

NIGERIA FINAL REPORT


May 1998–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





Family Health International
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org

This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced December 2007

**Nigeria Final Report
May 1998–September 2007
for**

**USAID’s Implementing AIDS Prevention
and Care (IMPACT) Project**





Nigeria Final Report

*Submitted to USAID
By Family Health International*

December 2007

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill



Copyright 2007 Family Health International

All rights reserved. This book may be freely quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

CONTENTS

ACKNOWLEDGMENTS	4
GLOSSARY OF ACRONYMS	5
EXECUTIVE SUMMARY	8
PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS	10
Country Context	10
Implementation and Management	14
Program Objectives, Strategies, and Activities	18
Activity Overview	25
Program Results	31
LESSONS LEARNED AND RECOMMENDATIONS	46
HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES	49
Implementing Partner Matrix	49
Subproject Highlights	55

ACKNOWLEDGMENTS

Family Health International (FHI) is hugely indebted to USAID for the funding and successful implementation of the IMPACT Project in Nigeria, which lasted from 1998 to 2007. FHI staff at headquarters and in Nigeria deserve commendation for their commitment and dedication to the accomplishment of the project's goal.

FHI is equally grateful to Nigerian government agencies, including the Federal Ministry of Health through the National AIDS and STD Control Programme (NASCP), National Agency for the Control of AIDS (NACA), State Action Committees on AIDS (SACAs), and Local Action Committees on AIDS (LACAs), for providing political and policy support, thereby creating the enabling environment for the successful implementation of programs.

Finally, FHI cannot forget the tremendous cooperation of the networks of people living with HIV/AIDS, community leaders, NGOs and community-based organizations, faith-based organizations, stakeholders, and of course the Nigerian people, without whose support the implementation of the project would have been impossible.

GLOSSARY OF ACRONYMS

AAN	AIDS Alliance Nigeria
ADR	Adverse drug reaction
AFPAC	Armed Forces Programme on AIDS Control
AIDS	Acquired immune deficiency syndrome
AIDSCAP	AIDS Control and Prevention Program
AIDSTECH	AIDS Technology Project
ANC	Antenatal care
ARC	American Red Cross
ARN	Alliance Rights Nigeria
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
BCC	Behavior change communication
BSS	Behavioral surveillance survey
CA	Cooperative agreement
CADO	Catholic Archdiocese of Onitsha
CBO	Community-based organization
CEDPA	Centre for Development and Population Activities
CHBC	Community- and home-based care
CO	Country office
COHEDA	Community Health Education and Development in Africa
CSW	Commercial sex worker
CT	Counseling and testing
DFID	Department for International Development
DIP	Development Initiatives and Processes
DOT	Directly observed treatment (short course)
FBO	Faith-based organization
FCT	Federal Capital Territory
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	Family planning
FPM	Field program manager
FSW	Female sex worker
GDP	Gross domestic product
GHAIN	Global HIV/AIDS Initiative Nigeria
GIPA	Greater Involvement of PLHA
GLRA	German Leprosy and TB Relief Association
HAART	Highly active antiretroviral therapy
HBC	Home-based care
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human immunodeficiency virus
HMIS	Health management information system
HSS	HIV sero-sentinel survey
IA	Implementing agency

IDU	Injection drug user
IEC	Information, education, and communication
INGO	International nongovernmental organization
IP	Implementing partner
JHU	Johns Hopkins University
KABP	Knowledge, attitude, behavior, and practice
LACA	Local Government Action Committee on AIDS
LDD	Long distance driver
LGA	Local Government Area
LHC	Living Hope Care
LLO	Life Link Organization
LOP	Life of the project
LSHAF	Lagos State HIV/AIDS Foundation
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
MSF	Médecins sans Frontières
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NACA	National Agency for the Control of AIDS (formerly National Action Committee on AIDS)
NAF	Nigeria Armed Forces
NAFDAC	National Agency for Food and Drug Administration and Control
NAPEP	National Poverty Eradication Programme
NARHS	National AIDS and Reproductive Health Survey
NASCP	National AIDS/STD Control Programme
NDHS	Nigeria Demographic and Health Survey
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Nongovernmental organization
NLC	Nigeria Labour Congress
NMA	Nigerian Medical Association
NNRIMS	Nigeria National Response Information Management System for HIV/AIDS
NPC	National Population Commission
NPSC	Nigeria Police Service Commission
NRCS	Nigerian Red Cross Society
NSBC	National Strategic Behavior Communication Strategy
NSF	National Strategic Framework
NTBLCP	National Tuberculosis and Leprosy Control Programme
NUBIFIE	National Union of Banks, Insurance, and Financial Institutions Employees
NURTW	National Union of Road Transport Workers
NUT	Nigerian Union of Teachers
OGAC	Office of the United States Global AIDS Coordinator

OI	Opportunistic infection
OVC	Orphans and other vulnerable children
PABA	People affected by AIDS
PE	Peer educator
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PESSP	Persons engaged in same-sex practice
PHC	Primary healthcare
PLHA	People living with HIV/AIDS
PMM	Patient management and monitoring
PMTCT	Prevention of mother-to-child transmission
POWA	Police Officers' Wives' Association
PPFN	Planned Parenthood Federation of Nigeria
RAPAC	The Redeemed AIDS Program Action Committee (of RCCG)
RCCG	The Redeemed Christian Church of God
RMFR	Recipient's monthly financial report
SA	Salvation Army
SACA	State Action Committee on AIDS
SAPC	State AIDS Program Coordinator
SAWOR	Save the World
SBC	Strategic behavior communication
SO	Strategic objective
SOP	Standard operating procedure
SPDC	Shell Petroleum Development Company
STI/D	Sexually transmitted infection/disease
SWAAN	Society for Women and AIDS in Africa, Nigeria
TB	Tuberculosis
TBA	Traditional birth attendant
TOT	Training of trainers
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
WHO	World Health Organization
YEDA	Youth and Environmental Development Association
YOSPIS	Youth Society for the Prevention of Infectious Diseases and Social Vices

EXECUTIVE SUMMARY

The IMPACT Project in Nigeria began in May 1998 with activities designed to help the USAID/Nigeria mission implement effective interventions and increase the capacity of local organizations to manage their own HIV/AIDS programs. IMPACT provided technical support to national-level bodies including the National Action Committee on AIDS (NACA) and the National HIV/AIDS/STI Control Program (NASCP) for the effective integration of comprehensive HIV/AIDS, STI, and tuberculosis (TB) programming into key national structures such as the military, the workplace, the police, and unions.

At the state and local levels, IMPACT built the capacity of State Action Committees on AIDS, Local Action Committees on AIDS, NGOs, community-based organizations, faith-based organizations, and private agencies to implement quality STI/HIV/AIDS prevention activities. This included programming aimed at reducing risk behaviors of targeted populations, facilitating access to and use of quality services, strengthening care and support activities, integrating TB prevention components into HIV activities, improving demand for and access to quality counseling and testing services, and providing technical assistance for the implementation of the National Behavioral Surveillance Study.

The IMPACT project expanded existing voluntary counseling and testing services and provided support for the design, staff training, supervision, and quality assurance of two new centers, in Lagos and Kano states, in 2002. During the course of the project, IMPACT increased the number of voluntary counseling and testing sites from two to 34. To meet the needs of orphans and other vulnerable children, IMPACT worked with communities in high-prevalence areas to spark community response, providing sensitization training to community leaders and education assistance to children. A key element of this initiative was the establishment of community committees to register and support the most vulnerable children and give them an avenue to voice their problems and needs. In the areas of home-based and health facility-based care and support, IMPACT trained implementing agencies in developing the skills necessary to implement programs.

The IMPACT project supported the provision of comprehensive care and support services for people living with and affected by HIV/AIDS, making prevention and care part of a continuum by linking care and support activities to intensive prevention programming. IMPACT also helped facilitate the formation of support groups for PLHA and supported activities leading to the creation of a national PLHA network, which has grown to include more than 200 groups.

Over the course of the project, IMPACT supported a wide range of behavioral change communication activities, including advocacy and sensitization, peer education and counseling, and mass media efforts such as radio and TV broadcasts. These activities

helped to reduce stigma and discrimination and reached large numbers of people with accurate information about HIV/AIDS.

In September 2004, the IMPACT country and field offices underwent official closeout; all remaining IMPACT funds and a few select activities were transferred to FHI's bilateral program, the Global HIV/AIDS Initiative Nigeria (GHAIN). Remaining IMPACT funds were used between 2004 and 2007 to support TB control programs in collaboration with the German Leprosy and TB Relief Association (GLRA); to implement counseling and testing and prevention of mother-to-child transmission services at 25 sites; to strengthen the laboratory services of GHAIN-funded pediatric antiretroviral therapy sites; and to provide technical assistance to national government bodies for a behavioral surveillance survey. The GHAIN project is slated to close in June 2009.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

Country Context

With a population of more than 140 million people, Nigeria is the most populous country on the African continent. Its annual growth rate is 3.2 percent (2006 Census). Nigeria is a federal republic with three tiers of government and is divided into 36 states and a Federal Capital Territory, Abuja. The states are further classified into six geopolitical zones and subdivided into 774 Local Government Areas (LGAs).

Nigeria began a new democratic transition in May 1999 when the last of a succession of three military dictators organized elections and handed over power to an elected civilian administration. However, years of military rule had a largely negative impact on Nigeria's development indicators as successive governments failed to diversify the economy away from the capital-intensive oil sector. Nigeria is ranked 152 out of 175 countries on the 2002 UNDP human development index. The economy is relatively stagnant, growing in 2005 at a rate of just 5.6 percent while annual population growth continued at a rate of 2.4 percent. The largely subsistence agricultural sector has failed to keep up with rapid population growth; the country, once a large net exporter of food, now must import food.

Nigeria's wealth distribution is inequitable. In 2001, the top decile earned 31.4 percent of available income, while the poorest decile earned just 1.3 percent. Per capita income averages \$300 USD per year, and it is estimated that 70 percent of Nigerians live in poverty on less than \$1 USD per day. Adult literacy remains low, at 58 percent for men and 41 percent for women. Economic hardship restricts many families' ability to send children to school; instead, children are directed into commercial activities such as trading and street merchandizing.

Women remain disadvantaged in comparison with men. They are constrained in their political and economic roles, and their access to productive resources, education, and healthcare is limited. It is sometimes difficult for women to protect themselves against HIV/AIDS. Nigerian women tend to marry young and have an average of six children. They are 100 times more likely to die of pregnancy-related causes than their counterparts in Western countries. Women remain underrepresented in the formal sector but play an active and vital role in the country's informal economy.

Nigeria is characterized by a large degree of social and cultural diversity. There are more than 350 ethnic and linguistic groups. Major ethnic groups include the Hausa in the North, the Yoruba in the Southwest, and the Igbo in the Southeast. Christians are largely found in southern and central Nigeria while Muslims are concentrated in the far northern states. The dominant religions tend to have a great influence on the social orientation of their adherents. Customary and religious discrimination against women persist, occasional religious violence persists, and social discrimination on the basis of both religion and ethnicity remains widespread.

HIV/AIDS is a multisectoral problem, impacting agriculture, employment, education, and healthcare delivery, and poses an increasing threat in Nigeria. The first case of AIDS was confirmed in 1986. In 1991, the Federal Ministry of Health (FMOH) established HIV sentinel surveillance as a means of monitoring the HIV/AIDS epidemic in the country. From a national prevalence level of 1.8 percent in 1991, there has been an exponential increase to 4.5 percent in 1996, 5.8 percent in 2001, 5.0 percent in 2003, and 4.4 percent in 2005. (HSS, 2005). In spite of the apparent drop in HIV prevalence in the country, HIV/AIDS has attained a generalized epidemic proportion.

Although Nigeria's HIV prevalence is lower than that of neighboring African countries, it should be considered in the context of the country's population; it accounts for nearly 10 percent of HIV/AIDS cases worldwide. Using the results of a 2003 survey, it is estimated that nearly 4 million Nigerians ages 15 to 49 years are HIV-infected. The age group 20 to 24 years had the highest national prevalence, 5.6 percent. HIV prevalence for women ages 15 to 24 was 5.2 percent.

National Response to the Epidemic

Nigeria's HIV/AIDS epidemic coincided with an extended period of military dictatorship, which created a negative environment for the development of a strong, coordinated, and proactive response to the HIV/AIDS threat. Nonetheless, as early as 1986, the FMOH established the National Expert Advisory Committee, with an emphasis on prevention of transmission through blood transfusion. By 1992, the National AIDS Committee and National AIDS Control Program merged to form the National AIDS and STI Control Program (NASCP).

The national response to HIV/AIDS has greatly improved since the restoration of democracy in 1999. President General Olusegun Obasanjo took an active role in addressing the HIV epidemic, beginning with the formation of a multisectoral Presidential Commission on AIDS. The Commission later became the National Action Committee on AIDS, now renamed the National Agency for the Control of AIDS (NACA). NACA takes a multisectoral approach, including representatives from all governmental ministries, the private sector, NGOs, and people living with HIV/AIDS (PLHA).

NACA's three-year strategy document, the HIV/AIDS Emergency Action Plan (HEAP), was approved in 2001. HEAP promotes a multisectoral, participatory response to HIV/AIDS prevention and impact mitigation. It is built around two strategic components: the creation of an enabling environment and the implementation of specific HIV/AIDS interventions. The action plan also set up both State and Local Action Committees on AIDS (SACAs and LACAs) to spearhead state and local multisectoral responses to the epidemic at the grassroots level. Only one-third of the states have thus far formed state action committees. HEAP's objectives include

- increasing awareness and making all Nigerians, as well as key stakeholders, more aware of the epidemic
- promoting behavior change in both low-risk and high-risk populations

- ensuring that communities and individuals are empowered to design and initiate community-specific action plans
- ensuring that laws and policies encourage the mitigation of HIV/AIDS
- institutionalizing best practices to provide care and support for people living with HIV/AIDS
- mitigating the effects of the disease on orphans, people living with HIV/AIDS, and other affected groups
- creating networks for people living with HIV/AIDS and others affected by the disease
- establishing an effective HIV/AIDS surveillance system
- stimulating research on HIV/AIDS

USAID Support to the National Strategy

With Nigeria's inauguration of a democratically elected president in 1999, USAID increased its support to the country and renewed its ties with the government. USAID funding increased considerably, from a total of \$5.5 million, focused mainly on prevention and given entirely to NGOs from 1992 to 1998, to an expanded program of \$36 million from 1999 to 2002. In fiscal year 2002, USAID became the country's largest HIV/AIDS donor; in fiscal year 2003, the HIV/AIDS budget reached nearly \$25 million by incorporating the President's Emergency Plan for AIDS Relief, with more than \$5 million designated for prevention of mother-to-child transmission (PMTCT) programs.

