



HPDP II HAF END OF PROJECT REPORT

November, 2015

PROJECT IMPLEMENTATION TEAM

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Project Title:	The reduction of the spread of HIV/AIDS among Female sex workers in Akure South LGA of Ondo state.
Project Cycle/Date:	Two Years
Project Coordinator:	Sir Olu Ogunrotimi
Funding Donor:	ODSACA/ World Bank
Name of Implementing Body	ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION (EDFHO) <hr/>
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FOREWORD

Sexual relationship has been identified as one of the major route of transmission of HIV including sex with sex workers. The early discovery of HIV/AIDS in Nigeria was associated with sex workers. Sex work is reported to be a serious problem in Nigeria as regards HIV/AIDS transmission. Evidence suggest that the phenomenon is on the increase because of instability, poverty, economic crisis, urbanization, high rate of unemployment and the breakdown in family social and cultural values. The problem of sexual exploitation has become a problem of special concern in Nigeria both because of its scale and because of its role in the development of HIV/AIDS epidemic now sweeping the country. The high HIV prevalence in Ondo state (4.3%) cannot be far from the activities of female sex workers (FSWs) in the states. The project was designed with a goal of promoting sustainable HIV/AIDS prevention amongst 900 FSW in Akure south local government in Ondo state using the strategic classes of prevention activities (biomedical, behavioural and 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. The project design was successfully implemented involving a large number of stakeholders at various levels of intervention therefore representing the collective yearning and aspirations of Nigeria government and people in the battle against HIV/AIDs. My special appreciation goes to staff of Environmental Development and Family Health Organization (EDFHO) Ondo state chapter who graciously gave their time to the completion of this project. Special thanks to Ondo state government, the Project manager and other staff of Ondo State Agency for the Control of AIDs (ODSACA), the ondo state chapter of Civil Society on HIV/AIDs in Nigeria (CiSHAN), Brothel Owners Association (BOA), the management of Ondo State Specialist Hospital and finally all the CSOs working on HAF Project in Ondo state. It's my desire that the lessons learnt, best practices, challenges observed and gaps identified in this project will be used in the design and implementation of subsequent Project.

LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
CBO	community-based organization
CC	community committee
CCM	Community Committee member
CSO	civil society organization
FSW	female sex worker
EDFHO	Environmental Development and Family Health Organization
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
LGA	Local Government Area
M&E	monitoring and evaluation
MARP	most at risk populations
MPPI	Minimum Prevention Package Intervention
NACA	National Agency for the Control of AIDS
NBBFSW	non-brothel based female sex worker
NGO	non-governmental organization
PE	peer educator/peer education
PEP	post-exposure prophylaxis
PEP	peer education plus
PLACE	Priority for Local Aids Control Effort
PITC	provider-initiated counseling and testing
PITT	prevention intervention tracking tool
PM&E	participatory monitoring and evaluation
PMT	Project Management Team
PMTCT	prevention of mother-to-child transmission
ODSACA	State Agency for the Control of AIDS
STI	Sexually Transmitted Infections

TABLE OF CONTENTS

CONTENTS	PAGE
Title page	1
Project Implementation Team.....	2
Forward.....	3
List of Acronyms.....	4
Table of Content.....	5
Executive Summary.....	7
Introduction.....	8
Program Strategy, Goal & Objectives.....	10
Program Activities.....	13
Discussion of program Activities.....	14
Program Achievements.....	67
Baseline VS Endline.....	69
Program Success Stories.....	83
Best Practices, Lesson, Challenges & Constraints.....	86
Program Monitoring and Evaluation.....	92
Financial Report.....	94
Conclusion.....	96

EXECUTIVE SUMMARY

Female Sex Workers (FSW) have been identified to serve as reservoir of HIV which is then transmitted to the general population through a 'bridge community' of men having multiple sexual partners. In order to reduce the spread and mitigate HIV/AIDS infections among FSW, EDFHO seek technical and financial support from ODSACA/World Bank under its HPDP II HAF Project with a goal of promoting sustainable HIV/AIDS prevention in the country 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 in Akure south LGA. The FSW were reached with the Minimum Prevention Package of implementation through the following activities: training of peer educator, peer education session, community mobilization and sensitization, condom promotion, HIV counseling and Testing (HCT), Priority for Local AIDS Control (PLACE), Interpersonal Communication (IPC), Referrals etc. As expected these activities increased the knowledge and skill of sex workers, build their capacity to support activities that will bring behavioral changes among them and consequently reduce the spread of HIV/AIDs among the female sex workers and client. The total number of 940 (239 brothel based and 701 non brothel based) target reach is significant as it represent over a hundred percent record as against the planned 900 FSW (225 brothel based and 675 non brothel based) to be reached within the two years of the project.

INTRODUCTION

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, Ondo state is with an HIV prevalence rate of 3.8%, from a population 3.2million making it the second highest in the south west 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. 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 Ondo 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 Ondo state. Ondo state has a 9, 600 population of female 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 Ondo state (4.3%) 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 ODSACA/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.

Environmental Development and Family Health Organization (EDFHO) is a registered Charitable, Non-profit, Humanitarian and Non-governmental Organization that is poised 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. For the fulfilment of these cardinal objectives, EDFHO has been cooperating and collaborating with local, national and international humanitarian initiatives with similar objectives among who are: Family Health International (FHI-USAID), UNDP, DFID, partnership for Transforming Health System (PATHS), State and Local Government Programmes (SLGP), UNICEF, Society for Family Health (SFH), Global fund/ARFH and Ekiti State SACA/World bank, Kogi State SACA/World bank, Ondo State SACA/World bank, National Poverty Eradication Programme (NAPEP), Ekiti State Micro Credit Agency, Ministry of Agriculture, Federal and State Ministry of Women Affairs, Hope Worldwide/MTN Foundation, WATERAID Nigeria and British Council-Nigeria PACT-Nigeria, European Union (EU-INSIDE), C-Change and Management Science for Health (MSH) etc.

EDFHO was established in Ekiti state in 1998 and registered as non- governmental organization in year 2004 with corporate Affairs Commission. Today the organization is firmly established in four geo-political zones of Nigeria with five state offices and its National head office in Ado- Ekiti, Ekiti state. The general management of the organization is vested on the Governing Council which is made up of all members of Executive Council, all past Presidents and General Secretary, 3 co-opted members and all members and all Board of Trustees. They meet quarterly to deliberate on general management of the affair of the organization and make recommendation for appointment of Board of Trustees to the Annual General Meeting. The duty of the monitoring and execution of the decision and work/project being handled and/or supervised by EDFHO is entrusted to its Executive council. The Executive Director heads the administration and day-to-day management of the organization, staff and activities and responsible to the Executive Council. Currently EDFHO maintain staff strength of 26 members in its head office and the State offices.

PROJECT GOAL

To reduce the spread of HIV/AIDS among 900 Female sex workers in Akure South LGA of Ondo state.

Objectives

- To improve community collaboration and participation through Advocacy and community mobilization towards creating enabling environment for FSW programming in Ondo State.
- To build the capacity of 225 brothel based FSW on HIV Prevention within two years.
- To enhance the knowledge of 675 non brothels based female sex workers in Akure south LGA on HIV prevention within two years.
- To improve access to existing STI management, condom and lubricant, as well as HCT services for FSW through linkages and referral.

Outcomes

- Improved community collaboration, participation and enhanced enabling environment for FSW programming in Ondo State.
- Improved Knowledge of 239 brothel based FSW on HIV Prevention within two years
- Improved knowledge of 701 non brothel based female sex workers in Akure south LGA on HIV prevention within two years.
- Improved access to existing STI management, condom and lubricant, as well as HCT services for FSW through linkages and referral.

PART 1

A. 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 project adopted behavioural change strategy using the MPPI national standard with focus on the medical, behavioural, structural component targeting individual, community and society/structures to respond to the specific needs FSW population 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

Outline the objectives of the project and indicate if they were achieved or not and if not, why not?

Objectives

- To improve community collaboration and participation through Advocacy and community mobilization towards enhancing enabling environment for FSW programming in Ondo State.
- To build the capacity of 225 brothel based FSW on HIV Prevention within two years.
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- To improve access to existing STI management, condom and lubricant, as well as HCT services for FSW through linkages and referral.

The objectives are successfully achieved in fact EDFHO exceeded the target that was given. A total of 940 (brothel and non-brothel) that exceeded the 900 (brothel and non-brothel) based that was given.

B. PROGRAMME ACTIVITIES

1. List of Activities

(Please list the activities carried out for the 2 years target cycle)

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

C. DISCUSSION

ACTIVITY 1: CONSTITUTION OF PROJECT MANAGEMENT TEAM (PMT)

In order to effectively implement the two years project, EDFHO constituted a project management team (PMT) with clearly defined roles and responsibilities.

The project team includes:

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

Ariyo Olanrewaju – Program Officer (Responsible for and coordinates all project activities)

Ogunrotimi Damilola – M&E Officer (Responsible for all monitoring and evaluation activities including data collation and quality assessment)

Grace Igbayilola – Account Officer (Responsible for all financial issues)

Mr Fagbamila Bankole – Logistics Officer (Responsible for all logistics issues)

Selected members of the PMT attended a five days startup workshop held at Bliss world hotel Ijapo, Akure from the 3rd to 7th February 2014. The objective of the training is to enable the successful organizations familiarize themselves with the terms and conditions of implementations, have an Overview of HPDP II and HAF, have knowledge on what to do and to have opportunity to clarify issues.

The PMT meets weekly for Project planning meeting. The purpose of conducting project planning meeting is to ensure effective project implementation and resource allocation for various aspects of the project. During planning meeting, the project management team shares their various opinions, observations and challenges in course of project implementation as well as modify work plan and strategies where applicable.



Cross section of team members during planning meeting

ACTIVITY 2: VALIDATION OF TARGET AND SITE

For effective project implementation, it was essential to validate target areas and the population of target per area mapped. To this end, EDFHO embarked on a comprehensive mapping of hotspots within Akure South LGA. EDFHO in collaboration with Kids and Teens Resource Centre divided Akure into two along Oba- ile, Mobil, Oba – Adesida, Oyemekun road using the road as boundary for each organization since both organization are working with same target group within the same metropolis. The validation was made easy by the directory made available by ODSACA.

EDFHO visited all the brothels and hotspots in alagbaka, Oja Oba, Oke Aro, Car Street, Ijoka, Oluwatuyi, and Hospital road axis of the divide, identifying and verifying numbers of FSW per spot. A total of 16 sites were validated for the brothel. These brothel have a combined population of 300 female sex workers, this figure can be higher during peak period.

The bulk of FSWs in Akure South 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 parlour around Akure 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 a total of 30 sites and 674 non brothel based FSW.

