guidance of the RA have decided certain program management and technical issues that need to be considered for the review. This section comprises some of the key areas that will need to be considered during the review.

CO Staffing Status

Recruitment of new staff:

The recruitment of new staff members was completed on target. However, two of them were lost - one to service withdrawal and the other to death. FHI/Nigeria has grown from a three state project under AIDSCAP to a fourteen state project under the Cooperative Agreement (Bridging Program) and now to a twenty state project under IMPACT. In the process of this geographic expansion, there has been only one addition to the staff strength

of FHI/Nigeria (i.e. STI Care and Support Officer). In view of the possible expansion of the scope of IMPACT in FY2000, there will be a need to recruit additional members of staff. The following are recommended:

S/No.	Staff Required	Location
1.	Project Assistant (Admin/secretarial)	Country Office
2.	Assistant Program Officer, BCI	Country Office
3.	Asst. Evaluation Officer	Country Office
4.	Documentation Officer (working with BCI)	Country Office
5.	Accountant	Country Office
6.	Office clerk/assistant	Country office
7.	Assistant Program Officer (Asst.. to Cluster Manager, North)	Kano
8.	Assistant Program Officer (Asst.. to Cluster Manager, West)	Ibadan
9.	Assistant Program Officer (Asst.. to Cluster Manager, East)	Aba
*10.	Manager, Abuja Programs (will also double as Manager for North Central)	Abuja
11.	Assistant Program Officer in Abuja	Abuja

FHI Management and Support

- A lot of changes in the last one year (high turn-over of labor)
- Provision of technical program resources very adequate in all program areas.
- Funding Mechanisms:
- Engagement of IAs: Completed on target
- Monitoring of IAs:
- Site visits - a continuous exercise
- Regular cluster based review meetings with IAs - this was not provided for under IMPACT. In the course of project implementation, it has been found that IAs will benefit greatly from regular cluster based meetings that can provide a basis for project review. This could be more cost effective than putting everything into monitoring visits.

Technical Assistance (TA)

The following are areas that FHI/Nigeria feels it will require more input. This can be achieved by hiring local or international consultants or some TA from FHI/Arlington.

- Needs assessment - local consultant
- Proposal development - international consultant
- IA capacity building workshop - International, Local and FHI/Arlington
- Program development - FHI/Arlington staff
- Proposal Development: It is best to use FHI/Arlington staff who will participate in the review process at HQ. International consultants will be of limited value.

Subagreement Approval Process:

- Time lag between project approval and project take-off often too long.
- Delay in fund disbursement/reimbursement (verification of financial returns at HQ level can delay this process)

Financial Management:

Budgeting:

- Budgets for sub agreements were made without prior proper market survey.
- Budgets were cut by 20% across board.
- Low level of funding for subprojects e.g. care and support.

USAID/Nigeria related issues:

- Expanding our funding base - relationships with other bilateral and mulitilateral agencies - Possibility of accessing funds from other organizations in view of our present relationship with USAID.
- Registration as a legal entity
- What should relationship with government agencies such as NACA/NASCP be?
- What way forward in view of new Mission directions
- Contribution to Joint Services Management Board (JSMB)?
- Procurement of FHI vehicles.

NIGERIA SUBAGREEMENT MATRIX

USAID Geographic Cluster	NGO	Program/Target Area	FCO	Budget/Timeline
Northern Cluster	Society for Women and AIDS in Africa, Nigeria (SWAAN), Kano, Kano State	Care & Support	85640	$40,000 4/12/99 to 6/2002
	Muslim Sisters Organization (MSO), Kano, Kano State	Religious	85680	$50,000 5/15/99 to 6/2002
	Nigeria Union of Teachers (NUT), Katsina, Katsina State.	Youth	85880	$50,000 5/15/99 to 6/2002
	Population Development Forum (PODEF), Kazaure, Jigawa State	Commercial Sex Workers (CSWs)	85770	$50,000 5/20/99 to 6/2002
	Muslim Health Workers Ummah (MUHWA), Kebbi, Kebbi State	Care & Support	85890	$40,000 5/21/99 to 6/2002
	National Union of Road Transport Workers (NURTW), Kebbi, Kebbi State	Transport Workers	85750	$50,000 4/19/99 to 6/2002

Southwest Cluster	Association for Development Options, Nigeria (ADON), Ejigbo, Osun State	Care & Support	85650	$40,000 4/12/99 to 6/2002
	Redeemed Christian Church of God (RCCG), Lagos, Lagos State	Religious	85700	$50,000 4/21/99 to 6/2002
	Environmental Development & Family Health Organization (EDFHO), Ado-Ekiti, Ekiti State.	Youth	85740	$50,000 4/27/99 to 6/2000
	Christian Health Association of Nigeria (CHAN), Ibadan, Oyo State.	Care & Support	85790	$40,000 5/19/99 to 6/2002
	National Union of Banks, Insurance, Financial Institutions Employees (NUBIFIE), Lagos, Lagos State.	Workplace	84670	$50,000 6/28/99 to 6/2002
	Lifelink Organization (LLO), Lagos, Lagos State..	Commercial Sex Workers	85760	$50,000 5/1/99 to 6/2002

Southeast Cluster	Humane Health Organization (HHO), Onitsha, Anambra State.	Care & Support	84680	$40,000 7/15/99 to 6/2002
	Women's Action Research Organization (WARO), Enugu, Enugu State.	Youth	85670	$40,000 4/15/99 to 6/2002
	Onye Ahana Nwanneya Association (OANA), Aba, Abia State.	Commercial Sex Workers	85710	$50,000 5/21/99 to 6/2002
	Safe Motherhood Ladies Association (SMLAS), Abakaliki, Ebonyi State.	Care & Support	85780	$40,000 5/17/99 to 6/2002
	Presbyterian Church of Nigeria (PCN), Aba, Abia State.	Religious	85690	$50,000 5/19/99 to 6/2002
	National Union of Road Transport Workers (NURTW2), Onitsha, Anambra State	LDDs	85920	$50,000 6/25/99 to 6/2002
Overall	Center for Health Sciences Training, Research and Development (CHESTRAD International)	BSS Nigeria	84830	$86,154 9/27/99 to 3/31/2000

SUBAGREEMENT SUMMARIES

HIV/AIDS/STI Intervention with Men and Women in the Workpl
August 15, 1999 - June 30, 2002
NGO IA: National Union of Banks, Insurance and Financial Institutions Employees (NUBIFIE)

The objective of this subproject is to increase risk reduction behavior among men and women in the workplace and to improve condom availability and access. In order to a achieve this objective, the following activities are planned:NUBIFIE HIV/AIDS Advisory committee established, sensitization/mobilization meetings conducted, policy needs assessment conducted, policy formulation advocacy meetings held, training of trainers on peer health education conducted, peer health educators training conducted, refresher training for PHEs held, one-on-one and group educational sessions, establishment of a resource center, production and distribution of IEC materials and the establishment of condom sales outlets.

The subproject is being implemented by the National Union of Banks, Insurance and Financial Institution Employees (NUBIFIE). NUBIFIE is an organized trade union with 90,000 members nationwide. NUBIFIE will collaborate with the Nigeria Employers Association of Banks, Insurance and Allied Institutions (NEABIAI), and the Associations of Senior Staff of Banks (ASSBIFI) in order to create and sustain an enabling environment for the implementation of project activities. The Society for Family Health (SFH), the local affiliate of Population Services International, will provide a seed stock of condoms to the project.

This subproject targets the 43,000 NUBIFIE members in Lagos State. NUBIFIE will implement comprehensive peer health education programs in fifteen selected financial-sector companies in Lagos. The fifteen companies are either the headquarters of companies based in Lagos or the largest Lagos branches of companies based outside Lagos. The selected companies include: First Bank, Wema Bank, Bank of the North, New Nigerian Bank, Nigeria Agriculture and Cooperative Bank, Savannah Bank, Guinea Insurance PLC, Nigeria Social Insurance Trust Fund (NSITF), and Nigeria Re-Insurance Company.

Community and Home-Based Care and Support, Onitsha, Anambra State
August 25, 1999 - June 30, 2002
NGO IA: Humane Health Organization (HHO)

This project is designed to provide community level care and support for PLWHA and PABA - counseling, vocational skills, palliative care - and to help reduce stigma and discrimination associated with HIV/AIDS in Anambra State. Humane Health Organization (HHO) will work closely with the health institutions in Onitsha that provide HIV screening services and receive referrals from other hospitals in Anambra state.

Activities planned to achieve this objective include the establishment of a project advisory team and advocacy meetings for care and support. A comprehensive needs assessment process will be conducted. Training curricula will be adapted, pre-tested and produced using existing FHI resources. Health care providers in collaborating health facilities will be trained in pre- and post - test supportive counseling of PLWHA. Outreach workers will be trained by the subproject for the provision of outreach services to the PLWHA and PABA. Church youth and women will be trained in HIV/AIDS/STI peer education and counseling while PLWHA will be trained as peer educators and counselors on peer group support. Training in communication, counseling, nutrition, basic hygiene and integrated health will also be provided for the outreach workers. PLWHA will be provided with IGA skills that will increase their income and help them become more self sufficient, thereby increasing their self-esteem and feelings of productivity. Monthly meetings for PLWHA will be organized to provide an opportunity to exchange ideas and information about their health and coping mechanisms, and promote shared confidentiality.

A variety of IEC materials will be developed to enhance and supplement the work of project counselors and outreach workers. HHO will also set up a counseling center in Onitsha to provide information and supportive counseling on HIV/AIDS, home-based care, prevention and HIV/STI risk reduction for both PLWHA and PABA, who will be referred from collaborating health care facilities. The project team will hold quarterly meetings with PABA to provide a platform for PABA who provide home-based care to exchange ideas and discuss issues of common interest. HHO staff will attend IMPACT-sponsored capacity building training on program

management, sustainability, IEC materials development, interpersonal communication, counseling, PHE training, monitoring and evaluation.

