

# **Community Rapid Assessment for Kano State**

## List of Acronyms and Abbreviations

ANC	Antenatal Care
APAC	Armed Forces Program on AIDS Control
ART	Antiretroviral Treatment
ARV	Anti-Retroviral
BCC	Behavioral Change Communication
CAC	Corporate Affairs Commission
CAN	Christian Association of Nigeria
CAPA	Catchment Area Planning and Action
CBO	Community-Based Organization
CEO	Chief Executive Officer
CHEWS	Community Health Extension Workers
CISHAN	Civil Society of Groups on HIV and AIDS in Nigeria
CSO	Civil Society Organization
CSWs	Commercial Sex Workers
DOTS	Directory Observed Treatment Short Course
DPO	Divisional Police Officer
dRPC	development Research and Projects Centre
FBO	Faith-Based Organization
FHI	Family Health International
FSW	Female Sex Workers
GHAIN	Global HIV/AIDS Initiative Nigeria
GOPD	General Out-Patient Department
HBC	Home Based Care
HEAP	HIV Emergency Action Plan
HIV/AIDS	Acquired Immune Deficiency Syndrome
IDH	Infectious Disease Hospital
IEC	Information Education and Community
LACA	Local Action Committee on AIDS
LDD	Long Distance Driver
LGA	Local Government Authority
MD	Managing Director
MOH	Ministry of Health
MSF	Medicine Sans Frontier
MSM	Men who have Sex with Men
NACA	National Action Committee on AIDS
NACA/NPT	National Action Committee on HIV/AIDS/National Project Team
NCWS	National Council of Women Societies
NGO	Non Governmental Organization
NID	National Immunization Days
NURTW	National Union of Road Transport Workers
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PABA	People Affected by HIV/AIDS
PAC	Project Advisory Committee
PATHS	Partnership for Transforming Health Systems Programme

PHC	Primary Health-Care Center
PHE	Peer Health Educators
PLACO	Participatory Learning and Action for Community Ownership
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SACA	State Action Committee on AIDS
SS3	Senior Secondary School 3
STIs	Sexually Transmitted Infections
SWAAN	Society for Women and AIDS Africa-Nigeria
TB	Tuberculosis
TBA	Traditional Birth Attendants
TOT	Training of Trainers
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VCT	Voluntary testing and counseling
WAEC	West African Examination Council

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## **Executive Summary**

SACA Kano state is a multi-sectoral agency with representation from line Ministries and CSOs such as the support group COPOP and SWAAN. SACA has carried out prevention and behavioral change activities in the past 2 years. In the future SACA Kano intends to focus on prevention and care and treatment with equal intensity.

LACA in the 3 LGAs, Nassarawa, Fagge and Wudil LGAs also have a multi-sectoral structure. In terms of level of activity Nassarawa LACA was found to be most activity while the Wudil LACA was found to be least active with no records of its past activities. LACA Fagge believes that it has unique challenges to which it is unable to response as a result of limited funding from SACA.

Over 30 risk settings including markets, brothels, hotels, motor parks and streets where mobile sex workers are found were identified. In Wudil LGA the risk setting was particularly rural and included rural markets, motor parks and local beer joints. In Nassarawa and Fagge LGAs risk settings were largely urban and included brothels and hotels in the case of Fagge and entertainment spots as well as streets in the case of Nassarawa.

At risk populations included LDDs, FSWs, commercial motorcycle riders, unemployed youth, petrol sellers and hawkers in all the 3 LGAs. In Fagge, LGA MSMs and IDUs were also identified as at risk populations. In both Fagge and Nassarawa LGAs hidden populations of migrant workers from the Republic of Niger were identified. To date, there has been no programming in Kano State addressing MSMs, IDUs and migrant workers from the Republic of Niger.

In terms of government facility response, IDH in Fagge LGA and the Aminu Kano Teaching Hospital seem to be bearing the major burden of HIV in Kano state. No specific HIV services were provided by Nassarawa Hospital in Nassarawa LGA and in Wudil, despite the existence of the VCT centre as well as a PMTCT initiative, key informants were generally not aware of HIV services being provided and often did not refer patients to these facilities.

In Wudil LGA the response of CSOs to the HIV pandemic was almost non-existent. NGOs interviewed in other LGAs reported that they tried but were unable to program in this LGA due to poor cooperation and interest on the part of the local government.

Several CSOs were identified either programming in or located in Nassarawa and Fagge LGAs. Most CSOs were carrying out prevention and behavioral change programs while only SWAAN and the support groups COPOP and Voice of the Hopeful were found to be providing care and support services.

Private for profit facilities in all three LGA report an increase in the rate of infection with several new cases being seen weekly. Most private for profit facilities providing PNC/PNC, pediatric care and general medical services report that they did not have a HIV/AIDS strategic plan and that they did not offer services other than referrals to AKTH or IDH. Only one private hospital, International Clinic in Fagge LGA was found to stock ARVs while others such as Empire Clinic in Nassarawa LGA orders but does not stock ARVs.

In Nassarwa LGA 2 Pharmacies, Mumtaz and Well Care were found to stock ARVs in controlled conditions. In Fagge LGA, ARVs were found to be available in the open market in Sabon Gari. Many of the ARVs available at this market were clearly marked not for re-sale and were cheaper than similar drugs available at Mumtaz and Well Care. A licenses pharmacist was also available at the open market providing information and advice in an informal setting. Concerns about ARVs expressed by key informants include the problem of developing resistance, problems associated with compliance, management of side effects and the cost. Key informants held the general view that there was no problem of fake drugs at this time.

## **Introduction to the Community Rapid Assessment**

The Community Rapid Assessment (CRA) was conceived of as a participatory formative research implemented by representatives of the State Action Committee on HIV/AIDS in the 5 GhAIN States and facilitated by a technical group- the development Research and Projects Centre (dRPC).

### **Goal of the Community Rapid Assessment**

The goal of the CRA was stated as to produce an inventory of organizations in the public, private for profit and civil society non-profit sectors undertaking HIV/AIDS prevention, care and treatment activities and a spatial mapping of the findings in five GHAIN focal states.

#### **Objectives of the Community Rapid Assessment**

- Identify high risk settings, high risk groups and predominant risk behaviors in the focal states
- Identify private for profit, civil society non-profit sectors and public sector organizations/institutions implementing HIV/AIDS interventions.
- Identify networks and structures for HIV/AIDS prevention, care and treatment in the focal states
- Identify HIV/AIDS prevention, care and treatment program gaps in the focal states.
- Produce a spatial map of HIV/AIDS prevention, care and treatment activities in the focal states.

### **Methodology of the Community Rapid Assessment**

A qualitative research methodology was used to carry out the community rapid assessment. This methodology was based on:

- In-depth interviews with key informants
- Observation
- Mapping.
- Data management using Anthropac and ATLAS-TI,

### **Operationalising the Research**

The research team consisted of 23 representatives of SACA in Lagos State supported by 8 researchers from the development Research and Projects Centre (dRPC). The dRPC team of researchers was trained in qualitative approaches to community rapid assessment by an FHI team led by Dr. Pert Pelto and Dr. Laurie Broomhall from FHI Arlington in 2004.

The Lagos research team was trained over a period of 2 workshop days and 6 field work days. During the first workshop day participants were introduced to basic concepts and approaches in qualitative research. On the second workshop day participants were introduced to interviewing techniques, mapping, note taking and report writing in group work sessions. At the end of the workshop training exercise participants knowledge of qualitative research methods had increased. Participants interviewing, observation and report writing skills also

increased. The third stage of the training took place in the field as participants conducted interviews, made observations, took and extended field notes. This was both a training and practical research activity where participants were learning while at the same time generating notes as inputs into the final report.

### **Limitations of the Research**

As is the case with most rapid assessments, there is an inverse relationship between comprehensive coverage and time for both research and actual field work. The fact that this assessment took place over 6 days of field work by a research team though competent, experienced and motivated, were nonetheless new to CRA methods means some data gaps and data quality issues emerged from the field work process. Most of these issues were however identified and clarified with the research team by the dRPC Coordinators who produced the final reports.

## **Introduction to the Kano State government's response to HIV/AIDS**

### **Introduction**

With an estimated population of over 8 million, Kano State has the largest population in the North and is estimated to have the third largest population in Nigeria.

### **1.0 HIV prevalence in Kano State 1991-2003**

State	1991	1993	1995	1999	2001	2003
Kano	0.0	0.4	2.5	4.3	3.8	4.1

### **SACA Kano**

SACA in Kano was formed in 2002 as a multi-sectoral response mechanism similar to NACA at the National level. The Chairman of SACA Kano State, is supposed to be the State Executive Governor, Mallam Ibrahim Shekarau. The State Commissioner for Health has been mandated by the Executive Governor to chair the SACA in Kano State. SACA is multi-sectoral and comprises of nine ministries and both modern and traditional CSOs. The ministries include: the Ministry of Women Affairs, of Agriculture, of Finance, of Education and the CSOs include COPOP, SWAAN, the Council of Ulama as well as the traditional rulers. The Vice Chairman of SACA is the Emir of Kano, however, in actual practice he has delegated his son Alhaji Aminu Ado Bayero, the Sarkin Dawakin Tsakargida to represent him. The functional structure of SACA Kano is therefore - the Chairman who is the Commissioner for Health, while the Vice-Chairman is the traditional representative, the Secretary is the State Coordinator of the HIV AIDS programme in the State.

Although SACA has received some funding from donor agencies, at present, the organization is funded by the state government to carry out its day-to-day activities. SACA in Kano does not yet have a strategic plan; the organization however has an operational plan. Under its operational plan SACA has been active carrying out several projects and activities. Table 1.0 below lists these activities.

**Table 1.1 Activities Carried-Out by SACA Kano in the past two years (2003-2004)**

S/N	Activity/Services	Location	Time	Target Group	Status of activity	Source of Funding	Other Orgs involve
1	Outreach Women Training on HIV/AIDS prevention	Kano	Feb 2003	CBO NGO	Completed	State	None
2	Doctors Training	Kano	April-May 2004	Doctors	On going 2-part (first part completed)	Ministry of Health & FHI	Orgs from all over the state
3	Training for Nurses	Kano	1-5 June 2004	Nurses	2-part	Ministry of Health & FHI	Orgs from all over the state
4	Training for traditional birth attendants	Kano	September 2004	TBA's	Completed	Ministry of Health & FHI	None
5	Training for Traditional Barbers	Kano	September 2004	Barbers	Completed	Ministry of Health & FHI	None
6	Advocacy and Sensitization at 4BCT centers & 2 PMTCT Centers	Danbatta Wudil Kura			Completed	SACA	none
7	TB Management Training for Doctors	Kano	2004	Doctors	Completed		

The key informant of SACA Kano, who serves as the Secretary reported that the most successful of the activities carried-out was the training for health workers. From the evaluation of the activity it was observed that the training improved their delivery of services at the point of delivery. In addition, another success story is the trainings of traditional barbers. The key informant reported that the barbers have a very organized association and are now putting into practice the infection prevention measures taught to them by SACA.

In terms of providing support to line ministries, the key informant holds the view that much has been achieved since most of the line Ministries are working with SACA. While providing technical assistance to line ministries, some of the staff have been trained and some of the LACAs were also trained.

The key informant however identifies networking with CSOs as a challenge and says “we are bringing them closer to us and we hope to improve our networking”. Another challenge identified is the fact that LACAs are inadequately funded by their LGAs. There has not been much response from LACA to the promptings of SACA for strategic plans and activities. Of the 44 LGA's in Kano State, there are only three functioning LACAs - Tarauni, Fagge, and Nassarawa, the LACAs which received assistance from FHI

under the IMPACT programme. In terms of collaborating with LACA to identify high risk and vulnerable groups the respondent admits that not much has been done. LACAs and other relevant bodies have not been assisted in developing work plan since they had not asked for any help. However, SACA has been providing educational materials and giving-out sexuality education especially to higher institutions.

He believes that SACA, Kano has been doing a lot especially with the radio programme it carries-out in Freedom Radio to create an environment for open and honest discussions of HIV/AIDS issues.

In the future, SACA proposes to focus on workers in their places of work (particularly government ministries) in order to create awareness on HIV/AIDS. This year SACA Kano intends to reach more people by even targeting federal workers at the federal Secretariat in Kano. They hope that the state would fund the initiative since the proposal has been submitted.

Areas to be prioritized in HIV/AIDS programming in the state are firstly preventive areas. The key informant reports that for SACA, prevention activities have to be looked at very seriously. He adds, that secondly and equally importantly, there is a need for anti-retroviral treatment and treatment of OI's and finally, there is a need to start home based care.

Challenges related to finances include delay in budgetary allocation, and non-release of budgets. At the end of the day, very little comes out of these budgets. The key informant states that ministry of health is very active in the activities of SACA in the state. There are extension workers who can be seconded for project activities and staff can also be motivated to coordinate activities. From the experience of SACA, the key informant identifies training as a primary motivator for volunteer staff.

In Kano state there are a number of CSOs formed to carry out HIV/AIDS prevention and care programs. They include: SWAAN, COPOP, ALERT, and Voice of the Hopefuls. Some of these organizations are support groups, responding to the welfare of their members but others like SWAAN work in areas of care and support for any infected person in community who comes into contact with them. COPOP is a member of SACA with representation, while the other groups are fairly new but SACA is exploring how it can co-

opt them to become part of the fight against HIV/AIDS. The table below represents a summary of collaborations between SACA and CSOs.

**Table 1.2 Collaboration between SACA Kano and CSOs**

S/N	Name of health facility, NGO,CBO	Details of collaboration-meeting, intervention on ART, VCT, & referral	Has collaboration been effective?
1	SWAN	VCT and Home-based care	Very effective
2	COPOP	VCT and Home-based care	Very effective
3	NURTW	Sensitization	Very effective
4	Council of Ulama	Sensitization	Very effective
5	NLC	Sensitization	Very effective
6	YOSPIS	Sensitization to students and youth	Very effective
7	Society for Family Health	Condom promotion and reproductive health	Very effective
8	YEDA	Yan Achaba program	Very effective
9	Traditional Barbers Association	Trainings	Very effective

The key informant reports that SACA has not faced any significant challenges while collaborating with these organizations.