S/N	Name of Spot/Hotel	Address	Type	No of FSW
1	Essay Life Hotel Phase I	Nepa	Brothel	25
2	New Benu phase 1	Ejimkin by Arakale road	Brothel	10
3	New Benue phase II	Ejimkin by Arakale road	Brothel	10
4	Royal Crown	Car street	Brothel	48
5	Paradise Phase I	Oluwatuyi road by Rainbow Hotel	Brothel	24
6	Paradise phase III	Ondo road opposite Molac Hotel	Brothel	7
7	One with God	Obo street	Brothel	15
8	Corner Cave I	Car street	Brothel	13
9	Corner Cave II	Car street	Brothel	9
10	Atiku	Tiper garage, Arakale akure	Non Brothel	12
11	Star Five	Arakale road	Non Brothel	5
12	New Benue Girls phase ii	ejimkin by Arakale road	Non Brothel	10
13	Soul to Soul	Isekan Road	Brothel	5

14	Excellent	ejimkin by Arakale road	Brothel	12
15	Newlife	ejimkin by Arakale road	Brothel	5
16	owena round about	Alagbarka	Non Brothel	7
17	school of health tech gate	oda road	Non Brothel	9
18	school of nursing gate	igbatoro road	Non Brothel	6
19	shittu junction	oda road	Non Brothel	17
20	oluwatuyi round about	Oluwatuyi	Non Brothel	6
21	ondo state school of health tech	oda road	Non Brothel	24
22	b & b guest house	owe akala street	Non Brothel	8
23	beer parlour 4 aloba layout, beside energy filling station	4 aloba layout, beside energy filling station	Non Brothel	9
24	fuji joint ayelabola	sijuade road	Non Brothel	10
25	top quality relaxation bar opp. govt house gate, oda road	opp. govt house gate, oda road	Non Brothel	9
26	owena int. motel alagbakaakure	Alagbaka akure	Non Brothel	8
27	rainbow hotel	olutuyi road	Non Brothel	5
28	bolughton guest house	oluwatuyi road	Non Brothel	5
29	NUT guest house	oda road	Non Brothel	6
30	Alagbaka botanical garden- abeigi	Alagbaka	Non Brothel	6
31	Flourish Hotel	Alagbaka	Non Brothel	6
32	Ade Love	Okearo, Idanre road.	Non Brothel	13
33	Funbus	Okearo, Idanre road.	Non Brothel	10
34	First Impression	Idanre road opposite open University	Non Brothel	10

35	Omi Eja	Opposite Adegbile	Non Brothel	15
36	Ebenco	Oke Aro	Non Brothel	12
37	Mega IV	Sijuade	Non Brothel	20
38	De Ultimate Eagle Hotel	Oluwatuyi	Non Brothel	8
39	Akinbayo Star	Oluwatayi	Non Brothel	5
40	Wott Garden	Alagbaka	Non Brothel	25
41	Toks I	Igbatoro Road	Non Brothel	10
42	Toks II	Ondo road before Old custom Bus stop	Non Brothel	6
43	Toks III	Opposite Owena River basin complex. Alagbarka	Non Brothel	10
44	Infinite	Ondo road before Winners	Non Brothel	12
45	House II	Idanre Road before NNPC	Non Brothel	20
46	Oases (izoura)	Oshinle	Non Brothel	20

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 Akure South 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 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. The advocacy visits commenced from the month of April.

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	NIGERIA POLICE DIVISION OKE ARO	*THE D.P.O	*A brief introduction of the organization and its current project of the project. * Involvement of the police in project implementation.	1	*D.P.O promised to support the project and give their full security support. *Letter was approved by the D.P.O
2	FANIBI POLICE STATION	* Mr. AfolaluAyobami (Admin) THE D.P.O	* Introduction of the organization and its current project. *security support during the course of the project.	1	*D.P.O promised to support the project and give their full security support. *Letter was approved by the D.P.O
3	A.DIVISION POLICE STATION	* Mr. Adisaopeyemi (Admin) * THE D.P.O *THE C.S.O	*Involvement of the police in project implementation. *Networking between Ala police station and CSOs *delivering letter to the D.P.O	1	*D.P.O promised to support the project and give their full security support. *Letter was approved by the D.P.O
4	ALA POLICE STATION	Police Officers	*involvement of the police in project implementation. * networking between Ala police station and CSOs	1	*the Police officer insisted we address the letter to the area office. *EDFHO to come back after the after the letter has been sent to area office to finalize arrangement.
5	COMPREHENSIVE HEALTH CENTER, ARAKALE	*THE NURSES	*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	* they accepted our project and promise to support us. *They only deals with pregnant woman and test.

6	STATE SPECIALIST HOSPITAL, AKURE	CHIEF LAB SCIENTIST	*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	*they accepted our project and promise to support us.
7	BROTHEL OWNERS ASSOCIATION	THE CHAIRMAN	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	*they accepted our project and promise to support us.
8	EASY LIFE HOTEL	THE BROTHEL OWNER CHAIR LADY 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	*they accepted our project and promise to support us.
9	LACA AKURE SOUTH LGA	AKURE SOUTH LACA MANAGER	*A brief introduction of the organization and its current project was highlighted. *To carry him along so as to all be on same page during the course of the project implementation	2	He promises to give his support where necessary.
10	NEW BENUE GIRL I	THE BROTHEL OWNER 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	2	*they accepted our project and promise to support us.

11	NEW BENUE GIRLS II	THE BROTHEL OWNER BARMAN	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	*they accepted our project and promise to support us.
12	ROYAL CROWN 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	2	*they accepted our project and promise to support us.
13	PARADISE PHASE I	THE BROTHEL OWNER 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	*they accepted our project and promise to support us.
14	PARADISE PHASE III	THE 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	2	*they accepted our project and promise to support us.
15	FISH REPUBLIC	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	*they accepted our project and promise to support us.
16	ONE WITH GOD	THE BROTHEL OWNER 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	2	*they accepted our project and promise to support us.

17	CORNER CAVE I	THE BROTHEL OWNER MANGER	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	*they accepted our project and promise to support us.
18	CORNER CAVE II	THE BROTHEL OWNER 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	2	*they accepted our project and promise to support us.
19	ATIKU HOTEL	THE BROTHEL OWNER MANAGER 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	2	*they accepted our project and promise to support us.
20	OASES	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	*they accepted our project and promise to support us.
21	PUBLIC HEALTH LABORATORY	ASSISTANT H.O.D	*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	*meet the assistant H.O.D twice . she insist we come to see the H.O.D

22	HOUSE II	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	*they accepted our project and promise to support us.
23	ADE LOVE	THE BROTHEL OWNER 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	*they accepted our project and promise to support us.
24	FUNBUS	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	*they accepted our project and promise to support us.
25	EXCELLENT	THE BROTHEL OWNER CHAIR LADY FSW	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	2	*they accepted our project and promise to support us.
26	INFINITE	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	*they accepted our project and promise to support us.
27	GREEN PARK	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	*they accepted our project and promise to support us.

28	SOUL TO SOUL BROTHEL	THE OWNER BAR MAN FSW	*A brief introduction of the organization and its current project was highlighted. *To garner there support towards achieving the goal of the project	3	*they accepted our project and promise to support us.
29	OLUDARE HOSPITAL, FANIBI AKURE	*THE MATRON * THE NURSES	*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	*they accepted our project and promise to support us.



Cross session of activities during advocacy visit to the Caretakers chairman Akure South LGA



*EDFHO team with the Laboratory Scientist during Advocacy
To General Hospital HIV Centre*



EDFHO team with LACA manager Akure South LGA



EDFHO Team with staff of Comprehensive Health centre



EDFHO Programme Officer with Manager and staff of Mega iv



EDFHO team with Manager and FSW of Soul to Soul



EDFHO Programme Officer with OASES Manager & D.J

ACTIVITY 4: COMMUNITY DIALOGUE

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, Disc Jockey, Chairlady, Bar attendant, Gate men 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. There were a total of 79 dialogue held within the community with a total number of 256 people (169 males and 87 females).

There was a slight change in the community members and stakeholders (Bar man, Disc Jockey, Chairlady, Bar attendant, Gate men etc.) in the intervention site as at the second year of the project. This was why EDFHO PMT saw the need to have another dialogue with the new community members and stakeholders (Bar man, Disc Jockey, Chairlady, Bar attendant, Gate men etc.) in the intervention sites. In order to address some of the identified issues, as well as planned with the community various intervention process. The dialogue allowed stakeholders to have input on the strategies and deliverables and promote a sense of ownership among the target population.

ACTIVITY 5: BASELINE

To measure the level of knowledge and behavioral pattern of target population in all intervention sites, EDFHO conducted a baseline study among both brothel and non-brothel based FSW. A validated questionnaire, made available by SACA was used. Various intervention sites covered include: Essay Life Hotel Phase I, New Benue Girls Phase I, Royal Crown, Paradise Phase I, Paradise Phase III, Fish Republic, One with God, Corner Cave I, Corner cave II, Atiku, Star Five, New Benue Girls Phase II, Soul to soul and Excellent.

Intensive interviews were conducted with key informant identified through advocacy visit. One – on – one interview of selected FSWs was done using validated questionnaires. The baseline enabled the PMT the following knowledge about the FSW:

- Education Attainment
- Marital status
- Occupation
- Language
- Ethnic Group
- Alcohol and Psychoactive Drugs usage
- HIV status and general knowledge on HIV prevention
- Sexual History
- Condom usage, knowledge and accessibility
- knowledge on PMTCT

The data are collated, analyze into percentages and evaluated. The evaluation provided the PMT a baseline on which all pragmatic intervention is built upon.

The following are some of the background information received from the baseline analytics:

- Majority of respondents fall between 18 to 22 years for the brothel base and 23-27 for non-brothel base
- Most brothels based FSWs in Akure south are educated with an attainment of secondary while most of the non-brothel have higher degrees
- Findings from the marital status of the respondent shows that the majority of FSWs are single both the brothel and non-brothel. The number of divorced FSW is also high this can account for the reason behind their choice of profession.
- 94% condom agreed condom are easy to obtain
- 95% used condom with their last client
- Only 23% of the FSWs uses condom with their non paying sex partner (boyfriend)
- 90% of the FSWs drink, 10% don't drink 85% drinks daily while only 5% drinks occasionally
- Level of awareness of HIV is high. 80% FSW have basic knowledge of HIV prevention

A detailed analysis of the Baseline is in the baseline/end line analysis report.

ACTIVITY 6: PEER EDUCATOR TRAINING

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 female sex workers as peer educators who will provide information to their peers on HIV prevention. A three – day peer educators' training was conducted by EDFHO for 23 Peer Educators drawn from various brothels in Akure south LGA. The training was conducted using a peer education manual adapted from Society for Family Health peer education manual. The participants were taken through series of topics on HIV/AIDS issues and peer education strategies for balance ABC prevention intervention. Topic covered during the training as designed in the seven (7) modules PEs guide include the following:

Module 1: Life skills

Module 2: knowledge of HIV & STIs

Module 3: HIV prevention and access to help

Module 4: gender and sexually

Module 5: gender and HIV/AIDS

Module 6: Risk perceptions

Module 7: HIV/AIDS and Stigma

Other topics includes peer educator qualities and Monitory and Evaluating tools
The LACA Manger Mrs. Falaye O. C attended the training and explained to the Peer Educator the importance of the training and the effort of Government in eradicating HIV/AIDS. She also sensitizes the Peer educators on their right. It was a lively atmosphere as participation was high with the Peer educators asking questions while she provided answers.

At the end of the three days trainings all the Peer Educators were encourage to carry out their HIV test so as to be a good role model for their peers and they 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 the participants during the training



Akure Akure south LACA Manager addressing the PEs



Condom demonstration by the peer educator

ACTIVITY 7: 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 first tranche, the peer educators completed the 7 modules from the peer education manual with their registered cohorts within three months. 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 their 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.

Frequent harassment by law enforcing agent was a major challenge during the sessions because most of the peers tries to run away immediately they receive information that another brothel has been raided.