Community Home- Based Care and Support for PLWHA in Kano State
April 12, 1999 - June 30, 2002
NGO IA: The Society for Women and AIDS in Africa/Nigeria (SWAAN)

This project will target HIV sero-positive men, women and children and PABA living in Kano, a metropolitan area of 1,161,360 people. The Society for Women and AIDS in Africa/Nigeria (SWAAN) will be the implementing agency. The activities to be conducted under this subproject include advocacy, training in conducting home care visits, counseling and facilitating networks among PLWHA and PABA. Establishment of a project advisory committee. Advocacy meetings with stakeholders.

A workshop will be held for 24 health care workers on pre-and post-test counseling, supportive counseling, confidentiality and data collection on HIV/AIDS will be conducted. A system will be developed to link referrals between the collaborating health facilities and SWAAN services. PLWHA will be trained on peer group support and a workshop will be held to train new outreach workers in counseling, basic home care, nutrition and basic hygiene.

Vocational skills training for PLWHA will be conducted to provide PLWHA with skills to increase their income and become more self-sufficient. SWAAN, with technical support from FHI/Nigeria, will adapt and reproduce existing information, education and communication materials in Hausa/English that will be distributed to the community through the support groups. SWAAN will translate the reference manual on home-based care and nutrition that is being developed by the NASCP. Dramatic productions in Hausa and English will be staged to provide basic facts on HIV/AIDS/STIs.

To enable PLWHA and PABA to have access to counseling services and home care to minimize visits to health facilities, the outreach workers trained will be equipped with home-care kits for home visits within their respective communities. Counseling sessions will be conducted continuously throughout the life of project to provide information and supportive advice on HIV/AIDS, home-based care, prevention and HIV/STD risk reduction for both PLWHA and PABA who are referred from collaborating health facilities.

PLWHA will form and register a legal association with support from SWAAN. Data on numbers of AIDS cases and numbers infected with HIV (unlinked anonymous) will be retrieved from collaborating health facilities monthly.

Community Home-Based Care and Support for PLWHA in Osun State
April 12, 1999 - June 30, 2002
NGO IA: The Association for Development Options (ADON)

This project will provide community-level care and support for PLWHA and PABA in Ejigbo, Osun State. The Association for Development Options, Nigeria (ADON) will collaborate with existing public and private health institutions, with the primary collaborating partners being the Baptist Hospital in Ejigbo and the Primary Health Care Center, Ejigbo. The goals of the project are to reduce stigma and discrimination and to encourage PLWHA to seek early entry into care services.

Activities planned include conducting a comprehensive needs assessment. Advocacy meetings will be held to generate support and establish linkages among the representatives of key institutions and local leaders/gatekeepers for community-based care and support of PLWHA and PABA. With the assistance of the project advisory team, a system will be developed to link referrals between the collaborating health care facilities and ADON services which will include counseling, home-based care, income generation and support groups. To train selected health care workers, project staff and local consultants will conduct two training sessions in HIV/STI pre- and post- test counseling.

ADON will set up a counseling center in Ejigbo to provide information and supportive counseling on HIV/AIDS, home -based care, prevention and HIV/STD risk reduction for both PLWHA and PABA who are referred from collaborating health care facilities.

To enable PLWHA and PABA to have access to counseling services and home-care and minimize visits to health facilities, ADON will recruit and train outreach workers. FHI's curriculum on counseling and home-care will be adapted for use in the training, and adult learning techniques will include both role-play and short lectures. Training workshops for PLWHA will be conducted through which PLWHA will acquire skills to provide counseling support to both old and new PLWHA around Ejigbo. Similarly, PABA will

acquire skills in managing PLWHA basic care through workshops. As part of its support to PLWHA and PABA, project staff will work collaboratively with PLWHA and PABA to identify and organize yearly workshops to provide PLWHA and PABA with skills of interest to them in order to improve their income potential by learning job skills that are not physically stressful. To sensitize community members, seminars will be conducted. A variety of IEC materials will be developed to enhance the work of project counselors and outreach workers. To acquire the necessary skills to produce the materials, ADON staff will attend the FHI/Nigeria training workshop on IEC materials development.

Condom use shall be promoted and encouraged amongst PLWHA. To this end, a condom outlet will be established at the counseling center and condoms will be sold at minimum recommended cost. Per its agreement with FHI, the Society for Family Health (SFH), Population Services International's (PSI) local affiliate will provide a seed stock of condoms to ADON. A revolving fund will be established to enable ADON to buy condoms wholesale from SFH for resale at the counseling center.

HIV/AIDS/STI Intervention with In-School Youth, Enugu State and Environs

April 15, 1999 - June 30, 2002

NGO IA: Women Action Research Organization (WARO)

Women Action Research Organization (WARO) is the implementing agency for this project. The target group for the project is 35,000 in school youth in 10 secondary schools and three tertiary schools in Anabra, Ebonyi and Enugu states. The objective of this project is increased risk reduction behavior among youth.

Activities to achieve this goal include holding advocacy meetings with the school heads and teachers to obtain their active support and participation in the project and to sensitize school board members on the risk factors of HIV/AIDS/STIs, the impact of the epidemic on the youth in particular, and to mobilize their active commitment to the program.

Eight focus group discussions (FGDs) will be conducted in the new schools not covered during the bridging program and will be coordinated by a consultant to carry out a rapid assessment of the HIV/AIDS/STI situation among the target population. These FGDs will generate information on what

the student feels about various intervention strategies, school activities on AIDS prevention, receptivity and willingness to participate in the program, type and profile of acceptable peer leaders, appropriate time for school-based activities, and current knowledge of HIV/AIDS/STI.

A training of trainers workshop will be conducted to train 21 trainers with the necessary skills to train the peer health educators to conduct behavior change communication (BCC) activities. A total of 560 peer health educators will be trained in four phases. The aim of this group training is to equip the peer health educators with the necessary skills to reach and educate other students on HIV/AIDS/STI prevention and to conduct BCC activities.

The trained peer health educators will carry out one-on-one and group education activities. It is anticipated that the peer health education activities will reach at least 22,750 students, representing 65 percent of the target population.

Thirteen anti-AIDS clubs will be established. The clubs will facilitate the spread of the information on HIV/AIDS/STI prevention and provide a forum for learning BCC skills. The clubs will also form drama groups with training from the supervisors.

IEC materials will be adapted from previous FHI projects and other materials from collaborating organizations. IEC materials will be reproduced and distributed to at least 22,750 youth in the schools during the activities of the peer health educators.

HIV/AIDS/STI Intervention with Religious Institutions, Kano State
April 15, 1999 - June 30, 2002
NGO IA: Muslim Sisters Organization (MSO)

This project targets the Council of Ulamas (Islamic Scholars), traditional/community leaders, Islamic religious teachers in Islamic Schools, Muslim youth in secondary schools, women in adult Islamic literacy schools and Muslim families in the communities. Muslim Sisters Organization (MSO) is the implementing agency. Project activities will occur in 10 Islamic schools and 10 adult education Islamic schools within the Kano Metropolis, and will include STI counseling and referral to a community home-based care project in Kano. MSO will first implement an advocacy campaign reaching the Islamic leaders and traditional leaders. This will be followed by the educating and

mobilizing of communities to support the HIV/AIDS program under IMPACT in the state. It is envisaged that at least 2,000 families and 5,000 individuals will be counseled throughout the life of project.

In-depth interviews and focus group discussions will be held for a rapid assessment of the HIV/AIDS/STI situation in the target community. Advocacy meetings will be held to sensitize individuals on the risk of HIV/AIDS, the impact of the epidemic on the population, and the need to support the program. A sensitization meeting will also be held for 20 Moslem women opinion leaders who are in a position to help mobilize support for the project in the intervention communities. Sensitization meetings with parent - teacher associations in secondary schools will also be held. MSO with the technical assistance from FHI, will conduct sensitization/mobilization seminar for the Ulamas focusing on the basic facts of HIV/AIDS/STIs, the role of Islam in the prevention and spread of disease, and the care for those infected and affected by the disease.

IEC materials and a curriculum on HIV/AIDS/STIs counseling in an Islamic community will be adapted, pre-tested and produced. Counseling workshops will be held and the counselors trained will subsequently conduct family visits and participate in counseling at the MSO resource and counseling center. Peer health educators in the intervention schools will be trained including a peer health education training of trainers workshop. Anti-AIDS clubs will be established in schools under supervision of the trained Islamic religious knowledge teachers and school counselors.

Radio discussion programs involving Ulamas, women opinion leaders and influential community members will be conducted throughout the life of the project to further raise public awareness about HIV/AIDS/STIs, help create an environment conducive to open discussion of HIV/AIDS/STIs, and contribute towards reducing the stigma associated with AIDS in the community. Television discussion programs featuring mainly Ulamas are also planned. Sensitization seminars will be conducted in adult literacy schools, and HIV/AIDS/STIs will be incorporated into the curriculum of adult literacy schools through advocacy with the school authorities, adaptation of an appropriate curriculum to train teachers in the schools, and training to provide teachers who will teach the subject with appropriate skills. Islamic teachers will be trained in a workshop to acquire skills in HIV/AIDS/STI

education. Further, a resource center will be established on the premises of the MSO.

HIV/AIDS/STI Intervention with Religious Institutions in Abia, Anambra and Enugu States

April 19, 1999 - June 30, 2002

NGO IA: Presbyterian Church of Nigeria (PCN)

The General Assembly AIDS Committee (GAAC) of the Presbyterian Church of Nigeria will be the implementing agency for this project. This project's target population consists of the 250,000 members of the Presbyterian Church of Nigeria living in five cities in USAID/Nigeria's Southeast Cluster Aba, Umuahia, Enugu, Onitsha and Abakaliki. Through a combination of peer, group and mass media activities, the project will provide men, women, and adolescents with HIV/AIDS prevention education and counseling. This project is a follow-on to the GAAC women-centered HIV/AIDS/STI intervention in the USAID-funded post-AIDSCAP FHI bridging program.

The two major objectives of this project are increased risk reduction behavior among members of the Presbyterian Church of Nigeria in the southeastern cluster, and improved availability of quality STI services. Specific activities include advocacy meetings with key church leaders, and formative research on PCN members' knowledge/perceptions of HIV/AIDS/STI. Workshops will be held to train a total of 40 peer health educators per city. Peer health educators will receive the skills to provide one-on-one and group prevention counseling to their peers. Peer health educators will also be trained to conduct "home visitation" to provide education and counseling to church members and their families at home. Further, peer health educators will provide their peers with education on STIs. During the initial focus group discussions, participants will identify health/medical centers where church members seek treatment for STI, or contraceptive needs, or both. Project staff will visit these centers to inform providers about the project and to encourage effective, sensitive treatment of STI. Moreover, the project will be linked to health facilities benefiting from IMPACT Country level training in STI management.

