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## **List of Acronyms**

ABC	Abstinence, Being Faithful and (Correct and Consistent) Condom Use
ACOMIN	Association of Community-Based Organization against Malaria In Nigeria
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
ATM	AIDS, Tuberculosis, and Malaria
BBC	Behavior Change Communication
CBO	Community-Based Organization
CiSHAN	Civil Society Against HIV/AIDS in Nigeria
CUBS	Community Based Support for OVC Services
CSO	Civil Society Organization
CRS	Catholic Relief Services
ED	Executive Director
EDFHO	Environmental Development and Family Health Organization
EKSACA	Ekiti State Agency for the Control of AIDS
HAF	HIV and AIDS Fund
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HCT	HIV Testing and Counseling
IGA	Income Generation Activities
KOSACA	Kogi State Agency for the Control of AIDS
MARP	Most At Risk Person
M&E	Monitoring and Evaluation
MPPI	Minimum Prevention Package Intervention
MSH	Management Science for Health
NACA	National Agency for the Control of AIDS
NGO	Non-Governmental Organization
LACA	Local Action Committee on AIDS
ODSACA	Ondo State Agency for the Control of AIDS
OVC	Orphans and Other Vulnerable Children
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother To Child Transmission
PO	Program Officer
REACH	Rapid and Effective Action Combating HIV/AIDS
SFH	Society for Family Health
SMILE	Sustainable Mechanism for Improving Livelihoods & Household Empowerment
USAID	United States Agency for International Development
VAD	Vitamin A deficiency

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## **BACKGROUND**

Environmental Development and Family Health Organization (EDFHO) was established in 1998 and registered as a charitable, non-profit and non-governmental Organization. With the creation of Ekiti State in October 1996, and as a new state with series of environmental problems, Health and poverty trait in the faces of greater percentage of the population those who formed the core members of the organization today saw these problems as a challenge and a call to assist the under - privileged people of the state. The core members are drawn from academia professionals, private, and public sectors of the society with burning desire for poverty alleviation and better environment. Today, the organization exists in Ekiti and five other States of Nigeria. It's membership have been extended to other people in the society both in Urban and Rural Communities, mobilized to form cooperative societies and individual small scale entrepreneurs. These set of members formed the working groups and core beneficiaries of its developmental projects.

**GOAL:** Promote social-economic development of less privilege through an improve poverty alleviation programmes in Nigeria.

The **VISION** of Environmental Development and Family Health Organization is to see a Healthy Society free of social and economic poverty with access to basic needs and capacity for sustainable development.

Our **MISSION** is to catalyze actions which will provide its target groups {women, children, youths and artisans} with capacity to protect the environment, provide effective health services and economic empowerment for sustainable development.

As we continue to expand our scope of support and innovation for sustainable solution, we are forced to acknowledge that the coming years might continue to be challenging if the number of displaced people from communal clashes and terrorist activities is anything to go by. We have seen the recent up surge in number of child suicide bombers - an indication of increased child vulnerability.

The state of Nigeria economy and international fall in oil prices continue to create challenges for the average Nigerian family, the family size (number of children per household) is not reducing but ability to provide for the children adequately in all service areas required for healthy living continue to be on a decline. EDFHO therefore during the year focused more attention on sustainable livelihood development at household level by extending her hands to caregivers, building capacity and empowering them to take care of their children without recourse to public fund while not neglecting other community development initiative that falls within our thematic area of operation.

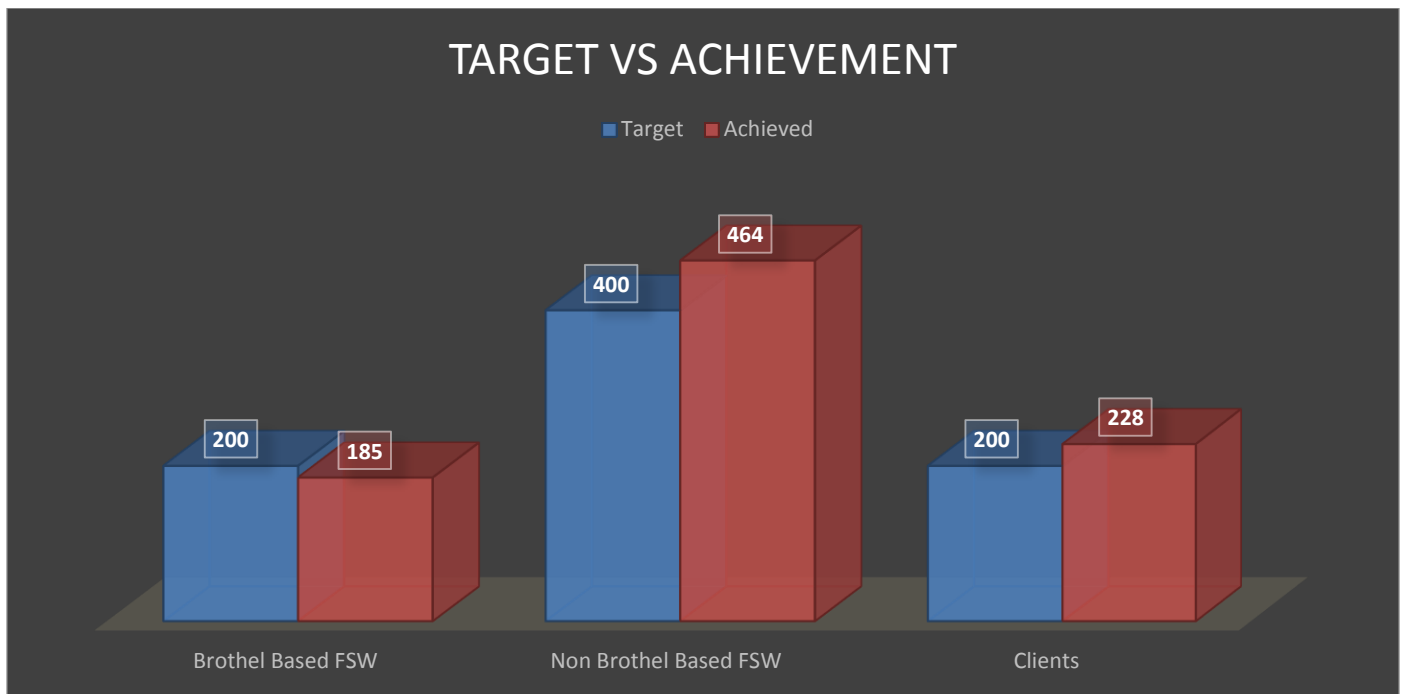
# EDFHO ACTIVITIES BY THEMATIC AREA

## 1. Reproductive Health, HIV and AIDS, Child and Maternal Health

- **Promoting sustainable HIV/AIDS prevention among Female Sex Workers in Ekiti State**  
(Funding from EKSACA/World Bank)

Female Sex Workers (FSW) have been identified an important ‘bridge community’ for HIV transmission through which the virus is transmitted to the general population. In order to reduce the spread and mitigate the impact HIV infections among FSW, EDFHO seek technical and financial support from EKSACA/World Bank under its HPDP II Project with a goal of promoting sustainable HIV/AIDS prevention among FSW based on principles set out in the national HIV prevention plan. A total of 877 individuals (185 brothel based FSW, 464 non brothel based FSW and 228 clients) were reached with Minimum Prevention Package (MPPI) through Advocacies, training of peer educators, peer education sessions, community mobilization and sensitization, condom promotion, HIV counseling and Testing (HCT), Priority for Local AIDS Control (PLACE), Interpersonal Communication (IPC), Referrals, vocational skill acquisition and empowerment etc.

Overall, 112 advocacy visits were conducted to various stakeholders, two stakeholders meetings were conducted during the project, 20 brothel based peer educators trained and 180 peer sessions conducted by the Pes. 432 IPC sessions were held by 16 VOS within three months while 25, 920 pieces of male condom, 336 pieces of female condom, and 442 sachets of lubricant distributed. A total of two clusters formed, 30 people accessed STI services, while 50 sex workers were trained on various vocational skills and empowered.



It is now widely recognized that the greatest health challenge of this age is that posed by infection with Human Immune-deficiency Virus (HIV). Since the first official case of AIDS in Nigeria was reported in 1986, the epidemic has expanded rapidly. The adult prevalence rate has increased from 1.8% in 1991 to 4.3% in 2012. Estimates using the 2013 HIV/Syphilis zero-prevalence sentinel survey among women attending antenatal clinic indicates that between 3.2 and 3.8 million Nigeria aged 16-49 years are infected with the virus. The epidemic in Nigeria has extended beyond the commonly classified high-risk groups and is now common in the general population. HIV/AIDS is ravaging decades of development gains, increasing poverty, undermining the very foundation of progress and security. According to 2010 sentinel survey in Ekiti state is with an HIV prevalence rate of 1.4%, the second lowest in Nigeria after Kebbi state. Globally, HIV epidemic has stabilized, although with unacceptably high levels of new HIV infection and AIDS death, there were estimated 3.1 million people living with HIV at the end of 2010 in Nigeria. The proportion of youths and young adult reporting high risk of sexual intercourse is moderately high (females 37% and male 35%) and a 2008 study found that majority of the youths in Ekiti State engaged in high - risk sex (HSS2010, DHS2008). Female sex workers serves as reservoir of HIV which is then transmitted to the general population through a 'bridge community' of men having multiple sexual partners

The recent civil unrest in most part of the country has resulted in the relocating of Female Sex Workers to more peaceful environments like Ekiti state. Ekiti state is estimated to have over 20, 000 sex workers according to the recent HIV epidemic appraisals across all states conducted by Nigeria's National Agency for the Control of AIDS (NACA). The high percentage of the HIV prevalence in Ekiti state (1.4%) can be attributed to the high population of female sex workers activities and other factors. Factors such as having multiple sex partners, working in unsafe conditions and encountering barriers to negotiating condom use place sex workers at a greater risk of contracting HIV and other sexually transmitted infections (STIs). In some settings, alcohol, drug use and violence, has been shown to exacerbate their vulnerability. Sex workers' clients, the majority of whom happen to be men who have both commercial and non-commercial sex partners, are instrumental in bringing HIV infection into the communities and the general population.

