



GHAIN SEXUAL AND OTHER RISK PREVENTION

END OF PROJECT MONOGRAPH

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INTRODUCTION AND PROGRAM RATIONALE

Like elsewhere, the leading route of HIV transmission in Nigeria is sexual intercourse, accounting for over 80 percent of the infection incidences. The HIV epidemiological picture shows considerable diversity across Nigeria's demographic and geographic landscape, both in terms of the level of infection and the trend. According to the FMOH (2010)⁹ A declining trend of HIV prevalence among women attending ANC in Nigeria was reported from 5.8% in 2001 through 5% in 2003 to 4.4% in 2005. However, the national prevalence seemed to stabilize between 2005 and 2010 as shown by reported prevalences – 4.4%(2005), 4.6%(2008) and 4.1%(2010). Trend analysis of HIV prevalence among youths 15 – 24 years showed a consistent decline from 2001 to 2010 (i.e. from 6.0% (2001), through 5.3%(2003), 4.3%(2005), 4.2%(2008) to 4.1%(2010). Based on the overall national prevalence of 4.1% obtained on this survey, it is estimated that 3.5 million people in Nigeria are living with HIV/AIDS in 2010.

Based on the 2008 ANC survey, age group specific prevalence is highest in the 25-29 years age group (5.6%) and lowest in the 40-44 years age group (2.9%)⁷. Females also have the highest prevalence of HIV, largely associated with gender inequalities tied to socio-cultural factors in Nigeria. High risk groups (men that have sex with men, female sex workers and injecting drug users) make up 1% of the general population, but contribute almost 23% of new infections. Also, the high risk groups and their partners contribute 40% of new infections. However, people practicing low-risk sex in the general population contribute 42% of new infections due to low condom use and high sexual networking. There are also urban and rural variations, with geographic dissimilarities in the dynamics of the epidemic suggesting that the variation in socio-cultural practices, societal or community norm about sexual behavior substantially influences the risk of HIV transmission. Existing policies or laws unfavorable to certain sexual orientations and practices such as MSM and CSWs again make HIV prevention programming for these groups difficult.

The Global HIV/AIDS in Nigeria (GHAIN) project aimed to address sexual behaviors that fuel the epidemic using the combination prevention approach; by educating, providing preventive skills and addressing structural and community barriers that make negative sexual behaviors thrive through various communication strategies.

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DESCRIPTION OF GHAIN'S SERVICE DELIVERY PROCESS AND STRATEGY

Abstinence and Be Faithful

GHAIN commenced Abstinence/Be Faithful (AB) efforts in 2004 focused on activities promoting abstinence, delay in sexual debut, fidelity and partner reduction. This program targeted in-school youth, out of school youths, married couples as well as sexually active young persons engaged in casual sexual relationship. Youths in-school under age 15 and above were reached with abstinence only program in addition to addressing issues around alcohol, drugs, violence, self esteem and sexual coercion with the overall aim of preventing incidences of HIV infections among this target population. Abstinence and be Faithful messages were tailored to influence behavior change among out of school youth, married couples and the general population. GHAIN addressed gender dynamics as it relates to vulnerability, cross generation and transactional sex, partner reduction and mutual fidelity messages. It also promoted prompt STI management. Lastly, the program addressed structural and socio cultural practices linked to vulnerabilities that put target populations at risk of HIV and other sexually transmitted infections. Balanced Abstinence, Be faithful, Condom (ABC) messages were also given during all community level activities as referral system and linkages to the health centers was established.

The strategic approach for GHAIN's sexual transmission prevention program included advocacy, community mobilization and dialogues, focused group discussion, electronic media intervention, distribution of related media material and peer education. Peer education formed the fulcrum activity because of its effectiveness in increasing knowledge and influencing behavior; in this approach, communication is carried out by trained peer educators and volunteers to reach social, job related or age peers. GHAIN's peer education included systematic curricular based trainings and group discussions. Periodically, peer educators were exposed to refresher trainings to ensure sustained and improved quality of knowledge of the peer educators and sharpen their facilitation skills. The project progressed significantly with continuous improvement of an enabling environment.