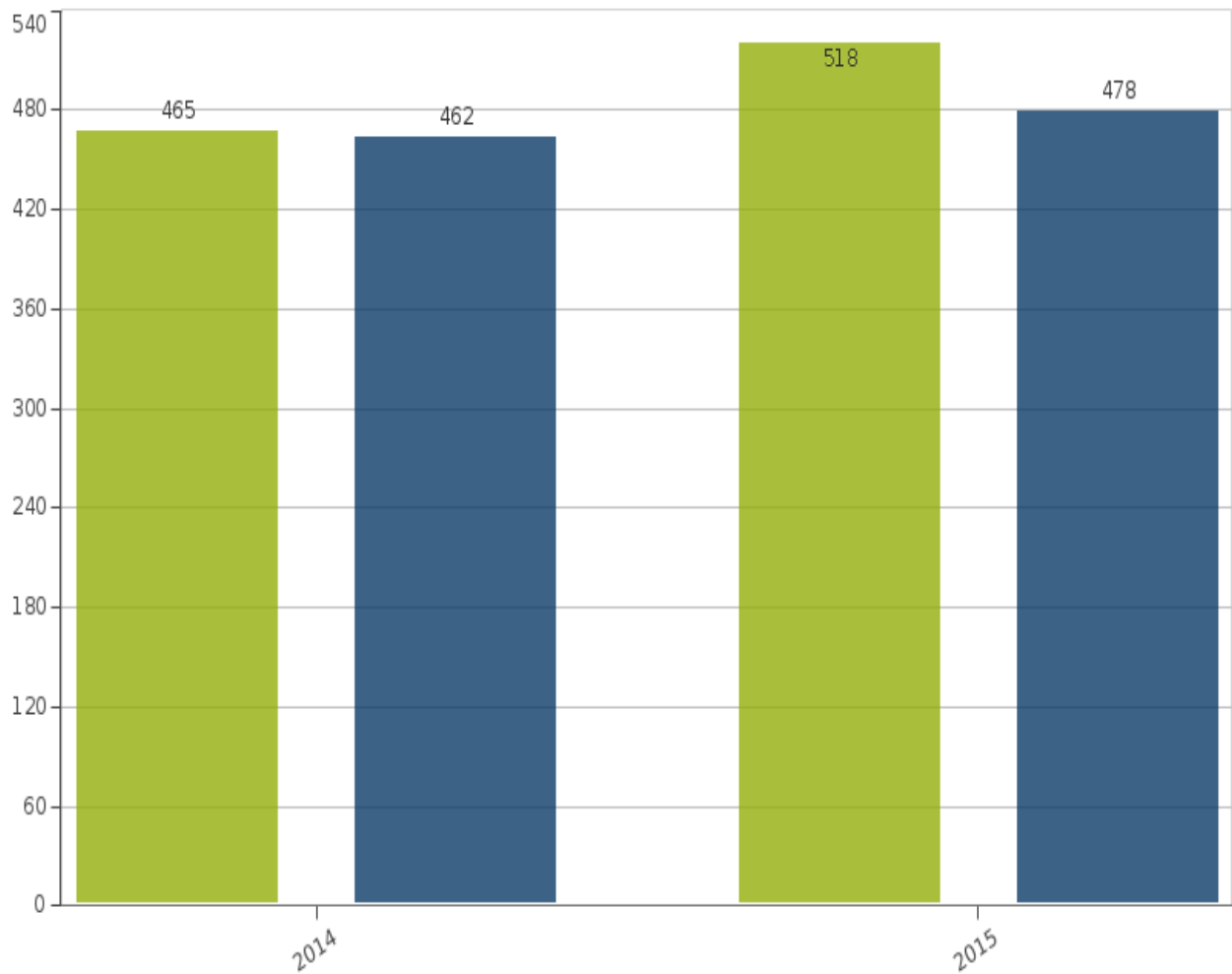


EDFHO staff during some of the session

The Chart below shows number of individual reached with MPPI as against number of peers registered during the project

Environmental Development and Family Health Organization

■ Number of peers registered ■ Number of persons reached with MPPI in the quarter



ACTIVITY 8: PEER EDUCATOR MONTHLY REVIEW MEETING

To ensure effective coordination of project activities in all the intervention sites, EDFHO team conducted monthly review meetings with the peer educators. 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.



Cross session of activities during review meeting in the month of August



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



Cross session of activities during review meeting in the month of July



Cross session of participant during PE monthly review meeting



Cross session of participant during PE monthly review training

ACTIVITY 9: PRODUCTION OF CONDOM OUTLET BOXES

Male and female condoms are currently the most efficient and available technology to prevent HIV and other sexually transmitted infections (STIs) among sexually active population. But with various myths and misconception about condom, coupled with social stigma, distance to outlet, and cost, condom use remains a challenge in most sexually active communities. It is therefore essential that condoms be readily available at low cost to motivate people to use it. In realization of these and understanding of the intervention communities, EDFHO produced 50 condom dispensing boxes that is placed at each priority venues.



Sample of condom outletboxes

Table: Location of condom boxes

Name of Spot	Address	Number of boxes
One with God	Ejimikin by Arakale road	1
Royal	Car Street	2
New Benue I	Ejimikin by Arakale road	1
New Benue II	Ejimikin by Arakale road	1
Easy Life	Nepa	2
Corner cafe I	Tipper Garage	1
Corner cafe II	Car Street	1
Paradise	Oluwatyi Akure	2
Excellent	ejimkin by Arakale road	1
First impression	Idanre Road Akure	1
Apple white	Hospital Road Akure	1
West end	Oluwatuyi Akure	1
De ultimate	Oluwatuyi Akure	1
DJ mania	Sijuade	1
Spicies p	Sijuade	1
Worth Garden	Alagbaka Akure	1
Senior Staff club	Alagbaka Akure	1
MEGA IV	Sijuade	1
Class Five	Oke Aro Akure	1
Fish Republic	Oyemukun Road Akure	1
Jayfad	Oluwatuyi Akure	1
House II	Oke Aro	1
ODSACA	Akure	1
EDFHO	Akure	1

ACTIVITY 10: PRODUCTION OF SBCC MATERIALS/COMMUNITY BRANDING

To stimulate behavioral change through continuous information in various formats and promote sustained changes in social behaviour among target groups, EDFHO developed and produced social behavioral change materials to reinforce messages and distributed them within the target communities. The materials cover messages that promote HIV/STI prevention as well as correct and consistent condom use.

S/N	Items	Quantity
1	Stickers	500
2	Handbills	2500
3	Branded hand wallet	250



Sample of stickers



Sample of handbill



Samples of Branded hand wallet

ACTIVITY 11: TRAINING OF VOLUNTARY OUTREACH STAFF

Most of the validated FSW in Akure south LGAs are the non-brothel based. The best method identified to reach them is through Interpersonal communication by Voluntary outreach staff (VOS). 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. Voluntary outreach staffs were saddled with the responsibility of reaching non brothel based FSW and their clients through interpersonal communication using various mapped hotspots as rallying point. EDFHO state program officer facilitated the training for the six (12) selected VOS.

The VOS consisted of 6 male and 6 female for the first and second year, who were paired to work in three teams (one male, one female per pair) across three mapped priority prevention areas (PPA) within Akure south LGA.



Condom messaging and demonstration during the training



Training of Voluntary Outreach Staff

ACTIVITY 12: INTERPERSONAL COMMUNICATION

As part of effort to reduce new HIV infection and improve knowledge among non-brothel based FSW and their clients, the trained VOS reached out to non-brothel based FSW and their clients with interpersonal communication strategy at the hotspots across the three mapped PPAs in EDFHO project sites. Most activities were carried out at night when target group is most active. The target group were 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 worked in pairs (a male and a female). The locations were clustered into 3 Priority Place Area (PPA) and each team worked in a PPA.

Table of community in each PPA and the closest health facilities and Police station

PPA	Community	Police Station	Private Health Facilities	Public Health Facility
1	Oyemekun Road	Fanibi Police Station	OludareHospital, Fanibi Alure, SKYE Hospital,	Public Health lab. Oke eda, General Hospital
	Ondo Road	Fanibi Police Station	OludareHospital, FanibiAlure	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
	Arakale	B Division Police station, Oke-Aro, Akure	OludareHospital, FanibiAlure	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
	Oba Adesida Road	A Division Police station OkeEdaAkure. S.O	OludareHospital, FanibiAlure	Public Health lab. Okeeda, General Hospital
2	OkeAro	B Division Police station, Oke-Aro, Akure	Mao Clinic/Oludare Hospital	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
	Oluwatuyi	Ala Police post	Liberty Hospital, Akure. Sijuade Hospital, Akure.	Publi Health Lab OkeEda/State Specialist Hospital, Akure
	Sijuade	A Division Police	Liberty Hospital,	CHC, Arakale, /

		station OkeEdaAkure. S.O	Akure. Sijuade Hospital, Akure.	Mother & Child Hospital, Okearo/CHC OkeAro,
	Oshinle	B Division Police station, Oke-Aro, Akure	Liberty Hospital, Akure. Sijuade Hospital, Akure	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
3	Alagbaka	A Division Police station OkeEdaAkure. S.O	Liberty Hospital, Akure. Sijuade Hospital, Akure.	Publi Health Lab OkeEda/State Specialist Hospital, Akure
	NEPA	A Division Police station OkeEdaAkure. S.O	Liberty Hospital, Akure. Sijuade Hospital, Akure.	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
	Igbatoro	Ala Police post	Liberty Hospital, Akure. Sijuade Hospital, Akure.	CHC, Arakale, / Mother & Child Hospital, Okearo/CHC OkeAro,
	Oda road	Ala Police post	Sijuade Hospital, Akure. Liberty Hospital	CHC, Arakale, / Mother & ChildHospital, Okearo/CHC OkeAro,

ACTIVITY 13: 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 various venue/hotspot. The PLACE night activities were basically focused on passing detail information about HIV Prevention to the FSW and their clients using drama and music as a tool. The activities covered during the program included musical show, drama presentation, condom demonstration, and question and answer sessions. 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 through the drama presentation and condom demonstration. The six trained VOS were on ground as well carrying out interpersonal communication for the people met. It usually a lively atmosphere as participations were high with people asking questions while VOS provided answers one – on – one and in groups. 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. The PLACE nights also provided avenue for community HCT outreach.

The table shows venues where PLACE activities have taken place and average number of participants

S/N	Venue	No of times	Population	
			Male	Female
1	Fish Republic	2	25	14
2	Deji Mania sijuade	3	25	14
3	De White Bar Alagbaka	2	46	27
4	First impression Idanre road	2	37	16
5	Big Apple Hospital Road Akure	1	46	17
6	Jayfad	2	24	11
7	West end	3	32	19
8	White house, Alargbarka	1	26	15
9	Class five Arakale	1	43	26



Condom messaging and demonstration during the place night @ Fish Republic



Drama Presentation during Place night @ Big Apple



HCT during the place night @ Big Apple



Crossection of participant during Place niught at Dewhi



Drama Presentation during Place night @Dewwhite bar



Drama presentation during the place night@ Fish republic



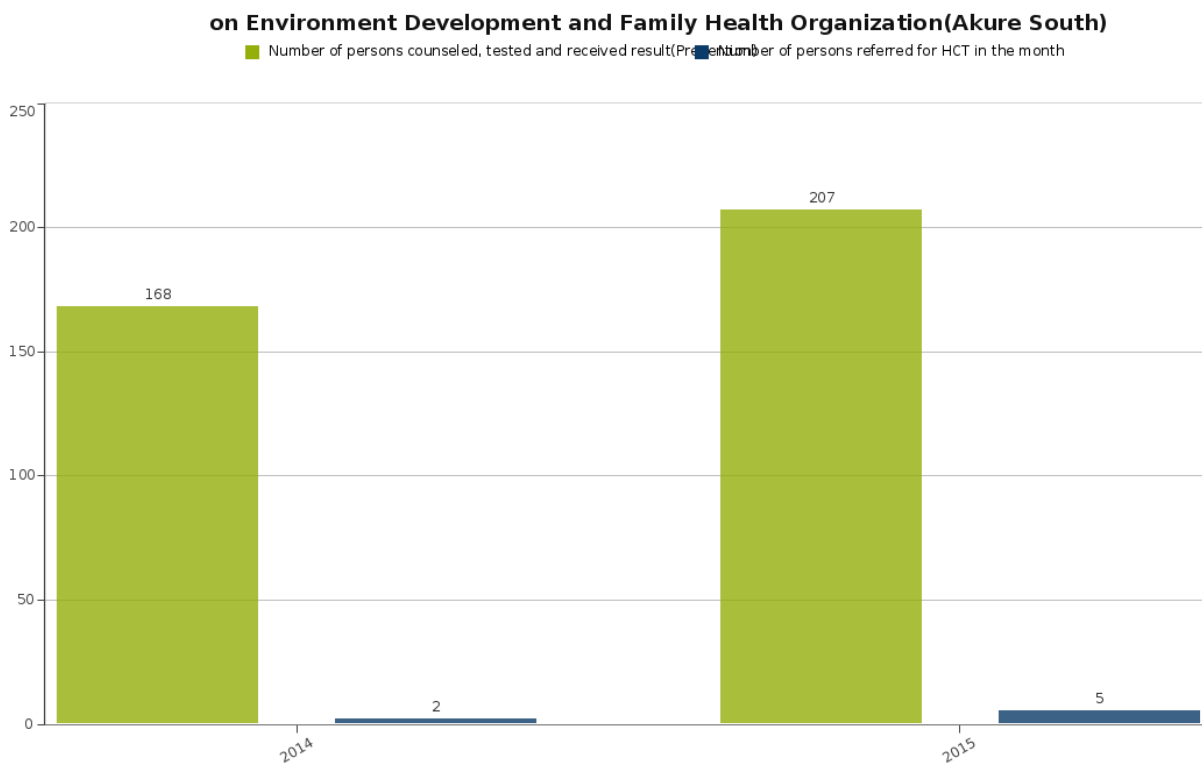
Cross session of PLACE activities @ Jefad shijuade



Cross session of activities during PLACE

ACTIVITY 14: 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. Referral mechanism and linkages would be established with the existing health facilities for rapid response for HIV positive FSW.



