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FAMILY HEALTH INTERNATIONAL NIGERIA



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 at Chapel Hill

**REPORT OF RAPID ASSESSMENT
IN
SELECTED LGAs,
ANAMBRA STATE
NIGERIA
NOVEMBER 2000**

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Rapid Assessment Report Selected LGAs, Anambra State

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Acronyms

AFPAC	Armed Forces Program on AIDS Control
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Program
AIDSTECH	AIDS Technology
ANC	Antenatal Care
CBOs	Community Based Organizations
DIP	Development Initiatives and Processes
CNSPM	Children in Need of Special Protection Efforts
CoEHDA	Community Health Education and Development in Africa
EPI	Expanded Program on Immunization
FHI	Family Health International
GIPA	Greater Involvement of People Living with HIV/AIDS
HHO	Humane Health Organization
IDW	International Day for Women
IMPACT	Implementing Prevention and Care Project
LGA	Local Government Area
MCH	Maternal and Child Health
MTCT	Mother to child Transmission
NGOs	Non Governmental Organizations
NMA	Nigeria Medical Association
NURTW	National Union of Road Transport Workers
NUT	Nigeria Union of Teachers
OVC	Orphans and Vulnerable Children
PACC	Police AIDS Control Committee
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SWAAN	Society for Women and AIDS in Nigeria
TB	Tuberculosis
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WAD	World AIDS Day
WARO	Women's Action Research Organization
WHD	World Health Day
VCT	Voluntary Counseling and Testing

Executive Summary

Family Health International (FHI), Nigeria, conducted a rapid assessment in Anambra State as part of the process of redesigning its ongoing IMPACT (Implementing 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 will entail working with pilot Local Government Authorities 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 assessment which was conducted in three local governments – Onitsha North, Onitsha South and Awka South – from November 8 – 11, had the following objectives:

- To identify risk settings and behaviors
- To identify risk groups
- To identify potential implementing partners, networks and structures for prevention and care and support of People Living with HIV/AIDS (PLWHA)
- To identify health and social welfare systems and structures and
- To assess the political environment for programming

The team interviewed key informants from the state public service and the local government areas. Key State government officers from the Ministries of Health, Education, Local Government and Women Affairs. Government officials, religious leaders and representatives of civil society organizations were interviewed in three local governments – Onitsha North, Onitsha South and Awka South (which quarters the state capital).

Major Findings

The following are major findings from the assessment:

- Anambra State presents a massive risk setting for HIV/AIDS/STI programming. Onitsha, one of its major cities, harbors one of the largest markets in the West African sub-region. Traders from across the sub-region visit Onitsha on a daily basis to do business. This has inevitably resulted in a boom in both trucking activities and sex trade.

- High risk and vulnerable groups commonly seen in the state are transport workers, sex workers, traders, youth and low income women
- The level of risk perception among the general population is very low, markedly among youth both in-school and out of school.
- Anambra State is predominantly a Christian State with the majority belonging to the Catholic and Anglican faith.
- The abhorrence of the Catholic faith to the use of condoms may constitute a major constraint to prevention programming among the populace. It is a major hindrance to condom promotion among health care providers of the Catholic faith.
- HIV testing is available, but there is limited counseling services
- The State Government has not made any funds available for HIV/AIDS/STI programming in the last five years.
- There is a general lack of quality STI services in the three LGAs. However, there are advertisements in the market for treatments for syphilis, gonorrhea, AIDS and hard drugs providing questionable treatment. This reinforces a demand for quality services.
- A comprehensive prevention and care program is needed in Anambra State, especially in those identified high-risk areas, to create the necessary environment for risk reduction behavior.

8. Recommendations

- The three sites visited - Onitsha North, Onitsha South and Awka South should implement comprehensive HIV/AIDS prevention and care program in close collaboration with the LGAs and the State Government.
- Develop and strengthen care and support structures, STI and clinical services
- Integrate HIV/AIDS programming into key statewide programs of unions and associations
- Assist LGAs to develop strategic plan

1. Introduction/background

Family Health International (FHI) is a private voluntary organization based in the United States. FHI has over 25 years experience in reproductive health, particularly in the areas of family planning and HIV/AIDS. With funding from USAID, FHI has, for over a decade, 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 and community based organizations.

In the initial phase of the IMPACT Project, FHI has been working with a variety of NGOs and national organizations to develop pilot initiatives in working with high risk groups. Under the next phase of the project, FHI, working closely with National Action Committee on AIDS, state and local government, plans to concentrate 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 to develop strategic plans of action and working 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 groups and 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 the FHI 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 out of which four were selected for initial rapid assessment. They are Anambra, Nassarawa, Kano and Lagos states. The rapid assessment in these four states will enable FHI determine whether or not to proceed with comprehensive programs in them.