Based on information gathered from the focus group discussions, IEC materials will be developed, pre-tested and produced. These will include booklets, posters, stickers, t-shirts, fact sheets, banners, fez caps.

An anti-HIV/AIDS/STI rally will be held in each target city to raise awareness about HIV and complement peer health education activities. The rallies will include activities such as parades, dramas and panel discussions with guest speakers. A radio drama will also be developed, produced and aired in the four project states.

HIV/AIDS/STI Intervention With In-School Youth in Ekiti and Ondo States

April 2, 1999 - June 30, 2002

NGO IA: Environmental Development and Family Health Organization (EDFHO)

This project will target the 28,000 youth attending two tertiary institutions and nearly eight secondary schools in the states' two capital cities: Ado-Ekiti and Akure. Through one-on-one peer and group educational activities, and the establishment of convenient condom sales outlets, the project will provide targeted youth with the information, skills, and materials to reduce their risk of becoming infected with HIV/STI.

The organization, Environmental Development and Family Health Organization (EDFHO) will be implementing this project. Specific objectives of this project are the increased risk reduction behavior among tertiary and secondary school students, improved availability of quality STI services, and improved condom availability and access to tertiary students.

Activities planned to achieve these objectives include advocacy and sensitization seminars held with school gatekeepers and conducting qualitative formative research on students' perception of sexual behavior and STIs. Training of trainers workshops will be held to train one teacher/ supervisor from each school. It is estimated that over the life of the project, a total of 260 peer health educators will receive the necessary training to provide HIV/AIDS/STI prevention education, condom-negotiation skills, and information about broader reproductive health issues (e.g. Family planning) to their peers. Further, IEC materials will be developed, produced and distributed to students to support project educational activities amongst the targeted youth. In each institution the supervisors and the peer health educators will establish a club for those interested in AIDS/STI and related health issues and will invite other students, teachers and staff to join. Project staff will establish a resource

center at the EDFHO secretariat. EDFHO will also support 4 radio/television programs.

Although the project does not specifically deal with STI services, peer health educators, as part of their HIV/AIDS prevention activities, will provide their peers with education on STI. During the initial focus group discussions, the students will identify health/medical centers where students seek treatment for STI, or contraceptive needs, or both. These centers will then be informed by project staff about the project and the need to encourage effective, sensitive treatment of youth. Project staff will further establish 20 condom outlets where students may purchase condoms conveniently and discreetly within the participating tertiary institutions.

HIV/AIDS/STI Intervention with Transport Workers in Kebbi State
April 19, 1999 - June 30, 2002
NGO IA: National Union of Road Transport workers (NURTW1)

This project targets 5,000 road transport workers in Kebbi State and is designed to increase awareness and prevent the transmission of HIV/AIDS/STI. The project will be implemented through the Kebbi State branch of the National Union of Road Transport Workers (NURTW). Project objectives include increased risk reduction behavior among road transport workers, and improved condom availability and access. The project features the following activities: peer education, development and use of IEC materials, improved access to condoms, STI counseling and referral to STI services; and creating an environment among policymakers conducive to effective HIV/AIDS/STI prevention.

Specific project activities will initially include conducting sensitization meetings with local officials, and formative research on transport worker's knowledge about HIV/AIDS/STI through a qualitative needs assessment. This assessment will be used to guide development of BCC/IEC materials to be used during the intervention.

With technical assistance from FHI/Nigeria, and with the assistance of a local consultant, a training of trainers workshop will be held in which 14 NURTW members will receive the knowledge and skills to train transport-workers as peer educators. A training curriculum will be adapted. The 14 NURTW trainers in turn will train peer health educators to conduct

ST/HIV/AIDS prevention activities targeting motor park transport workers. Two NURTW staff members will attend a training of trainers workshop conducted by FHI. Nigeria in which they will acquire the knowledge and skills to train other NURTW staff in interpersonal communication and counseling techniques.

Two NURTW staff members will also attend an IEC materials development workshop conducted by FHI/Nigeria. In turn a variety of IEC materials will be developed.

Although the project does not specifically deal with STI services, peer health educators, as part of their HIV/AIDS prevention activities, will educate transport workers on the recognition of STI symptoms and encourage prompt and effective treatment seeking behavior. During the initial focus group discussions, participants will identify health/medical centers where transport workers seek treatment for STI. Project staff will then visit these centers to inform center staff about the project.

FHI will conduct a condom logistics workshop for its NGO partners, in which members of the NGOs will receive training in condom logistics. As part of its agreement with FHI, the Society for Family Health, Population Services International's Nigerian affiliate, will participate in this activity. One NURTW staff member will attend this workshop. NURTW will establish at least two condom outlets in each of the four target zones.

HIV/AIDS/STI Intervention with Commercial Sex Workers in Lagos State
May 1, 1999 - June 30, 2002
NGO IA: Life Link Organization (LLO)

This project will target the commercial sex workers and clients of brothels in Ajegunle, Kirikiri, and Apapa (a total of 70 brothels). The project will be implemented using BCI strategies like peer education, development and use of IEC materials, distribution and sale of condoms, STI counseling and referral to improve STI services, and creation of a policy environment conducive to HIV/AIDS prevention intervention. Life Link Organization (LLO) will be the implementing agency for this project.

Objectives of this project are increased risk reduction behavior among commercial sex workers and improved condom availability and access. PSI/SFH will assist in achieving the later objective. Specific activities planned for reaching these objectives include holding sensitization seminars

with gatekeepers such as hotel/brothel proprietors, managers, and chairladies to mobilize support for the successful implementation of the project. The forum will be used to highlight LLO's expectations and the benefits of the project to the target population. Participants will also be educated on HIV/AIDS/STI prevention and the importance of educational activities. Formative research will be conducted through focus group discussions with ten commercial sex workers to collect baseline data prior to BCC interventions.

FHI/Nigeria will train two LLO staff at a peer health educator training of trainers workshop on how to train peer health educators and in interpersonal communication/ counseling skills. The trained LLO staff will then train 140 commercial sex workers, who will carry out prevention activities among their peers in the 70 target brothels/ hotels. LLO will also conduct a vocational training for approximately 70 commercial sex workers. In addition, a trained counselor will provide STI counseling services.

FHI/Nigeria will train LLO project staff at a cluster-based workshop on materials development. Planning meetings on BCC/IEC materials development will be held with a graphic artist. Samples of the IEC materials produced will be pre-tested among target audience.

FHI/Nigeria will facilitate linkages between PSI/SFH and LLO for the provision of promotional condoms at the beginning of the project. As the project progresses, condoms will be sold through chairladies, brothel managers and/or other established outlets to the commercial sex workers and their clients with emphasis on proper and consistent use and benefits of condoms, particularly in terms of protection against HIV/AIDS/STI.

HIV/AIDS/STI Intervention with Commercial Sex Workers in Jigawa State

May 10, 1999 - June 30, 2002

NGO IA: Population Development Forum (PODEF)

This project will focus on two sectors of Kazaure: Kanti (in Kazuare Local Government Area) and Gada (in Yankwashi Local Government Area). The overall goal of the project is to increase risk reduction behavior among commercial sex workers and their clients. Using the peer health education

approach, the Population Development Forum (PODEF) intends to reach about 1,000 commercial sex workers at both sites during life of project.

The project will employ three major strategies: involvement of gatekeepers; empowerment of women with the skills to negotiate safer sex, and to recognize signs and symptoms of sexually transmitted infections (STI); and promotion of condom use within commercial sex worker's compounds.

The project will address the issues of unwanted marriage, poverty, and ignorance and other issues by exploring these topics in qualitative research, developing messages based on commercial sex worker concerns with these issues and with the specific activities outlined below.

Specific activities to reach the objective of overall increased risk reduction behavior among Kanti and Gada commercial sex workers and their clients include holding sensitization, mobilization and advocacy meetings with traditional rulers, religious leaders, law enforcement agents and chair-ladies of commercial sex workers. Qualitative formative research will be conducted to obtain current data on commercial sex worker attitudes and beliefs surrounding HIV/AIDS/STI and to assess perceptions of sex worker and partner behavior related to HIV prevention and to STI health seeking behavior.

PODEF will visit health care facilities offering STI services that are visited (or likely visited) by commercial sex workers and their clients to inform them of the project. Health care providers in some of these facilities will receive IMPACT cluster-level training in syndromic management of STI. FHI/Nigeria will organize a cluster-level training of trainers workshop to provide two PODEF staff with the skills to train peer health educators in HIV/AIDS prevention counseling who will then conduct counseling visits to project sites. PODEF will adapt the peer health educator training curriculum for use with northern commercial sex workers. A variety of IEC materials will be developed to complement peer health educators' educational/counseling activities with commercial sex workers and their clients.

PODEF will engage a local dramatic troupe to develop dramatic presentations with AIDS/STI prevention messages. Dramatic presentations will then be performed once a year at each site throughout the life of project.

FHI/Nigeria will review and approve the scripts before the plays are performed.

Further, PODEF will develop a vocational skills training curriculum for interested commercial sex workers to address their problems of poverty.

To improve condom availability to commercial sex workers and their clients, at least four condom outlets convenient to the target population will be established.

HIV/AIDS/STI Intervention with Transport Workers in Anambra State
June 25, 1999 - June 30, 2002
NGO IA: National Union of Road Transport Workers (NURTW)

The overall goal of the project is to reduce the transmission of HIV and sexually transmitted illnesses (STIs) in road transport workers based in motor parks. The National Union of Road Transport Workers (NURTW), Anambra state, a trade union established to implement activities to improve the welfare of its members, will be the implementing agency.

The project is intended to increase awareness of HIV/AIDS/STI and the modes of transmission, provide HIV/AIDS/STI education, and promote behavior change necessary for preventing HIV transmission by employing behavior change intervention strategies. Activities will include peer education; development and use of information, education and communication (IEC) materials; improved access to condoms; counseling on STIs and referrals to STI clinics; and creating an atmosphere conducive for effective HIV/AIDS/STI prevention for policy makers.

