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REPORT OF RAPID ASSEESSMENT IN SELECTED LGAs, LAGOS STATE NIGERIA NOVEMBER 2000

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Rapid Assessment Report
Selected LGAs, Lagos State

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Program
AIDSTECH	AIDS Technology
ARV	Anti Retroviral drug
CHEW	Community Health Extension Worker
CHO	Community Health Officer
FP	Family Planning
FHI	Family Health International
FSW	Female Sex Worker
IMPACT	Implementing Prevention and Care Project
LACA	Local Government Action Committee on AIDS
LGA	Local Government Area
LLO	Life Link Organization
LSHAF	Lagos State HIV/AIDS Foundation
MOH	Ministry of Health
MTCT	Mother To Child Transmission
NACA	National Action Committee on AIDS
NERDC	National Education, Research and Development Council
NGO	Non Governmental Organization
NISER	Nigeria Institute of Social and Economic Research
NMA	Nigeria Medical Association
NUBIFIE	National Union of Bank, Insurance and Financial Institutions Employees
NURTW	National Union of Road Transport Workers
NUT	Nigeria Union of Teachers
OVC	Orphans and Vulnerable Children
PHC & DC	Primary Health Care and Disease Control
PLWHA	People Living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria
RAPAC	Redeem AIDS Program Committee (of RCCG)
RCCG	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 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 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 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 – Epe, Ikeja and Lagos Mainland from November 28 to December 5, 2000, 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 for 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 as well as 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 a high population density
- Several features of cosmopolitan nature are found in the state especially, cross border activities, poverty, drug abuse, presence of 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 groups found are transport workers, Female Sex Workers, drug users, youth-in-school, area boys/girls and youth out-of-school (apprentice traders)
- The state has a state response to the HIV/AIDS epidemic with the establishment of the multi-sectoral Lagos State HIV/AIDS Foundation in the mould of a State Action Committee on AIDS

- There is preponderance of ad-hoc enlightenment campaigns or an array of prevention programs but with limited geographical spread. In addition, the state is dotted with ad-hoc enlightenment campaigns for youth on several areas of reproductive health. These activities are not been coordinated nor monitored by anybody
- There is a generally high level of awareness of HIV/AIDS among the population but very low level response towards behavior change
- There is limited comprehensive care and support program for PLWHA and this is compounded by the inadequate capacity of health care workers and NGOs working in HIV/AIDS programming
- The working relationship between state and local governments and NGOs in the state is poor
- There is only one PLWA support group identified in the whole state and this group is not widely known in government circles.
- Stigmatization and discrimination against PLWHA is still very strong among health workers even in government referral facilities
- HIV/AIDS testing is available only at secondary health facilities
- There is limited facilities for HIV/AIDS counseling services as only two state health facilities have trained personnel
- Only very few NGOs participate in OVC

Recommendations

- There is need to 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
- Areas of collaboration with the Lagos State HIV/AIDS Foundation should be explored and effectively utilized by FHI and the Implementing Agencies
- There is need for comprehensive HIV/AIDS programming in Lagos State starting with the expansion of the scope and scale of on-going prevention projects. Some LGAs like Ajeromi/Ifelodun and Lagos Mainland will need integrated HIV/AIDS programming
- To initiate a care and support project with government structures linkages as well as STI and clinical services
- Increase and strengthen strategies for reaching youth and expand scope and scale of unions' involvement in HIV/AIDS interventions
- Further dialogue with the Nigeria Supreme Council for Islamic Affairs needed to explore possibilities of 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 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 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. They are Anambra, Nassarawa, Kano, Taraba and Lagos states. The rapid assessment in these five 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 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 (NUBIFIE) implementing a workplace based behavior change program among men and women, and the Redeemed Christian Church of Church of God (RCCG)/RAPAC faith-based intervention in the church.

With the goal of scaling up the activities of some of these organizations for comprehensive programming, in addition to facilitating a care and support program in Lagos, FHI identified three LGAs for the rapid assessment: Ikeja, Epe and Lagos Mainland. All three are 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 the 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 assessment, which was conducted in three local government areas: Epe, Ikeja and Lagos Mainland, had the following objectives:

- To identify risk settings and behavior
- 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
- To 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 by the west. However, Lagos as a trading port 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 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, while Lagos Island consists of an admixture of Benin and Eko Awori as well as repatriated Yoruba and other immigrants. However, the state in its modern form is a socio-cultural melting point, which 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 states' current population at about 10.6 million. However, the official 1991 census of Nigeria puts the population of Lagos at approximately 6 million or 6.42 per cent of the nations 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.

