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# THE FINAL REPORT OF KOSACA HPDP II GRANTS

SUBMITTED BY



ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION

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STATE: KOGI

L.G.A: KABBA-BUNU/KOGI/ADAVI/YAGBA EAST

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REPORT YEAR: 2015

NAME OF SERVICE PROVIDER: *ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION [EDFHO]*

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## **LIST OF ACRONYMS and ABBREVIATIONS**

|         |   |
|---------|---|
| AIDS    | ACQUIRED IMMUNE DEFICIENCY SYNDROME               |
| CiSHAN  | CIVIL SOCIETY FOR HIV AND AIDS IN NIGERIA         |
| CSOs    | CIVIL SOCIETY ORGANIZATIONS                       |
| FSW     | FEMALE SEX WORKER                                 |
| HCW     | HEALTH CARE WORKER                                |
| HCT     | HIV COUNSELING AND TESTING                        |
| HIV     | HUMAN IMMUNODEFICIENCY VIRUS                      |
| HPDP II | HIV PROGRAMME DEVELOPMENT PROJECT II              |
| M&E     | MONITORING AND EVALUATION                         |
| MARPs   | MOST AT RISK POPULATIONS                          |
| NGOs    | NON GOVERNMENTAL ORGANIZATIONS                    |
| OVC     | ORPHANS AND VULNERABLE CHILDREN                   |
| OIs     | OPPORTUNISTIC INFECTIONS                          |
| PABA    | PERSONS AFFECTED BY AIDS                          |
| PDOs    | PROGRAMME DEVELOPMENT OBJECTIVES                  |
| PLHIV   | PEOPLE LIVING WITH HIV                            |
| PMTCT   | PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV |
| SACA    | STATE AGENCY FOR THE CONTROL OF AIDS              |
| SRH     | SEXUAL AND REPRODUCTIVE HEALTH                    |
| STIs    | SEXUALLY TRANSMITTED INFECTIONS                   |
| USP     | UNIVERSAL SAFETY PRECAUTIONS                      |

## **TABLE OF CONTENT**

|             |   |           |
|-------------|---|-----------|
| <b>1.0</b>  | <b>EXECUTIVE SUMMARY (PART A)</b>   | <b>4</b>  |
| <b>1.01</b> | <b>PARTICIPATING STAKEHOLDERS</b>   | <b>4</b>  |
| <b>2.0</b>  | <b>TECHNICAL REPORT</b>   | <b>5</b>  |
| <b>2.01</b> | <b>LACA/MDAs 2015 HAF II INTERVENTION METHODOLOGY AND<br/>IMPLEMENTATION MATRIX</b> | <b>5</b>  |
| <b>2.02</b> | <b>ACTIVITY REPORTS MoV</b>   | <b>6</b>  |
| <b>3.0</b>  | <b>M&amp;E TABLE (PART B)</b>   | <b>13</b> |
| <b>4.0</b>  | <b>PROCUREMENT TABLE (PART C)</b>   | <b>15</b> |
| <b>5.0</b>  | <b>FINANCE TABLE (PART D)</b>   | <b>16</b> |
| <b>6.0</b>  | <b>CHALLENGES AND OPPORTUNITIES</b>   | <b>18</b> |
| <b>7.0</b>  | <b>RECOMMENDATION AND CONCLUSION</b>  | <b>18</b> |
|             | <b>APPENDIX ‘A’ – PHOTOS</b>  | <b>19</b> |

## 1.0 EXECUTIVE SUMMARY (PART A)

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 5.8% in 2001 and 4.1% in 2010.

Estimates using the 2003 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, Kogi state is with an HIV prevalence rate of 5.8%, from a population 3.2million making it the fifth highest in the north central zone of Nigeria. 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. Kogi state has an ANC prevalence rate of 5.8% this is an increase from 5.1% of previous sentinel survey (2008). Though specific demographics of this data is not available for it to be disaggregated but from the local data, it appears that Kogi State has an advance mixed epidemic with transmission dynamics depends on both key most at Risk population (MARPS) and general the population. In the state, empirical evidence revealed a high level of sexual activity in the society which shows that 35% of male reported have had multiple sexual partners in the past years compared to 37% of female population (DHS 2008). The percentage of men and women in the general population who have heard of HIV/AIDS is high at 96% and 88% respectively, comprehensive knowledge about HIV prevention method is still quite low (DHS 2008) and only 52% and 84% of men and women respectively know that using condom in every sexual encounter can reduce the risk of getting HIV. 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 Kogi State engaged in high - risk sex (HSS2010, DHS2008). In a KAP study conducted by C-Change (2010) revealed that 35.7% of Youths interviewed had their first sexual experience before age 14 and this was observed to be highest among the in-school youth where about 75% of the respondents reported to have had their first sexual experience before age 14. Also about 40% claimed to have sex with someone older than them i.e. 66.7% for female and 33.3% male among tertiary institutions. The State condom knowledge is low resulting into the inadequate and inconsistency of usage among sexually active young adult. In the same KAP study, 41% of youths interviewed claimed to have used condom during their first sexual experience; 51.2% reported using it during their last sex act while 45% admitted they didn't use condom consistently in the last one year.

Looking at the present state prevalence, the highest prevalence fell within the aged 15-35 years which formed the age brackets of youths in secondary schools and reproductive age usually regarded as general population or OSY.

Kogi State is noted for its sizeable number of youths in and out of schools. However, there is a high percentage of awareness of HIV/AIDS but accurate knowledge on how to prevent infection is limited. Attitudes towards risk of infection are also rather limited. These young people and general population are ill informed about the basic facts of HIV/AIDS, lack knowledge and skill to protect themselves and couples with poor community response to HIV/AIDS prevention.

This project targeted youths in secondary schools and out of school youths/ general population aged 15-60 years in the intervention schools and communities.

#### **1.01 PARTICIPATING STAKEHOLDERS**

2. PLHIV (SUPPORT GROUPS)
3. COMMUNITY GROUPS
4. KOSACA
5. CSO HIV TEAM
6. LOCAL GOVERNMENT
7. TRADITIONAL RULERS
8. COMMUNITY BASED ORGANIZATION
9. IN SCHOOL YOUTH (ISY)
10. OUT OF SCHOOL YOUTH (OSY)

## 2.0 TECHNICAL REPORT

### 2.01 INTERVENTION METHODOLOGY AND IMPLEMENTATION

| S/No | Activities  | Methodology   | Date  | Output & Outcome   | Responsible Agent         |
|------|---|---|---|--|---------------------------|
| 1    | Constitution Project Management team                                  | Appointment   | April, 2014                                 | Five member team were constituted  | <u>Executive Director</u> |
| 2    | Planning meeting  | Discussion  | April, 2015                                 | Project staff were oriented about the project and roles were assigned to each staff  | <u>Executive Director</u> |
| 3    | Selection of LGAs and Communities/ identification of key stakeholders | Stakeholders Selection                              | April, 2014                                 | Project Areas well defined and major stakeholders identified.<br>4 LGAs (Adavi, Kabba-Bunu, Kogi and Yagba East LGAs) were selected                  | <u>PMT</u>                |
| 4    | Advocacy visits to stakeholders in intervention                       | Interpersonal Communication                         | May, 2014                                   | 85 Advocacies were conducted into the 4 selected LGAs  | <u>PMT</u>                |
| 5    | Baseline Assessment   | Questionnaires                                      | May, 2015                                   | 350 questionnaires were administered to the community members and secondary schools students, through this, basic baseline information were obtained | <u>Program Officer</u>    |
| 6    | Open Community Meeting in all intervention communities                | Discussion and Dialogue                             | May, 2015                                   | 5 Open Community meeting were conducted and the knowledge of community members were Increased and buy-in achieved                                    | <u>Program Officer</u>    |
| 7    | Identification and selection of peer educators                        | Assessment  | May, 2015                                   | 438 Peer Educators were selected and trained   | <u>Program Officer</u>    |
| 8    | Training of peer educators  | Discussion, Role Play, group work, Daily Assignment | June 2014, November, 2015 and February 2015 | 438 Peer Educators were trained with Increased knowledge and skills on HIV/AIDS issues   | <u>Program Officer</u>    |
| 9    | Peer educators work plan development                                  | Discussion  | Monthly                                     | Monthly Peer Educators' work plan developed for effective project implementation   | <u>Program Officer</u>    |

|    |  |   |   |  |                        |
|----|--|---|---|--|------------------------|
| 10 | Production of Banners  |   |   | Banners were produced  | <u>Program Officer</u> |
| 11 | Production of Peer Educators' Guide                          |   | May, 2014   | 440 Peer Educators' Guide were produced and distributed to Peer Educators during Training.<br>- Educational activities are reinforced  | <u>Program Officer</u> |
| 12 | Branding of Communities                                      |   | July, 2015  | 20 sign post were produced and erected at the 20 intervention sites covered by EDFHO.  |                        |
| 13 | Peer education sessions                                      | Peer Discussion, role plays and presentation        | Monthly   | 17,278 Peers/cohorts were reached with 7 modules in Peer Educators' Guide and were well informed about HIV/AIDS.   | <u>Program Officer</u> |
| 14 | ISY - secondary vulnerability issues - essential life skills | Discussion, Role Play, group work, Daily Assignment | July 2014, and January 2015                                 | 288 ISY Peer Educators were trained with their knowledge improved on various vulnerability issues  | <u>Program Officer</u> |
| 15 | OSY Peer Education Plus, use of role model                   | Use of Role Model (Talks /discussion)               | September 2014, November 2014, April 2015 and November 2015 | 5970 OSY cohorts were reached with Peer Education plus through the use of Role Model with Increased knowledge in reproductive health toward a better behaviour   | <u>Program Officer</u> |
| 16 | ISY - Secondary Peer Education Plus (Dramas)                 | Drama and/or Dance                                  | October 2014, March 2015, April 2015 and July 2015          | 11,308 ISY cohorts were reached with Peer Education plus through Dance and/or Drama  | <u>Program Officer</u> |
| 17 | Formation of Health Awareness Clubs (ISY)                    |   | March 2015 and July 2015                                    | 15 Health Awareness Club (HAC) Formed (i.e 1 HAC per school). The clubs hold regular monthly meetings.<br>-HIV/AIDS prevention mainstream and institutionalized to schools programme<br>- Project sustainability | <u>Program Officer</u> |

