

Programme Component	“Checklist” of Activities for Implementation	Tools
<b>BEHAVIOURAL INTERVENTIONS</b>		
<p><b>Outreach</b></p> <ul style="list-style-type: none"> <li>• Small group discussions</li> <li>• Interpersonal communication</li> <li>• Community stakeholders meetings (including female sex workers, pimps, madams)</li> </ul> <p><b>Peer Education</b></p> <ul style="list-style-type: none"> <li>• Social peers</li> <li>• Counseling and skills building</li> </ul>	<p><b>Entry level:</b></p> <ul style="list-style-type: none"> <li>• Identify key stakeholders in the community e.g. brothel owners/managers, local pimps, chairladies, madams, law enforcement agents, others as applicable</li> <li>• Conduct community stakeholder dialogue</li> <li>• Key influencers/gatekeepers pre-intervention dialogue <ul style="list-style-type: none"> <li>○ Baseline PM&amp;E</li> <li>○ Validation of identified hotspots/intervention sites</li> <li>○ Selection of peer educators within respective target community</li> </ul> </li> </ul> <p><b>Intensive Level:</b></p> <ul style="list-style-type: none"> <li>• Train Peer Educators on the program</li> <li>• PEs to conduct periodic contacts to the respective FSW communities (monthly) using drama/rolw plays, film shows, games etc– refer to national FSW community tool – PEP model</li> <li>• Conduct monthly review and refresher meetings with trained PEs.</li> <li>• Conduct community stakeholders’ update meetings regularly (quarterly)</li> <li>• Process documentation and dissemination</li> <li>• Drama/role play</li> <li>• Film shows</li> <li>• Games – board games, cards, community conversation toolkit</li> </ul> <p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• Formation of community-led social structures/groups</li> <li>• Plan for sustainability of formed social structures/groups</li> <li>• Promote voluntary PEs from the community</li> <li>• End of project evaluation/dissemination</li> <li>• Sustainable sexual behaviour programs</li> </ul>	<p><b>Entry level</b></p> <ul style="list-style-type: none"> <li>• Validation format-tool (SFH/UOM)</li> <li>• Stakeholder analysis tool</li> <li>• Spot analysis tool for community mapping by CSO/CBO partners (review to suite Nigeria context)</li> <li>• Site load mapping</li> <li>• Baseline-PME (participatory monitoring and Evaluation tool)</li> </ul> <p><b>Intensive Level</b></p> <ul style="list-style-type: none"> <li>• PITT (NACA) – to be reviewed by NPTWG</li> <li>• Peer educator recruitment criteria tool – to be developed</li> <li>• PEP manual - NACA</li> <li>• Contact listing by peer educators</li> <li>• Community conversation tool kit (FHI- C-change)</li> <li>• PE monitoring tool (SFH)</li> <li>• Opportunity gap analysis</li> </ul> <p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• Evaluation tool</li> <li>• Final reporting template</li> <li>• Best practice document</li> <li>• Success story format</li> <li>• Opportunity Gap Analysis</li> </ul>

