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Enhancing Nigeria's Response to HIV & AIDS



Enhancing Nigeria's Response to HIV&AIDS (ENR) Programme

Success Stories from the Field

FOREWORD

Public health and social developmental interventions are often measured by their performance against key measurement parameters – “logframe” or “impact” Indicators. The voices of beneficiaries of the programmes or projects are largely silent in these result frameworks.

This publication makes an attempt to address this. *Success Stories from the Field* is a reflection of the Enhancing Nigeria’s Response to HIV&AIDS (ENR) programme’s commitment to downward accountability. The 20 page publication aims to highlight some of the results of the programme actions on the ground and in the process putting a human angle on ENR, a dual track HIV prevention and Institutional development programme supported by the United Kingdom Department for International Development. The programme aims to improve the access of those most vulnerable to infection to effective HIV and AIDS prevention, treatment, care and support information and services, thereby contributing to Nigeria’s achievement of the Millennium Development Goal - MDG 6 by reducing the spread of HIV and mitigating the impact of AIDS.

This collection of human interest stories, obtained from the communities where ENR’s interventions take place, links the contribution of the programme to the decline in HIV & AIDS prevalence rates from 4.6% in 2008 to 4.1% in 2010. It also links the lived realities of people reached by the HIV prevention messages of the programme, and how they struggle to translate these to more healthy behaviour change. It shares how community norms and value systems are changing; how social marketing of commodities is bridging the dearth of commodities and services; and how government stewardship of the HIV&AIDS sector and the public sector service delivery system is evolving to meet the demand for scaled up HIV prevention, knowledge and services. This serves to create an enabling environment that allows girls, women, boys and men to make the right decisions to stay healthy and HIV free.

The publication also introduces the reader to fascinating tools and approaches used by the ENR programme in bringing these change processes to communities. Some of these include Society Taking Action through Rights (STAR) - a community methodology used in initiating discussions on Sex, HIV, Gender, development and Rights issues; Priority for Local AIDS Control Efforts (PLACE) – an approach for working with population at high risk of HIV; and Interpersonal Communication (IPC) used by community volunteers for educating the community on HIV, AIDS and Health via one on one sessions. The role of these community interlocutors is particularly commendable and the impact of the programme on their own lives provides an interesting read.

ENR’s expectation is that this document will provide personal accounts of its work to the world and motivate other similar organisations to measure, through community reflections and stories, their role in HIV & AIDS service provision.

Omokhodu Idogho
Programme Director

Introduction

Enhancing Nigeria's Response (ENR) to HIV/AIDS is a six year, integrated HIV prevention and institutional strengthening programme funded by the UK Department for International Development (DFID). It aims to reduce the spread of the HIV epidemic and the devastating impact of AIDS in Nigeria.

An estimated 3.9 million Nigerians are living with HIV, which ranks Nigeria second in the world in terms of the total number of people in the country living with the virus. Despite a reduction in the HIV prevalence rate to 4.1% from its 2001 peak at 5.8% and an expansion in treatment programmes, as more Nigerians move from initial HIV infection to AIDS, increasing numbers are expected to die in the coming years.

ENR is working to deliver three key outputs at both federal and state levels:

1. Strengthening the federal and state governments' ability to deliver sustainable, effective and evidence-based HIV prevention strategies
2. Improving the capacity of civil society to engage in HIV&AIDS prevention and care and support interventions.
3. Improving public knowledge, changing attitudes and increasing the availability of commodities which encourage safer practices for HIV/AIDS prevention

The ENR team is made up of eight partner organisations working together: Society for Family Health, ActionAid, PSI, Options, Benguela, Population Council, BBC WST and Crown Agents. The programme is being implemented at national level (the social marketing, mass media and national system strengthening work) and in seven focal states (Benue, Cross River, Enugu, Kaduna, Lagos, Nasarawa and Ogun). Six of these states are above the national average HIV prevalence rate and will undoubtedly benefit from the ENR interventions.

In presenting the personal stories of some of the men and women who have benefitted from the programme's interventions, and by exploring some of its larger national and state level initiatives, this publication illustrates how ENR is achieving success on the ground in its aim to reduce the impact of the epidemic in Nigeria and improve the prospects of its vulnerable citizens to live lives free from the shadow of HIV&AIDS in the future.

Joined up thinking

ENR intervenes at different societal levels to ensure Nigeria's response to the HIV epidemic is strengthened and consistent. Engaging with government agencies at federal and state levels supports and strengthens their stewardship and coordination role, resulting in a more effective, transparent, coordinated and sustainable HIV&AIDS response.



Promoting awareness and confronting stigma in Nasarawa State, Nigeria

International media often report on the lack of transparency and capacity that exists within governments in developing countries, especially in Nigeria, in implementing programmes funded by donor aid. In addition, aid organisations have indicated that lack of coordination between agencies is one of the major challenges when it comes to providing support to people in need, resulting in valuable resources being wasted. ENR's approach to these valid concerns, however, is transforming Nigeria's response to its HIV&AIDS epidemic.