Globally, several studies have documented the harms of applying criminal law to sex work industry. It has been shown to drive sex workers underground and away from services, increasing stigma and creating obstacles to accessing programmes and reduce sex workers' power to negotiate safer sex, thereby rendering them more vulnerable to violence, human rights violations and corruption. These harms and the need for an evidence-based approach to sex work was what prompted EDFHO to seek for technical and financial support from EKSACA/World Bank under its HPDP II HAF Project with a goal of promoting sustainable HIV/AIDS prevention in the country especially amongst the FSW using the strategic classes of prevention activities (biomedical, behavioural, structural) that operate on multiple levels (individual, community and societal/structural), to respond to the specific needs of FSW through prioritizing, partnership, and engagement of affected communities.

## **PROJECT GOAL**

To reduce the risk of HIV infections among FSW by scaling up prevention interventions, promote access to prevention commodities and utilization of HIV Counseling, testing, care and support services in Ado LGA of Ekiti State.

### **Objectives**

- To improve community collaboration and participation through advocacy and community mobilization towards enhancing enabling environment for FSW programming in Ado Ekiti.
- To build the capacity of 200 brothel based FSW on HIV Prevention within six month.
- To enhance the knowledge of 400 non brothels based female sex workers in Ado LGA on HIV prevention within six month.
- To improve access to existing STI management, condom and lubricant, as well as HCT services for FSW through linkages and referral.
- To enhance the knowledge of 200 client of the FSW within Ado LGA

## Outcomes

- Improved community collaboration and participation in enhancing enabling environment for FSW programming in Ado LGA as evident in the activities of established clusters.
- Increased Knowledge of 185 brothel based FSW on HIV Prevention
- Increased knowledge of 464 non brothel based female sex workers and 228 clients in Ado LGA on HIV prevention
- Improved access to STI management, HCT and prevention commodities

## PROGRAM STRATEGY

HIV transmission is dynamic and so should be prevention efforts while coordination is maintained. New infections keep outstripping treatment targets thus providing a basis for the expansion of Prevention activities. Behavioral change is the prime target of Prevention interventions. Various attempts have been made through predictive BC theories and the BC models in an attempt to deliver programs that can cause BC. High levels of knowledge and awareness of HIV/AIDS has been recorded but it has not resulted in significant reduction in high risk sexual behaviour and norms and practices that fuel the epidemic. The MPPI approach was conceptualized to respond to this maxim of ‘theory driven and evidence informed programming.

The strategy used in this project is the MPPI that uses the strategic classes of prevention activities (biomedical, behavioural, structural) that operate on multiple levels (individual, community and societal/structural), to respond to the specific needs of the specific population (FSW) through prioritizing, partnership, and engagement of affected communities. The implementation is divided into three phases Entry, Intensive and Exit. Entry level is about investigation, Intensive level about execution and Exit level is about sustainability and continuity of the project

### Objectives Achieved

#### Objectives

- To improve community collaboration and participation through advocacy and community mobilization towards enhancing enabling environment for FSW programming in Ado Ekiti.
- To build the capacity of 200 brothel based FSW on HIV Prevention within six month.
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## PROGRAMME ACTIVITIES



## 1. List of Activities

Structural	Behavioural	Biomedical
<ul style="list-style-type: none"> <li>• Formation of Project Management Team</li> <li>• Validation of target and site</li> <li>• Advocacy</li> <li>• Community Dialogue</li> <li>• Baseline assessment</li> <li>• BOA meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Interpersonal Communication</li> <li>• PLACE Night</li> <li>• Production of IEC materials</li> <li>• Peer Education Sessions</li> <li>• Distribution of IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>• HCT</li> <li>• Production of Condom</li> <li>• Quantification</li> <li>• Referral</li> </ul>

## ACTIVITIES

### Activity 1: Constitution of Project Management Team (PMT)

In order to effectively implement the six month project, EDFHO constituted a project management team (PMT) with clearly defined roles and responsibilities. An inaugural planning meeting was held followed by a weekly PMT meeting where roles and responsibilities were reviewed, project status discussed and modifications considered based on issues and gaps identified from the field.

#### The project team include:

1. Sir Olu Ogunrotimi – Project Director
2. Owoseni Ebenezer – Program Officer
3. Ogunrotimi Damilola – M & E Officer
4. Igbayilola Grace – Account Officer
5. Love Ogundipe – Project Support

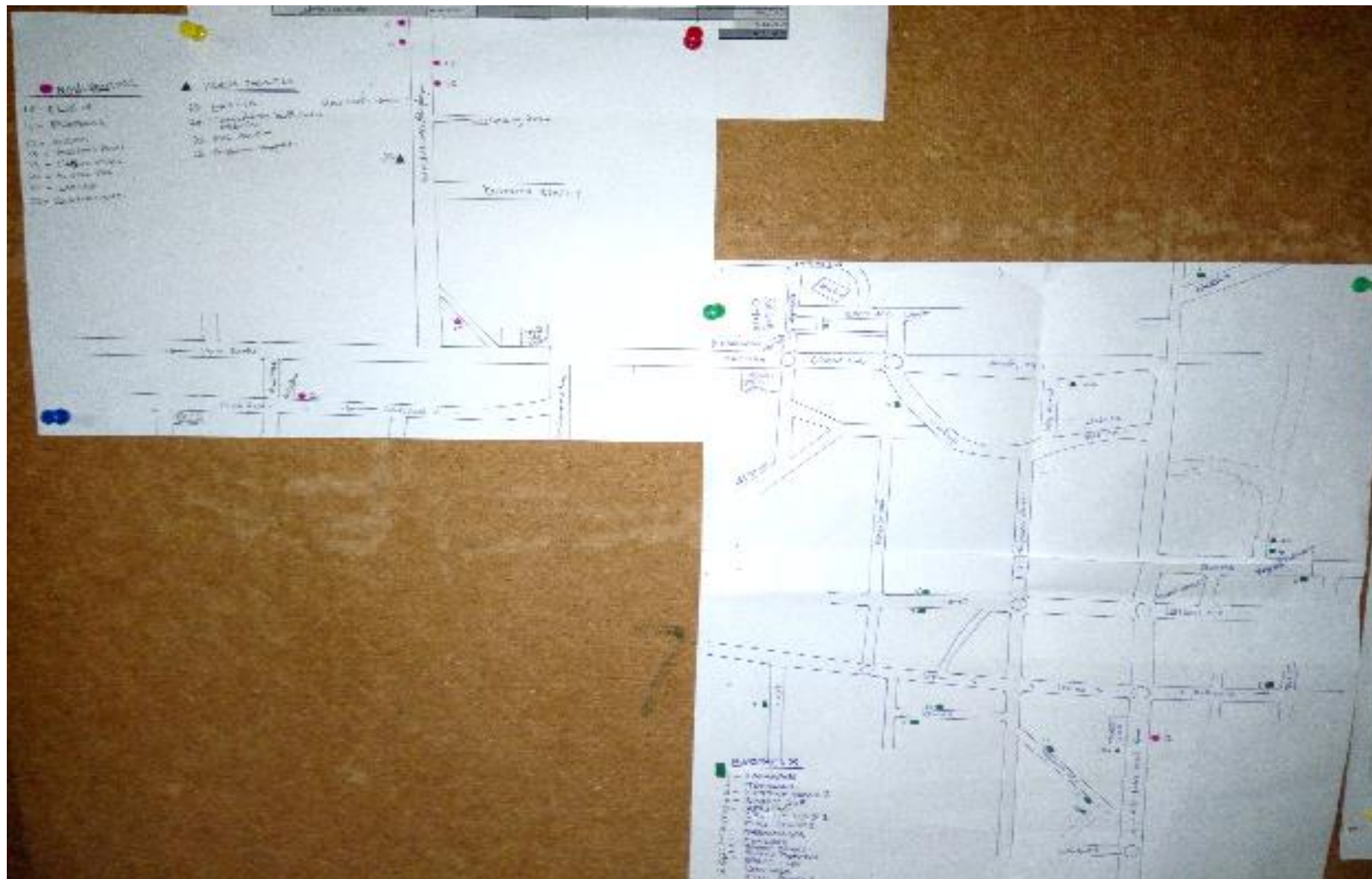
### Activity 2: Validation of Target and Site

For effective project implementation, it was essential to validate target sites and the population of target per site mapped. To this end, EDFHO embarked on a comprehensive mapping of hotspots within Ado LGA. The validation was made easy by the directory made available by EKSACA. EDFHO visited all the brothels and hotspots in Oke Oriomi, Odo Ado, Oke Oniyo, Eregunrun, Oke ila, and Mathew street, identifying and verifying numbers of FSW per spot. A total of 14 sites were validated for the brothel. These brothel have a combined population of 209 female sex workers, this figure can be higher during peak period.

The bulk of FSWs in Ado LGA are non-brothel based, they are more mobile, mostly operating from home and hotels. The era where FSW stand on the street is fast rolling out due to the influence of Technology, they now have social network group where interested client can logon to hook up with a FSW of their choice. Most of the hotspots have a contact person that arranges meetings on clients demand. Most hotels and beer parlours around Ado have a waiting list of non-brothel based FSWs usually arranged by hotel managers, D.J, Bar Man or security Men for willing customers. EDFHO validated all hotspots and selected a total 8 sites with a combined population of 520 non brothel based FSW for the project.