IMPACT Geographic Coverage

IMPACT supported the USAID strategy focusing on comprehensive programming in 12 local government areas (LGAs) drawn from four states: Anambra (Southeast Zone), Kano (Northwest Zone), Lagos (Southwest Zone), and Taraba (Northeast Zone). These four states are socioculturally distinct, with great variation in the profiles of their HIV epidemics. Prevalence in 2005 ranged from a low of 3.4 percent in Kano State to 6.5 percent in Lagos State. Risk behaviors prevalent in each state guided programming. For example, programming in Anambra took into account the fact that trade and transportation workers had created an environment for sexual networking, whereas in Kano, programming integrated the cultural and religious factors influencing behavior, such as early sexual debut/marriage for young girls, high rates of divorce, and low rates of condom use.

Four criteria were used to select sites to provide the best care, support, and mitigation:

- HIV prevalence
- syphilis prevalence
- presence of ongoing or planned interventions by other cooperative agreements, donors, and NGOs on a zonal and state basis (to prevent the concentration of efforts in the same geographic zones)
- presence of "high-risk" factors:
 - commercial sex work
 - significant presence of uniformed services (armed forces, prison services, police barracks, or customs and immigration services)
 - major commercial/trading activities

- truck stops or major highway routes
- common border with neighboring countries with high HIV prevalence

Implementation and Management

National- and State-Level Programming

Central to the comprehensive programming approach of IMPACT was the focus on both the national and state levels. IMPACT worked at the national level to implement broad-based activities aimed at prevention and impact mitigation (e.g., improving availability of quality STI services; surveillance; integration of HIV/AIDS education into formal education; and integration of tuberculosis (TB) activities into HIV/AIDS activities). As part of its support to the public sector, IMPACT worked with the various tiers of the Nigerian government. IMPACT supported NACA to develop policies and strategies for HIV control. IMPACT also supported NASCP, the health sector component of the national multisectoral response, to develop clinical management guidelines and build the capacity of healthcare workers.

At the state and local government levels, IMPACT supported the establishment and/or strengthening of SACAs and LACAs in the focus states and LGAs. This often involved advocacy, policy development, and capacity building, as well as development of funding mechanisms to support prevention and impact mitigation interventions, including voluntary counseling and testing (VCT).

Funding Mechanisms

IMPACT worked with implementing agencies (IAs) to implement community-level activities under the IMPACT project, primarily through the following funding mechanisms:

Subagreements

A subagreement was the most commonly used mechanism for disbursing funds to IAs. Subagreements are legal contractual documents between FHI and IAs funded by FHI to implement activities or subprojects. A subagreement not only defines the contractual terms and deliverables, but also serves as the guiding document demonstrating solid technical and programmatic design. It outlines the subproject activities and the results to be achieved, the proposed activities, and the responsibilities of the IA and FHI, and also defines the reporting requirements and budget. In cases where the recipient was the public sector, FHI managed finances directly.

Task Orders

FHI entered into written agreements with IMPACT partners to define their broad statement of work and, in some cases, to purchase long-term, ongoing personnel services. FHI issued task orders linked to partner agreements to authorize specific activities or subprojects within the partner agreement scope of work. The task order was similar to a subagreement in that it was a legally binding agreement and a design document that outlined

- the activity, subproject objective, or results to be achieved
- the proposed activities
- the responsibilities of the partner and FHI
- the reporting requirements and budget

Rapid Response Funds

A rapid response fund is a small grant for an activity implemented by a governmental, local nongovernmental, or community-based organization. Rapid response funds were intended to provide a quick response mechanism for funding community-based HIV/AIDS prevention and care activities. The funds were used for small projects, discrete activities, or to provide start-up “seed money” for larger projects. Applications for these grants outlined the scope of work and implementation strategies. They were developed and revised with technical assistance from FHI.

Contracts

The contract mechanism was used to engage those organizations that provided a direct service on behalf of FHI. The contracts spelled out the exact terms and conditions to be met by the contractee, including deliverables and payment schedules.

IMPACT was also dedicated to capacity building at all levels. Capacity building often took the form of conducting workshops and trainings; technical assistance in development and/or review of guidelines, manuals, and reports; and sponsorships to international and national conferences. Training technical-support providers is essential to support HIV programming at both governmental and nongovernmental levels. Because building national expertise helps provide more culturally appropriate support and ensures increased sustainability, IMPACT-driven trainings focused mostly on training of trainers. Those trained were then expected to provide step-down trainings in their respective locales.

Support for IMPACT

IMPACT offered the expertise of a number of globally recognized organizations in the area of HIV/AIDS prevention and care to support the Nigeria program. In addition, IMPACT supported the development of, and worked in partnership with, several governmental and nongovernmental organizations in Nigeria responsible for implementing the project.

Partnership Management: For effective coordination and support, IMPACT was managed from the country office, based in Lagos, and four field offices; the field offices were located in each of the states in which comprehensive programs were being implemented (Anambra, Kano, Lagos, and Taraba). The country office was organized into three units: technical support, program support, and finance and administration. A country director (CD) headed the country office and was assisted by a deputy country director (DCD). The DCD provided direct leadership for the finance and administration units; the CD supervised the activities of both the technical and program units. The CD worked closely with USAID/Nigeria’s AIDS program manager/cognizant technical officer and regularly reported on the status of the program.

The field offices were each headed by a field program manager (FPM) with a staff complement that included program, monitoring and evaluation, technical, finance, and administrative staff. Additional, noncomprehensive sites (Abia, Akwa Ibom, Ebonyi,

Ondo, Ekiti, Katsina, Enugu, Kebbi, and Osun) were supported by the field offices and selected because of their proximity to a specific field office. The CD provided management oversight to the FPMs and also worked closely with the program and technical staff at the country office.

Headquarters Management and Support: FHI in Arlington, Virginia, provided overall management support to the program. An associate director and program officer provided immediate backstopping support, while other program staff provided monitoring and program and administrative assistance as needed. Technical resources were made available in all areas as needed.

Technical Assistance: The country office, in close collaboration with the field offices and the IAs, determined technical assistance needs. Technical assistance needs and plans were outlined in the annual work plan and usually carried out by the country office or other FHI staff as well as through local, regional, and/or international consultants. Wherever possible, the project sought local technical assistance to conserve resources and assure continuity of services.

Financial Management: FHI was financially accountable for the program and provided the appropriate level of oversight. FHI maintained a cost center accounting system, which separated funding by source throughout the organization and allowed for tracking of both field and home office costs for specific projects and activities. The country office prepared monthly financial reports to HQ for reimbursement. For disbursement and reconciliation of funds to the IAs, each IA submitted a recipient monthly financial report to the country office for review. Once any necessary adjustments were made, the report was forwarded to HQ for approval of the reimbursement to the IA. With the expanded scope of work of the Nigeria program and the consequent increased state-level activities, FHI decentralized financial disbursements to the field office level.

All project recipients were subject to routine financial reporting requirements and to internal audits, as required by USAID and deemed necessary by FHI and USAID/Nigeria. FHI installed a double-entry, automated accounting system at the country office to record transactions and receive financial transaction information from HQ. This enabled access to more timely data for all levels of FHI (country office and HQ) and expanded reporting capabilities. The country office submitted monthly financial reports to FHI/Arlington, from which quarterly financial reports were submitted to USAID.

Pre-awards questionnaires were conducted for all IAs receiving more than \$50,000, while those spending more than \$200,000 were subject to external audits.

Monitoring and Reporting: The country office submitted quarterly reports to USAID/Nigeria and semiannual program reports to FHI/Arlington, which were collated with reports from other IMPACT projects around the world and submitted to the USAID Global Bureau. Regular meetings with USAID/Nigeria complemented reports on program activities.

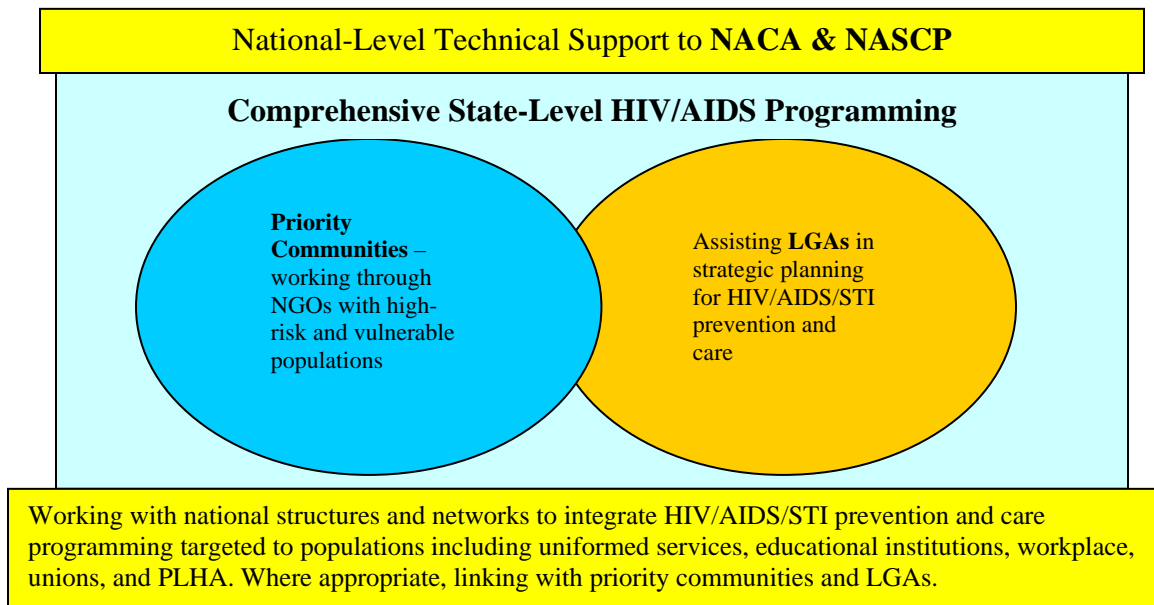
IAs, funded through subagreements and contracts, submitted financial reports, narrative reports, and process indicator forms to the country office as specified in their agreements. IMPACT determined appropriate reporting formats and assured that evaluation indicators were collected and reported to USAID on a regular basis. In addition, IA activities were monitored through regular meetings and site visits. IAs reported directly to the field program managers in their respective states. Quarterly meetings were convened at the state level and attended by country office program unit representatives. These meetings gave IAs the opportunity to network and share information and experiences, challenges, and lessons learned. The meetings also provided a forum for IAs to receive technical updates, and allowed them to inform each other about upcoming events and activities.

Program Objectives, Strategies, and Activities

Overall Approach

The IMPACT project’s work in Nigeria was geared toward creating a synergy of effort to ensure that links were strengthened between prevention and care and between related high-risk and vulnerable populations. This approach reflected the overall IMPACT approach of comprehensive behavior change interventions linked to care and mitigation.

IMPACT developed a comprehensive programming approach in the four focus states, working through established national structures. It was the first project in Nigeria to begin implementation of comprehensive state-level programs as described in HEAP, and was in a unique position to provide a framework that other organizations could adapt for their own use. IMPACT also used the information gathered in the focus states to assist NACA to develop and support activities in other states. This comprehensive approach was based on USAID’s “high risk” strategy—which involves targeting activities to high-risk settings for a greater impact—and FHI’s strategy of implementing both prevention and care and support programs to create synergies for greater project impact. IMPACT focused on the state and national structures as shown in the diagram below:



Through the IMPACT project, programs focused on two types of support:

1. National-level technical support to NACA and NASCP and the integration of HIV/AIDS programming into key national structures, such as the military, the workplace, the police, and unions/networks. IMPACT provided technical support to national-level bodies and key national structures to allow them to integrate comprehensive HIV/AIDS/STI and TB prevention and care programs.

2. Implementation of comprehensive state-level HIV/AIDS programming. IMPACT developed and supported comprehensive programming for high-risk groups and vulnerable populations, working with NGOs, SACAs, LACAs, and other institutions within priority LGAs in the four focus states.

Program Strategies

In 1998, a four-year strategy and work plan was developed based on USAID/Nigeria's projections of funding availability for the period. Under guidance issued by the mission, the IMPACT strategy was developed to include three geographic USAID cluster areas (Southeast, Southwest, and Northern clusters). At the same time, IMPACT was restricted from working directly with the government and mandated to work with a wide range of NGOs. As a result, IMPACT implemented the program over a wide geographic range (20 states) in partnership with 18 local IAs whose capacities represented varying degrees of technical and managerial expertise. The strategy also incorporated a broad spectrum of HIV/AIDS technical components including STI management, care and support activities, and behavior change communication, including mass media campaigns, behavioral surveillance, and policy development.

The 18 projects in the three USAID cluster areas represented a significant part of Nigeria's HIV/AIDS response at the time, but did not constitute a program that would make a significant impact on the epidemic. Based on this realization, IMPACT conducted a program review in April/May 2000, which concluded that the subgrantees were, for the most part, geographically isolated and had few established linkages with other community services, thereby limiting potential broader impact. The main recommendation was that comprehensive programming incorporating technical program areas such as STI, peer education prevention efforts, and care and support strategies needed to be implemented at the community level, with linkages between prevention and care programs ensuring the greatest impact.