<b>Expected Results and Indicators</b> Increased proportion of beneficiaries reached by outreach and behavioural education <ul style="list-style-type: none"> <li>• % of beneficiaries contacted with HIV/AIDS prevention programme</li> <li>• % of beneficiaries reached with Minimum Prevention Package Intervention (MPPI)</li> <li>• % of beneficiaries reached every month with MPPI</li> </ul>		
<b>Condom and Lubricant programming</b>  <ul style="list-style-type: none"> <li>• Demonstration, promotion of use and distribution of male and female condoms and water-based lubricants</li> </ul>	<b>Entry level:</b> <ul style="list-style-type: none"> <li>• Identify a system of condom procurement</li> <li>• Estimate condom requirement for target community</li> </ul> <b>Intensive level:</b> <ul style="list-style-type: none"> <li>• Direct distribution and tracking of condoms to target communities</li> <li>• Identify traditional/ non-traditional outlets and establish distribution systems in all sites</li> </ul> <b>Exit level:</b> <ul style="list-style-type: none"> <li>• Outlet sustainability of condom distribution</li> </ul>	<b>Entry level</b> <ul style="list-style-type: none"> <li>• Condom availability mapping</li> <li>• PE card</li> <li>• PEP manual</li> </ul> <b>Intensive Level</b> <ul style="list-style-type: none"> <li>• Condom accessibility and availability map</li> <li>• Condom distribution tool (SFH)</li> </ul> <b>Exit level:</b> <ul style="list-style-type: none"> <li>• Condom distribution format</li> </ul>
<b>Expected Results and Indicators</b> Increased proportion of beneficiaries using condoms with regular and irregular partners <ul style="list-style-type: none"> <li>• Ratio of condoms distributed / condoms required (monthly)</li> <li>• % of beneficiaries receiving condoms as per the demand (monthly)</li> <li>• % of beneficiaries reporting the use of condoms regularly with clients</li> <li>• % of beneficiaries using condoms regularly with other partners</li> </ul>		

Programme Component	“Checklist” of Activities for Implementation	Tools
<b>BIOMEDICAL INTERVENTIONS</b>		
<b>STI Control and Management</b>  <ul style="list-style-type: none"> <li>• Screening and treatment of STIs</li> <li>• Training on STI syndromic case management</li> </ul>	<b>Entry level:</b> <ul style="list-style-type: none"> <li>• Identification of sites where clinical services will be provided to target communities</li> <li>• Adapt the existing national standard operational guideline for STI management</li> <li>• Advocacy to relevant stakeholders and policy makers to include budgetary allocation for continuity of biomedical intervention for target communities</li> <li>• Identify and build capacity of existing community structures (CBOs, target community leaders and other community groups) to continue with support implementation after exist of program</li> </ul>	<b>Entry level</b> <ul style="list-style-type: none"> <li>• Preference ranking</li> <li>• Community mapping tool</li> <li>• Facility mapping tool</li> <li>• Facility assessment tool</li> </ul>

	<p><b>Intensive Level:</b></p> <ul style="list-style-type: none"> <li>• Training and retraining of clinic staff (counsellors, nurse, doctors, prevention officers) on the SOP and needs of target communities</li> <li>• Provide counseling for STI at the clinic to all target communities</li> <li>• Referrals and/or treatment for target communities for STI – syndromic management</li> <li>• Partner notification and treatment (clients and non-paying partners)</li> <li>• Institute follow up systems for target communities undergoing STIs management in line with the national guideline</li> <li>• Strengthen linkages between community level activities and health care facilities to ensure sustainability</li> </ul> <p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• Strengthen linkages between community level activities and health care facilities</li> <li>• Institute fora for the continued engagement of community stakeholders with health facilities and target community groups that would look at progress review, feedback processes and recommendations for sustainability</li> <li>• Linkages with network</li> </ul>	<p><b>Intensive level</b></p> <p>National STI syndromic management guideline /tool</p> <p><b>Exit level</b></p> <ul style="list-style-type: none"> <li>• Format/tools for Government referral linkages</li> <li>• Format for community referrals</li> </ul>
<p><b>Expected Results and Indicators</b></p> <ul style="list-style-type: none"> <li>• % beneficiaries referred for STI services in a month.</li> <li>• % of beneficiaries accessing STI services within the month.(reporting monthly)</li> <li>• % of beneficiaries that completed STI treatment within the month.</li> <li>• % of beneficiaries accessing follow-up checkup for STI within the quarter.</li> </ul>		
<p><b>HIV Counseling and Testing</b></p> <ul style="list-style-type: none"> <li>• Mobile HCT</li> <li>• Facility-based HCT</li> <li>• Community-based HCT</li> <li>• Referrals</li> </ul>	<p><b>Entry level:</b></p> <ul style="list-style-type: none"> <li>• Adopt the national SOP for counseling and testing for HIV</li> <li>• Identify organizations that can be linked to the program to provide HCT services, if the program does not provide these services directly</li> <li>• Training of personnel (counselor, nurses, community based organizations) on HIV counseling</li> <li>• Establish linkages between HCT service providers with comprehensive clinics in hotspots</li> </ul> <p><b>Intensive level:</b></p> <ul style="list-style-type: none"> <li>• Follow up of target communities for regular testing and counseling ( mobile HCT)</li> <li>• Refer pregnant women (gen. pop and MARPS) for HIV testing</li> <li>• Facilitate HIV positive pregnant target communities to access appropriate PMTCT services</li> <li>• Promote community counseling systems, particularly PLHIV networks</li> </ul>	<p>Adapt tools as per the national SOP</p>