## BROTHEL SPOTS

S/N	BROTHEL NAME	ADDRESS
1	SHARP CORNER HOTEL	Oke-bola, Ado Ekiti
2	EASY LIFE HOTEL	Irona Ado Ekiti
3	SHARP SHARP HOTEL	Irona Ado Ekiti
4	BOLINGO HOTEL	Oke-bola Ado Ekiti
5	CIVIC HOTEL	Oke-bola Ado Ekiti
6	AFRICAN HOTEL	Isato Ado Ekiti
7	CONCORD HOTEL	Ekute Ado Ekiti
8	DESTINY HOTEL	Eregurun Ado Ekiti
9	TOPKCLASS HOTEL	Okesha Ado Ekiti
10	LACAMPARI HOTEL	Oke-ila Ado Ekiti
11	RAPHY JOE HOTEL	Idolofin Ado Ekiti
12	MAIN DESTINY HOTEL	Idemo Ado Ekiti
13	AMBASSADOR HOTEL	Mathew Str. Ado Ekiti
14	JOLLY HOTEL	Eregunru Ado Ekiti
<b>NON-BROTHEL SPOTS</b>		
15	PROSPEROUS HOTEL	Eksu Road Ado Ekiti
16	LAZORA BAR	Ajilosun Street Oppsite Fayose Market
17	SCOOL 2	Bank Road
18	CLUB 15	Eksu Road Ado Ekiti
19	MIDAS HOTEL	Eksu Road Ado Ekiti
20	QUEENS COURT	Off Ikere Road Adjacent Ologede Police Division Ado Ekiti
21	FAJUYYI PARK	Fajuyi Ado Ekiti.
22	MELTING POINT	Adeun Ado Ekiti



*Map Showing locations of brothels and hotspots in Ado – Ekiti*

With the mapping completed, EDFHO team then conducted baseline study among sex workers using the national questionnaire for sex works as a tool. A random selection of both brothel – based and non – brothel based FSW was used for the study. A complete baseline vs endline report is attached to this report.

### Activity 3: Advocacy

In order to intimate stakeholders and community members on project expectations and deliverables, advocacy plays a pivotal role. In realization of this fact EDFHO embarked on a comprehensive advocacy to kick-start the HAF project in all the intervention sites in Ado local government area. EDFHO PMT first mapped out all relevant stakeholders within and outside the project sites, the cluster model employed in the stakeholder's analysis played an important role in clustering relevant stakeholders and institutions/facilities for effective project delivery. These visits serve as a platform to ensure that the various project components are disseminated to the community and to solicit for their support and cooperation. It also enables the organization to strive for an integrated effort with a thoughtful amalgamation and selection of communication actions relevant for the desired behavioral change.

As a continuous process, the advocacy visits were paid to the Police Stations in the implementation sites, Health Facilities, Brothel Owners Association, Brothel owners, Bar men, Chair ladies, FIDA and LACA Manager explaining the goals and objectives of the project, its strategies and soliciting for their active support, collaboration and participation for successful implementation of the program which will increase the knowledge and skills of the FSW to prevent HIV/AIDS epidemic. The various activities planned to be implemented during the course of the project were explained to the stakeholders. Advocacy Letters were sent out and acknowledged by the receivers.

*Pictures showing EDFHO Team with various stakeholders during the visits*



*With DPO Oke – Ila Police Station*



*With Matron Ile – Abiye Health Facility*





*With LACA Manager in Her office*



*With Bar Owner – Lazora Bar*



*With DCO and Station Officer, Odo – Ado Police Station*



*With Representatives of FIDA and GRIP*



*With PHC Idolofin Ado Ekiti*



*With HOD Supreme Hospital Ado Ekiti*





*With Matron Okesha Health Centre*



*With PM SACA Ekiti State*

**The table below shows the targets groups visited, persons met during the visit(s), issues discussed and outcome of the advocacy.**

S/N	Target	Person(s) Met	Issues Discussed	Number of visits so far	OUTCOME
1	OKE-ILA POLICE DIVISION HOUSING, ADO EKITI	C. P Olegbaleke (D.P.O), Mrs. Mathew Kehinde, Ayoko Chidima (Station Officer)	*A brief introduction of the organization and its current project. * Involvement of the police in project implementation especially in areas of security and limiting of raid.	3	*D.P.O promised to support the project and give their full security support. *Letter was approved by the D.P.O *Mathew Kehinde appointed as the contact person for the Division
2	ODO ADO POLICE DIVISION, ADO EKITI	* D.C.O, Mr. Kenneth Omirigat (Station Officer)	* Introduction of the organization and its current project. *security support during the course of the project.	2	*D.C.O promised to support the project and give their full security support. * the Station Officer selected as contact person
3	OLOGEDE POLICE DIVISION ADO EKITI	* Chf, Faloye (D.P.O), Mr Ogunleye Oladapo (Station Officer) Mrs. Akande Taiye (Admin)	*Involvement of the police in project implementation. *Networking between police and CSOs *delivering letter to the D.P.O	3	*D.P.O promised to support the project and give their full security support. *Letter was approved by the D.P.O *Akande Taiye appointed as Contact person
4	EKUTE POLICE STATION ADO EKITI	Mr. Dele Olaiya (D.C.O), Mr. Abraham (SLO)	*Building relationship between the police officer and FSW. *networking between police station and CSOs	3	*The D.C.O promised maximum support for the program
5	OKESHA POLICE DIVISION ADO EKITI	Mr. Falowo Bamikole (D.C.O)	*need Police support for during and after the project	3	*The D.C.O promised maximum support for the program
6	BASIC HEALTH CENTER, IDOLOFIN ADO, ADO EKITI	*Mrs. Bobade (O.I.C), Mrs. Ayeni .T. (CHEW)	*A brief introduction of the organization and its current project was highlighted. * Creating an enabling environment for referral and linkages on STI/HIV among female sex workers	2	*Project accepted and promise to support. *It's a basic health facility as such could not handle STI issues
7	SUPREME FAITH HOSPITAL ADO EKITI	Mrs. Lilly Okpoko (HOD)	A brief introduction of the organization and its current project was highlighted. Linkages with the hospital on STI management	1	*promise maximum support of the Hospital during the project implementation
8	ILE-ABIYE HOSPITAL ADO EKITI	Mrs. F.M Olorunfemi (Matron)	*Creating an enabling environment for referral and linkages on STI/HIV/FP among female sex workers	1	*She gave her word of support of the Hospital during and after the project
9	LACA ADO LOCAL GOVERNMENT ADO EKITI	Mrs. Adeola Johnson (LACA Manager)	*Coordination and LGA support for the project	1	She promise maximum support of the project implementation in Ado Local government area

10	COMPREHENSIVE HEALTH CENTRE OKESHA ADO EKITI	Mrs. Ibironke D.M (DPHCC) Mrs. Omoleye O.A (CNO)	*A brief introduction of the organization and its current project was highlighted. * Creating an enabling environment for referral and linkages on STI/HIV among female sex workers	2	*They accepted our project and promise to support us.
11	CHEMIST Idolofin Odo Ado, Ado Ekiti	Mrs. Omodara Dele	A brief introduction of the organization and its current project was highlighted. * Creating an enabling environment for referral and linkages on STI/HIV among female sex workers	1	*She promise to pattern with the organization for proper project implementation in Ado Local government area
12	BROTHEL OWNERS ASSOCIATION	The Chairman and all their members	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	8	*they accepted our project and promise to support us. *all brothels nominated peer educators from each
13	EASY LIFE HOTEL	The Brothel Owner Chair Lady And Manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	5	* Project accepted and promise to support us. * peer educator nominated
14	DESTINY HOTEL	Brothel owner Chair lady and Manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	5	* Project accepted and promise to support us. * peer educator nominated
15	CIVIC HOTEL	The brothel owner, Manager and girls	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	5	* Project accepted and promise to support us. * peer educator nominated
16	AFRICA	Brothel owner Chair lady and manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	7	* Project accepted and promise to support us. * peer educator nominated
17	RAPHY JOE	Mr. Raphael Ojo (Brothel owner) Manager and Chair Lady	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	* Project accepted and promise to support us. * peer educator nominated
18	JOLLY HOTEL	Brothel owner	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	1	* Project accepted and promise to support us. * peer educator nominated

19	BOLINGO HOTEL	Brothel owner Chair lady and manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	5	* Project accepted and promise to support us. * peer educator nominated
20	AMBASSADOR	Brothel owner, Chair lady, manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	* Project accepted and promise to support us. * peer educator nominated
21	SHARP CORNER	Brothel owner, Chair lady manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	* Project accepted and promise to support us. * peer educator nominated
22	SHARP SHARP	Brothel owner, Chair lady manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	* Project accepted and promise to support us. * peer educator nominated
23	LACAMPARI	Brothel owner, Chair lady manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	6	* Project accepted and promise to support us. * peer educator nominated
24	TOPCLASS	Manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	4	* Project accepted and promise to support us. * peer educator nominated
25	CONCORD HOTEL	Brothel owner, Chair lady manager	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	* Project accepted and promise to support us. * peer educator nominated
26	FIDA ADO EKITI	Mrs. T.O Ogunsina, Mrs. Bamidele, Mrs. Rita .I. Mrs. U.A. Adetayo	*A brief introduction of the organization and its current project was highlighted. * Creating an enabling environment for right of women	2	* Project accepted and promise to support us.
27	PROSPEROUS HOTEL ADO EKITI	MANAGER FSWs	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	7	* Project accepted and promise to support us. * VOS nominated
28	LAZORA ADO EKITI	MANAGER	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	* Project accepted and promise to support us.