For the proposed comprehensive program under IMPACT redesign, 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 towards establishing a synergy of effort for a greater impact to ensure the link between prevention and care and the link between related high risk and vulnerable populations.

In Anambra State, FHI has already been working with two organizations – the Humane Health Organization (HHO) providing care and support for those infected and affected and the National Union of Road Transport Workers (NURTW) in Onitsha. With the goal of scaling up these activities for a comprehensive program, FHI identified three LGAs for the rapid assessment: Onitsha North, Onitsha South and Awka South. All three are universally identified as key risk areas in Anambra State.

2. Methodology and objectives

The Rapid Assessment methodology comprised an initial desk assessment, development of a key informant interview guide and key informant interviews with government officials at state and local government level; non-governmental organizations, key institutions, and key health care workers in major health facilities. The assessment tool would be finalized at a stakeholders' meeting and thereafter made available for use by those interested in developing local government strategies for HIV/AIDS prevention and care.

The assessment which was conducted in three local governments – Onitsha North, Onitsha South and Awka South – from November 8 – 11, had the following objectives:

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- To identify health and social welfare systems and structures and
- To assess the political environment for programming

Based on the information gathered during the rapid assessment, FHI will decide whether or not to proceed with a comprehensive program in those identified States/LGAs.

3. Anambra State Government

Anambra State was created in 1991 with 21 Local Government Authorities (LGAs). It shares common boundary with Abia, Delta, Enugu, Imo and Kogi States. The state is well known for its industrial centers and markets, with 75% of the state involved in agriculture. Located in the South-East region of Nigeria,

Anambra State is the center of the Onitsha Expressway and the Onitsha-Wwerri highway. The position of the states, makes is a focal point for transport and trade in Nigeria.

The Rapid Assessment team met with government officials in the Ministry of Health, Ministry of Local Government, Ministry of Women's Affairs and Ministry of Education. The different ministries provided varied perspectives and perceptions on the epidemic in Anambra State and opportunities for effective action.

Ministry of Health

The Anambra Ministry of Health's Department of Medical Services is charged with handling HIV/AIDS. A State AIDS Committee was formed in 1997 and an AIDS Action Manger appointed who works to conduct programs for public awareness and care and support services. There are ongoing activities for HIV screening and counseling in two state hospitals. The Ministry has a working relationship with some donor agencies to work on HIV including the British Council, UNFPA and UNICEF. The Ministry officials stressed the need to mobilize NGOs and other ministries such as Women's Affairs and Education. Although the Ministry has been active within its capacity, there is a problem of limited funding. Very little or not budgetary allocations has been made annually in the last five years to control the epidemic in Anambra State. The Ministry is however ready for a partnership in the HIV/AIDS programming in the state.

Ministry of Education

There are 918 public primary schools and 258 public secondary schools in Anambra State. This is apart from an avalanche of private commercial schools that dot different parts of the major towns in the state. In addition, there are six tertiary institutions – The Nnamdi Azikiwe University in Awka; Federal Polytechnic, Oko; Federal College of Education (Technical), Umunze; College of Education, Nsugbe; Anambra State Polytechnic, Uli and a private university, Madona University, Okija. Despite the huge number of schools in the state, the Ministry of Education has not had a specific program on HIV/AIDS prevention. It has, in the past, been involved in health-related projects such as family planning and reproductive health education. The Ministry has a working collaboration with UNFPA in training guidance counselors in a random sample of 86 schools in the state.

The officials of the Ministry are well aware of the epidemic, especially among youth. They have trained three health facilitators and encourage students to form Anti-AIDS clubs in schools. It is also in the plan of the Ministry to integrate HIV/AIDS education into on-going subjects. The Ministry identified Parents-Teachers Associations and Age Grade associations as viable partners for the program. There is a willingness on the part of the Ministry to collaborate with other organizations and agencies working in HIV/AIDS to reach youth.

Local Government Department and Chieftancy Affairs of the Deputy Governors Office

This department supervises all Local Government Authorities in the state and all matters related to Chieftancies. To date, it has not been involved in any HIV/AIDS activities and had no knowledge of the National Action Committee on AIDS (NACA) or the national AIDS policy. Officials of the department interviewed expressed a desire to become involved in HIV/AIDS and to support programming at the LGA level. They also outlined their relative advantage to reach the grass roots through traditional leaders and town unions and voiced a willingness to help mobilize these structures for the selected LGAs.