The mid-project review also recommended a scale-up of identified components of the comprehensive program with the potential for statewide programming. The LACAs and SACAs became operational in three of the four comprehensive states (Kano, Lagos, and Anambra). The Redeemed Christian Church of God, the National Union of Road Transport Workers, the Nigeria Union of Teachers, and the SACAs scaled up their programming from working in three LGAs to programming activities in 16 urban LGAs in Lagos State.

IMPACT responded to these recommendations by conducting rapid assessments in five states and in-depth assessments in four states where the program would be implemented (Anambra, Kano, Lagos, and Taraba). The assessments were followed by strategic planning exercises and subagreement development in each state. Within less than a year from the program review, IMPACT was supporting 36 local NGOs, community-based organizations (CBOs), and faith-based organizations (FBOs) in these four states. IMPACT also continued to support successful activities initiated during decertification in

Abia, Ebonyi, Ekiti, Katsina, and Osun states. These programs provided critical lessons for the new programs in the comprehensive sites.

The Redesign Process

The IMPACT project's approach to developing state-focused programs was thorough and inclusive. IMPACT worked closely with both NACA and USAID in making the decision to program in the four focus states of Anambra, Kano, Lagos, and Taraba. Ongoing projects were reviewed and those with potential for scale-up were either included as part of the focus-state comprehensive projects or retained as part of projects in satellite non-focus states. The steps to the development of a comprehensive state-level HIV/AIDS program included the following:

- an initial desk review of HIV/AIDS data in Nigeria that led to the selection of five states for possible programming
- rapid assessment of HIV/AIDS activities in three LGAs in each of the five states to determine the readiness of the states for programming
- state-level stakeholders meeting to disseminate the report of the findings of the rapid assessment and finalize the selection of four IMPACT focus states
- in-depth assessment in four IMPACT focus states for collection of the required data for subproject development
- state-level stakeholders meeting to disseminate the findings of the in-depth assessment
- strategic planning meeting in each IMPACT focus state
- subproject proposal development in each IMPACT focus state

Given the geographic size and diverse population of Nigeria and the sizeable amount of available data, a desk review was a necessary first step of the IMPACT redesign to focus on comprehensive programming at the state/LGA levels. The review was designed to provide guidance to IMPACT-focused programming at the LGA level. Based on the review, it was possible for the IMPACT project to propose a number of sites to be considered for comprehensive prevention and care programming. The recommended sites had a further rapid assessment and in-depth assessment that led to the design of strategic and comprehensive programming to respond to HIV/AIDS at the community level.

The desk review also considered implementing programs in states/sites with HIV prevalence lower than the national average to prevent the escalation of the epidemic in these states. Based on the selection criteria, the following states were recommended for a rapid assessment and in-depth assessment, with LGAs selected for comprehensive HIV prevention and care activities: Anambra (Southeast Zone), Lagos (Southwest Zone), Kano (Northwest Zone), Nasarawa (North-Central Zone), and Taraba (Northeast Zone). The review also considered IMPACT's current programming investment in some states at the time. This led to the retention of projects in some noncomprehensive sites (such as Katsina, Osun, Ekiti, Abia, and Ebonyi) where the assessment exercises proved that these projects had the potential for scaling up.

From the initial assessments, IMPACT began to develop relationships with potential governmental and nongovernmental partners, including them in each step of the planning

process. Through strategic planning and project proposal development, IMPACT developed strong working relationships and political support for programming in the four comprehensive focus states. IMPACT also worked closely with NACA and NASCP, assuring their support for the programs.

The strategic planning and project proposal development activities were the culmination of the development phase. In each state, IMPACT facilitated an initial three-day strategic planning workshop that was attended by state and local governmental officials (including representatives focused on health, education, transportation, information, and youth and women); NGO program managers from all IAs; and national governmental officials. All participants were involved in developing the strategic plans, with IMPACT providing technical input. The project proposal development workshop was attended by managers from the IAs as well as representatives from state and local governments. Each IA developed its project based on its understanding of how the epidemic is impacting its target group or groups and what it can offer in terms of prevention and mitigation. It should be noted that each activity was also seen as an opportunity to build the capacity of the participants in the technical areas of HIV/AIDS activities, monitoring and evaluation, strategy, and project development.

The collaboration that began during the development phase continued through implementation. IMPACT took every opportunity not only to build the capacity of the IAs but also to learn from them and give them the opportunity to develop program direction. The assessment-to-project-development process concluded with the development of comprehensive HIV/AIDS prevention and care projects in the focus states of Anambra, Lagos, Kano, and Taraba and expansion of the scope of work of ongoing projects in Abia, Ebonyi, Ekiti, Katsina, and Osun states. Activities developed in each of the four comprehensive states included the following:

- prevention programs with in-school and out-of-school youth, female sex workers, and transport workers
- programs with FBOs to incorporate HIV/AIDS education into their activities
- care and support activities, including health facility-based care, home-based care, orphans and other vulnerable children (OVC) programs, and establishment of support groups of PLHA
- development of VCT centers
- STI prevention and treatment programs
- coordination with SACAs and LACAs. In states without SACAs and LACAs, IMPACT worked with government officials to develop these organizations.
- uniformed services projects with the armed forces and the police

IMPACT also conducted programming with sectors that were not categorized as comprehensive or noncomprehensive sites. These included national organizations such as the Network of People Living with HIV and AIDS in Nigeria, public sector institutions such as the police and armed forces, and national programs including NACA, NASCP, and the National Tuberculosis and Leprosy Control Programme.

National-Level Initiatives and Collaboration with NACA, NASCP, and USAID Implementing Partners

Understanding the importance of collaboration with government agencies and representatives in achieving program success, IMPACT worked with NASCP in areas including surveillance, STI prevention, and VCT, and with NACA on the development of HEAP and state and local government responses to HIV/AIDS. IMPACT's support was based on HEAP priorities and on the needs of NACA and NASCP in general. IMPACT also emphasized collaborating with other USAID implementing partners to develop synergies among projects. Specifically, IMPACT collaborated with the following partners:

NACA

Through staff participation and identification of consultants, IMPACT supported the development of HEAP through support of its national-level and state-level activities (as described in this and the following section). IMPACT supported NACA by ensuring that NACA staff were invited to all project activities and by sharing lessons learned. The importance of this inclusiveness was clearly articulated by NACA members during the IMPACT management assessment; they described how participating in the Anambra State strategic planning workshop allowed NACA to have input into the process and represent the national government, as well as how IMPACT's approach influenced NACA to change its state-level strategy.

NASCP/FMOH

In collaboration with UNAIDS and WHO, IMPACT supported the development of second-generation surveillance methodologies and guidelines and promoted the concept of this surveillance through regional workshops. IMPACT provided input to NASCP's planning meeting for the HIV/Syphilis Sentinel Survey in High-Risk Groups in Nigeria.

In 2000, IMPACT conducted a behavioral surveillance survey among female sex workers, male transport workers, and in-school youth. The report identified an acute need for increased sexual behavior information in the context of a multicentered and multifaceted epidemic.

The IMPACT project worked with NASCP/FMOH to review the national syndromic management guidelines for the treatment of STIs in Nigeria. The guidelines were published and disseminated. The project produced an STI training manual, trained curriculum and healthcare providers in using the new guidelines, and developed and produced STI-specific information, education, and communication materials to complement the guidelines. IMPACT worked with NASCP/FMOH to promote the new guidelines at the state level, to ensure that state ministries of health were aware of the changes and able to plan for them. IMPACT also helped to build the capacity of members of the Nigerian Medical Association in the focus states, using the STI guidelines.

Other US Implementing Partners

IMPACT facilitated training of physicians working on the BASICS/Nigeria Community Partners for Health (CPH) project in counseling and also involved the youth wing of the

CPH in World AIDS Day Campaign activities. IMPACT also participated in the design of the orphan care project of the Center for Educational Development and Population Activities and worked with the FUTURES Group in implementing the advocacy and policy initiatives of the uniformed services project. In addition, IMPACT worked with the Society for Family Health/Population Services International in the implementation of a national mass media campaign project and condom logistic training for all IMPACT IAs. IMPACT continued to receive technical assistance requests from many of the other US implementing partners working within the HIV/AIDS subsector.

Nationwide Initiatives

IMPACT support to the uniformed services began in late 2000 with the development of a subagreement with the Armed Forces Program on AIDS Control (AFPAC). AFPAC implemented a nationwide HIV/AIDS prevention program in all military formations throughout Nigeria. The program was based on training of peer educators, STI prevention and treatment, and integration of HIV/AIDS education activities into uniformed services structures and training institutions. A similar project with the Police AIDS Control Committee (PACC) was implemented in seven states.

In the four focus states, IMPACT worked with the SACAs and LACAs to ensure that AFPAC and PACC were represented appropriately on the committees. This linkage among AFPAC, PACC, and other organizations enhanced the overall performance of the programs.

Integration into National Unions/Associations

IMPACT/Nigeria worked with several unions and networks at the state level, including the Nigeria Union of Teachers, National Union of Road Transport Workers, and national FBOs, as well as the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and the national support network for PLHA. IMPACT used its connection with state-level affiliates to expand support to the national bodies with the assumption that by building the capacity of the national bodies to support HIV/AIDS programs or their affiliates, these unions/networks would be able to implement HIV/AIDS activities throughout the country. Further, with the support of the state-level affiliates, the national unions/networks developed models of effective programs, with experienced members helping to implement activities in new states.

In line with the principle of Greater Involvement of People Living with HIV/AIDS (GIPA), IMPACT worked with NACA and other stakeholders to facilitate the formation of a coalition of the networks of PLHA emerging in the country. IMPACT also facilitated the formation of and supported groups of PLHA in the four focus states and in two others. The outcome of this activity was the development of a coordinating body, NEPWHAN, which brought together all existing PLHA groups in the country. This provided PLHA with a solid platform from which they could give their input on the national HIV/AIDS strategy and important national-level issues. In addition, IMPACT worked with PLHA groups on care and support projects to develop their capacity to function on their own, to provide an effective response to the HIV/AIDS epidemic, and to share difficulties and successes.

Workplace Initiative

There is a worldwide movement to involve the private sector in HIV/AIDS prevention. In Nigeria, however, this sector's contribution lagged behind and its resources needed to be mobilized and harnessed. IMPACT commenced work with the National Association of Banks, Insurance and Financial Institutions Employees to provide technical assistance and workplace HIV/AIDS prevention intervention, including peer education, to 15 companies in the financial sector, including First Bank, Crusader Insurance, NICON, Savannah Bank (now defunct), AIICO, Bank of the North (now absorbed into the new Unity Bank), Afribank, Union Bank, and UBA.

Activity Overview

The following is an overview of IMPACT's activities. More information on specific activity results can be found in the Program Results section of this report.

Objective: *Improve capacity of SACAs and LACAs, NGOs, FBOs, and social sector institutions to provide quality STI/HIV/AIDS prevention information and care and support services in target areas.*

IMPACT operated on the principle that program sustainability in Nigeria required strong, cohesive local partners from the private and public sectors with relevant skills and capacity; these partners were seen as necessary to implement HIV/AIDS programs with diminishing technical and financial support from donors. IMPACT therefore considered capacity building an essential component of the project and aimed to implement it hand-in-hand with project implementation.

Within the context of the LGA assessment, strategic planning, development of new subprojects, and project implementation, IMPACT began constructing a training plan. The plan addressed a broad range of technical and managerial skills designed to enhance each organization's ability to manage and implement its subagreement in the short-term, and to develop and manage new subagreements from different funding sources in the longer term. The activities were implemented through workshops, individual technical assistance, study tours, or courses and participation at international and local conferences. Building the capacity of the IAs prepared them to implement their activities more successfully and to be more sustainable organizationally.

Objective: *Facilitate access to and use of quality STI and support services for youth and other high-risk groups in target areas.*

Initial assessments indicated that STI services in Nigeria were faced with several constraints: a lack of STI surveillance systems, non-availability of STI drugs, negative attitudes and skills among healthcare providers, and poor health-seeking behavior among STI patients.

IMPACT adopted a mixed approach in its efforts to increase access and use of STI services, and to improve the quality of services. The overall aim was to ensure access to improved STI services in the four comprehensive states where IMPACT projects were sited, with plans to improve the quality of care in both private and public sector clinics in these states. IMPACT strengthened the skills of healthcare workers (doctors, nurses, and community health officers) to provide quality STI services using the syndromic management approach.

Activities carried out under this project included

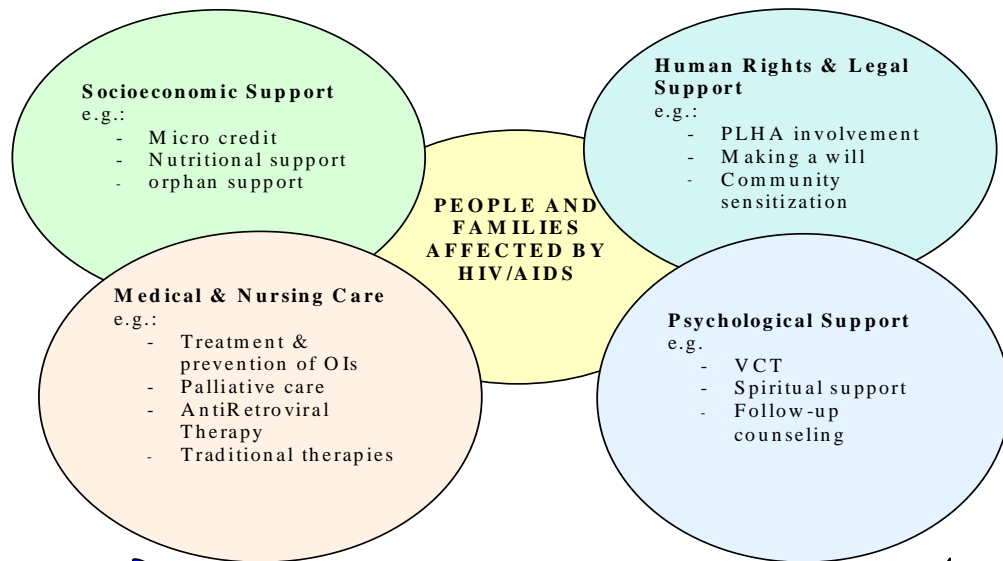
- engaging and developing subproject proposals with the Nigerian Medical Association and the National Association of Nigeria Nurses and Midwives in the four focus states
- revising and producing the national guideline for the syndromic management of STIs in Nigeria

- developing and producing STI syndromic management wall charts, which present the flowcharts included in the existing guidelines. The charts were placed on the walls of healthcare providers' consulting rooms to allow providers access to the flowcharts without flipping through the guidelines.
- producing posters and booklets on STI
- developing and producing national training manual and curriculum for syndromic management of STIs
- training individuals selected from the Medical and Nurses Association to be Trainers of Trainers in syndromic management of STI in the four focus states. These core trainers facilitated step-down trainings at the state level.