29	MIDAS HOTEL ADO EKITI	MANAGER	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	* Project accepted and promise to support us.
30	FAJUJI PARK ADO EKITI	FSWs	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project *selection of VOS	5	* Project accepted and promise to support us. *VOS selected
31	QUEENS COURT	MANAGER BAR MAN	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	* Project accepted and promise to support us.
32	MELTING POINT	MANAGER BAR MAN	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	* Project accepted and promise to support us.
33	SCOOOL 2	BAR MANAGER	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	* Project accepted and promise to support us.
34	CLUB 15	BAR MANAGER	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	1	* Project accepted and promise to support us.



#### Activity 4: Stakeholders' Meeting/Cluster Training

In order to comprehensively understand barriers and peculiarity of various intervention sites, dialogues were conducted in various intervention sites for both the brothel and non-brothel based FSW. The aim of the meeting was to intimate the stakeholders and strengthen their collaboration and participation through and beyond project lifespan. The PMT comprehensively discussed with community members and stakeholders (Bar man, Chairlady, Bar attendant etc.) in the intervention sites, addressed some of the identified issues, as well as planned with the community various intervention process and timeline. The dialogue allowed stakeholders to have input on the strategies and deliverables and promote a sense of ownership among the target population.

Topics discussed at the meeting include HIV and MARPs, Roles of law enforcement agencies in fighting against stigma and ensuring access to health for MARPs and Role and Responsibility of Health Care Providers in Providing MARPs friendly services. The dialogue allowed stakeholders to have input on the strategies and deliverables and promote a sense of ownership among the target population. Overall the stakeholders meeting emphasis the need for MARPs friendly services across board from health personnel, security operatives and rights activists. The meeting got everyone's commitment for a common goal of improving health seeking behavior among FSW in the state. The meeting laid a solid foundation for the project and contributed to the final outcomes.

Another stakeholders' meeting was called as the project concludes to showcase what was achieved, discuss gaps and handover the project to the community for sustainability. All project activities and collaborations were discussed while project achievements were highlighted, outstanding contributions were acknowledged and the project handed over to the clusters to continue interfacing with sex workers and improve service uptake at the facilities as well as sustain the current cordial relationship with police.

Present at the meetings were representatives of all stakeholders' group including EKSACA (represented by the PM and CMO), Ado – Ekiti LGA (Represented by the Medical Officer of Health), LACA, Health Facilities both public and Private including EKSUTH, Police, Brothel Owners, Bar Owners, Client of FSW, selected FSWs, Civil Society Organizations and FIDA.



Sir Ogunrotimi of EDFHO welcoming guests to the meeting



Dr Doherty of EKSACA giving a goodwill message at the meeting



ASP Taye Akande of Ologede Police Station



Prof Odimaya (H.O.D) STI management Dept, EKSUTH



Cross session of participants during the meeting



EDFHO PM leading a session at the meeting



Mrs Ojo (V.Chair) FIDA Ekiti State



EDFHO program officer leading a session



Cluster 1 group deliberating on their group



Cluster 2 group deliberating on their group







### Activity 5: Selection and Training of Peer Educators

Peer education has been described as the best approach for peers to learn from each other. This strategy was employed in building the capacity of selected FSW as peer educators who will provide information for their peers. Twenty Peer Educators were selected across 14 brothels and made to undergo a three days intensive peer educators' training. The training covered:

1. Life Building Skills designed to improve personal and interpersonal capacity of peer educators to be able to handle daily life changes. Skills discussed include Goal Setting, Decision Making, Self Esteem, Negotiation and refusal skills
2. Money and Conflict management aimed at building business capacity and improve saving culture as well as limit conflict among sex workers especially the Peer Educators
3. HIV, STI and gender related topic designed to evaluate individual risks and take proactive measures in protection as well as seeking medical attention for infections.

The training emphasized correct and consistent condom use as the best preventive option for FSW against HIV and STIs and also discusses condom challenges as well as correct condom use.

The PM EKSACA Dr. Doherty attended the training and explained to the Peer Educator the importance of the training and the effort of Government in eradicating HIV/AIDS. He also sensitizes the Peer educators on their right. It was a lively atmosphere as participation was high with the Peer educators asking questions and provided answers.

At the end of the three days trainings all the Peer Educators were encourage to carry out their peer sessions at their various brothel comply. Evaluation conducted revealed the following learning output.

- Improved knowledge of HIV/AIDs
- Ability of the PEs to carry out effective HIV/AIDs prevention intervention
- Increased capacity of PEs to effectively transfer knowledge and skill on HIV prevention to their peers.
- Enlighten peers in changing behaviors in order to avoid risky behaviors among others



*Cross – Section of participants at the training*

**Activity 6: Selection and training of Voluntary Outreach Staff (VOS)**

Most of the validated FSW in Ado Ekiti are the non-brothel based, they come out at night to some bars and hotels around the town where clients meet them for sexual transactions. The best method identified to reach these set of FSW is the Interpersonal Communication (IPC) approach, to achieve these EDFHO recruited 16 Venue outreach staff (VOS) some of whom are non – brothel based FSW while some were selected from the clients' groups. Realizing the importance of the quality of information passed by VOS and effects personal approach could have on the effective of messages, EDFHO organized a capacity building for identified VOS. The training covered comprehensive HIV information, HIV programming, referral and linkages, as well as techniques in interpersonal communication. VOS are saddled with the responsibility of reaching non brothel based FSW and their clients through interpersonal communication using various mapped hotspots as rallying point.



*Cross section of participants at the training*



### Activity 7: Interpersonal Communication

As part of effort to reduce HIV epidemic and increase knowledge non brothel based FSW and their clients about HIV/AIDS in the intervention community, the trained VOS started to reach non brothel based FSW and their clients with interpersonal communication strategy at the hotspots across the hotspot mapped out by EDFHO project officer. Most activities were carried out at night when target group is most active. The target group was comprehensively sensitized on the basic facts on HIV/AIDS; modes of its transmission, symptoms of HIV and prevention of HIV/AIDS, STIs and other sexual and reproductive issues as well as condom demonstration, promotion and distribution were conducted. The FSW and their clients were also encouraged to consistently and correctly use condom when having sexual intercourse. The VOS also used the opportunity to distribute IEC materials and condoms. The VOS reached a total of 692 individuals (464 FSW and 228 clients) during the period of the project.



*VOS with their target audience during the interpersonal communication*



### Activity 8: Place Night

To ensure continuous attitudinal change and maintenance among sex workers, EDFHO conducted Priority for local AIDS control Effort (PLACE) activities aimed at reinforcing messages passed by VOS at Fajuyi Park Ado Ekiti. The PLACE night activities were basically focused on passing detail information about HIV Prevention to the non- base FSW and their clients. The activities covered during the program included HIV testing, condom demonstration, distribution of IEC materials and distribution of condom. The target group and onlookers were more enlighten about HIV/AIDS, negotiation skill and capacity building on the importance of consistent and correct use of condom during sexual activities condom demonstration. The trained VOS also used the avenue as well to carrying out interpersonal communication for the people as well. The clients were also educated on the need to always respect the FSW's right to the use of condom so as to ensure HIV prevention in the community.



*Condom messaging and demonstration during the PLACE NIGHT*



*VOS distributing IEC materials and condom at the hotspot*





Participants and VOS during condom demonstration



Cross session of activities during the PLACE

### Activity 9: Peer Education Sessions

As part of effort to reduce HIV epidemic and increase Female Sex Workers (FSW) knowledge about HIV/AIDS in the intervention site, the trained peer educators carried out a behavioral change activities through peer education sessions where adequate information on life skills and HIV/AIDS were discussed. During this six month, the peer educators completed the 9 modules from the peer education manual with their registered cohorts. EDFHO provided necessary technical support to the PEs through regular visits to the peer educators during their peer education sessions in order to ensure that the sessions are properly conducted. The peer educators were able to reach 185 peers with adequate knowledge of HIV/AIDS through peer education sessions and other prevention strategies to complete minimum prevention packages of intervention in tune with National Prevention Plan.



## Activity 10: Peer Educators' Monthly Review Meeting

To ensure effective project activities coordination in all the intervention sites, EDFHO team conducted monthly review meetings with the 20 FSW peer educators and 16 VOS from brothel/Non-brothel based FSW. The PEs used to opportunity to share their experiences and challenges. Data was collated and refresher trainings carried out by EDFHO staff for the PEs in preparation for the next month's activities. Each target audience were advise not to forget all what their have learn in the course of this program. EDFHO team also used the opportunity of the review meeting to step down micro planning tools to the peer educators. Micro – Planning, a concept of the University of Manitoba, Canada helps each peer educator becomes the manager of their hotspots and recognizing the value to the current implementation. The Peer Educators where taking through various tools – including the site load mapping and site analysis tools. It was much of a practical session as the peer educators worked in groups to develop site maps, determine site loads, and analyzed the characteristics of each site.