ACTIVITY 15: BROTHEL OWNER ASSOCIATION MEETING

Brothel Owners Association (BOA) meeting is a Biannual meeting that EDFHO has with Brothel Owners In order to comprehensively intimate brothel owners on the project achievements/challenges, proffer solutions on way forward and also inform the Brothel owners of upcoming activities. EDFHO gave due attention to the BOAs through the quarterly meeting and this translate to the success of the project. The involvement of the BOAs enhances project ownership, support and sustainability.

The BOA promises to always give their full support to HIV Prevention amongst FSWs in the state.

ACTIVITY 16: CONDOM QUANTIFICATION

Effective supply chain management is important to ensure that condoms are always available when and where the FSWs and their client need them. EDFHO estimated the total number of condom requires by their target on monthly and quarterly bases so as to enable ODSACA to develop a logistics plan for procurement, storage and distribution.

The condom quantification was suppose to be used in determining the quantity of condoms that EDFHO are to supply to PEs and VOS but unfortunately EDFHO could not supply up to 30% of condom quantify. EDFHO strengthen the Traditional/ Nontraditional condom outlets so as to make up for the condom quantified.

The number of condom required for the brothel based is calculated by the average number of partners multiply by number of active days minus eternal supply

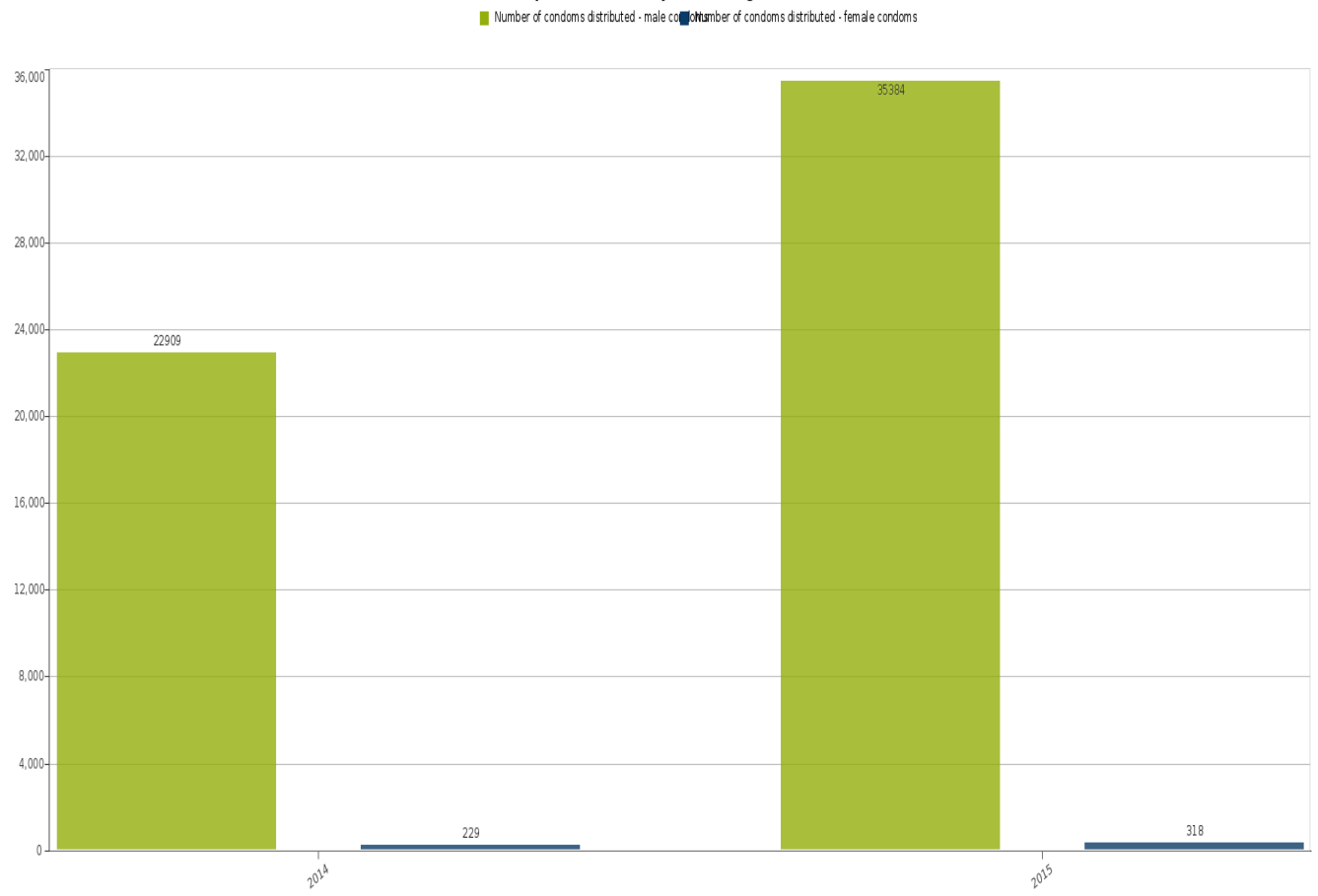
S/N	BROTHEL NAME	Registered FSWs	CONDOM REQUIREMENT	
			Monthly	Quarterly (3 Months)
1	One with God, Ijekimi	11	1320	3960
2	New benue girls phase II, Ijekimi	9	1080	3240
3	New benue girls phase I, Ijekimi	7	840	2520
4	Royal crown car street	12	1440	4320
5	Royal crown car street	12	1320	3960
6	Royal crown car street	11	1320	3960
7	Easy Life Nepa	11	1200	3600
8	Easy Life Nepa	10	1200	3600
9	Excellent, Ijekimi	10	1200	3600
10	Paradise, Oluwatuyi	10	1200	3600
11	Paradise, Oluwatuyi	10	1200	3600

12	KONA Café, Tiper garage	10	1200	3600
	Total	123	14520	43560

The condom quantification for the non-brothel is calculated based on the average number of FSWs and their client reached with interpersonal communication in a month multiply by their sexual activities.

S/N	NON BROTHEL	Venue	Average number of target per month	CONDOM REQUIREMENT	
				Monthly	Quarterly (3 Months)
1	Priority Prevention Area (PPA) 1	venue 1	40	640	1920
2		venue 2	40	640	1920
3		venue 3	40	640	1920
4	Priority Prevention Area (PPA) 2	venue 1	40	640	1920
5		venue 2	40	640	1920
6		venue 3	40	640	1920
7	Priority Prevention Area (PPA) 3	venue 1	40	640	1920
8		venue 2	40	640	1920
9		venue 3	40	640	1920
	Total		360	5760	17280

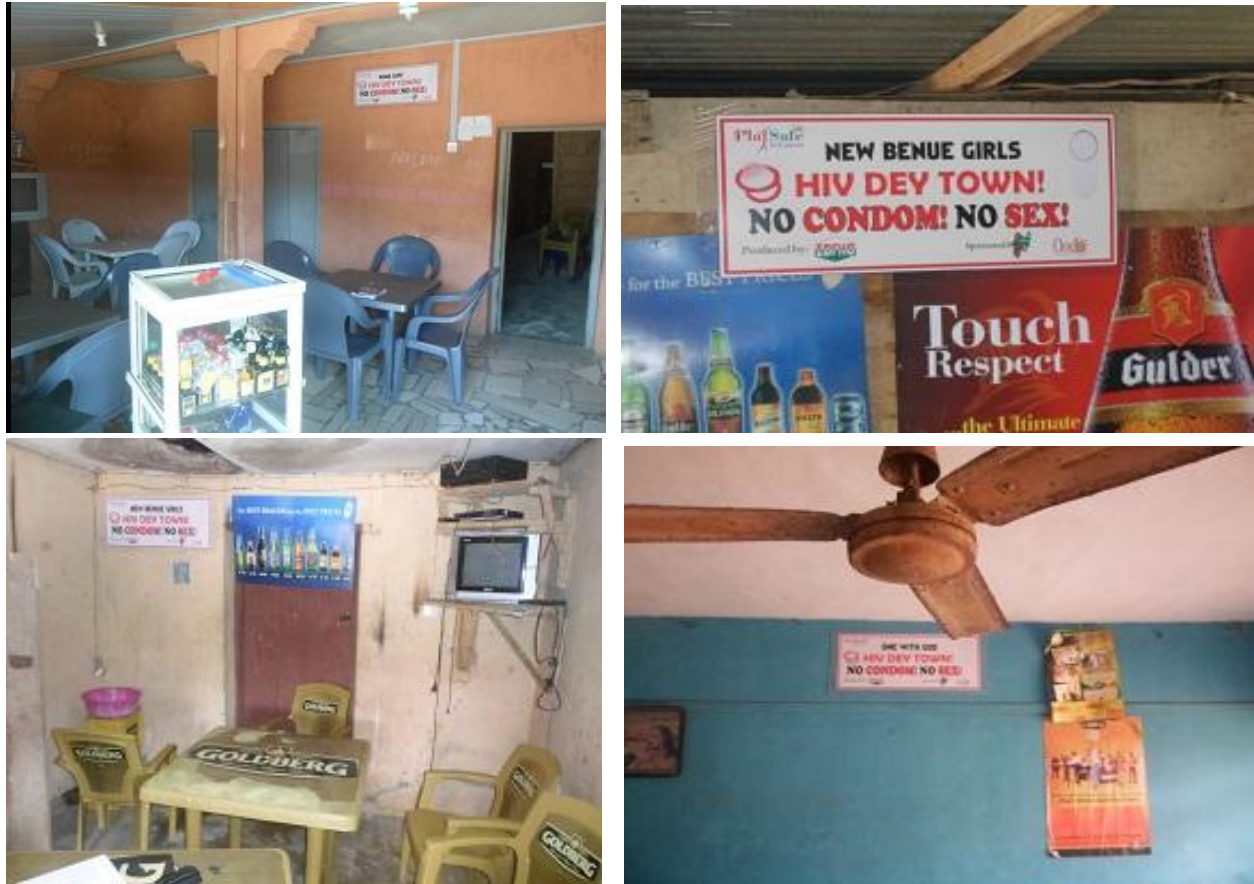
on Environment Development and Family Health Organization(Akure South)



Male and Female Condom distributed

ACTIVITY 17: SITE BRANDING

As part of sexual and behavioral change communication and ensuring creation of awareness to the community members in the project sites, EDFHO branded the intervention site for both brothel and non-brothel. The sign posts were placed in open and strategic locations within the intervention sites with a key message on HIV/AIDS behavior change. The FSW appreciated the branding message because it will also help in communicating the message “No Condom No Sex” to their client.



Cross section of branded intervention site

LIST OF BRANDED SITE

S/N	Name of site	Type
1	One with God, Ijekimi	Brothel
2	New benue girls phase II, Ijekimi	Brothel
3	New benue girls phase I, Ijekimi	Brothel
4	Royal crown car street I	Brothel
5	Royal crown car street II	Brothel
6	Royal crown car street	Brothel
7	Easy Life Nepa	Brothel
8	Easy Life Nepa	Brothel
9	Excellent, Ijekimi	Brothel
10	Paradise, Oluwatuyi	Brothel
11	Paradise, Oluwatuyi	Brothel
12	KONA Café, Tiper garage	Brothel
13	KONA Café, car street	Brothel
14	Fish Republic	Non brothel
15	Deji Mania sijuade	Non brothel
16	Clasic, mobile filling station Arakale	Non brothel
17	First impression Idanre road	Non brothel
18	Big Apple Hospital Road Akure	Non brothel
19	Jayfad sijuade	Non brothel
20	West end	Non brothel
21	De ultimate	Non brothel
22	Akinbayo star	Non brothel
23	Omi Eja	Non brothel
24	Mega IV	Non brothel
25	African Kitchen Oke aro	Non brothel
26	T Square	Non brothel

ACTIVITY 18: CLUSTERING MEETING

EDFHO organized a one day clustering meeting so as to improve coverage and access of FSWs to MARPs friendly and comprehensive STI services and to provide an enabling environment for FSWs to negotiate safer sex and protect their human right. Notable stakeholder in attendance is the Secretary of the Brothel Owners Association, Chair leaders, Peer Educators of the FSW, Police officer, LACA Manager, STI focal person of the State specialist Hospital Akure, community Members, HIV lab focal person of the State specialist Hospital Akure and the Service Support Group.