4. Lagos State Government

State government officials in the Ministries of Health, Education, Youth, Sports and Social Development, and Women's Affairs and Poverty Alleviation and the Office of Local Government Administration were met. The state government officials gave varied perceptions and perspectives on the epidemic in Lagos State most agreeing however that though the official prevalence rate for HIV/AIDS seems low at 6.7 per cent, it has a potential for becoming an epidemic in Lagos State due to its highly urbanized nature. There is a two-pronged approach to HIV/AIDS programming in Lagos State:

a. Lagos State HIV/AIDS Foundation activities (implemented in close collaboration with the ministry of health and other line ministries)
b. Specific activities of the different line ministries.

These two approaches are explored in this report.

4.1 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, which though inter-ministerial in nature, is expected to operate outside the government bureaucratic setup. The autonomous status of the body is to ensure that the body is not "bugged down by bureaucratic processes" and hence enhance quick action. Apart from the various government departments/ministries, which are represented in the Foundation, thirty - (30) NGOs are also represented. An Executive Vice-Chairman also designated as the Special Assistant to the state Governor on HIV/AIDS heads the Foundation.

The Foundation is structured to source for funds from both local and international organizations. The Foundation has developed a workplan, which 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 been transferred to the Foundation. The amount is expected to go into the Foundation's activities like the ongoing World AIDS Campaign activities involving all LGAs in the state as well as provide support to NGOs.

4.2 Ministry of Health

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

The ministry recognizes the activities of NGOs such as Salvation Army and Hope Worldwide, which provide some home based care for People Living with AIDS (PLWHA). The state has trained counselors at General Hospitals in Lagos and Ikeja who also provide some follow-up visits. The General Hospitals (about 1 per LGA) serve as testing centers in the state using Cappilux and Genny testing kits. In terms of medical care for PLWHA, the state General Hospitals at Ikeja and Lagos Island treat PLWHA. Those who can afford 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.

Some of the activities of the ministry as related to HIV/AIDS prior to the inauguration of LSHAF included the organization of 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 like the training of health care workers utilizing funds from its PHC and DC allocation. It is envisaged that the ministry will continue to have a yearly budget allocation for HIV/AIDS activities.

4.3 Ministry of Education

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 8 public tertiary institutions in the state including satellite campuses of several other universities.

The state has divided into twenty Local Education Districts (LEDs), manned by guidance counselors who supervise special programs (HIV/AIDS inclusive). The LEDs are further grouped under the five- (5) divisions (Ikeja, Lagos, Ikorodu, Epe, and Badagry).

The ministry runs yearly training program for teachers on incorporation of family health/population education issues into the curricula of some selected school subjects. Since 1998 and with facilitation from the National Education Research and Development Council (NERDC), eight (8) teachers per Local Education District (eighty-four teachers) are trained per year. The constraints in this are that not all the LGAs have been covered due to funding constraints. Secondly, the ministry has no way of monitoring if 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 Ministry of Education is also represented on the LSHAF apart from liaison with the Ministry of Health to organize some programs on HIV/AIDS control. The ministry acknowledged the role of some NGOs who run HIV/AIDS prevention programs in schools.

4.4 Ministry of Women and Poverty Alleviation

Presently no particular effort is directed towards HIV/AIDS as the focus of the ministry this year is on Violence. However, 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 limited activities of the ministry in the area of HIV/AIDS in the past, was explained to have been as a result of the fact that the Ministry has all along been only a department with its status being changed to a full ministry in March 2000. In addition, the Ministry 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 certain skills like hairdressing, bakery, secretarial studies etc for a period of two years, after which they graduate. Recently, 50 young women graduated from the school. Also, as part of the poverty alleviation Program of the ministry, 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.

Major areas of concern for the ministry included the menace of "area girls" and the problem of drug and substance abuse.

4.5 Ministry of Youth, Sports and Social Development

The ministry has under her ambit a wide range of target groups: children, youths – in and out of school, 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 activities of the ministry involves running of 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 being in a position to provide information for now.

The ministry has conducted HIV/AIDS awareness campaigns, family life education and drug abuse programs for youths in addition to 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. Currently the ministry is seeing increasing number of inmates at Majidun Rehabilitating Center testing positive for HIV and some have died of AIDS related illnesses with many more exhibiting AIDS related diseases such as prolonged diarrhea, cough and tuberculosis.