*Cross session of activities during review meeting in the September*



*Cross session of activities during review meeting in the month of November*





*Cross session of activities during review meeting in the month of December*



*Facilitators and participants during the training*



*Site Load Map drawn by a group of PEs*

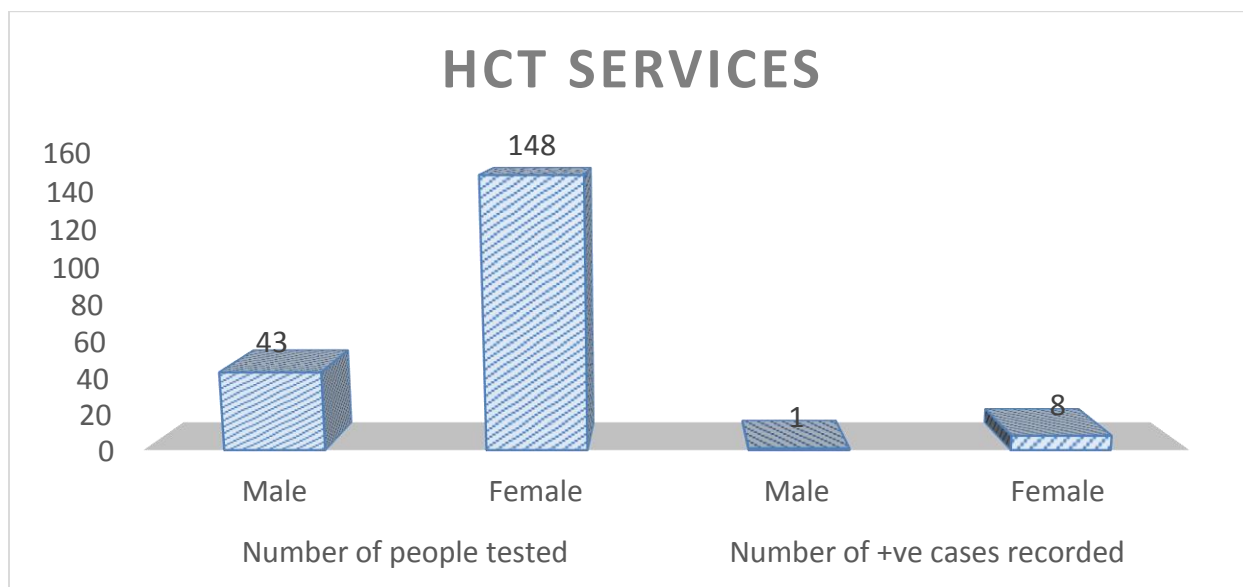


*Group Work in progress*



### Activity 11: HIV Counseling and Testing

One of the obstacles to controlling HIV/AIDS is substantial number of People living with the virus not knowing their status thereby fuelling the spread. To improve access to HIV counseling and testing towards getting to zero, EDFHO conducted HCT outreach programmes for brothel and non- brothel based FSW in all the brothels in Ado Local government area of Ekiti State.



*Cross session of HCT team during the HIV counseling and testing*



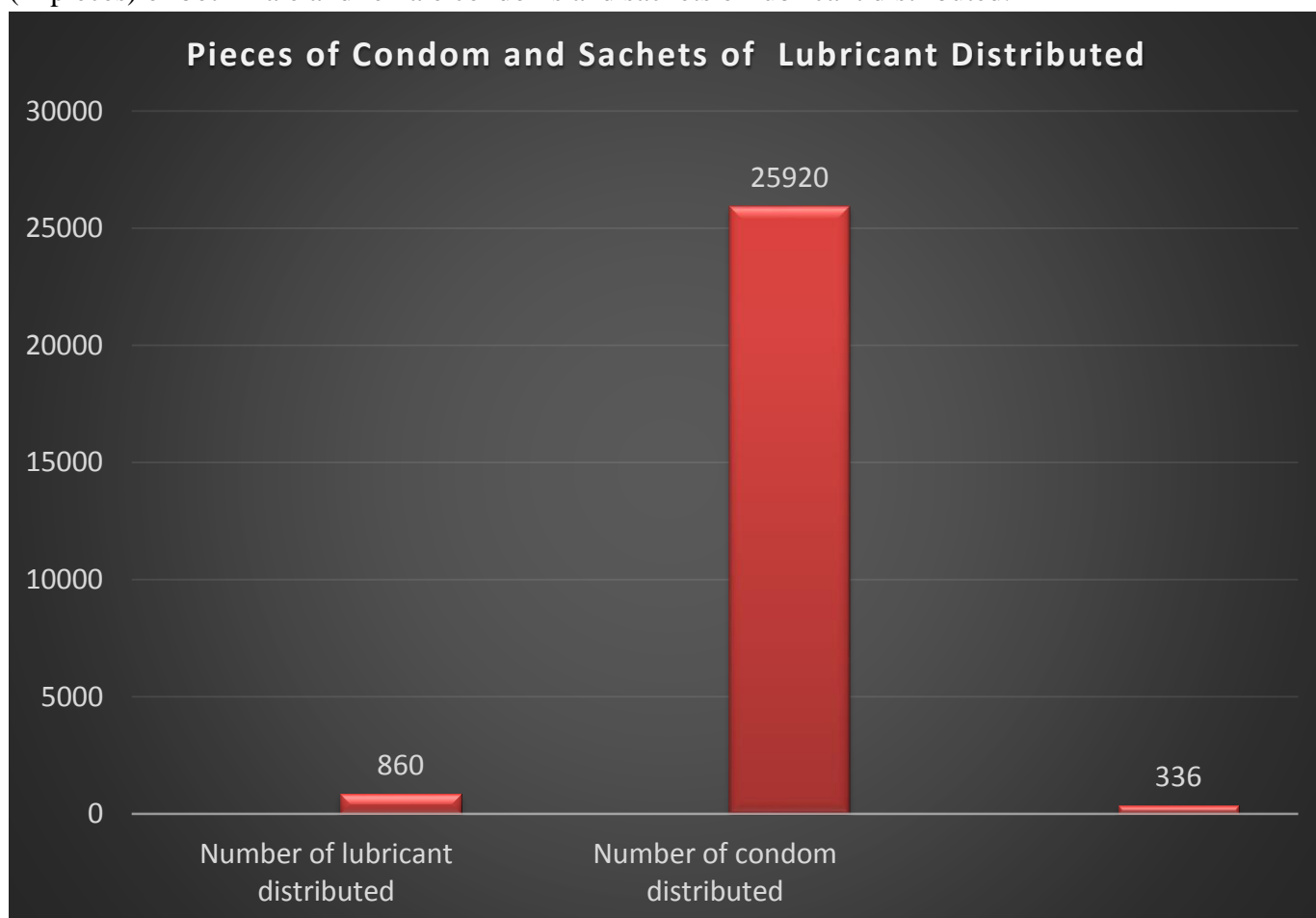
*Cross session of HCT team during the HIV counseling and testing*

### Activity 12: STI Services, Condom Programing and Referral

EDFHO team conducted One- on- One sensitization in all the brothel sites in Ado LGA on STI. In the process of advocacy, the project team met with all the brothel stakeholders to intimate them about the project and solicited their active participation and collaboration in ensuring the project was successful. The Peer Educators were used as entry point in ensuring proper sensitization of their peer.

Based on the collaboration with the clusters, EDFHO negotiated a STI outreach with STI unit of EKSUTH and agreed on a reduced price to ensure FSW have access to routine STI screening. The approach eliminated distance to the hospital, waiting time and stress associated with FSW coming to the hospital – a usual bearer often identified as reasons for low service uptake. With the improved partnership outreach STI sample collection and diagnosis was adopted. A combined team of EDFHO and health personnel moved round all the brothels to collect samples while results were sent confidentially to each client. Those who were discovered to have STIs were followed –up through phone by the hospital and encouraged to walk – in at a convenient time for treatment. A total of 30 STI cases have been attended to through this approach over the project period.

To limit expose to STI and HIV, EDFHO also quantify and made available condoms and lubricants for use by both FSW and clients. Though the supply is far short to what was required, the following chart shows quantity (in pieces) of both male and female condoms and sachets of lubricant distributed.



### Activities 13: Skill Acquisition Training

A major challenge in ensure correct and consistent condom use among sex workers is their negotiation power. EDFHO believes that when FSW have alternative source of income, it will improve their power of negotiation and which in turn will help in consistent use of condom. To test this idea and provide alternative business for FSWs willing to quit the profession, EDFHO identified, trained and empowered 50 FSW on three key vocational skills including:

- Bead Making
- Confectionaries
- Soap/cream/perfume production

The choice of available vocation was based on areas of interest indicated during the baseline survey. Each sex worker was allowed to pick on area of interest and discussions were held on the potential and challenges of such options. The final choice of skill was exclusively that of the sex worker. After a comprehensive selection process, a five – days training was organized for selected FSWs. Consultants that were vast in each area of skill were engaged to teach the skill from the bases while each FSW attends all sessions organized for such particular skill. The trainings were mainly practical oriented as participants individually practicalized what was taught.

To be able to manage their businesses effectively, EDFHO also incorporated a business management training into the training agenda. The management training built participants capacity on skills required to run a successful small business as well as money management.

The training culminated in the presentation of equipment to the trained FSWs. Ten (10) out of the fifty trained were identified to have been trained on certain skills like tailoring and hairdressing previously without equipment to practice, EDFHO then equipped to ones as well with appropriate tools to start their new businesses.



*Participants at the confectionaries session*





*Second group at the bead making session*



*Third group @ Soap/cream/perfume production*







#### **Activities 14: Monitoring and Evaluation**

EDFHO adopted a robust monitoring, evaluation and reporting (MER) system that is aligned with the Government of Nigeria (GON) National HIV/AIDS Prevention Plan and tailored to respond to the information needs of EKSACA and DHIS platform. To systematically assess progress and provide timely information for project management, a detailed project-wide M&E plan was developed as project implementation begins. This detailed performance monitoring and evaluation plan (PMP) includes data collection methodology, responsibilities, procedures for data quality assurance and analysis, formats for reporting, dissemination, and utilization.

EDFHO implemented its M&E activities through the following strategies:

- Routinely monitor and track program-level inputs, processes, and outputs and the extent to which objectives are achieved.
- Support service providers, volunteers and peer educators in capturing routine program data including key service delivery statistics.
- Promote a mechanism of data collection that supports the measurement of critical indicators (including reporting of clients that are reached with minimum prevention intervention).

