2.2 Detailed Methodology

The various approaches included:

- Formation of field teams.
- Development and production of 15 sets of questionnaires for different target populations (Laboratory, Policy makers, Healthcare workers, General public, PLWHA, Traditional healers and Leaders, CSW, Hoteliers, Prisoners, NGOs, CBO SAPCs).
- Training was minimally carried out for the field workers while the team leader carried out supervision. No pre-testing of the questionnaires were done as a result of the short time frame for the fieldwork.
- Memoranda were invited from the general public through newspaper advertisement (New Nigeria and the Punch Newspapers); NTA and Federal Radio Coperation of Nigeria. Invitation letters were also delivered to The President of Nigeria Labor Congress and its 15 unions, including Health workers and NECA
- One day visit per state
- Random sampling of target population.
- During the field visits data was collected through the following means: Direct administration of Questionnaires, Observation equipment, IEC materials, inferences drawn from Advocacy meetings with the Governors, community and Traditional Leaders; Moderation of FGD, in-depth interviews. Team members served as interviewers, reporters, moderators and key players in advocacy meetings. Where applicable tape recorders were used by the groups to record discussions.
- Direct assessment of laboratory equipment, kit stock, equipment, personnel etc was also done to gather information.
- The Staff of the secretariat of the AIDS Control Program were also used to assist in the data gathering process in each of the states. Evaluation process in the states involved situation and response analysis, which include the structure at the state and local Government, secondary and tertiary institutions and other facilities.
- Team group were created to undergo situation analysis – the states level and LGA (See annex for constitution of the team)

2.3 Data Entry and Analysis

Quantitative and qualitative data were obtained. A team composed of an Epidemiologist and a Computer Analyst was constituted to analyze data obtained from questionnaires and the focus group discussions. The data was managed using MS Access and MS Excel. The results of the analysis were disseminated amongst the members of the Central Evaluation team and modified in line with the comment of the teams. A report was produced in limited quantity for the perusal of the Minister of health. Further work is being done in order to present this result for wider distribution locally and internationally.

3 Analysis of the situation in key areas

A decision was made to collect information in the following key areas:

- Safe sexual behavior
- STD management
- Blood safety
- STD/HIV/AIDS prevention in young people
- STD/HIV/AIDS prevention in women
- Care and support at Federal, state and community level
- Labor force
- Sexuality education
- Psycho social help and counseling support
- Human rights and ethics
- Research

In addition some cross cutting issues were studied e.g.

- Management
- IEC
- Monitoring and evaluation
- Partnerships
- Funding
- Multisectoriality
- Community involvement

NEEDS Safe sexual behavior	OBSTACLES	OPPORTUNITIES
	• Continued Denial of the existence of AIDS. <u>Education</u> • Limited information in local languages • Limited information on STD/HIV/AIDS • Limited use of local channels of communications • Absence/limitation of sexual education in schools • General low enrolment of children at primary level and even higher in secondary and tertiary schools. • girls attendance in school still low • Ignorance and illiteracy • Poor media interest and development <u>Culture</u> • Negative cultural factors • Influence of religious factors • Youth cannot speak about sexual behavior with parents, teachers and they cannot publicly mention the subject • Myths and misconceptions and very strong beliefs of cures about STDs in general • Male sex behavior dominance • Sex freedom and acceptability of sexual behaviors such as multiplicity of partners, early sex, early marriages, child marriages, wife inheritance when widowed, etc. Youngsters have sex early resulting in many teenage pregnancies. • Social sexual networking <u>Social beheviour</u> • Indifference shown to STD/HIV/AIDS by population in general and youths in particular • Lack of perception of risks especially among youths. • Prostitution • Poverty / affluence attraction to sex	<u>Education</u> • Curriculum for integrating STD/HIV/AIDS developed (1998) but not yet implemented • Plan to bring sexuality education into schools. But not yet put in place • Availability of communication channels at local levels • Efforts to raise attendance especially of girls in primary schools. • Media involvement • National video counseling board – multisectoral • Advocacy targeted at government at all levels. • Sporting events • Private T.V Stations <u>Social behavior</u> • Poverty alleviation program • Involvement of NGO's CBO's and Religious organizations. <u>Condom</u> • Social marketing of condoms <u>Political Commitment</u> • Political commitment at the highest level.