In Nigeria, the National Agency for Coordination of HIV&AIDS (NACA) is the coordinating body responsible for overseeing the national HIV&AIDS response. At state level, the State Agencies for Control of AIDS (SACAs) have this responsibility. ENR has

provided support to these and other agencies to strengthen their role in providing a coordinated response to the HIV&AIDS epidemic that involves organisations from all relevant sectors.

Thanks to support provided through the ENR programme, government agencies have set up transparent systems that clearly outline their strategies and plans, and those of other agencies that play a role in the country's HIV&AIDS response. They report against these plans on an annual basis. In addition, the boards of NACA and SACAs now know their roles and have the skills to perform these effectively.

ENR has developed a unique tool for assessing the capacity of these organisations to perform their roles, known as the 'National HIV&AIDS Organisational Capacity Assessment Tool' (NHOCAT). Various tools have been devised by development organisations in the past, which aimed to achieve the same goal, without complete success. However, this new and innovative tool is different in that it is more detailed and ensures a more objective assessment, whilst at the same time being much easier to complete. Government organisations can therefore use the tools themselves to continue to track their own performance. Thus far NHOCAT has demonstrated that both government and civil society organisations in ENR states have improved their performance significantly.



Advocacy visit to state governor's office

As NHOCAT was developed in close cooperation with other stakeholders, it is being used widely and is applied beyond locations and organisations that are supported by ENR.

This increased capacity of government organisations has led to the development and implementation of robust and transparent processes, which in turn has led to increased release of funding for the country's HIV&AIDS response. In addition, governments in several ENR states have signed policies and bills aimed at ensuring that people living with HIV or AIDS can expect lives free from stigma or discrimination by employers or people within their community.

"ENR provided cutting edge training. I now know the responsibilities of the board and my role in the board especially as a traditional leader," says Ter Makurdi, paramount ruler of the Tivs in Makurdi

"As a Board, we need to advocate for the anti stigma bill to be passed into law. Stigma and discrimination are strong in the communities. We need to do something about this and I will start by supporting sensitization activities in my jurisdiction."

Despite achievements by these coordinating agencies both at state and national levels, resourcing and sustaining the national response remains a challenge and requires constant vigilance.

STAR Power

One of ENR's key interventions within the seven focal states in which the programme is engaged is STAR (Society Tackling AIDS through Rights), which is helping to transform grass roots communities' response to Nigeria's epidemic.

STAR is a participatory initiative where poor, excluded and particularly vulnerable groups, such as women and young people, come together to discuss and analyse key HIV issues from the perspectives of gender and human rights. STAR empowers poor and excluded groups to work together and support one another, and through their collective voice, to reach out to duty bearers at local, state and even national level to demand for policy level changes, inclusivity and much needed resources to tackle HIV&AIDS within their communities.

A STAR Circle is made up of facilitators and community members of varying status and age, and includes both genders, which itself is a major achievement in such a traditionally patriarchal society.

Situated in Kaduna State in the north west of Nigeria, the village of Ungwan Yanshi in the Jema'a Local Government Area (LGA) has been particularly blighted by HIV&AIDS. Jema'a has the highest HIV prevalence rate in the state: 11.4%, well above the state prevalence of 5.1% and far behind Nigeria's national prevalence rate of 4.1%. Ungwan Yanshi was therefore an ideal choice for a STAR intervention.

Rape was a particular problem in the village and was seen as a major vector for HIV transmission, particularly among young girls. One of the key risk factors was the fact that Ungwan Yanshi was effectively cut off from other communities because it had no bridge

spanning a turbulent river. The government had previously commissioned a bridge, but this had been abandoned midway through construction. Eleven people had drowned attempting to ford the river on their own and numerous instances of pregnant women being forced to give birth at home, putting their own and their babies' lives at risk, had been recorded because the women were unable to cross the river to seek medical attention.



Before the bridge: Young men would transport goods and people across the swollen river

In the absence of a bridge, women young and old relied on the community's young men to help them ford the river, especially during the rainy season when it became swollen and fast running. Sadly, but perhaps inevitably, some of these young men took advantage of the situation, resulting in a high incidence of non-consensual unsafe sex acts. Four allegations were made in 2009/2010, yet LGA officials estimate that many instances go unreported because of the shame and stigma associated with sexual relations outside of marriage.

Thanks to the efforts of the STAR Circle, the situation in Ungwan Yashi has changed for the better. Working together, the community has been able to raise 100,000 Naira - approximately £400 - required to complete the government bridge and clear the bushes on either side of the river, which had previously provided cover for the rapists. Incidences of rape have ended, safe deliveries have increased and more people are now able to cross the river to access HIV counselling and

testing (HCT) and elimination of pregnant mother to child transmission (EMTCT) services.