EDFHO placed strong emphasis on data quality; ensuring that accurate data is generated and reported by the program. The project supported capacity building in data collection, quality and management particularly through the capacity development of its M&E staff to conduct supportive supervision and providing regular technical assistance in the use of tools, storage of results and the flow of data.

EDFHO seek to ensure that results inform program decision-making. Activities to enhance the demand and utilization of data were promoted. The project share and disseminate project's progress and result with SACA, LACA, Other CSOs on project and host communities.

## PROGRAM ACHIEVEMENTS.

### i. KEY ACHIEVEMENTS

The project notable achievement are highlighted below

- Informed and supportive stakeholders (BOAs representative, PEs, Police, LACA and Medical personnel)
- 2 Functioning clusters groups formed within the six month project
- 20 trained Peer Educators (PEs) on HIV Prevention with peer education manual adapted from Society for Family Health peer education manual.
- 185 informed brothel based FSW on HIV Prevention with peer education manual adapted from Society for Family Health peer education manual.
- 16 trained Voluntary Outreach Staff (VOS) with a peer education manual adapted from Society for Family Health peer education manual
- 464 informed non brothel based FSW and 228 client on HIV Prevention through Interpersonal Communication (IPC)
- 112 advocacy visit conducted
- 30 FSW referred for STI treatment
- Condom quantification for 24,096 FSW
- Production and distribution of IEC materials

### ii. SUMMARY OF MAIN ACTIVITIES ACHIEVED

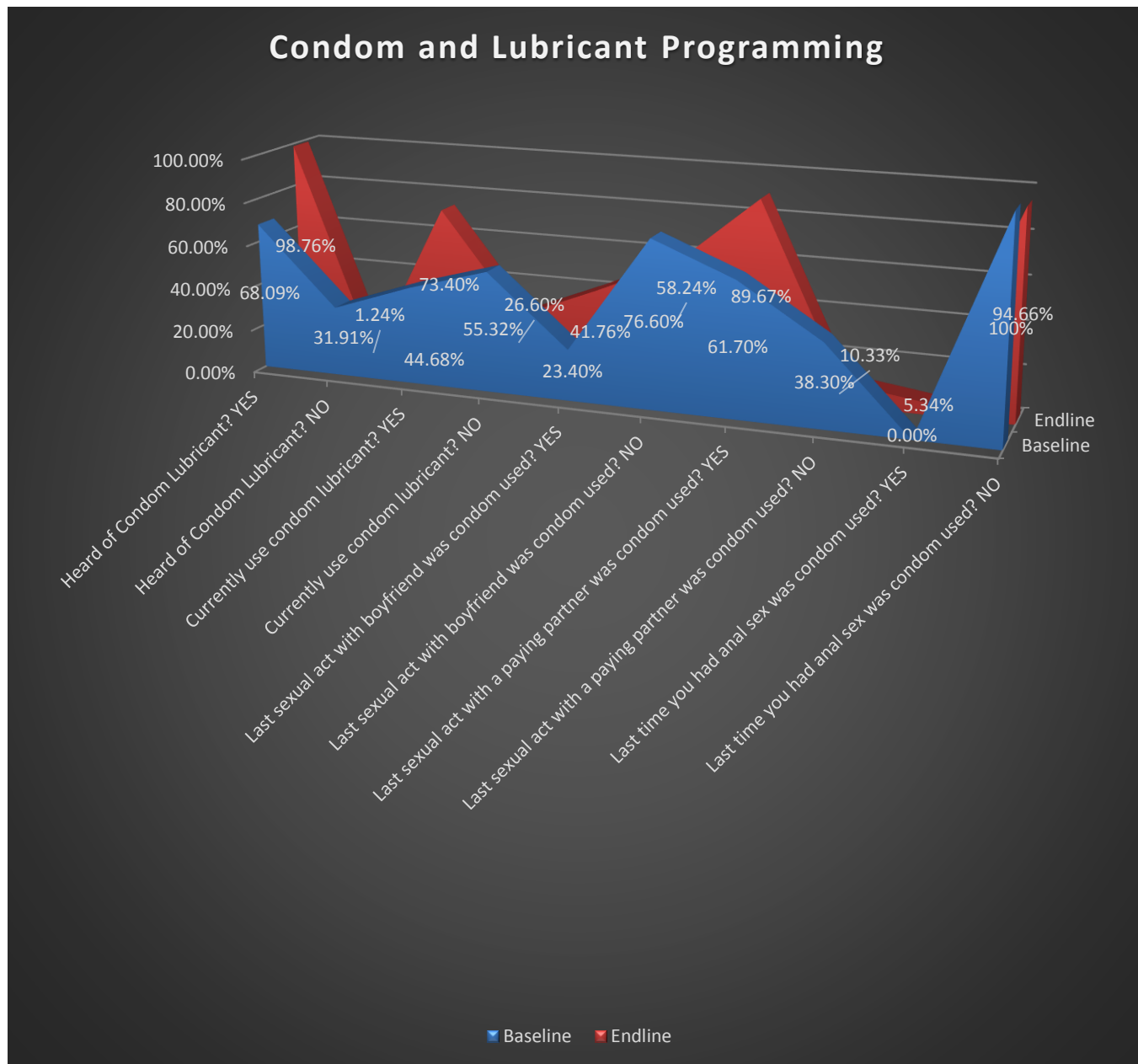
The following indicators were reported routinely and the overall figure presented in the table below:

INDICATOR		NUMBER
Number of advocacy visits		112
Number of community dialogue		3
Number of stakeholders meetings		5
Number of community outreach programs		3
Number of peer educators trained		20
Number of peer sessions held		180
Number of review meetings conducted		3
Number of IPC sessions conducted		432
Number of people reached with MPPI		877
Number of lubricant distributed		860
Number of condom distributed	Male	25920
	Female	336
Number of people tested	Male	43
	Female	148
Number of +ve cases recorded	Male	1
	Female	8
Number of people referred for STI		30
Number of FSW trained and empowered on vocational skills		50
Number of cluster trainings held.		1



The following charts shows the difference the project made from baseline to endline.

1. Condom and Lubricant Programming: the chart below shows a significant improvement in awareness and usage of condom lubricants over the project lifespan. The chart also shows an 18.36% and 27.97% improvement in condom use among boyfriends and paying partners respectively, while a 5.34% improvement was noticed in condom use among FSW exposed to anal sex. The result however shows there is still gap in both condom and lubricant programming to be explored in subsequent programming.



- STI Management: STI management is a major component and a real issue among FSW. Though the rate STI infection dropped by about 13% over the project period (chart 1), treatment for about 35% reporting STI symptoms remain a challenge (chart 2). Though there is improvement in percentage of FSW seeking treatment in the hospitals (also confirmed by established clusters), but so does the number of FSW reporting self-medication and patronizing chemist. It should however be noted that response rate to the questions improved from at the endline compared with the baseline which might also account for the differences noticed.