|    |  |   |   |  |                        |
|----|--|---|---|--|------------------------|
|    |  |   |   | achieved   |                        |
| 18 | Peer educators monthly review meetings | Discussion  | Monthly   | 120 Monthly Review Meetings conducted.<br>-Feedback provided<br>- Experience shared and solutions proffered; data collected  | <u>Program Officer</u> |
| 19 | Referral and linkages                  | Collaboration   | Monthly   | All Government Health sectors in the 4 LGAs of intervention were collaborated with for referral purposes.<br>-Improved collaboration and networking<br><br>-Leveraging additional resources ( condom, BCC materials)<br>-HCT,STIs, etc services were received. | <u>Program Officer</u> |
| 20 | Behavior maintenance                   | rallies, community dialogues, drama, , educational seminars, condom messaging and distribution                    | Monthly after the graduation of first set of cohorts    | 120 Behaviour Maintenance Activities conducted on monthly bases to reinforce HIV/AIDS information to the target population.<br><br>- HIV/AIDS prevention positive behaviour sustained  | <u>Program Officer</u> |
| 21 | Sustainability Activities              | Formation of Anti AIDS club i.e Health Awareness Club (HAC) for ISY and Community Based Association (CBA) for OSY | November 2014, March 2015, July 2015 and November 2015. | 15 Health Awareness Club (HAC) (i.e 1 HAC per school) and 5 CBA (i.e 1 per Community) were formed.<br>-project sustained and behaviour maintained  | <u>Program Officer</u> |



|    |                                       |  |                         |  |                        |
|----|---------------------------------------|--|-------------------------|--|------------------------|
| 22 | Community Outreach (HCT)              | Rallies, HCT and Condom messaging and distribution             |                         | <ul style="list-style-type: none"> <li>-Increased awareness and knowledge of HIV/AIDS prevention among Community Members</li> <li>-Reduced stigma and discrimination</li> <li>- HIV/AIDS prevention information disseminated</li> <li>-Increased knowledge and skills on condom usage</li> </ul>                 |                        |
| 23 | End line Assessment                   | Questionnaires   | October 2015            | 650 questionnaires were administered and this were analyzed to know the project impacts on the target beneficiaries  | <u>Program Officer</u> |
| 24 | Final community meetings              | Discussion and presentation                                    | November 2015           | <ul style="list-style-type: none"> <li>-Stakeholders were fed back on project achievement, Success stories and challenges</li> <li>-Project activities effectively coordinated.</li> <li>-stakeholders gave assurance and commitment.</li> <li>- Input from stakeholders</li> <li>- Project sustained</li> </ul> |                        |
| 25 | Monitoring supervision and evaluation | Field visits   | Twice Monthly           | 480 monitoring visits were conducted to ensure Project activities are timely implemented <ul style="list-style-type: none"> <li>- Project goal and objectives achieved</li> <li>- Data collected and feedback provided</li> </ul>  | <u>M&amp;E Officer</u> |
| 26 | World AIDS day                        | Rallies, quiz competition, drama competition, poem competition | December 2014 and 2015. | 2014 and 2015 world AIDS day Commemorated  | <u>PMT</u>             |
| 27 | Production of Certificates            | Printing   | November 2015           | 438 certificates were produced and distributed to graduated Peer Educators   | <u>Program Officer</u> |

|    |  |  |               |  |                                      |
|----|--|--|---------------|--|--------------------------------------|
| 28 | Write and submit monthly and quarterly program and financial reports |  | Monthly       | Monthly, quarterly, tranche and end of project report were submitted to KOSACA.<br>Donor are adequately informed of project activities /status and feedback received monthly | Program officer                      |
| 29 | Write and submit final report.                                       |  | November 2015 | -Final activities reports submitted.<br>-Project closeout  | Program Officer                      |
| 30 | Administrative and Personnel charges                                 |  |               | <ul style="list-style-type: none"> <li>- Personnel are motivated</li> <li>- Administration expenditure taken care of</li> </ul>  | Project Director, Project Accountant |

## **2.02 DESCRIPTIVE REPORT**

### **INTRODUCTION**

There has been diverse response to the HIV/AIDS epidemic globally with Adolescent reproductive health issues, awareness rising, as well as education and communication interventions for young people in the society. However, these activities do not often leads to the desired behavioural change as they are didactic, boring and often times do not involve young people in their design and implementation.

Furthermore, they are in most cases uncoordinated and not sustainable making it difficult to monitor and measure their outcome with regards to behavioural change. In other words, such interventions do not empower young people to practice lower risk/no risk sexual behaviours. In realization of these problems and the impact on the socio – economic wellbeing of Kogi State that EDFHO through the support of KOSACA/World Bank under its HPDP II embarked on comprehensive HIV prevention activities among ISY Secondary in Kabba-Bunu and Yagba East and OSY in Adavi and Kogi local government areas of Kogi State. EDFHO through this project conducted series of prevention activities using balanced ABC prevention messages in line with MPPI strategies to reduce the spread of HIV/AIDS among the stated target population. This report presents the accomplishment, challenges and successes of the project at the end of the close out of the project implementation.

### **PROJECT GOALS**

Reduce the spread and mitigate the impact of HIV/AIDS among In school (secondary) and Out of school youth in Adavi, Kabba-Bunu, Kogi and Yagba East Local Government Areas of Kogi State through HIV/AIDS information and capacity building that promotes behaviour change and HIV prevention within a period of 24 months.

### **PROJECT OBJECTIVES**

- To increase community collaboration and participation among stakeholders through advocacy and sensitization to create an enabling environment for community response to HIV/AIDS prevention in Adavi, Kabba-Bunu, Kogi and Yagba East LGAs.
- To build and strengthen the capacity of 288 ISY – secondary and 147 out of school youths as peer educators to provide HIV/AIDS and sexual reproductive health issues.
- To improve knowledge amongst 13,050 ISY secondary and out of school youths on life skills and behavioural change messages to make informed decisions
- To increase access to existing HIV prevention services like STIs, condom, HCT, among out of School youths by building linkages for referral between participating youth groups and health services facilities.
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## **PROGRAM STRATEGY**

### ***STRATEGIES***

To reach the targeted population with a minimum prevention package of three interventions in line with the National prevention plan, the following strategies were employed:

For In- School Youth (Secondary):

- Peer Education (Age peer)
- Vulnerability Issues (Essential Life Skills)
- PE Plus (Drama)

Out of School Youth (15-35years)

- Peer Education ( Age peer, job, CBOs)
- Community Outreach ( Condom Messaging and Distribution)
- PE Plus ( Use of role model)

## **ACTIVITY 1: CONSTITUTION OF PROJECT TEAM**

To kick start the project with effective management and monitoring in view, EDFHO constituted a five member project management team that will oversee the day to day activities and as well ensure that project delivery meets appropriate specifications. The team members include:

Sir Olu Ogunrotimi – Executive Director (oversees overall project implementation)

Mr Love Ogundipe – National Program Manager (Coordinates all program activities at the various intervention sites)

Mr Adeolu Ogunleye – Program Officer (Responsible for all program issues)

Mr Babatunde Olawole – M&E Officer (Responsible M & E issues)

Mrs Omojudi Muhammed – Account Officer (Responsible for all financial issues)

## **ACTIVITY 2: CAPACITY BUILDING FOR PROJECT MANAGEMENT STAFF**

Following a 5-Days intensive start-up workshop conducted by KOSACA where new tools and strategies were introduced, EDFHO saw the need to re-build the capacity of the project staffs that will implement the project for effective and efficient execution of the project. A 3 day capacity building training was conducted for the PMT. The topics treated include: Overview of the National HIV Prevention Program, Report writing and Monitoring and Evaluation where various tools shared during the KOSACA training were treated with all the project staff. Challenges in using the tools were identified and way forward suggested. Each team member went through a practical section on using the tools with others observing and giving input where necessary.



*Cross section of team members during staff capacity building*

### ACTIVITY 3: PROJECT MANAGEMENT TEAM MEETING

Project management meeting serves as an avenue to discuss issues related to project, plan for effective project implementation, allocate resources for various aspects of the project, monthly schedule of work agreed upon, monthly work-plan developed and scrutinized, budget allocated for every activity of the month, Project deliverables discussed, Monitoring tools examined for effective project implementation, tasks, roles and responsibilities assigned to each project staff and decisions about how the project will be carried out were made during PMT meetings, challenges discussed and solution proffered. A total of 18 monthly planning meeting were held and the outcome of the monthly PMT meeting has aided effective implementation of the project activities, monitoring, supervision and evaluation throughout the project period.

#### *Picture Gallery from monthly PMT meetings*



#### **ACTIVITY 4: ADVOCACY**

In order to intimate stakeholders and communities members with project expectations and deliverables, advocacy plays a pivotal role. It was in realization of this fact and to facilitate acceptability and active involvement of stakeholders through and beyond project lifespan that EDFHO embark on a comprehensive advocacy to kick-start the HAF II project in all the intervention sites in Adavi, Kabba-Bunu, Kogi and Yagba East local government areas.

As a continuous process, advocacy visits was made to the Ministry of Education, Local Government Area Education Officers for Kabba-Bunu and Yagba East LGAs at Kabba and Isanlu respectively to facilitate the release of students in the project selected schools for the Peer Educator's trainings. Advocacy was also conducted to LACA Coordinators in the four (4) LGAs, Traditional Rulers, Religion Leaders, Community Leaders, the Local Government Authority of the 4 LGAs, All Government Hospitals in the 4 LGAs as well as community based associations (CBOs) and groups. Advocacy Letters were sent out and acknowledged by the receivers which were then followed by advocacy visits.

The visits provided opportunities for the project management team to keep the community stakeholders' abreast of all activities done and solicited more of their active support, collaboration and participation in the mobilization for response to HIV/AIDS and the health of the people in the community. The various advocacy visits conducted provided a soft ground for the successful implementation of the project activities. In fact, the traditional leader and other relevant stakeholders in the intervention sites gave their full support and cooperation for the program.

Also, continuous advocacy visits conducted in the intervention sites kept the stakeholders abreast of all activities being implemented in the sites and immense participation and support in all ratification. The smooth implementations of all activities achieved during the course of project were achieved based on the regular advocacy visits paid to the stakeholders.

Overall, a total of 53 advocacies were conducted during which 89 stakeholders (68 males and 21 females) were met.