HIV testing services are available at public health centers in the state such as IDH, MMSH, Gwarzo, Danbatta, Wail, Kure and several General Hospitals. Private hospitals such as Premier Clinic and Al Noury Hospital offer testing services.

Some of the concerns of PLWAH's are the problems of access of the ARV as the services provided at the teaching hospital are grossly inadequate and the State does not provide such services currently. However with the coming of this GHAIN program, more people would be provided with ARVs. There is still the fear however that not all members may be able to access the ARVs or that also, fear of sustainability for those who are able to get it after the project is over.

The only problem as far as the state government is concerned access to ARVs by the people who are not well to do. Only about 30-40% of infected persons in the state are able to access care and treatment from the public health care system. Table 1.2 below presents the evidence of the services provided by public facility.

**Table 1.3 HIV/AIDS Services provided by public facility in Kano State**

S/N	Name of Health facility CBO/NGO	Services provided	Rate of provision of services	Groups targeted for service
1	IDH	Provision of care and support, VCT, ARV, OI, STI	Average	30-40% of cases

		Management		
2	Murtala M Hospital	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
3	AKTH	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
4	Wudil Hospital	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
5	Kura Hospital	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
6	Gwarzo Hospital	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
7	Danbatta Hospital	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases
8	Sheik Jiddah	Provision of care and support, VCT, ARV, OI, STI Management	Average	30-40% of cases

\*Services provided depends on the hospitals

At present, the PHC level is mainly involved in referral services; other services such as testing are not provided at the PHC level. In terms of gaps and skills needed by SACA, the key informant reports that capacity-building training is needed in all areas for doctors, lab scientists, nurses and also health education workers in community mobilization and other areas related to HIV/AIDS.

**Health Information for Nassarawa**

Nassarawa LGA – residential settlement of upper and middle income dwellers

**Health Facilities in the Nassarawa LGA**

(a)	Teaching hospital	Nil
(b)	General Hospital	2
(c)	Mission Hospital	2
(d)	Private Hospital	40
(e)	Govt. Health Centres	21
(f)	Church/religious clinics	1
(g)	Private pharmacies	6
(h)	Patient medicine stores	80

Risk Settings – market, streets at nights, motorpark, public spaces, hotels, entertainment spots

At risk groups – FSWs, LDDs, youth petrol sellers, commercial motorcycle operators

Pharmacies selling ARVs - 2

**Nassarawa LGA**

**Introduction to Nassarawa LGA**

Nassarawa, the old settlement of the colonial administrators houses the seat of government ‘government house’ and several old colonial buildings such as Gidan Dan Hausa. This is a largely low density residential area with urban planning and well laid out infrastructure.

At 37 square kilometers, Nassarawa is third smallest LGAs of the 44 LGA in Kano state. Nassarawa is also one of the closest LGAs to the state capital Kano Municipal being only 2 kilometers from the centre.

The population of Nassarawa LGA is estimated to be approximately 700,000. The LGA is divided between the low density upper and middle income areas in the Government Reserve Areas (GRAs)

and the low income, high density areas of Badawa and Yankaba areas of the LGA. Nassarawa LGA is home to most of the private schools for children of upper and middle income families in the state. Most senior civil servants reside in this area as do many senior retired politicians and military men both from Kano and from neighboring states. International organizations, major hotels and significant public buildings such as the new state library can all be found in Nassarawa LGA.

**Risk Settings and at Risk groups in Nassarawa LGA**

**Risk settings in Nassarawa LGA**

**Motorparks**

Key informants from the Yankaba motorpark report that while the part appears to be a commercially active spot during the day at nights the park comes alive and is a vibrant entertainment hotspot for high risk activities. In

particular, the drama houses in the motorparks which have been outlawed under the new Sharia government become active between the hours of 4-9pm. Young girls aged 13 to 20 who are usually found resting or in some cases preparing food in the drama houses during the day double up as sex workers during the evenings and late nights. In the evening young male motorcycle riders as well as long distance drivers come into the motorpark to drama houses.

The largest market in the LGA, the Yankaba market which is relatively close to the motorpark also constitutes a risk setting as drivers, loaders, sellers and buyers of perishable goods and vegetables. Vehicles bringing produce from as far as Adamawa, Plateau, Ondo and Niger States are parked overnight in the motorparks leaving drivers, loaders and other transport workers free to engage in sexual activities with female food sellers, female beggars and petty traders in and around the market place.

Key informants report that other high risk settings in the LGA including open spaces where destitute and homeless people congregate and spend the night in and around the golf course, the park opposite Nassarawa Hospital and the race course. While no key informant identified brothels in the LGA, several respondents identified well known entertainment spots such as Civil services club, Daula Hotel, Durbar Hotel, Prince Hotel, Central Hotel, Sky power Night club, Kano club, Lebanon club and the Chinese pink peacock club as hotspots where female sex workers are often taken or found looking for clients.

Key informants from civil society organizations responding to HIV/AIDS in the state also identify Nassarawa as the only LGA in the state where female sex workers walk the streets looking for clients. Streets where they can be found include Lodge Road, Ahamdu Bello Way and Sabo Bakin Zuwo Road. Key informants report that street walkers are often picked up by men who are visitors in the state, men returning home from work in Abuja or in many cases regular male Kano citizens.

Guest houses in Nassarawa, new layouts and partially completed houses are also risk settings for young girls engaging in petty trading and itinerant hawking. One key informant from the Ministry of Health is of the view that the cosmopolitan and urban nature of Nassarawa LGA with several different tribes living side by side in situations of income inequality creates a risk setting where there is unrestricted interaction and high levels of sexual

promiscuity. She identifies Badawa ward in the LGA as one particular area with a high degree of sexual networking due to the cosmopolitan nature of its population in an urban slum. Key informants also report that the fact that men from the uniform services live in Badawa in rented accommodation contribute to the risk setting as their life style is one of alcohol, multiple sex partners and violence towards their family. The key informant from the Ministry of Health said:

*There are different types of people in Nassarawa. This LGA is different from all other LGAs, in all the LGAs I have worked this is the busiest. There are cases between boys and girls between husband and wife who are now divorced, adult girls and boys sleeping together. Badawa community has the highest risk with beer parlous, hawkers, 59 tribes and languages.*

One key informant who coordinates FHI/NUT programme of HIV/AIDS programme with in-school youth reports that schools are high risk settings in the LGA. Peer group pressure, harassment from boys in co-educational schools as well as poor supervision leads to high risk activities between girls and boys which is often reported to school counselors or in cases of unwanted pregnancy to the Department of Social Welfare. The key informant also gave examples of young girls who were sent to school but absconded for 4 days to participate in dramas.

### **At risk groups in Nassarawa LGA**

Key informants identified groups at risk of HIV infection in Nassarawa LGA male out of school youth selling petrol and engaging in petty trading, female sex workers, transport workers in motorparks, part-time sex workers and migrant workers from neighboring countries. Female sex workers can be found in entertainment spots such as:

- (a) Civil services club
- (b) Daula Hotel
- (c) Central Hotel
- (d) Sky power Night club
- (e) Kano club
- (f) Lebanon club
- (g) Chinese pink peacock club

Key informants estimate the population of sex workers in Nassarawa LGA as approximately 1,000 with little variation in population size throughout the

year. Their age range is between 19 -29 years and they are from all parts of the country, especially Maiduguri, Yola, Anambra, Imo, Ogun, Ondo and Cross River States.

Key informants report that there are about 200 taxis and 340 buses in the Yankaba motorpark. There are also about 50 illegal drivers operating in the motorpark. Most of the drivers are ranged between 20 to 38 years old. Most of the drivers are Hausa/Fulanis with only about 10% being non-indigenes, mostly Yoruba. During the rainy season many drivers park their vehicles to return to the farms, this is normally a period of low activity in the motorpark. A key informant from the Union reports that many of the drivers are known to have girlfriends among the food sellers and free women in the environs of the motorpark.

Key informants from CSOs report that migrant workers are mostly from Niger Republic. The estimated population size of this group ranges between 200,000 to 300,000 in the State most of whom come through Nassarawa LGA

at some point in their stay. The normal pattern of the migrant worker from Niger is to lodge with a friend while looking for work during the dry season after he has farmed and left his family behind with stored grains. As soon as work is found and the migrant worker accumulates his salary a significant portion is set aside to return home for his family while key informants report that about half of his income is used for upkeep and of enjoying modern city life in Kano. One aspect of enjoyment for these migrant workers entails visiting sex workers in neighboring Tarauni, Fagge or Wudil LGAs. Some migrant workers who consider themselves 'lucky' establish relations with young girls hawking food often for their mothers in seclusion. Migrant workers from Niger state are engaged in tea selling, water pushing, nail cutting and as guards in Nassarawa LGA. They make between N2,000 to N6,000 per month. Key informants who are custodians of bore holes reveal that those who stay during the rainy season or who settle in the LGA make between N5,000 to N9,000 per month.

A key informant working with out-of-school youth in Kano State estimates that there are more road side petrol sellers per square kilometer in Nassarawa LGA than in any other LGA in the State. He estimates that there are approximately 200 petrol sellers in the LGA each with at least one assistant, 90% are between the ages of 17-25, most are primary school drop outs, most do not own the product but are selling for an older person, almost all are unmarried and all are sexually active with two or more sex partners.

Key informants report that commercial motorcycle operators ferrying female passengers into and out of the LGA are also an at risk group. Their profile is that they are largely young, uneducated from rural Kano or from neighboring states, have multiple sex partners and easily blend into the hotspots where they take their female passengers to and from. Several of these motorcycle operators could be observed in front of hotspots and hotels in the LGA, such as in front of Prince Hotel, Sky Power and Daula Hotel.

### **Government’s Response to HIV – Nassarawa LGA**

#### **LACA NASSARAWA**

Key informants from LACA Nassarawa LGA reveal that the organization was established in 2002, its members included the District Head, Youth Leader and the Rep Council. The Deputy PHC Coordinator is the Secretary of LACA and Mallam Auwalu Yahaya acts as the Deputy Secretary for LACA. The full composition of LACA Nassarawa LGA is listed below in box 1.

<b><u>Box 2.0 Structure of the Nassarawa LGA LACA:</u></b>	
LGA Chairman:	Chairman LACA
District Head:	Deputy
LGA PHC Coordinator:	member
LGA Information Officer:	Member
LGA CD Officer	Member
Women Development Officer:	Member
Chief Imam	Hotoro Mosque
HOD Community Development:	Member
Asst. PHCC Disease Control:	Member
Deputy PHCC:	Secretary/Focal Person
LGA M&E Officer:	Member
LGA Secretary:	Member
Supervisory Councilor Health:	Member
Youth Leader	Member
Representative NGOs	Member
Representative of SACA	Member

The LACA office was provided by the LGA. There is no funding dedicated for LACA activities; rather each time there is any activity, the Chairman releases funds. LACA Nassarawa LGA has a strategic plan in place with activities identified such as social mobilization and capacity building. In the future LACA would like to intensify linkages.

There was a launching (inauguration of LACA). Funding was provided for the inauguration and sensitization by FHI – this activity is in the strategic plan, the activity was planned for the LGA community. In the year 2004 SACA/LGA supported training and sensitization for youth. The LGA produced IEC materials for sensitization such as posters, face caps, T-shirts and distributed these materials.

The key informant for LACA Nassarawa LGA, reports that its most successful activity was the sensitization workshop targeted at middle level and senior level management officials in the LGA. In the view of the LACA office, the sensitization workshop changed the attitude of the LGA officials. Other activities are listed in table 1.3 below:

**Table 1.4 Activities carried out by LACA  
Nassarawa LGA in the past 2 years (2003-2004)**

SN	Activities/ Service	Time/ Year	Status	Sources of fund	Involvement of other org.	Origin of the plan	Target Group
1	Inauguration LACA	2002	Completed	LGC	--	Strategic	LGA PHC staff and Management staff, selected members from different sectors.
2.	Sensitization workshop for LGA staff (management) and policy makers	2003	“	LGA/ FHI	FHI	-do-	LGA staff and youths
3.	Sensitization workshop, 2 trainings	2004	“	SACA/ LGA	Swoden/ SWAAN	-do-	LGA middle & Management staff PHC & Traditional birth attendants) of Jidda Hospital

Currently, LACA has a workplan which is not yet been approved. The organization has a project management team and an advisory team in place. SACA has conducted 2 activities in the Nassarawa LGA providing capacity building trainings to LACA Nassarawa.

The future priority areas for LACA are community mobilization, capacity building for teaching staff and promoting VCCT. LACA will also like to engage in capacity building activities with other collaborative staff or agencies such as the Sir Sanusi General Hospital.

Their major constraints/challenges is in the area of funding. Funding of LACA is mainly by the Local Government Council and sometimes by FHI when projects are initiated by the local government in conjunction with FHI.

There is no Medical officer in the LGA to coordinate the LACA activities. The key informants from LACA report that NGOs which worked closely with LACA are SWAAN, SWODEN and YEDA. LGA informants report that all cases of positive persons are referred to AKTH and that there is no supply of ARVs in the LGA. The main worry expressed about ARVs is the affordability of the drugs. The LACA is aware of several NGOs carrying out activities in the LGA, these include:

- (b) SWODEN which identifies risk settings and carries out programs in STI case management
- (c) SWAAN which runs care and support programs and provides treatment for OIs
- (d) YEDA which runs prevention programs targeted at youth and carries out skill training
- (e) COPOP which provides support for its members who are positive
- (f) CAPA which mobilizes staff for volunteering and community action

The experience of LACA in working with these CSOs is captured in table 4.0 below.