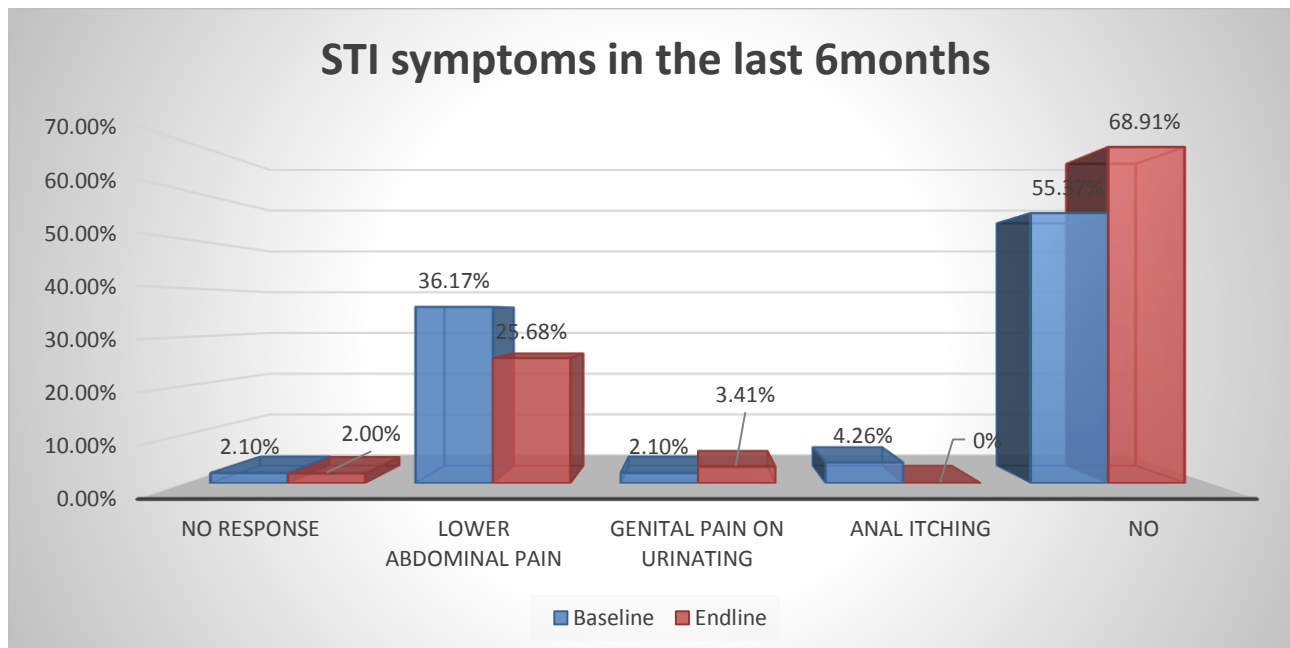


Chart 1

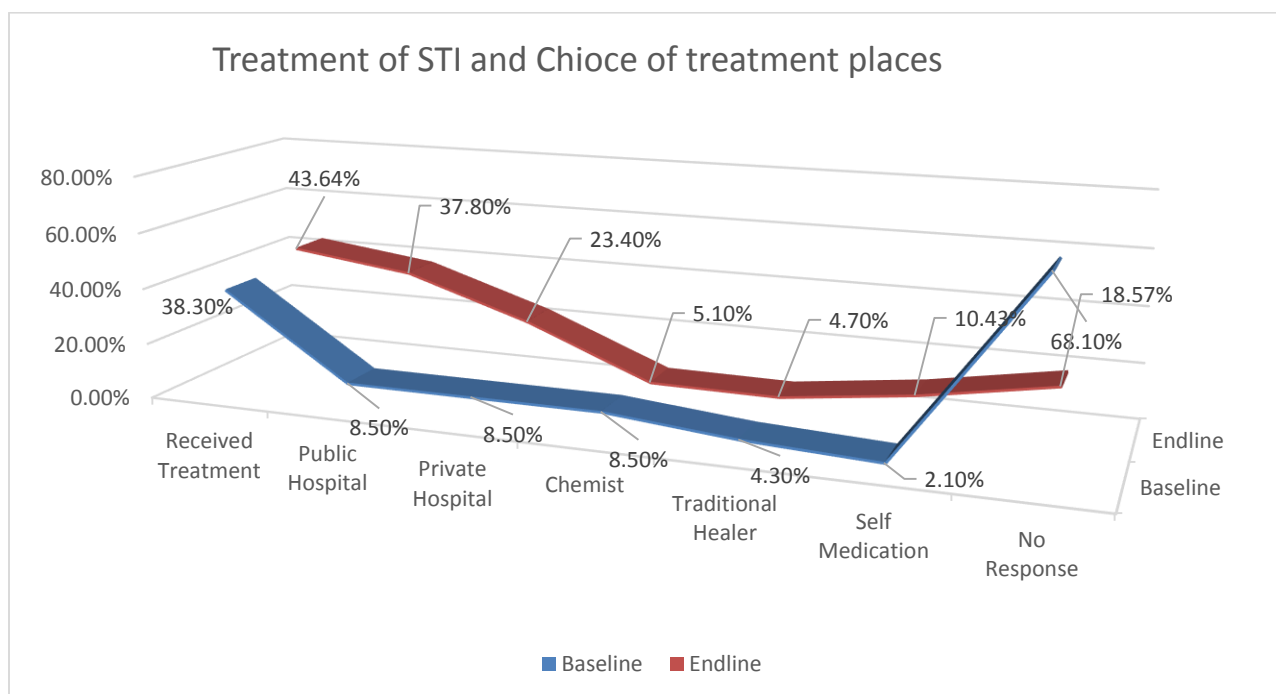
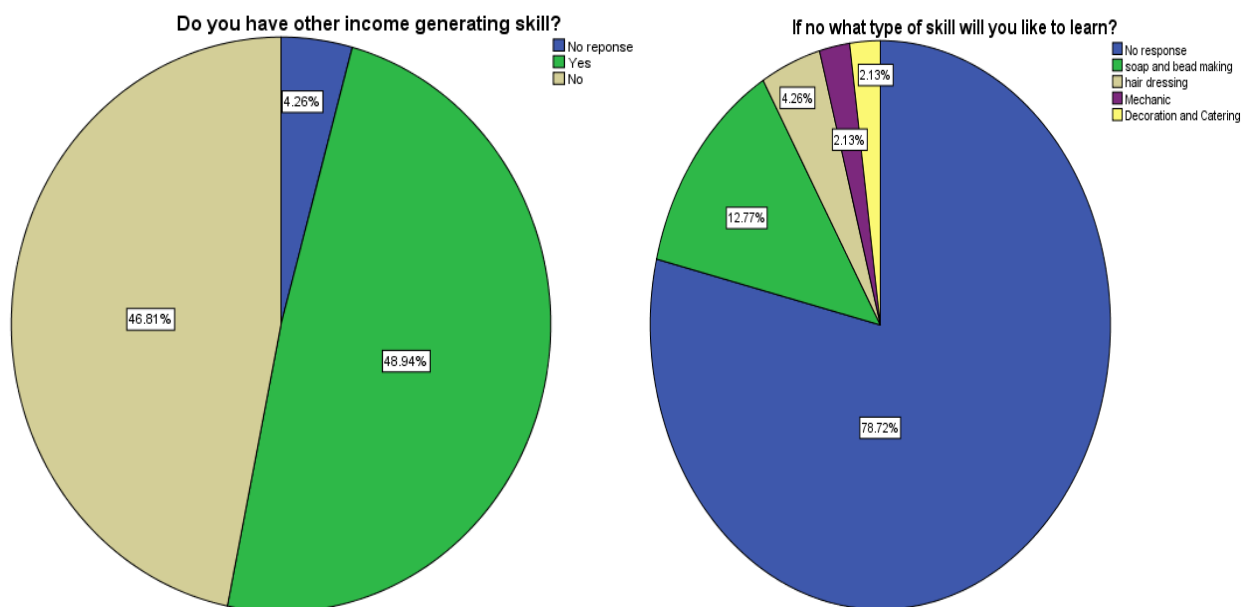
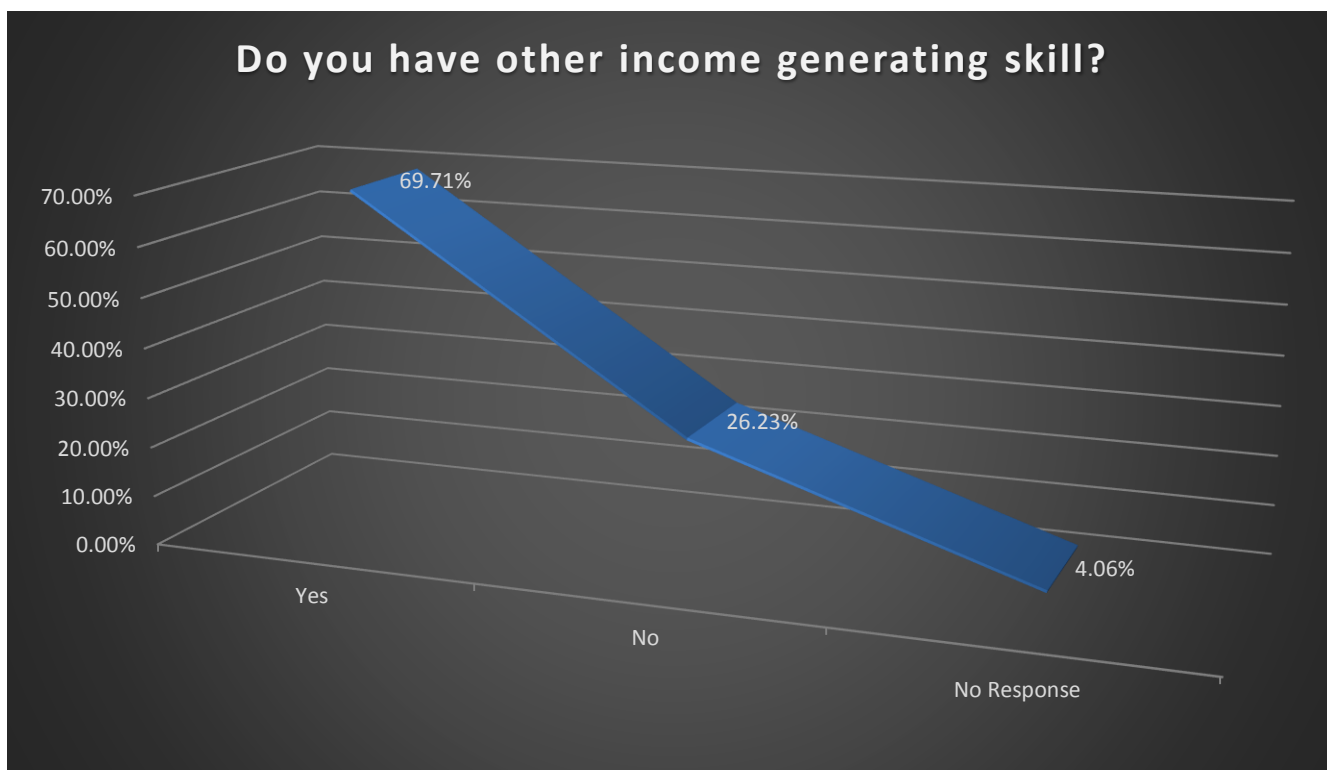


Chart 2

3. Other income generating skills: Most FSW really solely on sex work for income making negotiation for correct and consistent use of condom a hard choice especially in the light of the current economy. A component of the project therefore seek to empower FSW to diversify income sources and possibly be able to quit the profession one day. The following charts reveals the rate of dependence on a source of fund, the preferred skill for most sex workers and the endline result showing 69.71% of those surveyed have alternative source of funding as against 40.94% at the baseline.