NEEDS Safe sexual behavior	OBSTACLES	OPPORTUNITIES
	• Social pressures and peer examples • Crime • Lack of data on Homosexuality. <u>Condom</u> • Lack of counselling and VCTs • Non acceptance of condom • No female condom • Low availability of condom • Poor quality of Condom • Cost of condom.	

NEEDS : STD MANAGEMENT	OBSTACLES	OPPORTUNITIES
	Early Detection • Not sufficiently integrated into PHC • Lack of information about where to go for diagnosis • Lack of information about STDs among population • Fear of Stigmatization • Lack of confidentiality at health services level • Inadequate facilities at all levels of diagnosis • Cost of investigation • Non/poor availability of laboratory facilities for diagnosis • Lack of relevant skills for laboratory detection • Competition with alternative medical practitioners • Insufficient number of Health workers • Poorly distributed personnel • Vulnerability of women • Unavailability of data systems and poor management information system. • Absence of information on private sector • Lack of youth friendly services • Paucity of relevant drugs • Private sector may not follow norms and guidelines • Difficulties in the application of syndromic guidelines Early Treatment • Cost of care • Self medication • Poor availability of drugs • Competition with quacks • Use of street/expired/fake drugs • Non compliance with treatment and self medication	• Routine syphilis test for ANC • Available, recently reviewed guidelines on Syndromic management • Ongoing strategic plan on STD/HIV/AIDS • Renewed strength for PHC • Renewed strength for NHMIS • Availability of NGOs, CBOs and religious organization • Media favourable to HIV/STD problems • Existing essential drug list • Cost recovery system through drug revolving fund. Helping to lower the cost • Existing curricula in training institutions. • Early manifestation in Men leading to search for help. • National Health Plan

NEEDS : STD MANAGEMENT	OBSTACLES	OPPORTUNITIES
	• Poor availability of treatment guidelines • Poor distribution of available guidelines • Lack of appropriate skills for treatment • Inaccessibility to PHC facilities in some areas • STD treatment assigned to special clinics • Ineffective procurement of drugs • No information on cost/practices of private sector • Stigmatization • Cultural beliefs • Poor management of staff • High turnover of trained staff • Poverty (Staff and Clients) Epidemiology and Prevalence • Poor Management Information System on STD • Institutional diagnosis and management systems of STIs are not available • Information sharing between Public and Private sectors non-existent. Counseling and information • Paucity of counseling service/personnel at all levels • Poor utilization of condoms and counseling facilities • Limited number of trained counselors at all levels • Poor patronage of available facility • Limited use of available counseling services due to stigmatization.	

NEEDS : BLOOD SAFETY	OBSTACLES	OPPORTUNITIES
	• National policy not yet implemented • No legislation to back up policy • No national blood transfusion services • Uncoordinated services at state level • Uncoordinated/ unsupervised private/ public laboratories • No application of norms by blood bank • Inadequate number of trained personnel • Lack of supervision at all level • No standard operating procedure • Lack of information and education on risks to public • Cultural and religious factors that impede blood donation. • Lack of voluntary non remunerated blood donor system • Non sustainable supply of consumables and reagents • High cost of processing blood for transfusion • Lack of blood substitute. • Lack of blood components • Lack of facilities to prepare blood components. • No standardized pricing system • Poor storage facility (Cold chain) • Poor packaging • Short expiry dates – reagents • Too many unnecessary transfusions prescribed (Anaemia - very common in women and children, Malaria, Sickle Cell) • Poor political and financial commitment	• Availability of private laboratory (When coordinated/supervised) • Known prevalence of HIV due to transfusion • Edict in Lagos state against blood transfusion not screened • Availability of private blood banks • Existing institution/curriculum for training • Interest of donor (DFID, WB, WHO, EU) • NGO "blood for life" in Lagos • Availability of documents – workshop carried out e.g. appropriate use of blood. • Year 2000 WHO day theme – Safe Blood • Autotransfusion • Lagos and Oyo states have semblance of state level transfusion services.