	<p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• Linkages with networks</li> </ul>	
<p><b>Expected Results and Indicators</b></p> <ul style="list-style-type: none"> <li>• % of beneficiaries referred for HCT services within the quarter.</li> <li>• % of beneficiaries referred for HCT services for their first time, and it occurred within the quarter.</li> <li>• % of beneficiaries referred for follow-up HCT services within the quarter.</li> <li>• % of beneficiaries who received HCT in the last 12 months and who know their results</li> <li>• % of beneficiaries who tested HIV positive</li> </ul>		
<p><b>PMTCT</b></p> <ul style="list-style-type: none"> <li>• HIV treatment, care and support</li> <li>• Reproductive and allied health services FP, ANC, and postpartum/natal care.</li> </ul>	<p><b>Entry level:</b></p> <ul style="list-style-type: none"> <li>• Follow/ adapt the national SOP for treatment and care for FSWs</li> </ul> <p><b>Intensive level:</b></p> <ul style="list-style-type: none"> <li>• Refer HIV positive target community members to PMTCT</li> <li>• Refer for tests for LFT, RFT and CD4 (<i>where Medical Personnel is available</i>)</li> <li>• Initiate/ refer for initiation of ART and CTX (<i>where Medical personnel is available</i>)</li> <li>• Provide/ refer for adherence counseling</li> <li>• Follow up of HIV positive target communities by HIV positive peers or acceptable outreach staff</li> <li>• Promote PMTCT among target community as part of peer education package</li> <li>• Refer for family planning services (pills, condoms, injectable contraceptives) to target communities</li> <li>• Refer for cervical, anal cancer, HPV and HSV2s screening for target communities</li> <li>• Refer target community for other services like diabetes and hypertension screening and other services that the target community need</li> <li>• Referrals to other services related to rape support</li> </ul>	<ul style="list-style-type: none"> <li>• Follow/ adapt the national SOP for treatment and care for FSWs</li> <li>• Adapt PMTCT guideline</li> <li>• Adapt tools from National sexual reproductive health –SOP (Ministry of health)</li> <li>• MNCH training tool</li> </ul>
<p><b>Expected Results and Indicators</b></p> <ul style="list-style-type: none"> <li>• % of beneficiaries living with HIV who are pregnant and have been referred for PMTCT within the quarter.</li> <li>• % of beneficiaries eligible for ART who are newly initiated on ART within the quarter.</li> <li>• % of beneficiaries on ART who continue to receive PMTCT services within the quarter/year.</li> <li>• Number of beneficiaries living with HIV and people affected with HIV/AIDS provided with a minimum of one clinical care service.</li> <li>• Number of beneficiaries living with HIV receiving home based care (PLHIV)</li> <li>• Number of beneficiaries living with HIV/AIDS (PLHIV) receiving adherence support</li> <li>• Number of beneficiaries followed up by HIV positive peers</li> <li>• % of beneficiaries counseled for family planning within the month</li> <li>• % of beneficiaries referred for other services within the quarter</li> </ul>		