Objective: Strengthen and establish care and support activities (health facility-based, home-based, OVC, PLHA support groups, and linkages with VCT) in target areas.

The IMPACT project supported the provision of comprehensive care and support services for PLHA and people affected by AIDS (PABA) in the four focus states. IMPACT made prevention and care part of a continuum by linking the range of care and support activities to the intensive prevention programming planned under the project. This intervention was conducted in a manner consistent with the Federal Government of Nigeria's national response to the HIV/AIDS epidemic as outlined in HEAP.

ELEMENTS OF COMPREHENSIVE CARE AND SUPPORT



Supportive Policy and Social Environment

IMPACT engaged healthcare providers and CBOs/NGOs with basic skills in health facility-based care and community home-based care in targeted communities to implement technically sound, locally relevant, sustainable strategies to mitigate the impact of HIV/AIDS at the community level. The project built the capacity of the healthcare providers and CBOs/NGOs to ensure their proficiency in health facility-based and home-based care, advocacy, and promoting positive living skills.

This approach entailed linking an independent array of providers and services to collectively address the broad range of needs among PLHA and PABA. It facilitated connections among health facilities, supported the training of home-based care providers and families providing care at home, and made available other supportive services in the community, as demonstrated in the diagram above showing the elements of comprehensive care and support.

The IMPACT comprehensive programs provided a framework for the implementation of this care and support program and forged effective links among the partners engaged in care and support activities. Community home-based care projects implemented by CBOs at each site were linked to health facility-based clinical care. The medical and nursing associations implemented the health facility-based care component while OVC projects implemented by CBOs addressed the socioeconomic and psychosocial support component. FBO projects complemented the program with the provision of spiritual support.

Support groups of PLHA were established in each focus state. These groups helped to provide peer support services and encourage community mobilization, including educating people about human rights and legal issues. A broad range of prevention services, including VCT, was also established to complement the broad spectrum of care and support.

Objective: *Improve services for orphans and other vulnerable children.*

IMPACT identified initiatives targeted at OVC as both a critical component of the social support needed to improve the quality of life of families at the community level and as an important intervention taking place along the prevention-to-care continuum. The IMPACT OVC support program was therefore designed and implemented in the context of existing IMPACT care and support interventions and active networks in the country.

Family- and community-based responses are among the most affordable and acceptable approaches to care for orphans and children vulnerable due to HIV/AIDS. A tripartite committee involving the public sector, the private sector, and the community was set up at each of the sites where OVC projects were implemented, operating under the SACAs and LACAs to enhance implementation. IMPACT worked with selected communities, in particular those in high prevalence areas, to catalyze community response. The development of OVC support interventions was based on the results of initial priority community assessments and the situation analysis of OVC in six states of Nigeria, with IMPACT working through community-based organizations (NGOs and FBOs) to develop

the initiative. OVC interventions and activities implemented under the IMPACT program included the following:

- situation analysis of OVC in six states
- readiness assessment of CBOs/NGOs in six states for engagement as implementing agencies
- development of subagreements for implementation of OVC project
- sensitization of community leaders and members of partner NGOs/CBOs to increase awareness of issues related to OVC and HIV/AIDS
- advocacy and sensitization of religious leaders, political leaders, and policymakers
- assistance to communities in the identification of OVC, with the involvement of PLHA groups and CBOs/NGOs providing community home-based care
- training of guardians and community leaders in children's rights and psychosocial support
- assistance for the education of OVC

Each project was encouraged to target the most vulnerable families and children (as determined by communities). Where possible, activities were coordinated with existing services, including HIV prevention and outreach services. Particular attention was paid to female-headed households. Key to this initiative was the establishment of community committees to register and support those most vulnerable. The committees provided an avenue for children to voice their problems and needs, and also receive support and guidance.

Objective: *Improve demand for, access to, and quality of VCT services in target areas.*

The IMPACT project identified as a matter of grave concern the non-availability of HIV VCT services in Nigeria at the commencement of the project. IMPACT therefore provided support for the design, staff training, supervision, and quality assurance of two HIV VCT centers, in Lagos and Kano states, in 2002.

IMPACT recognized the importance of VCT as an entry point to both prevention and care and took issues related to its sustainability seriously. The VCT program was initially designed to cover areas where high use of services could be expected, such as high prevalence urban areas and locations where potential collaborating partners were present. This was to facilitate links with post-test clubs and support groups for PLHA and to enhance links to projects providing services in the prevention of mother-to-child transmission (PMTCT), prevention and treatment of TB and STIs, family planning, and other community and social services. The multipartner network aimed to encourage cooperation and help reduce the stigma faced by PLHA in the community.

Particular attention was paid to the following elements, without which VCT services cannot be optimally effective:

- national guidelines on VCT
- VCT quality assurance
- integration into the services of the health facilities collaborating with IMPACT care and support projects

The model of IMPACT care and support projects provided a framework for including VCT activities. CBOs and NGOs implemented IMPACT care and support projects in collaboration with health facilities that managed PLHA within their catchment areas. The new VCT centers were integrated into existing health facilities run by IMPACT public and private sector partners. Some partners, who were already providing a degree of pre-test, post-test, and supportive counseling to PLHA, had their skills and services upgraded to meet the requirements of a standard VCT center. Others, who were starting from scratch, had their systems and structures developed to meet the required standards.

IMPACT used a multifaceted approach to expand existing VCT services in Nigeria by developing an integrated model of VCT service delivery, assisting other NGOs, and providing HIV test kits; additionally, IMPACT provided ongoing support, monitoring, and supervision to the sites. Preplanning meetings were held with public sector partners in Kano and Lagos states and with USAID/Nigeria to obtain approval for the scale-up plans. Assessments were conducted at 40 secondary health facilities, from which 20 potential partners with the capacity to integrate VCT services into their existing structures were selected. The preliminary report was shared with representatives of the health facilities during a one-day sensitization and technical consultative workshop.

IMPACT, in its scale-up of VCT services, increased the number of sites from two to 34. This included 22 sites under the IMPACT project and 13 with funding from the President's Emergency Plan for AIDS Relief. The scale-up of VCT services in Nigeria was intended to introduce an innovative and strategically phased approach to the development and delivery of integrated VCT sites and to take advantage of experience gained from the first two sites. Because of the importance of generating experience and the high costs associated with VCT service provision, the scale-up program was initially planned to cover selected areas where frequent use of services could be expected. This phased approach aimed to generate lessons, create capacity, and build networks necessary for expanding the services to the rest of the country. Support to the projects included the procurement of state-of-the-art laboratory equipment and improvements to the quality of laboratory services at the National Hospital, Abuja. Training and renovations to health facilities were also integral components of this process. Activities conducted under this project include the following:

- development of norms, guidelines, and procedures for the provision of high quality VCT services. IMPACT worked with NACA, the FMOH, and other partners to develop Nigeria-specific standardized norms, principles, and procedures.
- participatory development of assessment tools and assessment of health facilities as VCT centers
- engagement of local partners as IAs for the implementation of VCT services
- training of new counselors and refresher training for those already trained
- facilitation of linkages to existing care and support services. IMPACT worked with CBOs/NGOs and health facilities implementing care and support projects to develop and operationalize a comprehensive referral network for individuals accessing the VCT centers.

- promotion of VCT use. Activities were conducted through existing IMPACT BCC projects, community leaders, community meetings, local church leaders, and local NGOs to increase community awareness of VCT services, highlighting the benefits of knowing one's HIV status. IMPACT also supported appropriate use of the media for advertising the existence of VCT services.
- development of a support network for healthcare providers

Site	Year		Number of Sites
	2002	2003	
Lagos	1	13	14
Kano	1	7	8
FCT	0	4	4
Anambra	0	5	5
Edo	0	3	3
Taraba	0	1	1
Total	2	33	35

Program Results

IMPACT objectives and activities contributed to achieving the four USAID/Nigeria Intermediate Results (IRs) as follows:

IR 4.1. *Increased demand for family planning/reproductive health, HIV/AIDS, and child survival services:*

IMPACT's related results include improved capacity of SACAs, LACAs, CBOs/NGOs, and FBOs to provide quality information and care and support services in target areas; improved demand for quality HIV/STI services in target areas; and facilitation of use of quality STI and care and support services in target areas.

IR 4.2. *Increased access to and availability of family planning/reproductive health, HIV/AIDS, and child survival services and commodities:*

IMPACT's related results include strengthened and newly established care and support activities (health facility-based and home-based care, OVC services, PLHA networking, and VCT services) in target areas; improved access to quality HIV/STI services in target areas; and facilitation of access to quality HIV/AIDS prevention information and STI treatment services in target areas.

IR 4.3. *Improved quality of family planning/reproductive health, HIV/AIDS, and child survival services:*

IMPACT's related results include strengthened capacity of NGOs/CBOs, FBOs, LACAs and SACAs, and social sector organizations to design, implement, and monitor prevention and care and support services in target areas; development of training materials, guidelines, curricula, and modules; and provision of equipment.

IR 4.4. *Increased capacity of the family planning/reproductive health, HIV/AIDS, and child survival service delivery system.*

IMPACT's related results include strengthened care and support activities in target areas; improved capacity of SACAs, LACAs, NGOs/CBOs, and FBOs to provide quality HIV/AIDS/STI prevention information in target areas; and provision of equipment.

Project Outputs

Information on some of the outputs of the IMPACT project in Nigeria are provided in this section of the report. For each activity, data on the achievements are presented vis-à-vis the set targets (if available) to determine the level of performance.

Institutional Capacity-Building Trainings for Program Management

Output includes the types and number of trainings and workshops conducted and the number of people trained.

As stated earlier, one of the objectives of the IMPACT project in Nigeria was to increase the capacity of local IAs to design, implement, monitor, and evaluate HIV/AIDS/STI programs. Consequently, IMPACT conducted several trainings and workshops for IAs, including

- a state-level HIV/AIDS strategic planning workshop that shared the results of the HIV/AIDS/STI assessment conducted in the state with the relevant stakeholders, who were involved in the assessment exercise. This workshop also helped to introduce the stakeholders to project ideas and processes of implementation.
- a proposal development workshop, which developed the skills of the invited partners to prepare fundable proposals in line with the IMPACT expanded and comprehensive response (ECR) strategy
- a project management training that introduced IAs to the specifics of how to develop an efficient project management strategy
- a financial management training that provided partners with information on the project financial reporting system required by USAID/FHI
- a monitoring and evaluation training that ensured IAs were trained in the skills necessary to monitor and evaluate project activities. The training focused on the need to report on various indicators and the process for selecting indicators.

The workshop on participatory monitoring and evaluation ensured that the IAs were able to document their achievements and use data collected during monitoring for improvement of project activities.

Generally, the number of workshop and training participants exceeded the number targeted. In some instances, however, the number of participants fell short. The reason for this may be that some IAs did not send the required number of participants as stated in their letter of invitation. The capacity-building workshops and trainings emphasized the need for the NGOs to develop a good referral system as well as workable linkages with each other. The referral process is important in that it allows people obtaining services from any IA to access a wider range of services provided by other IAs.

Institutional Capacity-Building Trainings for Program Management

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	State-level HIV/AIDS strategic planning workshop	4	4	178	185
2	Proposal development workshop	14	14	147	155
3	Project management training	7	6	185	158
4	Financial management workshop	5	5	123	126
5	Monitoring and evaluation skills update	8	4	211	98
6	Participatory monitoring and evaluation	4	2	63	98

Behavior Change Communication (BCC) Strategies and Activities

Under the IMPACT project, BCC helped to lay the foundation for effective HIV/AIDS and STI prevention, care, and support activities in Nigeria.

Repetition and Variety of Channels

In Lagos State, the Nigerian Union of Teachers supported activities including morning assembly sessions, anti-AIDS clubs, and other peer educator-led activities. As a result, students' HIV/AIDS knowledge and contact with their parents increased. Anti-AIDS clubs in each school were key, as they planned and implemented ongoing peer education. Students in these schools were exposed to HIV/AIDS messages through channels such as drama, songs, videos, and quiz competitions, which were linked to mass media activities of other NGOs.

Reducing Risky Behavior Among Target Populations

IMPACT's approach emphasized the importance of taking local circumstances into account and introducing combined interventions. Thus a culturally relevant, target-specific, unified BCC approach and theme were developed and implemented by all IMPACT IA partners in each of the four focus states.

This strategy was implemented in an integrated and comprehensive manner in collaboration with both public (SACAs and LACAs) and private sector (NGOs/CBOs) implementing agencies in the four comprehensive focus states. The peer education approach was used extensively through a broad range of interventions implemented by IAs. In each comprehensive state program, multiple peer education-based interventions reached the following target groups:

- in-school youth in tertiary institutions

- in-school youth in secondary schools
- out-of-school youth
- female sex workers
- transport workers
- uniformed services (police and armed forces), including their civilian staff and their families
- all adult Nigerians

Because of the differences between and within the geographic zones in Nigeria, state-specific communication strategies were developed in the focus states. The communications strategies further complemented and reinforced the activities of the IAs' programmatic linkages; additionally, networking was fostered among the IAs not only to enhance synergy but also to ensure that project beneficiaries accessed support services through referrals. The behavior change strategy was enhanced by the activities being implemented by the IAs, including those that increased access to clinical services, condoms, and care and support, among other resources.