**Some activity Pictures from Advocacy:**



***EDFHO PO with the principal of Oluyori Muslim college, Isanlu.***



***EDFHO PO with the VP & Bursar of African Church Sec. Schl., Isanlu.***



***EDFHO PO with the principal of St. Kizito's college. Isanlu***



***EDFHO PO with the principal of comm. Sec. Schl. Isanlu***



***EDFHO PO with the vice principals of Govt. Science Sec. Schl., Isanlu.***



***EDFHO PO with the Principal & Staff Of Igbagun comp.High Schl.,Igbagun.***



***EDFHO PO with the principal of Alu community secondary.Alu***



***EDFHO PO with the Vice principal of St. Barnabass' College, Kabba.***



***EDFHO PO with the Principals of Jamat Nasiri Islamic comp. High Schl.Ife/olukotun***



***EDFHO PO with the principal & Staff of Ponyan comp. High School, Ponyan***



***EDFHO PO with the Principal of Aunty Cama international College, Isanlu.***



***EDFHO PO with the principal of St. Augustine College, Kabba.***





**EDFHO PO with staff of community High School, Ejuku**



**EDFHO PO with staff of Isanlu community High School, Isanlu Ijowa**



**L-R: CNO of HIV/AIDS Dept. General Hospital, EDFHO PO & LACA coordinator of Yagba East LGA.**



**EDFHO PO together with Ch. Nursing Officer & Staff of HIV/AIDS Dept. of General Hospital Isanlu.**



**EDFHO program officer with the LACA Manager of Kogi LGA**



**EDFHO program officer with the LACA Manager and the Secretary to Kogi LGA**



**EDFHO program officer the CNO of HIV/AIDS Dept. of General Hospital, Koton Karfe**



**EDFHO program officer with the CMD of General Hospital, Koton Karfe**



**EDFHO program officer with Members Of Okada Riders' Association Koton Karfe**



**EDFHO program officer with members of Hair Dressers' Association, Koton Karfe**



**EDFHO program officer with the Chief imam of Koton karfe**



**EDFHO program Officer with LACA M&E Koton Karfe**





*His Majesty together with Ohimege-igu in council during EDFHO advocacy visit to the Koton Karfe traditional ruler at the the palace.*



**EDFHO program officer with the HRH The Teru of Adeika of EziAdeika, Nagazi**



**EDFHO program officer with the HRH the Asewa-upopuvete of Adaviland, Adavi-Eba.**



**EDFHO program officer with the Seceratory To the Kuroko Traditional Council**



**EDFHO program officer with the Secretary of HOD Health Adavi LGA**



**EDFHO program officer with the NOA Rep. Adavi LGA**



**EDFHO program officer with the CMD of General Hospital, Kabba**



**EDFHO program officer with the CMD of Comprehensive Health Centre, Nagazi**



**EDFHO program officer with the HCT vocal Person of Kabba-Bunu LGA**





**EDFHO program officer with the Matron of Primary Heath Centre, Adavi.**



**EDFHO program officer with the HCT Rep. Of Marternal and Child Health, Kabba**



**EDFHO program officer with the principa of kings and Queens Model Academy, Kabba**



**EDFHO program officer with the principa of Christ Secondary School, Kabba**



**EDFHO Field Officer with AIE, Kabba**



**EDFHO program officer with the Principal of St. Monical College, Kabba**



***EDFHO PO with the principal of Sacred Heart Sec. Schl, Kabba***



***EDFHO PO with the principal of Federal Government Girls' College, Kabba***

## ACTIVITY 5: OPEN COMMUNITY MEETING

In order to comprehensively intimate all the community stakeholders with the HAF II project, open community meeting was conducted in Koton Karfe, Kuroko, Ogaminana, Nagazi and Okunchi with different stakeholders in the communities.

The aim of the meeting was to intimate community stakeholders with project implementation and as well strengthens community collaboration and participation through and beyond project lifespan.

During open community meetings, Community members and stakeholders were comprehensively intimated with the goals and objectives of the project and its strategies, various activities involved in HAF II project were made known to the community members. Community members and stakeholders were solicited for collaboration and participation for successful implementation of the program which will increase the knowledge and skills of the community members to prevent HIV/AIDs epidemic in schools and community at large.

At various meetings conducted so far, Community members pledged total commitment and participation to the successful implementation of the project in various intervention sites. Also, all the representatives from the intervention sites expressed their readiness to assist in providing necessary resources to the success of the project. Some of the questions raised by the community members during the meetings are:

- Finance of PE sessions
- Working with relevant associations
- Government support/sponsorship of the project
- Selection process

All these were adequately responded to by the Field Officers.

A total of Five (5) Open Community meetings were conducted in Adavi and Kogi LGAs. In attendance we have: the Traditional rulers (kings), the representative of the Traditional ruler in some communities where the king couldn't attend, community chiefs, representatives of Health facilities, LACA manager and M&E, various community groups, religions leaders, community representatives, youth representatives etc.

The table show the number of community/intervention sites stakeholders present at the open community meeting;

| Community    | MALE       | FEMALE    | TOTAL      |
|--------------|------------|-----------|------------|
| KotonKarfe   | 54         | 15        | 69         |
| Okunchi      | 17         | 8         | 25         |
| Ogaminana    | 27         | 4         | 31         |
| Nagazi       | 44         | 27        | 71         |
| Kuroko 1     | 19         | 10        | 29         |
| <b>Total</b> | <b>161</b> | <b>64</b> | <b>225</b> |





*Cross section of the stakeholders listening to EDFHO National Program Manager during the open community meeting held at Centre 1 Primary School Koton-Karfe*



*Cross section of participants during sensitization and open community meeting at Ogaminana*



*Cross section of participants during open community meeting at the palace of Asewa Ezeka of Okunchi*

## ACTIVITY 6: BASELINE ASSESSMENT

EDFHO conducted rapid assessment to know the level of epidemic in the community and past efforts and some of the drivers of the epidemic on the target population and communities, also to know the level of awareness in the project site of HIV related issues. The findings of the assessment on knowledge, attitude, behaviors, and practices of HIV/AIDS prevention, care and support within the communities after careful analysis helped in developing ways to improve service programmes, planning response and the design of appropriate BCC materials for the target population. It will also serve as yardstick in measuring the success of HAF II project within the community since percentage knowledge gained could be measured against the end line assessment.



*Cross section of community members filling questionnaire during baseline assessment*



## **ACTIVITY 7: IDENTIFICATION AND SELECTION OF PEER EDUCATORS**

EDFHO through community stakeholders and community association identified various peer educators out of which selection were made using peer educator's job description as a guide. The following numbers of PEs per LGA were selected by the communities Leaders:

1. Kogi Local Government: A total of 56 OSY PEs were identified while 50 were selected
2. Yagba East Local Government: A total of 120 ISY PEs were selected
3. Kabba-Bunu Local Government: A total of 169 ISY PEs were selected
4. Adavi Local Government: A total of 120 OSY PEs were identified out of which 100 were selected

## **ACTIVITY 8: PEER EDUCATORS' TRAINING**

Peer education has been described as the best approach for peers to learn from each other. This strategy is implored in building the capacity of selected youths as peer educators who will provide information for their peers on Abstinence, fidelity and condom use as method of HIV/AIDS prevention.

EDFHO identified and trained 438 Peer Educators in all the project sites. The Peer Educators comprised 100 and 50 OSY PEs from Adavi and Kogi LGAs respectively and 168 and 120 ISY Secondary from Kabba-Bunu and Yagba East LGAs respectively. The ISY PEs trained were selected across all the classes from each school in Kabba-Bunu and Yagba East LGAs while the OSY PEs were selected from CBOs (barbers, tailor, plated medicine, hair dressers Associations etc), religion organization (CAN and Muslim Associations). The ISY Secondary Peer Educators training was at Government Science Secondary School, Isanlu and Federal Government Girls College, Kabba for ISY PEs in Yagba East and Kabba-Bunu LGAs respectively. The OSY Peer Educators' trainings were conducted at Central Primary School, Koton – Karfe, Kogi LGA while OSY training in Adavi was conducted at Ebira Community Secondary School.

The 3- days training was designed purposely to build the capacity of PEs and improve the proficiency of the Peer Educators in carrying out effective HIV prevention intervention activities among their peers in their various Schools and domains within the intervention communities. Using Peer Education manuals, the participants were taken through series of topics on HIV/AIDS issues and peer education strategies for balance ABC prevention intervention. Each modules and topics were presented using discussion, group works, role plays and various exercises and energizers. Also, pre and post-test evaluation of participants at the point of entry and at the end of training was conducted to measure the impact of the training on the trained peer educators.

Topic covered during the training as designed in the seven (7) modules PEs guides include the following and many other: Life Skills, General Knowledge of HIV/AIDS, Sexually Transmitted Infections and types, HIV Prevention and Access to help, Gender and Sexuality, Peer Education characteristics and qualities, Gender and HIV/AIDS, Risk Perception, HIV/AIDS Stigma. The other strategies for HIV prevention for each target group include;

- In School Youth Secondary: Peer Education, Vulnerability Issues and/or Essential Life Skill and PE Plus (Use of drama and/or dance)
- Out of School Youth: Peer Education, Community Outreach and PE Plus ( Use of role model)

At the end of the three days trainings, 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.
  - Understanding National Plan of Action on HIV/AIDS
  - Enlighten peers in changing behaviors in order to avoid risky behaviors among others.
- The detail can be seen in training report.

For the peer educators to be able to implement their activities effectively, 440 Peer education manuals were produced out of which 438 were distributed to the trained peer Educators to guide the peer education sessions.

*The table below shows the LGAs and peer educators trained disaggregated by sex*

| S/N | Name of LGA  | Female     | Male       | Total      |
|-----|--------------|------------|------------|------------|
| 1.  | Adavi        | 33         | 67         | 100        |
| 2.  | Kabba-Bunu   | 120        | 48         | 168        |
| 3.  | Kogi         | 10         | 40         | 50         |
| 4.  | Yagba East   | 59         | 61         | 120        |
|     | <b>Total</b> | <b>222</b> | <b>216</b> | <b>438</b> |