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Programme Component	“Checklist” of Activities for Implementation	Tools
<b>STRUCTURAL INTERVENTIONS to address Stigma and discrimination, Gender issues, Policy issues, Socio-cultural norms and Individual empowerment issues</b>		
<p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>- Community Mobilization and Dialogue</li> <li>- Advocacy</li> <li>- Individual Empowerment/Income generating activities</li> </ul>	<p><b>Entry level:</b></p> <ul style="list-style-type: none"> <li>• Analyze environmental context(social, cultural, economical and geographical) of target population activity within locality</li> <li>• Conduct stakeholder analysis (Internal, external, Clients)</li> <li>• Analyze key issues of relating to stigma &amp; discrimination; violence (physical, sexual, emotional), and exploitation members of local target communities ( law enforcement agencies, bar man, brothel owner, area boys, boyfriends etc)</li> <li>• Prioritize key issues to be addressed and develop mitigation plan</li> </ul> <p><b>Intensive level :</b></p> <ul style="list-style-type: none"> <li>• Engagement with internal target community (bar owners; managers)through awareness creation and dialogues</li> <li>• Engagement with external community (host communities; law enforcement agencies and transport worker associations) through formal and informal policy change; institutional capacity development</li> <li>• Improve access to financial mitigation activities through partnerships with relevant public and private sector organization and entities</li> <li>• Strengthen self worth through life skills training</li> </ul> <p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• Development of sustainability plans by internal and external FSW community</li> <li>• Support the formation of cooperatives of target community where possible</li> </ul>	<p><b>Entry level</b></p> <ul style="list-style-type: none"> <li>• Venue/community profiling tool</li> <li>• Stakeholder analysis tool</li> <li>• Risk and vulnerability assessment tool</li> </ul> <p><b>Intensive level</b></p> <ul style="list-style-type: none"> <li>• Crisis analysis tool</li> <li>• Community Committees</li> <li>• Tools for linkages for IGA programming</li> </ul> <p><b>Exit level:</b></p> <ul style="list-style-type: none"> <li>• National PE guide</li> </ul>
<p><b>Expected Results and Indicators</b></p> <ul style="list-style-type: none"> <li>• % of beneficiaries that report physical and/or sexual violence within the month.</li> <li>• % of beneficiaries that report stigma-related barriers to accessing health and/or social services within the quarter.</li> <li>• % of beneficiaries that report harassment and discrimination in relation to accessing programs and services within the quarter.</li> </ul>		

## HIV Prevention Programs - Measurement Framework

Impact	Indicators	Source of Measurement
Reduction in prevalence of HIV in Nigeria	% reduction in HIV prevalence among beneficiaries	Integrated Biological and Behavioural Survey or Surveillance Studies
<b>Program Element : Evidence based planning and implementation for increasing coverage of beneficiaries with HIV prevention, care and support programs</b>		
Outcome	Indicators	Source of Measurement
Outcome 1: Establishment of HIV prevention, care and support programs to cover at least 20% of the estimated beneficiaries within the state.	Costed SSP with defined plans for scaling up of target beneficiaries programs	Review of SSP
Outputs	Indicators	Source of Measurement
Output 1.1: Completion of epidemic appraisal in all LGAs to derive estimates and distribution, and characteristics of target beneficiaries	% of LGAs in which mapping has been completed, with population estimates and specification of target beneficiaries' locations and typologies	Epidemic appraisal report.
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Use the National mapping protocols</li> <li>2. Recruitment &amp; Training of field team</li> <li>3. Field work and data collection by the team</li> <li>4. Supervision of mapping</li> <li>5. Analysis of collected data</li> <li>6. Report writing</li> <li>7. Dissemination of mapping report</li> </ol>		
Output 1.2: CSO with improved institutional capacity to implementing target beneficiaries prevention program	<p>Number of CSO with the agreed target score of a capacity assessment tool</p> <p>Number of CSO delivering on agreed program objectives</p>	<p>Review of the Capacity Assessment tool</p> <p>Programme reports; Evaluation reports</p>
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Selection and engagement of CSO based on pre-determined criteria</li> <li>2. Obtain base line score from the assessment tool</li> </ol>		