BCC Capacity-Building Workshops

Several workshops were held to build the technical capacity of the partners to plan and implement successful BCC interventions using community-oriented strategies developed through a participatory process. These included

- an advocacy skills update, which aimed to improve the IAs' understanding and skills in carrying out advocacy activities, thus enhancing their ability to gain support and acceptance in their areas of operation
- a state-level peer education training of trainers (TOT), held in each of the states by the country office to train master trainers. These master trainers then trained another set/level of master trainers for their respective IAs.
- an IA-level peer education TOT, organized by each IA to train some of their members as master trainers. The master trainers were then required to train and mentor the large number of peer educators required by each of the IAs.
- an IA-level peer education training organized by each IA to train the peer educators needed to reach target audiences
- a national-level training in developing a national BCC strategy. This workshop also trained a pool of consultants to assist the states' offices and IAs in the development and implementation of effective BCC strategies. Additionally, the consultants assisted in the development of acceptable materials for the target groups.
- a state-level BCC strategy development workshop to develop the states' overarching BCC theme. During the workshop, IAs produced and pre-tested BCC materials used during the project.
- an interpersonal counseling and communications (IPCC) workshop geared toward promoting effective interpersonal communication and improving the counseling skills of participants in dealing with HIV/AIDS and/or STIs. This workshop was twofold. The first part was the IPCC TOT workshop organized by the country office to train master trainers in each state; during the second part, the master trainers trained counselors providing counseling services for the IAs.

- a workshop to integrate HIV/AIDS education into the existing curriculum of FBOs
- the development of picture codes for use by peer educators to promote greater interaction between peer educators and their target audience
- a sensitization workshop to equip journalists, playwrights, and script writers with information about HIV/AIDS and STIs to ensure that they provide correct information on these issues to the public in their articles and productions
- a workshop on public speaking for PLHA to enable them to acquire the necessary skills to communicate effectively with people about HIV/AIDS and STIs, despite the stigma that many PLHA encounter

BCC Workshops

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	Advocacy skills update	6	6	154	154
2	State-level TOT in peer education	6	6	164	158
3	IA-level TOT in peer education	65	56	1,616	1,405
4	IA-level peer educator training	784	768	22,788	22,762
5	National-level training of consultants in BCC strategy development	1	1	32	29
6	State-level IPCC TOT	4	4	95	99
7	IA-level IPCC workshop	81	90	2,087	2,471
8	Workshop to integrate HIV/AIDS and STIs into existing curriculum of FBOs	1	1	21	21
9	State-level BCC strategy development	6	6	150	156
10	Picture code development workshop	4	4	89	96
11	Script writers' sensitization workshop	1	1	18	18
12	Public speaking for PLHA	2	2	30	35

BCC Materials

IMPACT produced and distributed a wide range of BCC materials, as shown below.

BCC Materials Produced and Distributed

Type of Material	Number Produced	Number Distributed	Target
Key holders/license holders	119,005	86,105	21,503
Banners	140	121	81
Water kegs/bowls/cups	8,371	2,613	1,700
T-shirts	79,580	55,914	42,831
Face caps	48,601	29,259	41,095
Comic books	22,000	21,440	22,000
Stickers	383,236	275,321	138,467
Pamphlets on HIV/AIDS and STIs	290,410	200,734	264,835
HIV/AIDS booklets	1,345,047	974,252	333,800
Posters	261,390	150,885	77,500
Event posters	12,600	10,086	12,600
Leaflets	302,900	202,636	27,000
Fact sheets for advocacy	5,150	5,150	7,150
Postcards	43,500	43,500	52,500
Academic calendars	57,500	55,968	46,500
Marriage counseling and catechism cards	0	0	10,000
Videotapes	100	100	500
Audio tapes	16,300	16,250	17,200
Flyers	98,000	79,118	98,000
Handbills	511,441	405,814	103,000
Peer education kits	28,938	21,772	12,740
Nutrition wall charts	12,500	4,599	14,250
Openers	3,600	3,421	3,600
Brochures on home-based care	6,000	5,742	7,000
Towels	2,550	2,250	2,550
Flip charts	948	798	900
Hand fans	1,000	1,000	1,000
Booklets on positive living	15,000	3,389	10,000
Wooden phalluses	112	102	102
Jackets	1,000	962	1,000
Outreach worker HBC kits	600	210	500
Counseling guides	11,000	10,087	11,000
Timetable cards/students movement charts	470,000	376,818	10,000
Hijabs	1,400	1,400	1,400
Jotters	14,500	14,344	14,500

Identification cards/badges	1,870	1,821	1,870
Billboards	21	20	20
Mobile billboards	303	279	303
Book markers	126,500	50,000	1,000
Aprons	544	475	544
Picture codes	599	450	599
HBC reference manuals (Hausa)	300	42	300
HBC reference manuals (English)	200	161	200
Handkerchiefs	500	500	500
Life-size posters	4	4	4
Home-based care manuals	1,976	338	150
VCT information materials	5,000	0	5,000
Red ribbons	1,000	437	1,000
Umbrellas	3,330	3,330	3,330
Pens	3,309	436	3,309

People Reached Through BCC Activities

Advocacy and Sensitization

Advocacy visits were implemented to gain support from policymakers, community leaders, and opinion leaders. Additionally, sensitization activities were carried out among the target audience.

Activities

Advocacy	
Number of activities	2,947
Number of people reached	10,237
Sensitization	
Number of activities	1,471
Number of people reached	268,118

Special Activities

A number of special activities, including World AIDS Day activities and youth-friendly activities, provided HIV/AIDS education. These activities were useful in reducing stigma and discrimination against PLHA, as well as instrumental in mobilizing support for the IMPACT project. More than 248,800 individuals were reached through anti-AIDS club activities.

Special Activities

	Activity	Number Carried Out	Number Planned	Number of People Reached	Target
1	Anti-AIDS activities	632	Over the life of the project (LOP)	248,843	Over LOP
2	World AIDS Day	139	Over LOP	22,635,857	Over LOP
3	Rallies: children's day, worker's days, etc.	220	Over LOP	3,400,063	Over LOP
4	Football competitions	64		20,650	
5	Regular activities where HIV education was integrated	2,229	Over LOP	204,544	Over LOP
6	Youth-friendly resource centers	30	27	30,685	
7	Drama performances	9	9	14,030	
8	Orientation activities	16	Over LOP	2,158	LOP

Mass Media

The IMPACT project used mass media to disseminate information on HIV/AIDS and STIs to the public, with the aim of encouraging safer sexual behaviors, reducing stigma and discrimination against PLHA, and encouraging support for PLHA. In all the project states except Taraba, IMPACT used both radio and television to deliver messages through the Anambra Broadcasting Service (ABS), received in both Anambra and Enugu states, and the Metro 97.6 FM radio station, received in almost all Southwest states. The table below provides details.

Mass Media Activities

	Media/Station (with states where it can be received)	Name of Program	Number of Episodes/ Times Aired	Number of Episodes Planned	Population of Areas of Broadcast* (based on NPC projection)
1	ABS – Radio (Anambra and Enugu)	HIV/AIDS and You	9	11	8,187,158
2	ABS – TV (Anambra)	HIV/AIDS and You	9	11	3,847,537
3	OSBC (Ekiti and Osun)	<i>Ireti Alaafia</i>	29	42	5,869,206
4	NTA Channel 5 (Lagos)	AIDS On-Line	86	104	5,000,000
5	Metro 97.6 FM (Southwest)	AIDS On-Line	90	104	29,491,555
6	Broadcasting Service of Ekiti State – Radio (Ekiti)	AIDS and You	55	82	2,900,000
7	Broadcasting Service of Ekiti State – TV (Ekiti)	AIDS and You	56	80	2,900,000

*Calculation of reach was based on percentage of people who actually listened to radio/TV broadcast.

Peer Education and Counseling

Peer education and counseling can take place on either a one-on-one or a group basis. The peer education strategy for the IMPACT project involved recruiting and training individuals from different groups (stratified by age) to reach out to their peers with correct information on HIV/AIDS and STIs. Peer educators also provided some counseling and referrals, as appropriate.

Peer Education and Counseling Activities

	Number of People Reached	Target
One-on-One		
Peer education	645,417	Over LOP
Counseling	123,106	Over LOP
Group		
Peer education	1,975,491	Over LOP
Counseling	170,936	Over LOP

Care and Support

To reduce the stigma and discrimination associated with HIV/AIDS, IMPACT carried out the following activities: home/health facility–based care and support, OVC services, VCT services, and STI services. To enhance the capacity of IAs to provide care and support services, IMPACT hosted several capacity-building workshops that focused on the level of education of the service providers, the attitudes of communities toward PLHA, and the relationship between the HIV/AIDS epidemic and sociocultural factors.

Home-Based Care

IMPACT conducted several trainings aimed at developing the skills of IAs to implement home-based care and support services, as shown in the table that follows.

Trainings for Home-Based Care and Support Activities

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	National-level capacity-building workshop for community home-based care	1	1	30	30
2	IA-level capacity-building workshop for community home-based care outreach workers	18	19	563	552

Health Facility-Based Care: IMPACT also held capacity-building training workshops for healthcare workers (medical doctors and nurses) providing health facility-based care. The workshops encouraged the healthcare workers to develop positive attitudes toward PLHA, in response to reported cases of neglect of PLHA by healthcare workers. Training was also carried out in the integration of TB and HIV services for selected organizations and medical personnel in Kano State (as a pilot case). Since TB is a major opportunistic infection associated with HIV/AIDS, it is important to develop the skills of participants to effectively manage TB cases and screen for HIV (and vice versa). Due to technical difficulties, some of the workshops could not be held as scheduled; this may explain why some of the targets were not met.

Trainings for Health Facility-Based Care and Support Activities

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	TOT workshop for doctors on clinical care of HIV	1	1	23	30
2	IA-level workshop for doctors on clinical care of HIV	4	6	102	155
3	TOT workshop for nurses on nursing care of HIV	1	1	29	30
4	IA-level workshop for nurses on nursing care of HIV	8	11	277	330

5	Integration of TB and HIV care services in Kano State	4	4	173	120
---	---	---	---	-----	-----

Support Groups for PLHA

IMPACT helped facilitate the formation of support groups, through which support and other services were provided to PLHA and PABA. The table below provides data on the activities related to these groups, which offered psychological, emotional, and economic support to their members. IMPACT also supported activities that led to the formation of the national Network of People Living with HIV/AIDS in Nigeria (NEPWHAN). As of 2007, the network had grown to include more than 200 support groups of PLHA from across the country.

Support Group Activities

Number of support groups	14
Number of support group members	2,648
Number of PLHA/PABA receiving care and support services	12,066
Number of home visits made by outreach workers	16,760
Number of support group meetings held	292
Number of collaborating health facilities for palliative care and referrals	207

OVC Services

As a result of the recent economic in downtown Nigeria and a breakdown in social cohesiveness due to modernization, many orphaned and vulnerable children do not receive adequate care from their extended families. IMPACT held skills training workshops to assist IAs in their work with these children. The table below provides details of the training workshops.

Workshops for OVC Activities

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	OVC skills building workshop	3	3	81	90
2	IA-level OVC skills building workshop	4	4	126	120

Approximately 1,500 orphans and other vulnerable children received direct services, including psychosocial, medical, food, and financial support.

VCT Services

Voluntary counseling and testing for HIV provides an entry point to HIV care and support. It also promotes behavior change and provides a link to accessing other services to prevent and treat STIs, TB, and other opportunistic infections. The IMPACT project established several VCT centers and trained staff at these facilities. The table below shows trainings conducted to enhance the capacity of the service providers at the centers to provide quality counseling and other related services.

Capacity-Building Training for VCT Services

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained	Number of People Targeted to Be Trained
1	National TOT on VCT (counseling)	1	1	25	30
2	IA-level VCT training (counseling)	4	4	92	100
3	Training of laboratory personnel in the use of rapid test kit	4	4	20	19

VCT service delivery commenced from a Salvation Army VCT center in Lagos and the SWAAN VCT center in Kano in 2002. By 2004, 34 VCT centers were operational. The percentage of people testing positive in the centers was higher than the national prevalence (5.0 percent) because some of the clients had been referred from health facilities to be tested.

VCT Service Statistics

	Male	Female	Total
Number of clients using services	3,399	2,150	5,549
Number of clients tested	2,762	1,484	4,246
Number testing positive	450	601	1,051
Number testing negative	2,314	881	3,195
Number of clients counseled	3,149	1,706	4,855

STI-Related Activities

Given the clear link between STIs and HIV/AIDS, the IMPACT project embarked on training IAs to promote and distribute condoms. This ensured a constant supply for the target audience and also enhanced the skills of healthcare workers to manage STIs. IMPACT also trained healthcare workers (doctors and nurses) in the syndromic management of STIs. The table below shows details of the trainings, workshops, and other related activities.

STI Training Activities

	Type of Training	Number of Trainings Conducted	Number of Trainings Planned	Number of People Trained*	Number of People Targeted to Be Trained
1	Condom logistic skills transfer	5	5	100	100
2	National-level STI syndromic management TOT workshop	4	4	107	120
3	IA-level STI syndromic management workshop for healthcare workers	37	43	923	1,055

*The trained medical workers provided services to 707 clients (241 male and 466 female).

Organizational Development

The major organizational changes that occurred in the IAs before and after the IMPACT project, such as changes in structure and management strategy, were assessed using an organizational development checklist.