The meeting provides the opportunity for stakeholder to comprehensively discuss and address some of the social issues that have been mitigating the prevention of HIV/AIDS among FSWs in Akure South LGAs. The FSWs were able to tell police and health workers what they want; the host community was able to recognize that the sex workers provide services enjoyed by a section of the community and they all promise to contribute their quarter in ensuring that HIV prevalence gets to zero in Ondo State.

The topics discussed during the meeting are:

Update on EDFHO HIV/AIDS Prevention Interventions among FSWs in Akure South LGAs

Effect of Stigmatization of FSW on the Prevalence of HIV/AIDS in Ondo State

Role of Stakeholders on HIV Prevention among FSWs

Interactive sections (Way forward): Sustainability Plan for MARPs Friendly HIV/STI services
protection of FSWs Human right.

The meeting increased the coverage and access of FSWs to MARP services. The number of positive FSWs who accept STI referral increased and HIV positive FSWs now go for referral.



Cross session of activities during Clustering meeting



Cross session of activities during Clustering meeting

ACTIVITY 19: 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 ODSACA 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:

- Routine monitoring and tracking 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 ODSACA, LACA, Other CSOs on HAF project and host communities.

During the entire project period, the M & E officer moved round the implementation site on several occasion for monitory to guarantee the quality of data coming from the community, track people reached during each activity and to ensure that and they are all in line with the work plan and set objectives . ODSACA Staff also join in monitoring of the implementation done.



ODSACA & EDFHO staff @ Easy Life Nepa for M&E Activities



EDFHO staff @ Paradise Oluwatuvi for M&E activities



ODSACA and EDFHO team @ Royal Crown hotel during M&E.activities



EDFHO staff @ Royal Crown Car str. for M&E Hot

ACTIVITY 20: END LINE

At the end of the project an Endline was done. The aim of Endline was to measure the level of knowledge and behavioral pattern of target population. To establish the gains of the project, the analysis from the end line interaction with target beneficiaries was compared with the result of baseline from the same intervention sites.

The following are some of the information received from the end line analysis:

- 100% of FSWs agreed that condom are easy to obtain
- 100% of FSW used condom with their last client
- 65% of the FSWs uses condom with their non paying sex partner (boyfriend) which is an increased to the initial 23%
- Level of awareness of HIV remains high. 100% FSW now have basic knowledge of HIV prevention

A detailed analysis of the Endline is in the baseline/end line analysis report.

D. PROGRAM ACHIEVEMENTS. (Briefly explain the summary of project notable achievements)

i. KEY ACHIEVEMENTS

The project notable achievement are highlighted below

- Engaged and cooperative Brothel Owners
- Informed and supportive community members and stakeholders (BOAs representative, PEs, Police, Community members and Medical personnel)
- 1 clustering meeting held with stakeholder (BOAs representative, PEs, Police, Community members and Medical personnel)
- 23 trained Peer Educators (PEs) on HIV Prevention with peer education manual adapted from Society for Family Health peer education manual.
- 239 informed brothel based FSW on HIV Prevention with peer education manual adapted from Society for Family Health peer education manual.
- 12 (6 male and 6 Female) trained Voluntary Outreach Staff (VOS) with a peer education manual adapted from Society for Family Health peer education manual
- 701 informed non brothel based FSW on HIV Prevention through Interpersonal Communication (IPC)
- 375 FSW counsel and tested on HIV
- 93 FSW referred for STI treatment
- Condom quantification for 900 FSW
- 50 Condom Boxes Produced and distributed
- 26 branded site
- 17 PLACE activities
- Production and distribution of IEC materials (500 stickers, 2500 handbills and 250 Branded hand wallet)

ii. SUMMARY OF MAIN ACTIVITIES ACHIEVED

S/ N		2014 F	2015 F	TOTAL
1	# of person trained as Peer Educators	12	11	23
	# of Peer Registered (Brothel Based FSW)	126	126	252
2	# of Brothel Based FSW Reach with MPPI	123	116	239
3	# of Voluntary Outreach Staff (VOS)	6	6	12
4	# of Condom distributed (Female Condom)	229	318	547
	# of Non brothel Base FSW informed on HIV Prevention through IPC	339	362	701
	# of Condom distributed (Male Condom)	22909	35384	58,293
5	# of persons counseled, tested and received result	168	207	375
	# of persons referred for STI	1	92	93
6	# of advocacy visit conducted			
7	# of stakeholder meeting/ community dialogues/sensitization held			
8	# of Condom dispensers/Box distributed			50
9	Community/Spot branding			26
10	ETC			

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

Background

EDFHO set out to provide evidence based intervention which was informed by reliable specific information about the communities and population attributes. It is on this backdrop that EDFHO carried out a baseline assessment among the target groups. The exercise is designed to capture information about the social and demographic characteristics of the groups. Furthermore, the assessment evaluates the knowledge of the respondents on basic information about HIV/AIDS such as the meaning, mode of transmission, prevention and access to prevention methods.

The bulk of FSWs are the non-brothel, they are more mobile, mostly operating from home and hotels. Due to the stigma associated with the trade. Most of the non-brothel travel from neighboring city of Benin, Ado, Osogbo to Akure. The era were FSW stand on the street is fast rolling out due to the influence of Technology, they now have social network group were interested client can long on to hook up with a FSW of choice. Most of the hotspots have a contact person that arranges meetings on clients demand. Most hotels and beer parlour around Akure have a waiting list of non-brothel based FSWs usually arranged by hotel managers, D.J, Bar Man and security Men for willing customers.

The study of the target group reveals that Non brothel base are over 70% of all FSW within the City. Sex workers interviewed reported having up to 10 clients in a day with an average of six clients per day and they are some rare days without any client. The FSW were largely friendly and responded well to interview question but are money conscious, demanding for payment of time used in conducting the interviews.

The patronage of FSWs (brothel based) is high amongst Okada riders, long distant drivers, NURTW members and uniform men. The general population are the most frequent clients of non-brothel based FSW

METHODOLOGY

Approach: To measure the level of knowledge and behavioral pattern of target population in all intervention sites, EDFHO conducted a baseline study among both brothel and non-brothel based FSW. A validated questionnaire, made available by SACA was used. Various intervention sites covered include: Essay Life Hotel Phase I, New Benue Girls Phase I, Royal Crown, Paradise Phase I, Paradise Phase III, Fish Republic, One with God, Corner Cave I, Corner cave II, Atiku, Star Five, New Benue Girls Phase II, Soul to soul and Excellent.

Intensive interviews were conducted with key informant identified through advocacy visit. One – on – one interviews of selected FSWs was done using validated questionnaires.

Sample Size: EDFHO used 100 people as sample size, which amount to the 11.1% of the target (900 FSWs). 76 are brothel and 24 are non-brothel. The number of brothel used for this analysis is low considering their population but EDFHO had no option because the majority of those question in the baseline couldn't be trace for endline.

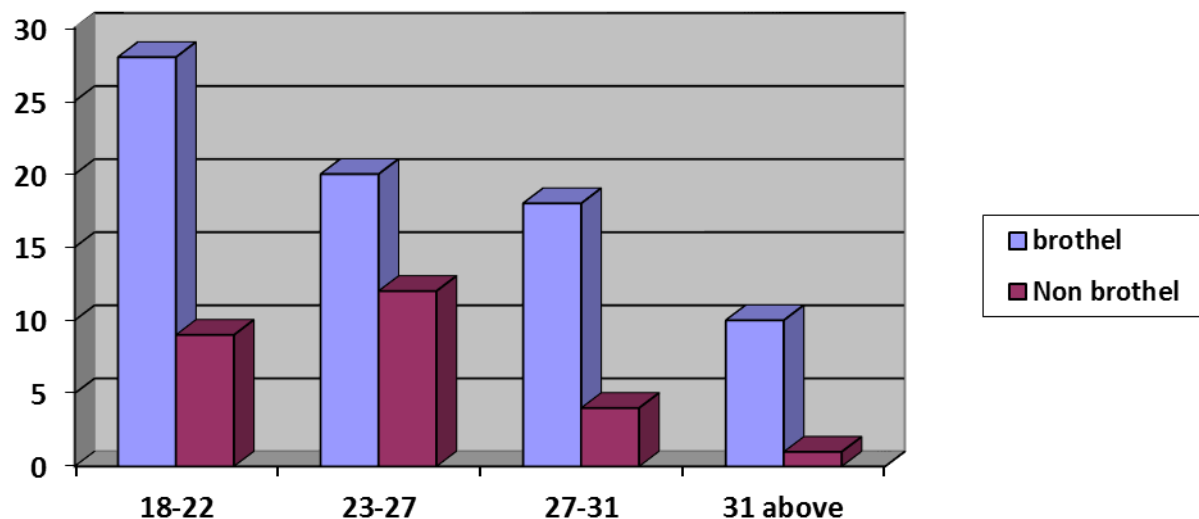
Data Collation and Analysis: Analysis of quantitative data was done using Microsoft Excel 2013. The analyzed data was compared with based line data where applicable to highlight changes in at both individual and community levels. Discussion of the study outcome focused on behavioral issues as it reflects in Condom use, STI prevalence and treatment as well as complete knowledge of HIV/AIDS transmission and prevention

RESULT

Background Characteristics of Respondents

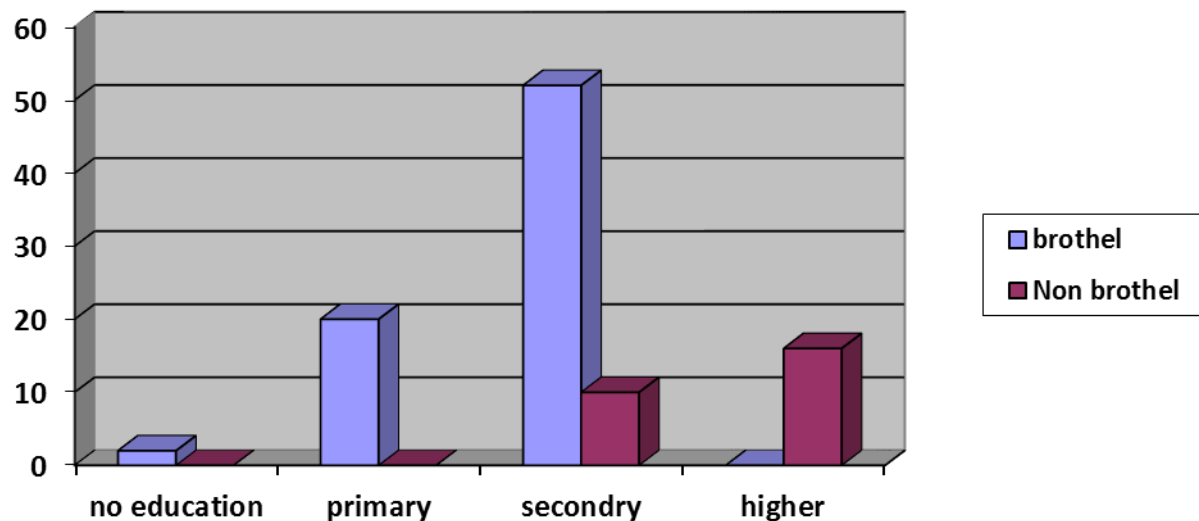
Majority of respondents fall between 18 to 22 years for the brothel base and 23-27 for non-brothel base