"Our lives have completely changed with the coming of STAR," said Iliya Hai, Ungwan Yashi's STAR Circle Facilitator. *"Now about 64 of our pregnant women are currently accessing care with ease as a result of our STAR bridge."*

Repairing a broken bridge and restoring community access to the outside world was the result of another STAR intervention in the village of Uko Itak Eyulor in Akwa Ibom State in South-south Nigeria. STAR facilitators engaged with the entire community, resulting in the creation of a Women's Forum involving every female over the age of 15, a first in the village's history. This in turn resulted in the election of women leaders who represented the concerns of females at subsequent community forums, traditional council meetings and at the Village Council. The Forum also established a standing Women's Affairs Committee who gather, discuss and find solutions to issues affecting women and girls in the community.



The lifesaving wooden bridge in Ungwan Yashi

As a result of STAR activity, the community has also commenced work on a long abandoned primary school project using locally sourced materials to reduce costs and increase speed. The single block, three-classroom school is now being used as a feeder school to the nearest larger primary school five kilometres away. But the work hasn't ended there. Thanks to advocacy efforts by the STAR Circle, the State

Ministry of Education has agreed to adopt the school, which will ensure its future, whilst further efforts with the state government and LGA have resulted in the community being linked to the national grid for electricity supplies for the first time.

Empowering women, creating links with the wider community and improving education services will have an undoubted impact in the battle to reduce the incidence of HIV in the future. Community members now have better access to professional health care, including HCT services, and, through education, young girls and women will become better informed on how to protect themselves from HIV infection.



STAR circle meeting in a community

In the Ogoli Ugboju community in Otukpo LGA, Benue State, STAR's intervention has led to the formation of Rights Ambassadors, a grass roots community based organisation (CBO). This CBO, which has become a counselling centre for young people and the community at large, was established with the aim of creating awareness of HIV and developing sustainable community initiatives through rights based approaches.

"We are happy to have this project [STAR] in our community, that has led us to now have a CBO in our community," says Ogoli Ugbojo resident Simon Alechemu. *"We thank God for the programme and our community facilitator."*

Rights Ambassadors has increased the community's access to HIV information, reproductive health services and IEC materials. State research had shown that Benue residents have a lack of adequate knowledge about HIV and its modes of transmission; only 20% of males and 15% of females had accurate knowledge. Rights Ambassadors is therefore focussing on public awareness campaigns on disease prevention and improving referral services to the local hospital, as well as advocating for infrastructure improvements, such as repairing potholes in major roads, which will benefit the community as a whole.

The Watch Tower Association is another CBO established as a result of a STAR intervention, this time in Iko Ekperem, a remote rural community in the highlands of Akamkpa LGA in Cross River State in the Niger delta.

The CBO has been able to identify the gender and human rights issues which fuel the HIV epidemic within the community. These include widespread illiteracy, youths dropping out of school, disinheritance of property and land rights for women, poor amenities and lack of trained health personnel in the Primary Health Centre (PHC).

As a mentor to the Watch Tower Association, ENR has facilitated better linkages with the PHC for the provision of HCT and anti-retroviral treatment services, including EMTCT for pregnant women, and has improved the CBO's understanding of how to hold duty bearers accountable.

As a direct result of establishing a STAR Circle in the community, awareness of HIV&AIDS has risen, prompting more people to come forward for HCT and other services, and societal acceptance of people living with HIV&AIDS has improved as well.



Training of STAR facilitators

By giving those who are most affected by and most at risk from the epidemic a collective voice to build their confidence and air their concerns, the STAR initiative is achieving some remarkable victories in the fight against HIV&AIDS.

It's good to talk

ENR's national network of Interpersonal Communications (IPC) conductors plays a critical role in Nigeria's response to HIV&AIDS. They provide a vital link in the chain between authorities charged with developing strategies to combat Nigeria's epidemic and the individuals at grassroots community level who benefit from these strategies.

The ENR programme has trained over 2500 IPC conductors to carry out intensive participatory interpersonal communication interventions. Conductors are selected with the support of the community and Local Action Committees on AIDS (LACAs). This improves communication channels, as IPC conductors are known to the LACAs and can be invited to take part in meetings and IEC activities as required.



IPC Session

IPC conductors work within communities, training on HIV prevention and allaying public misconceptions to improve knowledge and reduce stigma. Their work also creates an entry point from HIV prevention into the care continuum as conductors encourage referrals for HIV counselling and testing (HCT). In communities where there are no static HCT facilities, IPC conductors often travel with mobile teams who have been trained to provide these services on the spot.

Here, IPC conductors and those who have benefitted from their interventions share their experiences.

Idongesit: Conquering shyness

“I couldn’t talk in front of a crowd, never mind talking of sex to a group of people,” laughs 21 year old Idongesit, recalling a time before the ENR programme came in to her community and transformed her life. *“Low self-esteem was really a serious problem for me.”*



Female condom demonstration by IPC conductor

All that changed in 2010, when ENR’s IPC facilitators visited her community of Mbiaso, in Akwa Ibom State. Idongesit volunteered to be trained as an IPC conductor, an experience which boosted her confidence, raised her self-esteem and improved her knowledge of HIV&AIDS, which she is now eager to share within her community.

