Lagos State, Nigeria

Report of Rapid Assessment In Selected LGAs

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Program
AIDSTECH	AIDS Technology Project
ARV	Antiretroviral drug
CHEW	Community Health Extension Worker
CHIEF	Community Health Information Education Forum
CHO	Community Health Officer
FP	Family planning
FHI	Family Health International
FSW	Female sex worker
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care Project
IWHC	International Womens Health Coalition
LACA	Local Government Action Committee on AIDS
LGA	Local Government Area/Authority
LLO	Life Link Organization
LSHAF	Lagos State HIV/AIDS Foundation
MOE	Ministry of Education
MOH	Ministry of Health
MTCT	Mother-to-child-transmission
NACA	National Action Committee on AIDS
NERDC	National Educational Research and Development Council
NGO	Non-governmental organization
NISER	Nigerian Institute for Social and Economic Research
NLC	Nigeria Labour Congress
NMA	Nigeria Medical Association
NUBIFIE	National Union of Banks, Insurance and Financial Institutions Employees
NURTW	National Union of Road Transport Workers
NUT	Nigerian Union of Teachers
OVC	Orphans and vulnerable children
PABA	Persons affected by AIDS
PHC & DC	Primary Health Care and Disease Control
PLHA	Person/people living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria
RAPAC	The Redeemed AIDS Program Action Committee (of RCCG)
RCCG	The Redeemed Christian Church of God
SAPC	State AIDS Program Coordinator
SACA	State Action Committee on AIDS
STI/D	Sexually transmitted infection/disease
SWAAN	Society for Women and AIDS in Africa, Nigeria Chapter
TB	Tuberculosis
TBA	Traditional birth attendant
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VHW	Volunteer health worker
WHO	World Health Organization
YMCA	Young Men's Christian Association

Executive Summary

Family Health International (FHI), Nigeria, conducted a rapid assessment in Lagos State as part of the process of redesigning its ongoing IMPACT (Implementing AIDS Prevention and Care Project) being funded by the United States Agency for International Development (USAID). The overall goal of the redesign is the development of comprehensive programs in key risk areas for both prevention and care. This involves working with selected Local Government Authorities (LGAs) to develop strategic plans of action and working with high risk and vulnerable populations through local organizations and structures in selected key risk areas.

The objectives of the assessment, which was conducted in three local governments—Epe, Ikeja and Lagos Mainland—from November 28 to December 5, 2000, were to:

- Identify risk settings and behaviors.
- Identify risk groups.
- Identify potential implementing partners, networks and structures for prevention and care and support of People Living with HIV/AIDS (PLHA).
- Identify health and social welfare systems and structures.
- Assess the political environment for HIV/AIDS/STI programming.

The team met with key functionaries at both the private and public sectors of the state. Top government officials at the state and LGA levels were interviewed at the ministries of Health, Women Affairs, Education, Office of Local Government Administration and Youth, Sports and Social Development. In the three LGAs visited, the team had discussions with government officials, key community and religious leaders and representatives of civil society organizations

Major Findings

- Lagos is the most populous and urbanized state in Nigeria. State government records put the population at over 15 million inhabitants; thus it has a high population density.
- Several features of cosmopolitan nature are found in the state—particularly cross-border activities, poverty, drug abuse, industries and military and uniform formations.
- The following risk settings are found all over the state: motor parks, major international markets, bars/nightclubs/hotels, tertiary institutions, secondary institutions and international boundaries.
- Many high risk and vulnerable populations found are transport workers, female sex workers (FSWs), drug users, youth in-school, area boys/girls and youth out of school (apprentice traders).
- There is a state response to the HIV/AIDS epidemic with the establishment of the multi-sectoral Lagos State HIV/AIDS Foundation in the form of a State Action Committee on AIDS.
- There is a preponderance of ad-hoc enlightenment campaigns and an array of prevention programs, but they have limited geographical spread. In addition, the state is dotted with ad-hoc enlightenment campaigns for youth on several areas of reproductive health. No one is coordinating or monitoring these activities.
- There is a generally high level of awareness of HIV/AIDS among the population but a very low level of response in terms of behavior change
- There is a limited comprehensive care and support program for PLHA which is compounded by the inadequate capacity of health care workers and NGOs working in HIV/AIDS programming.
- There is a poor working relationship between state and local governments and NGOs in the state.
- There is only one PLHA support group identified in the whole state and it is not widely known in government circles.
- Stigmatization and discrimination against PLHA are still very strong among health workers even in government referral facilities.
- HIV/AIDS testing is available only at secondary health facilities.
- There are limited facilities for HIV/AIDS counseling services as only two state health facilities have trained personnel.
- Only very few NGOs participate in caring for orphans and other vulnerable children (OVC).

Recommendations

- Explore the HIV/AIDS situation in the following LGAs, which were specifically mentioned for the risk settings found there: Ajeromi/Ifelodun, Lagos Mainland, Lagos Island, Badagry, Ikeja, Epe, Surulere, Ojo, Mushin, Somolu and Oshodi/Isolo.

- Explore areas of collaboration with the Lagos State HIV/AIDS Foundation for effective use by FHI and the Implementing Agencies (IAs).

- Expand the scope and scale of ongoing prevention projects to begin comprehensive HIV/AIDS programming in Lagos State. Some LGAs, such as Ajeromi/Ifelodun and Lagos Mainland, will need integrated HIV/AIDS programming.

- Initiate a care and support project with linkages to government structures, STI and clinical services.

- Increase and strengthen strategies for reaching youth and expand the scope and scale of unions' involvement in HIV/AIDS interventions.

- Continue to dialogue with the Nigeria Supreme Council for Islamic Affairs to explore possibilities of an Islamic faith-based program.

- Assist LGAs to develop strategic plans.

1. Introduction/Background

Family Health International (FHI) is a private voluntary organization based in the United States. FHI has more than 30 years of experience in reproductive health, particularly in the areas of family planning and HIV/AIDS. With funding from USAID, FHI for more than a decade has been working in HIV/AIDS programming in Nigeria: AIDSTECH, 1988 – 1991; AIDSCAP, 1992 – 1997; a Bilateral Grant Agreement, 1997 – 1998; and now the IMPACT Project that began in 1998. FHI has developed excellent collaborative relationships with public and private sector organizations in Nigeria, including non-governmental organizations (NGOs) and community-based organizations (CBOs).

In the initial phase of the IMPACT Project, FHI worked with a variety of NGOs and national organizations to develop pilot initiatives in working with high-risk populations. Under the next phase of the project, FHI will work closely with the National Action Committee on AIDS, state and local government, concentrating lessons learned in key high-risk areas in Nigeria. The goal of the second phase of the project is to develop comprehensive programming in key risk areas for both prevention and care. This will entail working with pilot Local Government Authorities (LGAs) to develop strategic plans of action and with high-risk and vulnerable populations through local organizations and structures in selected key risk areas. In each selected risk area, FHI will work with a variety of partners to reach the identified high risk and vulnerable populations to ensure that their care and support needs are met. Where possible, this work will be linked to work with national organizations and structures, such as FHI's collaboration with the military, police, unions and schools.