Figure: Age of Respondent



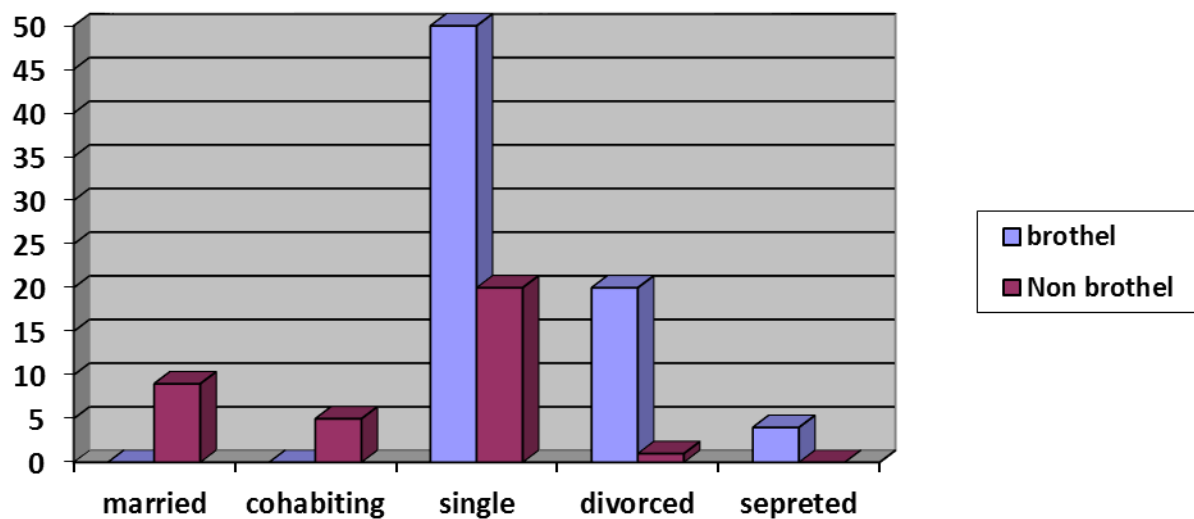
Most brothels based FSWs in Akure south are educated with an attainment of secondary while most of the non-brothel have higher degrees

Figure: Education attainment



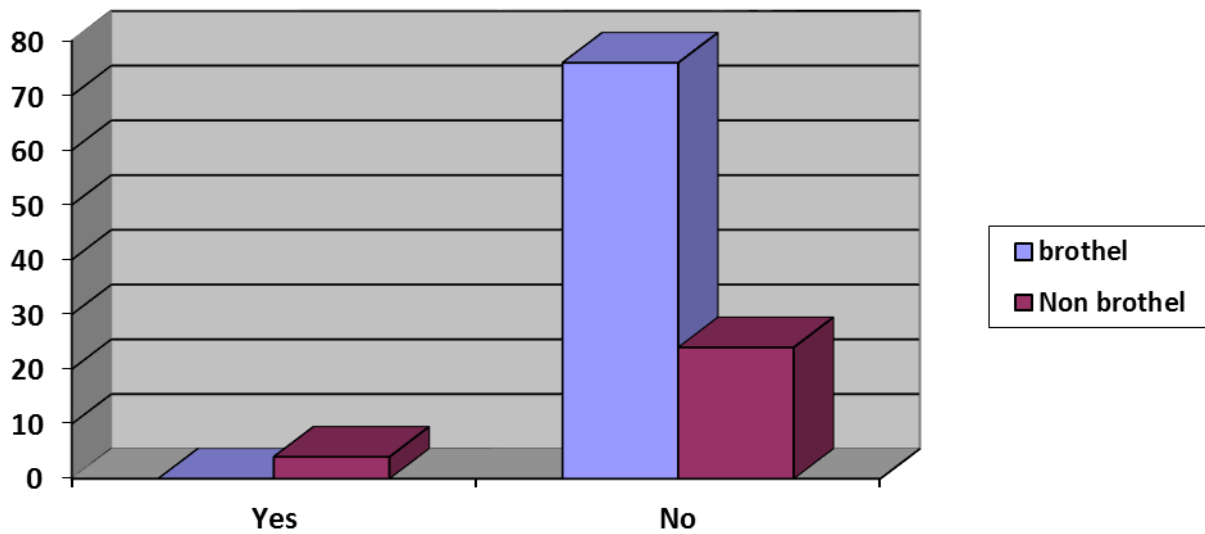
Findings from the marital status of the respondent shows that the majority of FSWs are single both the brothel and non-brothel. The number of divorced FSW is also high this can account for the reason behind their choice of profession.

Figure: Marital status



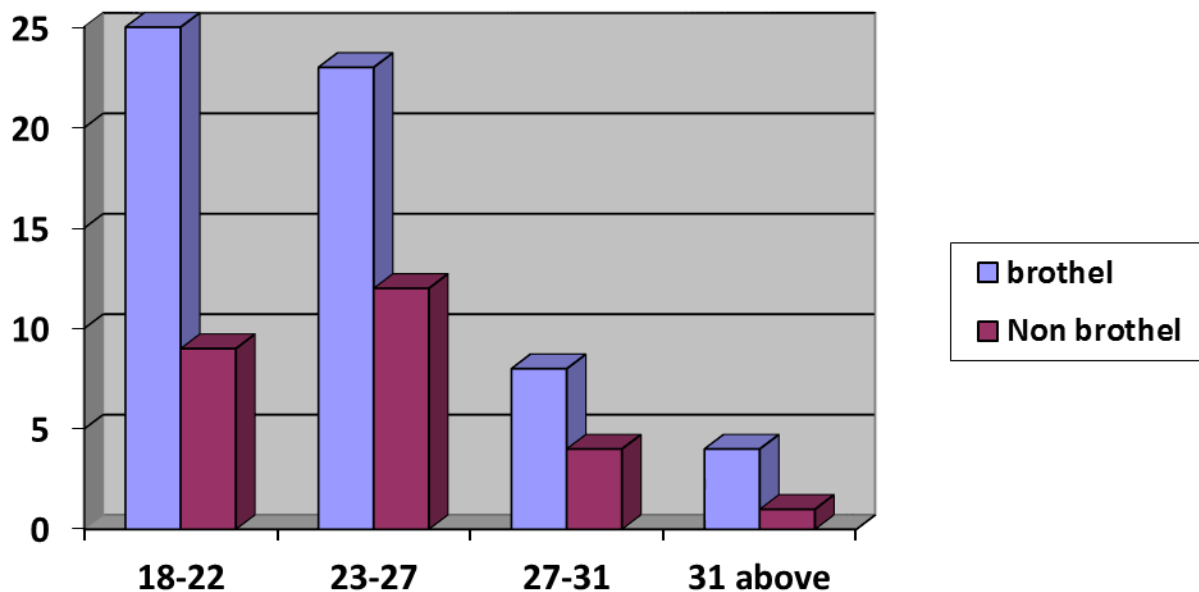
Finding from the analysis shows that 100% of the brothel based FSW have no other means of income. This is result is alarming because without other means of income the FSW negotiating power for safer sex will be lower and increased their risky behavior due to the fear of poverty. Only a few of brothel based said they have other means of income.

Figure: Do you have other means of Income?



Majority of the sex workers in Akure are new to the business because most begin the sex workers an average of a year ago. The finding of the research shows that most of the sex worker begins the sex work between the ages of 18-22 for the brothel which has the highest percentage of the brothel based.

Figure: what age did you start sex work?



Sexual Transmitted Infections (STIs)

STI management was a major challenge during the start of the project. Those with STI infections refused to accept referrals due to stigmatization from Health care workers they prefer self-medication. EDFHO was able to solve this problem by bringing the focal person of STI management in State specialist Hospital to them. She made a commitment to give direct access to testing and treatment to the FSWs. This resulted into the decrease in STI symptoms amongst the FSWs and increase in the number of those who seek treatment from public Hospital and clinics.

Figure: Have you had STIs symptoms in the last 6 months?

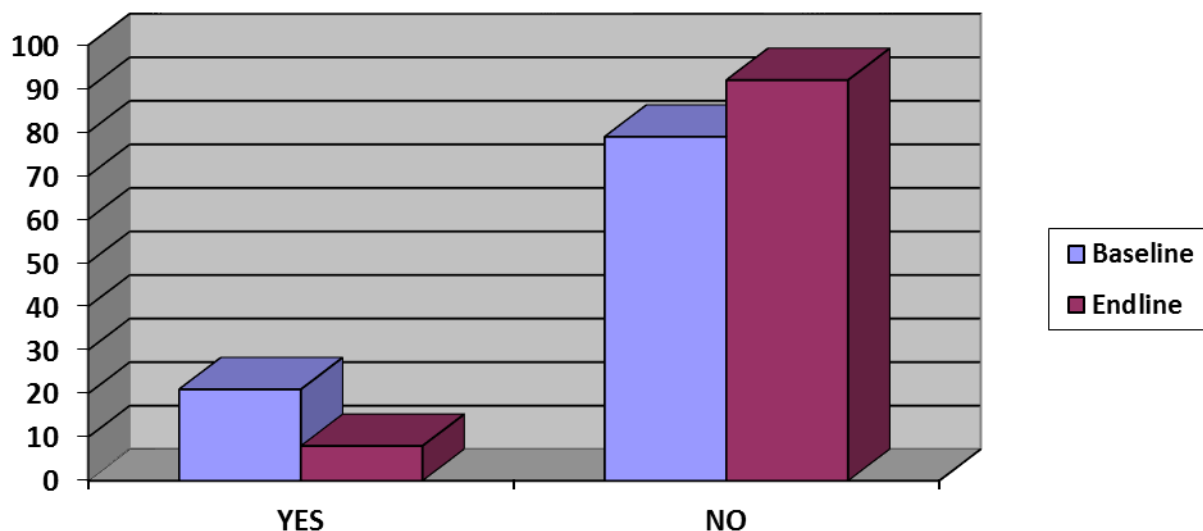
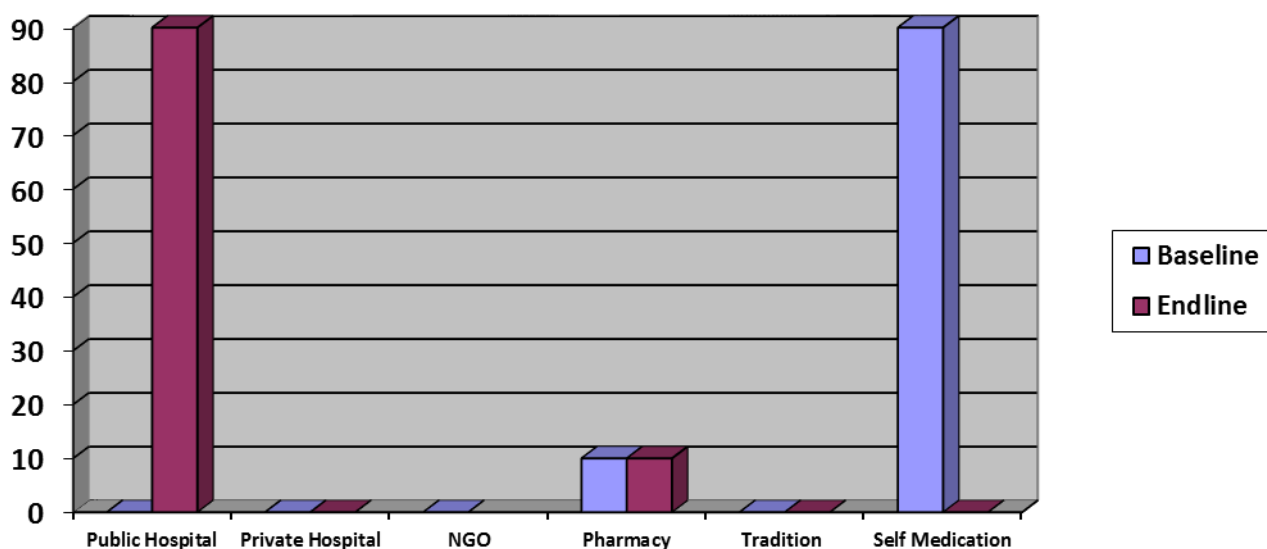


Figure: Where did you receive Treatment?



HIV Test

Knowledge of were to do HIV test was very and majority of the FSW have done HCT before. End line analysis of the data show that the knowledge of were to do HCT and the number of those who have done HCT before amongst the FSW is 100%.