*Pictures gallery from ISY PEs training in Yagba East Isanlu:*



*Class A*



*Class B*





*Cross sections of ISY during the Peer Educators training*



*Government science secondary school PEs*



*Oluyori Muslim College PEs*



*Isanlu community secondary School PEs*



*Saint Kizito's college PEs*



*African Church Secondary Schhol PEs*



*Aunty Cama International College PEs*



*EDFHO Staff with Teachers from the selected Schools*



*EDFHO Staff with Yagba East LACA manager*

# **PICTURE GALLERY FROM OUT OF SCHOOL YOUTH PEER EDUCATORS TRAINING AT KOTON KARFE**



*Class A*



*Class B*



**PICTURE GALLERY FROM ISY PES TRAINING AT KABBA-BUNU**



*Class A*



*Class B*



*Class C*



*Saint Augustine College*



*Saint Monica's College*



*Saint Barnabas College*





*Local Government Comp. Secondary School*



*Federal Government Girls' college*



*General Picture*



*EDFHO Officers, SSO and Coordinators from various Schls*

## **PICTURES GALLERY FROM OSY PES TRAINING IN ADAVILGA**





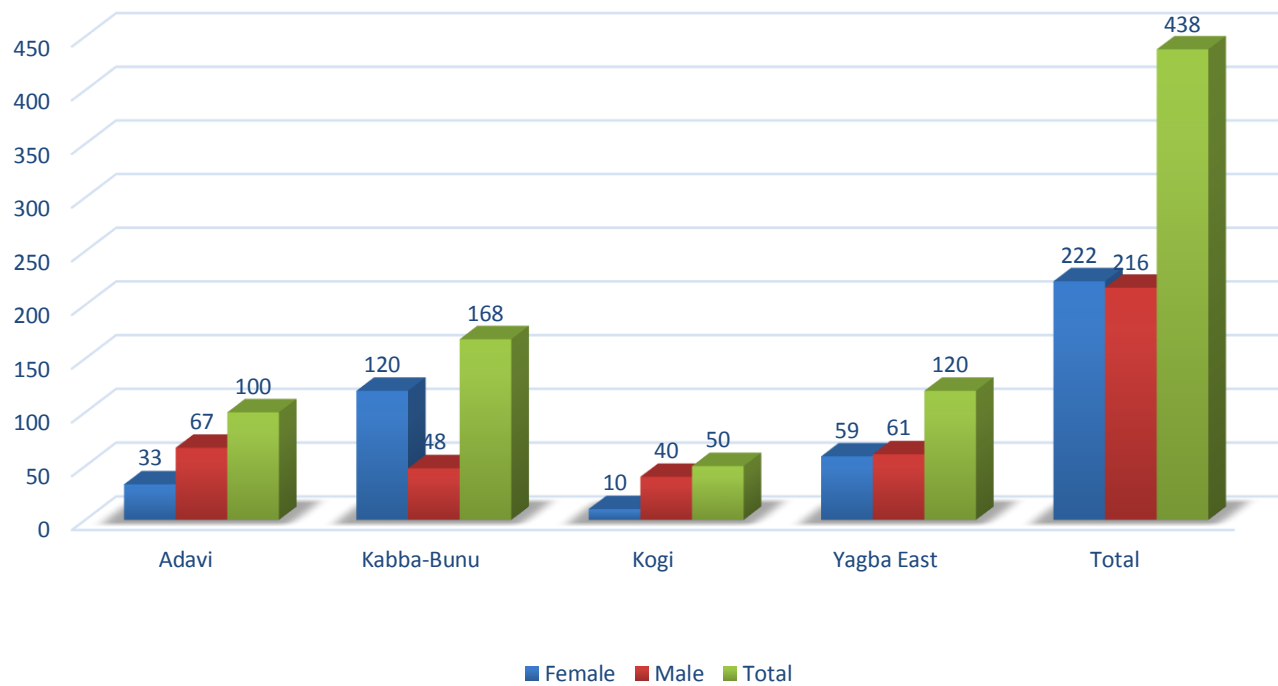




*Facilitators demonstrating the correct ways of using condom*

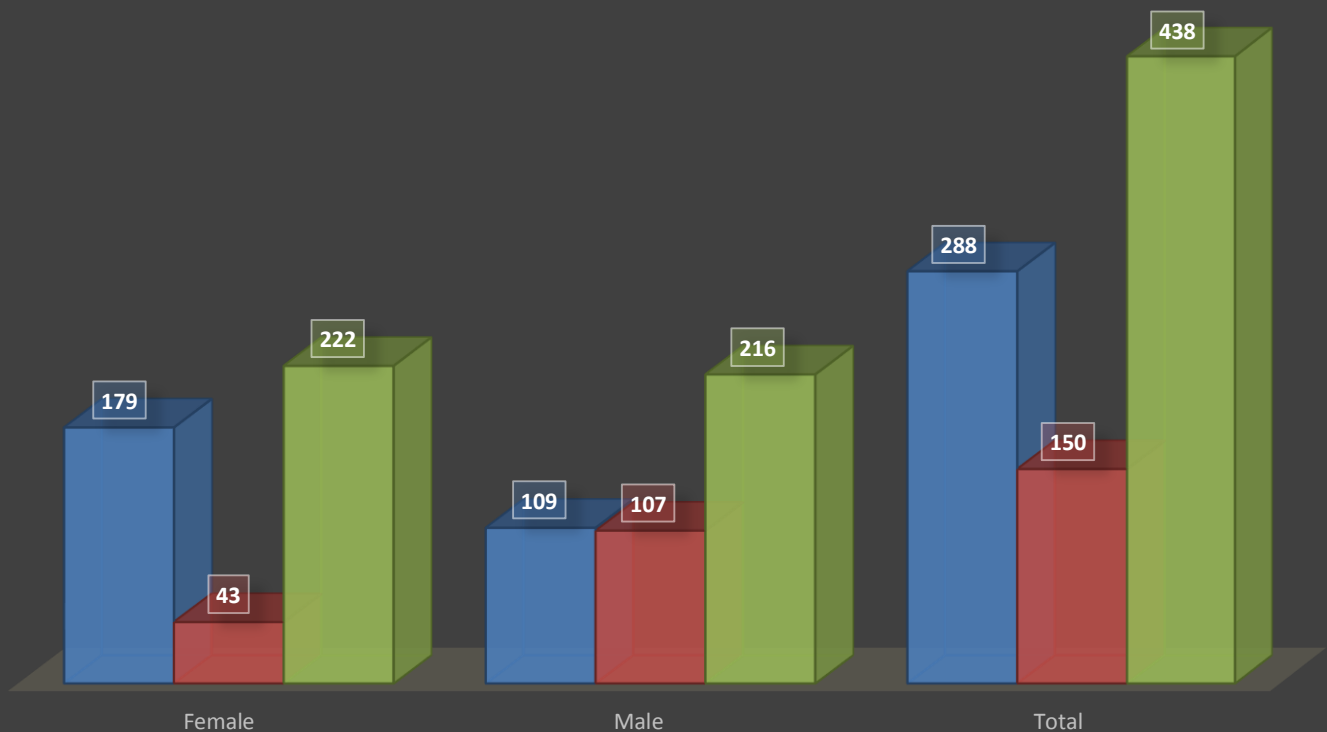


## PES TRAINED PER LGA BY SEX



## PES TRAINED PER TARGET GROUP

■ In School Youth (Secondary) ■ Out School Youth ■ TOTAL





## ACTIVITY 8: VULNERABILITY ISSUES TRAINING

As a complement to the on-going peer education for ISY Secondary target population, EDFHO conducted vulnerability Issues training for ISY secondary which completed second strategy for all the 288 PEs from the 15 selected schools in Kabba-Bunu (168 PEs from schools) and Yagba East LGAs(120 PEs from 6 Schools). The training combine both theory and practical to impact knowledge on the participants by presenting each topic in discussion, group work, role play and various exercises and energizers. The 3-days training was designed purposely to build the capacity of PEs and improve the knowledge of the Peer Educators on various vulnerability issues and at the same time pass the knowledge to their peers.

Topic covered during the training include: Overview of Vulnerability issues, Value, Self Esteem, Goal setting, Assertive skill, Negotiation skill, Decision making, communication skill etc. the detail of these can be seen in Vulnerability Issues Report.

*Picture gallery for vulnerability issues training:*







### ***Vulnerability Issues attendance***

| S/N          | Name of School | Female     | Male       | Total      |
|--------------|----------------|------------|------------|------------|
| 1.           | Kabba-Bunu ISY | 120        | 48         | 168        |
| 2            | Yagba East ISY | 59         | 61         | 120        |
| <b>Total</b> |                | <b>179</b> | <b>109</b> | <b>288</b> |

## ACTIVITY 9: PEER EDUCATION SESSIONS

As part of effort to reduce HIV epidemic and increase community members knowledge about HIV/AIDS in the intervention school and community, the trained peer educators commenced their outreach activities through their monthly peer education sessions where adequate information on life skills and HIV/AIDS that promotes abstinence, fidelity and condom messaging among school youth, young adult and general population were shared after the comprehensive three days training given to the peer educators.

At the end of the project lifespan, the In school youth secondary peer educators in Adavi, Kabba-Bunu, Kogi and Yagba-East LGA had completed the peer education sessions with their first and second set of cohorts and reached them with minimum prevention packages of intervention in line with National Prevention Plan. At the end of project, the trained ISY- Secondary peer educators in Yagba East were able to reach their first and second set of 4920 peers (2501 male and 2419 female peers) with adequate knowledge of HIV/AIDS through peer education sessions using seven (7) modules Peer educators' manuals. Essential life skills, peer education (dance and/or drama) and other prevention strategies and activities were conducted to complete minimum prevention packages of intervention in line with National Prevention Plan. The trained ISY- Secondary peer educators in Kabba-Bunu LGA also reach both first and second set of 6388 peers (1738 male and 4650 female) with adequate knowledge of HIV/AIDS through peer education sessions using the seven (7) sessions in peer Educators' manuals. Essential life skill, peer education (dance and/or drama) and other prevention strategies and activities were also conducted to complete minimum prevention packages of intervention in line with National Prevention Plan. Altogether, a total of 11308 ISY peers (4239 males and 7069 females) were reached with MPPI by the concluded project.

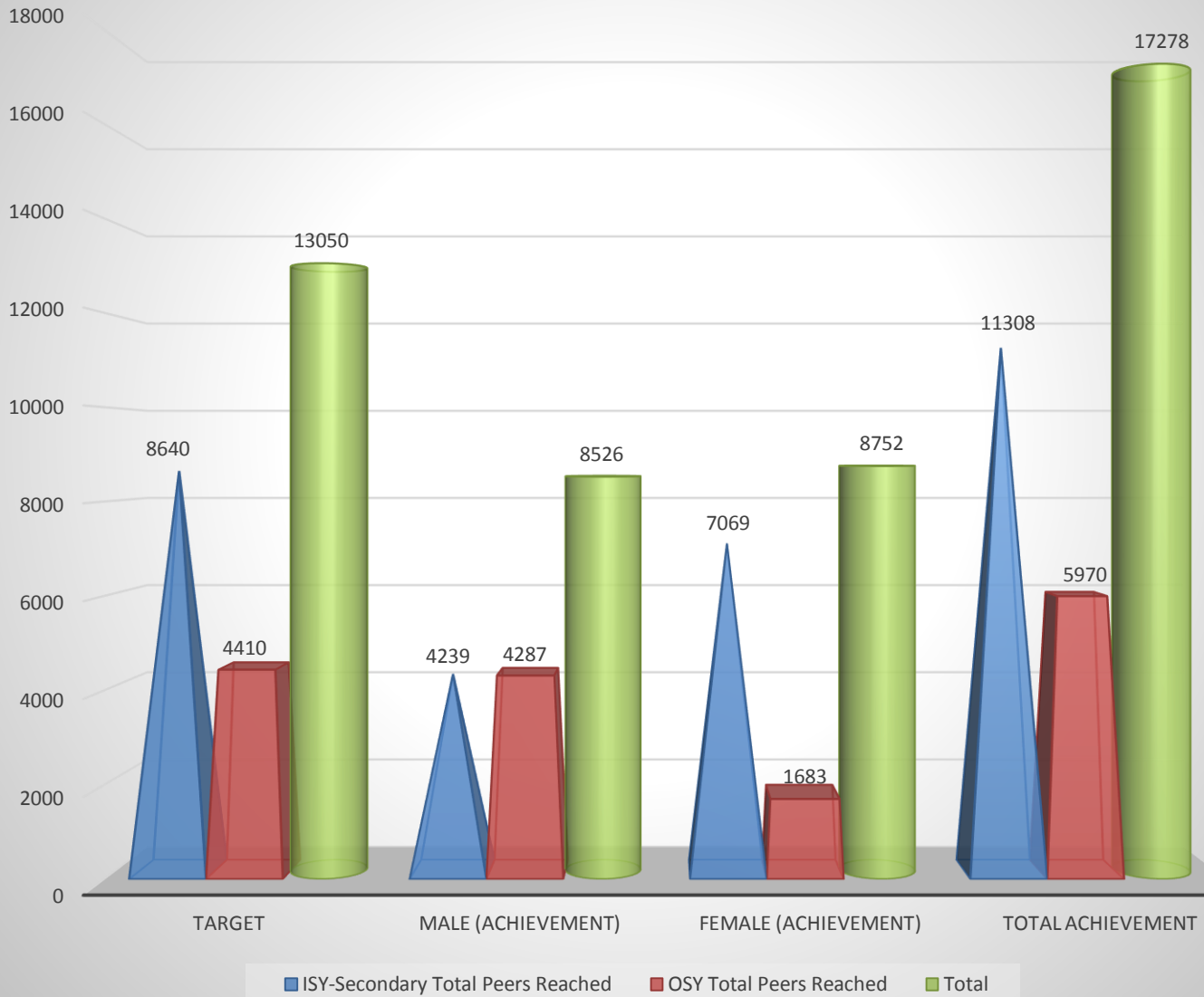
The OSY Peer Educators in Adavi LGA also completed their peer education sessions using seven (7) sessions in Peer Educator's Guide, Community outreach, peer education plus (Use of Role Model) and other prevention strategies with their first and second set of cohorts to complete MPPI in accordance with National Prevention Plan. A total of 3920 OSY peers (1273 female peers and 2647 male Peers) were reached with MPPI at the end of the project. The OSY Peer Educators from Kogi LGA also completed their peer education sessions and other prevention strategies with their first and second set of cohorts to complete MPPI in accordance with National Prevention Plan. A total of 2050 peers (410 female peers and 1640 male Peers) were reached with MPPI at the end of the project. Altogether, a total of 5970 OSY peers (1683 females and 4287 males) were reached with MPPI by the concluded project.