Pediatric AIDS cases are referred to Mother Theresa 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 manage the center, which includes 19 nurses.

5. Lagos Mainland Local Government

5.1 Political Environment

The LGA has 66 primary, 33 secondary and 3 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 also 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 work are training of Village Health Workers and Traditional Birth Attendants by WHO and purchase of 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 funds availability. For instance, the allocation of ₦500,000 for year 2000 has not been released.

Risk Environment

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

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 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. The hospitals where these patients are referred to include Massey 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 by federal and state governments, and few productions by LG authority) are available for use. Print materials are considered the most effective communication channel in addition to traditional media (town criers). There is no knowledge of a body or network of PLWHA in the LGA. Most people are aware of the AIDS infection, but simply wish it away from themselves.

6. Ikeja Local Government Area

6.1 Political Environment

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

Risk Environment

The identified risk setting within the LGA is 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 groups include drug users and FSWs while youth constitutes the vulnerable population.

Care and Support Structures

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

7. Epe Local Government Area

7.1 Political Environment

Situated within the LGA are 75 primary schools, 22 secondary schools and 5 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 takes place almost on a weekly basis in all the health facilities as a matter of routine, in market places, barracks through the Police Officers Wives Association. Though the Women's Affairs department has carried out seminar/workshops for women on HIV/AIDS, there is no collaboration between the department and Health on HIV programming. There is a vote for AIDS control, as part of the PHC budget.

Many people including key LGA functionaries did not know the 1999 HIV sero prevalence rate of 6.4% for the LGA. There is an AIDS committee, which is not yet functional though there is an AIDS Action Manager. The PHC committee is however 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 others by the LGA.

7.2 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 the 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.

7.3 Care and Support Structures

HIV antibody testing is available at the General Hospital, Epe. There are 18 PHC clinics, 3 General Hospitals, 1 Catholic Hospital and many private hospitals in the LGA. The LGA also has 17 CHO/Nurses, 7 CHO/CHEW, 36 Nurse/Midwives, 22 CHEW, 2 Pharmacy Technicians, 10 Environmental Health Officers, and 40 trained TBAs with 18 functional VHWs. In the health clinics, suspected pregnant mothers are referred to the General Hospital, Epe for testing. The results of such tests are however, not sent back to the PHC clinics. There is no support group for PLWA in the LGA.

8. Care and Support Structures and Networks

8.1 General Hospital Epe

The hospital has 7 doctors, 34 nurses, 2 lab scientist, 2 pharmacists, and 6 pharmacy technicians, one dental surgeon and with a 51 bed capacity. The

catchment area of the hospital is Epe with its environs including the neighboring communities. The hospital has HIV antibody test facility with reagents and kits obtained from various sources. The first HIV positive case was seen in 1993 and between March and November 2000, about 22 persons have tested positive to HIV in the hospital. 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. 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.

8.2 Lagos University Teaching Hospital (LUTH)

LUTH is a tertiary hospital with a 761-bed capacity. The geographical catchment area of the facility 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 first seen in 1987 and since then there has 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% in 1992, 3.5% in 1993 and has stabilized at 5.5% 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 PLWA is mixed, although a reference to a study conducted by a team from the hospital highlight more of 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 reason for not having a policy was attributed to the difficulty of limitation of funds to support the policy. 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 most especially the Genny and Immunocomb. Pre and Post - test counseling is available. The hospital has two trained counselors, doctors are also involved in counseling, and there is the need to train more counselors.

Home based care as per home visitations are not provided, although patients and relatives are trained on how to take care of themselves. While HBC is considered as being important, the hospital expressed more concern about the cost of Anti Retroviral that was put at between ₦14,000 and ₦24,500 per month, an amount considered out of reach of most of the patients. In addition to the provision of diagnosis, screening and management of HIV/AIDS cases, the facility has also been involved in drug trials in collaboration with pharmaceutical outfits 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.

9. PRIVATE/CIVIL SOCIETY ENVIRONMENT

9.1 Salvation Army, National Headquarters

The organization is an international Christian movement focussing on evangelical and humanitarian activities. It started in Eastern London in 1930 with the concept that you cannot preach to an empty stomach. It is presently 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 4-5 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 fulltime 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 hopeless situation'.