**Table 1.5 Experience of LACA Nassarawa in collaborating with CSOs**

S/N	Name of health facility/ organization (NGOs,CBOs)	Address/Location of NGO	Service provided	Places where the services are provided	Rate the service provided*	The group targeted for service
1	SWODEN	Badawa	HBC	Homes	4	PLWHA
2	YEDA	Badawa	Prevention	Community facilities	4	Youths
3	SWAAN	VCCT Centre	VCCT	facilities	4	Gen Population

\*Ratings to be used in assessing services provided: 1 = Very poor, 2=Poor, 3=Okay, 4=Good, 5=Very good

The LACA informants believe that it is possible to integrate HIV/AIDS into PHC system since most LACA members are from PHC. They also believe that the needs of LACA are information on HIV/AIDS case management, monitoring and evaluation, data management.

**Table 1.6 Summary Issues in Nigerian government's response to HIV/AIDS – LACA Nassarawa LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Training Sensitization workshop

Skills to share	Working with multi-sectoral partners
Care and support in the community	-
Networks and networking	Weak networking with CSOs
ARV treatment	-
Referral system	Refers suspected cases to AKTH
Gaps in programming	Inadequate attention given to coordinating; more emphasis on programming Poor coordination with SACA
Constraints	Lack of VCT Lack of funds
Access	-
Capacity needs	<b>Training in monitoring and evaluation</b>

### **Government Response in Nassarawa LGA – Government Facilities**

The key informant and his staff in the pharmacy department for this interview spoke off the record as they had not obtained permission from the Commissioner for Health of the State. In this context, several questions were neither asked nor answered.

Nassarawa Specialist Hospital is the only secondary facility in Nassarawa LGA. There are 386 personnel on staff out of whom 4 are pharmacists, over 120 are female nurses, and 180 male nurses, 25 are doctors and there are approximately 150 staff of other categories.

There is no SIT clinic in the hospital, all other services are provided including surgeries and specialized areas such as dentistry and eye clinics. Antenatal clinics are on Mondays and Thursdays. During the hot season more patients are seen. There are no STI statistics available. The catchment area includes Kano, Katsina and Jigawa States. Since the hospital's services are commercialized, most of its clientele are professionals, civil servants and/or traders. Referrals are made to IDH. There is a pharmacy on the premises but no ARVs are sold or prescribed in the hospital. Most AIDS related cases present with symptoms of TB, 8 out of 10 suspected TB cases tested positive recently.

There are no NGO's collaborating with the facility in the area of HIV/AIDS.

However, the Medical Director was once active with NGOs there in a state mobilization committee between 2002 – 2004 which whet out to the 44 LGAs to sensitize community leaders, religious leaders on issues of HIV/AIDS. On one or two occasions he was invited by SWODEN to give lectures. The hospital requires capacity building in program design and implementation and also in the area of management.

**Table 1.7 Summary Issues in government facility response to HIV/AIDS in Nassarawa LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Treatment of OIs Treatment of STIs
Skills to share	Treatment of OIs and STIs
Care and support in the community	No outreach services
Networks and networking	None
ARV treatment	-
Constraints	The absence of an enabling environment for open discussions on HIV/AIDS
Referral system	
Gaps in programming	No PMTCT No links with NGOs No use of media
Access	<b>Based on ability to pay</b>
Capacity needs	<b>Training of health workers</b>

**CSOs - NGOs, FBOs, CBOs response to HIV in Nassarawa LGA**

**The Council of Positive People (COPOP)** is a support group of people living with HIV/AIDS who aim to provide psycho-social support to their members as well as to other positive people. COPOP is also committed to curtailing the spread of AIDS through awareness creation. COPOP was formed in 1996 with the support of SWAAN under a grant from FHI. While COPOP started with two members, at present there are about 200 members among whom are women, widows, widowers and orphans in the organization. Since its inception, the activities of COPOP have been supported by FHI through SWAAN and the umbrella association of positive people NEPHWAN.

The structure of COPOP consists of a Project management team, a project advisory team, the project staff, the executive chairperson, the general secretary, the chairperson, a PRO, and the assistant PRO. The group hires an accountant during projects, but a treasurer handles the financial activities normally. COPOP's executive Chairman is the accounting officer. The group has a bank account with First Bank. The current staff strength of the organization is presented in the table below.

**Table 1.10 Staff Strength of COPOP by Category of Staff and type of employment**

S/N	Category of Staff	Designation	Number	Nature of Employment
1	Project Manger	Coordinating activities	Female-1 person	Full time
2	Project Accountant	Coordinates accounts	Male-1 Person	Full time
3	Office assistant	Assists with administration and secretarial duties	Male-1 Person	Full time
4	Office Attendant	Messenger & house-keeping	Female-1 Person	Full time
5	EXCO members	Voluntary counseling & home-base care		

COPOP has a current strategic plan with the goal of networking with all people living with HIV/ AIDS through awareness creation campaigns and the reduction of stigmatization and the eradication of denial. The group has conducted sensitization visits to religious leaders and marriage consultants advocating for HIV testing before marriage. Table 1.11 below captures COPOP's activities for the period 2002-2004. Table 1.12 which follows show the planned activities of COPOP.

**Table 1.11 COPOP activities for the Period 2002-2004**

S/ N	Activities	Location	Date of activity	Target Group	Status of activity	Funding	Other Orgs	Part of strategic plan?
1	Rally on stigmatization reduction	Kano Metropolis	2002	Entire community	Very effective	Action Aid	COPOP	Yes
2	Advocacy	Emir & Media	2002	Traditional leaders	COPOP got recognition	Action Aid	Other NGO's took part	Yes
3	Community Radio Program	Tambura wa	2002	Commercial sex workers	Very effective	Action Aid	COPOP	Yes
4	Economic Empowerment	COPOP office	On-going	Women that are positive		Action Aid	none	Yes

**Table 1. 12 Planned Activities of COPOP**

S/ N	Activity	Location	Proposed Date of Activity	Target group	Status of planning the activity	Sources of fund	Other organizations involved	Strategic plan
1	Community radio program	Daka Tshalle & Kwanar Dangora	Depends on available funding	Commercial sex workers	Have written a proposal	Submitted to action aid	COPOP activity	Yes
2	Advocacy activities		Pending on funding within 2005	State legislature & traditional religious leaders	Have written a proposal	Submitted to action aid	COPOP activity	Yes
3	Sensitization Workshop for pre-marriage test			Religious leaders and marriage consultants	Not yet	From any donor org.	COPOP and consultants	Yes
4	Want to form an Orphan support group		From present to next 3 years	The Orphans & PLWHA	-	-	COPOP	yes

COPOP collaborates with NGOs in carrying-out activities as well as with SACA when carrying out programs. SACA provides the doctors who provides information on a regular basis on HIV care related issues. They also collaborate with other NGO's on referrals. The key informant who is a COPOP official identified many challenges faced while collaborating with groups. Examples are gaps in communication and limitations in finances. Table 1.13 below summaries and assesses COPOP's collaborative experience with CSOs.

**Table 1.13 COPOP collaboration with CSOs and assessment**

S/N	Name of Health Facility-CBO,NGO	Details and areas of collaboration-meeting, intervention in ART, VCT, referral for VCT,e.t.c	Has collaboration been effective
1	All the NGO's working on HIV/AIDS	Collaboration on programs, lecture presentations, sensitization programs	Very effective
2	SACA	Collaboration on programs, lecture presentations, sensitization programs	Very effective
3	YOSPIS	Working on behavioral change communication	Very effective
4	YEDA	Lectures on drug abuse with regards to PLWHA not on medication	Very effective

The COPOP informant believes that anyone can access HIV testing services in Kano State and that people can access VCT services in hospitals,

community hospitals and virtually everywhere within the society. He is of the view that VCT centers have been set up at strategic locations within the state for effectiveness.

The COPOP informant believes that ARV services and treatment of OI's can be accessed at IDH, AKTH, and Murtala Mohammed Hospital, whereas before, it was only in AKTH these services can be accessed.

Some of the concerns of COPOP regarding ARVs relate to the difficulties of sustaining the in-take of ARV since when once one starts, one will have to continue forever. Since GHAIN is only a five-year project, the COPOP informant is concerned about the sustainability of ARVs after the project ends.

Some skills that COPOP can share with other partners responding to HIV/AIDS are that PLWHAs can share their experiences about the management of stigmatization more effectively than any other group or consultant. COPOP can also offer counseling to PLWHAs.

COPOP prepares monthly reports for the meetings. They prepare annual reports based on the projects currently running. The group submits reports to the organization that funds its project. The group has been involved with communication activities VOA Hausa service and a program run by Freedom radio station in collaboration with SACA on HIV/AIDS issues.

The key informant identifies the community radio program as its most effective activity it has undertaken as the intervention reached its target audience and captured the attention of many different people from different places. Their training needs of COPOP includes managerial capacity building with regard to program and office administration

**Youth Environment & Development Association (YEDA)**, led by Abdullahi Y. Sule – as the Executive Director and Hajiya Aisha Halliru, is located at 221 Hadejia Road, Opposite Kapital Insurance. The catalyst for the formation of the organization was the realization that youths were engaging in risky behaviors and the need to address such behaviors. The group was founded in 1995 and was reactivated in 1999. There are seven founding members of the organization and several volunteer members. The group makes annual strategic plans. The key informant of the organization

are the most senior member who stated that there was one strategic plan for 2003, the outstanding activities from 2003 were carried over into 2004 and in the year 2005 no plan has yet been made.

Since 2003 most activities of YEDA have been HIV/AIDS related and supported by FHI. YEDA also has a vocational training centre as an income generating activity for women of reproductive age in Badawa ward and a second vocation training centre in Yankaba for youths. The Centres were initially supported by the MacArthur Foundation under a capacity building project in 1998. YEDA recently commenced a new project to support 70 vulnerable children in an early childhood development centre where children are fed daily and child to child methods are used. This project is sub-granted by the dRPC under a Van Leer Foundation Grant.

YEDA works with a host of small CBOs including the vigilante, Hisba, Association of Islamiyya schools, Maitasa Youth Groups, Reps of private schools, Headmasters of Public schools. The group also networks with NGOs such as COPOP, YOSPIS, NURTW, WAYS, SWAAN and PPFN. The key informants of the organization describe the working relationship with these groups as very effective. YEDA also intends to scale up HIV/AIDS prevention activities focusing on youth in Dambata, Wudil, Minjibir, Gezawa LGAs in Kano State.

YEDA is worried about PLWHAs. They are concerned that the sums of money being charged for testing is high. They are also concerned that some PLWHAs cannot afford drugs and about care of the orphans as well as the problem of stigmatization.

YEDA can share skills on prevention programming and the management of youth friendly services with other NGOs. YEDA will require capacity building in Strategic planning, implementation and management, coordination, data management and data use.

The Voice of the Hopefuls is an association of people living with HIV//AID. The key informants of the group explain that their focus is to form a common front to fight for common goals. They also aim to assist the government and other organizations in fighting against the spread of the disease through enlightenment, seminars and radio programmes: “Fata nagari” on Radio Freedom, every Thursdays from 5:00- 6:00 pm which is a

phone-in program. On this program, PLWHAs freely discuss issues concerning HIV/AIDS prevention, care and the dangers of stigmatization. The officials of the Voice interviewed is of the view that the program has helped significantly in reducing stigmatization and has encouraged many infected persons to come out to declare their HIV status as well as to go for VCT. The key informants reported that the group also participates in another program at Pyramid Radio Madobi, where the problems of the spread of HIV are discussed.

They formed the organization in 2001, when they found themselves in AKTH seeking treatment. The strength of the group is about 7,000 members out of which roughly half are male and half are female. The widows amongst the members are assisted with financial support. The official of the group sees the supply of ARVs in the state as grossly inadequate. The activities were initially funded by the founding members who are mostly civil servants. NEPWAN assisted with a grant of N150,000 which they used to rent the current office.

In the future the group will like to secure adequate supplies of drugs for ARVs and OI for their members. They also want to create job opportunities for members, and alleviate the suffering of mothers through vocational skills training. They also want to establish a VCT center at their office as members of the public often go to their office seeking assistance as a result of the radio program.

They have a very good working relationship with FHI, SACA and just recently have introduced their organization to NACA. They collaborate with Arewa AIDS Network, NEPWAN, Nigerian Red Cross and the Sharia Commission because their involvement of the Ulama in their programs. The official of the group reports that they faced serious challenges during the formation stages of the organization, however, with encouragement from Dr. Sani Gwarzo, they were able to face the challenges. They reported that that time when they visited institutions and to traditional leaders, they were “looked at as sinners” because of their conditions.

The group has obtained subsidized ARVs from drug Companies. Their concerns about ARVs pertain to issues of reactions and side effects of the drugs. They are also concerned about the problem of stock outs as well as the cost of CD4 count tests.

In term of the needs of the group, the Voice of the Hopefuls will like to be trained to become trainers in aspects of prevention, care and support. The group makes annual financial reports and quarterly progress reports to SACA, AKTH and NEPWAN.

Among their future plans, they intend to go to villages to sensitize the community about the reality of HIV. The group has a PAC, a PMT and a financial officer who prepares the financial reports. They also have an active bank account. Their programs are not only limited to Kano but they are also working in three neighboring states: Jigawa, Katsina and Bauchi.

The National Union of Road Transport Workers (NURTW) branch in YANKABA MOTOR PARK is led by Ibrahim Musa, the Chairman and Rabiuh Ahmed, the Vice Chairman. The Union has a formal structure with 6 office holders including the Chairman and the Secretary. There are two sub-branches in the motorpark, one for taxis and another for buses. This is the major station in the LGA for traveling to other states such as Jigawa State as well as within the state.