To initiate the second phase, FHI conducted a Desk Assessment of high risk areas in Nigeria. Based on the prevalence rates and existence of high-risk settings, FHI identified a number of key states. Among these states, FHI identified five for initial rapid assessments: Anambra, Nassarawa, Kano, Taraba and Lagos. The rapid assessment in these five states will enable FHI to determine whether or not to proceed with comprehensive programs in them.

For the proposed comprehensive program under a redesigned IMPACT, FHI proposes a participatory process as follows:

- Rapid assessment in selected states and LGAs
- Selection and orientation of partners
- In-depth assessments
- Project design
- Project implementation and evaluation.

This overall comprehensive approach is aimed at establishing synergy for a greater impact to ensure the link between prevention and care and between related high risk and vulnerable populations.

In Lagos State, FHI has been working with three organizations: the Life Link Organization (LLO), implementing a Behavior Change Intervention among female sex workers in three LGAs; the National Union of Banks Insurance and Financial Institutions Employees (NUBIFIE), implementing a workplace based behavior change program among men and women; and the Redeemed Christian Church of Church (RCCG)/RAPAC faith-based intervention in the church.

With the goals of scaling up the activities of some of these organizations for comprehensive programming and facilitating a care and support program in Lagos, FHI identified three LGAs for the rapid assessment: Ikeja, Epe and Lagos Mainland. All three were identified as key risk areas in Lagos State. This report presents the findings of the rapid assessment exercise in Lagos State.

2. Methodology and Objectives

The rapid assessment methodology is based on an initial desk assessment, development of a key informant interview guide and key informant interviews with government officials at state and local government levels, non-governmental organizations (NGOs), key institutions and key health care workers in major health facilities.

The objectives of the assessment, which was conducted in three local government areas—Epe, Ikeja and Lagos Mainland—were to:

- Identify risk settings and behavior.
- Identify risk groups.
- Identify potential implementing partners, networks and structures for prevention and care and support of people living with HIV/AIDS (PLHA).
- Identify health and social welfare systems and structures.
- Assess the political environment for HIV/AIDS programming.

3. Profile of Lagos State

Lagos State was created in May 1967. It is bounded in the North and East by Ogun State, the Atlantic Ocean in the South and an international boundary with the Republic of Benin on the west. As a trading port, Lagos has a recorded history dating back to the Portuguese explorers of the 16th century. The state is composed of the old Federal Territory of Lagos—which remains the nation's financial hub and was the Federal Capital of Nigeria up to December 12, 1991—and the old Colony Province of the defunct Western Region of Nigeria, comprising Badagry, Ikeja, Ikorodu and Epe Divisions.

There are twenty (20) Local Government Areas (LGAs) in the state. The indigenous peoples of Lagos State are the Yoruba subgroups of the Awori in Ikeja, the Egun in Badagry, the Ijebu in Ikorodu and Epe; Lagos Island consists of an admixture of Benin and Eko Awori as well as repatriated Yoruba and other immigrants. In its modern form the state is a socio-cultural melting pot that has attracted a cross-section of Nigerians from all over the Federation as well as non-Nigerians from other African countries and the rest of the world.

Estimates by the United Nations and the Lagos State Master Regional Plan put the state's current population at about 10.6 million. However, the official 1991 census of Nigeria puts the population of Lagos at approximately six million or 6.42 percent of the nation's total. The figure still makes Lagos State the most populous state in the Federation. Its main urban centers are Agege, Badagry, Epe, Ikorodu, Ikeja and Lagos.

3.1 Lagos State Government

The rapid assessment team met with state government officials in the Ministries of Health, Education, Youth, Sports and Social Development, and Women Affairs and Poverty Alleviation and the Office of Local Government Administration. Although the state government officials gave varied perceptions and perspectives on the epidemic in Lagos State, most agreed that though the official prevalence rate for HIV/AIDS seems low at 6.7 percent, it has the potential to become an epidemic in Lagos State due to the state's highly urbanized nature. There is a two-pronged approach to HIV/AIDS programming in Lagos State: (1) Lagos State HIV/AIDS Foundation activities, implemented in close collaboration with the Ministry of Health and other line ministries; and (2) Specific activities of the different line ministries. This report explores these two approaches.

3.2 Lagos State HIV/AIDS Foundation (LSHAF)

The state government inaugurated a multi-sectoral HIV/AIDS committee, known as the Lagos State HIV/AIDS Foundation (LSHAF). By the structure and role of the foundation, it is expected that its activities will involve all LGAs and stakeholders operating in the state, although the development of a strategy and workplan is ongoing. It is planned to operate in the mould of a State Action Committee on AIDS (SACA) but is an autonomous body. Though inter-ministerial in nature, it is expected to operate outside the government bureaucracy. The autonomous status of the body is meant to ensure that it is not "bogged down by bureaucratic processes" and hence able to act quickly. Apart from the various government departments/ministries, which are represented in the Foundation, 30 NGOs are also represented. The foundation is headed by an Executive Vice-Chairman who is also designated as the Special Assistant on HIV/AIDS to the State Governor.

The Foundation is structured to receive funds from both local and international organizations. The Foundation's workplan is still in draft form. For the year 2000, the state has a budgetary allocation of N7.5 million for HIV/AIDS programming, which is being transferred to the Foundation. The amount is expected to go into the Foundation's activities, such as the ongoing World AIDS Campaign activities involving all LGAs in the state and supporting NGOs.

3.3 Ministry of Health (MOH)

The Ministry has a State AIDS Program Coordinator who coordinates its HIV/AIDS prevention and care program. The office is located in the Primary Health Care and Diseases Control department. The ministry relates with NACA, which supplies Information, Education and Communication (IEC) materials and other relevant HIV/AIDS supplies. The ministry is also involved in training manpower for action against the HIV epidemic. To identify and articulate strategic activities for HIV/AIDS, the ministry identified the need to assess the situation in all LGAs. The ministry's effort on HIV/AIDS started in 1992 with the selection of Badagry and Etiosa LGAs as models for programming.

The Lagos MOH recognizes the activities of NGOs such as Salvation Army and Hope Worldwide, which provide some home-based care for PLHA. The state has trained counselors at general hospitals in Lagos and Ikeja, who

also provide some follow-up visits. The general hospitals (about one per LGA) serve as testing centers in the state using Cappilux and Genny testing kits. In terms of medical care for PLHA, the state general hospitals at Ikeja and Lagos Island treat PLHA. Those who can afford antiretrovirals (ARV) buy the drugs. Tuberculosis treatment is free in Lagos State and the drugs are available. The ministry emphasized that the state government alone cannot fund HIV/AIDS activities and thus looks forward to assistance from local and international organizations.