Ministry of Women's Affairs

This Ministry oversees social welfare programs, women's affairs and rehabilitation. With support from the United Nations Children Fund (UNICEF), it has conducted some seminars for LGA Officials on AIDS and related programs, an experience that led officials of the ministry to the conclusion that awareness about HIV/AIDS is low in the state. The ministry now intends to collaborate with other partners to help integrate HIV/AIDS into existing programs. Examples of projects where HIV/AIDS could be integrated include micro-enterprise for women and development projects targeting youths in the slum areas of Okpoko and Odoekpe. Although the ministry is not involved in any AIDS orphans initiative, it has some facilities to deal with abandoned babies. The Ministry is well placed to mobilize women's organizations, youth organizations and other social clubs in the state and is ready to work with other agencies for HIV/AIDS prevention and care.

In general, government officials and NGO operatives visited agreed that there are five major LGAs in Anambra State with a high concentration of at-risk populations. These are Onitsha North, Onitsha South, Awka South, Nnewi, Aguata and Ogbaru. The Rapid Assessment team visited three of these LGAs – Onitsha North, Onitsha South and Awka South.

4. Onitsha South

4.1 Political environment

Onitsha South Local Government Authority was created in 1991 and has a population of approximately 300,000 comprising indigenes and traders who come from different parts of the country to do business in the area. In the LGA, there is no structure in place for HIV/AIDS programming and there are no immediate plans to appoint an AIDS Action Manager or to institute an AIDS Committee. Those interviewed at the LGA had no knowledge of structures for HIV/AIDS either at the state level or at the national level and had not seen the national policy on HIV/AIDS. However there are programs in place for child survival – EPI and Polio eradication. The LGA officials do not know any NGO working on HIV/AIDS in the local government.

4.2 Risk Environment

This LGA has a high population density and a large pool of high-risk populations and settings – sex workers, transport workers, the uniformed services, bars, brothels, truck parks and night clubs. Coupled with these are a large population of migrant traders, travelers and factory workers. In the workplace there are also major employers of labor such as Alliance, a zinc processing firm and GMO a manufacturing conglomerate.

In addition to the high risk groups, youth (in-school and out-of-school) are considered to be vulnerable in this environment. There are 67 government primary schools and 5 secondary schools and a large number of private schools.

4.3 Private/Civil Society Environment

Although there are few NGOs working in HIV/AIDS prevention and care in this LGA, there is an opportunity to utilize existing community structures such as town unions, traditional leaders and religious organizations. The Catholic and Anglican Churches are dominant in this area. NGOs currently working on HIV/AIDS include the NURTW, HHO and the Sisters of Charity.

4.4 Care and Support Networks and Structures

The Onitsha South Local Government has three health facilities – one model health center and two health posts. The health posts handle minor ailments and make referrals to the model health center. The model health center in turn makes referrals to the general hospital in nearby Onitsha North Local Government. The center is manned by a primary healthcare technician who is assisted by six nurses, two of whom are community health officers. The model health center treats patients who present with STIs that are not complicated using the syndromic approach. Complicated symptoms such as painful urine and discharge are referred. Only symptoms of itching are treated in the center using the syndromic approach. Because of the previous training received by the primary healthcare technician in syndromic management of STIs, routine physical examination is performed on the male and female patients who present with STIs. Condom education/demonstration and advice for partner notification are also features of the limited STI services provided, although, oftentimes partners do not visit the clinic for treatment.

Major constraints to STI treatment in the health centre include lack of drugs, lack of requisite equipment and inadequate training of the staff. For now, the facility does not perform wet-mount microscopy, gram stains and culture and sensitivity for diagnosis of STIs. In addition, the center does not have a copy of the treatment flow chart/guidelines for the syndromic management of STIs as

recommended by the National AIDS and STIs Control Program. Patients are sometimes referred to the laboratory for tests.

4.5 Observations

There is an apparent low level of awareness of HIV/AIDS issues amongst the LGA staff. One staff in the LGA felt that those who are found to be HIV positive should be locked up in an institution. Another LGA staff suggested the re-institutionalization of polygamy ostensibly to situate the norm of multiple sex partners in the marriage institution. Among the general population there is a low level of risk perception although all the interviewees agree that there is a need for massive HIV/AIDS awareness targeted at the general population. The public health systems were not set up to effectively manage HIV/AIDS patients and provide quality STI services.

5. Onitsha North

5.1 Political Environment

Onitsha North Local Government is a densely populated and congested area with a population of about 1.9 million persons. It is a major commercial nerve center in the eastern part of Nigeria, harboring the largest market in West Africa. The local government authority has, over the years, had limited involvement in HIV/AIDS programming, allocating little or no budget for fighting the epidemic. HIV/AIDS initiative of the health unit of the LGA has been limited to very few one-off sensitization talks delivered to small audiences without the use of audio-visual equipment. These equipment are not available in the local government. The LGA has no policy on HIV/AIDS and its principal officers have not seen the state or national policy. The LGA has no strategic plan and does not develop annual plans for HIV/AIDS but would welcome assistance for development of such plans. The growing prevalence of HIV in the country is a concern and the local government is committed to supporting initiatives aimed at stemming the tide of the epidemic in Onitsha.