The NURTW Nassarawa LGA branch has collaborated with FHI under the IMPACT project. There is a zonal counseling centre (Zone VI) in the motorpark as well as trained counselors. The SFH has also made contact with the Union in motorpark but no specific program has been carried out with them. The Union collaborates with the civil defense, the labor union, the Hisbas and the vigilantes. They have heard about the work of YEDA and some members participating in the FHI Impact project have worked with YEDA in training workshops. Drivers listen to radio Freedom and watch CTV when there is electricity. Drivers are very fond of watching soccer, a few drivers who are literate do read the Hausa newspaper Al Mizan.

The Amalgamated Commercial Motorcycle Owners and Riders of Nigeria (ACOMOR) is an association of commercial motorcycle operators located in the Yankaba motorpark. The group has an office, a formal structure and meets regularly. There are 60 members in the group ranging between 22 to 30 years. Most members are Hausa but members are also from minority groups in Northern Nigeria. A few members are also Yoruba or Igbo. Most members are not married and admit to having multiple partners.

Mostly motor cycle riders work in the day time; only about 10% of riders come out at night as riders carry their motor cycle home over night. The key informants of the group report that while they have never carried out any HIV/AIDS activity through association with the NURTW project staff they have been involved in several HIV/AIDS programs and activities.

The group has heard about YEDA and have good collaborative relations with the NURTW Yankaba branch. The group would like to carry out HIV/AIDS activities in the future. Members of the group watch the local television station CTV and also watch Hausa dramas in the motorpark. The group will like to work on awareness creation projects on HIV/AIDS in the future.

The Society for Women Development and Empowerment in Nigeria (SWODEN) was formed in 1995 with the purpose of women empowerment. The group started operating in Badawa then to move to B/kudu and later to Warawa LGA.

SWODEN's objectives are to create awareness amongst women and youths and to render qualitative and productive services. The organization started with 30 voluntary members who levied themselves to carry out development interventions. Funding has been received from NACA, and CEDPA.

Pathfinder International has also support activities in the area of reproductive health including training for community birth attendants and capacity building for partner health care centers.

HIV/AIDS projects have been supported by NACA and key activities include:

- Rallies
- Sensitization
- Advocacy visits to stake holders
- Training

The most successful activities carried out by SWODEN have been its STIs/HIV/AIDS sensitization programs. SWODEN collaborates with SACA and LACA in the LGAs in which they work. Quarterly meetings are held with LACA to discuss program and plan implementation. They also collaborate with the following groups in the following areas:

- PPFN in the area of Reproductive health

- YOSPIS in the area of HIV/AIDS
- GHON in the area of HIV/AIDS
- WAP in the area of Reproductive health
- WAYS in the area of HIV/AIDS

SWODEN makes referrals to the IDH where infection is suspected. They refer to AKTH for ARVs and to SWAAN for Counseling. SWODEN is very concerned about the cost of CD4 count tests for PLWHAs, the group is also concerned about the high level of denial still in the society. The absence of a two way referral system is also a matter of concern to SWODEN.

The key respondents of the organization reported that they are willing to share skills in the area of home based care and counseling. The organization does accounts on a quarterly and monthly basis and as required by international donors. Capacity building support in all areas is requested by SWODEN.

**The Sujud Foundation** located at 4B Dr. Bola Mohammed Road, Nassarawa LGA. The Foundation's director claims that he treats all ailments that defies conventional methods and treatment. These include:

- (i) HIV/AIDS
- (ii) Hepatitis
- (iii) Sickle cell anemia
- (iv) Ulcer
- (v) Pile

The Foundation's director reports that in dealing with cases that defy orthodox medicine, it uses Islamic healing methods to address the ailments. He recounts the history of the formation of the Foundation by saying that started with two of his brothers, students of Dr. Ahmed of BUK Mosque, met him in his office and informed him that they have found a cure for AIDS. He claimed that the formula, consisting of water (Zamzoon) of the holy well from Mecca, honey and Vaseline was tried on patients who improved remarkably after the treatment.

After improvement in the health conditions of the patients, he cautioned his partners not to rush their discoveries into the public realm until the Government was informed. The Foundation does not have a strategic plan and has no contacts with any civil society organization. They refer patients to AKTH or GENOME private lab for CD4 count testing.

There are about 35 staff of the Foundation including 4 doctors Dr. Jibril from IDH and Dr Gwarzo from Zaria. Before administer the treatment, the Foundation’s doctors certify that the patients have been tested in recognized testing centers such as AKTH/IDH. The Director claims that most of the Foundation’s patients have had a significant reduction in their viral load since commencing treatment. The Foundation does not prescribe ARVs and is concerned about the cost and side effects of ARVs. It has skills to share in giving loving psycho-social care to infected persons.

**Table 1.14 Summary Issues in the civil society response – Nassarawa LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Home based care, Integrated programs incorporating skills acquisition OVC programs incorporating Child to child methods and ECD Psych-social support Counseling
Skills to share	Home based care Loving psycho-social care Adolescent focused programs Media outreach programs run by PLWHAs
Care and support in the community	CSOs have outreach workers out provide community based support for PLWHAs
Networks and networking	NGOs have good networking relations with other civil society groups NGOs network with SACA
ARV treatment	This is a gap for CSOs
Referral system	Public hospitals refer to HBC programs of NGOs NGOs refer to ARV dispensing centers such as AKTH
Gaps in programming	No programs to protect the rights of positive people who have lost jobs or homes because of their status Weak or no links with private facilities Inadequate attention given to PABAs No contact between NGOs and Pharmacies Small organizations of at risk groups such as motorcyclists not engaged in programming
Access	<b>Limited information about activities of NGOs in communities so limited access</b>
Capacity needs	<b>Program Management, data use, financial management, ARVs</b>

**Private for Profit Facilities response – Nassarawa LGA**

There are numerous private hospitals in Nassarawa LGA some of the

best known of which are Top Care, Standard Hospital and Classic Clinic. Most private clinics are located in the middle to upper income areas of the LGA with a few located in the low income areas. Empire Clinic, perhaps the largest clinic located in a low income area was identified for coverage in the assessment.

### **Empire Clinic**

Empire Clinic is located in the urban, high density area of Badawa in Nassarawa LGA. The Medical Office Dr. Dennis Okeke is the key informant interviewed. Regarding staff– there are 7 nurses, 4 doctors, 4 CHEWS, no pharmacist, no counselor, 2 lab scientist, 3 cleaners, 1 security. Services provided: Antenatal care, laboratory Services, maternity, STIs services. Cases of AIDS and TB are referred to Aminu Kano Teaching Hospital (AKTH) and IDH especially where PMTCT care is required; the hospital only provides lab tests.

The catchment areas of the hospital are Nassarawa LGA in general and Badawa Lay Out in particular. Clientele include both rich and poor as well as male and female. Approximately, 5 cases of HIV infected patients are identified each week. The hospital provides care and treatment for STIs and OIs. The hospital does not have a strategic plan land and does not sell ARV drugs as it is concerned about the cost to the customer. The medical director has seen rapid increases in the cases of HIV/AIDS in the recent past.

**Table 1.15 Summary Issues for Private Sector Response Nassarawa LGA**

<i>Issue</i>	<i>Response</i>
Current programs	Care and treatment for OIs and STIs
Skills to share	Treatment of STIs and OIs
Care and support in the community	No services offered in this area despite the fact that the facility is located in a local poor community
Networks and networking	Little networking with NGOs
ARV treatment	No ARV treatment; referrals
Referral system	Referrals made to AKTH
Gaps in programming	OI and STI reporting and record keeping No Care in the community and follow up for positive people No PMTCT care for positive pregnant women Pre and post test counseling carried out but staff not trained
Access	Access restricted by ability to pay
Constraints	The profit motive
Capacity needs	Training in infection prevention for health workers Training in ART Pre and post test Counseling

### **Pharmacy issues in Nassarawa LGA**

There are six major pharmacies in Nassarawa LGA the largest of which is Well Care Pharmacy which is a private for profit firm with Ibrahim Fadathola its the Director. There is a pharmacist and 2 senior dispensing staff as well as other junior staff in this firm. The Well Care Director reports that his stocks of ARVs are from drug manufacturers and therefore concludes that he has no problem with fake drugs. The main concern of the key informant is that the ARVs from Manufacturers' representatives are too expensive for ordinary individuals.

The drugs stocked and their prices are:

(a)	Zeffix x 28	-	N10,800.00
(b)	Retro Vir x 100	-	N8,600.00
(c)	Combivir x 60	-	N1,500.00
(d)	Trimun x 60	-	N10,500.00
(e)	Diovir <u>N</u> x 60	-	N10,800.00
(f)	Pias x 60	-	N10,800.00
(g)	Epivir cap x 60	-	N4,800.00

The pharmacy sells rapid test units for HIV/AIDS which customers have been purchasing and are in moderate demand. Records are kept and drugs are stored in controlled conditions. Although the pharmacy refers cases to Classic Clinic and to AKTH the informant seemed generally unaware about

the impact of AIDS in the community and has no contacts with international funding agencies or CSOs carrying out HIV programs. Further details about the pharmacy are listed below.

**Table 1.16 Profile of Well Care Pharmacy**

Name of drug outlet	Location	Is storage adequate?	How are the drug sourced?	Do you refer clients?	Hours of service	License for premises and staff	Qualified Pharmacists.
Well care Kano	Gha shash, Along Hadejia Road, Kano.	Excellent	Multinational Drug company	Yes, classic clinic. (ii) Doctors clinic (iii) AKTH	9-10pm	Yes	Yes

Mumthaz Pharmacy, is strategically located in Nassarawa LGA opposite the Nassarawa Specialist Hospital. There is a Chief pharmacist and CEO, Hajia Hafsatu Baffai at the establishment. The key informant does not think that there are any problems with obtaining genuine drugs as NAFDAC’s intervention in Kano has contributed towards ensuring that drug are genuine. ARVs are sold by the Pharmacy and procurement is made directly through major companies. Drugs for opportunistic infections are also sold. Table 1.17 below profiles the pharmacy and the drugs sold.

**Table 1.17 ARVs sold at Mumthaz Pharmacy**

Name	Location	Qualified pharmacy	Types of groups
(ii) Mumthaz	No. 13 Nass. Hop Rd Blaso, SWIPA and S/G Market	Yes	Combivir – N11,000 Nevron – N3,500 Avaten – N3,500

The key informant from the Pharmacy thinks that the ARVS are too expensive and should be cheaper. The informant is also of the view the PHC has role to play in counseling positive people to comply with ARVs.

**Table 1.18 Summary of Pharmacy issues in Nassarawa LGA**

<i>Issue</i>	<i>Response</i>
Current programs	Selling of drugs for OIs and STIs Selling ARV drugs
Skills to share	Knowledge of ARVs, and drug for treatment OI and STIs
Care and support in the community	No activities in this area. Pharmacies appear out of touch with community
Networks and	No networks other than professional association of

networking	pharmacists
ARV treatment	Stock and sell ARVs
Referral system	Sometimes to Classic or International Clinics
Gaps in programming	Pharmacists have been neglected under previous HIV interventions They have no knowledge of the social, economic, or clinic dimensions of the infection
Access	Access determined by ability to pay
Capacity needs	Need for more training on ARVs Need to integrate them more closely into HIV programming in the state

**SECTION II**

**Fagge LGA**

**Introduction to Fagge LGA**

Fagge LGA is the most heterogeneous LGA in Kano State. Fagge which lies outside the traditional Kano city has historically been the home of different waves of migrants to Kano. The LGA is home to Northern West African migrants from Sudan, Niger, Chad as well as Muslims from states within Nigeria such as Borno, Yobe and Niger States. The LGA is also home to groups from southern Nigeria such as the Yoruba, Igbo, Calabars and other groups. A spatial and cultural divide has evolved between the largely Christian non-indigenes dwellers of Fagge LGA living on the Sabon Gari side and the Muslim indigenes located in wards such as Riyiyar Lemo.

The largest market in Kano State, the Sabon Gari market, is located in Fagge LGA. This LGA is also home to numerous schools, private hospitals and social clubs and institutions representing the non-indigenous population.

**Risk Settings and at Risk groups in Fagge**

**Risk settings**

Key informants describe Fagge LGA as a veritable zone of freedom in Kano State where state restrictions on sex work, alcohol and other vices are not being fully complied with by a community of largely non-indigenes. Consequently, there is a thriving entertainment industry in the area with bars, motels, sex workers and alcohol. This LGA is therefore attractive for buyers and sellers of sex as well as for those involved in underground activities such as drug abuse and crime.

Key informants who are also intravenous drug users identify about 6 places where intravenous drug users are to be found in Fagge LGA, Weather head No. 31, Weather Head 64, Sanyaolu by Bridge Hotel by

**Health Information for Fagge LGA**

Fagge LGA – most heterogenous LGA in Kano State

Economic activities – commercial centre with traders coming into and going out of the markets

Teaching Hospitals – 0  
General Hospitals – 1  
Mission Hositals – 0  
Private Hospitals – 32  
Government Health Centres – 1  
Government Health Clinics – 9

Risk Settings – markets, motorparks, brothels, motels, entertainment spots

At risk groups – FSWs, MSMs, IDUs, LDDs, traders

ARVs available at International Clinic, IDH Hospital and in the Sabon Gari market in market conditions, research findings of a pharmacist in the market

Jonas Star and Sanyaolu by Back of Lady Jinn, Burma Road Junction by Air force Houses and lastly at the back of Premier hotel by Burma Road. The areas between Weather head and Abeokuta streets are identified as the most risky setting for sharing needles and taking drugs.

Key informants also report that there are several places in the Fagge LGA where men have sex with men operate. For example, a famous hotel on Yoruba road and the opposite houses were identified. Other hotels in the area were also identified by key informants as a centers of MSM activity for over twenty years.

As a result of the commercial nature of Fagge LGA, large populations of traders, customers, passengers and transport workers can be found in major motorparks such as the Mallam Kato Square motor park, the Abubakar Rimi the New road motor park. Mallam Kato motor park is the largest motorpark as it is a centre containing about 700 – 1,000 buses with at least 2 persons working on each bus. There is no seasonal different as far as presence of transport workers is concern, because it is a permanent job. Most drivers prefer to keep the bus at home after work, while about one third of drivers do keep their buses within the park premises.