“I have been trained on many areas like HIV&AIDS, causes of sexually transmitted infections (STIs), stigma and discrimination, HIV testing and relationships,” says Idongesit. *“I was taught how to interact with crowds of people. I even talk to choir groups in my church about HIV&AIDS.”*

Idongesit volunteers three hours of her time each week to go around her community and talk to individuals, groups and peers about sexuality, HIV and STIs. She also refers those

with HIV concerns in to the local HIV counselling and test centre, or to an ENR referral clinic for testing for and treatment of STIs.

For Idongesit, the main benefit she has taken from ENR’s IPC programme is her new found confidence. *“It has changed me,”* she explains. *“I am no longer shy. Now I have been able to stand on the street, in the market, church, hair dressing salons and other public places to talk to people about HIV&AIDS. I feel I am helping my community. I really appreciate the ENR for coming to my community and helping us.”*

Edidiong: Renegade to mentor

One of ENR’s key objectives for its IPC programme is to promote personal behavioural change and informed decision making, both of which can have a profound effect on individuals’ response to HIV&AIDS. Those who have no pride in themselves or fall into a dissolute lifestyle can easily find themselves taking risks with their sexual health and wellbeing. This principle is amply illustrated by the experience of 23 year old Edidiong, who now devotes much of his time to working as an IPC conductor in Ikot Ekpene, Akwa Ibom State.



Edidiong: From renegade to mentor

“I used to drink a lot, depending on the occasion,” admits Edidiong. *“I would get drunk and most times have to be dragged home. I would even chase girls and have unprotected sex. This made me have several problems with*

my family, who were not happy with my behaviour.”

Things changed in 2011, when ENR came to Ikot Ekpene seeking volunteers for its IPC programme. Edidiong answered the call, seeing an opportunity to ‘launder’ his lifestyle and improve his image within the community. Since then, he has become something of a role model for the other young men in Ikot Ekpene. He offers solid information on HIV&AIDS, promotes skills development and refers people in for counselling and testing.

“I now know the effects of the behaviours I once exhibited, which exposed me to the risk of infection,” says Edidiong. *“I was lucky to have not gotten infected and to still be alive.*

“Thanks to the ENR programme, I’m now using this opportunity to help other people in my community. People are happy when they get good information and help from me about HIV issues.”

Helen: Separating fact from fiction

Myths and misconceptions surround HIV&AIDS, and ignorance of the facts can often lead to denial and risk taking behaviours. One of the key aims of the IPC programme is to equip its conductors with the knowledge and authority to confront ignorance wherever they encounter it.

Before ENR came into her life, 20 year old Helen, from Ikot Ekpene, freely believed in some of the misconceptions she had heard about how efficient condoms were in protecting against HIV and STIs. As a result, despite being sexually active, she chose not to protect herself.

“My friends were telling me that a condom can break and get stuck in the vagina, that it is not pleasurable and can cause pain during sex,” says Helen. *“Some even say that it*

contains some viruses. So why waste time using something that is not valuable?”

Coupled with her reluctance to use condoms, Helen was in denial about HIV&AIDS and the risks she was taking.

“I never gave a thought to HIV, its mode of transmission and implications for me. Reflecting now, I am really lucky I did not get infected, though some of my friends were not so lucky. Some had infections, like Gonorrhoea, and others ended up pregnant, and had abortions.”

After attending an ENR community sensitisation event, Helen volunteered to be trained as an IPC conductor.



IPC session

“This provided me with the opportunity to learn about HIV in order to save myself, my friends and my community,” says Helen. *“I learnt a lot – from the modes of HIV transmission to prevention options, including condom use, and about acceptance of people living with HIV&AIDS.*

“With this new knowledge I now reach out to others in my community. Monthly review meetings help me to learn and share my experiences with other conductors and, collectively, with ENR and SACA support, we address emerging issues which we feed back in our subsequent sessions.”

On a personal note, Helen has learnt to use a condom consistently and correctly. She

strongly believes that ENR has saved both her and many others in her community from the risk of sexually transmitted infections and unwanted pregnancy.

Musa: The road to faithfulness

Musa is a 32 year old, living in Arida Lafia, Nasarawa State. He owns an outdoor tea shop, colloquially known as a 'mai-shayi' in the local Hausa dialect. Musa freely relates how a timely intervention from an ENR IPC conductor made him leave a life of sexual promiscuity and risk taking behaviour behind and settle down with a single partner.

"I started having sex at age 18," recalls Musa, "and since my very first experience I have continued to enjoy everything about it.

"When I started having sex I had just one girlfriend, who was 17. I loved her so much, but I discovered that many other girls liked me too because I am handsome. My friends were in the habit of having so many girlfriends at a time and I eventually got into the habit too.

"I wanted to have sex with every girl I met and this led me to having four sex partners. I got addicted to sex so much that if any of the girls refused to have sex with me, I was certain to get it from one of the others.

"One time, I got infected with gonorrhoea. It was so painful that I had to go to the hospital for treatment. When I was being treated I promised God that I would never have sex again if I was completely cured, but immediately I was, I could not keep my promise.