5.2 Risk Environment

Onitsha North Local Government is a transit route linking the South East and South South geopolitical zones in Nigeria. The LGA has major truck and bus stops bustling with activities in the day and night. Linked to this are numerous brothels and an active commercial sex industry, though in recent times there has been a temporary disruption in sex work as sex workers in the LGA have been driven underground by local vigilante groups who regularly invade the brothels in search of armed robbers. As a trading hotspot, the area attracts patronage from different parts of Nigeria and neighboring West African countries. Large volumes of cash change hands in the city daily and there are virtually no recreational

facilities for people to ventilate after work other than numerous alcohol sales spots, sexual networking and brothels where sex is traded.

In the local government, there are 26 public primary schools and 15 public secondary schools. This is apart from the existence of private commercial schools, estimated at about 20, in the area. There are no HIV/AIDS interventions targeting in-school youth in the area. There is therefore a paradox that predisposes many to HIV infection: the presence of many traders and transport workers who go about with a lot of cash surplus to their immediate requirements and many young women who live in poverty and are easily influenced by those with ready cash.

5.3 Private/Civil Society Environment

There is an active civil society that derives strength mainly from community bonding, the enterprise system in the society and elitist social clubs. These civil society organizations include the cooperative societies largely managed and peopled by women, the main market traders association, the chamber of commerce, the churches (predominantly Catholic and Anglican), the church based August meetings, the age-grade system, the National Union of Road Transport Workers, the National Association of Transport owners, the Catholic Women's Organization, Anglican Women's Guild, the sports club, Rotary club, Lions Club, and the recreation club. The strength of these organizations is yet to be harnessed and deployed for HIV/AIDS programs.

A few NGOs have however been active in HIV/AIDS programming. The health unit of the Onitsha Catholic archdiocese implements HIV/AIDS activities and also supports the Humane Health Organization (HHO)– an NGO supported by FHI under IMPACT to implement the Community Home Based care and support. The HHO care and support project that is ongoing, focuses mainly on psychosocial support. They do not provide drugs for opportunistic infections, treatment of tuberculosis and drugs for prevention of mother-to-child transmission. PLWHA reached through the project believe the care provided is too limited. A PLWHA outreach worker on the project said PLWHA often ask a recurrent question: "Do you have drugs for me"? The HHO is the only NGO implementing a community Home based care project in the local government. There is also the Save the World Organization, an NGO of People Living with HIV/AIDS. This group which is an off-shoot of the HHO project is handicapped by poor funding, thus making it limit its activities to meetings and group therapy sessions.

The Rapid Assessment team met with the Catholic Archbishop of Onitsha. He takes the issue of HIV/AIDS seriously and preaches about this topic in his sermons and with the other Bishops in Nigeria. The Archdiocese is also working to educate students on HIV/AIDS with an initiative called "True Love Wins." Its main message is abstinence. It currently requires mandatory HIV screening

prior to marriage, but allows marriage to take place, if potential couples test HIV positive and still resolve to go ahead with the marriage. The church has an unwritten policy to allow those who are HIV positive to marry themselves. The archdiocese believes the issue of pre-marriage HIV screening may require review at the highest policy level of the church (the Papacy) as this is an issue that also borders on human rights.

The Archdiocese covers the entire Anambra State and has 21 health facilities. The Catholic Church has two schools of nursing, one school of midwifery, two schools for lab technicians and assistants. It has 32 doctors, 170 nurses and 70 village health workers. The church identified the need for laboratory technicians to be trained in effective diagnosis of HIV. The church scheduled a workshop for the week following the rapid assessment to train selected laboratory technicians in laboratory techniques for screening and counseling in collaboration with the State Government.

5.4 Care and Support Networks and Structures

Onitsha North LGA has the primary and secondary healthcare systems. There are eight health posts, one basic health center, one health centre and one general hospital. In addition to these, there are two major private hospitals – the St. Charles Borromeo Hospital and the Waterside Specialist Hospital. Referrals are made from the health post to the basic health center and from the basic health center to the general hospital. In the basic health center, there are five functional beds and the primary duties performed in the center are antenatal care, infant welfare clinic, deliveries, home visits, immunization and treatment of minor ailments. The center, managed by a Community Health Officer, seldom sees STI cases (an average of one case per week) and when such cases do come up, referral is made to the general hospital. None of the hospital staff has been trained in syndromic management.