Prior to the inauguration of LSHAF, the ministry's HIV/AIDS activities included organizing training programs for health workers and enlightenment campaigns. Apart form the budget allocation for HIV/AIDS that goes to the Foundation, the Ministry of Health implements other activities, such as training health care workers, utilizing funds from its PHC and DC allocation. The ministry expects to continue receiving a yearly budget allocation for HIV/AIDS activities.

3.4 Ministry of Education (MOE)

There are 931 public primary and 371 public secondary schools in Lagos State. Only some of these schools have counselors. In addition, there are 1, 214 and 114 privately owned nursery/primary and secondary schools respectively. There are eight public tertiary institutions in the state, including satellite campuses of several other universities.

The state has divided into 20 Local Education Districts (LEDs), staffed by guidance counselors who supervise special programs including HIV/AIDS. The LEDs are further grouped under the five divisions (Ikeja, Lagos, Ikorodu, Epe, and Badagry).

MOE runs yearly training program for teachers on incorporation of family health/population education issues into the curricula of selected school subjects. Since 1998 and with facilitation from the National Education Research and Development Council (NERDC), eight teachers per Local Education District (84 teachers) are trained per year. One problem with this is that not all the LGAs have been covered because of funding constraints. Secondly, the ministry has no way of monitoring whether the teachers actually incorporate the population education (which has some elements of HIV/AIDS awareness) in subjects such as geography, biology, integrated science and home economics.

The MOE is also represented on the LSHAF apart from liaison with the MOH to organize some programs on HIV/AIDS control. The ministry acknowledged the role of some NGOs that run HIV/AIDS prevention programs in schools.

3.5 Ministry of Women Affairs and Poverty Alleviation

No particular effort is being directed towards HIV/AIDS as the ministry this year is focusing on violence. But given that the theme of focus for the ministry in 2001 will be "Women in Health," it is expected that HIV/AIDS will receive some attention during the coming year. The ministry handles NGO registration. The ministry is represented on LSHAF.

The ministry's limited activities on HIV/AIDS in the past were explained as having been due to its having been only a department until it became a full ministry in March 2000. The ministry also did not want to be seen as duplicating the activities of other ministries/departments such as health and education.

The ministry has a vocational training program in which young females (especially school dropouts) are trained in such areas as hairdressing, bakery and secretarial studies for a period of two years, after which they graduate. Recently, 50 young women graduated from the school. Also, as part of the ministry's poverty alleviation program, a piggery/poultry has been established in Epe for women who want to learn and start this type of business. They are taken through a period of learning, after which it is expected that they will establish small-scale businesses in this line. There is also a similar farming project in Ikorodu division.

The ministry's major areas of concern include the menace of "area girls" and the problem of drug and substance abuse.

3.6 Ministry of Youth, Sports and Social Development

The ministry has under its aegis a wide range of target groups: children, in- and out-of-school youth, the destitute and the elderly. The social welfare department has 10 homes under it; there is a youth development department that represents the ministry in the LSHAF. One of the ministry's activities is running homes such as orphanages, vocational centers, rehabilitation centers and remand homes. As a result of the handing-over process going on between the ministry and Women Affairs, the information on the orphanages could not be obtained as each ministry declined to provide information for now.

The ministry has conducted HIV/AIDS awareness campaigns, family life education and drug abuse programs for youth as well as other programs. The ministry has also collaborated with other ministries (especially health and education) on HIV/AIDS campaigns and seminars. The ministry collaborates with some NGOs to organize youth

programs. The ministry is seeing an increasing number of inmates at Majidun Rehabilitation Center testing positive for HIV. Some have died of AIDS-related illnesses while many more are exhibiting AIDS-related diseases such as prolonged diarrhea, cough and tuberculosis.

Pediatric AIDS cases are referred to the Mother Teresa home at No. 92 Goriola Street, Ketu. At present, only one NGO (Sai Baba) is assisting. The social workers that had been trained by the PPFN and STOPAIDS Organization provide counseling and education to prevent the spread among inmates and to allay fear among the workers in the institution. In addition, physical restriction of the sexes is enforced to reduce the spread. Ninety-three staff members (including 19 nurses) manage the center.

4. Lagos Mainland Local Government

4.1 Political Environment

The LGA has 66 primary, 33 secondary and three tertiary institutions. The main economic activities of the people are fishing and trading. The LGA has an AIDS Action Manager and the Local Government AIDS Committee. The committee represents the LGA on the LSHAF. It is the local government equivalent of the multi-sectoral approach (Local Action Committee on AIDS, LACA) with membership drawn from all the local government departments and the private sector.

Past activities on HIV/AIDS was coordinated by the PHC dept. The LGA has had support from national and international bodies such as the WHO, PPFN, BASICS/Makoko Community Partners for Health and Health Matters. Examples of collaboration have been the training of Village Health Workers (VHW) and Traditional Birth Attendants (TBA) by WHO and purchasing family planning commodities from PPFN.

In terms of finance, budgetary allocations have always been made over the years for the celebration of the World AIDS Campaign though the release depends on the availability of funds. For instance, the allocation of N500,000 for year 2000 has not been released.

4.2 Risk Environment

Tertiary institutions and motor parks (at Iddo, Otto, Oyingbo, Jibowu) are the main locations within the LGA where there is a very high risk of HIV transmission. In addition to the long-distance drivers and students, travelers, area boys, drug users and female sex workers are identified as the area's high-risk populations. Evans Square at Ebute Metta is identified as a prominent location for drug users with many hotels in the mainland housing the FSWs. Youth (in and out of school) constitute a large population in the LGA and a vulnerable group found all over the area. Other predisposing activities to the risk of HIV/AIDS include ear, nose and eyelid piercing, nail cutting and circumcision with unsterilised instruments.

4.3 Care and Support Structures

The LGA has six PHC clinics that handle minor ailments and make referrals to the secondary facilities. These clinics are staffed by nurse/midwives, pharmacy technicians and community health workers. The clinics treat STI cases as allowed in the PHC guidelines while complicated cases are referred. Information on the prevalence rate of AIDS could not be provided given that identification of cases does not take place at the PHC level. All suspected cases of AIDS are referred accordingly, based on the symptoms manifested. Referral hospitals include Massey Street Children's Hospital, Ayinke House (both for ante- and post-natal)/Ikeja General Hospital, Lagos Island General Hospital, and Mainland General Hospital (formerly Infectious Diseases Hospital) for tuberculosis and skin diseases.

IEC materials such as handbills and posters (provided mainly by federal and state governments, as few are produced by the LGA) are available for use. Print materials are considered the most effective communication channel in addition to traditional media (town criers). No one interviewed knew of a PLHA network in the LGA. Most people are aware of HIV infection, but simply wish it away from themselves

5. Ikeja Local Government Area

5.1 Political Environment

Ikeja is the seat of the Lagos State Government and hosts many industrial concerns in addition to the government offices. The LGA's major activity is thus commerce. The population of the LGA is estimated at 612,000, though it is disputed. The LGA has an active AIDS Action Manager. HIV/AIDS activities so far relate to public AIDS education within the PHC and other LGA programs and commemorating World AIDS Day. Provision was made for AIDS control in the 2000 budget but funds for AIDS program are often not distinguished in the PHC budget. For 2001, there is a proposed budget allocation of N100,000 for AIDS Control. The LGA in the past has collaborated with UNICEF, WHO, Red Cross and Rotary International. Various NGOs, such as the Soroptomist and Lion's Club, have carried out AIDS-related activities within the LGA. Some private manufacturing companies have supported the LGA in carrying out HIV/AIDS programming in the past, but this has been affected by economic recession. The LGA is further handicapped at present due to lack of funds and the absence of IEC materials.