<ol style="list-style-type: none"> <li>3. Build capacity of CSO on the key thematic areas of prevention</li> <li>4. CSO engaged in target beneficiaries prevention intervention</li> <li>5. Conduct mid term and end term review of capacity assessment tool and program implementation</li> </ol>		
Output 1.3: Completion of venue-specific implementation plans to reach a proportion (%) of target beneficiaries within their program areas.	Number of venues with plans updated at least every two years	Review plans of CSO
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Identification, listing and prioritization of venue by NGO/CBOs</li> <li>2. Completion of participatory site assessments for intervention locations / hotspots.</li> <li>3. Buy-in into the generic venue specific plan</li> </ol>		
<b>Program Element : Outreach and Behavioural Interventions</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>Source of Measurement</b>
Outcome 2: Reduced risk behaviours by target beneficiaries within the program areas	<p>% of target beneficiaries consistently using condoms with clients.</p> <p>% of target beneficiaries consistently using condoms with non-client partners.</p>	<p>Integrated Biological and Behavioural Survey or Surveillance Studies</p> <p>Special behavioural studies</p>
<b>Outputs</b>	<b>Indicators</b>	<b>Source of Measurement</b>
Output 2.1: Increased proportion of target beneficiaries reached by the minimum prevention package intervention.	<p>% of target beneficiaries s contacted through peer educators at least once in the year</p> <p>% of target beneficiaries met by the outreach and peer education team at least every three months</p> <p>% target beneficiaries met by the outreach team (peer educator or outreach worker) every month</p>	Program level monitoring reports and registers
<p>Activities</p> <ol style="list-style-type: none"> <li>1) Constitute Program Team</li> <li>2) Recruit/ select outreach workers</li> <li>3) Advocacy/ target beneficiaries Community Mobilization</li> <li>4) Recruit/ select peer educators</li> <li>5) Train Peer Educators on the program</li> </ol>		

- 6) Identify/validate the hotspots/ intervention sites and optimum timing for outreach
- 7) Contact sex workers and inform them about the program/ program
- 8) Contact target beneficiaries regularly and build rapport/ trust
- 9) Conduct outreach to the sites regularly NB: Comply with basic SOPs for developing the activities

<p>Output 2.2: Promotion, Demonstration and Distribution of Male and Female Condoms and Lubricants</p>	<p>% sites for which a condom plan is completed, including estimation of the monthly condom / lube requirement.</p> <p>% sites have condom and lubes stocks and supplies (shops, boxes, outlets)</p> <p>Ratio of the number of condoms / lubricants distributed to the estimated monthly requirement.</p> <p>% of target beneficiaries who receive enough condoms and lubes to meet their estimated requirement (i.e. sexual partners per month).</p>	<p>Peer micro plans Stock registers Outreach registers (Refer to CRIFF-Condom Requisition Information Forecasting Form)</p>
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- Activities
- 1) Identify a system of condom and lube procurement
  - 2) Estimate condom requirement for target beneficiaries
  - 3) Estimate lube requirement for the target beneficiaries
  - 4) Direct distribution and tracking of condoms to target beneficiaries through outreach team as per their requirement
  - 5) Direct distribution of lubes to target beneficiaries through outreach team as per their requirement
  - 6) Establish mechanism of condom and lubes outlets in all sites

**Program Element: Biomedical Interventions**

Outcome	Indicators	Source of Measurement
<p>Outcome 3: Increased proportion of target beneficiaries accessing STI and HIV related services.</p>	<p>% of target beneficiaries who visit the clinic regularly ( at least once in three months) for STI screening / diagnosis</p> <p>% of target beneficiaries who undertake HIV testing at least every 3 months</p>	<p>Program monitoring data</p> <p>Behavioural tracking surveys</p>