	Knowledge of HCT Centre		Tested before?		If yes receive result?	
	YES	NO	YES	NO	YES	NO
Baseline	70%	6%	80%	20%	88%	12%
Endline	100%	0%	100%	0%	100%	0%

CONDOM/LUBRICANT

In achieving zero new HIV and STI infections among FSW, condom availability and accessibility has a vital role. Access to male condom in Akure is relatively high, most of the FSW gets their condom from the chemist but with social stigma, distance to outlet and cost, condom use remains a challenge in the site. It is therefore essential that condoms be readily available at low cost to motivate people to use it. In realization of these and understanding of the intervention communities, EDFHO produced 50 condom dispensing boxes that are placed at each hot spot. Condoms are supplied at free cost to the box. EDFHO couldn't supplied the number of condom quantified that why traditional and nontraditional condom outlet is been strengthen to make up for the quantity supplied. At the end of the project 100% of the FSWs agreed that condom is easy to obtain

30% the FSW have not heard of condom lubricant. Amongst those who have heard of condom lubricant only 10% of them was using water based lubricant due to the low access and the high cost of lubricant. Most resulted to diluting Antibacterial and antifungal cream to serve as lubricant. Before the end of the project EDFHO was able to increase access to lubricant by giving each of the FSW (brothel based) a lubricant supplied by ODSACA. EDFHO was able to strengthening the non-traditional outlet by creating a procurement system for them. The hawkers who sells condom to the FSW were encourage to stop selling oil base lubricant and were introduced to venue like Society for Family Health and PPFN were they could be buying water based lubricant. Only 2% of them still don't use lubricant because it inches them despite it's the liquid based.

	Do you agree that male Condom are easy to Obtain		Have you heard of Condom Lubricant		Do you currently use condom lubricant?	
	AGREE	DISAGREE	YES	NO	YES	NO
Baseline	94%	6%	70%	30%	10%	90%
End line	100%	0%	100%	0%	98%	2%

SEXUAL HISTORY

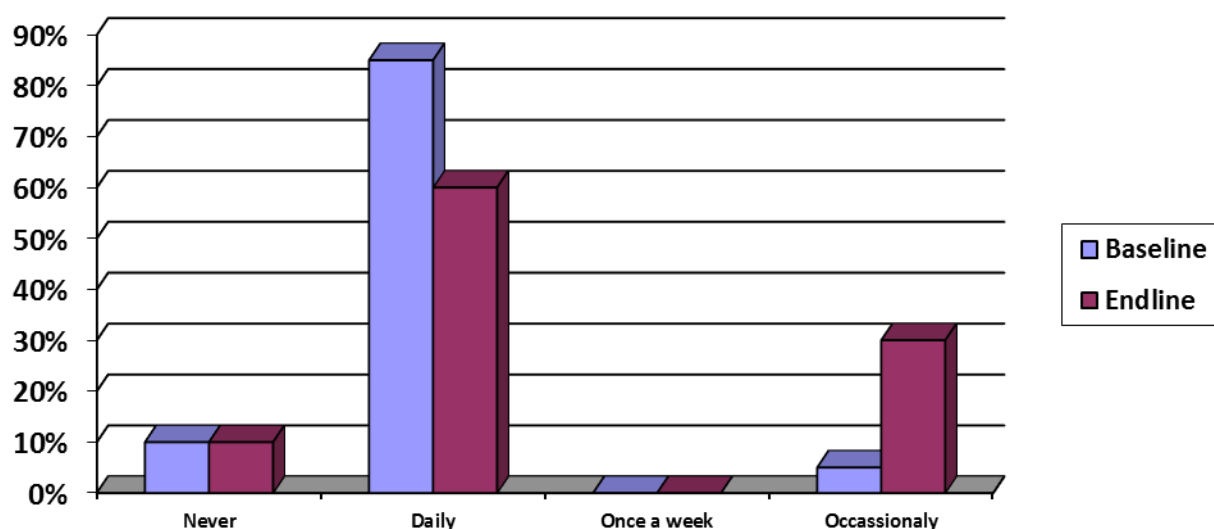
100% of the FSWs are having nonpaying partners (boyfriend). On condom usage, 80% of respondents reported non condom usage with their nonpaying partners. While only 5% reported non condom usage with their paying partners. The End line analysis show that there is increase in usage of condom usage with non-paying partners but the increase is not sufficient there is need to still work towards. None of the FSWs have never had anal sex.

	The last time you had sex with a non paying partner (boyfriend) was condom used		The last time you had sex with a paying partner was condom used		Have you had Anal sex	
	YES	NO	YES	NO	YES	NO
Baseline	23%	73%	95%	5%	0%	100%
Endline	65%	35%	100%	0%	0%	100%

ALCOHOL AND DRUGS

90% of the FSWs drink, 10% don't drink 85% drinks daily while only 5% drinks occasionally. The high percentage of the FSWs that drinks can be as a result of the stigma associated with the work. EDFHO was able to train the FSWs through the PEs the danger of these risky behaviors. There was a decrease in the number of those who drinks daily but the decrease is very negligible. None of the FSWs takes Psychoactive or inject drugs

Figure: How often do you drink?



KNOWLEDGE, OPINION AND ATTITUDE of FSWs TOWARDS HIV/AIDS

Level of awareness of HIV in remains high as documented in the baseline. However, complete knowledge of HIV as measured by responses to the questions presented in the figure below shows a remarkable improvement over that of baseline reported. This is a remarkable achievement for the project, the importance of complete knowledge of HIV is crucial in eliminating stigma and discrimination of PLHIV. With this result, it is expected that stigma resulting from lack of accurate knowledge among the target will drastically reduce thereby improving community support for PLHIV as well as ensure reduction in the incidences of new HIV infection

Figure: knowledge, opinion and attitude of FSWs towards HIV/AIDS (baseline)

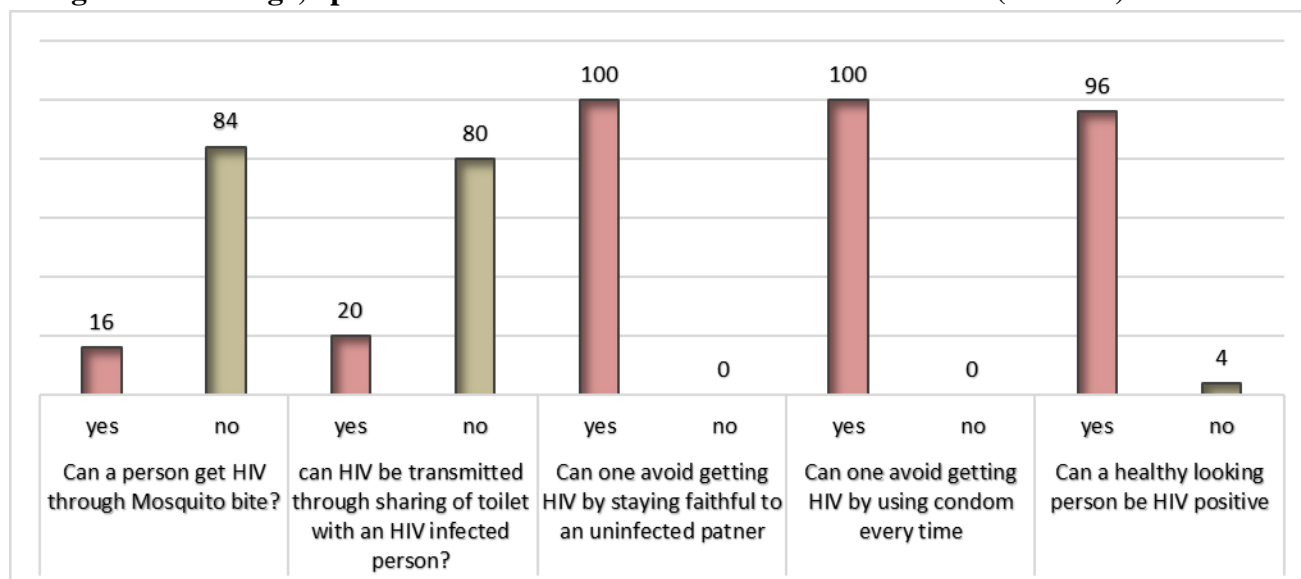
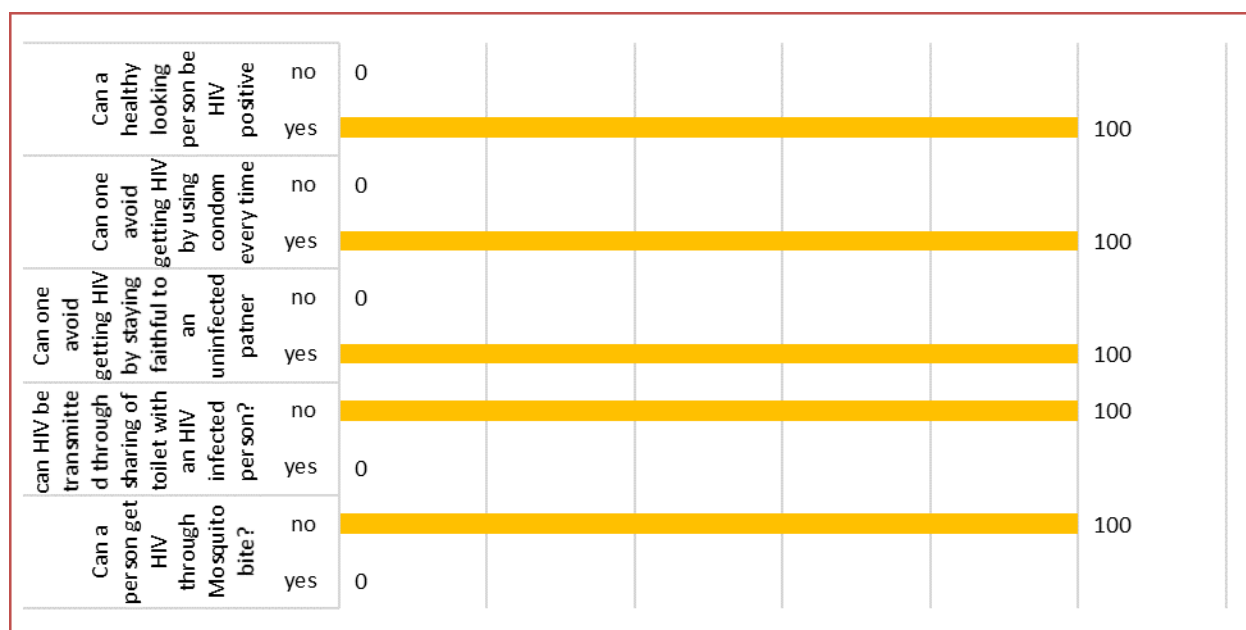


Figure: knowledge, opinion and attitude of FSWs towards HIV/AIDS (Endline)



iv. TARGET ALLOCATED VERSUS TARGET REACHED

S/N	TARGET AUDIENCE & PROGRAM AREAS		TARGET GIVEN	TARGET REACHED	REMARKS
1	FSW	Brothel	225	239	This figure exceeded the target given
		Non brothel	675	701	

E. PROGRAM SUCCESS STORIES AND OTHER INTERESTING EXPERIENCES

(Please describe key successes and interesting experiences)

Despite the fact that Prevention of HIV/AIDS among FSWs is not EDFHO initial area of interest yet we are able to register a high success in accomplishing the intervention *EDFHO reached a total of 940 (239 brothel and 701 non brothel) FSW within 2 years with a minimum prevention package of three strategies in line with the National prevention plan.* This target reached exceeded the target slated 900 (225 brothel and 675 non brothel) for the project. There is high level of improvement in the FSW knowledge and awareness of HIV/AIDS and STIs prevention.

The capacity of the trained peer educators and their peers was highly developed in the course of the project implementation. The moral and technical training and information given to them has not just enhanced their knowledge in the prevention of the spreading HIV/AIDS and other infections but it has also increase their courage and boldness. Some of the Peer educator testifies that their confidence level have increased since the inception of the project. A blessing in Benue girls stated and I quote

“I used to be shy and I don’t even know how to talk to my fellow colleague but when the director (brothel owner) insisted that he wanted me to represent the brothel as the Peer Educator and I obeyed since then I have discover that I know have boldness to talk to other girls infact I now have boldness to negotiate safer sex (with the use of condom)”

EDFHO was able to build trust with the FSW to the extent that some of them brought their boyfriend for HIV counseling and testing. In a particular case the boyfriend was positive while the FSW was negative. Through counseling they are still in cause to get married as planned. They have been introduced to the LACA Manager in Akure South for proper follow up and counseling. At the initial stage of implementation some positive client refused to accept their result but after time due to trust they have on the Organization they came forward for referral services.