The objective of increased risk reduction behavior among road transport workers will be achieved through some of the following activities: sensitization meetings held with key gatekeepers such as local officials and policy makers, whose cooperation is essential for the successful implementation of the project; qualitative needs assessment through five focus group discussions with transport workers and union members to determine members' attitudes towards HIV/AIDS/STI and their use of condoms; a training of trainers workshop on peer health education; the development, pre-testing and production of IEC materials based on the results of the needs assessment focus group discussions; the training of a total of 180 peer health educators to conduct HIV/AIDS/STI prevention activities targeting motor park road transport workers. At the end of the

project it is expected that 12,000 road transport workers will be reached through the following peer health education activities: one-on-one education, group education and road campaigns. Two NURTW project staff will attend a training of trainers workshop in which they will acquire the knowledge and skills to train other NURTW staff in interpersonal communication techniques. NURTW will also establish a counseling center at a motor park in each of the four zones to serve as drop-in points for transport workers who need counseling. It will also serve as condom outlet, a venue for monthly monitoring meetings for peer health educators, and a distribution point for IEC materials. To complement and reinforce the activities of peer health educators in the project, an audiotape drama will be produced and distributed among drivers who will play them in their vehicles as they travel.

Activities to achieve improved available of quality STI services will include peer counseling, using peer health educators to teach transport workers to recognize STI symptoms and encourage prompt and effective treatment-seeking behavior. Linkages with health/medical centers identified during the initial focus group discussions will be established.

Training in condom logistics and the establishment of additional condom outlets will help to improve condom availability and access to transport workers.

CHESTRAD: Behavioral Surveillance Survey 1
September 27, 1999 - March 31, 2000
NGO IA: CHESTRAD

Contract terminated in early December 1999.

Community and Home- based Care and Support, Abakaliki, Ebonyi
May 17, 1999 - June 30, 2002

NGO IA: The Safe Motherhood Ladies Association (SMLAS)

This project is targeted at people living with HIV/AIDS (PLWHA) and people affected by AIDS (PABA), with the general public of the Abakaliki communities as a secondary target. The Safe Motherhood Ladies Association (SMLAS), a non-governmental, not-for-profit organization focused on maternal and child health, HIV/AIDS/STI prevention and adolescent reproductive health, is the implementing agency. The objective of the project is to mitigate the impact of HIV/AIDS in PLWHA and PABA. Activities to be carried out under this subproject include collaboration with

health institutions, community advocacy, training, home visits, and production of IEC materials.

The development of community based programs in support of people infected with HIV and affected by AIDS will be achieved through some of the following specific activities. A needs assessment will be conducted of PLWHA and PABA using qualitative methods. A care and support advocacy, sensitization and mobilization workshop will be held for leaders of support groups. Collaborative relationships with local institutions and organizations will be established which will refer PLWHA and PABA to project services.

To enable PLWHA and PABA to have access to counseling services and home care and minimize visits to health facilities, SMLAS will recruit and train 30 volunteer outreach workers in community mobilization and basic care for PLWHA. Emphasis will be placed on discussing HIV/AIDS prevention, increasing acceptance of PLWHAs in the community, reducing discriminatory attitudes toward PLWHAs, and delivering home-based care. Home visits will be conducted throughout the life of project. Seminars on HIV/AIDS/STI will be held for approximately 40 neighborhood health care providers (patent medicine dealers ad laboratory blood vendors) to sensitize the groups to HIV/AIDS/STI risks, as well as provide them with a forum to discuss risk reduction options. A seminar will also be held by SMLAS with technical assistance from IMPACT/Nigeria for 60 PABA on essential health care for PLWHA, and the transmission and prevention of HIV/AIDS.

Skills training for income-generating activities will be provided in order to provide PLWHA and PABA with skills to improve their economic status, in addition to improving their own morale and giving them a sense of belonging in the community. Thirty participants will be included in the training.

SMLAS will establish a counseling center to provide information and supportive counseling on HIV/AIDS, home-based care, prevention, and HIV/STD risk reduction for PLWHA and PABA who are referred from collaborating health care facilities. Counselors will provide basic education on health and nutrition as well as emotional support. In addition, the center will guarantee confidentiality and facilitate the establishment of PLWHA networks or groups. Periodic meetings will be held for monitoring and supervision purposes, leading to the formation and registration of a network of PLWHA.

A variety of IEC materials will be developed to enhance the work of project counselors and outreach workers.

HIV/AIDS/STI Intervention with In-School Youth in Katsina State and Environs

May 15, 1999 - June 30, 2002

NGO IA: Nigerian Union of Teachers (NUT)

Under this subagreement, the Nigerian Union of Teachers (NUT), Katsina State, will seek to increase HIV/AIDS/STI risk reduction behavior through behavior change communication strategies and the provision of HIV/AIDS/STI and additional reproductive health information at 2 tertiary and 10 secondary schools within the state. In order to integrate this intervention with STI and family planning referral systems at the tertiary level, linkages will be made with tertiary institution health facilities, to provide increased availability of and access to quality services. NUT aims to reach at least 75 percent of targeted students by the end of the project. Activities will include training students as peer health educators, formation of anti-AIDS clubs, and drop - in centers, production and distribution of IEC materials, and community outreach. Further, efforts will be made to incorporate HIV/AIDS/STI and reproductive health issues into lectures and seminars provided by religious leaders. This will be facilitated by the inclusion of religious leaders at all stages of training and implementation.

Activities to achieve increased risk reduction behavior among the target population will begin with conducting advocacy and sensitization meetings with the members of NUT, Katsina HIV/AIDS/STI Prevention Committee, and institutional and community stakeholders, to ensure their full participation and approval of all proposed intervention activities and to sensitize gatekeepers to existing risk factors and behavior, acceptance, and the importance of the proposed intervention. FHI will provide technical assistance to support qualitative formative and analytical research to assess perceptions of knowledge, misconceptions, perceived needs and changing attitudes and behaviors of students with regards to sexual behavior, the prevention and modes of transmission of HIV/AIDS/STIs and the use of condoms.

FHI and local consultants will provide technical assistance for the training of a total of 20 teachers and religious instructors as trainers. The inclusion of religious instructors as trainers will enhance acceptance of the intervention. A total of 260 peer health educators will be trained through the life of the project. Peer health educators will attain kills for the provision of HIV.AIDS/STI prevention education and information on general reproductive health issues.

Anti-AIDS clubs will be established in each secondary school upon completion of the peer health educator training. The clubs, which will be located at each selected secondary school, will serve to provide resource/ IEC materials for the students. Peer health educators will use the clubs to organize monthly activities such as educational film-show viewing, drama shows, inter-school debates, and quiz competitions. To support project educational activities, IEC materials will be adapted, produced, distributed and displayed by peer health educators during education sessions and at club and/or special events.

In association with contacted health facilities, project staff will establish five condom outlets in tertiary institutions.

Community and Home-Based Care and Support, Birnin Kebbi, Kebbi State
May 21, 1999 - June 30, 2002
NGO IA: Muslim Health Workers Ummah (MUHEWU)

This project is designed to mitigate the impact of HIV/AIDS among HIV-positive persons and their families in Birnin Kebbi. Activities to be implemented include advocacy; training; community mobilization; development, production and distribution of information, education and communication support materials; home visits and establishment of a counseling center and HIV/AIDS data management. The Muslim Health Workers Ummah (MUHEWU) will collaborate with the Kebbi State AIDS Control Program to obtain relevant government support and input in the care and support project.

To mobilize traditional rulers, policy makers and other influential leaders in the community, a one-day sensitization seminar will be held for 20 leaders. Two focus group discussions will be conducted to assess the needs of people living with HIV/AIDS (PLWHA) in Birnin Kebbi and its environs. This will

provide the needed information on how to provide the essential care for PLWHA and also provide the basis for the development of IEC materials.

Forty (40) health care providers selected from collaborating health institutions will be trained in interpersonal communication and counseling. Those trained will provide pre- and post- test counseling in their facilities. Forty (40) volunteer health workers will be trained to provide outreach services in counseling and basic home care for PLWHA and PABA. Sixty (60) PLWHA will be trained in peer counseling throughout life of project to provide counseling and support to other PLWHA within the project.

Four three-day trainings will be conducted for 100 people affected by AIDS throughout life of project. The training will focus on basic home care and counseling skills.

Community sensitization and mobilization for a compassionate and supportive environment for PLWHA will be undertaken throughout the life of the project. This will reinforce outreach work and further promote a sense of community acceptance and support for PLWHA and PABA.

IEC materials will be developed, pre-tested, and produced with technical assistance from FHI.

A counseling center will be established in Birnin Kebbi for PLWHA and PABA who will be provided with information that will enhance the quality of care they receive. Community mobilization and support groups will be established for the project. The PLWHA will be encouraged to meet monthly to facilitate effective networking among them. The meeting will provide a platform for group therapy, nutritional education, and opportunity to share experiences.

Community and Home Based Care and Support for PLWHA in Ibadan, Oyo State

May 19, 1999 - June 30, 2002

NGO IA: The Christian Health Association Nigeria (CHAN)

The project aims to improve/ develop community-based programs in support of people infected with and affected by HIV/AIDS. The Christian Health Association, Nigeria (CHAN), Ibadan is the implementing agency. Activities to be implemented include advocacy; training; community mobilization;

development, production and distribution of information, education and communication support materials; home visits and establishment of a counseling center and HIV/AIDS data management. CHAN is a not-for-profit non-governmental organization founded in 1973 with membership from private medical institutions with Christian affiliation.

Specific activities to achieve this objective will begin with conducting a comprehensive needs assessment process. A facility assessment will include individual interviews with health care providers about issues relating to quality care. Focus group discussion will be conducted to assist in assessing the need of PLWHA and PABA living in Ibadan.

CHAN will organize advocacy meetings throughout the life of the project with groups that have the potential to influence project outcome. Initially, these meetings will mobilize support for the project, while subsequent meetings will address issues affecting PLWHA and the project in general.