Presently the NGO 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, community members were 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: talk about abstinence though there was no consensus on the use of condom. It currently runs a 'Home Based Care' project. This involves supporting people who have tested positive and this includes feeding. They are given psychosocial support by the team. The children of PLWHA are tested for HIV so that they can know the kind of care to give such children. Presently some families are been catered for. The movement pays the school fees of the orphans.

It is part of the UNAIDS initiative having a regional team covering the whole of Africa. The team receives funds from UNAIDS to cover Senegal, Cote dvoires, Nigeria and Rwanda and there is a forum for experience sharing. The headquarters of the HIV/AIDS team 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 ₦2.5 million.

It also collaborates with UNAIDS, United National Development Program, Hope Worldwide, ECWA and SWAAN. Also there is information sharing and collaboration with government structures especially Somolu LGA. It takes part in community mobilization activities especially World AIDS Campaigns and some other special events.

9.2 Nigeria Labor Congress

The NLC is the umbrella organization for all labor unions in Nigeria with over 20 affiliating trade unions. The NLC does not have a program on HIV/AIDS currently. The low level of attention paid to the HIV/AIDS by the NLC was attributed to the developments in the union in the recent past in which government took over the management by appointing administrators. Despite this situation, some 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 in the evaluation team of NASCP, which was conducted recently. In addition, the Society for Family Health (SFH) supported by DFID has had educative programs with the staff in the congress secretariat. The congress is also represented on the LSHAF. The NLC is aware of the national policy on AIDS, which according to them does not give attention to the work place environment. The Congress does not have a committee on AIDS: hence, there is no systematic planning at present. There is therefore no budget allocation for it. The ILO has requested for a focal person in 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

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 shy away from attending programs related to it, this has however changed. The Congress is not aware of the incidence of loss of 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 incidence of individual cases of demand for compulsory HIV/AIDS testing, not related to employment status, was however acknowledged.

9.3 Center for the Right to Health (CRH)

The center was established in July 2000 and has a six-member board of trustee and a ten man advisory board. It has staff strength 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 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 youths, health workers, government, people living with HIV/AIDS, administrators, and institutions like social clubs and banks. The NGO prefers working with small groups rather than very large groups for more effects. They also engage in developing IEC materials, such as posters and stickers. A documentary on AIDS is in the making.

Counseling is provided at the center and PLWHA are encouraged to participate given their effectiveness and better understanding. PABA is also encouraged to come for counseling. The center also serves as a referral center by linking PLWHA with HIV/AIDS support group: Nigeria AIDS Alliance. The center also provides skill acquisition opportunities and small loan (N5,000) for PLWA to empower them economically with training in soap making and sewing presently. 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 drug, both anti-retroviral and those for opportunistic infections. The Center hopes to provide HIV testing service in the future given the identified demand for it. Clients to the Center often refuse the use of 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 are being threatened or have lost their jobs simply because of their HIV/AIDS status. An example of intervention on behalf of individuals and groups was the compulsory testing for all staff of Equity Bank that 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.

9.4 Nigeria AIDS Alliance (NAA)

The NGO was formed in December 1999 with exclusive membership and management by PLWH/A. The organization has membership strength of 150 members from Lagos and its environs. It has a 7-man board of trustees, a five man advisory board, and an executive. The challenges for the organization

include the empowerment of PLWH/A, education and enlightenment and capacity building. Activities therefore include advocacy, awareness campaigns, counseling (pre and post test), therapeutic, and referrals. The members hold meetings monthly.

The CRH and STOPAIDS played a positive role in the formation of this group. The group sprung up from felt gaps in the operation and activities of other NGOs with different composition. The identified gap relate to the need to put a stop to the exploitation of persons with HIV/AIDS status who are not empowered to assist themselves, but rather used as "tools" to give credibility to NGOs. The experience of active participation of PLWH/A in other countries also was inspirational, given the belief that the country has passed the stage of inclusion of PLWH/AIDS to a position of leadership by them.

The main source of funding presently is that of the Ford Foundation ($50,000) meant for institutional capacity building and was used for the various centers in the country. Capable members raise fund 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. The source of referral to the group presently, helps to check this phenomenon. 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 newness of the organization explains the observed limited activities, it, however displays many potentials. Presently, the organization collaborates with the CRH and obtains technical support from it.

9.5 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 probation membership in seven states – Delta, Plateau, Gombe, Yobe, Jigawa, Bayelsa, and Abuja. Areas of activities include IEC, counseling, capacity building, home based care for PLWHA and interventions for FSWs, youths, women and men.