The people of Onitsha generally describe themselves as a people of a shamed culture. Although outwardly vocal and hyperactive especially in their trading interactions, they are seclusive and overly superstitious in matters of ill health and death. The community norm and practice tends to fuel AIDS denial, inhibiting those who test positive from openly making known their status. For example, people who die of AIDS are often said to have died from poison in a bid to avoid social stigma. In Onitsha North LGA, care and support for people living with HIV/AIDS is not yet a government priority. Facility based care does not exist. Humane Health Organization working in collaboration with the Onitsha Catholic Archdiocese provides community home based care. HHO, for now, remains the only organization in the LGA with the skills to provide home-based care.

Save the World, the only local network of PLWHA is fairly organized and is in the process of acquiring an office. This organization has the potential to continue to

serve as the fulcrum upon which effective psychosocial support can be provided to PLWHA. It also provides a platform for greater involvement of people living with HIV/AIDS (GIPA) in the LGA. One common concern for PLWHA in Onitsha North is poverty and the inability of the PLWHA to feed properly. They want to be empowered economically.

Under the ongoing IMPACT community home based care and support, HHO and Save the World see orphans and other vulnerable children as a concern, but the current project does not cater for OVC.

5.5 Observations

There is a favorable environment in the LGA for comprehensive programming for HIV/AIDS. Awareness is low and risk behaviors are quite high.

6. Awka South

6.1 Political environment

The Awka South LGA has a population of over 300,000. The assessment team had an extensive meeting with key officials in the LGA including the Chairman and Deputy Chairman of the LGA who is in charge of the Health Department. The LGA has an AIDS Action Manager who plans to conduct HIV/AIDS awareness programs within the community. The LGA also plans to institute an AIDS Action Committee. There is no separate budget for HIV/AIDS. Money meant for this purpose is lumped with other monies under communicable diseases. More often-than-not, the HIV/AIDS money gets lost in the milieu of activities planned under the broad umbrella of communicable diseases. The sum of N300,000.00 has been budgeted for communicable diseases this fiscal year. In the private sector, the LGA identified 20 clubs/associations that can serve as vehicles for providing and reinforcing HIV/AIDS education. These include youth associations, women groups, traders associations, mothers groups, the age grades and the church groups. It is believed that HIV/AIDS can be integrated into the activities of these community-based influential groups. In addition the wife of the Awka South Chairman is active in organizing AIDS awareness activities.

There are 41 public primary schools and 19 secondary schools in the LGA. Those interviewed recommended the integration of HIV/AIDS into existing subjects such as health education and social studies. The need to promote safer sex options in a strong Catholic environment was identified. The possibility of the LGA providing a forum for gathering church leaders to look at issues surrounding safer sex options was discussed.

6.2 Risk Environment

Awka is the capital of the Anambra State. It has a large population of civil servants and a huge population of tertiary school students. There are numerous hotels and lodgings and a thriving sex industry in Awka. All those interviewed identified Awka as a high-risk setting. At-risk and vulnerable groups were identified as transport workers, traders, sex workers, youth both in and out of school and civil servants.

6.3 Private/Civil Society Environment

There are three identified non-governmental organizations working in Awka South. These are the Society for Women and AIDS in Nigeria, Anambra State Branch, Community Health and Development for Africa (COHEDA) and the Development Initiative and Processes (DIP).

- Established in 1991 at the onset of the creation of Anambra State, SWAAN Anambra has 20 volunteer members working to provide in-school youth with HIV/AIDS/STIs prevention education. With funding and program directive from the national body, SWAAN Anambra has also initiated work with female sex workers in the state while plans are being made by the group to provide home-based care for those infected by HIV. HIV/AIDS activities targeted at the general population by the group include sensitization seminars and special events conducted to commemorate World Health Day (WHD), World AIDS Day (WAD) and the International Day for Women (IDW). Funding for the organization comes from membership dues and some support from the national office.
- SWAAN Anambra is encouraged to source funds locally for its activities. Although the group has no paid staff, some key members are retired and are able to give full time attention to the organizations activities. Sex workers, poorly educated women and widows are also key target audiences within the focus of SWAAN.
- Community Health Education and Development in Africa (CoHEDA) has been conducting adhoc HIV/AIDS awareness among youth, women and church groups. The founder also runs a clinic and provides services for commercial sex workers using syndromic management. They have received funding from UNDP for training of traditional birth attendants and conduct small research projects on other health issues.
- Development Initiatives and Processes (DIP) was established February 2000 in response to the AIDS epidemic. It has initiated orientation and awareness raising sessions with Local Government Authorities, Schools and Unions. Made up of professionals who volunteer their time, the organization has,

through membership dues, been able to support two full time staff to man its donated office space. The organization identified transport workers, youth and traders as key target audiences and would recommend working through town unions to reach the grassroots population. As the many members are lecturers at the University and teachers, they see their strength in working with youth through the development of peer education approaches and innovative communication strategies.