Analysis of the findings of the organizational changes revealed the following:

- At the commencement of programming with IMPACT, three of the nine IAs assessed were registered with the Corporate Affairs Commission (CAC). As of September 2004, an additional three had been registered.
- Prior to the IMPACT project, only four of the IAs had an organization organogram guiding their operations. At the end of the IMPACT project, an additional four IAs reported that they had developed organograms in the course of project implementation, and by the conclusion of the project, only one IA had not developed an organogram.
- IMPACT enhanced efficiency in project implementation through the employment of project personnel (paid from the project funds). Through the IMPACT project, all of the IAs employed project staff, including project managers, project officers, accountants, counselors, and supervisors, all of whom had specific responsibilities.
- The participation of the IAs in the IMPACT project facilitated the development of job descriptions for all categories of staff at all IAs.
- All IAs agreed that IMPACT had helped them develop their capacity in proposal writing, financial and project management, monitoring and evaluation, and several other technical aspects of HIV/AIDS/STI programming.
- Six IAs reported that it was only at the commencement of the IMPACT project that they developed their supervisory procedures.
- Prior to IMPACT, only two IAs had work plans. The remaining seven IAs became familiar with the preparation of work plans during the course of their participation in the project.

- All IAs said that their reporting skills were improved through their participation in the IMPACT project.

LESSONS LEARNED AND RECOMMENDATIONS

Participatory approaches can break through sociocultural and political barriers to HIV/AIDS programming.

HIV/AIDS affects all segments of any given community, and members of the community have important roles to play in disease prevention, care, and control. IMPACT took a participatory approach to HIV/AIDS programming by involving all necessary stakeholders (irrespective of their literacy level or status) in strategic planning, technical strategies, administration and resource management, making a decision about whether to collaborate with other NGOs, human capacity development, costing and use of resources, managing the supply of commodities, and measuring of project output, outcome, and perceived impact.

Motivating individuals for voluntary HIV/AIDS work can also reach people at risk of HIV infection.

IMPACT adopted peer education and home-based care for PLHA as strategies to reach people at risk of HIV infection. These strategies focused on the promotion of prevention messages targeted at behavior change and making contact with PLHA through outreach work. Trained service providers worked to change the social norms of their communities by encouraging discussion of sexuality and human development. Giving HIV/AIDS a human face contributed to the reduction of stigma and discrimination against PLHA in the communities.

To sustain peer education and home-based care work, the importance of volunteerism was emphasized in a special session during the training of the service providers (volunteers). Emphasis was also placed on helping service providers develop the knowledge and skills necessary to deliver quality services to their peers or clients. The workshop process covered peer, PLHA, and community dynamics and the responsibilities of service providers toward reducing the spread of HIV infection and alleviating the suffering of PLHA. The process also created a sense of ownership of the project among participants, who understood that HIV/AIDS voluntary services were relevant to the needs of their communities in preventing the spread of HIV.

Once they had received training, service providers attained a new status. They perceived themselves as capable of weighing individual situations through personal risk assessment and were able to offer solutions to their peers or clients.

Mass media can increase access to services.

The use of mass media in increasing awareness about HIV/AIDS prevention, community participation, and available care and support services proved to be successful. After a very low client-uptake service rate at the VCT sites, both radio and television stations initiated and aired mass media promotional jingles. Interactive media discussions were conducted through phone-in programs in which people called to seek clarification about VCT, its benefits, and where to get tested. The result was an increase in client uptake at each of the VCT centers. The mass media programs increased demand for VCT among

all Nigerians, as shown by a drop in patronage after the VCT promotional jingles were temporarily taken off the air.

Living Hope Care, a center in Ilesha, Osun State, experienced a sharp increase in the number of people accessing HIV/AIDS care and support services as a result of the HIV/AIDS education promoted through radio and television programs aired in the state. The programs succeeded in creating awareness about HIV/AIDS and informing people about the care and support services available at Living Hope Care. The mass media also played a significant role in correcting misinformation given by unreliable sources.

As a project manager at Living Hope Care explained, “Due to the radio program component of the project, many people have gone for VCT, including listeners from neighboring states. The phone-in session of the program has been useful in clarifying community concerns about HIV/AIDS.”

Involving PLHA contributes to an effective project.

The Greater Involvement of PLHA (GIPA) principle was a fundamental element of the IMPACT project’s successful implementation. IMPACT encouraged PLHA to break their silence, often a result of extreme stigmatization and discrimination, and to become fully involved in the project. This involvement went beyond mere attendance at meetings, workshops, and conferences. PLHA representatives became involved in the decision-making process and start-up planning team of the IMPACT project, and IMPACT supported their full participation in strategic planning, technical strategies development, subproject development, project monitoring and evaluation, and finally, project closeout. Subproject agreements were developed with several PLHA networks and their capacities were built to ensure project ownership and sustainability. Implementing agencies included AIDS Alliance in Nigeria (AAN), Lagos; Save the World (SAWOR), Onitsha; and the Network of People Living with HIV/AIDS (NEPWHAN). PLHA networks that were not yet ready to stand alone were supported by the health facilities nearest to them. These include the first support group formed in Nigeria, the Council of Positive People (COPOP) in Kano, which today is ready to stand alone.

Working with unions can create challenges.

IMPACT worked with elected officials of several unions, who served as project management team members. This led to many challenges, such as competing demands, which culminated in non-accomplishment of project activities due to the increased level of effort required to manage the unions themselves. Internal politicization was another challenge. In Kebbi and Anambra states, for example, subproject agreements were developed with the National Union of Road Transport Workers, and activities were implemented directly by the union’s elected officials. In Kebbi State, the union chairman acted as project manager and was, by so doing, a compulsory signatory to the project account.

With IMPACT redesigned in 2001, work with unions was also re-strategized to separate project management teams from the elected union leadership. HIV/AIDS Prevention Units were created and inaugurated with membership drawn from nominees made by the

executive council of the unions. Although union leaders were initially hesitant about the development, agreement was finally reached after long discussions of previous experiences and challenges, and identification of the best ways to move forward.

The success of this collaborative approach included rapid scale-up of activities by the unions, which were able to reach out to other local government areas. The strength of working with the unions was that they had already established structures that made project implementation easy. Issues of sustainability were key because, in the final analysis, an organization like the Nigeria Union of Teachers was more likely to accept a curriculum they helped design than one forced upon them.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

Implementing Partner Matrix (\$9,268,722 obligated to implementing agencies)

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
Society for Women and AIDS in Africa	NGO	Kano	PLHA	167,308	Care and support/ VCT/TB	4/12/1999	8/15/2004
Association for Development Options, Nigeria	NGO	Osun	PLHA	39,997	Care and support	4/12/1999	6/30/2002
Women Action Research Organization	NGO	Anambra, Ebonyi, Enugu	Tertiary and secondary in-school youth	49,179	BCC	4/15/1999	6/30/2002
Muslim Sisters Organization	NGO	Kano	Islamic community	91,134	BCC	4/15/1999	6/30/2002
Presbyterian Church of Nigeria	FBO	Abia, Akwa Ibom, Anambra	Religious community	188,338	BCC	4/19/1999	6/30/2004
National Union of Road Transport Workers	Union	Kebbi	Transport workers	48,619	BCC	4/19/1999	6/30/2002
Redeemed Christian Church of God	FBO	Ekiti, Ondo, Lagos	General population	289,282	BCC	4/21/1999	8/15/2004
Environmental Development and Family Health Organization	NGO	Ekiti	In-school youth	234,556	BCC	4/27/1999	6/30/2004
Life Link Organization	NGO	Lagos	Sex workers	167,414	BCC	5/1/1999	6/30/2004
Population Development Forum	NGO	Jigawa	Sex workers	49,926	BCC	5/10/1999	6/30/2002
Nigeria Union of Teachers	Union	Katsina	In-school youth	66,776	BCC	5/15/1999	3/31/2004
Safe Motherhood Ladies Association	NGO	Akwa Ibom, Anambra	PLHA	98,283	Care and support	5/17/1999	6/30/2004
Onye Ahana Nwanneya	NGO	Anambra	Sex workers	89,765	BCC	5/21/1999	9/31/2002

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
Muslim Health Worker's Ummah	NGO	Kebbi	PLHA	39,994	Home-based care	5/21/1999	6/30/2002
National Union of Road Transport Workers	Union	Anambra	Transport workers	137,405	BCC	6/25/1999	8/15/2004
Nigeria Union of Banks, Insurance, and Financial Institutions Employees	Union	Lagos	Union workers	45,191	BCC	8/15/1999	6/30/2002
Humane Health Organization	NGO	Anambra	PLHA	129,906	Care and support	8/25/1999	8/15/2004
Center for Health Sciences Training, Research, and Development	Private corporation	National	General population	86,154	Surveillance	9/27/1999	3/31/2000
Zeniten	Private corporation	National	General population	12,240	Surveillance	6/1/2000	8/1/2000
Celtron Communications Ltd.	Private corporation	National	General population	64,097	BCC	7/1/2000	1/31/2001
Armed Forces Program on AIDS Control	Government	National	Uniformed services	676,772	BCC	12/15/2000	8/15/2004
Zeniten Ltd.	Private corporation	National	General population	16,375	Surveillance	1/1/2001	3/1/2001
Nigeria Police Force	Government	National	Uniformed services	178,361	BCC	1/8/2001	8/15/2004
Anglican Communion Church of Nigeria	FBO	Anambra	Religious community	96,676	BCC	5/1/2001	8/15/2004
Catholic Archdiocese of Onitsha	FBO	Anambra	Religious community	105,392	BCC	5/1/2001	8/15/2004
Community Health Education and Development in Africa	NGO	Anambra	Tertiary in-school youth	105,273	BCC	5/1/2001	6/30/2004
Development Initiative and Processes	NGO	Anambra	Out-of-school youth	120,503	BCC	5/1/2001	6/30/2004

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
Nigeria Union of Teachers	Union	Anambra	Secondary in-school youth	122,381	BCC	5/1/2001	6/30/2004
Society for Women and AIDS in Africa	NGO	Anambra	Sex workers	77,548	BCC	5/1/2001	6/30/2004
Save the World	NGO	Anambra	PLHA	94,292	Care and support/BCC	5/1/2001	8/15/2004
National Union of Road Transport Workers	Union	Kano	Transport workers	224,181	BCC	5/1/2001	8/15/2004
Youth and Environmental Development Association	NGO	Kano	Out-of-school youth	101,322	BCC	5/1/2001	8/15/2004
Nigeria Union of Teachers	Union	Kano	In-school youth	116,105	BCC	5/1/2001	6/30/2004
Youth Society for the Prevention of Infectious Diseases and Social Vices	NGO	Kano	In-school youth	104,700	BCC	5/1/2001	6/30/2004
2 Effects Empire–Kano Film 1	NGO	Kano	General population	48,884	BCC	5/1/2001	6/30/2002
Women and Youth Support	NGO	Kano	Vulnerable women and widows	142,629	BCC/TB	5/1/2001	8/15/2004
Nigeria Union of Teachers	Union	Ekiti	In-school youth	103,211	BCC	7/1/2001	3/31/2004
Nigeria Union of Teachers	Union	Lagos	In-school youth	414,510	BCC	7/1/2001	6/30/2004
National Union of Road Transport Workers	Union	Lagos	Transport workers	240,753	BCC	7/1/2001	8/15/2004
HOPE Worldwide/Nigeria	NGO	Lagos	In-school youth	163,662	BCC	7/1/2001	6/30/2004
Community Health Information Education Forum	NGO	Lagos	Out-of-school youth	127,937	BCC	7/1/2001	6/30/2004
Catholic Archdiocese of Lagos	FBO	Lagos	Religious community	153,383	BCC	7/1/2001	6/30/2004
Society for Women and AIDS in Africa	NGO	Lagos	PLHA	122,195	Care and support	7/1/2001	8/15/2004

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
AIDS Alliance Nigeria	NGO	Lagos	PLHA	332,918	Care and support/BCC	7/1/2001	6/30/2004
Ojo Local Government Area	Government	Lagos	General population	25,406	Technical assistance	7/1/2001	6/30/2004
Lagos Mainland Local Government	Government	Lagos	General population	19,861	Technical assistance	7/1/2001	6/30/2004
Ajeromi Ifelodun Local Government	Government	Lagos	General population	20,943	Technical assistance	7/1/2001	6/30/2004
Salvation Army	FBO	Lagos	Religious community	145,699	VCT	7/1/2001	8/15/2004
Living Hope Care	NGO	Osun, Lagos	PLHA	182,683	Care and support/BCC	7/1/2001	6/30/2004
National Union of Road Transport Workers	Union	Taraba	Transport workers	78,589	BCC	7/1/2001	3/31/2003
Nigeria Christian Corpers Fellowship	FBO	Taraba	Out-of-school youth	97,224	BCC	7/1/2001	3/31/2004
Society for Women and AIDS in Africa	NGO	Taraba	Sex workers	92,411	BCC	7/1/2001	3/31/2004
Jalingo-Muri Youth Development Association	NGO	Taraba	Out-of-school youth	116,938	BCC	7/1/2001	3/31/2004
Nigeria Union of Teachers	Union	Taraba	In-school youth	108,903	BCC	7/1/2001	3/31/2004
United Methodist Church of Nigeria	FBO	Taraba	Religious community	96,567	BCC	7/1/2001	3/31/2004
International Islamic Relief Organization	NGO	Taraba	PLHA	77,332	Home-based care	7/1/2001	3/31/2003
St. Monica's Hospital	FBO	Taraba	PLHA	71,897	Home-based care	7/1/2001	3/31/2004
Nigerian Medical Association	Union	Taraba	Healthcare providers	40,683	Human capacity building	7/1/2001	3/31/2004
Medilag	University	National	Healthcare providers	82,385	STI	8/1/2002	8/31/2002
2 Effects Empire–Kano Film 2&3	NGO	Kano	General population	150,520	BCC	10/28/2002	6/30/2004