### **At Risk Groups**

Key informants reported several high groups at risk in Fagge LGA. At risk groups include female sex workers, male clients willing to purchase sex, out of school youth, commercial motorcycle riders, men who have sex with men, intravenous drug users.

Key informants refer to intravenous drug users as Junkies and report that their age ranges from 20 – 30 years. Their population is estimated to be over 100 with membership of the group largely restricted to lower income earners or the unemployed. The key informant reports that consumers are mainly young Hausa males and a few females; while trafficking and sales

are done by southerners, particularly Ibos. Cocaine in particular is supplied mainly from south. In Kano the NDLEA has recently designed a program to respond to the drug abuse situation in the state in conjunction with the state government. There is no collaboration with an NGO in Kano State. Junkies mostly use heroine as it is the most readily available and cost less.

The key informant about FSWs in Fagge LGA is the Coordinator of the NGO Fortress for Women. The respondent stated that a few sex workers in Fagge LGA use condoms but not consistently. The respondent however added that some sex workers engage in the habit of keeping boy friends whom they do not use condoms with whenever they have sex with them. Furthermore, the respondent stated that some customers are charged higher rate for sex without condoms. The respondent added that:

*“From my experience only two sex workers use condom consistently, one of them is a peer educator...Non-indigenes are more consistent in the use of condoms than indigenes”.*

Sex workers charge between 300 – 500 hundred naira per round for sex with Condoms and around 1000 for sex without condom and for overnight customers. The informant reported:

*“demand at times determines the price, as such, during low periods the price falls. There are times when FSWs engage in sex with customers on credit”.*

On the issue of reporting STIs, the key informant said that most FSW do not report STIs despite the presence of *counseling centers in the area under the IMPACT project*. The informant said that:

*“Most sex workers go to chemists/patent medicine stores for treatment of STIs, they also indulge in taking antibiotics such as Amphicilin and tetracycline believing that it will serve as a prevention against contracting STIs”.*

Female sex workers also do not know where screening centers are located and do not believe that they have access to them. The ones who become positive have no one to care for them as their peers run away from them and

they are sometime abandoned in hospital.

On the risky behaviors of MSMs a key informant who is a staff of one of the state hospitals in the area reported that “the activity (MSM) IS VERY HIGH. THERE ARE AT LEAST ONE THOUSAND MSMS within Fagge local government area alone” . The key informant suggested that the ages of MSM ranged from 20-60 years with older men paying for the services of younger men. The key informant reported that “Hausa people are manly the one’s that engage in this activity, all though there are some Kanuris who also engage in this act. I have once seen an Igbo MSM”.

The key informant also reported that some Yandaudus (transvestites) engage in MSMs activity, “nowadays they can accept money in order to have sex with men but what is generally known about Yandaudu is that they are mainly pimps who dress as women”.

Key informants from the NURTWs estimate that there are approximately 15,000 drivers and other support staff in motorparks in Fagge LGA. Their age group ranges from 20 to 55 years, most are Hausa Fulanis; very few from other tribes like Igbos, Yorubas and Bendelites. The key informants report that most are married.

Key informants are of the view that township drivers do not frequent female sex worker due to the nature of the services they rendered and the fact that their earnings are not enough to cater for their basic needs “**talkless of using the rest of the money in patronizing prostitutes .... only the long distance drivers (LDDs) do visit such areas and their number is negligible compared to the total number of the transport workers**”.

### Government’s Response to HIV in Fagge LGA

#### **LACA’s Fagge Response**

The key informant on LACA Fagge LGA is a senior official who reports that he only took over 9-12 months ago. He says that LACA was formed a few

years ago, that it is operational and has conducted seminars, and enlightenment campaign in the past. He could not give much information but referred the team to an officer called Alhaji Nura Garba who was unavailable and could not be interviewed by the team. In a subsequent follow up interview with Alhaji Nura he identified two clear phases in the history of LACA Fagge. During the first phase under the Health Sector led response a Care Taker Committee was formed and the Primary Health Care was the Coordinator and the Surveillance Officer was the Secretary of the Committee. In the second phase under the multi-sector response the LGA Chairman was made the Chairman of LACA, the Primary Health Care Coordinator was its Secretary and the District Head was appointed the Deputy Chairman. Other members are the Women leader, youth leader HOD Community development, HOD Agriculture, Information Officer, LGA AIDS Focal Person (the informant), Education Secretary, Traditional barbers leader (Sarkin Aska) and the LGA DPO.

FHI has assisted LACA Fagge by providing a computer set as well as funding for some of its activities and its meetings; no support has been given from the Local government to date. The key informant stated that the LACA has not strategic plan. However with the support of FHI, LACA Fagge conducted a series of advocacy visits on HIV/AIDS to ward heads in Rijiyar Lemo, Fagge District Head Office and Sabon Gari Middle Road through the Community leaders of the Igbo, Yoruba and Igbra communities. These advocacy visits were assessed as one of the LACA's most successful activities.

In the up-coming year LACA will like to carry out awareness creation activities targeted as sex workers in Sabon Gari area. The informant stated that there were CHEWS available to carry out outreach activities in the LGA. The LACA has no collaboration with any NGO or civil society organization in the LGA. The key informant identified the major need of LACA as funding stating that "we have no programs or plans as we are lacking funds".

Regarding LACA's relationship with SACA the informant reported that there is no problem with SACA as their activities have been support by SACA in the form of materials, and training.

**Table 2.0 Summary Issues in Nigerian government's response to HIV/AIDS – LACA Fagge LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Training Sensitization workshop
Skills to share	Working with multi-sectoral partners
Care and support in the community	-
Networks and networking	Weak networking with CSOs
ARV treatment	-
Referral system	Refers suspected cases to AKTH
Gaps in programming	Inadequate attention given to coordinating; more emphasis on programming Poor coordination with SACA
Constraints	Lack of VCT Lack of funds
Access	-
Capacity needs	<b>Training in monitoring and evaluation</b>

**Government Facilities response in Fagge LGA  
Infectious Disease Hospital (IDH)**

The Infectious Disease Hospital (IDH) is a general hospital providing services to a catchment area including Kano state, neighboring states and neighboring countries such as Niger Republic. The staff strength of the hospital is as follows:

- 3 Medical Officers
- 82 Nurses/CA
- 24 PHC
- Laboratories/Lab tech 5 lab scientists
- Pharmacy Dept – 1 Principal Pharmacists
- 8 Pharmacist Technicians
- Admin Depart – 3 General Administrators
- Card Issues – 2 trained Record Clerk
- 4 Record Assistants
- Kitchen – 2 Catering officers
- 1 Dietician
- Laborers – 30 Supporting staff
- X-ray – 5

The hospital provides laboratory, X-ray, out and in patient services. Immunization is provided and counseling is in place. There is also TB medical care, HIV medical care, Meningitis control programme, Immunization services and other infectious disease management services.

No antenatal services is provided. At the time of conducting this assessment the hospital did not provide ARV treatment.

There is no comprehensive data on STI cases but there are plans on the ground for STI data collection. Patients are generally from poor backgrounds while some are from the middle classes. There are roughly 30 cases HIV confirmed cases weekly suggesting a gradual increase. Patients are referred by SWAAN and other NGOs. WHO, FHI, UNICEF, MSF and other international organizations support the activities of the hospital. Patients also access testing service at private laboratories such as LAMCO.

Inadequate trained human resources and lack of funds to carry activities are some of the challenges faced in this hospital. Structures are obsolete with no recent renovation. There is a need to upgrade the structures and the staff.

### **Sheikh Mohammed Jidda Hospital**

The key informant of the Sheikh Mohammed Jidda Hospital is a senior Consultant Surgeon. He gives the staff strengths as presented in table 2.1 below.

**Table 2.1 staff structure and strength in Sheikh Mohammed Jidda Hospital**

S/N	Category of staff (program, finance, volunteer, out reach worker, counselor, support, admin, )	Designation	Number			Nature of employment	
			M	F	Total	Full time	Part time
1	Medical	Doctors	3	3	6	6	-
2	Nursing	Nurses	20	52	72	72	-
3	Pharmacist	Pharmacist technician	2	-	2	2	-
4	Pharmacist	Pharmacy assistant	2	1	3	3	-
5	Technical	Lab scientist	1	1	2	2	-
6	Technical	Scientific officers		2	2	2	-
7	Technical	Technicians	3		3	3	-
8	Technical	X-ray tech	1	3	4	4	-
8	Primary Health/ out reach	Community health officer	1		1		-
10	“	Community health supervisor		2	2	2	-
11	“	CHEWs	2		2	2	-

In addition to the staff listed above there is one dietician as well as clinical staff, storekeepers, administrative, accounting, clerical, records, security and other officers.

All the services are provided in this hospital. The catchment area of this facility is state-wide as patients from all the different local governments

within the state there are referral. Referrals are most frequently from Fagge, Nassarawa, Municipal and Gwale LGAs.

The facility receives approximately 300 new cases of antenatal books on Monday of every week, roughly 600 – 700 bookings are received throughout the week (that is from Tuesday – Friday). Roughly 12 suspected cases of STIs were seen in the past week and 11 suspected cases of AIDS were seen each week. The first case of AIDS was seen in Sheikh Jiddah Hospital in 1998 and since then there has been a steady increase. Currently, counseling services are being provided however, they cannot be considered professional.

The facility does not collaborate with any NGO due to issues concerning confidentiality of patients. Patients are usually referred to AKTH and to IDH. The hospital has a good relationship with the staff of AKTH. Even patients with TB are referred as the hospital does not treat TB. The hospital needs capacity building for its workers to increase knowledge and practical capacity for HIV/AIDS case management.

### **Sabo Garba Clinic Fagge**

Sabo Garba Clinic, is a local government clinic located in Fagge LGA, the informant is a staff of the clinic working in the area of maternal health.

Staff Strength: About 42 staff in total with the following distribution:

- 1 Staff nurse
- 1 midwife
- 15 Senior CHEWS
- 10 Junior CHEWS
- 2 Pharmacy Assistants
- 13 Attend Staff

The clinic provides antenatal care, postnatal and delivery services. STI cases are also treated. In cases where a woman is suspected to be positive she is referred to IDH for investigation. The estimated the number of ANC bookings is 37 – 40 new cases per clinic day and STI cases are 1-2 new cases per day. Patients are mostly low income to average income women. There are roughly 3 new cases of per month. The respondent also said that HIV Cases\ are on the increase. No HIV testing is offered at the facility and no ARVs are dispensed. On the issue of ARVs the key informant said “we know about them, but not sure about their types”. Opportunistic infections

are being treated here though providers and not always sure of the HIV status of the patient being treated.

The hospital has been organizing group lectures aimed at ANC attendees on HIV prevention giving information on the proper use of syringes and new razor blades. The staff interviewed said that, the most successful event they have organized is the HIV enlightenment lectures. ANC services improvement is the future plan of the hospital.

NGO collaboration with the clinic was described by the respondent as done selectively most of them are not involved fully. The staff is interested in capacity building and learning more about HIV/AIDS they also identified laboratory equipment as a need as they would like to do carry out HIV screening at the faculty.

**Table 2.2 Summary Issues in government facility response to HIV/AIDS in Fagge LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Treatment of OIs Treatment of STIs ARV treatment program under GHAIN
Skills to share	Treatment of OIs and STIs ARV treatment under GHAIN
Care and support in the community	No outreach services Limited follow up in the community Limited care for PABA
Networks and networking	Limited networking with CSOs
ARV treatment	-
Constraints	The absence of an enabling environment for open discussions on HIV/AIDS
Referral system	
Gaps in programming	No PMTCT Limited links with NGOs No use of media Limited focus on pediatric HIV cases Restricted promotion of condom use for infection prevention
Access	<b>Access open to all</b>
Capacity needs	<b>Training of health workers</b> <b>Infrastructural capacity and equipemtn</b> <b>Record keeping</b> <b>Training for pharmacists in the facilities</b>

**CSOs - NGOs, FBOs, CBOs response to HIV in Fagge LGA**  
**Planned Parenthood Federation of Nigeria, Kano Branch**

The Planned Parenthood Federation of Nigeria Kano chapter is a branch of an international NGO with goals and objectives which derive there from. The NGO has both volunteers and management staffs. There are five male volunteers and 3 female volunteers. There are four male administrative staff and three female project staff, both of whom are full time.

The Kano office is under North-west regional director based in Kaduna. Funding comes from the Headquarters and donor agencies.

There is a strategic plan for the period 2000 to 2005 after which a new one would be developed. The group focuses on:

- Girl child education
- Safe motherhood
- Human resource development
- Adolescent reproductive health
- STIs/ HIV/AIDS preventions.

Activities recently completed are presented in table 2.3 below:

**Table 2.3 activities recently completed by PPFN in Fagge LGA**

Activity	Location	Target Group	Area part of strategic plan founders.
Capacity guiding for health workers	Fagge/Nassarawa area	Chews, nurses	Yes Cedpa
Training	Fagge/Nassarawa area	PHES TBAS	Yes pathfinder
Awareness creation on STIS/HIV/AIDS	Fagge/Nassarawa area	C.S.W	Yes
Training	Fagge/Nassarawa area	Distributors	Pathfinder Yes.

The PPFN collaborates with the following organizations:

- Youth society in preventing infectious disease and social vices (YOSPIS).
- Grass root health organization (GHON)
- Youth and environmental development association (YEDA).
- Society for women and AIDS in Nigeria (SWAN).

- State ministry of health (SMOH)

Referrals are made to International hospital, Infectious diseases hospital (IDH), Aminu Kano teaching hospital (AKTH), SWAAN and to Gama and Badawa community partners for health. HIV testing services are available in the PPFN with equipment donated by Pathfinder. PPFN makes a clear distinction between prevention and HIV programming on care and support. The respondent from the organization puts it this way “we don’t deal with PLWHA. We are only interested in preventive aspect”.