Three curricula for training health care providers, outreach workers, and peer educators/ counselors will be adapted, pre- tested and produced. Initially, 40 health care providers (nurses, community health officers and laboratory technologists) from collaborating health institutions will receive training in pre- and post- test/supportive counseling for PLWHA. The project will train 40 volunteer health workers (drawn from the community) to provide outreach services. Training sessions will be held to train 50 church youth and women in HIV/AIDS/STI peer education and training. This group of trained peer educators will complement the activities of the outreach workers and help intensify and sustain outreach work in the community.

With the assistance of the project advisory team, a system will be developed to link referrals between six collaborating health care facilities and CHAN services, which will include counseling, home-based care, income generation, and support groups using PLWHA counselors and the outreach workers described above. One hundred and thirty (130) PLWHA will be trained as peer educators and counselors on peer group support, communication, counseling, nutrition, basic hygiene and integrated health. Income generating activities (IGA) skills acquisition training will be conducted.

The IGA will provide PLWHA with skills that will increase their income and help them become more self-sufficient, thereby increasing their self-esteem and feelings of productivity. Monthly PLWHA meetings will be held to provide a forum to exchange ideas and information about their health and coping mechanisms, and to promote shared confidentiality. It will also serve as an avenue for group therapy for PLWHA.

IEC materials will be produced and distributed to enhance the work of project counselors and outreach workers. A counseling center will be established.

SUMMARY OF ISSUES

The preceding sections on Program Management Issues for Program Review and Technical Issues for Program Review have given a sense of the multi-faceted issues that will need to be addressed as part of the Program Review.

It is clear that the shortfall in funding has contributed much to the incomplete status of proposed activities. However, the milestones that have been achieved thus far under IMPACT are impressive. The experience of programming since 1998/9 has allowed FHI to assess critical HIV programming issues for the future.

Key program management issues revolve around funding mechanisms and budget shortfalls. Programmatically this has meant incomplete activities as well as a very low level of funding for IAs The program review will explore ways of strategic and effective programming in the light of available funding

FHI's long history of working in Nigeria has meant the use of well tested strategies, lessons learned and best practices in the areas of capacity building, BCI, STI diagnosis and treatment, policy development and social marketing. A critical component in FHI's activities is the building of capacity of local partners to carry on programming beyond FHI's input. However, within certain key technical areas, there is a need to consider the present level of programming. **In both STI programming and Care and Support activities, the lack of access to drugs has been a major impediment to successful programming.**

In terms of technical "gaps" under the present program of work, the areas of AIDS orphans, Women's Initiative and Voluntary Counseling and Testing have been identified. A concept paper on Children Affected by AIDS/ Orphan and Vulnerable Children (CAA/OVC) is already being developed. There is every reason to believe that if funding is available, FHI is technically qualified to initiate activities in any of these key areas. In response to USAID's new programming areas, the Program Review will also need to consider the optimal ways of working with the military to initiate HIV prevention activities. FHI has ample experience in working with the uniformed services in HIV prevention within the African context.

Above and beyond some of these programmatic and technical issues is the fact that USAID/Nigeria's strategy is different as of August 1999. This Program review will need to consider how current and future programming will be affected by this change of strategy.

Appendices

FAMILY HEALTH INTERNATIONAL
Nigeria - IMPACT Program

	SUMMARY	Total
I.	LOP Obligation as of 3/9/00	2,445,000
II.	LOP Expenses as of February 2000	2,532,455
III.	Remaining Balance as of February 2000	$ (87,455)

DETAIL EXPENSES

	Budget Line Item	Life of Project Expenses (thru 2/00)
I.	**Salaries**	**502,153**
II.	**Fringe Benefits**	**36,206**
III.	**Consultants**	**78,753**
IV.	**Travel**	**182,522**
V.	**Procurement**	**89,167**
VI.	**Subagreements**	**546,373**
VII.	**Other Direct Costs**	**530,248**
VIII.	**General & Administrative**	**567,032**
IX.	**TOTAL**	**2,532,455**

FAMILY HEALTH INTERNATIONAL
Nigeria - IMPACT Program

	SUMMARY	Total
I.	LOP Obligation as of 3/9/00	2,445,000
II.	LOP Expenses as of February 2000	2,532,455
III.	Remaining Balance as of Feb 2000	(87,455)

DETAIL EXPENSES

	Budget Line Item	Total LOP thru 2/00 (CO thru2/00)
I.	**Salaries**	
	Field Salary by Effort	862
	Field Other Salary	421,060
	Salary	55,001
	CPA	9,569
	Contract Labor	15,008
	Contract Salary	556
	Contract CPA	97
	Total Salaries	**502,153**
II.	**Fringe Benefits**	
	Field Other Salary Fringe	19,599
	Fringe Benefits	16,557
	Contract Fringe	50
	Total Fringe Benefits	**36,206**
III.	**Consultants**	
	Field Other Contract Services	31,412
	Consultant	47,341
	Total Consultants	**78,753**
IV.	**Travel**	
	Field Incountry Travel	60,781
	Field International Travel	**17,248**
	Local Mileage Taxi	87
	Foreign Travel	104,406
	Total Travel	**182,522**
V.	**Procurement**	
	Field Office Equipment	63,259
	Field Computer Purchase	25,909
	Total Procurement	**89,167**

DETAIL EXPENSES

	Budget Line Item	Total LOP thru 2/00 (CO thru2/00)
VI.	**Subagreements**	
	Subagreements w/ G&A	243,345
	Subagreements w/o G&A	303,027
	Total Subagreements	**546,373**
VII.	**Other Direct Costs**	
	Field Office Expense	10,393
	Field Office Supplies	24,071
	Field Office Materials	2,551
	Field Communications	55,612
	Field Printing Reproduction	19,936
	Field Equipment Lease & Repair	16,420
	Field Vehicle Maintenance	25,370
	Field Miscellaneous	13,474
	Field Transfer Payments Made	65,160
	Freight	6,378
	Temporaries	37
	Insurance	133
	Postage	1
	Registration	5,915
	Medical Insurance	137
	Computer Service Center	5,701
	Net Revenue	(2,033)
	Field Conference Training	280,992
	Total Other Direct Costs	**530,248**
VIII.	**General & Administrative**	
	G&A	567,359
	Prior Year G&A Adjust	(327)
	Total General & Administrative	**567,032**
IX.	**TOTAL**	**2,532,455**

APPENDIX II: USAID/NIGERIA PARAMETERS

The USAID Mission in Nigeria has identified six program implementation parameters, which guide the intervention strategies of all Implementing Partners (IPs) working in Nigeria with USAID funds. These parameters and how FHI/IMPACT will work within them are described below:

- **Seek Opportunities for Integration With USAID Implementing Partners**

USAID is implementing an integrated health package with family planning, child survival initiatives and HIV/AIDS prevention and impact mitigation as components of the program portfolio. FHI will facilitate the integration of HIV/AIDS prevention into the family planning and child survival programs of USAID partner NGOs through coordination and collaboration among implementing partners.

- **Address Issues specific to the Needs of Adolescent Reproductive Health**

Youth have been identified as a highly vulnerable and underserved segment of the population. Although they constitute over 50 percent of the general population, they are not often consulted during the program design phase of projects. During the needs assessment for the strategic design of the IMPACT/Nigeria program, a wide range of youth and adolescents as well as youth-focused NGOs were consulted in order to address this common oversight. FHI, in collaboration with relevant stakeholders, will design and implement a youth-friendly country program.

- **Recognize Religious and Cultural Variances in Each of the Geographic Clusters**

USAID operates in three geographic clusters comprising 14 states (The North: Jigawa, Kebbi, Katsina, and Kano states; the Southeast: Enugu, Cross River, Abia, Ebonyi and Anambra states; and the Southwest: Oyo, Osun, Ondo, Lagos and Ekiti states). FHI will continue to operate within these geographic clusters to concentrate its efforts and maximize efficient use of the Mission's limited resources.

Each cluster differs in culture, language and religion. Projects will be designed with sensitivity to address the cultural differences between the three clusters with the active participation of the potential beneficiary communities to enhance program acceptance and community ownership.

- *The Northern Strategy*: In the northern cluster, Islam is the predominant religion. There is also, a strong traditional rulership system of emirates. Both the religious and traditional leaders are highly respected and the two institutions are so closely knit that they are virtually inseparable. In order to achieve community participation, FHI will seek collaboration with these institutions in every phase of program implementation.

- *The Southeast Strategy*: The southeast is predominantly Christian, mainly Catholic and Protestant. There is a strong chieftancy system of traditional governance as well as community mobilization groups such as the age grades, town unions and Women Associations. Depending on the target populations, FHI will design community programs that are responsive to local priorities in collaboration with these groups.

- *The Southwest Strategy*: The southwest is predominantly Christian but with a strong Islamic presence. There is also a highly respected and revered *Obaship* system of traditional rulership as well as gender-specific Age Grade associations, Social Clubs and Town Unions. FHI will collaborate with these groups in the design and implementation of community-based interventions.

- **Address Special Challenges in Women's (Health Care) Decision Making**

Many women in Nigeria are disadvantaged in household decision-making including decisions affecting their health and that of their children. FHI, in collaboration with women's groups and women-focused NGOs will design and implement programs that enhance the participation of women in household decision making through empowerment.

- **Implement Urban/Peri-Urban Strategy**

The urban areas have been traditionally identified as high HIV/STI transmission areas as a result of changing social networks, more liberal value systems and the availability of disposable incomes. The majority of these

urban dwellers are employed men and women who are not necessarily living exclusively in the urban centers but are also found in satellite peri-urban settlements. FHI, in collaboration with employers of labor and labor unions, will design and implement interventions for the employed primary target populations in the workplace as well as community-oriented programs for the secondary target populations both in the urban and peri-urban areas.

❖ **Consider Sustainability and Plan an Exit Strategy**

The sustainability of projects beyond the life of FHI/IMPACT continues to be an area of mutual interest between FHI and USAID. In this regard FHI will place emphasis on NGO capacity building and institutional strengthening, internal democratization processes, well defined management procedures, diversification of funding base and community participation to foster community ownership—without ownership, other skills building is useless. FHI will identify the areas of comparative advantage of its partner NGOs and strengthen them so that they can continue to provide technical assistance to other NGOs. FHI will also promote, build and strengthen networking and advocacy skills among the NGOs.