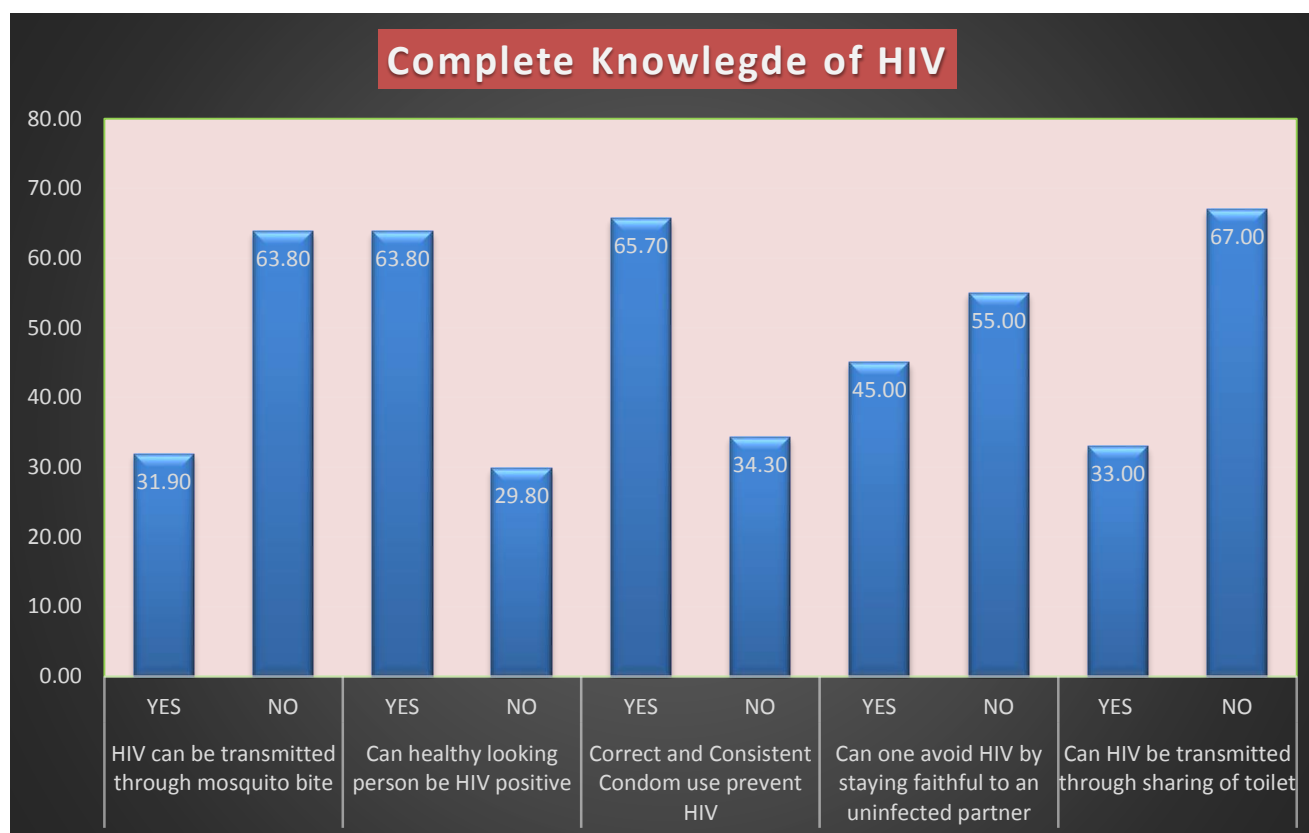


Baseline result charts



Endline result chart

4. Complete knowledge of HIV transmission and prevention: The chart below shows the overall knowledge of sampled FSW on HIV prevention as well as transmission of the virus. The results reveals that there is still gap in knowledge among sex workers, therefore there is a need to sustain awareness creation and peer education among sex workers to guarantee continuously improved knowledge among the target audience.



### iii. TARGET ALLOCATED VERSUS TARGET REACHED

S/N	TARGET AUDIENCE & PROGRAM AREAS		TARGET GIVEN	TARGET REACHED	REMARKS
1	FSW	Brothel	200	185	This figure exceeded the target given
2		Non brothel	400	464	
3		Client	200	228	
	<b>Total</b>		<b>800</b>	<b>877</b>	

- **Mobilizing and enhancing community resources to create an enabling environment for improved quality of life for vulnerable children in Yagba East LGA of Kogi State (Funding from Catholic Relief Services)**

The number of vulnerable children in Nigeria has been demonstrated to be alarming with HIV & AIDS related orphaned children aged 0-17 yrs estimated to be around 1.2 million according to UNAIDS Epidemiological Fact Sheet on HIV and AIDS, 2008. This represents about 25% of total orphans in Nigeria. Orphan and Vulnerable Children (VC) are more exposed to exploitation, abuse, and violence than other children. They are made more vulnerable because of losing their basic rights and access to education, health care, clean and safe water, security and protection, adequate food intake, and community support. Without concerted efforts to improve quality care and treatment and provide more effective prevention services to these children, they risk being exposed to further violence and abuse, and high-risk behavior, including exposure to conditions, which may put them at risk to HIV infection.

Within the context of social development in Kogi State, there are opportunities to increase and improve quality support to this Vulnerable Children (VC) and to improve children's access to services by strengthening community structures to respond to needs of VC as well as enhancing household capacity to provide basic life requirement. Care and Support for VC is very low in Kogi State with weak coordination mechanism and lack of synergy in VC programming. According to 2006 population censuses, Kogi State has a total population of 3, 278, 487 out of which 1, 672, 029 are children aged 0-17years. A reported 21% of children in the state are VC (FMWA&SD, 2008). A rapid assessment conducted in the state by Sustainable Mechanism for Improving Livelihoods and Household Empowerment (SMILE) Program and EDFHO's previous intervention programmes in Yagba East LGA reveal that universal basic education where available is not free with burdensome levies imposed on parents (It is worth noting here that most public primary schools in the local government areas have been closed than for upwards of six months now due to teacher's strike action. This has further contributed to the already overwhelming challenges of VC in the target areas); schools, even when opened lack first aid facilities, clinics, and hygienic food canteens. No toilet facilities and community health facility where available lack drugs and qualified personnel. The state of household economy especially for women and child headed households is poor resulting in various unhealthy coping strategies like skipping meals, child labor, and street begging. The LGA is high transit LGA with mix population and exposure to child exploitation due to poverty level.

It is therefore expected that much of the work with orphans and vulnerable children (VC), will be household centered and child focused with much attention on strengthening the capacity of families to cope with their problems, mobilizing and strengthening community-based responses for VC, increasing the capacity of households to become proactive in meeting their own needs, as well as integrating care and support services within existing prevention and care programs. It was with these challenges in mind that EDFHO through funding from CRS/USAID design a comprehensive care program using PEPFAR II operational standard to reach vulnerable households in Kogi State.

The project seeks to mobilize and enhance community response to address Orphaned and Vulnerable Children (VC) challenges in Ejuku and Isanlu communities in Yagba East LGA of

Kogi State towards improved quality of life. Within the first quarter of the project, EDFHO has achieved the following in preparation for full service rollout in January 2015:

S/No	Activities Inputs	Activities Process	Activities Outcomes
1.	Community Entry Phase Activities	EDFHO conducted advocacy/sensitization visits to the stakeholders at State, LGA and Community Level, Conducted Community Dialogues and Recruited Community based volunteers	Advocacy/sensitization visits were conducted, 2 community dialogues held, 22 community volunteers recruited and provided with orientation training.
2.	Step-Down Integrated Training	A 3 days training was conducted for community based volunteers, LGA representative, one community leader from each of the intervention communities	3Stakeholders and 22volunteers capacity strengthen on VC programming
3.	Identification, Assessment and Enrolment	Vulnerable households and children were identified, assessed using various assessment tools, and eligible households enrolled based on set criteria.	1,019 Households and 3,005 VC enrolled
4.	LGA capacity assessment	Capacity assessment was conducted for Yagba East LGA by SMILE team through a meeting with LGA authority with representatives of all departments present. The assessment identified current trend and gaps as well as way forward for the LGA response to VC issues, it will also serve as a baseline data for the SMILE project within the LGA.	Baseline Assessment conducted in Yagba East LGA, gaps were identified in responses to VC, timeline to provide solution was discussed and strategies were put in place.
5.	SMILE partners review Meeting	A meeting organized by SMILE to review CSO partners' activities and challenges.	Challenges, successes, and best practices identified.
6.	Community outreach/sensitization on Child right protection	Two community sensitizations were conducted, one in each of the intervention communities to sensitize the communities on child's rights and mechanism for protection such rights	Caregivers, Households Head and General population were sensitized on child right protection.
7.	Step down SILC methodology training	A 5 days step down training was conducted for field agents on SILC methodology. The training was conducted in conjunction with KHAN and GLOWOC.	6 field agents' (2 females and 4 males) capacity was strengthened on SILC methodology
8.	Health Education, Nutrition Counseling and Education, PSS services was provided	Volunteers and EDFHO team provided 270 Caregivers and 1200 Children with PSS, Nutrition and Health Services	3 services was provided to 270 caregivers and 1,200 VC
9.	Reviewed Meeting	EDFHO reviewed the activities carry out by the volunteers in this quarter, identified their challenges and provided them with possible solutions.	22 Volunteers activities were review, planned activities for next quarter was discussed with the volunteers.



## *Community Dialogues*







## Households Assessment and Monitoring



## STEP DOWN TRAININGS



## COMMUNITY OUTREACH/ SENSITIZATION ON CHILD RIGHT PROTECTION



*Community Based Volunteers Group picture before setting out for the Outreach*



*Pictures during the community outreach/sensitization on child right protection*



## **CONCLUSION**

With just two major projects in 2017, EDFHO was able to reach more than six thousand individuals directly through various interventions while an estimated fifteen thousand people mainly women and children were imparted indirectly from various activities implemented by EDFHO.

Efforts over the last two years on EDFHO farms and the Charity shop is yielding result despite challenges, much attention will be given to the realization of that component of EDFHO diversification program in 2018 while also exploring local options for resources in the face of dwindling international funding.

Special appreciation to all our partners and CSO colleagues whose' collaboration made 2017 a success.