In addition to the NGOs, other key civil society organizations identified are the National Union of Teachers, the National Union of Road and Transport Workers and the Nigeria Medical Association.

- The National Union of Teachers (NUT) is not involved in any AIDS activities, but share a keen interest in capacity building to begin to work with their members. As part of their work as a professional organization, they conduct seminars and workshops for teachers. In the State of Anambra, Onitsha has the highest concentration of teachers – all teachers in public schools are member of NUT. They would welcome a collaboration with FHI.
- National Union of Road Transport Workers (NURTW) is already working with FHI to implement a peer education and outreach program with transport workers in key parks in Anambra State. With 100,000 members they feel their "One Man, One Woman, No AIDS" campaign is beginning to bear fruit. With expansion they would like to go to the other main transport hubs in the state and better develop the peer education program with support communication materials and cassettes. The possibility of setting up a clinic to meet the needs of the transport workers close to the parks with a focus on STI was discussed.
- The Nigeria Medical Association (NMA) collaborated with FHI in the review of the national guidelines on syndromic management of STI. While in Anambra, the assessment team could not meet with the NMA, as the meeting date coincided with the burial of a prominent member. However, based on previous contacts, NMA was considered a potential partner in Anambra state in the training of healthworkers for quality STI treatment using the syndromic approach. The association also has the structure and reach to train clinicians in the management of AIDS patients.

Nnamdi Azikiwe University, Awka

A meeting also took place with key officials of the Nnamdi Azikiwe University, Awka. In the past an AIDSCAP club had been formed but became inactive when key members graduated. However, recently an Anti AIDS Club was formed, following a training of peer health educators under the IMPACT funded in-school HIV/AIDS intervention project being implemented by Women's Action Research Organization (WARO) from Enugu. Although an AIDS Committee had been formed at the University, it is not functioning. Given that all students live off

campus in Awka and are vulnerable to high-risk behaviors, the need for a comprehensive program at the University was apparent. Medical Services available at the University could be strengthened to provide quality STI, care and counseling services. A discussion took place on the proposed policy of the institution to include HIV screening as part of the routine preadmission medical examination. The Rapid Assessment team expressed concern about this policy.

6.4 Care and Support Structures and Networks

There is one General Hospital and 8 Health Centers in the 8 communities that make up the Awka South Local Government Area. There are also numerous private and missionary hospitals. The Assessment team visited two facilities, the General Hospital in Awka and the Primary HealthCare (PHC) Center at Nibo. Referrals are made from the private maternity and two health posts to the PHC center which in turn make referrals to the Maternal and Child Health (MCH) Clinic at Amawbia. The General Hospital has about 50 inpatient beds with 12 doctors, and 54 nurses. It serves the four local Government Areas of Awka north, Njikoka, Aniocha and some parts of Oji River in addition to the metropolitan Awka LGA. The General Hospital receives referrals from PHC centers, clinics, village health workers, church and religious clinics and private sector providers. The General Hospital in turn refers cases to the teaching hospitals at Enugu and Nnewi.

General Hospital

HIV testing services are rendered in the General Hospital with kits supplied by the State Ministry of Health and occasionally sources privately. This facility sees an average of 50 suspected AIDS cases in a week; a trend higher than last year. Routine tests for TB are not done.

STD services are rendered with both etiological and syndromic management practiced. About 80 STI cases are seen on the average monthly in the General Hospital. Six doctors see STI cases on a daily basis and the hospital operates a well staffed laboratory where STD investigations are carried out. There is no discussion of condom use with STI patients due to the religious beliefs of the individual doctors. The main constraints with STI management in the General Hospital are:

- Inadequate drugs
- Examination equipment
- Lack of skills in counseling and use of syndromic management
- Low level of education in general population on STIs.

PHC Center Nibo

The center has about 8 inpatient beds. The clinics' catchment area is the Nibo Community that has a population of about 20,000. The facility offers the following services:

- Health talks during Antenatal Care (ANC) and infant welfare sessions
- Immunization
- Delivery.

The facility is staffed with one nurse and three Community Health Assistants. The PHC center receives referrals from two health posts and refers difficult cases to the MCH at Amawbia.

STI cases commonly seen are candidiasis and vaginal discharge. There are usually referred. On the average, the center sees on STI case in a month.

6.5 Observations

There appears to be a favorable political environment for HIV/AIDS programming in the LGA. Although only limited and adhoc activities for HIV/AIDS take place now, there are a number of organizations keen to develop and implement HIV/AIDS interventions. Generally, there is lack of quality STI services and HIV/AIDS care and support services.