	[% of target beneficiaries who access reproductive health services at least twice per year]  [% of target beneficiaries who seek emergency services like PEP etc]  [% of HIV positive target beneficiaries who seek care and treatment]	
<b>Output</b>	<b>Indicators</b>	<b>Information Source</b>
Output 3.1: Strengthening the existing system of STI services	% of target beneficiaries for whom targeted STI services have been established (i.e. through program run clinics and/or referral clinics)  % of target beneficiaries visiting a clinic for STI services at least once	NGO/CBO service delivery
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Review and adapt the existing national standard operating procedures (SOP) for testing and treatment specially keep in mind the needs of target beneficiaries</li> <li>2. Identification of sites where clinical services will be provided to target beneficiaries in consultation with target beneficiaries (program clinic or referral clinic)</li> <li>3. Training and retraining of clinic staff (counsellors, nurse, doctors, prevention officers) on the SOP and needs of target beneficiaries including sexual diversity training</li> <li>4. Provide health education at the clinic to all target beneficiaries</li> <li>5. Contract tracing through outreach for follow up</li> <li>6. Treatment of regular partner</li> <li>7. Treatment of sex partners</li> <li>8. Provide counseling to the target beneficiaries on completion of treatment and condom and lubricant use etc</li> <li>9. Follow up after a week of enrolment or registration in the clinic</li> <li>10. Regular check up and follow-up every 3 months</li> </ol>		
Output 3.2: Provision of HIV counselling and testing	% of target beneficiaries for whom targeted HIV counseling, testing and referral services have been established.  % of target beneficiaries attending clinic for the first time counselled and tested for HIV	Clinic reports

<p>Activities</p> <ol style="list-style-type: none"> <li>1. Review the national SOP for counselling and treatment</li> <li>2. Identify facilities providing counselling and testing (program owned or referral)</li> <li>3. Training (including refresher training) of staff (counsellor, nurses) on HIV counselling</li> <li>4. Organise/ link up with comprehensive moonlight clinics (outreach clinics) in hotspots</li> <li>5. Motivation of regular partners for HIV counselling and testing</li> <li>6. Provision/ referral for provision of PEP</li> <li>7. Follow up of target beneficiaries for regular testing and counselling</li> </ol>		
<p>Output 3.3: Provision of HIV care and treatment</p>	<p>% of target beneficiaries living with HIV who have been referred for pre-ART assessments.</p> <p>% of target beneficiaries eligible for ART that have been initiated on ART.</p> <p>% of target beneficiaries on ART who remain in care and adherent to treatment regimens</p>	<p>Clinic reports</p>
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Follow/ adapt the national SOP for treatment and care for target beneficiaries</li> <li>2. Enroll/ refer HIV positive target beneficiaries to CCC</li> <li>3. Screening of HIV positive target beneficiaries for OI and staging</li> <li>4. Conduct/ refer for tests for LFT, RFT and CD4</li> <li>5. Initiate/ refer for initiation of ART and CTX</li> <li>6. Provide/ refer for adherence counseling</li> <li>7. Follow up of HIV positive target beneficiaries by HIV positive peers or acceptable outreach staff</li> </ol>		
<p>Output 3.4: Provision of other reproductive health and allied services</p>	<p>% of target beneficiaries counseled for family planning.</p> <p>% of target beneficiaries referred for other services</p>	<p>Clinic reports</p>
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Provide family planning services (pills, condoms, injectable contraceptives) to target beneficiaries</li> <li>2. Provide/ refer for cervical, anal cancer, HPV and HSV2s screening for target beneficiaries</li> <li>3. Refer target beneficiaries for other services like diabetes and hypertension screening and other services that the target beneficiaries need</li> </ol>		