5.2 Risk Environment

The identified risk settings within the LGA are Ipodo, Allen Avenue, Mobolaji Bank Anthony Way and Opebi. Predisposing factors include the abundance of hotels within the LGA—Sheraton, Airport Hotel, Country Club—and the economic situation in the country. The high-risk populations include drug users and FSWs, while youth are the vulnerable population.

5.3 Care and Support Structures

The LGA has 25 TBAs, 24 CHOs and 14 VHWs. There are six PHC clinics, five school-based health clinics and one STD clinic. The LGA also is home to Lagos State University College of Medicine/Teaching Hospital and several private health facilities. The HIV/AIDS antibody test is carried out at the secondary and tertiary health facilities in the LGA.

6. Epe Local Government Area

6.1 Political Environment

Situated within the LGA are 75 primary schools, 22 secondary schools and five tertiary institutions. The major economic activities are fishing, farming, garri processing and weaving. The two NGOs present in the LGA are National Council of Women Societies and Council of Patriotic Nigerian Women. The awareness campaign of the LGA routinely takes place—on an almost weekly basis—in all the health facilities, in marketplaces and barracks through the Police Officers' Wives Association. Though the Women Affairs department has carried out seminar/workshops on HIV/AIDS for women, there is no collaboration on HIV programming between the department and Ministry of Health. There is a vote for AIDS control as part of the PHC budget.

Many people, including key LGA functionaries, did not know the LGA's 1999 HIV seroprevalence rate of 6.4 percent. There is an AIDS committee, which is not yet functional though there is an AIDS Action Manager. The PHC committee is functional. Epe is the only LGA in Lagos State that has a Supervisory Councilor for Women Affairs, an indication of the importance placed on women affairs. The Women Affairs department has also been involved in health promotional activities, donating drugs to PHC clinics. There are four vocational centers for women, one owned by the state government and the others by the LGA.

6.2 Risk Environment

From the discussions held with key informants in Epe, it is evident that mostly Muslims populate the community and polygamous families predominate. Promiscuity is very high, while awareness of HIV/AIDS is generally low. Factors identified as predisposing individuals to the risk of HIV infection include poverty, promiscuity, low economic status of women, early marriages that lead to early separation, changing spouses and skin scarification. HIV/AIDS is not yet perceived as a serious problem in the LGA. The FSWs are concentrated at Salabiu Street, around Peter Hotel and at Lagos Road/Satola Hotel.

6.3 Care and Support Structures

HIV antibody testing is available at the General Hospital, Epe. There are 18 PHC clinics, three general hospitals, one Catholic hospital and many private hospitals in the LGA. The LGA also has 17 CHO/nurses, seven CHO/CHEW, 36 nurse/midwives, 22 CHEW, two pharmacy technicians, 10 Environmental Health Officers, and 40 trained TBAs with 18 functional VHWs. In the health clinics, suspected pregnant mothers are referred for testing to the General Hospital in Epe, though the results are not sent back to the PHC clinics. There is no support group for PLHA in the LGA.

7. Care and Support Structures and Networks

7.1 General Hospital Epe

The 51-bed hospital has seven doctors, 34 nurses, two lab scientists, two pharmacists, six pharmacy technicians and one dental surgeon. The hospital's catchment area includes Epe and its surrounding communities. The hospital has HIV antibody testing facilities with reagents and kits obtained from various sources. The first HIV-positive case was seen in 1993; 22 people have tested positive at the hospital between March and November 2000. These positive patients are normally referred to Mainland General Hospital, Yaba. There has been an increasing trend in AIDS cases as well as increases in TB cases, although the latter was attributed to the downturn in the economy.

Positive patients and family members are counseled, although the hospital does not have trained counselors or an HIV counseling center. There is no home-based care program. There are TB drugs in the hospital that are given out free to patients. The family planning clinic distributes condoms when available. The etiological approach is used for STI treatment. Treatment guidelines are not available but the hospital had copies of the national policy on HIV/AIDS. The hospital does not have a policy on HIV/AIDS treatment. The health workers perceive poverty as a key issue, as poor patients cannot afford the cost of most of the STI drugs.

7.2 Lagos University Teaching Hospital (LUTH)

LUTH is a tertiary hospital with a 761-bed capacity. Its geographical catchment area is mainly Lagos State, although it also serves neighboring states. There are 161 consultants, 498 doctors, and 620 nursing staff in the facility. Patients, specifically those with HIV/AIDS are referred to this facility mainly from private hospitals. The first case of AIDS at the hospital was seen in 1987, and there has since been a gradual increase in the number of cases seen, with a rapid increase observed in the year 1994/5. From healthy blood donors, the prevalence of AIDS observed was 0.5 percent in 1992, 3.5 percent in 1993 and has stabilized at 5.5 percent in recent years. Almost seven or eight of all referred cases are HIV positive and between seven and eight new cases of AIDS are seen every week at the different clinic sessions in the hospital. The profile of PLHA is mixed, although a study conducted by a team from the hospital highlights long-distance drivers.

Only a few of the staff have ever seen a copy of the national policy on HIV/AIDS before and the hospital does not have its own HIV policy. The lack of a policy was attributed to limited funds to support one. The facility conducts HIV testing with kits that are purchased. The only exception is the supply by the Petroleum Trust Fund (PTF), which expired soon after supply. Different types of testing kits are used, especially the Genny and Immunocomb. Pre- and Post-test counseling are available. Although the hospital has two trained counselors and doctors are also involved in counseling, the hospital needs to train more counselors.

Home-based care in terms of home visitations is not provided, although patients and relatives are trained on how to take care of themselves. While HBC is considered important, the hospital expressed more concern about the cost of ARV, estimated at N14,000 and N24,500 per month, an amount clearly out of reach of most of the patients. In addition to providing diagnosis, screening and management of HIV/AIDS cases, the facility has been involved in drug trials in collaboration with pharmaceutical outfits such as Glaxo and Roche/Swipha. Collaboration efforts on MTCT with some international NGOs have not been successful in the past. On prevention, teaching of universal precautions is being employed and some nurses participated in a British Council training session for nurses.