The society collaborates with other organizations and NGOs, but has never worked with government though support in terms of use of LGA facilities have been obtained in the past. It was also noted that the support from government establishments is more forthcoming when the headship 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 Ford Foundation, International Women Health Coalition (IWHT), and MacArthur Foundation.

Past activities on AIDS reveal a need for training for health workers who equally have poor understanding and approach towards the issue. The HBC of the society, which is a relatively new program, is both community and hospital based and operational only in 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 the setting up of HBC committees made up of people with nursing background and PLWH/As as members. All members were trained on counseling, needs assessment of community and health institution in which they would work. In each state, five health institutions are identified and linked up with. PLWA are referred to SWAAN from these health centers for counseling and follow-up. Advocacy activities are conducted with the management of health establishments by the committee. The committee also gets to refer difficult cases of PLWH/A 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 within the community trained on HBC and PLWHA (who are expected to be trained) are expected to be identified. The selection of communities was difficult, a criteria for selection being the location of a health center. Religious groups are encouraged to participate through representatives. Presently, PLWH/A have been identified and involved in other states like Osun, but Lagos State has none.

9.6 Community Health Information Education Forum (CHIEF)

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

9.7 Life Link Organization (LLO)

The organization, which has been in existence for six years, has a board of directors that meets twice in a year, two directors, Program Officers and administrative staff running its affairs. Presently there are eight full-time paid staff and two part time staff. It has bank accounts for each of her various funding projects. The central focus is on reproductive health issues, with emphasis on HIV/AIDS in prison communities composed of prison inmates and staff, and youths. The main populations of interest are prisoners and FSW's. The major objective is to reduce the spread of HIV/AIDS and change behavior among high-

risk groups. 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 International Family Health, Family Health International, and Ford Foundation.

HIV/AIDS related activities consist of BCC activities, which include training of peer educators among FSWs, counseling and a bit of care and support. The care and support activities carried out in the prisons include counseling, conducting HIV test, and provision of materials such as food supplement, palliative drugs, and bleach. Out of a sample size of 61 persons, male and female, nine tested positive, giving a proportion of one in ten. Activities among FSWs located around the prisons have been on 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 regard PLWH/A, the organization collaborates with Ajeromi General Hospital and Apapa health centers. These facilities and some private health facilities refer HIV positive persons to LLO for counseling. The organization however, has a problem on where to refer STI clients.

The organization is in the process of developing a full childcare Programme, with a proposal being developed for the Elizabeth Glazer Pediatric AIDS Foundation. Presently, it is treated within other programs as necessary. Also in the offing is the development of a program for women that is expected to link health and economic empowerment. The organization has collaboration with other international and national NGOs, like Pathfinder, NGO Consult, Development Network and Civil Society organizations. Collaboration with government is described as not encouraging due to the bureaucratic bottlenecks in place.

10. Observations

- Lagos is the most populated and urbanized state in Nigeria, with the population put at over 15 million inhabitants; thus a high population density
- Several features of cosmopolitan nature are found in the state especially, cross border activities, poverty, drug abuse, presence of industries and military and uniform formations.
- Risk settings are found include motor parks, major international markets, bars/nightclubs/hotels, tertiary institutions, and international boundaries.
- High-risk and vulnerable groups include transport workers, Female Sex Workers, drug users, youth-in-school, area boys/girls and youth out-of-school (apprentice traders).
- There is a multi-sectoral body - Lagos State HIV/AIDS Foundation coordinating HIV/AIDS program in the state.
- There is preponderance of ad-hoc enlightenment campaigns or an array of prevention programs but with limited geographical spread. In addition, the

state is dotted with ad-hoc enlightenment campaigns for youth on several areas of reproductive health. These activities are not being adequately coordinated.

- There is a generally high level of awareness of HIV/AIDS among the population but very low level response towards behavior change.
- There is limited comprehensive care and support program for PLWHA and this is compounded by the inadequate capacity of health care workers and NGOs working in HIV/AIDS programming.
- There is only one PLWA support group identified in the whole state and this group is not widely known in government circles.
- Stigmatization and discrimination against PLWHA is still very strong among health workers even in government referral facilities
- HIV/AIDS testing is available only at secondary health facilities
- Only few facilities provide HIV/AIDS counseling services.