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
Specialist Hospital Jalingo	Government	Taraba	General population	30,725	VCT	4/21/2003	6/30/2004
Nigerian Medical Association	Union	Anambra	Healthcare providers	33,582	Human capacity building	5/12/2003	6/30/2004
National Association for Nigeria Nurses and Midwives	Union	Anambra	Healthcare providers	42,888	Human capacity building	5/12/2003	6/30/2004
National Association for Nigeria Nurses and Midwives	Union	Kano	Healthcare providers	33,870	Human capacity building	5/12/2003	6/30/2004
Nigerian Medical Association	Union	Kano	Healthcare providers	43,979	Human capacity building	5/12/2003	6/30/2004
Nigerian Medical Association	Union	Lagos	Healthcare providers	71,382	Human capacity building	5/12/2003	6/30/2004
National Association for Nigeria Nurses and Midwives	Union	Lagos	Healthcare providers	41,049	Human capacity building	5/12/2003	6/30/2004
National Association for Nigeria Nurses and Midwives	Union	Taraba	Healthcare providers	19,300	Human capacity building	5/12/2003	3/31/2004
Justice, Development, and Peace Commission	NGO	Anambra	OVC	26,097	Children affected by AIDS	5/23/2003	8/15/2004
Methodist Care Ministry	FBO	Ebonyi, Anambra	OVC	22,924	OVC	5/23/2003	6/30/2004
Methodist Women's Fellowship	FBO	Osun, Lagos	OVC, religious community	25,675	BCC	5/23/2003	6/30/2004
Fortress for Women	NGO	Kano	Sex workers	29,966	BCC	5/27/2003	6/30/2004
Development Research and Project Center	NGO	Kano	Islamic community	22,779	BCC	8/5/2003	8/15/2004
Nasarawa Local Government Council	Government	Kano	General population	18,388	Technical assistance	8/10/2003	6/30/2004
Fagge Local Government Council	Government	Kano	General population	19,167	Technical assistance	8/10/2003	6/30/2004

Recipient Name	Organizational Type	Location	Target Population	LOP Budget US\$	Intervention Type	Start Date	End Date
Tarauni Local Government Council	Government	Kano	General population	18,693	Technical assistance	8/10/2003	6/30/2004
OGD Pictures	Private	Lagos	General population	182,814	BCC	10/1/2003	8/15/2004
Zodiac Brains Films Ltd.	NGO	Anambra	General population	18,141	BCC	10/10/2003	6/30/2004
Onitsha North Local Action Committee on AIDS	Government	Anambra	General population	14,541	Technical assistance	10/10/2003	6/30/2004
Onitsha South Local Action Committee on AIDS	Government	Anambra	General population	14,541	Technical assistance	10/10/2003	6/30/2004
Ministry of Health–Kano	Government	Kano	Healthcare providers	116,028	VCT	10/10/2003	8/15/2004
Women and Children of Hope	NGO	Lagos	PLHA	6,962	Care and support	10/10/2003	8/15/2004
Lagos State AIDS Control Agency	Government	Lagos	General population	166,985	Technical assistance	10/10/2003	8/15/2004
Ministry of Health–Awka Anambra State	Government	Anambra	Healthcare providers	31,445	Technical assistance	10/15/2003	8/15/2004
Anambra State Action Committee on AIDS	Government	Anambra	General population	28,964	Technical assistance	10/15/2003	6/30/2004
State Action Committee on AIDS–Kano	Government	Kano	General population	67,441	BCC/TB	10/15/2003	8/15/2004
Network of People Living with HIV/AIDS	NGO	Kano	PLHA	58,797	Care and support	10/15/2003	8/15/2004
Ministry of Health–Lagos	Government	Lagos	General population	202,242	VCT	10/15/2003	8/15/2004
Nigerian Institute of Medical Research	Government	National	General population	32,994	Human capacity building	11/24/2003	2/20/2004
Nigerian Community of Positive Women	NGO	Lagos	PLHA	6,104	Care and support	4/1/2004	8/15/2004

SUBPROJECT HIGHLIGHTS

Organization: 2 Effects Empire

Project Type: The Awakening: The Kano Film Project

Date: July 2001 – June 2004

Summary: Project activities identified for implementation included content planning meeting with Kano BCC steering committee, script writing, initial screening of the film, public screening of films, production and distribution of audio and video productions, production and distribution of other BCC materials, and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: AIDS Alliance in Nigeria (AAN)

Project Type: Awareness of HIV/AIDS Using Mass Media

Date: July 2001 – June 2004

Summary: Major activities identified for implementation included formative research, capacity building of members, formation of support groups, production and distribution of BCC materials, adaptation and operation of telephone hotline curriculum, and networking and collaboration with other IMPACT NGOs in the comprehensive programming sites.

Organization: Anambra State Action Committee on AIDS (SACA)

Project Type: Strengthening Anambra State Public Sector Response to HIV/AIDS

Date: October 2003 – June 2004

Summary: Project activities identified for implementation included strengthening of ASACA to perform an active role in coordinating HIV/AIDS activities in the state; advocacy; BCC; networking; capacity building for SACA; and sensitization seminars and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Anglican Communion Church of Nigeria (AC-CON)

Project Type: Integration of HIV/AIDS into Anglican Communion Church Activities in Awka South, Onitsha North, and South LGAs of Anambra State

Date: May 2001 – August 2004

Summary: Project activities identified for implementation included formative research; peer education; adaptation, production, and distribution of BCC materials; training in IPCC; integration of HIV/AIDS/STI education into the Bible College curriculum; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Armed Forces HIV/AIDS and STIs Project

Project Type: Armed Forces Program on AIDS Control

Date: December 2000 – August 2004

Summary: Project activities identified for implementation included formative research, peer education, development, production and distribution of BCC materials, training in IPCC, integration of HIV/AIDS/STI programming into the military institutions, and

linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Association for Development Options, Nigeria (ADON)

Project Type: Community- and Home-Based Care and Support for PLHA in Osun State

Date: April 1999 – June 2002

Summary: Major activities identified for implementation included advocacy, PLHA and PABA needs assessment, establishment of strong referral systems, community-based care and support services, PLHA and PABA support networks, income-generating activities training, production and distribution of BCC materials, home visits, networking with other organizations, and special events.

Organization: Awka South Local Action Committee on AIDS (LACA)

Project Type: Strengthening HIV/AIDS Care and Support Activities

Date: October 2003 – June 2004

Summary: Project activities identified for implementation under the project included formative research, advocacy, BCC, networking, capacity building for LACA, and sensitization seminars and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Catholic Archdiocese of Lagos Health Department (CALD)

Project Type: HIV/AIDS and STI Prevention Through Education and Counseling

Date: July 2001 – June 2004

Summary: Major activities identified for implementation included peer education; integration of HIV/AIDS education into seminary and novitiate curriculums and church activities; interactive drama; production and distribution of BCC materials; and establishment of linkages with IMPACT NGOs and implementing partners.

Organization: Catholic Archdiocese of Onitsha (CADO)

Project Type: HIV/AIDS Prevention Education Through Catholic Clergy and Religious Instructors

Date: May 2001 – June 2004

Summary: Project activities identified for implementation under the project included advocacy; peer education; adaptation, production, and distribution of BCC materials; training in interpersonal communication and counseling; integration of HIV/AIDS/STI education into the Bible College curriculum; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Christian Reformed Church of Nigeria (CRCN)

Project Type: HIV/AIDS and STI Awareness and Education Among CRCN Clergy and Congregation in Gassol, Jalingo, and Wukari LGAs

Date: July 2001 – March 2004

Summary: Project activities identified for implementation under the project included formative research; sensitization and mobilization of the church council; adaptation, production, and distribution of BCC materials; peer education; integration of

HIV/AIDS/STI education into regular CRCN activities; training of church ministers in interpersonal communication and counseling; integration of HIV/AIDS/STI education into Bible College curriculum; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Community Health Education and Development in Africa (CoHEDA)

Project Type: Community- and Home-Based Care and Support

Date: June 2001 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of project management team members; development of a module for integration of HIV/AIDS/STI education into the curriculum of tertiary institutions; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; establishment of a model resource center; and networking with other NGOs in the comprehensive programming site.

Organization: Community Health Information Education Forum (CHIEF)

Project Type: HIV/AIDS and STI Prevention Program for Out-of-School Youth

Date: July 2001 – June 2004

Summary: Major activities identified for implementation included formative research, production and distribution of BCC materials, establishment of youth-friendly resource centers, integration of HIV/AIDS/STI education into existing clubs and associations, peer education, and networking with other IMPACT NGOs.

Organization: Development Initiative and Processes (DIP)

Project Type: HIV/AIDS and STI Interventions with Out-of-School Youth in Anambra State

Date: May 2001 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; peer education; capacity building; formation of anti-AIDS prevention clubs; referrals for quality STI treatment; condom education and promotion; production and distribution of BCC materials; establishment of youth-friendly center; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Development Research and Project Center (DRPC)

Project Type: HIV/AIDS and STI Faith-Focused Intervention

Date: August 2003 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits/mobilization of Islamic opinion leaders and scholars; and building partnerships between Islamic health personnel and Islamic opinion leaders and radio/TV programs. Other activities included forging networks of concerned Muslims; identification of and focus on arguments, barriers, and complexities of theological constraints on HIV/AIDS awareness; and exchange visits and experience sharing with similar projects.

Organization: Environmental Development and Family Health Organization (EDFHO)

Project Type: HIV/AIDS and STI Intervention Among In-School Youth

Date: April 1999 – March 2004

Summary: Major activities identified for implementation included educational seminars, capacity building for youth through peer education, development and distribution of BCC materials, establishment of youth-friendly resource centers, and anti-AIDS clubs.

Organization: Fagge Local Government Area Action Committee

Project Type: Strengthening Fagge LACA

Date: August 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization visits, improvement of the technical capacity of members of LACA and the community, community mobilization, and networking with NGOs in the comprehensive programming site.

Organization: Fortress for Women (FFW)

Project Type: HIV/AIDS and STI Intervention with Women Who Have Sex with Multiple Partners

Date: May 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, peer education, production and distribution of BCC materials, condom education, exchange visits to other IMPACT project sites, and organizational linkages and collaboration with other IMPACT NGOs and non-IMPACT NGOs in the comprehensive programming site.

Organization: HOPE Worldwide Nigeria (HWW)

Project Type: HIV/AIDS and STI Intervention with In-School Youth in Tertiary Institutions

Dates: July 2001 – June 2004

Summary: Major activities identified for implementation included capacity building, peer education, establishment of resource centers, exchange visits, production and distribution of BCC materials, and integration of HIV/STI education into school curriculum.

Organization: Humane Health Organization (HHO)

Project Type: Community- and Home-Based Care and Support for PLHA

Date: August 1999 – August 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, community mobilization, training of outreach workers, identification and registration of OVC, production and distribution of BCC materials, formation of support group for PLHA, and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: International Islamic Relief Organization (IIRO)*

Project Type: Health Facility–Based and Home–Based Care for PLHA/PABA

Date: July 2001 – June 2003

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, community mobilization, training of healthcare workers in counseling, training of outreach workers, training of PLHA as peer counselors, production and distribution of BCC materials, formation of support group for PLHA, and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Jalingo-Muri Youth Development Association (JAYDA)

Project Type: HIV/AIDS and STI Intervention with Out-of-School Youth

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, community mobilization, peer education, capacity building, condom promotion and education, referrals for quality STI treatment, production and distribution of BCC materials, establishment of youth-friendly centers, and linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Justice, Development, and Peace Commission (JDPC)

Project Type: Care and Support for Orphans and Vulnerable Children (OVC)

Date: May 2003 – August 2004

Summary: Project activities identified for implementation under the project included formative research, advocacy, BCC, networking, capacity building for project staff, OVC registration and direct educational support, demand creation for OVC care within the community, and sensitization seminars and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Kano State Action Committee on AIDS (SACA)

Project Type: Strengthening Kano Public Sector Responses to AIDS

Date: October 2003 – August 2004

Summary: Project activities identified for implementation included desk review, advocacy and sensitization visits, improvement of the technical capacity of members of SACA and the community, production and distribution of BCC materials, community mobilization, and networking with NGOs in the comprehensive programming site.

Organization: Life Link Organization (LLO)

Project Type: HIV/AIDS and STI Intervention with Commercial Sex Workers

Date: May 1999 – June 2004

Summary: Major activities identified for implementation included advocacy and sensitization, brothel identification, peer education, exchange visits, production and distribution of BCC materials, counseling, linkages with health facilities, drama productions, condom education, and vocational skills acquisition.

* *Terminated early*

Organization: Living Hope Care (LHC)

Project Type: Community- and Home-Based Care and Support for PLHA and PABA

Date: July 2001 – June 2004

Summary: Major activities identified for implementation included in-depth assessment, production and distribution of BCC materials, skills acquisition for PLHA, media program, training of outreach workers, and establishment of counseling center.

Organization: Methodist Care Ministry

Project Type: Care and Support for OVC

Date: July 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy, BCC, networking, capacity building for project staff, OVC registration and direct educational support, demand creation for OVC care within the community, and sensitization seminars and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Methodist Women's Fellowship (MWF)

Project Type: Care and Support for OVC

Date: May 2003 – June 2004

Summary: Major activities identified for implementation included advocacy and sensitization, capacity building, involving community and families in caring for OVC, resource mobilization, and establishment of linkages.

Organization: Ministry of Health (MOH)

Project Type: Voluntary Counseling and Testing

Date: October 2003 – August 2004

Summary: Project activities identified for implementation included integration of VCT for HIV into existing healthcare services; community mobilization; advocacy and sensitization; production and distribution of BCC materials; VCT service demand creation; capacity building and skills update for project staff; establishment of commodity management systems; counseling with quality assurance; HIV testing with quality assurance; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Ministry of Health, Awka (MOH)

Project Type: Integrated Voluntary Counseling and Testing in Health Facilities

Date: October 2001 – June 2004

Summary: Project activities identified for implementation included integration of VCT for HIV into existing healthcare services; community mobilization; advocacy and sensitization; production and distribution of BCC materials; VCT service demand creation; capacity building and skills update for project staff; establishment of commodity management systems; counseling with quality assurance; HIV testing with quality assurance; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Muslim Health Workers Ummah (MUHEWU)

Project Type: Community- and Home-Based Care for PLHA in Birnin Kebbi

Date: May 1999 – June 2001

Summary: Project activities identified for implementation included advocacy, training, community development, production and distribution of BCC materials, home visits, establishment of counseling center, HIV/AIDS data management, and capacity building for project staff.