The project worked through local responders - community based organizations (CBOs) who continually received necessary capacity building, mentoring and coaching throughout the life of the project. The CBOs worked with community volunteers who were provided with on-the-job support and mentoring. The CBOs supported peer educators (PEs) to reach peer group members in education institutions, religious congregations, and other social groups with AB messages. At various stages of the project, there were changes in focus and approaches, noticeable was the paradigms shift in PEPFAR reporting indicators from numbers reached to number reached based on evidence, dosage, and intensity and meeting the minimum standard to effectively stimulate healthy behavior and attitudinal changes. The paradigm shift was successfully introduced and mainstreamed across GHAIN sexual prevention sites after the CBOs received training on the strategy.

At the onset of the project, targets and objectives were determined and articulated following set indicators per country operational plan (COP) year. GHAIN sexual prevention was implemented in 11 states and 12 Local government areas (LGAs) across Nigeria, within these areas 101 high risk communities were reached. As at COP '10, GHAIN had engaged 58 CBOs, cumulatively trained a total of 150 program staff and has successfully trained 12,165 peer educators and outreach volunteers. These peer educators and volunteers have cumulatively reached over 14,000,000 out of School youths, married couples and member of the general population who are relatively of the same peer persons in various peer group discussions. As at 2005 GHAIN had reached 412,175 persons through mass media. See table for details. Related media materials were adapted, produced and distributed to reinforce A/AB messaging during the life of the project; an SOP for material development was developed to ensure communication standards are maintained. GHAIN built upon activities initiated during The Implementing AIDS Prevention and Care (IMPACT) Project, the U.S. Agency for International Development's flagship HIV program from 1998 through 2007, which accounted for the smooth take off of GHAIN prevention effort. AB messages were integrated into the existing youth activities. In COP 08, issues around gender and culturally appropriate AB prevention were visibly mainstreamed into programs targeting youth's reproductive health. The project also linked A/B components to counseling and testing for effective utilization of services in GHAIN supported

facilities. The project promoted stigma-reduction programs through, various community level group activities, educational and informational campaigns, advocacies, role modeling as well as IEC material distribution.

Challenges encountered during the course of program implementations were no funding for AB in COP o6 and COPo7 due to the “8% cap” policy – the policy states that an implementer partner can handle only a maximum of 8% of USG funds in a given country , which led to attrition of Peer educators and a downward turn in momentum. However, COP o8 made financial provision for AB intervention which led to reactivation of prevention activities leveraging on the HAST structure. There was also the limitation in coverage leading to inability of some NGOs to transition to other funding, some CBOs ceased to carry out their AB activities due to non-availability of funds for targeted evaluation of strategic behavior change activities.

Condom and Other Prevention (OP)

In condom and other prevention efforts, GHAIN also built upon the foundation of the IMPACT project. It adopted and rolled over many sites and implementing agencies/partners from IMPACT to GHAIN, which led to the rapid launch of GHAIN prevention activities in Nigeria in 2004. The project focused on providing effective HIV prevention through promotion of correct and consistent use of condoms along with reliable condom supply for high risk (Transport Workers, Uniform services personnel) and most at risk populations (Commercial Sex workers and Men Having Sex with Men) with the aim of reducing new infections and spread of the epidemic. GHAIN also promoted partner reduction, STI & HIV counseling and testing as well as established a strong referral system linking these groups to GHAIN supported facilities across Nigeria.

GHAIN strategies for sexual prevention activity mix included: advocacy, peer education, community outreach, and establishment of condom outlets as well a distribution of the commodity. Others include mass media support, referral, networking and monitoring, outdoor and transit media campaigns, community mobilization and development and distribution of related Information, education and communication materials (leaflets, brochures, stickers, cap, shirts, posters, booklets).