8. Private/Civil Society Environment

8.1 Salvation Army, National Headquarters

The organization is an international Christian movement focusing on evangelical and humanitarian activities. It started in Eastern London in 1830 with the concept that you cannot preach to an empty stomach. Today it operates in 110 countries. The operations of SA started in Nigeria in 1920 when the first set of missionaries arrived in Nigeria. The General who is elected every four to five years heads the NGO but a Territorial Commander heads the national structure. In Nigeria, it is found in 13 states of the federation (Abia, Akwa-Ibom, Anambra, Cross River, Ekiti, Enugu, Imo, Lagos, Ogun, Ondo and Osun, Oyo and Rivers). The membership in Nigeria is put at 22,000 adults and 12,000 youths with 300 full-time employees. It started work on HIV/AIDS in 1991 and presently focuses on Lagos, Cross River, Imo and Akwa-Ibom states. The program is targeting all groups of people with focus on behavioral change with the aim of "bringing hope to a hopeless situation."

The SA conducts pre- and post-test counseling and the test center is at its Lagos office. It runs a program called Community Counseling by training the people in the local church to talk to community members. With this program, community members are encouraged to support themselves and thereby build relationships among the people. Several volunteers are in the states and they maintain anti-AIDS clubs.

The organization preaches safer sex, focusing on abstinence though there is no consensus on the use of condoms. It currently runs a "Home-Based Care" project, which involves supporting people who have tested positive, including feeding them. They are given psychosocial support by the team. The children of PLHA are tested for HIV to determine the kind of care they should receive. Some entire families are being cared for. The SA pays the school fees of the orphans.

The SA's work is part of the UNAIDS initiative featuring a regional team covering the whole of Africa. The team receives funds from UNAIDS to cover Senegal, Cote d'Ivoire, Nigeria and Rwanda, and there is a forum for sharing experience. The HIV/AIDS team headquarters is in Nairobi and London, and the funds are managed from these offices. Other sources of funding for the Nigerian office are UK and Norwegian Relief and Development. The Nigerian office budget for HIV/AIDS in 1999 was about N2.5 million.

The SA also collaborates with UNAIDS, United Nations Development Program (UNDP), Hope Worldwide, ECWA and SWAAN, and shares information and collaborates with government structures, especially Somolu LGA. It participates in community mobilization activities, particularly World AIDS Day campaigns and some other special events.

8.2 Nigerian Labour Congress (NLC)

The NLC is the umbrella organization for all labor unions in Nigeria with more than 20 affiliated trade unions. The NLC does not have a program on HIV/AIDS at this time. The NLC's low level of attention to HIV/AIDS was attributed to recent developments in which the government took over the NLC's management by appointing administrators. Despite this situation, some HIV/AIDS-related activities were carried out for representatives of industrial unions. NUBIFIE, with support from FHI, was also noted as an example of an activity in a trade union, and the congress was represented on the evaluation team in the recent evaluation of NASCP. In addition, the Society for Family Health (SFH) supported by DFID, has had educational programs for staff of the congress secretariat. The congress is also represented on the LSHAF. The NLC is aware of the national policy on AIDS, which they say does not give attention to the workplace environment. The NLC does not have a committee on AIDS; hence, it has no systematic planning at present and there is therefore no budget allocation for it. The ILO has requested a focal person in the NLC and to this effect, the NLC Vice-President, who is the chairman of the Union of Medical Health Workers and Nurses and Midwives, has been appointed.

The child welfare program located in the women's wing of the union runs a day care center, which is still functional. Priority communities identified within the congress include: transport sector workers, particularly long-distance drivers, hotel workers, construction workers and generally workers who are separated from their families for long periods. Until recently, members of the congress were unwilling to talk about AIDS and shied away from programs related to it, this has however changed. The congress is not aware of the incidence of lost employment by members due to their HIV/AIDS status or any issue of compulsory testing of employees for HIV/AIDS by employers of labor. The NLC did acknowledge, however, the incidence of individual cases of demand for compulsory HIV/AIDS testing, not related to employment status.

8.3 Center for the Right to Health (CRH)

The center was established in July 2000 and has a six-member board of trustee and a 10-member advisory board. It has a staff of eight and a group of eight volunteer workers. The center is also a member of the Justice and Human Rights Committee of the LSHAF. The center has received funding from the Ford Foundation, MacArthur Foundation and other sources of funding including individuals and national institutions.

The organization's work on HIV/AIDS consists of education and enlightenment, advocacy (over 20), counseling, care and support and training. The activities cover several groups, which include youth, health workers, government, PLHA, administrators and institutions such as social clubs and banks. The NGO prefers to work with small groups rather than very large groups to maximize effectiveness. It also develops IEC materials, such as posters and stickers, and is producing a documentary on AIDS.

Counseling is provided at the center and PLHA are encouraged to participate given their effectiveness and better understanding. Persons affected by AIDS (PABA) are also encouraged to come for counseling. The center also serves as a referral center by linking PLHA with the support group Nigeria AIDS Alliance. The center also provides skill acquisition opportunities and small loans (N5,000) for PLHA to empower them economically with training in soap making and sewing. Participation in these programs has been encouraging, although a lot more people requiring assistance have not been reached. A major need that has not been met is that of medications, both antiretroviral and those for opportunistic infections. The Center hopes to provide HIV testing service in the future given the identified demand for it. Clients of the Center often refuse to use public centers/hospitals where this service is available for lack of privacy and fear of being recognized.

The center intervenes on behalf of individuals whose employment is being threatened or who have lost their jobs simply because of their HIV/AIDS status. An example of an intervention on behalf of individuals and groups was the compulsory testing of all staff of Equity Bank, which was contested. The center also collaborates with other NGOs as it encourages the sharing of ideas. Examples of collaboration work with NGOs are with Mushin Democratic Wing, an LGA-based organization and Nigeria AIDS Alliance.

8.4 Nigeria AIDS Alliance (NAA)

The NGO was formed in December 1999 with exclusive membership and management by PLHA. The organization has 150 members from Lagos and its environs. It has a seven-member board of trustees, a five-member advisory board and an executive. The challenges for the organization include the empowerment of PLHA, education and enlightenment and capacity building. Activities therefore include advocacy, awareness campaigns, pre- and post-test counseling, therapeutic and referrals. The members meet monthly.

The CRH and STOPAIDS played a positive role in the formation of this group. The group was formed because of perceived gaps in the operation and activities of other NGOs with different composition. The main gap was the need to stop the exploitation of PLHA who are not empowered to stand up for themselves, but rather used as "tools" to give credibility to NGOs. The experience of active PLHA participation in other countries also was inspirational, given the belief that Nigeria is not including PLHA in leadership positions.

The main source of funding presently is the Ford Foundation ($50,000) meant for institutional capacity building and used for the various centers in the country. Capable members raise funds among themselves to assist the needs of members, who are also encouraged to acquire skills. Members agreed on the possibility of insincerity of purpose creeping in, though the referral source for the group now helps to keep this phenomenon in check. Another problem envisaged for support groups such as this is the possible lack of cohesion. Capacity building on group dynamics and leadership is expected to be of assistance along this line. The organization's newness explains the observed limited activities. It does, however, display much potential. The organization collaborates with the CRH, which provides it with technical support.