"One day at my tea shop, a young man wearing a green t-shirt [an IPC conductor] came in to my tea shop to create awareness on HIV&AIDS. He talked particularly about multiple sex partnering, its effects and consequences. It was as if the message was

actually meant for me, as it vividly described the life I was living. When he mentioned that the partner one was having sex with may have other sexual partners, who may also have other sexual partners, thereby forming a vicious circle, it was like a dart to my heart as I knew I could be in deep trouble, since I had exposed myself and the girls I was seeing to HIV and other STIs.



IPC education over lunch

"He also pointed out the importance of being faithful to an uninfected partner and encouraged everyone to go for a HIV test. I was deeply touched by every word and decided instantly to go for a test.

"The next day, I went to hospital for the HIV test. I was so tensed up, but eventually my results came out negative. I was happy beyond imagination because I knew my lifestyle and I was so sure that I would be positive.

"I went home and told my first girlfriend about my test and encouraged her to take one too. I was joyous when she also tested negative. We then made a commitment to remain faithful to one another until we got married.

"In sha Allah, last month made it two years since we married and we have been blessed with a handsome son. I thank that man in the green t-shirt for making me realise my mistake in time and I deeply appreciate the [ENR] programme which cares for our lives. "

Road Show Reaches the Unreachable

The ENR initiative brings vital HIV&AIDS awareness to women in purdah.

Purdah is a practice in which a woman is kept away from public view or interaction. She is not allowed to go out without permission, and if she does, she is completely veiled and may only visit specific places. Women in purdah often only guess or know about their own HIV status when their husbands and children fall sick, or even die, from an AIDS related illness. They have limited access to HIV&AIDS information and services because they live in seclusion and their movement is restricted. Many marry at a very young age and are poor and not educated, making them dependent on their spouses for everything, including access to health care and information, so are extremely vulnerable to HIV.

Given the cultural and religious challenges involved in reaching out to women in purdah they are frequently missed out in community

level interventions and services. Many NGOs believe they are at little risk of HIV infection. However, in high prevalence states, over 40% of new infections take place within low risk settings, and with the low levels of prevention of mother to child transmission of HIV (PMTCT) in Nigeria, these women and their children are very much at risk. For ENR, finding ways to reach out to this neglected group was a priority.

One of the key tools used by ENR to reach out to communities with key HIV prevention messaging has been the road show. Road shows use a mix of entertainment, such as music, talent competitions and poetry readings, with educational tools such as dramas, which demonstrate key transmission routes for HIV and allay common misconceptions. This combination of education and learning makes for a more engaging experience for mass populations. In some instances HCT services are also made available for those wishing to be tested. Yet road shows are very public events and facilitators noticed that, in areas where purdah was commonplace, most of the audiences drawn to these events were



A typical open air community drama session was taken behind closed doors for women in purdah

comprised almost exclusively of men. How then, to take the concept and make it acceptable in communities where women were jealously guarded by their menfolk?

Kafanchan, in Kaduna State, has a HIV prevalence rate of 11%, well above the national average. Like many junction towns in Nigeria, it has its fair share of brothels and brew parlours, which are frequented by married and single men alike, which increases their risk of contracting HIV and equally places their wives and girlfriends at risk.

Having observed that their road shows were mostly frequented by men, the ENR Kaduna team proposed a novel approach, which started with conducting advocacy visits to the traditional leader of Sokoto Road, a Hausa dominated community. He was educated about the benefits of the show for all his people and informed of the latest statistics from Kaduna State which showed that 40.7% of new HIV infections came from so called 'low risk' heterosexual sex amongst married or co-habiting couples. He readily agreed for his own palace to be used for a special show for purdah women, and personally directed house to house mobilisation and announcements made at mosques, where men gathered in large numbers. Men were exhorted to allow their wives to attend the special road show, which was timed to occur after evening prayers, when the women could travel to the venue under a cloak of darkness. As a result of these efforts, some 50 women in purdah were able to attend the road show. The dramas were designed to focus on couples counselling as a major theme and, since purdah women could not come forward to ask questions directly to the facilitators, female inter personal communication (IPC) conductors were on hand to answer their queries on a one to one basis.

"The truth is I did not expect men to allow their wives to attend," said one council member, following the successful first event. *"Now that they did, you should be coming more often to educate us in the town."*

As a result of this intervention IPC sessions are now being regularly conducted for women in purdah in the community. According to IPC conductors, about 23 women have been referred for HCT.

One such woman, speaking through an IPC conductor, said: *"It was your road show that prompted me to know my HIV status. Now that I know my status, I have convinced my husband to go for the HIV test."*

Further purdah road shows will undoubtedly follow, and the Kaduna ENR team will use the lessons learned from the exercise to explore ways of bringing other reproductive health issues, such as family planning and mother and child health care to this most vulnerable group in the future.

Preaching Prevention

Engaging with religious institutions and faith based organisations in the struggle to confront Nigeria's HIV epidemic is a focus for the ENR programme. Integrating HIV&AIDS messaging into sermons and other religious activities is one way of reaching millions of people, given that religion plays so much of a part in most Nigerians' daily lives.