A total of 17278 OSY and ISY (i.e 132%) were reached in first, second and third tranche which showed 32% increase over the total target of 13050 that was meant to be reached by the project.

*The table below shows the total number of Peers/Cohorts reached with MPPI by the Peer Educators*

| S/N | TARGET GROUP                      | TARGET       | MALE        | FEMALE      | TOTAL        |
|-----|-----------------------------------|--------------|-------------|-------------|--------------|
| 1   | ISY-Secondary Total Peers Reached | 8640         | 4239        | 7069        | 11308        |
| 2   | OSY Total Peers Reached           | 4410         | 4287        | 1683        | 5970         |
|     | <b>Total</b>                      | <b>13050</b> | <b>8526</b> | <b>8752</b> | <b>17278</b> |

## Total of Individuals Reached with MPPI by Target Group and Sex





*Picture gallery for peer education sessions*

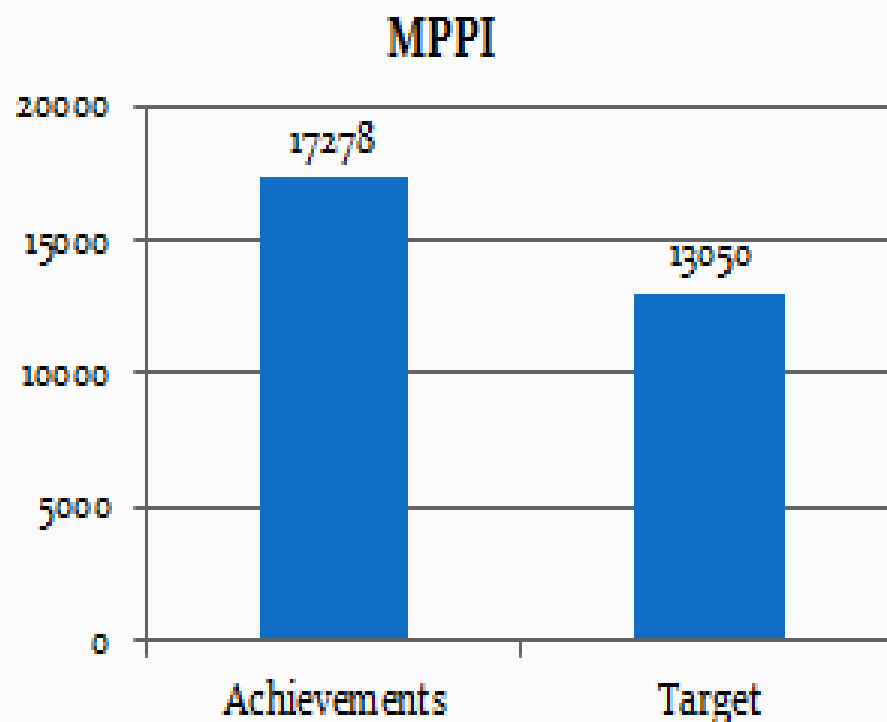






# Achievements / Accomplishment

The target was to reach 13, 050 individuals with MPPI (The national standard for measuring HIV related behavioural Change intervention). The chart bellow shows the target vs what was achieved.



## ACTIVITY 10: COMMUNITY OUTREACH (CONDOM MASSAGING AND DISTRIBUTION)

In order to complete the second strategy for the OSY, EDFHO organized and conducted one day community outreach in the four intervention communities (Ogaminana, Okunchi, Nagazi and Kuroko) of Adavi Local Government and one intervention community (Koton Karfe) of Kogi LGA with particular focus on condom messaging and distribution as well as HCT. In all, four (4) community outreaches were conducted in each of the intervention sites mentioned above (i.e one outreach per quarter with the first and second set of OSY cohorts)

The outreach brought all the OSY Peer Educators from the each of the four intervention communities (Ogaminana, Okunchi, Nagazi and Kuroko) and one intervention community (Koton Karfe) of Kogi LGA and some of their peers together for the rallies while the youths and community members were sensitized on the basic fact about HIV/AIDS; meaning of HIV/AIDS, modes of transmission, symptoms of HIV/AIDS, prevention of HIV/AIDS and other sexual and reproductive issues. Fliers and posters that informed people about HIV/AIDS transmission, symptoms and prevention as well as Condoms were distributed to community members. The outreach also featured HIV counseling and testing for the community members which was conducted by EDFHO staff, representatives from some selected Hospitals in Adavi LG and Adavi LACA team.

The activity witnessed turnout of community members as people came around and listened attentively throughout the period of the rally. Peer Educators, Peers and EDFHO team led by band group moved round the communities sensitizing onlookers, passers-by, and community members on HIV/AIDS prevention with melodious songs and as well distributing condoms, posters and fliers to people.







During outreaches, HCT was conducted. All Peer Educators and the Peers as well as other community members were advised to partake in the exercise for them to know their HIV status. A total of 705 people (236 males and 469 females) were counseled and tested out of which 3 positive cases were recorded and were immediately referred to health facilities. The Community members were counseled on remaining negative with balance ABC approach, community members were also encouraged to visit designated Health Centre for free counseling and test whenever any symptoms of HIV/AIDS is observed. 5042 packets (25,210 pieces) of male condom were distributed during the community outreach. The estimated participants during all the community outreach were about 18,000.



**Summary Table for Community Outreach**

| S/N | INDICATORS  | NUMBER  |
|-----|---|---|
| 1.  | Name of communities / LGAs  | Ogaminana, Kuroko, Nagazi and Okunchi / Adavi LGA and Koton Karfe/Kogi LGA          |
| 2.  | Number of <b>male</b> Condoms distributed                                 | 5042 packets (25,210 pieces)  |
| 7.  | Number of <b>female</b> Condoms distributed                               | Nil   |
| 8   | Total number of individual Tested and counseled for HIV ( <b>Male</b> )   | 468   |
| 9.  | Total number of individual Tested and counseled for HIV ( <b>Female</b> ) | 234   |
| 10  | Total number of individual tested HIV positive ( <b>male</b> )            | 1   |
| 11  | Total number of individual tested HIV positive ( <b>female</b> )          | 2   |
| 12  | Total HCT Conducted   | 705   |
| 13  | Community mobilization methods  | Advocacy to relevant stakeholders<br>Rally and Campaign<br>One on one sensitization |
| 14  | Estimated participants  | 18,000  |

## ACTIVITY 11: PEER EDUCATION PLUS (USE OF ROLE MODEL)

In order to complete the third strategy for the OSY, EDFHO organized and conducted Peer Education Plus using role model strategy in Ogaminana, Kuroko, Okunchi and Nagazi communities of Adavi LGA and Koton Karfe Community of Kogi LGA. EDFHO conducted one day peer education plus in each of the communities stated above using the role model strategy for the first and second quarter in the intervention communities. This strategy provided the opportunity for the first and second set of registered cohorts to be reached with MPPI. The program features health talk, experiences sharing as well as questions and answers sessions for the OSY PEs and peers. The program brought all the PEs and cohorts together, it was held in small sessions to avoid overcrowding and encouraged effective participation by Peer Educators and their peers.

The meeting attendance had the PEs and their peers, SSO representative as well as EDFHO field Officers. EDFHO brought in Dr. Mazel, the Chief Medical Officer and HIV/AIDS Coordinator of Federal College of Education, Okene, Kogi state and Mrs Hawawu Bello – the Chief Nursing Officer of HIV/AIDS Department, General Hospital, Koton Karfe. The programme features health talk, experience sharing, as well as question and answer sessions for the OSY in the five (5) communities. Dr Mazel and Mrs Bello in Adavi and Kogi LGAs respectively took the Peer Educators through various topic on HIV/AIDS which include: the overview of HIV/AIDS, modes of transmission of HIV, symptoms of HIV/AIDS, prevention of HIV/AIDS, Sexually Transmitted Infections, Types of STIs, HCT and its benefits, how HIV can be managed in HIV positive individual, PMTCT, prevalence of HIV/AIDS, Etiology of HIV/AIDS etc. The role model took time to explain his experiences with the people living with HIV and he therefore encouraged all participants to go for test as early detection can go a long way in management of HIV. All the questions asked by participants were responded to adequately.

The Speakers also encouraged everybody to know their HIV status because early detection will help in management, prevent transmission and also help reduce AIDS mortality. Finally, PEs were admonished to pass appropriate and adequate prevention information to their Peers and the community at large, community members should stop seeing condom use as a taboo and partners should remain faithful to themselves rather than engaging in extra-marital which make them more prone to STI and HIV/AIDS infection.