The official of the PPFN reported that there are financial and accounting policies in the organization. There are also 3 bank accounts. The capacity building needs of the NGO are – advocacy, project implementation and record keeping and data management.

### **Fortress for Women**

The NGO Fortress for Women was formed in 1997 and has as its focus the protection of women’s rights. The group has a constitution, four staff members and an office. Fortress for Women has entered into a formal partnership with the CBO, Yan Tyre Development Association to carry out a female sex worker project in Fagge LGA. This project was funded by FHI under its IMPACT project.

### **NURTW**

The National Union of Road Transport Workers (NURTW) has organized branch structures in motorparks in the Fagge LGA. Each NURTW branch in the motorpark has officials such as Chairman, Deputy Chairman, Secretary and others. The HIV/AIDS activities of the branch are coordinated by the state office of the NURTW. The Fagge LGA branch of the Union collaborates with several NGOs in the state. The key informant reported that *“for training of peers we call YEDA. SWAAN helps in PLWA support and referral, FHI is funding our activities, SACA supports in capacity building, and information dissemination. YOSPIS also was involve in our activities. We solicit their help (NGO) in time of need and they give a*

*helping hand*’. Key informants report that most transport workers do not watch television regularly because of lack of constant power supply. They also do not listen to radio much but when they do their favorite programs are information programs on BBC and VOA Hausa service, as well as political call in programs Taskar Labarian by radio Kano, inda ranka by radio Freedom and cauta jane by Freedom Radio. They also read the Road transporters magazine which is a monthly bulletin for transport workers.

They refer suspected cases of HIV positive transport workers to public hospitals Such as Sheik Jidda and IDH. They have undertaken awareness campaign about HIV/AIDS transmission care and support. They have carried out these programs in collaboration with Murtala Mohd Specialist Hospital, and Kungiyar widower.

### **Society for Women and AIDS in Africa, Nigeria (SWAAN), Kano**

The key informants are Hajiya Zainab A. Suleiman of SWAAN and the Secretary of the organization. They explained that SWAAN Kano State branch was formed in 1991 a year after the National board was formed. SWAAN Kano has about 36 volunteers and about 23 active members. SWAAN’s programs focused on people living with HIV/AIDS, community home-based care, care and support for PLWHA’s, voluntary testing and counseling, and access to treatment and referrals as well as the provision of skills for people infected of affected especially women. The organization also engages in prevention programs such as AIDS education to the community and in-school youth through peer health education.

Under their skills acquisition program each woman was given a N20, 000 seed loans in the sum of N20, 000 for each woman. The key informants explained that the organization’s current skills acquisition programs focuses on purchasing materials for textile design and on purchasing sewing thread. The machines were sponsored by the Kano State government. SWAAN Kano has been a partner of FHI under the past IMPACT project. Under this project FHI sponsored the opening of the first VCT center in the state.

**Table 2.4 Some Key activities carried out by SWAAN in the past 2 years**

Activities	Location	Date	Target group	Status	Sources of funding	Part of strategic plan
AIDS Education	LGA's : Gaya, Ajingi, Kura, Ungoggo, Rano and Bichi	Late 2003-1 <sup>st</sup> ½ 2004	Male and female community	completed	SWAN & LGA's involved	Yes
Peer health education for in-school youth	22 Government schools in Kano	Through 2004	Students And teachers	On-going	National SWAN	Yes
Capacity building of small groups/students groups	Danbatta and Tudun Wada	Mid 2004				Yes
Women support group	Yahya Gusau street	Weekly- Thursdays	Women PLWHA's	On-going	SWAN/ State Government	Yes

Among the activities SWAAN has carried-out, the key informants believe the most successful activity was mobilizing people living with and infected with HIV/AIDS and catalyzing them to form support groups. SWAAN's capacity has been built in the area of PMCTC and the group has been able to train many counselors.

At SWAAN's 4 Barde Road Office there is a VCT center and many staff including four counselors, project manager and project assistant, two lab technicians, one technologist and an M& E officer with 2 receptionists. These staff are all paid by FHI. There are about six SWAAN members who serve as support staff and counselors. The table above summarizes SWAAN's activities over the past 2 years.

The key informants report that SWAAN collaborates well with other organizations such as the Kano SACA, CISGAN, the NCWS and also other NGOs. For example the Coordinator of SWAAN is currently service as one of the board members of FORWARD. Table 2.5 below shows SWAAN's collaborative relations with CSOs and SACA in Kano State.

**Table 2.5 Collaboration between SWAAN, other CSOs and government agencies**

S/N	Name of Health Facility, CBO or NGO	Details of Areas of collaboration	Has the collaboration Been effective?
1	MSO	OVC	Very successful
2	NCWS	CEDPA-funded PMCTC plus social mobilization	Very successful

3	NGO's, LGA's, Churches, Council of Ulam's, Special Adviser, Yoruba & Igbo communities, prominent women.	VCT	Very successful
4	SACA	Just completed needs assessment with them, referrals of clients	Very successful

Some of the worries of SWAAN's officials about ARVs are that they fear that PLWHAs many not be able to afford ARV treatment even at the subsidized rate as "they mostly pay through their noses for the CD4 Count test".

SWAAN can share skills on institution building to respond to HIV/AIDS with younger CSOs. The key informants said that they had started SWAAN Kano with 40 people and the organization has now grown. SWAAN needs capacity building in areas of communication strategies, program design implementation and program management.

**Table 2.6 Summary Issues in the civil society response – Fagge LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	BCC programs for FSW and out of school youth Home town associations of the non-indigenous community conducts awareness programs with the support of PPFN SWAAN Counseling centre Home based care, Psych-social support Counseling VCCT
Skills to share	Home based care VCCT
Care and support in the community	CSOs have outreach workers out provide community based support for PLWHAs
Networks and networking	NGOs have good networking relations with other civil society groups NGOs network with SACA Ethnic associations of Non-indigenes have little networking with LACA
ARV treatment	This is a gap for CSOs
Referral system	NGOs refer to ARV dispensing centers such as AKTH NGOs also refer to SWAAN for HBC NGOs also refer to SWAAN for VCCT
Gaps in programming	No programs to protect the rights of positive people who have lost jobs or homes because of their status Weak or no links with private facilities Inadequate attention given to PABAs No contact between NGOs and Pharmacies Limited or no programming with ethnic associations No IDU programs No MSM interventions

Access	-
Capacity needs	<b>Supporting groups to work with hidden populations of MSMs, IDUs, migrant workers</b>

### **Private for Profit response- Fagge LGA**

There are over 200 small clinics, prayer houses/delivery centers and hospitals (registered and unregistered) in Fagge LGA many of them serving the non-indigenous community in Sabon Gari. With the exception of International Clinic which stocks and sells ARVs none of these clinics offer any such service. Only Assumpta Clinic offers some degree of PMTCT services with special discounted rates for Catholic women in the community.

Modular Clinic specializes in maternity services in Sabon Gari area of Fagge LGA. Modular services include ultrasound, antenatal services and laboratory services for STI (Sexually Transmitted Infections). Suspected cases of HIV are sent to private laboratory or Government hospitals for screening. For confirmed cases referrals are made to AKTH for treatment. The staff strength is as follows one full time doctor and Medical Director who is male, two part-time doctors, both male. There are also seven nurses, six of whom are female and one male. There is no pharmacist as the Medical Director dispenses all drugs himself.

**Table 2.7 Staff Strength at Modular Clinic**

Category	Designation	M	F	Nature of employment
Doctors	Doctors	2	-	Full time
Nurses	Nurses	1	6	Full time
Driver	Driver	1	-	Full time
Security	Security	1	-	Full time

Services:

- ANC services
- Diagnostic services usually ultra sound
- VCT suspected case of HIV/AIDS especially young women who go from one place to another.
- Referral to AKTH
- Surgical procedures especially minor cases i.e. appendix, hymnography

The catchment area is from all over Kano State but sometimes clients come from as far as Niger Republic. New ANC bookings per week are between

12-13 cases. Approximately 1-2 new STI cases are seen per week but majority are cases of Candida.

No anti retroviral services are provided and the hospital does not provide treatment for opportunistic infection. The only skill the key informant of the hospital believes that can be shared is that infection prevention for health providers. Education and training of the staff with regard to HIV/AIDS prevention and care is the identified need of the hospital.

**Table 2.8 Summary Issues for Private Sector Response Fagge LGA**

<i>Issue</i>	<i>Response</i>
Current programs	Care and treatment for OIs and STIs Limited PMTCT services Stocks and Sale of ARVs in only one private facility
Skills to share	Treatment of STIs and OIs PMTCT
Care and support in the community	No services offered in this area despite the fact that the facility is located in a local poor community
Networks and networking	Little networking with NGOs Some networking between faith based clinics and FBOs
ARV treatment	ARV treatment in International Clinics; referrals to AKTH and IDH
Referral system	Referrals made to AKTH and IDH No referrals for home based care
Gaps in programming	OI and STI reporting and record keeping No Care in the community and follow up for positive people No PMTCT care for positive pregnant women Pre and post test counseling carried out but staff not trained Small hospitals do not feel incorporated into the state's HIV response
Access	Access restricted by ability to pay
Constraints	The profit motive
Capacity needs	Training in infection prevention for health workers Training in ART Training in HBC programs Pre and post test Counseling

**Pharmacy issues in Fagge LGA**

**Sheikh Jidda General Hospital Pharmacy**

The key informant, a senior office of Sheikh Jidda general hospital with responsibility for the pharmacy department reported that the activities of NAFDAC and other regulatory bodies in curtailing the distribution and sales of unregistered drugs has been very effective. He stated further: “the ARV drugs are manufactured by reputable companies in Europe as such fake drug

companies from India and China have not been able to bring in their commodities, in addition, faking ARV drugs is not easy. As for other drugs the respondent said “there are fake drugs in the community for other types of diseases including STIs”.

The respondent said that his pharmacy has neither ordered, stocked nor sold any ARVs in the past 1-2 years. The respondent is of the view that some patients go to Aminu Kano Teaching Hospital (AKTH) to access ARV drugs while others go to Sabon Gari Market.

The respondent commented that PLWHAs concerns revolve around the issues of how to access ARV drugs, availability of the drugs at public hospitals. Finally, the respondent stated that cost of the ARV drugs is also an issue of concern to the PLWHAs leading them to patronize traditional healers and other unconventional health providers.

### **The Sabon Gari Market**

ARVs are sold openly in shops in the Sabon Gari Market. In one shop there was a qualified and registered pharmacist who claimed that he gave information and counseled on side effects. Despite the problems the market has had with NAFDAC in the past 2 years, drug sellers claimed that all ARVs and drugs for OIs were full potency and genuine. They claimed that these drugs were imported and some revealed that ARVs were genuine as they were obtained from official sources such as from government hospitals or were smuggled from neighboring countries. The researcher observed many boxes of ARVs clearly labeled NOT TO BE SOLD. Chemists’ shops at the Sabon Gari market sell ARVs without prescriptions and at a lower price than the Pharmacists assessed in Nassarawa GRA.

**Table 2.9 Summary of Pharmacy issues in Fagge LGA**

<i><b>Issue</b></i>	<i><b>Response</b></i>
Current programs	Selling of drugs for OIs and STIs in informal setting in the market Selling ARV drugs in informal settings in the market
Skills to share	Knowledge of ARVs, and drug for treatment OI and STIs
Care and support in the community	No activities in this area.
Networks and networking	No networks other than professional association of pharmacists
ARV treatment	Stock and sell ARVs in the market
Referral system	None
Gaps in programming	Drug sellers in the market were worried when they heard

	<p>about the focus of GHAIN however, they were sure that they could get supplies from the hospital system in Kano and elsewhere to respond to unmet demands at a cheaper price than registered pharmacists</p> <p>Need to work with NAFDAC under the new GHAIN program</p>
Access	Access determined by ability to pay
Capacity needs	<p>Need for more training on ARVs</p> <p>Need to integrate drug sellers in the market more closely into HIV programming in the state</p>

**SECTION III**  
**Wudil LGA**

**Introduction to LGA**

Wudil Local Government area was created in 1976, its headquarters is in Wudil town about 44km from the state Capital. Wudil has 10 political wards and has 14 Village heads. The wards are:- Achika, Utai, Indabo, Dagumawa, Darki, Wudil cikin Gari, Sabon Gari Wudil, Lajawa, Kausani and Dankaza. The main occupations of the people are:- Fishing, Farming and Trading. The Masalacin Galadima is the oldest building in Wudil constructed over 200 years ago and is still in existence.

Key informants who were traditional leaders gave the oral history of Wudil as a town which came into being when people from Sudan came to settle around the Wudil River for fishing activities many centuries ago. They explained further that later some people from Argungu in the present Kebbi state settled there also for fishing activities around 400 years ago. Some

years afterwards people from Gaya area popularly called ‘the abagayawa’ came to settle, fought and defeated the initial settlers who dispersed to other areas. The first ruler of the town was the ‘Dandaudau’. Other older chiefs include Kaowa and Disau.

Wudil is an old commercial district in Kano State, famous for its fish, grains and cattle market.

**Relevant health information for Wudil LGA**

Wudil - a peri-urban junction town with large numbers of mobile populations

Risk Settings – markets, motorparks, temporary settlements, brothels, motels, entertainment spots

At risk groups – FSWs, food sellers, LDDs, fishermen, traders, buyers and sellers in the cattle market

Major public health facility – Wudil General Hospital

Referral centre within the LGA – Wudil General Hospital

Referral centre outside of the LGA – AKTH and IDH

Civil society response – poor  
Private sector response - weak

**Risk Settings and Risk groups – Wudil LGA**

**Risk Settings**

The market place is the best known risk setting in Wudil LGA. For example in Darki Market female sex workers could be seen actually renting huts where their clients visit

them. Around the area there are traditional music people (Gurmi and Garaya) and locally brewed alcohol for the consumption of the female sex workers and their clients. There are a lot of places around Wudil, Makole Kano, and many places in the community where female sex workers can be found, according to one of the respondent.