Following a ground breaking interfaith forum facilitated by ENR, and in a move which departs from convention, the Bishop of the Catholic Diocese of Makurdi in Benue State directed that HIV&AIDS prevention messages be included in regular church programmes. This initiative cuts across 66 missions and parishes in the diocese and will reach up to 1.3 million Catholic parishioners.

ENR followed this up by helping to facilitate the creation of Parish Action Committees on AIDS (PACAs) in all of Benue State's Catholic parishes with the aim of mainstreaming HIV prevention and stigma reduction messages into church activities. A pilot programme at St Christopher's parish, Wannune, has seen the training of IPC conductors drawn from PACA membership. Since March, 2011 this group has reached over 5700 people with face to face prevention and stigma reduction messaging.



Preaching the HIV/AIDS prevention message

Elsewhere, State Interfaith President Rev Gabriel Wankar gained support from the Benue State Agency for the Control of AIDS (BENSACA) in introducing HCT among his congregation. More than 300 parishioners have received HIV counselling and testing services as a result.

The engagement of the church and faith based organisations is a major coup for ENR as hitherto such organisations had considered HIV infection to be as a result of infected persons' sinful behaviour and were not particularly willing to engage with the issue; but this is fast changing.

ENR is also working with the Church of Christ in the Sudan Amongst the Tiv (colloquially, NKST) to introduce IPC conductors across all of its churches. A fundamental aspect of deploying IPC conductors through the auspices of faith based organisations is that, whilst IPC in the general population tends to reach mainly men, in this context more women are exposed to HIV&AIDS messaging. This is illustrated by the fact that, since inception, NKST IPC Conductors in Lobi have reached approximately 2220 females, compared to 762 males.

ENR's strategy of working with faith based organisations has the advantage in economic terms that little or no additional investment is required in recruiting and mobilising participants to take part in HIV&AIDS awareness events. Church adherents do not need to be mobilised into attending church functions such as choirs and youth group meetings. They are willing participants, and captive audiences for ENR's awareness generating activities.

Mrs Margret's Mission

Mrs Margret is an IPC Conductor at a church in Lafia city in Nassawara State. She has been able to reach out to many of the church's 700-strong congregation, providing vital information on HIV&AIDS.

Mrs Margret works through ERCC, a faith based organisation identified by ENR as a potential partner for its work in sensitizing communities about how to avoid HIV infection. The Church Pastor and Leader of the Women's Group were trained on IPC and subsequently recruited Mrs Margret, who recounts her experiences:

"I had nursed reservations after hearing the objectives of the programme. My reservation stemmed from the perception that our members are too 'holier than thou' and would not agree to identify with the programme, since HIV is still viewed as a moral sickness. Looking back now, I have dismissed most of these reservations because, even though we have not been able to identify members who are positive, we have been able to provide counselling to most members.

"A HIV&AIDS unit has been established within the church and this is what we did not have before. We are also able to mobilise resources to support orphans and vulnerable children. In addition, we are able to counsel our members and have recommended strategies that ensure sustained behaviour change. We hope that, one day, we will be like the ECWA church, which provides services from prevention to care continuum on HIV&AIDS."

Peer to Peer Education: Aisha's Story

Peer Education Plus is an HIV&AIDS prevention programme organised by the Nasarwara State Agency for the Control of AIDS (SACA), with technical support from ENR. Peer Education Plus is one of ENR's interpersonal communication methodologies which is deployed to reach a specific target group to increase knowledge, reduce stigma and increase access to AIH&AIDS services.

Aisha H, a 16 year old girl who benefitted from the Peer Education Plus programme explains how it has influenced her life and behaviour.



Aisha, in her pink shawl, takes part in a peer education session with Mary

"My name is Aisha H, I am 16 and I live with my family in Mararaba Akunza, one of the densely populated towns in Nasarawa State. Growing up in a polygamous family, and contending with poverty as well as the diseases that plague the community are the challenges of my young life. The worst part is that there seems to be no end to this cycle of life, with increasing numbers of young people dropping out from school, increases in the numbers of young and unmarried mothers

and fathers and increasing numbers of people seeking help from medicine vendors and herbalists, whilst rumours circulate that they are looking for treatments for sexually transmitted infections.

“My attention was first caught by what the Peer Facilitator was saying to a group of young females of my age. I stopped to listen, even though I had scores of chores to do, such as hawking wares to augment my family’s income. The facilitator was leading a discussion on alcohol abuse and its relationship to HIV&AIDS and other sexually transmitted infections. The discussion was intriguing and also answered some of the silent

questions I dared not ask anybody, including my mother, because such topics are taboo. I feel this is hypocritical when adults and even some young

people in the community are having multiple sexual relationships and abusing alcohol, and some young girls are getting pregnant and dropping out of school. Yet nobody is allowed to talk about it.