NEEDS : YOUTH	OBSTACLES	OPPORTUNITIES
	• Inadequate and non implementation of policy on integration of STD/HIV/AIDS into school curriculum • Many children and youth not in schools • Inadequate sensitization of policy makers and implementors • Inadequate funding of youths – related STD/HIV/AIDS programs • Negative attitude of parents to sex and sexuality issues • Religious organizations attitude towards sexuality education • Inequality of opportunity for education between boys and girls • Poor role models of adults in society • Early marriage for girls • Poor perception of risks of STD/HIV/AIDS • Negative peer pressure • Influence of pornographic materials • Non implementation of censorship policy (videos, films) • Lack of youth friendly health care services – counseling facilities • Economic factors – desire to get rich quick • Increasing drop out rates in school • Poverty • Sexual harassment/abuse in school • Hawking • Increasing prevalence of street children and area boys • Declining moral standards • Increasing moral decadence • Easy access of youth to alcohol, drugs, bars, nightclubs, etc. • Decreasing parental supervision of youths • Poor recreational facilities for youths • Non implementation of laws and rights of children/youths • Increasing unemployment • Lack of social welfare package • Increasing indiscipline in the society • Misplaced priorities • Paucity of channel of information targeted at youths • Increasing IV and non-IV drug use among youths.	• Sexuality education policy • Poverty alleviation program • Creation of jobs • Availability of laws to protect children • Introduction of UBE (Universal Basic Education) • Existing institution • Availability of religious and traditional institutions • Family life education in schools • Existence of youth clubs and associations • Availability of youth friendly club and societies.

NEEDS Care and Support	OBSTACLES	OPPORTUNITIES
	EARLY DIAGNOSIS • No facility for VCT • Expensive cost of diagnoses • Inadequate facility for diagnosis • Poor health sector beheviour for prevention and diagnosis • Paucity of reagents and consumables • High cost of screening • Poor quality control of testing • Donor apathy in care and support • Care and support not linked to prevention COUNSELLING • Inadequate facilities for pre/post test counseling • Inadequate skills of health care providers • Inadequate number of social workers. • Paucity of trained counselor at all levels • Poor selection of trainees • Inadequate peer counselors • Inadequate counseling by people living with HIV/AIDS • Intimidating procedure of the counseling service • Lack of hospital policy • Lack of motivation for trained counselors • Inadequate guidelines on counseling PATIENT MANAGEMENT • Inadequate facilities at all level. • Inadequate trained personnel • Inadequate supply of drugs • High cost of care and support	• Extended family system • Existing training institution for care and support • Existing community based organization, NGOs • Existing manuals (Counseling, home care and case management) • Media involvement. • Political commitment and advocacy efforts • Ongoing strategic planning • The PHC structure (Multi-sect oral involvement) • Existing health facilities • Association of PLWHA • Interest of donor agencies, DFID, USAID, WHO, Pathfinder • Existing professional organizations • Poverty alleviation program • Pool of available trained counselors • Increasing community awareness. • TB/Leprosy program • Report of the orphan survey. • ARV on the essential drug list.

NEEDS Care and Support	OBSTACLES	OPPORTUNITIES
	◦ Stigmatization ◦ Confidentiality not observed and human rights. ◦ Poor referral system at all levels ◦ Lack of logistic for follow-up and continuum of care ◦ Limited funding for home care ◦ Ineffective monitoring and evaluation ◦ Competition with alternative medical practitioners and spiritual homes ◦ Poor reporting system ◦ Poor distribution of existing guidelines ◦ High turnover of trained counselors. ◦ High cost of care and support ◦ Inadequate mobilization of community to support people with HIV/AIDS ◦ Inadequate skills for social workers ◦ Poverty to sustain treatment and appointment. ◦ Increasing prevalence of TB ◦ Increasing number of AIDS orphans ◦ High cost of antiretroviral drugs (ARVD) ◦ Unavailability of ARVD ◦ Non - control of sale and prescription of ARVD ◦ Lack of training in the usage of ARVD ◦ Lack of monitoring of medical and paramedical ◦ Lack of laboratory monitoring of those on ARVD ◦ Pressure from pharmaceutical companies to sell drugs.	