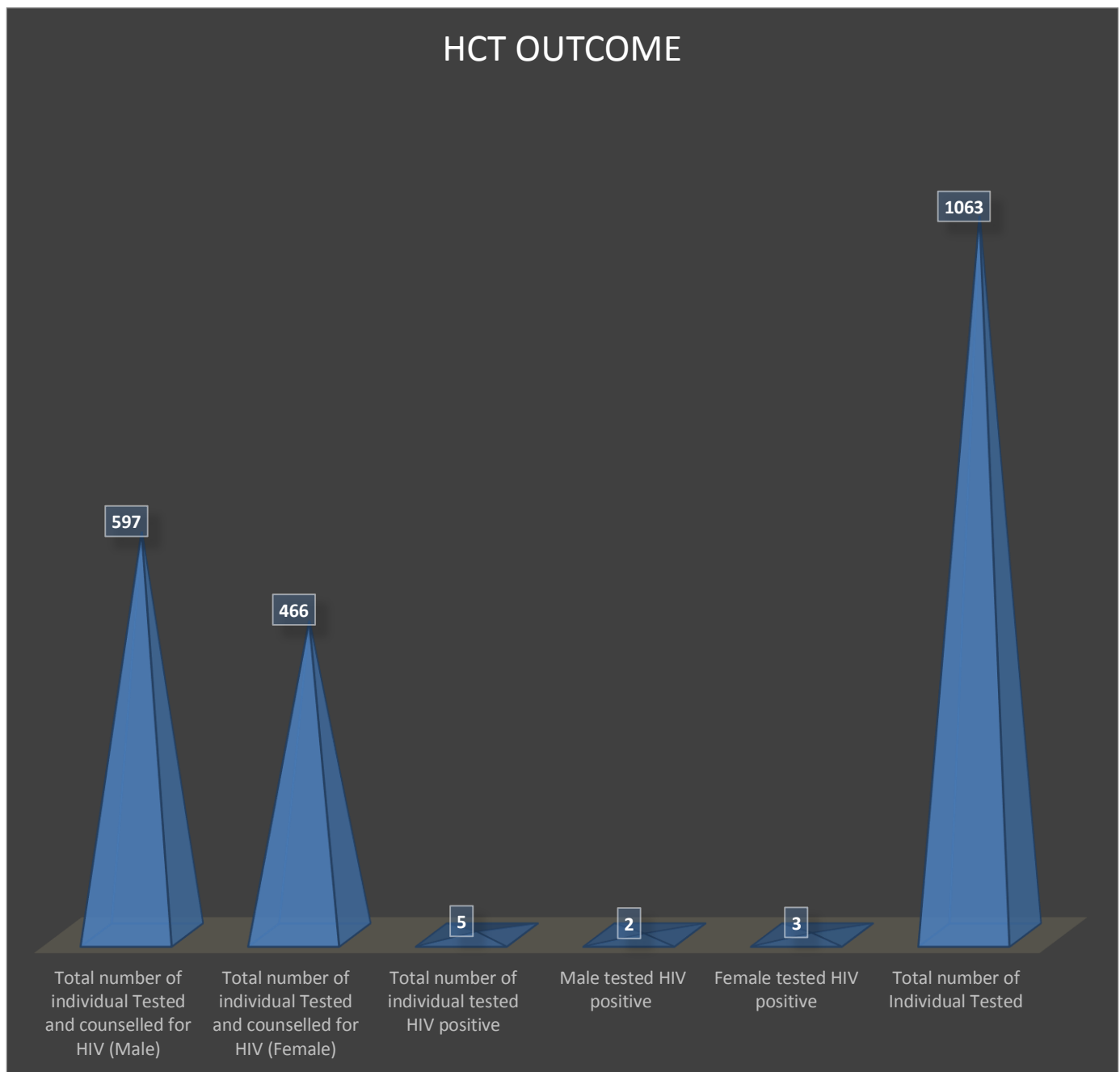




During the PE plus (Use of Role Model), HCT was conducted. All Peer Educators and the Peers as well as other community members were advised to partake in the exercise for them to know their HIV status. A total of 358 people (125 males and 233 females) were counselled and tested and out of which 2 positive cases were recorded. The Community members were counselled on remaining negative with balance ABC approach, community members were also encouraged to visit designated Health Centre for free counselling and test whenever any symptoms of HIV/AIDS is observed. 1240 packets (4960 pieces) of male condom were distributed to participants.



## OVERALL HCT OUTCOME FOR THE PROJECT





## ACTIVITY 12: ESSENTIAL LIFE SKILL

To complete the second strategy for first and second set of ISY Secondary cohorts in Kabba-Bunu and Yagba East LGA, EDFHO organized and conducted one day Essential Life Skill and sensitization programme for each of the selected schools in Yagba East and Kabba/Bunu LGAs during the first and second quarters. The programme brought all the PEs and their peers together for the essential life skill in which Goal settings was discussed.

During the programme, EDFHO programme Officer-Ogunleye Adeolu took time to orientate the students on Goal settings which is the process of determining a goal or goals, planning and working towards it. When to start goal settings, types of goals, steps involve in goal settings, importance of goal settings and Obstacles of goal settings were extensively discussed. During the orientation, about twelve thousand students were in attendance from all the selected schools in Yagba East and Kabba-Bunu LGAs.

### *Cross section of Participants during essential life skill at various schools*









### ACTIVITY 13: PE PLUS (USE OF DRAMA AND/OR DANCE) FOR ISY SECONDARY

Completing the third prevention strategy for the ISY Secondary, EDFHO organized and conducted one day peer education plus using the drama model strategy in the intervention schools. It has been observed that drama not only served as entertainment for secondary school students but as a means of communicating and educating the youth on sexual and reproductive health issues.

In order to sustain and ensure continuity of positive behavioral change of the trained PEs and as a means of passing information among peers beyond the peer education session, drama and/or dance coupled with an educative and informative song composed by the peer educators where key HIV/AIDS information, reasons to delaying sex, sex and consequences of premarital sex (such as unwanted pregnancy, school drop-out, sexually transmitted infections (e.g HIV/AIDS)) were dramatized during the school social gathering and on the assembly ground where all the PEs and their cohorts as well as other students were sensitized on the subject matters. The titles of the drama staged in various schools centred on HIV and AIDS prevention in Secondary School and some of the facts highlighted by drama include: how HIV/AIDS can be contracted, how it cannot be contracted, and various ways HIV/AIDS can be prevented, benefit of HIV counselling and testing. The drama and songs were presented by the peer educators to the admonition of the school management and students who testified that the drama and song were educative, informative and entertaining.

At the end of the drama presentation in each of the intervention schools, EDFHO program officer sensitized the students about HIV/AIDS, sexual and reproductive health with more emphasis on abstinence, delaying sex and reasons to delaying sex, consequences of premarital sex and early marriage etc. The programme Officer also enjoined the students to retain all they have learnt from the drama and make it part and parcel of their lives, he also encouraged the students to extend the lesson learnt from the drama to their friends in the community.

Attendance included the Peer Educators, Peers, the PEs coordinator, Staff of the school and EDFHO staff.









## ACTIVITY 14: MONITORING AND EVALUATION

EDFHO conducted series of monitoring activities to the project sites and PEs during second tranche to ensuring an improved reporting and enhance accurate passage of basic information about HIV/AIDS and other health challenges such as Sexually Transmitted Infection (STIs) etc. During Monitoring visit, the Peer Educators were provided with adequate assistance to enhance their reporting. The monthly project monitoring also provided ample opportunities for the project staff to access Peer Educators M&E tools for proper data collection and reporting throughout the implementation period. The M & E officer made an average of two visits to each of the project site in every month to ensure smooth and correct implementation of the project by the trained Peer Educators, by doing so, activities of the peer educators were well coordinated for effectiveness in providing adequate and accurate information on HIV/AIDS for their peers. The peer educators (In school youth secondary and Out of school youth) were extensively provided with adequate technical assistance to increase and strengthen their peer sessions and reporting. The challenges faced by the peer educators during their peer sessions were also fully addressed during the course of monitoring exercises. The table shows the number of monitoring exercises conducted to the intervention sites during the second tranche project implementation.

| S/N          | Intervention sites        | Total number of monitoring exercises conducted |
|--------------|---------------------------|--|
| 1.           | In School Youth Secondary | 144  |
| 2.           | Out of School Youth       | 24   |
| <b>TOTAL</b> |                           | <b>168</b>                                     |



*M&E Officer addressing some PEs during monitoring visit to PEs*





## ACTIVITY 15: PEER EDUCATORS MONTHLY REVIEW MEETING

As part of its oversight functions to ensure effective project activities coordination in all the intervention schools and communities, EDFHO conducted peer educators monthly review meetings in all the four intervention communities (Ogaminana, Nagazi, Okunchi and Kuroko) of Adavi LGA, Koton Karfe community of Kogi LGA and all the selected schools in Kabba-Bunu and Yagba East LGA. The PE review Meetings were conducted at various allocated venues within the schools and communities. The meetings had in attendance PEs, school coordinators (for ISY only) as well as EDFHO field officers.

The monthly review meeting in all the intervention communities and schools normally come up between 21st and 28th of every month for ISY-Secondary and OSY. Diverse issues such as success stories recorded, modules covered, challenges, solutions, recommendation etc were always shared during the meetings. The project team as well used monthly review meetings to provide technical assistance to the PEs. Various activities for every month were always discussed, tools used for monthly activities were always collected and scrutinized during review meetings and are used for subsequent data entry into the PITT. Also, Peer Educator's manuals were always reviewed.

Monthly review meetings were usually conducted with 120 ISY from various schools Yagba East LGA, 168 ISY from various schools Kabba/Bunu LGA, 50 OSY PEs from Koton Karfe community of Kogi LGA and 100 OSY from Ogaminana, Kuroko, Nagazi and Okunchi communities of Adavi LGA. The review meeting has served as monthly refresher training for the Peer Educators. The monthly meetings are attended by PEs, supervisors/counselors and project staff especially the programme and monitoring and evaluation officers. During the reporting period 120 monthly review meeting was successfully held in the first and second years in the implementation of the project as the meeting enhanced the performances of the peer educators as they came out better at the end of the every monthly meeting.











## ACTIVITY 16: COMMUNITY BRANDING

As part of social and behavioral change communication and to ensuring creation of awareness to the community members in the project sites, EDFHO provided signposts to all intervention schools and communities for the purpose of branding the intervention sites. The sign posts were erected in open and strategic locations within the intervention sites with key messages on HIV/AIDS behavior change. It has been observed and noted that the branding will go a long way in providing structural solution to the problem of spreading HIV/AIDS and stigmatization within the community. It will as well serve its purpose of calling the community members attention to the intervention program in the community and gear them up for active participation and support.