Brothels, motels and temporary lodgings for both men and women are the main risk setting in Wudil town. Key informants who are part of the permanent population estimated that there are more than 250 brothels/motels and small rooms in the area. All the houses along Washa street in the town are either brothel or beer parlors. Other risk locations include Sabon Gari Wudil, Gangare, Gidan Hadiza Ungogo (which is a brothel), and Gidan Alu Calendar (a lodge for men alone), City Hotel, Darka Market area (the only Ward among the high-risk areas). High-risk activities such as performances by Dan Ibro, a famous actor, as well as other artists take place regularly at Gangare.

### **At Risk Groups**

Key informants identify groups at risk of HIV/AIDS in Wudil LGA as female sex workers, traders, long distance transport workers, University students, out of school youth, hawkers, cattle buyers and fishermen. In particular, key informants specify that long distance drivers, bus drivers and the motorcycle drivers are a special risk group as they are mostly young people with some money and little or no responsibility. Respondents who have carried out HIV/AIDS programs in this area report that the long distance drivers(LDD) and the Petroleum Tanker Drivers(PTD) are at special risk because they leave home for weeks and they have money with them. There are a lot of young women who are willing to join them in their trips to wherever in Nigeria.

Female sex workers female sex workers were found in rented houses around Wudil town, some of them are in houses called ‘Gidan magajiya’ where as many as 10-15 female sex workers live together in a house headed by a Magajiya. Key informants who are members of the stable population estimate the population of FSWs as being between 1,000 – 1,500 around Wudil town. Their ages ranged from 22 yrs – 40 yrs according to one of the respondent and most of them are said to be Hausa-Fulani; only a few are identified as TIV, Ibo, Edo and Bendel. They said most of them come from

the Northern part of this country and most of them engage in sex work due to poverty, ignorance and child abuse.

Female sex workers in Wudil town centre live in brothels and motels waiting for their customers throughout all seasons and both in the day time and at night. FSWs report that they get much more money during the raining season or on market days. Customers engage in sex for money with FSWs in their places of residence; only few FSWs are taken away to sleep with male clients at home (Kwanan Gida) or in their vehicles.

A key informant, a bar man, informed the research team that most FSWs do not use condoms as their clients resist “they say that they are not having sexual satisfaction when using condoms”. He said, most of them bargain the prices with their customers but the range is from N50 – N150 - per round of sex whether with condom or without condom. He agreed that the price usually is higher in the night time due to massive turn out of clients. In general, FSWs do not report STIs, as most are afraid of been send packing out of their brothel by the owners. They therefore keep STIs hidden amongst themselves. The key informant report that FSWs usually go to near by chemists for treatment, however, he refuse to identify any of the Chemists by name.

Another key informant who has been residing with FSWs in some of the more expensive motels along Washa Road for more than twenty years and who calls himself an expert on FSWs reported that male clients only buy condoms occasionally when they are forced by the women. In his words ‘More than half of the men don’t use condom’. The money charged depends on how they negotiate. It ranges between N300 – N500. If you want to use condom, you pay extra from N400 – N500. A night they charge more than N1000. The informant stated that FSWs report to having common medical problems, ‘I am not their husband, I don’t understand it but they usually complain of Ciwon Mara (lower abdominal pains), 2/3 of them complain of these problems. Some local chemists exist and FSWs are advised to go to them or to go to hospitals. FSWs who do not do so are ejected from the houses. “They don’t go, most of them. But there are times we force them.... If she refuses, we eject them from the house”.

Sex workers interviewed were not aware of the activities of any NGOs in the LGA. They do however recall that one organization advocate the

importance of using condom to them, they even give them samples. All of them do not watch T.V. because they do not have one in the house. They listen to radio occasionally and are especially attentive when the program (Garin Muna Fata) is aired on Hausa services of radio Kano. This program sensitizes the public about the presence, effects and prevention of HIV/AIDS. They do not read newspaper/magazines at all, as most of them were not literate. The team did not come across injection drug users however informant did confirm that they existed.

Key informants who are familiar with male at risk groups in Wudil LGA report that both young and old men are at risk in this area. They report that men come to the Friday market three days earlier and lodge in rooms or in the 'daki' of sex workers until the market begins. Most traders of grain, cattle or of fish are regulars and also have regular partners who expect them on a monthly or in some cases bi-monthly basis. Transport workers such as drivers, loaders and mechanics who also spend two to three days loading and off-loading in the town often have regular sex partners and some key informants even report that many of them even have children with FSWs.

One key informant who carried out a project in the area with MacArthur Foundation funded revealed that children are also at risk of HIV infection in the area due to harmful traditional practices such as female genital cutting as well as the removal of the ovular and tonsils by local barbers.

### **Government's Response to HIV – in Wudil LGA**

#### **LACA's Response**

Alhaji Tasiu Maikano, the Supervisory Councilor for Health, informed the team that LACA exists but he cannot remember when last they carried out an activity. He can remember only one activity which was organized by SACA. He stated that when the Deputy HOD Alhaji Bala Suleiman Garko, was the Secretary LACA several activities were carried out, however, when the Secretary was transferred he took along with him all the records without handing over to his successor. This was confirmed by the local government health educator, Kabiru Ado Kademi. The current deputy HOD ( Alhaji Uba Bature) does not have any records in his possession and therefore could say little about LACA. He informed the team that LACA was inaugurated over a year ago but had not done any programmes recently. The membership comprises of the district head as the Chairman and deputy HOD health who is the Secretary. His view is that the SACA in Kano is very effective. The

health educator had carried out some programmes in the motor park with his megaphone which was bought by the Local Government.

The team observed that while there does appear to be commitment on the part of the LGA response here are also large information gaps on technical areas related to the fight against HIV/AIDS. Most of the officers interviewed are either disenchanted or they appear to be inadequately informed about the issues of HIV/AIDS.

**Table 3.0 Summary Issues in government's Response to HIV/AIDS – LACA Wudil**

<i>Issue</i>	<i>Response</i>
Current programs	-
Skills to share	-
Care and support in the community	-
Networks and networking	-
ARV treatment	-
Referral system	-
Gaps in programming	No understanding of the coordinating role of LACA No record keeping Little enthusiasm or commitment for coordinating HIV/AIDS activities
Access	-
Capacity needs	<b>Training and orientation in Gov't response to HIV from NACA to LACA</b> <b>Project management skills</b> <b>Record keeping skills</b>

### **Government Facility Response in Wudil LGA Wudil General Hospital**

The key informant was Dr. Alasan, Medical Wudil General Hospital. This hospital is currently the only facility providing PMTCT and VCT services in addition to running general medical services. The officer in charge of PMTCT is Mallam Sani Ado who is running the counseling and other services at the center.

**Table 3.1 Staff strength Wudil General Hospital**

S/N	Category of staff (Medical doctor, nurse, midwife, pharmacists, CHEW, finance, volunteer, out reach worker, counselor, support, admin, )	Designation	Number			Nature of employment	
			M	F	Total	Full time	Part time
	Medical Doctor	MD	2		2	2	

	Midwives	SM					
	CHEWS	CHEWS					
	Counselors	Counselors	6				

The Medical Director reports to seeing a reduction in the number of cases of HIV/AIDS over the course of 2 years from 5 confirmed cases per week to 3 cases. The reason offered was that there has been behavior change in the people due to aggressive campaigns in the media and by groups. However, he also said that since nothing can be offered to a positive person by the facility currently, not many people are voluntarily coming for test. Currently not even treatment for opportunistic infections is offered to positive people. The hospital pharmacy does not stock ART; any person who is found to be positive is referred to the Teaching Hospital in Kano. The laboratory personnel told the team that they carry out up to 60 HIV tests per week, mostly referred from the ANC and the PMTCT, few come from outside. Averages of 6 positive results are seen weekly in the laboratory.

They see STI's a lot but it is difficult to say how many were seen in the past week. The laboratory personnel in Wudil General hospital informed the team they see up to 16 STIs a week( Laboratory diagnosis) and explained that this because most people just go to the laboratory for test when they are ill.

Antenatal and maternal health services in the PMTCT program are free of charge. VCT services are rendered for a fee of N420 for the test for non pregnant mothers and other members of the public.

Sensitization workshop for the hospital staff on HIV/AIDS was conducted 6 months ago. There is no programme planned for the hospital staff and the community on HIV/AIDS. There is no policy on accidental injury for the medical personnel who is exposed to the risk of HIV/AIDS at workplace. The Hospital has no collaboration with any NGO to carry out any HIV/AIDS activity.

**Table 3.2 Wudil General Hospital services**

S/N	Name of service provided by the health facility (e.g. ANC, STI, VCT, PNC, Laboratory services, etc)	Location where service is provided	Rate the service provided*	The group targeted by the service
1	General medical care	Hospital	3	Entire pop
2	Surgical cases	Hospital	2	In-patients
3	STI mgt	Hospital	2	Youth
4	ANC and maternity	Hospital	3	Women of Reproductive age
5	Lab services	Hospital	2	In-patients and referrals
6	Dental services	Hospital	2	Entire pop
7	PMTCT	Hospital	4	In-patients and referrals
8	VCT	Hospital	4	Entire pop

9	TB Clinic	Hospital	3	In-patients and referrals
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\*Ratings to be used in assessing services provided: 1 = Very poor, 2=Poor, 3=Okay, 4=Good, 5=Very good

### **University of Technology, Wudil Clinic**

The second largest public facility in Wudil is the hospital of the Kano State University of Technology Wudil. The staff strength of the Kano State University of Technology Wudil consists of :- 1 doctor, 5 Nurses and 1 visiting pharmacist. The facility is recently opened and has fairly new equipment. Key informants report that they treat minor ailments and they refer cases they cannot handle to the General Hospital. Health providers in the facility see students, staff and their families as well as some members of the local community. Common health problems include Malaria, typhoid and PUD. Approximately 20 cases of STIs are seen per semester (3 months), most of them go to other hospital for treatment. The hospital provides in patient facilities comprising of 4 beds for male, 4 beds for females. Nurses run 2 shifts and they refer all emergencies to the General Hospital Wudil. ANC is conducted with 6-7 new bookings seen weekly. The facility refers for PMTCT all questionable cases to the General Hospital Wudil.

They hold meetings at the clinic once in a semester and occasionally they discuss HIV/AIDS. No HIV/AIDS cases have been confirmed, but the PNO recalls 2 cases that look very much like HIV/AIDS, one was a staff and the other a student. They hold an annual orientation programme for students, during which they are lectured about HIV/AIDS modes of transmission and prevention methods. The facility has an HIV/AIDS committee which comprises of the doctor, nurses other key university officers with the VC as the chairman. The Committee does not appear to be active.

**Table 3.3 Summary Issues in government facility  
response to HIV/AIDS in Wudil LGA**

<i><b>Issue</b></i>	<i><b>Response</b></i>
Current programs/activities	VCT Treatment of STIs TB Clinic PMTCT
Skills to share	Treatment of STIs Counseling in a rural junction town setting PMTCT case management
Care and support in the community	No significant outreach services
Networks and networking	No networking with CSOs even faith based CSOs
ARV treatment	-
Constraints	The absence of an enabling environment for open discussions on HIV/AIDS
Referral system	To AKTH or to IDH University Clinic refers to the Wudil General Hospital
Gaps in programming	No treatment of OIs No links with NGOs No use of media No ARV programs No follow up in referrals for youth in the Wudil Technology Univeristy Clinic staff in Wudil University not sufficiently informed about HIV/AIDS
Access	<b>Fear of stigmatization going to the VCT centre or for PMTCT</b> <b>Lage mobile populations who do not feel confident enough to access the facilities</b> <b>Restricted access to the University clinic for local populaiton</b>
Capacity needs	<b>Training of health workers</b> <b>Sensitization of health workers in the University</b> <b>Training on ARVs</b>

**CSOs NGOs, FBOs, CBOs Response to HIV – Wudil LGA**

Key informants working in the LGA with responsibility for registering CSOs report that there are no established NGOs in Wudil LGA, however there are FBOs and CBOs. Informants explain that CBOs exist and they are in the form of youth organization whose main focus is broad and not strictly social welfare, education and development. Some NGOs based in Kano and

working in Wudil are the Society for Women and Development in Nigeria (SWODEN) and the National Council of Women Societies (NCWS). There appears to be very poor networking between these civil society organizations, and this is worsened by the absence of any group of PLWHA in Wudil. The issue of stigma is still very strong and the civil society organizations have not made their impact felt in the area of HIV/AIDS in the Local Government.

The key informant identified many of the CBOs in the area are youth groups such as:

1. Wudil Community Progressive Movement
2. Darki Primary School Old Boys association.
3. Nigerian Scouts Association.
4. Tsintsiya Drama Society ( Ibro Drama Group) Wudil
5. Commercial School Old Boys Association

Their main focus of activity is on education of the youth and getting admission into higher institutions. They also help secure jobs for youths who have completed school and are unemployed. These groups also carry out health related programmes including HIV/AIDS. Six months ago they had a programme, an awareness campaign that targeted the local barbers and TBAs, the programme was funded by the local government.

Regarding FBOs, key informants reported that there both Muslim and Christian FBOs existing in Wudil LGA. The main Islamic FBO is a loose Mosque based collective led Ustaz Ahmad Mas'ud (Liman of Sabon-Gari Juma'at Mosque). The Mosque is a major Friday Mosque located at Sabon Gari, Wudil. It was formed and founded by the Jama'at Izzatil Bidia Waiqamatus Sunnah with a goal of sensitizing the Muslim Umma to live with faith and have trust in God and as well to believer in what his holy book preaches. This FBO is an organized body without offices and officers but with all activities self sponsored.