8.5 Society for Women and AIDS in Africa, Nigeria Chapter (SWAAN)

The society was founded in 1988 and has full membership in 14 states in Nigeria – Lagos, Oyo, Kaduna, Kano, Akwa Ibom, Anambra, Benue, Enugu, Imo, Rivers, Borno, Cross River and Edo, and probational membership in seven states – Delta, Plateau, Gombe, Yobe, Jigawa, Bayelsa and Abuja. Areas of activities include IEC, counseling, capacity building, home-based care for PLHA and interventions for FSWs, youth, women and men.

The society collaborates with other organizations and NGOs, but has never worked with government though in the past it has received support on using LGA facilities. It was also noted that support from government establishments is more forthcoming when the leadership have some understanding and show interest. The experience with NGOs has been positive leading to experience sharing and information acquisition. The society is represented on the LSHAF. Funding is sourced from both national and international bodies such as the Ford Foundation, International Women Health Coalition (IWHC), and the MacArthur Foundation.

Past activities on AIDS reveal a need for training health workers who have poor understanding and attitudes towards the issue. The HBC of the society, which is a relatively new program, is both community- and hospital-based and operational in only seven states – Benue, Lagos, Ogun, Enugu, Cross River, Kaduna and Borno. There is an existing home-based care project funded by FHI in Kano. The establishment process in the other states involved setting up HBC committees made up of people with nursing backgrounds and PLHA as members. All members were trained on counseling and needs assessments of the community and health institutions in which they work. In each state, SWAAN has identified and linked up with five health institutions. PLHA are referred to SWAAN from these health centers for counseling and follow-up. The committee conducts advocacy activities with the management of health establishments. The committee also refers difficult PLHA cases PLHA for medical management.

The identification of the community within which to locate this activity was achieved in collaboration with the LGA and community development committees. Volunteers are expected to be identified within the community who are trained on HBC and PLHA (who are expected to be trained). The selection of communities was difficult because a criterion for selection was the location of a health center. Religious groups are encouraged to participate through representatives. Although PLHA have been identified and involved in other states, such as Osun, Lagos State has none.

8.6 Community Health Information Education Forum (CHIEF)

Registered in January 1999, CHIEF offers community health services that include information, education and communication; PHC services; and AIDS prevention programs. Some of the forum's activities involve conducting and participating in seminars, symposia and workshops. Other activities include running income-generating activities such as a cooperative thrift and loan society. The NGO collaborates with the Eti-Osa LGA within which most of its services are provided. The forum is a member of the Lagos State AIDS Foundation. Given that the CHIEF is relatively new, it has limited activities and has not received any major funding from a donor agency.

8.7 Life Link Organization (LLO)

The organization, which has been in existence for six years, has a board of directors that meets twice a year, two directors, program officers and administrative staff running its affairs. At the time of the assessment there were eight full-time paid staff and two part-time staff. It has bank accounts for each of its various funding projects. LLO mainly focuses on reproductive health issues, with emphasis on HIV/AIDS in prison communities composed of prison inmates and staff, and youths. LLO's main populations of interest are prisoners and FSWs. Its major objective is to reduce the spread of HIV/AIDS and change behavior among high-risk populations. Sailors have also benefited from its HIV/AIDS activities. The prison community activities of the organization cover Lagos, Abuja, Edo, Kano and Oyo states. Three other states are being proposed – Delta, Akwa Ibom and Kaduna. Present sources of funding for activities include Family Health International and the Ford Foundation.

LLO's HIV/AIDS-related efforts consist of BCC activities, including the training of peer educators among FSWs, counseling and some care and support. The care and support activities carried out in the prisons include counseling, HIV testing and providing materials such as food supplement, palliative drugs and bleach. Out of a sample size of 81 persons, male and female, nine tested positive, giving a proportion of one in 10. LLO has conducted activities among FSWs located around the prisons for two years under the IMPACT project. The effort covers 70 brothels in three LGAs – Apapa, Ifelodun and Amuwo-odofin, where sex workers were trained as peer health educators. As for PLHA, the organization collaborates with Ajeromi General Hospital and Apapa health centers. These facilities and some private health facilities refer HIV-positive people to LLO for counseling. The organization, however, has a problem in determining where to refer STI clients.

The organization is in the process of developing a full childcare programme, and is going to submit a proposal to the Elizabeth Glazer Pediatric AIDS Foundation. Childcare is now treated within other programs as necessary. LLO also is developing a program for women that is expected to link health and economic empowerment. The organization has collaborated with other international and national NGOs, such as Pathfinder, NGO Consult, Development Network and local civil society organizations. It says that collaboration with government is not encouraging because of bureaucratic bottlenecks.

9. Observations

- Lagos is the most populous and urbanized state in Nigeria, with an estimated population of more than 15 million inhabitants; thus the state has a high population density.
- The state is cosmopolitan in that it features cross-border activities, poverty, drug abuse, industries, military and uniform formations.
- Lagos State also features such risk settings as motor parks, major international markets, bars/nightclubs/hotels, tertiary institutions and international boundaries.
- High-risk and vulnerable populations in the state include transport workers, female sex workers, drug users, area boys and girls, in- and out-of-school youth (apprentice traders).
- There is a multi-sectoral body—Lagos State HIV/AIDS Foundation—coordinating HIV/AIDS programs in the state.
- Although there is an array of prevention programs, they have limited geographical spread. The state also is dotted with uncoordinated, ad-hoc enlightenment campaigns for youth on several areas of reproductive health.
- There is a generally high level of awareness of HIV/AIDS among the population but a very low level response towards behavior change.
- There is a limited comprehensive care and support program for PLHA, and this is compounded by the inadequate capacity of health care workers and NGOs working in HIV/AIDS programming.
- There is only one PLHA support group identified in the whole state and this group is not widely known in government circles.
- Stigmatization and discrimination against PLHA is still very strong among health care workers, even in government referral facilities.
- HIV/AIDS testing is available only at secondary health facilities.
- Only few facilities provide HIV/AIDS counseling services.

10. Recommendations

- Explore the HIV/AIDS situation in other urban LGAs of the state, especially Ajeromi/Ifelodun, Lagos Island, Badagry, Surulere, Ojo, Mushin, Somolu and Oshodi/Isolo.

- Explore areas of collaboration with the newly inaugurated LSHAF. There should be a plan to assist LGAs to develop strategic plans.

- Lagos State is ripe for a comprehensive and integrated HIV/AIDS programming that will incorporate FHI's ongoing prevention projects.

- Explore a total faith-based program by dialoguing further with the Nigeria Supreme Council for Islamic Affairs and Christian groups.