Extensive training of 5272 peer educators², established over 350 condom outlets, trained 31 health worker to provide MSM friendly services, developed the counseling and testing 'Heart to Heart' brand and logo, which was adopted by the government as the national symbol for HIV Counseling and Testing; leveraged airtime for mass media (TV, radio) campaigns, using partners BBC, NACA, FMOH HIV/AIDS Division, negotiated 50% discount on airtime, established a supportive environment for HIV-TB activities using community outreaches to car parks and bus ranks, by local implanting agencies, exceeded targets each year on number of individuals reached with community outreach (other prevention) and individuals trained (other prevention).

GHAIN supported 21 NGO/CBO and 9 health facilities to carry out interventions among PLHIV support groups, high risk and most at risk communities by strengthening their organizational capacity, broadening their range of services and improving their quality of services. GHAIN OP effort scaled up from 6 to 19 states across Nigeria. GHAIN successfully carried out meaningful interventions among (MSM) in Federal capital territory and Lagos, a hard to reach target group³. As part of offering comprehensive care services to PLHIV, GHAIN also piloted cohort behaviour change sessions with PLHIVs support groups at the facilities where topics such as adherence, compliance, STI's , HIV, TB, condom use and skills, etc were discussed and issues around stigma and discrimination were addressed using community advocacies, dialogues and outreach. PLHIV support group members were also taught and shown how to adopt positive behaviors through the use of peer role models.

GHAIN'S activities have impacted the target groups in the following ways: improved health seeking behavior among target groups (increased service uptake), increased use of condoms among MSMs and sex workers even with non commercial partners, due to improved negotiation and decision making skill, reduction in multiple concurrent partnerships among transport workers and increased proper treatment of STIs. MSMs and PLHIVs gained confidence in seeking health services with increased PLHIV & MSM friendly services due to the training of health care workers, noticeable reduction in incidences of self stigma among PLHIVs³.

Challenges in condom and other prevention programming included: unreliable condom supply since 2007, limited funds for other prevention activities, high attrition rate among volunteer peer educators, no funds for targeted evaluation, low risk perception, and low uptake to services among MSM due to discriminatory MSM laws, which hindered access to MSM friendly services³.

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PROGRAM ACHIEVEMENTS/ RESULTS

COP Year	A/B Community Awareness	Target	Achievement		Total
			M	F	
COP 04	# Reached	105,000	828,681		828,681
COP 05	# Reached	775,000	1,588,583	835,455	2,424,038
COP 06	# Reached	904,167	1,685,973	973,048	2,659,021
COP 07	# Reached	925,167	1,717,782	1,007,134	2,724,916
COP 08	# Reached	947,894	1,767,236	1,053,631	2,820,867
COP 09	# Reached	947,894	1,819,529	1,100,748	2,920,277
COP 10	# Reached				

COP Year	OP Community Awareness	Cumulative Target	Achievement		Total
			M	F	
COP 04	# Reached	10,000		20,687	20,687
COP 05	# Reached	10,000	165,817.00	100,368.00	266185
COP 06	# Reached	18,000	248,812.00	153,729.00	402541
COP 07	# Reached	148,000	403,826.00	276,146.00	679972
COP 08	# Reached	202,900	486,279.00	343,734.00	830013
COP 09	# Reached		559,677.00	397,161.00	956838
COP 10	# Reached		2,807,894		4609353

PHOTO DOCUMENTATION



Kano: Aisha (PE Standing) reaching out to her cohort members at a session in Gora Kasan Kogi



Kano: Aminu (PE NURTW) during SGD with his cohort group in Kano



Kano: PE Salisu Gama (standing) during cohort session.



Sokoto: CO TA visit to one of the in-school youths PE mentoring visit meeting by IA staff.



Sokoto: Save the Children Initiative, Sokoto: Anti- HIV clubs formed in Schools with ISYs



Cross River: In school youth PE during cohort session



Kano: DIA PE meeting in Kano



Sokoto: PE (Garzali Jibrin) facilitating 'Small group Cohort discussion' using one of GHAIN's audio media tape (Ibro direba) Wamakko.