4. Referrals to other services related to rape support		
<b>Program Element: Structural Interventions to reduce vulnerability</b>		
<b>Outcome</b>	<b>Indicators</b>	<b>Source of Measurement</b>
Outcome 4: Reduction in violence, stigma and discrimination experienced by FSWs.	<p>% of target beneficiaries that report physical and/or sexual violence</p> <p>% of target beneficiaries that report stigma-related barriers to accessing health and/or social services</p> <p>% of target beneficiaries that report harassment and discrimination in relation to accessing programs and services.</p>	<p>Behavioural tracking surveys</p> <p>Special behavioural studies</p>
<b>Output</b>	<b>Indicators</b>	<b>Information Source</b>
Output 4.1: Completion of an assessment of the vulnerabilities and sources of violence, stigma and discrimination. Etc...		
Output 4.2: Provision of safe space for sex workers. Safe places should be provided where they are needed	<p>No. of PHC linked to NGO/CBO</p> <p>No. and % of target beneficiaries using the NGO/CBO linked PHC</p> <p>No. of events conducted in the PHC</p> <p>No. of target beneficiaries staffing the NGO/CBO linked PHC</p>	<p>NGO/CBO linked PHC registers</p> <p>NGO/CBO linked PHC registers</p>
<b>Activities</b> <ol style="list-style-type: none"> <li>1. Link up PHC with NGO/CBO and sensitize the staff to target beneficiaries needs</li> <li>2. Develop rules for management of the PHC in consultation with the target beneficiaries community</li> <li>3. Develop a protocol and checklists for DICs</li> <li>4. Provide facilitates in the DIC as per needs of the target beneficiaries community</li> <li>5. Conduct sensitisation meetings/ trainings for the key stake holders</li> <li>6. Conduct sensitisation of the gate keepers to help them understand the need for a PHC</li> <li>7. Conduct regular HIV events – including dramas etc that involve target beneficiaries</li> </ol>		
Output 4.3: Mitigate violence against target beneficiaries	<p>Establish program advisory committee responsible for violence reduction and advocacy</p> <p>% increase in reporting of violence</p>	Violence reporting formats

	among target beneficiaries	
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Conduct sessions with target beneficiaries on self esteem, mobilisation, and collectivisation</li> <li>2. Conduct sensitization meetings with key law enforcement/ administrative agencies</li> <li>3. Identify legal aid organizations that can provide representation for target beneficiaries regarding violence e.g Association of Nigerian Female Lawyers</li> <li>4. Establish linkages with human rights organisations</li> <li>5. Sensitise target beneficiaries on their human rights.</li> </ol>		
Output 4.4: Address issues related to dignity and stigma and discrimination against target beneficiaries	No of stakeholder meetings conducted that specifically talk about stigma and dignity issues	Meeting minutes Media reports
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Conduct training for program team to sensitise them on issues of stigma and discrimination</li> <li>2. Organise learning exchange across sites</li> <li>3. Conduct self esteem/ empowerment trainings for target beneficiaries</li> <li>4. Develop speakers among target beneficiaries who can advocate with stakeholders</li> <li>5. Sensitisation meeting with media on stigma and discrimination and advocacy to reduce negative reporting</li> </ol>		
Output 4.5: Formation of community based organizations	No. of community based organizations of target beneficiaries formed No. of CBO members trained on governance and management % of CBO with good system of management and governance	Registration Training reports Assessment reports
<p>Activities</p> <ol style="list-style-type: none"> <li>1. Conduct training for target beneficiaries and facility staff on perspective building and critical thinking</li> <li>2. Organize learning exchange to other CBOs – including best practices and how to avoid pitfalls</li> <li>3. Conduct training for target beneficiaries on governance and management of CBOs</li> <li>4. Register CBOs of target beneficiaries</li> <li>5. Develop sound system of governance and management for CBOs</li> </ol>		