Appendix A: Persons Met

Organisations visited	Persons contacted	Designations	Contact Address
Ministry of Health	Dr. Lekan Pitan Dr. Olomolehin Mrs. Akinola	Commissioner for Health Director, PHC&DC State AIDS Program Coordinator	MOH, State Secretariat, Alausa, Ikeja 4964061, 2631798, 2671347
Ministry of Education	Mrs. O. A. Giwa Mr. Durojaiye Mrs. M.O. Braimoh Mrs. Coker	Director: Private Education and Special Projects Director, Basic Education Services Asst. Director, Child Guidance, School Counseling and Special Education	MOE, State Secretariat, Alausa, Ikeja 4964787
Ministry of Women Affairs and Poverty Alleviation	Mrs. R. T. Akesode Mrs. K. Awobamise	Director, Women's Affairs Asst. Chief Admin. Officer	State Secretariat, Alausa, Ikeja
Ministry of Youth, Sports and Social Development		Permanent Secretary	
Local Govt. Administration	Mrs. Davies	Director	Block 10, Floor 2, State Secretariat
Lagos Mainland Local Govt.	Dr. Oyekan Dr. Olulode Mrs. Susan Aina	Medical Officer of Health Deputy Medical Officer AIDS Action Manager	LGA Secretariat, Herbert Macauley Way, Adekunle, Yaba
Ikeja Local Govt.	Dr. Mrs. Olaniba Mrs. Oyenuga	Medical Officer of Health AIDS Action Manager	Secretariat, Obafemi Awolowo Way, Ikeja
Epe Local Govt.	Alhaji. M.O. Jubrila Mrs. Abiola Mrs. Jaiyesimi Mrs. Ojo Mrs. Okojie Mrs. Lasisi Mr. A.O. Tella	Vice Chairman Supervisory Councilor for Women Affairs and Poverty Alleviation Chief Nursing Officer Apex Chief Nursing Officer School Health Services' Manager NPI Manager AIDS Action Manager	
General Hopsital, Epe	Dr. Orebela Mr. Majekodunmi	Senior Medical Officer Senior Laborat. Scientist	
Lagos University Teaching Hospital	Prof. Odukoya Dr. Okanny Dr. Akanmu Mr. Ayo. Olagunju	Chief Medical Director Heamatologist Heamatologist Public Relations Officer	

Appendix A (cont)

Organisations visited	Persons contacted	Designations	Contact Address
Lagos State Univ. Teaching Hospital/IkejaG.H.	Dr. Femi Olugbile	Medical Director	General Hospital, Ikeja 4710670 olufemi54@hotmail.com
Salvation Army			Territorial Headquarters, #6, Shipeolu Str., Somolu 7749125
Society for Women and AIDS, Nigeria, Lagos State Branch	Funmi Doherty (863530) Mrs. Charity Usifoh Mrs. C. Onwubere Mrs. O. Kukoyi Mr. P. Samuel		12, Apena Street, Off Cole Street, Ojuelegba, Surulere Lagos Tel: 01-5837618 E-mail: Swaan@cyberspace.net.ng
Nigeria Labor Congress	Mr. John Odah Mr. Chris Uyott Miss Maureen Onyia	Deputy Secretary General Communications HIV/AIDS Focal person	7743988 n-onyia@hotmail.com
Center for the Right to Health	Mrs. Stella Iwuagwu	Executive Director	3, Obanle Aro Avenue, Ilupeju, 7743816, 4931737
Christian Association of Nigeria	The Secretary	1, Babatunde Street, Off Ogunlana Drive, Surulere	
Nigeria AIDS Alliance			5th floor, 24/26 Macarthy Street, Onikan, Lagos 01-2600047, 2600029 avsalliance@microcom.com.ng
Nigeria Supreme Council for Islamic Affairs	Dr Lateef Adegbite		865882
Nigerian Parent Teachers Association	Alhaji Animasaun		5850660 5850658
Lagos State HIV/AIDS Foundation	Dr Desalu		2624059 –O 8044654 –H
Community Health Information Education Forum	Mrs. Akinrinmade	Chief Executive/Project Director	6, Baiyetinlo Court, Gbara, Off Lagos/Epe Expressway, Lekki-Pennisula, Lagos 7746817, 2637790 chiefngo@yahoo.com
Life Link Organization	Mrs. Dora Ofobrukweta Razak Awosola	Project Coordinator Field Officer	
RCCG/RAPAC	Asst. Pastor Laide Adenuga (7744278)	Project Manager	Redeemed Camp, Km 45, Lagos Expressway

Appendix B: Rapid Assessment Tools

Key Informant Interview Guide

Government Response

- Ongoing efforts
- Ongoing collaboration-
  With donors/international agencies
  With NGOs/CBOs

Acceptability of donor support
- Ongoing program with women, youth, poverty alleviation, microenterprise and child welfare
- Presence of structures
  Are there any community health workers here – TBA, CHOs, etc.?
    - AIDS Committee at state level
    - State AIDS Coordinator
    - AIDS Action Manager
    - Integration of AIDS into PHC
    - Number of schools – secondary, tertiary, etc.
    - Economic activities (any major employers)
- Awareness of NACA and other state multisectoral strutures (is there a state HIV/AIDS policy or do they have access to policy papers)
- Perceived effectiveness of existing structures (regular meetings, activities, etc.)
- Budgetary allocations, released and actual expenditure related to HIV/AIDS
- Felt need for HIV/AIDS programs
  - Other areas of priority
- Socio-cultural/religious issues and concerns

HIV/AIDS/STI Risk Settings

- Risk behavior – what kind of behaviors/activities have you seen that make people vulnerable/susceptible to HIV?
- What in your own opinion constitutes the greatest risk behavior that facilitates HIV/STI transmission in this state/LGA/community?
- What do you feel is the risk for HIV in this community OR what is perceived to be the risk in this state/LGA/community?
- What are the geographic areas where risk behaviors take place?
- Community mobilization around the issue of HIV/AIDS
- What opportunities are there for HIV/AIDS prevention and care programming in this community?
- What do you think is an effective way to handle the HIV/AIDS situation in this community?

Assessment of Civil Society Organizations' Potential for Behavior Change Interventions

1. Experience in community development and HIV/AIDS activities
2. HIV-related programming experience
3. Relevant local/state/regional experience
4. Collaboration
   - Other organizations working in HIV prevention and care?
   - Networks of local NGOs in community development and HIV?
   - Linkages/referral systems with other service providers in the area (health service, spiritual service, micro-enterprise, education, etc.)?
   - Perception of work with other NGOs?
   - Perception of work with government?
5. Do you use any communications materials?
   - What materials are you using?
   - What is the most effective channel to communicate with your target group?
6. Where are you currently getting your funding for programs?
7. Where do you refer people for services?
8. Relevant administrative/managerial resources and expertise
   - What is the organizational structure – is there an organizational chart?
   - Do you have a bank account?
9. Access to personnel and other resources
   - What is your membership? How many voluntary and how many full-time paid staff?
   - Access to communications – telephone, fax, email?