*Samples of signposts showing the branding of the intervention sites*

## **ACTIVITY 17: FORMATION OF HAC**

To ensure sustainability of the programme after EDFHO's exist from the intervention communities and schools, EDFHO facilitated the formation of Anti-AIDS club also known as Health Awareness Clubs (HAC) in intervention schools across Yagba East and Kabba-Bunu LGAs for the ISY target groups as well as formation of Community Based Organization (CBO) in Adavi and Kogi LGAs as a school and Community based approach strategy for peers. The peer educators formed the core members of the club and they have been inviting other students of the school to join the club. The formation of the club improved the project activities as the club served as platform for HIV/AIDS activities in the school. The club elected officers and officially registered with school authorities as club. The recognition of the club by the school authorities allowed EDFHO to facilitate the integration of club activities into regular school social events every week. With the club in place the project sustainability has been guarantee. The activities of the club were monitored by EDFHO field officers twice in a month.

For the project to be sustained beyond the funding, EDFHO at the inception of the project in the intervention site involved the school authorities, Communities leaders and the students at large in the development and implementation of project activities. The school made available of the school Teachers to be trained with the selected peer educators and serve as coordinators of HIV/AIDS activities in the school and coordinate the peer educator's activities.

With the proper footing of the project in the school and immediately the completion of the peer of the peer educators training, the peer educators were mobilized to form Anti-AIDS club called "Health Awareness club" the club elected leaders and developed constitution and officially registered with school authorities as on the school club. EDFHO facilitated the integration of the club in the school system.

## ACTIVITY 18: BEHAVIORAL MAINTENANCE

Behavioral change communication has been described as a major attitudinal change approach for HIV/AIDS prevention. This with other prevention strategies were methods employed in creating awareness and increase the knowledge of youths and young adult through series of outreaches activities by peer educators to change their peers attitudes and response to HIV and other risky behaviors in order to make them less vulnerable to HIV infection.

To reinforce HIV/AIDS information provided at every sensitization and education activities BCC materials were produced and distributed. Part of the behavior maintenance activities at the intervention sites includes; drama presentation, community dialogue with stakeholders for ISY while rally featuring condom messaging and distribution was carried out for OSY in order to reinforce HIV/AIDS information to the target population.



During behaviour maintenance activities community members were also reached with HCT Community members were advised to partake in the exercise for them to know their HIV status. After testing, community members were counselled on remaining negative with balance ABC approach, community members were also encouraged to visit designated Health Centre for free counselling and test whenever any symptoms of HIV/AIDS is observed.





## ACTIVITY 19: REFERRAL AND LINKAGES

Referral and linkages are very important in programming because it helps in directing Peer Educators and Peers to a source for help or information concerning HIV/AIDS, STI and other related health challenges. For this aim to be achieved advocacies were conducted to some Government hospitals in Adavi, Kabba-Bunu, Kogi and Yagba East LGAs. Health facilities in intervention communities at the above mentioned LGAs have been mapped while service directory have been compiled and Peer Educators and their Peers have been making use of the health facilities and condom outlets.



*EDFHO program officer with the CMD of General Hospital, Koton Karfe.*



*EDFHO program officer, the CNO and staff of HIV/AIDS Dept., General Hospital, Isanlu.*



*program officer with the CMD of General kabba.*



*EDFHO program officer with the CMD of General Nagazi*



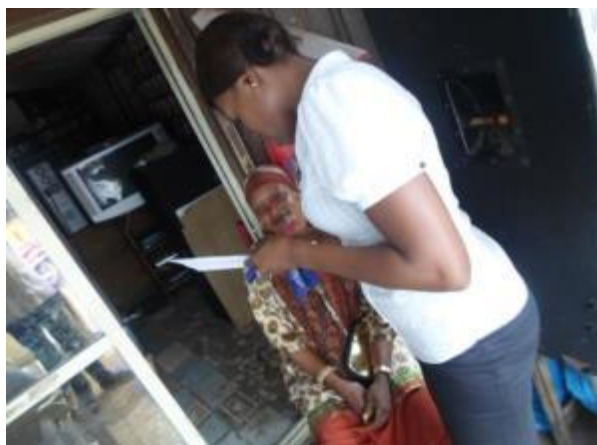
## ACTIVITY 20: END LINE ASSESSMENT

To evaluate effectiveness of the two years project, measure achievement, identify gaps and document success stories, an end line assessment was conduct in all the intervention sites by EDFHO to known post-intervention level of knowledge, attitude, behaviour and practices of HIV/AIDS prevention, care and support within the intervention communities and Schools for future reproductive health intervention for the target population in intervention sites and to know the effectiveness and quality of project intervention among the target groups by comparing the levels of knowledge and attitude between intervention and target areas. This will as well help in providing recommendations for undertaking such intervention in future if need be. EDFHO field staff collected the assessment data by means of interviews using structured questionnaires. Analysis of the data obtained has shown areas of improvement in social behavioral change as well as emerging issues the needs to be addressed in future programming and has serve as yardstick for measuring the success of HPDP/HAF2 project within the communities and schools of intervention since percentage knowledge gained has been measured against the base line assessment.

*Cross section of community members engaged in questionnaire during end line assessment.*







A total of 635 questionnaires were administered in Kogi, Yagba East, Kabba/Bunnu, and Adavi LGAs. EDFHO team moved round the community adopting one – on – one strategy, some community members were randomly selected, schools and shops on the street within the community were visited where the questionnaires were also administered.

*Please find the complete Endline report attached*

## ACTIVITY 21: FINAL COMMUNITY MEETING

To intimate stakeholders with project activities and achievement, a final community meeting was organized in intervention communities. The meetings were organized to share the endline report, discuss achievement and identified gaps as well as hand over the project to the community for sustainability.

At the meeting were the community leaders, Media Organizations, Representative of Ministry of Health, Representative of Ministry of Women affair, Representative of Ministry of Education, SACA and LACA, SSO, Principals and Teachers from the Schools, EDFHO officers, peer educators form both In – school secondary and the out of school youths.

After presentation of all project activities and achievements, stakeholders from each community resolved to take over and sustain the project through the established clubs while depending on continued support from EDFHO. Also, the event feature certificate presentation to the graduated PEs.

The entire event was covered by Confluence Television and Grace FM.



Rep. of Ministry of Health (Dr. A. Adekunle) addressing the audience during Final Community Meeting



LACA Manager Yagba East LGA addressing the audience during Final Community Meeting



Cross section of participants during one of the final community meetings



EDFHO Program Officer Presenting Achievements, Success Stories e.t.c. during Final Community Meeting







**Rep. Ministry Of Health Presenting Certificates to PEs during Final Community meeting**

## Activity 22: World AIDS Day

World AIDS Day celebrated 1<sup>st</sup> of December every year since 1988 is very important as a means of passing information about HIV epidemic to people through campaign to promote effective support and more friendly environment for PLWHA and as well sensitize people about HIV infection, mode of its transmission and prevention. EDFHO through KOSACA/world bank HIV prevention project organized and conducted 2014 and 2015 World AIDS Day in the intervention schools and community of Yagba East, Kabba-Bunu, Kogi and Yagba East Local Government Areas respectively. The programme was celebrated in all the intervention LGA in conjunction LACA and Peer Educators (ISY and OSY). The World AIDS Day rally commenced on 1<sup>st</sup> of December, 2014 and 2015 where PEs and some of their peers together with EDFHO Field Officers together with LACA team converged at designated Centres where the rally took off. At every strategic places in the communities visited, such as Okada Parks, Motor Parks, Market places and community meeting ground where people were gathered, EDFHO Programme Officers and the PEs sensitized the communities members about HIV/AIDS epidemic while the rally key discussions Centres on promoting effective support and friendlier environment for PLWHA. Basic fact about HIV/AIDS, modes of transmission and symptoms and in addition, condom messages were delivered with detailed explanation on correct and consistence use of condom with free distribution of condom for OSY and pamphlets containing information about HIV/AIDS, Sexually Transmitted Infections (STIs), condom messages and its benefits and other sexual and reproductive health issues to further enlighten people about HIV/AIDS and modes of its prevention. The rally also featured HIV counseling and testing for the community members which was conducted by EDFHO Field Officers. The activity witnessed turnout of community members as people came around and listened attentively throughout the period of the rally.













*African Church Secondary School receiving their third position prize during WAD*



*Isanlu Community Secondary School receiving their 2<sup>nd</sup> position prize during WAD*



*Saint Kizito's College receiving their 1<sup>st</sup> position prize during WAD*





*Saint Kizito's College displaying their trophy and jubilating during WAD*







*EDFHO Staff with ISY from Kabba-Bunu moving round community during 2015 World AIDS day commemoration*



*Cultural troop displaying during an event to make 2015 WAD in Yagba East LGA*



*Audience listening to students presenting their poem during an event making WAD in Yagba East LGA*



*HCT been conducted during community rally to commemorate the World AIDS*



**i. SUMMARY OF MAIN ACTIVITIES ACHIEVED**

| S/N |   | M      | F     | TOTAL  |
|-----|---|--------|-------|--------|
| 1   | No of person trained as Peer Educators                            | 216    | 222   | 438    |
| 2   | No of person reached with MPPI                                    | 8,526  | 8,752 | 17,278 |
| 3   | No of person given skill acquisitions (pls specify)               | 0      | 0     | 0      |
| 4   | No of advocacy visit conducted                                    | 68     | 21    | 53     |
| 5   | No of stakeholder meeting/ community dialogues/sensitization held | 161    | 64    | 5      |
| 6   | No of anti – AIDS/Health Awareness club                           | -      | -     | 20     |
| 7   | TBAs/MBAs trained and integration                                 | 0      | 0     | 0      |
| 8   | No of Condom dispensers distributed                               | 30,170 | 0     | 30,170 |
| 9   | Community branding  |        |       | 20     |
|     |   |        |       |        |

**ii. BASELINE SURVEY VERSUS ENDLINE SURVEY** (Briefly explain major results seen after your project intervention with reference to results of the two surveys.)

The project was able to establish Health Awareness Club (HAC) in fifteen (15) secondary schools and Community based Associations (CBOs) in five different communities where there was no health structure in place and strengthened existing structure in the other where evidences showed a level of health activities prior to the project.

The project has also built synergy among different stakeholders including host community, peer educators, CSOs, LACAs, and SACA. This synergy will continually be strengthened to ensure improved service delivery. The assessment shows that awareness campaign to increase basic knowledge of HIV is yielding result, most respondent are aware of the basic facts. Such awareness translated to a level of behavioral change as respondents improved on negotiating for safer sex as a result of comprehensive knowledge of HIV prevention.

Despite improvement in knowledge about HIV and understanding the need for HCT as a way of HIV prevention, none of the ISY secondary students has access to HCT as it is not allowed within the school structure. The limitations imposed by the national policy and limited understanding among responsible agencies had come with a huge price over the years. This has resulted in the prevalence of teenage pregnancy and associated consequences due to inability of secondary school student to effectively protect themselves.