APPENDIX III PROGRAM REVIEW SCHEDULE

IMPACT Program Review Schedule

DATE	TIME	ACTIVITY	ORGANIZATION, LOCATION	PERSON(S) TO MEET	VISITING TEAM MEMBERS	MEETIN STATUS
Tuesday April 25 2000		Arrival at Italian Guest House	Lagos			
Wednesday April 26 2000	8:00	Meeting with FHI staff (Visioning Exercise for whole day)	FHI/JSMB conference room Lagos	FHI/Nigeria Staff	Carol Larivee Maggie Diebel Sujata Rana Denis Jackson	
Thursday April 27 2000	10:00	Courtesy calls/meetings	FMOH, Abuja	Dr. T. Menakaya (MOH)	Maggie Diebel	Letters se
	10:30		NACA	Professor Akinsete		
	11:30		NASCP	Dr. Sani-Gwarzo	Denis Jackson	
	14:00		DFID		Olufemi Oke	
	15:00				?Carol Larivee ?Sujata Rana	

IMPACT REVIEW Meeting Schedule contd.

DATE	TIME	ACTIVITY	ORGANIZATION, LOCATION	PERSON(S) TO MEET	VISITING TEAM MEMBERS	MEETI STATU
Friday April 28 2000		IP Meetings	IP Meetings, Lagos SFH, Lagos CEDPA, Lagos JHU, Lagos — Thurs BASICS, Lagos — Thurs AVSC, Lagos PATHFINDER, Lagos Police Force, Lagos AFPAC, Lagos	Mr. T. McLellan Dr. E. Ifenne Mr. B. Kusemiju Dr. J. Ayodele Dr. A. Adetunji Mr. M. Egboh Dr. U.O. Usun Dr. (Lt-Col) O.S. Njoku	Sina Umah - Sr. Prog Officer & Carol - Secretary	
Saturday 2000 April 29		Site Visit	OANA, Aba (SE) ADON, Ejigbo (SW)	Two Teams (return same day)		
Sunday 2000 April 30			FREE DAY			

IMPACT REVIEW Meeting Schedule contd.

DATE	TIME	ACTIVITY	ORGANIZATION, LOCATION	PERSON(S) TO MEET	VISITING TEAM MEMBERS	MEETING STATUS
Monday May 1 2000	15:00	Pre-Workshop Meeting	Excellence Hotel, Lagos	Review Team + FHI staff	William Schellstede Carol Larivee Maggie Diebel Sujata Rana Denis Jackson	Letters sent
	17:00	Pre-Workshop Reception				Unconfirmed
Tuesday May 2 2000	9:00	Stakeholders meeting, Day I	Life Link Organization NUBIFIE RCCG EDFHO ADON SWAAN, Kano PODEF MSO MUHEWU NUT NURTW, Kebbi HHO SMLAS OANA PGN NURTW, Anambra WARO AFPAC Police force	Mrs. Dora Ofobrukweta + FSW Alh. Mohammed Maman + trainer Pastor Laide Adenuga + PHE Mr. Olu Ogunrotimi + PHE Mrs. Bola Lana + PLWHA Mrs. Hadija Yahaya + PLWHA Mr. Yakubu + FSW Hajiya Ahmed + PHE Mrs. Aliyu Garba + PLWHA Mr. Yahaya Shinkafi + PHE Mr. Sallam Bagudo + PHE Dr. Clement Ojukwu + PLWHA Mrs. Ugo Uduma + PLWHA Mrs. Rose Nnochiri + FSW Rev. Iro + PHE Mr. Chris Anyamene + PHE Mrs. Nkechi Onah + PHE Dr. (Lt-Col) O.S. Njoku + staff Dr. U.O. Usun + staff	William Schellstede Carol Larivee Maggie Diebel Sujata Rana Denis Jackson Prof. Akinsete NASCP rep Joseph Nnorom Olufemi Oke FHI/Nigeria Staff	Letters sent
Wednesday May 3 2000	9:00	Stakeholders Meeting, Day II	Excellence Hotel, Lagos	As before	As Above	Letter sent

IMPACT REVIEW Meeting Schedule contd.

DATE	TIME	ACTIVITY	ORGANIZATION, LOCATION	PERSON(S) TO MEET	VISITING TEAM MEMBERS	MEETING STATUS
Thursday May 4 2000	9:00	Report Writing & FHI Team de-briefing	Excellence Hotel, Lagos		Carol Larivee Sujata Rana Prof Akinsete	
		Meeting (in Lagos)	DFID		William Schellstede Denis Jackson Maggie Diebel Olufemi Oke	
		De-brief	USAID Mission	Joseph Nnorom Mr. T. Hobgood, Mission Director AIDS representatives		
Friday May 5 2000	9:00	Report Writing contd.	Excellence Hotel, Lagos		Carol Larivee William Schellstede Maggie Diebel Sujata Rana Denis Jackson Olufemi Oke	
		Departure				

Impact

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D. FHI

FAMILY HEALTH INTERNATIONAL

TO:

NAME: Sandy Thurman

LOCATION: Office of National AIDS Policy

FAX #: (202) 456-2439

FROM:

NAME: Mary O'Grady

DATE: 8 June 2000 TOTAL #OF PAGES: 9
(including this page)

Sandy,

I just heard via Lagos (an office that you probably don't have time to visit any of our projects. If this changes, attached are four to consider:

1) NUBIFIE } Lagos
2) LLO }
3) SWAAN } Kano State
4) MSO }

Have a great trip!

Mary O'Grady

Funded by the United States Agency for International Development

SUBAGREEMENT SUMMARIES

HIV/AIDS/STI Intervention with Men and Women in the Workplace
August 15, 1999 - June 30, 2002
NGO IA: National Union of Banks, Insurance and Financial Institutions Employees (NUBIFIE)

The objective of this subproject is to increase risk reduction behavior among men and women in the workplace and to improve condom availability and access. In order to a achieve this objective, the following activities are planned:NUBIFIE HIV/AIDS Advisory committee established, sensitization/mobilization meetings conducted, policy needs assessment conducted, policy formulation advocacy meetings held, training of trainers on peer health education conducted, peer health educators training conducted, refresher training for PHEs held, one-on-one and group educational sessions, establishment of a resource center, production and distribution of IEC materials and the establishment of condom sales outlets.

The subproject is being implemented by the National Union of Banks, Insurance and Financial Institution Employees (NUBIFIE). NUBIFIE is an organized trade union with 90,000 members nationwide. NUBIFIE will collaborate with the Nigeria Employers Association of Banks, Insurance and Allied Institutions (NEABIAI), and the Associations of Senior Staff of Banks (ASSBIFI) in order to create and sustain an enabling environment for the implementation of project activities. The Society for Family Health (SFH), the local affiliate of Population Services International, will provide a seed stock of condoms to the project.

This subproject targets the 43,000 NUBIFIE members in Lagos State. NUBIFIE will implement comprehensive peer health education programs in fifteen selected financial-sector companies in Lagos. The fifteen companies are either the headquarters of companies based in Lagos or the largest Lagos branches of companies based outside Lagos. The selected companies include: First Bank, Wema Bank, Bank of the North, New Nigerian Bank, Nigeria Agriculture and Cooperative Bank, Savannah Bank, Guinea Insurance PLC, Nigeria Social Insurance Trust Fund (NSITF), and Nigeria Re-Insurance Company.

ST/HIV/AIDS prevention activities targeting motor park transport workers. Two NURTW staff members will attend a training of trainers workshop conducted by FHI. Nigeria in which they will acquire the knowledge and skills to train other NURTW staff in interpersonal communication and counseling techniques.

Two NURTW staff members will also attend an IEC materials development workshop conducted by FHI/Nigeria. In turn a variety of IEC materials will be developed.

Although the project does not specifically deal with STI services, peer health educators, as part of their HIV/AIDS prevention activities, will educate transport workers on the recognition of STI symptoms and encourage prompt and effective treatment seeking behavior. During the initial focus group discussions, participants will identify health/medical centers where transport workers seek treatment for STI. Project staff will then visit these centers to inform center staff about the project.

FHI will conduct a condom logistics workshop for its NGO partners, in which members of the NGOs will receive training in condom logistics. As part of its agreement with FHI, the Society for Family Health, Population Services International's Nigerian affiliate, will participate in this activity. One NURTW staff member will attend this workshop. NURTW will establish at least two condom outlets in each of the four target zones.

HIV/AIDS/STI Intervention with Commercial Sex Workers in Lagos State
May 1, 1999 - June 30, 2002
NGO IA: Life Link Organization (LLO)

This project will target the commercial sex workers and clients of brothels in Ajegunle, Kirikiri, and Apapa (a total of 70 brothels). The project will be implemented using BCI strategies like peer education, development and use of IEC materials, distribution and sale of condoms, STI counseling and referral to improve STI services, and creation of a policy environment conducive to HIV/AIDS prevention intervention. Life Link Organization (LLO) will be the implementing agency for this project.

Objectives of this project are increased risk reduction behavior among commercial sex workers and improved condom availability and access. PSI/SFH will assist in achieving the later objective. Specific activities planned for reaching these objectives include holding sensitization seminars

with gatekeepers such as hotel/brothel proprietors, managers, and chairladies to mobilize support for the successful implementation of the project. The forum will be used to highlight LLO's expectations and the benefits of the project to the target population. Participants will also be educated on HIV/AIDS/STI prevention and the importance of educational activities. Formative research will be conducted through focus group discussions with ten commercial sex workers to collect baseline data prior to BCC interventions.

FHI/Nigeria will train two LLO staff at a peer health educator training of trainers workshop on how to train peer health educators and in interpersonal communication/ counseling skills. The trained LLO staff will then train 140 commercial sex workers, who will carry out prevention activities among their peers in the 70 target brothels/ hotels. LLO will also conduct a vocational training for approximately 70 commercial sex workers. In addition, a trained counselor will provide STI counseling services.

FHI/Nigeria will train LLO project staff at a cluster-based workshop on materials development. Planning meetings on BCC/IEC materials development will be held with a graphic artist. Samples of the IEC materials produced will be pre-tested among target audience.