11. Recommendations

- There is the need to 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.
- There is need to 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 on-going prevention projects.
- Further dialogue with the Nigeria Supreme Council for Islamic Affairs and Christian groups should be explored for total faith based program.

Appendix A: Persons Met

Organization Visited	Persons contacted	Designations	Contact Address
Ministry of Health	Dr. Lekan Pitan	Commissioner of Health	MOH, State Secretariat, Alausa, Ikeja 4934031, 2631728, 2271347
	Dr. Olomolahin	Director, PHCSDC	
	Mrs. Akinola	State AIDS Program Coordinator	
Ministry of Education	Mrs. O. A. Giwa	Director: Private Education and Special Projects	MOE, State Secretariat, Alausa, Ikeja 4934787
	Mr. Durojaiye	Director, Basic Education Services	
	Mrs. M.O. Braimon	Asst. Director, Child Guidance, School Counselling and Special Education	
	Mrs. Coker		
Ministry of Women and Poverty Alleviation	Mrs. R. T. Akesode	Director, Women's Affairs	State Secretariat, Alausa, Ikeja
	Mrs. K. Awobanise	Asst. Chief Admin. Officer	
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	Medical Officer of Health	LGA Secretariat, Herbert Macaulay Way, Adekunle, Yaba
	Dr. Olulode	Deputy Medical Officer	
	Mrs. Susan Aina	AIDS Action Manager	
Ikeja Local Govt.	Dr. Mrs. Olanibe	Medical Officer of Health	Secretariat, Obafemi Awolowo Way, Ikeja
	Mrs. Oyenuga	AIDS Action Manager	
Epe Local Govt.	Alhaji. M.O. Jubrila	Vice Chairman	
	Mrs. Abiola	Supervisory Councillor for Women Affairs and Poverty Alleviation	
	Mrs. Jaiyesimi	Chief Nursing Officer	
	Mrs. Ojo	Apex Chief Nursing Officer	
	Mrs. Okojie	School Health Services' Manager	
	Mrs. Lasisi	NPI Manager	
	Mr. A.O. Tella	AIDS Action Manager	
General Hospital, Epe	Dr. Orebela	Senior Medical Officer	
	Mr. Majekodunmi	Senior Laborat. Scientist	
Lagos University Teaching Hospital	Prof. Odukoya	Chief Medical Director	
	Dr. Okanny	Heamatologist	
	Dr. Akanmu	Heamatologist	
	Mr. Ayo. Olagunju	Public Relations Officer	

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)		12, Abana Street, Off Cole Street, Ojuelegba, Surulere Lagos Tel: 01-5667818 E-mail: Swaan@cyberspace.net.ng
	Mrs. Charity Usifoh		
	Mrs. C. Onwubere		
	Mrs. O. Kukoyi		
	Mr. P. Samuel		
Nigeria Labor Congress	Mr. John Odah	Deputy Secretary General	7743988
	Mr. Chris Uyott	Communications	
	Miss Maureen Onyia	HIV/AIDS Focal person	m-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 street, Surulere	
Nigeria AIDS Alliance			5th floor, 24/26 Macathy Street, Onikan, Lagos 01-2600047, 2600029 avsalliance@microcom.com.ng
Nigeria Supreme Council for Islamic Affairs	Dr Lateef Adegbite		965882
Nigeria Parents 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, Salyetinlo Court, Gbara, Off Lagos Ibe Expressway, Lekki-Peninsula, Lagos 7746617, 2637790 chiefngo@yahoo.com
Life Link Organization	Mrs. Dora Ofobrukweta	Project Coordinator	
	Razak Awosola	Field Officer	
RCCG/RAPAC	Asst. Pastor Laide Adenuga (7744278)	Project Manager	Redeemed Camp, Km 45, Lagos Expressway

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 de-briefing 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.....

- Are there any child survival project in the area.....
  If yes, brief description
- Are there any motherless child homes?
  - # and brief description

TB

- Are TB patients cared for at this facility
  If no, where are they referred
- Has there been a gradual increase of TB cases.....
- Method of TX
- Availability of drugs, type and consistency
-

STI

Name and address of HCF
.....
.....
.....

Teaching Hospital |__|
Federal medical centre |__|
General hospital |__|
Health Centre |__|
Private clinic |__|
NGO clinic |__|
Other |__|
Specify .....

person interviewed
(name and position)
.....

How many STD patients were seen in this
Health care facility last week? |__| |__|

How many cases of STD 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 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 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 |__|

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.