Sokoto: Using Peer Education Plus model strategy to reach peers: Football match between 'HIV' (green jersey) and 'Immunity' (yellow Jersey) Teams



Sokoto: PE Small group discussion session with cohort by Center for Promotion of Maternal and Child welfare Wamakko LGA



EDO: Peer educations CSW Training



Sokoto: Peer Educator Nafisa Tukur, Wamakko LGA with her cohorts as part of advocacy team to the Ward head of Wamakko .As part of the MPPI activities.



Edo: CO supervisory visit to Edo with interactions with out of school PEs.



Edo; Condom demonstration by RTEAN PE(NURTW) during PE training.



Cross Rivers: In school youth PE with cohort members



Oyo: PE 001 at SH Saki facilitating her cohort session



Cross River: In school youth PE during cohort session

4 DISCUSSION

Key program outcomes include: in school youth becoming better positioned to identify factors and situation that puts them as peers at risk, better skills at negotiating and capacity to be assertive, improved self esteem and healthy decision making capacity owing to knowledge gained at peer sessions, ability to identify and respond identify sexual pressures thereby leading to sustained abstinence and delay in sexual debut, improved knowledge on basic facts about HIV/AIDS , increased health seeking behavior of the target community from health worker and uptake of services (testing and counseling for HIV), as a result of the referral system that formed part of the program interventions. There was also the emergence of over 20 youth HIV clubs across schools, increased knowledge about HIV/AIDS, sustained community support across GHAIN sexual prevention sites. Sustenance of these outcomes will over time cause a reduction of new HIV infections and also ensure that those already infected live positively.

As a way of mitigating obstacles to behavior change and maintenance (for example the perception that condom use reduces sexual pleasure) condom lubricants were introduced and encouraged among female sex workers. This improved condom use negotiation and reduction in condom breakages. Advocacies to brothel managers also helped to institute “No Condom, No sex” policies in brothels. Partnerships for vocational training/ alternative livelihood interventions for sex workers were also encouraged and facilitated, this assisted in addressing issues of vulnerabilities amongst most-at-risk target groups. A condom distribution and tracking standard operating procedure (SOP) and tools were designed and put into use, to ensure proper documentation and objective forecasting of future condom needs.

Sustainability strategies built into the sexual prevention interventions include the use of local implementing agencies, capacity building of key staff and community gatekeepers for specific target groups, training of peer educators and equipping them with adequate skills to undertake their peer educator activities. Facilitating linkages among relevant

stakeholders outside GHAIN's prevention mandate, in order to enable IAs access and leverage useful resources. The implementing agencies (IAs) were also assisted in identifying necessary sources of funds to complement available ones. GHAIN went beyond its mandate in addressing vulnerability by collaborating with relevant agencies and successfully introduced vocational training to facilitate alternative livelihood interventions, especially for young women engaging in transactional sex. The project supported the emergence of school based HIV/AIDS clubs across the zones so as to enable continuity after the GHAIN project. IAs also received assistance to develop sustainability plans, and have strategic framework documents and plans that extend beyond the GHAIN project. Over the years sexual and other risk prevention programming in Nigeria has undergone several paradigm shifts, as more behavioral and sexual surveys have provided better insights into the epidemiology, demography and behavioral patterns that drive the Nigerian epidemic. Such evidence formed the basis for GHAIN re-programming efforts and strategy selection per target group reached.

5 CONCLUSIONS

Overall awareness of HIV has increased across the populations, 80% of Nigerians are aware there is a disease called HIV. This knowledge, however, has not translated to sustained behavior. A new strategy which involves a more intensive engagement with people at the individual, community and structural level (combination prevention) however proves more effective in addressing not only the knowledge gap but also the social determinants that prevents behavior uptake and maintenance. It was also better appreciated by the target groups as knowledge was increased, as opposed to previous methods of reach. Rolling out this strategy however, required more technical supervisory and mentoring visits. Community response to the program was also very encouraging as the enthusiasm to learn was apparent among peers and the gatekeepers of the various populations reached also provided needed support in moving the program. Early engagements and involvement of target populations in program design would prove very helpful in future. There is also a need to ensure pre- and post- comprehensive evaluation studies of outcomes are carried out for interventions, as this will better inform future programming directions and recommendations.

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