FHI/Nigeria will facilitate linkages between PSI/SFH and LLO for the provision of promotional condoms at the beginning of the project. As the project progresses, condoms will be sold through chairladies, brothel managers and/or other established outlets to the commercial sex workers and their clients with emphasis on proper and consistent use and benefits of condoms, particularly in terms of protection against HIV/AIDS/STI.

HIV/AIDS/STI Intervention with Commercial Sex Workers in Jigawa State

May 10, 1999 - June 30, 2002

NGO IA: Population Development Forum (PODEF)

This project will focus on two sectors of Kazaure: Kanti (in Kazuare Local Government Area) and Gada (in Yankwashi Local Government Area). The overall goal of the project is to increase risk reduction behavior among commercial sex workers and their clients. Using the peer health education

management, sustainability, IEC materials development, interpersonal communication, counseling, PHE training, monitoring and evaluation.

Community Home- Based Care and Support for PLWHA in Kano State
April 12, 1999 - June 30, 2002
NGO IA: The Society for Women and AIDS in Africa/Nigeria (SWAAN)

This project will target HIV sero-positive men, women and children and PABA living in Kano, a metropolitan area of 1,161,360 people. The Society for Women and AIDS in Africa/Nigeria (SWAAN) will be the implementing agency. The activities to be conducted under this subproject include advocacy, training in conducting home care visits, counseling and facilitating networks among PLWHA and PABA. Establishment of a project advisory committee. Advocacy meetings with stakeholders.

A workshop will be held for 24 health care workers on pre-and post-test counseling, supportive counseling, confidentiality and data collection on HIV/AIDS will be conducted. A system will be developed to link referrals between the collaborating health facilities and SWAAN services. PLWHA will be trained on peer group support and a workshop will be held to train new outreach workers in counseling, basic home care, nutrition and basic hygiene.

Vocational skills training for PLWHA will be conducted to provide PLWHA with skills to increase their income and become more self-sufficient. SWAAN, with technical support from FHI/Nigeria, will adapt and reproduce existing information, education and communication materials in Hausa/English that will be distributed to the community through the support groups. SWAAN will translate the reference manual on home-based care and nutrition that is being developed by the NASCP. Dramatic productions in Hausa and English will be staged to provide basic facts on HIV/AIDS/STIs.

To enable PLWHA and PABA to have access to counseling services and home care to minimize visits to health facilities, the outreach workers trained will be equipped with home-care kits for home visits within their respective communities. Counseling sessions will be conducted continuously throughout the life of project to provide information and supportive advice on HIV/AIDS, home-based care, prevention and HIV/STD risk reduction for both PLWHA and PABA who are referred from collaborating health facilities.

PLWHA will form and register a legal association with support from SWAAN. Data on numbers of AIDS cases and numbers infected with HIV (unlinked anonymous) will be retrieved from collaborating health facilities monthly.

Community Home-Based Care and Support for PLWHA in Osun State
April 12, 1999 - June 30, 2002
NGO IA: The Association for Development Options (ADON)

This project will provide community-level care and support for PLWHA and PABA in Ejigbo, Osun State. The Association for Development Optio Nigeria (ADON) will collaborate with existing public and private h institutions, with the primary collaborating partners being the tist Hospital in Ejigbo and the Primary Health Care Center, Ejigbo. Th als of the project are to reduce stigma and discrimination and t ncourage PLWHA to seek early entry into care services.

Activities planned include conducting a comprehensive ds assessment. Advocacy meetings will be held to generate support e establish linkages among the representatives of key institutions and lo leaders/gatekeepers for community-based care and support of PLW and PABA. With the assistance of the project advisory team, a sys will be developed to link referrals between the collaborating healt care facilities and ADON services which will include counseling, ho based care, income generation and support groups. To train selected he care workers, project staff and local consultants will conduct two t ng sessions in HIV/STI pre- and post- test counseling.

ADON will set up a counseling ter in Ejigbo to provide information and supportive counseling on HI AIDS, home -based care, prevention and HIV/STD risk reduction f oth PLWHA and PABA who are referred from collaborating health care ilities.

To enable PLWHA a ABA to have access to counseling services and home-care and minimiz sits to health facilities, ADON will recruit and train outreach work FHI's curriculum on counseling and home-care will be adapted for in the training, and adult learning techniques will include both role and short lectures. Training workshops for PLWHA will be condu through which PLWHA will acquire skills to provide counseling su to both old and new PLWHA around Ejigbo. Similarly, PABA will

the student feels about various intervention strategies, school activities on AIDS prevention, receptivity and willingness to participate in the program, type and profile of acceptable peer leaders, appropriate time for school-based activities, and current knowledge of HIV/AIDS/STI.

A training of trainers workshop will be conducted to train [illegible] trainers with the necessary skills to train the peer health educators to conduct behavior change communication (BCC) activities. A total of 56[illegible] peer health educators will be trained in four phases. The aim of this [illegible] training is to equip the peer health educators with the necessary skills to reach and educate other students on HIV/AIDS/STI prevention and to conduct BCC activities.

The trained peer health educators will carry out one-on-one and group education activities. It is anticipated that the peer health education activities will reach at least [illegible]50 students, representing 65 percent of the target population.

Thirteen anti-AIDS clubs will be established. The clubs will facilitate the spread of the information on HIV/AIDS/STI prevention and provide a forum for learning BCC skills. The clubs will also form drama groups with training from the supervisors.

IEC materials will be adapted from previous FHI projects and other materials from collaborating organizations. IEC materials will be reproduced and distributed to at least 22,750 youth in the schools during the activities of the peer health educators.

HIV/AIDS/STI Intervention with Religious Institutions, Kano State
April 15, 1999 - June 30, 2002
NGO IA: Muslim Sisters Organization (MSO)

This project targets the Council of Ulamas (Islamic Scholars), traditional/community leaders, Islamic religious teachers in Islamic Schools, Muslim youth in secondary schools, women in adult Islamic literacy schools and Muslim families in the communities. Muslim Sisters Organization (MSO) is the implementing agency. Project activities will occur in 10 Islamic schools and 10 adult education Islamic schools within the Kano Metropolis, and will include STI counseling and referral to a community home-based care project in Kano. MSO will first implement an advocacy campaign reaching the Islamic leaders and traditional leaders. This will be followed by the educating and

mobilizing of communities to support the HIV/AIDS program under IMPACT in the state. It is envisaged that at least 2,000 families and 5,000 individuals will be counseled throughout the life of project.

In-depth interviews and focus group discussions will be held for a rapid assessment of the HIV/AIDS/STI situation in the target community. Advocacy meetings will be held to sensitize individuals on the risk of HIV/AIDS, the impact of the epidemic on the population, and the need to support the program. A sensitization meeting will also be held for 20 Moslem women opinion leaders who are in a position to help mobilize support for the project in the intervention communities. Sensitization meetings with parent - teacher associations in secondary schools will also be held. MSO with the technical assistance from FHI, will conduct sensitization/mobilization seminar for the Ulamas focusing on the basic facts of HIV/AIDS/STIs, the role of Islam in the prevention and spread of disease, and the care for those infected and affected by the disease.

IEC materials and a curriculum on HIV/AIDS/STIs counseling in an Islamic community will be adapted, pre-tested and produced. Counseling workshops will be held and the counselors trained will subsequently conduct family visits and participate in counseling at the MSO resource and counseling center. Peer health educators in the intervention schools will be trained including a peer health education training of trainers workshop. Anti-AIDS clubs will be established in schools under supervision of the trained Islamic religious knowledge teachers and school counselors.

Radio discussion programs involving Ulamas, women opinion leaders and influential community members will be conducted throughout the life of the project to further raise public awareness about HIV/AIDS/STIs, help create an environment conducive to open discussion of HIV/AIDS/STIs, and contribute towards reducing the stigma associated with AIDS in the community. Television discussion programs featuring mainly Ulamas are also planned. Sensitization seminars will be conducted in adult literacy schools, and HIV/AIDS/STIs will be incorporated into the curriculum of adult literacy schools through advocacy with the school authorities, adaptation of an appropriate curriculum to train teachers in the schools, and training to provide teachers who will teach the subject with appropriate skills. Islamic teachers will be trained in a workshop to acquire skills in HIV/AIDS/STI

education. Further, a resource center will be established on the premises of the MSO.

HIV/AIDS/STI Intervention with Religious Institutions in Abia, Anambra and Enugu States
April 19, 1999 - June 30, 2002
NGO IA: Presbyterian Church of Nigeria (PCN)

The General Assembly AIDS Committee (GAAC) of the Presbyterian Church of Nigeria will be the implementing agency for this project. This project's target population consists of the 250,000 members of the Presbyterian Church of Nigeria living in five cities in USAID/Nigeria's Southeast Cluster Aba, Umuahia, Enugu, Onitsha and Abakaliki. Through a combination of peer, group and mass media activities, the project will provide men, women, and adolescents with HIV/AIDS prevention education and counseling. This project is a follow-on to the GAAC women-centered HIV/AIDS/STI intervention in the USAID-funded post-AIDSCAP bridging program.

The two major objectives of this project are increased risk reduction behavior among members of the Presbyterian Church of Nigeria in the southeastern cluster, and improved availability of quality STI services. Specific activities include advocacy meetings with key church leaders, and formative research on PCN members' knowledge/perceptions of HIV/AIDS/STI. Workshops will be held to train a total of 40 peer health educators per city. Peer health educators will receive the skills to provide one-on-one and group prevention counseling to their peers. Peer health educators will also be trained to conduct "home visitation" to provide education and counseling to church members and their families at home. Further, peer health educators will provide their peers with education on STIs. During the initial focus group discussions, participants will identify health/medical centers where church members seek treatment for STI, or contraceptive needs, or both. Project staff will visit these centers to inform providers about the project and to encourage effective, sensitive treatment of STI. Moreover, the project will be linked to health facilities benefiting from IMPACT Country level training in STI management.

Based on information gathered from the focus group discussions, IEC materials will be developed, pre-tested and produced. These will include booklets, posters, stickers, t-shirts, fact sheets, banners, fez caps.