Most of the FSW don’t do things in common because they have trust issues. EDFHO PMT was able to bring them together for the success of the project. The unity was a product of the involvement of the Brothel Owners Association in the project from the beginning. They were able to address the girls and show them the important of the project

The capacity of the Organization and particularly the staff of EDFHO have increased during the cause of the project implementation. The project have provided platform for the training of EDFHO staff on DHIS by NACA and Ships for MARPS from Society for Family Health. Despite EDFHO years of experience on HIV/AIDS Prevention this project will be its first with the target group and EDFHO was able to registered huge success with the support of ODSACA staff.

The community attitude to sex work has been a major cause of segregation. Sex workers in Ondo state have been subjected to rape, arm rubbing and other forms of human right violation and

some community members felt they deserve it considering their choice of trade. There is this belief that if their human right has been violated enough they would have left the trade and source for other means of taking care of themselves and their family. EDFHO through dialogue with community members was able to sensitize the community member on the need to embrace FSWs and see the effect of their acceptance on the success of the project. EDFHO/ODSACA paid advocacy visit to Public Defendant in the state so as to be able to get the ministry commitment in defending the right of the FSWs. The brothel owners are linked with the public defendant. Since then whenever an FSW is arrested the brothel owners who can't afford a lawyer now goes to the public defendant.

F. PROGRAM BEST PRACTICES, LESSON LEARNED, INNOVATIVE

APPROACHES (Summarize the lessons learnt during the project, what went well and what you would do differently next time. Think about the project's successes and areas which need to be improved and explain any recommendations you would have for future projects. You may then want to share these with the Ondo SACA.

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

- When carrying out an intervention in a community, the entry phase is very important and should be given due attention as it would go a long way in determining the level of acceptance of the project, community co-operation and ownership. This is the foundation upon which other activities would be built. EDFHO gave due attention to the entry phase which later translate to the success of the project. The involvement of stakeholders and community gatekeepers through the various advocacy visits/meetings enhances project ownership, support and sustainability.
- Community buy-in/ownership and sustainability should be borne in mind and non material benefits/rewards should supersede monetary rewards. Just as our slogan says no condom no sex. We also realize that No condom no activities. Consistent supply of Condom is bedrock in Prevention activities when dealing with FSWs. The lubricant that was shared increased the level at which the FSW trusted EDFHO.
- The boyfriend and client should be included in the target; programs should be designed to reach their specific needs. PLACE activities actually reaches to the clients but there is need to reach out more to them especially the boy friend because result from the end line shows that the FSW still practice unsafe sex with their boyfriends.
- Due to the high rate of migration of the FSW. There is need to double the numbers of PEs trained per brothel so as to ensure the proper peer session with this the effect of the rate of FSW migration on the Project can be manage.
- The use of Condom box in the intervention site increases the use of condom for the non brothel but the idea is not working for the brothel because of the quantity of condom that is kept inside the box is not sufficient to achieve the purpose. When EDFHO supplies Condom the FSW immediately shares the condom among them.
- Initially EDFHO do carry out HCT at the various intervention site by night but it was later stopped because it was discover that the client are in most times not psychologically balance to be properly counsel and tested. So in place of that EDFHO have to encourage them to come to their state office for HCT or refer them to closest HCT centers
- Most of the positive FSW usually refused to accept their result. They are in the deniability. They usually come around

G. ACTIVITY CHALLENGES AND CONSTRAINTS *(If any)*

(Please describe issues that limit the achievement of set targets and programme results)

Insufficient and Delay in the supply of Condoms and Lubricant

The quantity of condom and lubricant used during the project circle didn't reach the 10% of condoms and lubricant quantify. The condom and lubricant supplied to the FSWs encourage their participation and involvement of the project. If the condoms and lubricant have been supplied earlier and regularly, it would have increased the level of the FSWs commitment and involvement in the project

Police Raid

Despite repeated Advocacy by EDFHO/ODSACA to the law enforcement agency, the rate of raiding brothel by the law enforcement agency is still at a high rate. There were cases where EDFHO staff was raided alongside the FSWs although the staffs were later release after proper identification. This action by law enforcement usually scares the ladies in fact it took time for the FSWs to accept that EDFHO staff is not working in conjunction with the Law enforcement agency.

Access to STI Services

Most Health Facilities in the state can't provide full STI services. EDFHO through site mapping was able to identify two main health facilities that provide full STI services but the cost of STI services is still a major challenge. EDFHO was able to link the PEs to the STI focal person at these health facilities and was able to negotiate the cost of STI services through advocacy but cost of testing is still between 1500 to 2000 Naira. At a cheaper rate the number of FSWs that would have taken these services would have been higher in fact the testing would have been a routine test at a quarterly bases

Delay in Disbursement of Funds

Initially the disbursement of fund was agreed to be in tranches of 45, 45 and 10% but due to ODSACA observation that some Organization are not judiciously utilizing their funds they decided to change it to quarterly bases which was effective in ensuring the judicious spending of funds for the faulty organization but the dangers is that by the end of the three month it sometimes takes up to another three month before the next tranche of funds is released. This delay is due to bureaucracy but it affects the project greatly. For instance EDFHO was given three months fund for December to February. EDFHO carried out the training of PEs in January and the PEs carried out their session in February, the session are expected to continue in March till April but funds was not disburse till the end of April by ODSACA. This almost destroyed the whole project. EDFHO do source for funds from the Head office to mitigate the bureaucracy but later takes back the fund when disbursed. This delay doesn't encourage the proper implementation of the project

Delay in Supply of Monitory and Evaluation Tools

The project implementation started in the month of April 2014. EDFHO was not supplied with tools as agreed till the month of August/September 2014. Copies of M&E tools was printed and used by EDFHO between the month of April to August but when they were finally supplied the data was transferred. The transferring of this data was so tasking that and challenging

Educational Level of the FSWs

Despite the fact that most of the FSWs claims to have finished secondary school yet EDFHO finds it difficult in selecting PEs who could be able to be able to understand the magnitude of the Monitory and Evaluation Tools. In most cases EDFHO M&E have to go back to each brothel in assisting the peers in filling forms

Bulkiness of Monitory and Evaluation Tools

The Monitory and Evaluation Tools used in this project is very bulky, in fact the activities carried out by the Monitory and Evaluation officer in this project is mainly form filling. It would have been of great advantage if room has been given for the addiction of data clerk to the staff on the project.

Stigmatization of Sex Work

Female sex workers are stigmatized in the community by healthcare workers, law enforcement officers and community member although effort have been made by EDFHO in reducing the stigma but much work is still needed on it. This stigma is still one of the challenges in the uptake of HIV/STI services and FSWs ability in defending their human right. This stigmatization is one of the main reasons why some of the FSWs have low power in negotiation of safe sex.

The same stigma that is associated with sex works extended to those who are associated with the prevention of HIV amongst FSW

Weather Condition

The weather condition affects the implementation of project. PLACE activities are usually slated for night. Public address system would have been rented, those that are meant to act drama would have been recruited but when it rains. The target audience usually stays indoor and the programs are postponed. This factor usually cost the organization time and funds

H. SUSTAINABILITY STRUCTURE IN PLACE (Give details of the structures you have put in place in the various communities on how to move the interventions forward when HAF project ends.)

Identification and strengthening of traditional/ non-traditional Condom and Lubricant outlets

Availability and accessibility of condom and lubricant (especially) was an issue identified in the entry phase of the project. Most of the FSWs make use of oil based lubricant and anti-bacterial and anti-fungal gel as lubricant. To improve the situation EDFHO supplied condoms and water based lubricant to the intervention site regularly but for the sustainability of the project EDFHO identified and strengthen the condom outlets in the intervention areas. Identified Hawkers of Condom and Lubricant was linked with Society of Family Health and PPFN so as to get a regular supply of Condoms and Lubricant. The FSW have shown willingness to pay if they are regularly supplied. The hawkers are also discouraged from selling expired condom and oil based lubricant.

Commitment from PEs and BOAs

Some of the PEs has volunteered to continue to provide information to their fellow peers on HIV prevention now and after the whole project, especially to the newcomers in the trade. The BOAs also pledge to continue to give their support to any activities carried out by the PEs.

Micro Planning Training for Committed PEs/Outreach staff.

EDFHO with support from University of Manitoba/ODSACA conduct a Micro planning Training for 11 PEs and a VOS on Micro planning of their activities in the prevention of HIV. This PEs are expected to use the knowledge and skills acquire in reaching their peers on HIV prevention

Linking of PEs with LACA Managers/STI Focal Person and Law Enforcement Agency

The PEs are linked with LACA manager in Akure south and STI focal person in state specialist Hospital so that they can be referring their peers for HIV/STI services and any other form of assistance after the close of the project

Site branding

As part of social and behavioral change communication and ensuring creation of awareness to the FSWs and their client in the project sites, EDFHO provided branded the intervention sites. The sign posts were placed in open and strategic locations within the intervention sites with the key messages **NO CONDOM NO SEX.**

The branding is one of the Organization sustainability Plan because when EDFHO exist the intervention site the message of safe sex will continuing to be preached by the branding. The FSWs testified that the message of the branding have assisted them a lot while telling their client no condom no sex

PART 2

A. PROGRAMME MONITORING AND EVALUATION

(Please write the relevant cumulative figures from the appropriate routine monitoring tools and attach the monthly summary form for the two years project)

Thematic Area	Key Output Indicator	Female	Total
Prevention	HCT		
	No of person tested, counseled and received result	375	375
	No of person tested positive	7	7
	No of person referred for care		
	IEC/BCC		
	No of HIV/AIDS IEC materials distributed:		
	a. Exercise Books		
	b. Pamphlets/Flyers	2380	2380
	c. Posters/ Sticker	473	473
	d. Wallet	250	250
	e. Wrist-bands		
	f. Biro		
	g. Peer Educators Manual		
	MPPI		
	Number of persons reached with MPPI in the quarter	940	940

B. PROCUREMENT

(Please write the details of procurement activities for the project)

S/N	Item and numbers purchased	Description	Procurement Method	Total Expenditure

PART 3

Risks

Were there any risks which you felt you could have identified earlier on in the project. What do you feel prevented you from identifying them, or were they unavoidable and unpredictable?

Police Raid

Police raid of the intervention site is a risk that was unavoidable. Although repeated advocacy visit has been done to the police station but the police force still claim that they raid based on Intel they received. They claim the brothels are hideout for criminals. Whenever these raids occur all the program activities scheduled for that week is usually cancel and postponed till further notice.

Weather Condition

The weather condition affects the implementation of project. PLACE activities are usually slated for night. Public address system would have been rented, those that are meant to act drama would have been recruited but when it rains. The target audience usually stays indoor and the programs are postponed. This factor usually cost the organization time and funds.

Post Project Review

Indicate the strategy for reviewing this project after completion e.g. who is responsible for the reviews and when will they be undertaken.

Three month after the expiry date of the project EDFHO M&E officers with support from ODSACA will revisit the intervention site to review if the behavioral change is been maintain and review the sustainability plans that are still in place.

The post project review will be done through Focused group discussion with the PEs, Brothel Owners and community members. Validated question by EDFHO/ODSACA will also be administered and collected and analyzed

NOTE: Necessary attachments in the report should include detailed statistical activity analysis to include tables, graphs, reports, photographs.

RECOMMENDATIONS AND CONCLUSIONS

Although Prevention of HIV amongst FSW is a new terrain for EDFHO but with the level of success achieved and gap identified EDFHO has proposed to continue fund raising through proposal and grant making for the organization activities in the prevention of HIV/AIDS amongst FSW.

It is of great important that this HAF project is extended to ensure that the structure built can be sustained and built upon. Gaps and best practices have been identified and it will be of great important if the lesson learned are applied in the design of subsequent project.