Care and Support

Overarching Impression Discussion Points *

* To be discussed by each site team before deployment and at debriefing meeting

State HIV prevalence rates ________________ ________**MC name** ________________ ________**OMC name** ________________

1. High risk populations, locations and size: FSW, Truckers, Migrant men, At-risk youth, Informal settlements
2. Who are partners in broad HIV/AIDS comprehensive care and support—public, voluntary and private—and what are they doing?
3. Patient load/demand for care and support? Change over time? In each level of care from state to primary?
4. Potential for establishing learning site, e.g., nursing training college, care partners, etc., within a site (LGA)?
5. Home-based care (professional support for illnesses), demand for terminally/chronically ill?
6. Get a sense of the burden of the HIV/AIDS epidemic through mortality estimates in general and for TB patients.

Health Care Structure

How many of the following are in the LGA?

Government Hospitals ________________

Teaching Hospitals (specify whether governmental) ________________

Mission Hospitals ________________

Private Hospitals ________________

Public Health Centres ________________

Public Health Clinics ________________

Church and religious clinics ________________

Private Sector providers ________________

NGO clinics ________________

CBO clinics ____
Traditional medicine practitioners____

Are there community health workers in the area?____

Health Facilities

What is your position designation?
What are your primary duties?
What kind of health facility is this?
How many in-patient beds are there?

What is the geographical catchment area of this facility?
What is the catchment area of this facility in terms of population?
How many doctors in this facility?
How many nurses in this facility?
How many CHO/CHEWs in this facility?

Who refers patients to you?

To whom/where do you refer patients (name if possible)?

Teaching hospital
Federal medical centre
Specialist hospital
General hospitals
Primary health care centres
Primary health care clinics
Village health workers
Church and religious clinics
Private sector providers
NGO/CBO clinics
Traditional medicine practitioners

Are there community health care workers attached to this health facility?

When did you start seeing suspected AIDS cases?
Has there been a gradual increase of suspected AIDS cases?.
Have there been periods of rapid change (more or less)?
How many suspected AIDS cases do you see each week?

Do you have a copy of the National HIV Policy Guidelines?
Can we see which version you are using?
Do you have your own HIV policy?
Can we see it?

Specific Technical Areas

VCT

Do you do HIV testing in this facility? Where do you get your supplies?
Do you send patients for testing? Where?
What happens to those who test positive? Are they told their results?

Do you have HIV counseling services?
Who trains your HIV counselors? What curriculum is used? When?

- Not active but planned – where and when will they open? Who will be in charge?
- Do you have linkages with other care and support activities and services?

Home-based care (professional support for illnesses)

- Describe HBC activities
- Describe the structure of home-based care staff/teams
- Demand for terminally/chronically ill care
- Describe composition and types of services provided and the length of time they have been active (e.g., terminally ill vs. HIV only, TB incorporated, linkages to clinical care)
- Linkages with other care and support activities and services
- Linkages with prevention activities?

PLHA groups/networks

- Are there any PLHA groups? Name, location, who is in charge?
- Not active but planned
- Describe composition and types of services provided and length of time they have been active (e.g., advocacy, support, peer education, etc.)

MTCT

- Any MTCT interventions? What are they?

OVC

- When children do not have their immediate parents, who takes care of them?
- Do you suspect any changes in the ability of extended families to take care of their relatives' children? Briefly describe.
- What type of impact has HIV/AIDS had on children?
- Are there any child survival projects in the area? If yes, please give a brief description.
- Are there any homes for motherless children? If yes, please give number and a brief description.

TB

- Are TB patients cared for at this facility? If not, where are they referred?
- Has there been a gradual increase of TB cases?
- Method of treatment
- Availability of drugs, type and consistency

STI

Name and address of HCF

PERSON INTERVIEWED (NAME AND POSITION)

☐ Teaching hospital ______
☐ Federal medical centre ______
☐ General hospital ______
☐ Health centre ______
☐ Private clinic ______
☐ NGO clinic ______
☐ Other
Specify ______

How many STD patients were seen in this health care facility last week? ______

How many STD cases do you see at this clinic during an average month? M ______ F ______

Are the numbers of male patients with STDs increasing compared to last year? Y ☐ N ☐

Are the numbers of female patients with STDs increasing compared to last year? Y ☐ N ☐

From your records:

	1997	1998	1999
How many STI in adult males			
Male urethral discharge			
Male genital ulcer			
How many STI in adult females			
Female urethral discharge			
Female genital ulcer			

Who refers patients to you?
☐ Teaching hospital
☐ Federal medical centre
☐ General hospital
☐ Health centre
☐ Private clinic
☐ NGO clinic
☐ Self-referral
☐ Other
Specify ______

Where do you refer difficult STD cases? ____________________

What type of diagnosis do you base your treatment on:

- An etiologic diagnosis such as gonorrheoa or syphilis?
- A syndromic diagnosis such as urethral discharge or genital ulcer disease?

Etiologic =1
Syndromic =2 ________
Both =3

Do you have a microscope in this clinic? Y ☐ N ☐

Do you perform HIV testing in this clinic? Y ☐ N ☐
What is the name of the test ____________________
Do you tell the patients the results? Y ☐ N ☐
Do you counsel patients on the meaning of the results? Y ☐ N ☐

Do you send your STD patients (or specimens) to another facility for laboratory investigations? Y ☐ N ☐
Where? ____________________

Do you keep a supply of condoms in this clinic? Y ☐ N ☐
ASK TO HAVE ONE Y ☐

Do you provide condoms to your STD patients?
Always ____________________
Sometime ____________________
Never ____________________

Do you provide instructions to your patients on how to use condoms?
Always ____________________
Sometime ____________________
Never ____________________

Do you follow any specific treatment guidelines in your management of STD patients? Y ☐ N ☐
IF YES, which? ____________________

Have you received a copy of the STD treatment schedules recommended by the National AIDS and STD Control Programme? Y ☐ N ☐

Verified Y ☐ N ☐

What are the main constraints on your work with STD?

____
____
____
____

Health Care Facility Data

We would be very grateful for the following information, if it is available:

Hospital admissions and clinic attendance	1997	1998	1999
Medical admissions			
Surgical admissions			
Paediatric admissions			
Adult male outpatient attendance			
Adult female outpatient attendance			
Paediatric outpatient attendance (under 5)			
How many TB cases (all forms) were recorded?			
How many smear positive pulmonary TB cases were recorded?			
How many smear negative pulmonary TB cases were recorded?			
How many extra pulmonary TB cases were recorded?			
How many smear positive pulmonary TB cases completed their TB treatment?			
How many smear positive pulmonary TB cases died before completing their TB Rx?			
How many smear positive pulmonary TB cases were lost to follow up?			

If this intervention is not available until later, please leave a copy of this form with the health care facility. It should be returned to:

Family Health International
18a Temple Road
Ikoyi
Lagos

Notes

Notes

Family Health International implements the USAID IMPACT Project in partnership with the Institute of Tropical Medicine, Management Sciences for Health, Population Services International, Program for Appropriate Technology in Health and the University of North Carolina at Chapel Hill

Family Health International
Institute for HIV/AIDS
2101 Wilson Blvd., Suite 700
Arlington, VA 22201 USA

www.fhi.org