“The privilege of attending that session opened my eyes to the realities of HIV&AIDS and I knew instantly that I needed to share this new knowledge with others. I could not wait to get home and discuss it with my mother but, as expected, I was rebuffed and warned not to participate in discussions that will lead me ‘astray’. This didn’t stop me from attending the sessions, though, and after hearing about the risks of multiple partnering I

went home and shared the information with my mother, considering the situation she is in, because my father has other wives and he drinks a lot. She was furious and went to visit Mary, the Lead Facilitator, to bar me from attending future sessions. But that was her undoing and led to her conversion because Mary, having been trained on handling difficult situations, had the patience to take the time to explain about the risks of HIV&AIDS. The result was that mother, father and the entire household went for HIV tests.

“I am particularly happy that my household is now better informed and we are now agents of change in my community on HIV&AIDS.



Peer education session

community has also increased opportunities for discussions on issues that affect young people. I am grateful to SACA and ENR for this opportunity and change in my life, and the new light brought into my community.”

Several people in my community have seen the need to access HIV&AIDS counselling and testing services. The presence of ENR’s trained facilitators in the community

Making a Drama Out of a Crisis

One of ENR's most popular awareness raising interventions is the community drama, which engages mass audiences and helps them to learn whilst they are being entertained. These dramas, which have been described as 'for the people, of the people and by the people' are a proven methodology for achieving behavioural change, and are being deployed by ENR across all seven of its focal states.

Over 20,000 people, more than half of them women, have benefitted from community dramas in Benue State in North Central Nigeria, which has one of the highest HIV prevalence rates of 12.7% among sexually active adults.



Community drama in Abeokuta

The dramas have the potential to reach the overall community and cultivate social support for adopting positive behaviours which reduce the risk of contracting or spreading the HIV virus. By directly engaging with and involving community members, these dramas help to reinforce and complement other HIV prevention initiatives. Such community involvement has been found to boost the depth and intensity of the behaviour change process.

In four critical local government areas, talented actors and actresses from varying age groups were trained by ENR, in partnership with the Local Action Committees for AIDS (LACAs). Having carefully mapped out areas for strategic engagement, these newly formed drama groups made advocacy visits to community gate keepers to secure permission to stage events. The scripts prepared included local dialects and slang, to strengthen the capacity of the community dramas to deliver locally relevant messages.

In just one month, the intervention began to yield positive results within the various communities. Community dramas are interactive, with audiences taking centre stage and actively participating throughout the sessions. Having witnessed the impact that community drama has had on shaping people's behaviour, leading community members and gate keepers have started to willingly support these monthly events. In Vandeikya, for example, a local hospital and a church have offered their buses to help transport the drama troupe around the community.

Benefitting LACAs have expressed their deep appreciation to ENR for introducing community drama to their people, given its propensity to increase knowledge about HIV prevention and reduce risk taking behaviours and stigma. Interpersonal Communications (IPC) conductors have also welcomed the intervention, reporting that it makes their job of sharing information with community members easier to achieve.

Stella (not her real name) is a 19 year old, originally from Akwa Ibom State, who now lives with her aunt's family in Port Harcourt. Being away from her parents inevitably led this young woman to enjoy her new found freedom with two female friends, and she

soon found herself lured into a life of partying and multiple sex partners. She seldom used a condom, believing them to be unnecessary, pushing thoughts of the risks she was taking to the back of her mind.

On one of her visits back home to spend time with her parents, Stella was drawn by the laughter of a crowd attending an ENR community drama group's show, so stayed to watch. The show was very interactive and portrayed some young people engaged in very risky sexual behaviour and its consequences. She was shocked by how true to her own current lifestyle the drama was, and subsequently decided to seek counselling and a HIV test, convincing her two friends to go with her. Unfortunately, one of her friends tested positive.

On a later trip home, Stella sought out the ENR troupe and thanked them for saving her life through their drama. After her test, she had resolved to stick with a single partner and they now use condoms. Stella's experience and timely escape from a high risk lifestyle is a clear testament to the power and persuasion of ENR's community drama programme.

Save the Children

Providing expectant HIV positive women with the opportunity to deliver babies free from infection is not just an act of humanitarian kindness for the individuals concerned. It is an investment in Nigeria's future growth and prosperity, by creating a generation of children born free from a disease that has dogged the nation's young for the past three decades. ENR is playing its part in implementing a prevention of mother to child transmission (PMTCT) programme which aims to drastically reduce the incidence of HIV in newly born babies.

Every year, some 400,000 children are born with HIV globally. Nigeria bears the burden of about one third of the global toll of new HIV infections among children. As one of 22 priority countries identified in the Global Plan which collectively account for almost 90% of all new childhood infections, Nigeria will benefit from the Plan's central goal to reduce paediatric infection in these countries by 90% by 2015.



Counselling session

Data on infection rates in children in Benue, one of ENR's focal states, is even more worrisome. It is estimated that the state accounts for 20% of paediatric infection in Nigeria, despite representing less than 3% of the national population. In an effort to reduce these terribly high statistics the state government has created an Action Plan for PMTCT, which will see the government work in concert with community based organisations (CBOs), who are closer to vulnerable people at the grass roots, to promote PMTCT uptake. Unfortunately, low levels of commitment at local government level, coupled with poor community involvement, have increased the challenge of realising this objective.