Organization: Muslim Sisters Organization

Project Type: HIV/AIDS Intervention with Religious Institutions

Date: April 1999 – June 2002

Summary: Project activities identified for implementation included training of Ulama; community mobilization; advocacy and sensitization; counseling; production and distribution of BCC materials; capacity building; and skills update for project staff.

Organization: Nasarawa Local Government Area Action Committee on AIDS (LACA)

Project Type: Strengthening Nasarawa LACA

Date: August 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization visits, improvement of the technical capacity of members of LACA and the community, community mobilization, and networking with NGOs in the comprehensive programming site.

Organization: National Association of Nigeria Nurses and Midwives (NANNM)

Project Type: Improving the Quality of Care and Support for PLHA (STI)

Date: September 2003 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; training in STI syndromic management; counseling; training in nursing care of PLHA and clients receiving antiretroviral drugs; production and distribution of BCC materials; capacity building; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: National Association of Nigeria Nurses and Midwives (NANNM)

Project Type: Improving the Quality of Care and Support for PLHA (STI), Lagos State

Date: May 2003 – June 2004

Summary: Major activities identified for implementation included advocacy and sensitization, capacity building, and production and distribution of BCC materials.

Organization: National Association of Nigeria Nurses and Midwives (NANNM)

Project Type: Capacity Building for Nurses and Midwives in Taraba State

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; training in STI syndromic management; counseling; training in nursing care of PLHA and clients receiving antiretroviral drugs; production and distribution of BCC materials; capacity building; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: National Association of Nigeria Nurses and Midwives (NANNM)

Project Type: HIV/AIDS and STI Intervention with Women Who Have Sex with Multiple Partners

Date: May 2003 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; training in STI syndromic management; counseling; training in nursing care of PLHA and clients receiving antiretroviral drugs; production and distribution of BCC materials; capacity building; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: National Union of Banks, Insurance, and Financial Institutions Employees (NUBIFIE)

Project Type: HIV/AIDS and STI Intervention with Men and Women in the Workplace

Date: August 1999 – June 2002

Summary: Major activities identified for implementation included advocacy and sensitization, policy needs assessment, policy formulation advocacy meetings, peer education, establishment of resource centers, establishment of condom sales outlets, and production and distribution of BCC materials.

Organization: National Union of Road Transport Workers (NURTW)

Project Type: HIV/AIDS and STI Intervention with Transport Workers

Date: June 1999 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; peer education; capacity building; condom promotion and education; referrals for quality STI treatment; counseling; production and distribution of BCC materials; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: National Union of Road Transport Workers (NURTW)

Project Type: HIV/AIDS and STI Intervention with Transport Workers

Date: May 2001– August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; peer education; capacity building; condom promotion and education; referrals for quality STI treatment; counseling; production and distribution of BCC materials; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: National Union of Road Transport Workers (NURTW), Lagos

Project Type: HIV/AIDS Prevention Intervention with Road Transport Workers

Date: July 2001– August 2004

Summary: Major activities identified for implementation included formative research; advocacy and sensitization seminars; capacity building; peer education; counseling;

production and distribution of BCC materials; establishment of counseling and referral centers; linkages with other organizations; and special events.

Organization: National Union of Road Transport Workers (NURTW)

Project Type: HIV/AIDS and STI Intervention with Transport Workers in Taraba State

Date: July 2001– March 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, community mobilization, peer education, capacity building, condom promotion and education, referrals for quality STI treatment, production and distribution of BCC materials, and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Network of PLHA in Nigeria (NEPWHAN)

Project Type: Empowering PLHA for Positive Living

Date: May 2003 – August 2004

Summary: Project activities identified for implementation included formative research, capacity building for key project staff, skills building, formation of new support groups, strengthening of support groups in IMPACT focal states, and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Nigeria Christian Corpers Fellowship (NCCF)

Project Type: HIV/AIDS and STI Intervention with Corpers

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; advocacy meetings with key stakeholders; production and distribution of BCC materials; referrals for quality STI care and VCT; establishment of AIDS prevention clubs/community development service groups; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Nigerian Medical Association

Project Type: Capacity Building for Physicians in Anambra State

Date: May 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, training in STI syndromic management, training in HIV/AIDS clinical care and antiretroviral drug management, and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Nigerian Medical Association

Project Type: Capacity Building for Physicians in Lagos State

Date: May 2003 – June 2004

Summary: Major activities identified for implementation included capacity building, condom promotion and education, integration of STI counseling into physicians' clinical practice, and production and distribution of BCC materials.

Organization: Nigeria Medical Association

Project Type: Capacity Building for Physicians in Taraba State

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research, advocacy and sensitization, training in STI syndromic management, training in HIV/AIDS clinical care and antiretroviral drug management, and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Nigerian Community of Women Living with HIV/AIDS (NCW+)

Project Type: Care and Support for and by PLHA

Date: May 2004 – August 2004

Summary: Major activities identified for implementation included advocacy and sensitization with stakeholders, capacity building in public speaking, production of BCC materials, and networking.

Organization: Nigerian Union of Teachers

Project Type: HIV/AIDS and STI Prevention Among Secondary School Youth in Awka South, Onitsha North, and Onitsha South LGAs of Anambra State

Date: May 2001 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of members of the HIV/AIDS prevention unit through trainings; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; establishment of resource centers; and networking with other NGOs in the comprehensive programming site.

Organization: Nigerian Union of Teachers

Project Type: HIV/AIDS and STI Intervention with In-School Youth in Katsina

Date: May 1999 – March 2004

Summary: Project activities identified for implementation included advocacy and sensitization visits; improvement of the technical capacity of members of the HIV/AIDS prevention unit through trainings; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; establishment of resource centers; and networking with other NGOs in the comprehensive programming site.

Organization: Nigerian Union of Teachers

Project Type: HIV/AIDS and STI Prevention in Secondary Schools

Date: July 2001 – March 2004

Summary: Major activities identified for implementation included advocacy and sensitization seminars; capacity building; peer education; establishment of anti-AIDS club; production and distribution of BCC materials; resource centers; and linkages with other organizations.

Organization: Nigerian Union of Teachers

Project Type: HIV/AIDS and STI Prevention Among In-School Youth

Date: July 2001 – June 2004

Summary: Major activities identified for implementation included peer education, production and distribution of BCC materials, integration of HIV/AIDS/STI education into school curriculum, and referral for STI services and networking.

Organization: Nigerian Union of Teachers

Project Type: HIV/AIDS and STI Intervention with In-School Youth and Their Teachers (Secondary Schools)

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of members of the HIV/AIDS prevention unit through trainings; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; establishment of resource centers; and networking with other NGOs in the comprehensive programming site.

Organization: Onitsha North Local Action Committee on AIDS

Project Type: Building the Capacity of Onitsha North LGA LACA

Date: October 2003 – June 2004

Summary: Project activities identified for implementation included formative research, advocacy, BCC, networking, capacity building for LACA, and sensitization seminars and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Onye Ahana Nwanneya, Aba (OANA)

Project Type: Reduction of HIV/AIDS and STIs Among Commercial Sex Workers in Abia State

Date: May 1999 – June 2002

Summary: Project activities identified for implementation included advocacy and sensitization, peer education, production and distribution of BCC materials, condom education, exchange visits to other IMPACT project sites, and organizational linkages and collaboration with other IMPACT NGOs and non-IMPACT NGOs in the comprehensive programming site.

Organization: Police AIDS Control Committee (PACC)

Project Type: Nigeria Police HIV/AIDS Project

Date: January 2001 – August 2004

Summary: Project activities identified for implementation included formative research; peer education; adaptation, production, and distribution of BCC materials; integration of HIV/AIDS education into the regular activities of the police and the police officers' mess, and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming sites.

Organization: Population Development Forum (PODEF)

Project Type: HIV/AIDS Intervention with Female Sex Workers

Date: May 1999 – June 2002

Summary: Project activities identified for implementation included training of peer educators; community mobilization; advocacy and sensitization; counseling; production and distribution of BCC materials; capacity building; and skills update for project staff.

Organization: Presbyterian General Assembly AIDS Committee

Project Type: HIV/AIDS and STI Intervention with Religious Institutions in Abia, Ebonyi, Anambra, Enugu, and Akwa-Ibom states

Date: April 1999 – June 2004

Summary: Project activities identified for implementation included formative research; peer education; adaptation, production, and distribution of BCC materials; training in IPCC; integration of HIV/AIDS/STI education into the Bible College curriculum; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Save the World Organization (SAWOR)

Project Type: Support Group of People Living with HIV/AIDS

Date: May 2003 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; training of outreach workers; first aid and home-based care for PLHA; production and distribution of BCC materials; formation of support group for PLHA; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Society for Women and AIDS in Africa, Nigeria (SWAAN)

Project Type: HIV/AIDS and STI Intervention Among Female Sex Workers

Date: June 2001 – June 2004

Summary: Project activities identified for implementation included advocacy and sensitization, peer education, production and distribution of BCC materials, condom education, exchange visits to other IMPACT project sites, and organizational linkages and collaboration with other IMPACT NGOs and non-IMPACT NGOs in the comprehensive programming site.

Organization: Society for Women and AIDS in Africa, Nigeria (SWAAN)

Project Type: HIV/AIDS and STI Intervention Among Female Sex Workers in Taraba State

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; peer education; production and distribution of BCC materials; condom education; exchange visits to other IMPACT project sites; and organizational linkages and collaboration with other IMPACT NGOs and non-IMPACT NGOs in the comprehensive programming site.

Organization: Society for Women and AIDS in Africa, Nigeria (SWAAN)

Project Type: Community- and Home-Based Care and Support for PLHA in Kano

Date: April 1999 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; VCT counselor training; training of outreach workers; training of healthcare providers and PLHA in IPCC; production and distribution of BCC materials; formation of support group for PLHA; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Specialist Hospital Jalingo (SHJ)

Project Type: Voluntary Counseling and Testing

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included advocacy and sensitization; capacity building for the project management team; counseling, testing, and psychosocial support to clients; production and distribution of BCC materials; integration of HIV/AIDS/STI counseling into medical services; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: St. Monica's Health Center, Yakoko

Project Type: Health Facility-Based and Community Home-Based Care for PLHA

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; training in palliative and home-based care; HIV/AIDS counseling; production and distribution of BCC materials; establishment of PLHA support group; community mobilization; and organizational linkages and collaboration with other IMPACT NGOs and non-IMPACT NGOs in the comprehensive programming site.

Organization: Tarauni Local Government Area Action Committee on AIDS (LACA)

Project Type: Strengthening Tarauni LACA

Date: August 2003 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of members of LACA and the community; community mobilization; and networking with NGOs in the comprehensive programming site.

Organization: The Redeemed Christian Church of God/Redeemed AIDS Program Action Committee (RAPAC)

Project Type: HIV/AIDS Intervention with Religious Institutions in Lagos State

Date: April 1999 – August 2004

Summary: The following project activities were slated for implementation: resource center establishment; sensitization seminars for pastors; formative research; training of peer educators; production and distribution of BCC materials; counseling; drama

productions; special events; linkages/referrals with other NGOs and health facilities; and development of HIV/AIDS/STI module for Bible College.

Organization: United Methodist Church in Nigeria (UMCN)

Project Type: HIV/AIDS and STI Intervention with UMCN Clergy and Members

Date: July 2001 – March 2004

Summary: Project activities identified for implementation included formative research; peer education; adaptation, production, and distribution of BCC materials; training in IPCC; integration of HIV/AIDS/STI education into Bible College curriculum; and organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Women Action Research Organization (WARO)

Project Type: HIV/AIDS and STI Intervention with In-School Youth in Enugu and Environs

Date: April 1999 – June 2002

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of members of the HIV/AIDS prevention unit through trainings; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; and networking with other NGOs in the comprehensive programming site.

Organization: Women and Children of Hope (WCH)

Project Type: Care and Support for Women, Youth, and Vulnerable Children

Date: April 2004 – August 2004

Summary: Major activities identified for implementation included advocacy, capacity building, community mobilization, monthly meetings of support group of women living with HIV/AIDS, production of BCC materials, networking with other organizations, and special events like candlelight memorial.

Organization: Women and Youth Support (WAYS)

Project Type: WAYS: Reaching the Unreached

Date: May 2001 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; peer education; establishment of counseling centers; training of counselors; formation of anti-AIDS neighborhood clubs; referral for specialized STI care; community mobilization of widows and divorcees; community TB and HIV outreach/referral activities; community TB and HIV sensitization; and networking with NGOs in the comprehensive programming site.

Organization: Youth and Environment Development Association (YEDA)

Project Type: HIV/AIDS and STI Interventions with Out-of-School Youth

Date: August 2001 – August 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization; community mobilization; peer education; capacity building; formation of anti-AIDS prevention clubs; referrals for quality STI treatment; production

and distribution of BCC materials; establishment of youth-friendly centers; and linkages and collaboration with other IMPACT and non-IMPACT NGOs in the comprehensive programming site.

Organization: Youth Society for the Prevention of Infectious Diseases and Social Vices (YOSPIS)

Project Type: HIV/AIDS Intervention with Tertiary Institutions

Date: May 2001 – June 2004

Summary: Project activities identified for implementation included formative research; advocacy and sensitization visits; improvement of the technical capacity of project management team members; development of a module for integration of HIV/AIDS/STI education into the curriculum of tertiary institutions; peer education; formation of anti-AIDS clubs to sustain peer education; production and distribution of BCC materials; establishment of a model resource center; and networking with other NGOs in the comprehensive programming site.

Organization: Zodiac Brains (ZB)

Project Type: HIV/AIDS Prevention Through Mass Media (Ahuike-Dimkpa)

Date: June 2004 – August 2004

Summary: Project activities identified for implementation included production and airing of mass media programs, as well as organizational linkages and collaboration with IMPACT and non-IMPACT NGOs in the comprehensive programming site.