7. General Observations

General observations from the rapid assessment in Anambra are as follows:

- Anambra State presents a massive risk setting for HIV/AIDS/STI programming. Onitsha, one of its major cities, harbours one of the largest markets in the West African sub-region. Traders from across the sub-region visit Onitsha on a daily basis to do business. This has inevitably resulted in a boom in both trucking activities and sex trade. Other major towns in the state, like Awka, Nnewi and Ekwulobia also present an environment with ample risk settings and behaviors. Awka, the State Capital, has a large population of civil servants. University students are housed in individual private apartments in the city leaving them exposed to risk behaviors. There is a substantial sex industry in the town and a spillover of risk behaviors and settings from the nearby Onitsha.
- The level of risk perception among the general population is very low, markedly among youth both in-school and out of school.
- Anambra State is predominantly a Christian State with the majority belonging to the Catholic and Anglican faith. The abhorrence of the Catholic faith to the use of condoms may constitute a major constraint to prevention programming among the populace. It is a major hindrance to condom promotion among health care providers of the Catholic faith.

- There is much to be done in the area of HIV/AIDS/STI programming in Anambra State in the public, private and civil society. The very limited efforts in HIV/AIDS/STI programming can be ascribed to activities of a few non-governmental organizations. The State Government has not made any funds available for HIV/AIDS/STI programming in the last five years.
- There are very few NGOs/CBOs programming in HIV/AIDS/STI and only a very few with any technical and programmatic capacity. This will entail a major effort in capacity building on the part of the IMPACT project.
- There is a general lack of quality STI services in the three LGAs. However, there are several advertisements in the market and on the streets announcing the availability of diverse and questionable treatments for syphilis, gonorrhoea, AIDS and hard drugs. The assessment team believes that the avalanche of advertisement for STIs cure indicates a demand for quality STI services.
- A comprehensive prevention and care program is needed in Anambra State, especially in identified high-risk areas, to create the necessary environment for risk reduction behavior.

8. Recommendations

It is the recommendation of the Rapid Assessment Team that the three sites of Onitsha North and South and Awka South be the focus of comprehensive HIV/AIDS prevention and care programming in close collaboration with the LGAs and the State Government. The following chart provides an overview of potential partners for both prevention and care in the three LGAs.

Target Groups	Onitsha South	Onitsha North	Awka South
Sex Workers	SWAAN	SWAAN	SWAAN, COHEDA
Transport Workers	NURTW	NURTW	NURTW
Youth in School	NUT	NUT	NUT, University
Youth out of school	DIP	DIP	DIP
Care and Support structures	HHO Save the World Sisters of Charity	HHO Save the World Sisters of Charity	HHO
Health Services	HHO, Government Structures, NMA	HHO, Government Structures, NMA	HHO, Government Structures, COHEDA, NMA
Uniformed Services	AFPAC PACC	AFPAC PACC	AFPAC PACC

Key partners to reach all risk and vulnerable populations include church organizations, clubs and associations and other traditional networks.

There are a number of existing statewide networks and structures that IMPACT could assist in integrating HIV/AIDS/STI programming. These include the National Union of Teachers, the Nigeria Medical Association, the National Union of Road Transport Workers and religious organizations.

Appendix A: Persons Met

Organization Visited	Persons Contacted	Designations
Anambra State Government Structures		
Ministry of Health	Dr. F.A. Azia	Permanent Secretary
	Dr. R.O. Nriagu	Director, PHC
	Rockefeller Okeke	Chief PRO
	Dr. J.N. Ijezie	State AIDS Coordinator
	Dr. Obi Ezeaku	Deputy State AIDS Coordinator
Ministry of Education	Mrs Dan Nwafor	Permanent Secretary
	Mr. O.U. Momah	Director of Schools
Ministry of Women's Affairs	Mr. J.N. Chuke	Permanent Secretary
	Mrs C.J. Amobi	Deputy Director, Child Development Department and Desk officer for Children in Need of Special Protection Measures (CNSPM) – a UNICEF assisted program
	Mrs Uche Mbeledogu	Deputy Director, Rehabilitation Dept.
	Ifeanyi Moghalu	Ag. Director, Social Department
Department of Local Government and Cheiftancy Affairs (Deputy Govenors Office)	Engr. Dr. C.E. Ematorom	Permanent Secretary
	Mr. C.F.E. Mbakaigwe	Chief Admin. Officer
	Mrs E.O. Udeogu	Ag. Chief Admin Officer, LG Dept.)
	Mr. Obiajulu Okeke	Af. Chief Admin Officer (Administration)