With technical support from ENR, the Benue State Agency for the Control of AIDS (BENSACA) has partnered with the State Ministry of Health and the all 23 of Benue's Local Agencies for the Control of AIDS (LACAs) to support PMTCT activities on the ground. At the launch of this initiative BENSACA's Executive Secretary, Mrs Grace Ashi Wende, reminded delegates that PMTCT programming was the gold standard for preventing new infections and saving the lives of children and adults alike.

The outcome of this initiative has been the immediate prioritisation of PMTCT in terms of utilising local government HIV&AIDS funding. In addition, it was agreed that health promotion carried out by Interpersonal Communication (IPC) conductors will in future focus on demand creation for PMTCT at family and community levels. With this new emphasis, the prospects for embedding demand for PMTCT services in the hearts and minds of local communities looks promising, and the incidence of paediatric infection should begin to decline in the months ahead.

Market Forces

In simple terms, social marketing involves the systematic application of commercial marketing techniques to achieve specific behavioral goals for the social good. ENR has a social marketing component that provides health commodities, such as condoms, which are affordable for even the poorest Nigerians. ENR's social marketing strategy also promotes informed decision making to community members, prompting them to make their own resources available as an investment in their own health, whilst their investment in turn ensures sustainability of health supplies.



Condom packaging factory in Lagos

Loveth Chieso Ormanebu is the Programme Officer responsible for community level HIV prevention at OSA Foundation, based in Makurdi. In April, 2010, OSA Foundation commenced implementation of the ENR peer education prevention strategy among key target populations in Wannune, Benue State.

At 21%, Wannune has the highest HIV prevalence rate in Nigeria. The community lies adjacent to the Gboko Industrial Area which has a cement factory employing many young and migrant workers.

A baseline study had shown that many of the sexually active people within the Wannune

community were aware that condoms can be used to prevent transmission of HIV and other STIs. Yet beyond this knowledge, the skills necessary for correct and consistent use of condoms were lacking. Both community members and patent medicine store dealers were unaware of the existence of lubricants, or how they can be used to reduce the incidence of condom breakages.

To combat the shortfalls in knowledge of Wannune residents, ENR's Peer Education Plus model was utilized among several core target groups: Male out-of-school youths; female out-of-school youths; uniformed service men; and transport workers. Topics covered included HIV prevention knowledge; skills of negotiating condom use; and health seeking behaviour in terms of STI treatment and HIV&AIDS counselling and testing.



Men queue for HIV counselling and testing

As a result of the peer education programme and the research findings, ENR was prompted to work with Loveth on the social marketing phase of the campaign. This included the introduction of condom lubricants to the peer educators, peers, influencers and members of the general public present at various special events, such as community rallies. Local demand for lubricant led to a patent medicine seller introducing the product into his lines of

stock and making it affordable for his rural customer base.

When asked how beneficial they have found the lubricant – traded as *Lubrica* – to be, one transport worker commented:

“I like am well – well, because my condom, no dem break and I no dey feel say I wear anything again – e be like skin to skin.”

Another worker added: *“My woman like am because she no dey dry again and condom sef – no dey break again.”*

Now, in Wannune, the majority of patent medicine vendors stock *Lubrica*, while some peer educators sell the lubricant directly to their peers, further improving universal access to commodities and safer sex practices.

Broadcast News

The mass media – whether by television, radio, print or the internet – can reach huge audiences with vital HIV&AIDS messaging, education and awareness. ENR is collaborating wherever possible with media outlets to spread the word at national and state level.

In a bid to improve the quality and quantity of broadcast media stations' coverage of HIV&AIDS related issues the Society for Family Health (SFH)'s DFID funded ENR programme has trained media practitioners in scripting and producing prevention and stigma reduction messages. This has resulted in a donation of about 20 million Naira (£8,000) worth of free airtime from Joy FM, Radio Benue and NTA Makurdi Network Centre. It is estimated that these stations reach over three million people in Benue State and other states which border it.

Benue State is an ideal candidate for using mass media to disseminate messaging. The dearth of CBOs and the high costs associated with providing community level HIV prevention interventions targeting an adult population of over 2.5 million living within small communities is a herculean task. ENR's approach of partnering with the media (which is estimated to reach approximately 80% of the state's indigenous citizens) for a wider reach of HIV prevention and stigma reduction messages is borne out of the fact that the average Nigerian household has a radio set and many Nigerians listen to radio every day, or almost every day. Media programmes produced in local dialects can have a significant impact and help facilitate information sharing among the rural poor and less literate populations.

ENR's training of managers, producers and programme personnel at these radio and TV stations brought staff into direct contact with people living with HIV and relevant Civil Society Organisations for better understanding of HIV prevention and stigma related issues. In addition, NTA Radio Benue and Joy FM were supported with recording equipment to boost the production of programmes generally and to motivate them to dedicate more airtime to HIV related issues. This has greatly empowered the broadcast media in Benue to accord HIV the time and space it deserves on the airwaves.

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