Despite the knowledge gained from this project for ISY secondary and OSY populations, lots of work has to be done around social behavior to continually translate knowledge to action, much emphases should be



on behavioral change communication strategies as demonstrated in this project rather than just creating awareness.

The emerging sexual practice of anal sex and its implication on HIV prevention and management should be examined in the light of present realities and program designed to address associated challenges.

Public Health facilities and by extension all stakeholders need to step up HCT campaigns to give opportunity to willing individuals to get tested in a confidential environment devoid of stigma and discrimination as well as improve on lubricant availability in the state, this will enable the state mop – up the percentage population left untouched by the current projects.

**Kindly find attached the complete endline report.**

### **iii. TARGET ALLOCATED VERSUS TARGET REACHED**

| <b>S/N</b> | <b>TARGET AUDIENCE &amp; PROGRAM AREAS</b> | <b>TARGET GIVEN</b> | <b>TARGET REACHED</b> | <b>REMARKS</b> |
|------------|--|---------------------|-----------------------|----------------|
| 1          | MPPI                                       | 13050               | 17278                 |                |
| 2          | OVC  |                     |                       |                |
| 3          | CARE & SUPPORT                             |                     |                       |                |
| 4          | PMTCT                                      |                     |                       |                |
| 5          | HCT  |                     | 1064                  |                |
| 6          | HBC  |                     |                       |                |
| 7          | IEC  |                     |                       |                |
| 8          | PLHIV/PABA                                 |                     |                       |                |
| 9          | FSW  |                     |                       |                |
| 10         | GENERAL POPULATION                         |                     |                       |                |
| 11         | PREGNANT WOMEN                             |                     |                       |                |
|            | ETC.                                       |                     |                       |                |
|            |  |                     |                       |                |

### 3.0 PART B. PROGRAMME MONITORING AND EVALUATION

(Please write the relevant cumulative figures from the appropriate routine monitoring tools for the two years project)

| Thematic Area    | Key Output Indicator   | Male  | Female | Total  |
|------------------|--|-------|--------|--------|
| Prevention       | <b>HCT</b>   |       |        |        |
|                  | No of person tested, counseled and received result             | 362   | 702    | 1,064  |
|                  | No of person tested positive                                   | 3     | 2      | 5      |
|                  | No of person referred for care                                 | 8     | 5      | 13     |
|                  | <b>IEC/BCC</b>   |       |        |        |
|                  |  |       |        |        |
|                  | No of HIV/AIDS IEC materials distributed:                      |       |        |        |
|                  | a. Exercise Books  | 216   | 222    | 438    |
|                  | b. Pamphlets/Flyers  | 621   | 446    | 1,067  |
|                  | c. Posters   | 331   | 325    | 656    |
|                  | d. T-shirts  |       |        |        |
|                  | e. Wrist-bands   |       |        |        |
|                  |  |       |        |        |
|                  | <b>PMTCT</b>   |       |        |        |
|                  | Number of pregnant women referred for PMTCT                    |       |        |        |
|                  |  |       |        |        |
|                  | <b>MPPI</b>  |       |        |        |
|                  | Number of persons reached with MPPI.                           | 8,526 | 8,752  | 17,278 |
|                  |  |       |        |        |
| Care and Support | <b>HBC</b>   |       |        |        |
|                  | No. of clients provided with Prevention with positive services |       |        |        |
|                  | No. of HIV positive persons referred to support groups         |       |        |        |
|                  | No. of PLWHAs reached with home-based care services            |       |        |        |

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
|                               | No. of PLWHAs that accessed IGA support        |  |  |  |
|                               |  |  |  |  |
|                               | <b>OVC</b>                                     |  |  |  |
|                               | No of OVCs newly enrolled                      |  |  |  |
|                               | No. of OVCs reached with at least one service  |  |  |  |
|                               |  |  |  |  |
| Institutional<br>Architecture | <b>Capacity Building</b>                       |  |  |  |
|                               | No of persons trained on STI and OI management |  |  |  |
|                               | No of persons trained to provide HBC           |  |  |  |
|                               | No of persons trained to provide HCT           |  |  |  |
|                               | No of persons trained on Waste Management      |  |  |  |

#### 4.0 PART C. PROCUREMENT

(Please write the details of procurement activities for the reporting period)

| S/No | Item | Description | Procurement Method | Total Expenditure |
|------|------|-------------|--------------------|-------------------|
|      |      |             |                    |                   |
|      |      |             |                    |                   |
|      |      |             |                    |                   |



## **LESSON LEARNT**

The following are the lessons gained during the course of the project implementation in all the intervention sites:

- The involvement of stakeholders and community gatekeepers through the various advocacy visits/meetings enhances project ownership, support and sustainability.
- Also, there is more improvement in the community knowledge and awareness of HIV/AIDS and STIs prevention leading to community and school incorporating health discussions in their programs especially during students' social gathering.
- Furthermore, since the aim and objectives of peer education activity is to build and enhance positive attitudinal change, there is an improved interaction and communication among peers on sexual and reproductive issues.
- Conclusively, from the aforementioned lesson learnt, peer education strategy still remains the best dependable approach and a sustainable strategy towards preventing or reducing the spread of HIV/AIDS and STIs among in and out of school youth in our community.

## PROGRAM SUCCESS STORIES AND OTHER INTERESTING EXPERIENCES

### INSTITUTIONALIZING HEALTH AWARENESS INTO SCHOOL BASED ACTIVITIES:

Health seeking behavior could be improved if children and teenagers understand and accept the need for not just personal health but environmental and community health improvement. Over the years, efforts geared toward health improvement within our communities have for most part been relatively unsuccessful because adults were the primary recipients of such intervention and as the saying goes ‘old habit die hard’ – changing behavior of such adult remains a task. Realizing that if children and teenagers were infused with the required health consciousness from the early developmental stage, they grow up to become better adults who willingly improve their personal health and protect the health of the community. EDFHO set at creating an institutionalized Health Awareness Club (HAC) in all schools of our intervention with HIV prevention as a cross cutting issue that must be addressed by the clubs’ activities.

Prior to EDFHO’s activities, the schools have no structure for to support HIV prevention as well as other health related issues. Though there were occasional presence of the NYSC corp members who creates awareness within the school, such activity only lasted while the individual driver is within the school. Health is not institutionalized as made part of the school’s activities

Currently, with EDFHO not actively involved in programming within the school, the Health Awareness Club (HAC) has been able to sustain health campaigns within the school. The club has appointed her executives and has carried out health campaigns on Drug Abuse, Waste Management, and Personal Hygiene within the school over the last three months. Through the club’s activities, new students are being reached with HIV prevention messages with limited support from EDFHO.

EDFHO began working with 15 secondary Schools in Kabba-Bunu and Yagba East LGAs of Kogi State early 2014 (with funding support from KOSACA and the World Bank), and after a six months intensive programming which included training of Peer Educators; Peer education Sessions; essential life skills; vulnerability issues; and leadership; the schools agreed to have a Health Awareness Club Institutionalized to sustain elements of changed behavior witnessed during the intensive programming. HAC was established and registered as a school club, with that recognition from the school, the club activities became integral part of the school’s calendar.

Currently, with EDFHO not actively involved in programming within the school, the Health Awareness Club (HAC) have been able to sustain health campaigns within the school, new students are being reached with HIV prevention messages with limited support from EDFHO.

*‘This program has gone a long way in a short time to increase the students’ knowledge on their health and studies’.*



*Members of HAC presenting during Clubs activities on the assembly ground*



## **6.0 CHALLENGES AND OPPORTUNITIES:**

### **OPPORTUNITIES:**

- The involvement of stakeholders and community gatekeepers through the various advocacy visits/meetings enhances project ownership, support and sustainability.
- Also, there is more improvement in the community knowledge and awareness of HIV/AIDS and STIs prevention leading to community and school incorporating health discussions in their programs especially during students' social gathering.
- Furthermore, since the aim and objectives of peer education activity is to build and enhance positive attitudinal change, there is an improved interaction and communication among peers on sexual and reproductive issues.

### **CHALLENGES:**

Despite the successes and achievement recorded during the project implementation, the project however witnessed some constraint and challenges which led to the target population as proposed.

#### **Some of the challenges include the following:**

- High financial expectation/remuneration by Peer Educators. Most of them postulated that their peers are demanding for money because peer sessions usually take the time they should have used to make money as workers. Despite that some peer educators appreciated the efforts of EDFHO/KOSACA towards reduction of HIV/AIDS and STI incidences and other incentives such as P E Manuals, refreshment during peer sessions, traveling expenses etc.
- Delay distribution and insufficiency of M&E tools, Condoms and HCT kits made the target reached with HCT to be minimal.

## 7.0 RECOMMENDATION AND CONCLUSION

- I. Necessary tools and prevention materials (Condom, test kits etc.) must be distributed promptly so that project target can be achieved effectively and efficiently.
- II. Awareness on HIV/AIDS prevention should be done continuously.
- III. National reproductive health policy should open way for comprehensive HIV/AIDS discussion within secondary schools.
- IV. The emerging sexual practice of anal sex and its implication on HIV prevention and management should be examined in the light of present realities and program designed to address associated challenges.
- V. Public Health facilities and by extension all stakeholders should step up HCT campaigns to give opportunity to willing individuals to get tested in a confidential environment devoid of stigma and discrimination as well as improve on lubricant availability in the state, this will enable the state mop – up the percentage population left untouched by the current projects.

## CONCLUSION

The project was able to establish Health Awareness Club (HAC) in fifteen (15) secondary schools and Community Based Organizations (CBOs) in five (5) Communities where there was no health structure in place and strengthened existing structure in the other where evidences showed a level of health activities prior to the project.

The project has also built synergy among different stakeholders including host community, peer educators, CSOs, LACAs, and SACA. This synergy will continually be strengthened to ensure improved service delivery.

The assessment showed that awareness campaign to increase basic knowledge of HIV is yielding result, most respondent are aware of the basic facts. Such awareness translated to a level of behavioral change as respondents improved on negotiating for safer sex as a result of comprehensive knowledge of HIV prevention.

The situation among ISY secondary however might not show remarkable improvement until the national reproductive health policy opens the way for comprehensive discussion within secondary schools. Despite improvement in knowledge about HIV and understanding the need for HCT as a way of HIV prevention, none of the ISY secondary students has access to HCT as it is not allowed within the school structure. The limitations imposed by the national policy and limited understanding among responsible agencies had come with a huge price over the years. This has resulted in the prevalence of teenage pregnancy and associated consequences due to inability of secondary school student to effectively protect themselves.

Despite the gains of this project for ISY secondary and OSY populations, lots of work has to be done around social behavior to continually translate knowledge to action, much emphases should be on behavioral change communication strategies as demonstrated in this project rather than just creating awareness.

Overall, the project has been a success and achievements made. It is our hope that with community collaboration and ownership promised during the final community meeting coupled with strengthened community structure such as the Health Awareness Club will translate to an effective sustainability of the project.