NEEDS : WOMEN	OBSTACLES	OPPORTUNITIES
	• Social/Religious status of women • Poor access to information and treatment • Poor economic power • Cultural bias against women • Religious bias against women • No empowerment – economically, socially, politically. No reproductive rights. • Physiological factors • Early marriage • Inability to negotiate safe sex • Poor education • High level of illiteracy of women especially in the northern states. • Violence – rape abuse of women • Migration. Rural to urban areas • Poor legislation on women's rights • Prostitution • No female condom • Religious/Social upheavals • Poor decision making power in sexual matters • Polygamy • Wife inheritance and wife sharing • Widowhood and inheritance rights • Non implementation of laws that apply to women • Poor/inadequate reproductive health issues • Poor distribution of NGOs especially to rural areas • Multiparity and large families • Lack of confidence in self and other women. • Lack of channel of information. • Women have little time for leisure and information	• Women community organization • Women targeted programmes • Ministry of women affairs • Religious organizations • NGOs, CBOs, Donors Agencies dealing with reproductive issues • More and more gender issues up-coming. Head of NACA, Minister of state of Health, Transport. • Adult education Program • Female functional literacy program • Educated children • Plan to start Social marketing of female condom.

NEEDS : LABOR	OBSTACLES	OPPORTUNITIES
	INFORMAL SECTOR: • More than 50% of labor force in the informal sector – no social safety nets for illness and disability • Mobility of the informal sector • Poor organizational structure • Inadequate provision for prevention of STD/HIV/AIDS among staff and workers. • Poor reporting system • Migration of workers • Inadequate remuneration • Poor education • Poor health seeking behavior FORMAL SECTOR • Managers not sufficiently informed about STD/HIV/AIDS to help in prevention for their staff and workers • Little response from management • Lack of commitment of management towards STD/HIV/AIDS prevention and control. • Inadequate welfare package for those with STD/HIV/AIDS • Little or no funds committed to STD/HIV/AIDS prevention and control • No reporting system to the central data on incidence and prevention rates • Inadequate and sustained information on STD/HIV/AIDS within the companies. • Breach of confidentiality of HIV status • Mandatory pre-employment screening for HIV • Poor implementation of international, national laws on employment and labor • Breach of human rights of HIV positive staff • Inadequate provision for care and support • Unions not utilized for prevention of HIV	• Existence of Unions and Associations • Training department within organizations • Existence of health structures • Availability of funds • Organizational structure within the sectors • Potential to produce STD/HIV/AIDS education materials • Existing international and national laws, codes, ordinances. • Existing social clubs within organizations • Networking among organizations and companies

NEEDS : LABOR	OBSTACLES	OPPORTUNITIES
	• Lack of policy on HIV/AIDS/STD in most organizations • Frequent duty travel away from home which exposes them to risk • Disposable cash predisposes to leisure activities – alcohol, multiple sexual partners, drugs, casual sex etc • Poor enforcement of occupational safety and health regulations.	

NEEDS : SEXUAL EDUCATION	OBSTACLES	OPPORTUNITIES
	IEC PRODUCTION (Lack of Production Facilities) • Inadequate funds for production of materials • Inadequate quantity of materials produced due to lack of funds DISTRIBUTION • Difficulties with distribution of materials to states and LGAs due to inadequate funds, poor communication and networks. • Poor logistics • Poor organization of distribution at all levels • No evaluation of distribution patterns at all levels DISSEMINATION • Insufficient trained IEC personnel at all levels • Inadequate funding • Inadequate facilities for dissemination. • Poor logistics at all levels EVALUATION • Irregular evaluation of materials and activities due to lack of funds • Inadequate personnel • Poor logistics • Poor communication network CONDOMS • Religious opposition • Cultural opposition • Parental opposition • Unavailability of female condom • Poor decision making power of women in reproductive health issues	