Organization Visited	Persons Contacted	Designations
Onitsha South LGA	Amaechi Onuagha	Deputy Chairman
	Obiora Chukwuka	Supervisor for Education and Social Development
	Basil Nwigbo	Special Assistant to the Chairman on Revenue
	Daniel Nwabueze	Supervisor for Special Duties
Onitsha North LGA	Hon. Chuks Chinwuba	Secretary to the LGA
	Dr. Nwudo Odenigbo	PHC Coordinator
	Ifeatu Nwokeji	Supervisor for Health
	Chief E.A. U. Achi	Community Leader
	Hon. Joe Amene	Special Assistant to the Chairman
Awka South LGA	Barrister E.C. Oranye	Deputy Chairman
	Akaogu B.N.	Head of Personnel Management
	A.C.C. Ezeabasili	Head of Service
	Mrs Ezeukwu E.N	Social Welfare Officer
	Ibe, R.O	HIV/AIDS Action Manager
	Nwafor, E. C	NPI Manager
Onitsha Catholic Archdiocese	Arch Bishop Albert Obiefuna	ArchBishop of Onitsha Arch Diocese
	Rev. Fr. Theo Odukwe	Coordinator, Health, Onitsha Catholic Archdiocese
NGOs		
Humane Health Organization	Dr. Clement Ojukwu	Project Manager
	Ifeyinwa Chukwuneke	Project staff
Save the World	Angela Ibekwe	Member
	Julius Ilechukwu	Project staff
SWAAN Anambra	Lady Edna Obikpo	Assistant Chairperson
	Mrs A.C. Olisa	Secretary
	Mrs O. Agu	Treasurer
	Mrs O. Ndigwe	Assistant Secretary
	Mrs B. Anene-Alusi	Assistant Treasurer

Organization Visited	Persons Contacted	Designations
Development Initiative and Processes (DIP)	Iyke Oji	Snr Lecturer, UNIZIK (Member)
	Sebastian A. Mbaomah	Finance Officer
	Ideji Innocent	Member
	Basse E.E	Member (Medical Microbiologist)
	Mrs Ekwealor Chito	Member (Medical Microbiologist)
	Ugwu, B.C	Member (Lecturer, UNIZIK)
	N.F. Odika	Member (Lecturer, UNIZIK)
NUT, Anambra	Comrade A.O.A Nwosu	State Chairman
	Comrade Kenneth Awagu O	State Secretary
NURTW Anambra State Council	Chief Mark Igbopneme	State Secretary
	Chief Emma Chidebelu	State Vice Chairman
	Mr. Charles Nweke	State Finance Officer
	Mr. Emma Onwughalu	Asst. Project Manager
	Mr. Leonard Ekewezie	State Executive Officer
	Dr. Chris Nayamene	Project Manager
Nnandi Azikiwe University	Dr. Mike Ezeama	Director of Medical Services
	Dr. O.M. Aborie	Dean of Students Affairs
	Mrs B.J. Ofodile	Representative of the Director of Academic Programs
Health Facilities		
Health Center, NIBO	Theresa Onalike	
	Joy Obidike	
	Ukamaka Udem	
General Hospital Awka	Dr. B.B. Okerake	Chief Medical Officer
	Dr. (Mrs. J. Heorah	Chief Medical Officer
	Mrs. C.N. Okoye	Chief Nursing Officer
	Mr. Friday Alabvaraonye	Chief Medical Lab Scientist

FHI/NIGERIA
 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 multi-sectoral structures (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 that you have seen that make people vulnerable/susceptible to HIV?
- What in your own opinion constitute 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 the perception 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 are the opportunities 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
 - Are there other organizations working in HIV prevention & care
 - Is there any networks of local NGOs in community development & HIV
 - Any 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 of communications of communicating to 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 org. 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 groups Locations and size: FSW, Truckers, Migrant men. At risk youth, Informal settlements
2. Who are partners in HIV broad 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 learning site to be established. 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 what the burden of HIV/AIDS epidemic is (through mortality estimates in general and TB patients).

Health Care Structure

How many of the following are in the LGA?

- Government Hospitals.....
- Teaching Hospitals (qualify Gov.)....
- 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 Facility:

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 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:

Who do you refer patients to (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 health facilities

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 trained your HIV counselors - what curriculum was used.

when.....

- not active but planned – where , 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 length of time 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.....

PLWA groups/networks

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

MTCT

- Any MTCT interventions – what?

OVC

- When children do not have their immediate parents who takes care of them?
- Do you suspect any changes in extended families ability to take care of their relatives children? Briefly describe.
- What type of impact has HIV/AIDS had on children.....

How many STDs in adult males			
Male urethral discharge			
Male genital ulcer			
How many STDs 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 to

What type of diagnosis do you base your treatment on?

- An etiologic diagnosis such as gonorrhoea 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

|__|

Sometimes |__|

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.