O-FHI

HIV/AIDS PREVENTION AND CARE DEPARTMENT

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TO:

NAME: Ms. Sandra Thurman

LOCATION: Office of National AIDS Policy

FAX #: 202-456-2439

FROM:

NAME: Peter R. Lamptey, M.D., Dr.P.H.

DATE: July 18, 2000 **TOTAL # OF PAGES:** 3
(Including this page)

SUBJECT: FHI announces 2 new staff members in the DC office.

July 18, 2000

Dear Colleague:

I am very pleased to announce two new additions to the senior management team in FHI's HIV/AIDS Prevention and Care Department. Ms. Sheila Mitchell has been appointed to the position of Vice President of Operations. Dr. Eric van Praag is the new Director of the Technical Support/Care Group.

Sheila has more than twenty-five years of domestic and international experience, with a unique mixture of public health, business and technical skills. She has applied her degrees in microbiology and her master's in business administration to the management of public health programs. Sheila has worked in the field of HIV/AIDS since 1982. At the U.S. Centers for Disease Control and Prevention, she helped to develop initial diagnostic tests for HIV and provided laboratory support to CDC's international programs.

Sheila joined Family Health International in 1987. She managed programs for the USAID-funded AIDSTECH and AIDSCAP projects, serving as Director of Program Management for the AIDSCAP Project from 1994 to 1998. For the past two years, she has consulted for FHI, the World Bank, CDC, USAID and other cooperating agencies as a technical specialist and management consultant. Her extensive international experience includes working with key partners in more than twenty-five countries. At the global level, she has worked with the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the World Bank.

In her capacity as Vice President, Sheila will provide oversight for the operational activities of the HIV/AIDS Prevention and Care Department. In addition, she will serve as our primary liaison with subcontractors, cooperating agencies and international partners such as UNAIDS, CDC, WHO and World Bank.

Dr. Eric van Praag is a physician and epidemiologist from the Netherlands. He has worked extensively in tropical public health and HIV/AIDS care and prevention in developing countries. He worked in Tanzania as a District Medical Officer and Senior Lecturer in Community Health for eight years. For three years, he assisted the Ministry of Health in Bangladesh in establishing a national medical assistance training program and advised the Ministry on infectious disease control and other public health issues.

In 1988, Eric joined the World Health Organization to assist the Ministry of Health in Zambia in establishing its national HIV/AIDS program. Since 1991, he has been based in Geneva, where he managed the Department of HIV Care and Support of WHO's Global Program on AIDS. Three years ago, he was appointed WHO's Coordinator for HIV Care, and during 1999 he was Acting Director of WHO's HIV and STI Initiative.

Eric led the development of an internationally approved and broadly utilized care strategy, which focuses on meeting the medical and psychosocial needs of people living with HIV in a comprehensive way. The HIV/AIDS care delivery strategy provides care across a continuum from home to the institutional level. WHO, UNAIDS and many national AIDS programs are now advocating this comprehensive approach to care.

With Eric's assistance, FHI hopes to broaden its integrated approach to prevention and care activities. He will head the Technical Support/Care Group team, whose members include: Claudes Kamenga, MD, MSPH; Ya Diul Mukadi, MD, MPH; Gloria Sangiwa, MD, DPM and Sara Bowsky, BSN, MPH.

Dr. van Praag and Ms. Mitchell will be adding value to our collaborative efforts with other organizations to curtail the worldwide spread of HIV/AIDS. Please join me in welcoming Sheila and Eric as members of the FHI team. Their skills, abilities and impressive track records in public health are true assets in our collective response to the pandemic.

Sincerely,

Peter R. Lamptey, MD, DrPH
Senior Vice President, HIV/AIDS Prevention and Care Department

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FAMILY HEALTH INTERNATIONAL — ○

TO:

NAME: MICHAEL ISKOWITZ

LOCATION: OFFICE OF NATIONAL AIDS POLICY

FAX #: (202) 456-2439

FROM:

NAME: MARY O'GRADY

DATE: 11 OCT 2000 TOTAL #OF PAGES: 4
(including this page)

Michael,

Attached is a quarterly report I received today from Vietnam. It came after I left you the message on your cell phone but, I do have more to tell you that relates to the e-mail I received last Friday, so please call me when you can.

Thanks!

Mary

Funded by the United States Agency for International Development

IMPACT/VIETNAM
Q 4 – FY00 FHI/IMPACT Progress Report

A. PLANNED ACTIVITIES FOR FIRST QUARTER FY 01 (October – December)

1. A new program officer will be hired to help relieve the heavy monitoring travel which now falls to Hoa and Bui Hien.

2. Phase 2 of the BCC capacity building will begin in October when the consultant (Nancy Jamieson) begins her "personal consulting" with each of the successful participants in the Phase 1, 10 day basic BCC course held in Hanoi. She will spend 3 days in each province working individually with the prior participants in order to further develop the BCC component of their interventions.

3. Peter Higgs, a Vietnamese-speaking IDU consultant from Australia will work with the two drop in centers in Cam Pha District and Hai Phong in October.

4. The Friendship Club (drop in center in Cam Pha) will officially open and activities will begin (ECHO model)

5. The Seagull club (drop in center for IDUs) will officially open in Hai Phong and activities will begin (ECHO model).

6. Sheila Mitchell will visit VietNam and will monitor the Can Tho site as well as hold discussions with the NAB and others.

7. The subagreement for a communications campaign in Quang Ninh will become operational.

8. A joint assessment team (FHI and NAB) will assess the feasibility of undertaking a cross border intervention in three southwestern provinces of VietNam.

9. FHI will make arrangements with the HCMC and Can Tho AIDS authorities to support the development of a pilot counseling network.

10. FHI will participate in the IDU policy meeting sponsored by UNDCP and facilitated by Nick Crofts.

11. The first round of the BSS in five provinces will be completed, analyzed and reported on by end of December.

B. ACTIVITIES AND ACCOMPLISHMENTS DURING THE 4TH QUARTER

1. Three major capacity building activities took place. Phase 1 of the planned 4 phase BCC skills upgrading course was conducted in Hanoi with carefully selected participants from each of FHI's 4 provinces. Additionally, a special BCC course

based on the first was conducted in Binh Dinh because there was such a great need in that province. The third training was held in Can Tho and included people in the FHI-funded interventions who had a responsibility to counsel others or train peer educators.

2. The ARO-initiated counseling LOA in HCMC was completed and a report submitted. The FHI CO asked Joan MacNeil to come and make recommendations about any further counseling involvement by FHI. She presented recommendations to the RA and shared them with Chung A. Although they were accepted in her formal debriefing at the NAB, subsequent events showed that the NAB had another agenda in mind. (See following point)

3. One of MacNeil's recommendations was that FHI fund the national level counseling policy meeting that Chung A said he wanted in November. However, in mid-September, the NAB called such a meeting themselves and invited FHI, CDC and GTZ as the only foreign participants. At the end of the meeting, Chung A said that he was formally appointing each of the foreign organizations to support a pilot/model counseling network in 1 or 2 provinces. He announced that FHI would be "in charge of" Can Tho and HCMC. (GTZ was "given" Hanoi and Quang Ninh and CDC got DaNang.) The Country Office is not, in principle, against this and will begin talks with each province in the near future to see in what way they would like FHI involvement. Proposals and budgets will have to be submitted. (It is understood but remains to be formally clarified that these 2 "pilots" will be undertaken in lieu of the large meeting originally agreed to.)

4. The subagreement (drop in center) with Cam Pha District, Quang Ninh Province became effective on August 15. The official launching ceremony with all relevant authorities was on August 22. FHI CO participated.

5. Since the PAC was dissolved in Quang Ninh, the CO accountant conducted another pre-award audit with a new accounting department and the LOA is being re-written to conform with the new realities.

6. A FHI staff assistant was hired for Quang Ninh province. He will be seated in Cam Pha District because the new drop-in center will be opened there (45 minutes from the capital Halong City).

7. Ernst & Young conducted an audit of the CO during September and reported that FHI was "the best NGO they had worked with in Vietnam—in terms of our systems, record keeping and organization." What they really meant was that our accountant, Phuong, is the best they have worked with!

8. The PAC in Can Tho has been dissolved effective September 25. However, the same senior people are still in charge and have been re-named the Project Management Agency. They will use the stamp of the Preventive Health Services—which means

they will have a back account and official standing. We do not believe that our subagreements with the PAC will be affected by this change.

9. The LOA for NAB monitoring was received, submitted and has been authorized to begin on October 15, 2001.

10. Tobi Saidel worked in Hanoi with the BSS team for two days. She hoped to return to help them for their next step, but, despite the request from the technical BSS team, her trip was vetoed by the BSS management board.

11. NAB has asked FHI to fund a cross-border intervention in 3 southwestern provinces. They have developed a proposal in which step one is to conduct an assessment. FHI has argued that an assessment should be done before the proposal/project development. NAB has now agreed to the assessment which will be done with ANE regional funds (hopefully in October or November).

12. Work at the provincial level continues to be well executed. Although the time frames suggested in many of the subagreements have proven to be unrealistic, the PAC's careful attention to detail is ensuring well implemented interventions. FHI CO continues to monitor weekly by telephone and email and, in the case of the easily reached northern provinces, monthly in person. With the addition of a new program officer, personal monitoring in the south will be more regular.

13. The Women's Health Club in Can Tho was launched with great enthusiasm. The old building has been renovated and is now bright and clean. The staff seems well chosen and we are told that sex workers are making good use of the counseling and of the equipment available. During the first two weeks of operation, 97 women visited the club; 3 asked for counseling—the others enjoyed the activities and ambiance.

14. In addition to 4 international consultants (Tobi, Joan, Nancy Jamieson and Peter Higgs), the CO contracted three local people as co-trainers and two as document translators.

C. VARIATION BETWEEN PLANS AND ACCOMPLISHMENTS FOR THE QUARTER

Ten of the 11 planned activities took place as planned. One, the launching of the Seagull Club in Hai Phong was delayed partially due to the fact that the Club staff was involved in two FHI sponsored trainings and therefore could not complete the pre-opening tasks. The staff also went to HCMC in order to observe drop in centers in that city. The renovation is complete and the Club is furnished. The opening will be on an auspicious date in early October.