The Mosque is about 15 years old in Wudil and members are drawn from all Muslims wherever they are in Wudil, Kano, Nigeria or whole world. Funds are generated through members voluntary donations. The Imam of the Mosque reported that he tries to create awareness by preaching on impact of HIV/AIDS on the Muslim Umma. He also said that before presiding over any marriage ceremony ***“we advise the couple to go for HIV counseling here in WUDIL General Hospital or else we refuse them. Every now and***

*then we give sermon on how to improve brotherhood and extend love to those who are affected by HIV/AIDS in attempt to eradicate the social stigma, these people are subjected to”.*

The Imam reported that two Kano city based NGOs - WOFAN and the NCWS have paid advocacy visits to them on the issue of HIV/AIDS. The Imam said that they had heard of LACA and SACA but do not have any close association with them *“but now since you said there is an organization called FHI/GHAIN that will be working with LACA and SACA then we will have a close ties with them....personally I see this disease as a global tragedy, infecting people in so many ways and the problem is devastating our population at large”*. He said further that *“very often people think my lectures on prevention on the HIV/AIDS problem are sponsored, but only God can judge, for me I am doing a humanitarian job, thanks be to God that my people are increasingly becoming aware”*.

The Imam reported that he knew of positive people who were referred to and obtained treatment at AKTH but later stopped going to the hospital *“due to financial and psychological reasons ... even though they are all now dead”*. He heard about an organization of PLWHAs in Kano State but does not think that their work extends to Wudil LGA. He believes that FBOs have an important role to play in creating awareness and in changing behavior, he also believes that FBOs should work with community leaders.

There are about six different Christian sects in area with the Assemblies of God Church being the largest with the biggest following. The clergy interviewed appeared to be concerned about the impact of HIV/AIDS on the population. He also informed the research team that he had a book about to be published on HIV/AIDS and that the Church had organized regular talks by specialist on HIV/AIDS. The Pastor of the church reported that the Church started about 70 years ago in Nigeria and now has over 2 million fellows all over the country. The Wudil Church started 20 years ago. Church members are working class people, technicians, traders and all categories of ordinary people. The Church is organized with structures and elected office holders referred to as leaders and elders. A small number of women, roughly four out of more than 20 are among the leaders. No officers are paid, everyone is on a voluntary basis.

The church has an active pre-marital screen and counseling program. The Pastor reports that *“I set up a policy since 1996, of testing couples, for HIV/AIDS before their marriage in the church, the test is usually, totally under my supervision”*.

The Church also has a prevention program creating awareness of causes and emphasizing abstinence. The Pastor reports that *“In our prayer we do lecture people about the cause, effect, and possible solution to HIV/AIDS. Sometime we even invited specialist to come and lecture people on the condition or even send people to go to workshop, so as to come and lecture our followers an example of such is a booklet I am about to print in the next 2 week on the biblical solution to psychological disorder dealing with issues of sexuality and anxiety, unwanted pregnancy in teenagers and HIV/AIDS”*.

The Pastor told the team that he has heard about LACA and SACA but that there is no formal collaboration with them. The Pastor refers infected persons to Wudil General Hospital. In his personal life he reports that he also takes precautionary measures of not sharing tooth brushes, razor blades, syringes or any other sharp objects.

**Table 3.4 Summary Issues in the civil society response – Wudil LGA**

<i>Issue</i>	<i>Response</i>
Current programs/activities	Awareness creation
Skills to share	Faith based approaches to awareness creation
Care and support in the community	CSOs do not have outreach workers
Networks and networking	Poor networking
ARV treatment	This is a gap for CSOs
Referral system	Referrals to the General Hospital or to AKTH, sometimes to IDH
Gaps in programming	No OVC programs No HBC programs No BCC programs No LDD or FSW programs No contact between FBOs and Pharmacies No contact with LACA and SACA No support groups No work with barbers and traditional healers
Access	NA
Capacity needs	<b>Capacity building programs to support emerging CSOs capable of responding to HIV/AIDS</b>

### **Private Sector for Profit Response to HIV/AIDS – Wudil LGA**

There are several private for profit structures in Wudil LGA that provide services for the management of opportunistic infections and other related services. These include:-

- Private Hospitals
- Chemist shops
- Traditional Medicine homes and
- Faith based healers

Of the 6 main private Hospitals visited by the team, only one had a doctor, none has more than two nurses, all offered inpatient care and some even carried out surgical operations. None of the private clinics provided care and support for PLWHA, any suspected case is referred to the Wudil General Hospital.

The chief medical officer of the Amana hospital, Dahiru Isa reports a very limited staff strength of the facility as indicated below.

**Table 3.5 Staff strength Amana Hospital**

S/N	Category of staff (Medical doctor, nurse, midwife, pharmacists, CHEW, finance, volunteer, out reach worker, counselor, support, admin, )	Designation	Number			Nature of employment	
			M	F	Total	Full time	Part time
1	Medical Doctor	MD	1		1	1	
2	Midwife	Midwife		1	1	1	
3	CHEWS	CHEWS	5		5	2	3

The hospital provides general medical care, surgical cases, STI management, Maternity and ANC services. The hospital has no lab and referees patients suspected of HIV to Wudil General Hospital. The catchment area of the hospital is Wudil LGA as well as other LGAs in Kano State such as Sumaila Gaya, Ajingi Wasa, and Burra in Bauchi state. Most clients are low income earners sponsored by local government and some Fulani people who

pay for themselves as well as FSWs. An average of 3 new ANC bookings is received per week, about 6 cases of STIs are seen per week. The hospital does not attend to HIV positive patients and refers all TB cases to Wudil General Hospital. No BCC materials were observed on the premises of the hospital.

**Table 3.6 Hospital services - Amana Hospital**

S/N	Name of service provided by the health facility (e.g. ANC, STI, VCT, PNC, Laboratory services, etc)	Location where service is provided	Rate the service provided*	The group targeted by the service
1	General medical care	Hospital	3	Entire pop
2	Surgical cases	Hospital	2	
3	STI mgt	Hospital	2	Youth
4	ANC and maternity	Hospital	3	Women of Reproductive age

\*Ratings to be used in assessing services provided: 1 = Very poor, 2=Poor, 3=Okay, 4=Good, 5=Very good

Several traditional medicine men were also observed in and around markets some of whom claimed to have the cure for HIV and others of whom claimed to provide palliative care for PLWHAs. The team visited a traditional medicine man called “Boka”, who, unlike other medicine men, does not claim to have cure for HIV but he gives people he think are suffering from HIV ‘something to help them with pain and other problems’. He reported that he has a lot of clients, especially women from the surrounding area.

A second medicine man who also claims to provide palliative care and OI treatment was also interviewed. He reports to seeing more than 100 clients daily with different infections such as STIs including HIV. The Gatekeeper reported that clients pay up to N20,000 and make offerings of chickens, goats and sheep. The medicine man reports that “HIV/AIDS is the will of God , and even though I had the opportunity to have some part of its cure in my dream, were the Jinn directed me to get some things(portions to be used as the cure) and the remaining is about to be disclosed to me very unfortunately there was call to prayer from the mosque and the Jinn, named Bafulatana went away with out telling me the remaining part. I don’t have the total cure of HIV/AIDS, I only give help (I write “Lahaula” for them to drink), since I know there is no cure for the disease....There is a lot of STI’s around this area which include Tsargiya, Dubu, Ciwon sanyi baki, Ciwon sanyi fari, Basur, Gundumau, Kulkulukul, Zare

, Dankanoma Yankan gishiri, Alwasa etc. Ciwon Sanyi fari is caused by Dog when a person walk over his urine”.

**Table 3.7 Summary Issues for Private Sector Response Wudil LGA**

<i>Issue</i>	<i>Response</i>
Current programs	Treatment for OIs and STIs No PMTCT Psycho-social support through traditional healers who offer hope
Skills to share	Working in a peri-urban setting
Care and support in the community	No services offered in this area despite the fact that facilities is located in a local poor community
Networks and networking	Little networking with NGOs
ARV treatment	No ARV treatment; referrals to Wudil General Hospital
Referral system	Referrals made to AKTH or to Wudil General Hospital for PMTCT patients
Gaps in programming	OI and STI reporting and record keeping No Care in the community and follow up for positive people No PMTCT care for positive pregnant women No OVC programs No home base care programs No support groups
Access	Access restricted by ability to pay
Constraints	The profit motive
Capacity needs	IEC targeted at traditional healers Training on 2-way referral systems Training in ART Pre and post test Counseling

### **Pharmacy Issues in Wudil LGA**

Key informants from the General Hospital report that there are no private Pharmacies with registered Pharmacists in the LGA. They are however aware of numerous itinerant medicine vendors and about 40 registered chemist shops operating under the union for chemist operators. Chemist shops provide care even though they do not have a qualified pharmacist in their employment. The practice of the chemist shops is regulated through their union which holds regular meetings with all members. The chemist operators do prescribe drugs for patients they diagnose as having had minor complaints and the people buy the drugs including antibiotics over the counter without prescriptions.

There is only one large and somewhat formally organized chemist in Wudil, which is situated opposite the hospital. It is the largest chemist in the LGA and its owner claims to sell only prescription requested patented drugs cleared by NAFDAC. The team observed a delivery truck from a leading drug manufacturing company at the Chemist’s door during the time of the

assessment. The chemist also has medication for treatment of STIs. People have access to treatment as long as they have the ability to pay.

Sexually transmitted diseases (STDs) cases are attended to and treated in the chemists shops. An average of 1-3 cases are seen in a month. They are referred the hospital for medical attention if they do not improve. But some prefer to go to the hospital because they believe that the drugs are cheaper. The chemist operators have a strict policy on giving injections to the patients. They claim that syringes are not reused and that their members try to conform to NAFDAC’s regulations on quality drugs.

The chemist shops do not stock ART drugs. If they suspect HIV/AIDS in any patient, they refer him or her to the General Hospital. There is no existing network of positive people in Wudil Local Government.

**Table 3.8 Summary Issues in Pharmacy responses to HIV/AIDS – Wudil LGA**

<b><i>Issue</i></b>	<b><i>Response</i></b>
Current programs	Selling of drugs for OIs and STIs in informal setting in chemist shops and on the shoulders of Itinerant medicine vendors
Skills to share	Knowledge of drug for treatment OI and STIs
Care and support in the community	No activities in this area.
Networks and networking	No networks and no networking other than association of drug sellers
ARV treatment	No program in this area
Referral system	To the Wudil GH
Gaps in programming	Need to work with the association of chemists to ensure reporting of STIs Staff not trained syndromic management
Access	Access determined by ability to pay
Capacity needs	Need for more training on syndromic management Need to integrate drug sellers in the market more closely into HIV programming in the LGA

### **Preliminary Conclusions and Observations**

Gaps

Significant programming gaps have been observed between prevention and care, treatment and support. Moreover, some CSOs do not believe that they have a role to play in care treatment, OVC programs and support.

There appears to be a misunderstanding about the role and function of support groups. Interviews with some support groups reveal a conflict between using the organization as a platform to solicit support for its members as opposed to supporting other PLWHAs. In a sense the conflict is an understandable one as most PLWHAs in support groups are financially challenged and often have no choice but to try to earn their livelihoods through

Absence of data collection systems for tracking STIs and the management of OIs. This is so with the CSOs that provide services as well as public and private facilities.

An entire hidden population of non-indigenes in Fagge LGA are being overlooked. The only intervention in Kano State which has targeted this group has been the FSW project of Fortress for Women. To date neither SACA nor international funding agencies have targeted and worked with the numerous Churches, hospitals, schools and other social institutions of non-indigenes in Fagge LGA.

The established pharmacies selling ARVs in Kano state appear to have little contextual information about the social and psycho-social aspects concerning HIV/AIDS. The team found that certified sellers of ARVs do not even know the prevalence rate of HIV in the state and have little understanding of the side effects of the drugs they are selling.

Most public officials interviewed spoke off record and only after they made it clear to the research team that the government as well as the religious establishment would not be pleased with candid revelations about the status of the HIV problem and the factors driving the pandemic in the state. Much information was therefore omitted, resulting in clear data and in some cases under reporting of the situation on ground.

There is a significant gap in the knowledge base and infection prevention practices of health workers in both the public and private system in the three LGAs covered. In the absence of updates on infection prevention, health workers

overreact and often fail to provide infected patients with care for OIs.

### Referrals

Referrals is almost a situation of rejection and passing on of problems. Groups and facilities lack the capacity to follow up and are not interested in developing two way referral systems. Rather than being the receiving point in a functional referral system, AKTH is emerging to be a dumping ground for CSOs, public and private hospitals trying to offer some hope in the form of subsidized treatment for infected persons.

### Access

The assessment team found a widespread fear of HIV screening amongst at risk populations in the state. In general, at risk populations were afraid of being screened even in cases where they had to donate blood to save the life of a family member or to earn income by selling blood. The team found that even in cases where community and opinion leaders were interested in encouraging people to access VCT services they were not sure where such services were located.

Regarding access to PMTCT services the team found that this was the most inaccessible area of service in the three LGAs covered. This was so for many reasons, antenatal clinic attendees suspected of being HIV positive were sometimes ignored or discouraged from hospital delivery by a terrified staff or in some cases antenatal clinic attendees suspecting their status exist from the system choosing instead to have home deliveries. More importantly, however, communities do not know which facilities offer PMTCT services and they are not confident about the success rates of PMTCT services and they are not sure how to go about accessing it without stigma and recriminations. Indeed, the team found members in two of the three support groups identified in the assessment were pregnant at the time of the research and did not intend to access PMTCT services.

Accessing home based care and support services of OIs has also proved difficult for PLWHAs in the 3 LGAs covered. PLWHAs interviewed complain that the SWAAN program is inadequate in its coverage, they also complain that there is not enough support and information sharing for the management of OIs. The services offered at AKTH under the Federal government treatment program are found to grossly inadequate and not comprehensive enough. PLWHAs interviewed in one of the newly formed support groups complained that they would like to have more information

about the management of side effects especially swelling of the face and fat lumps as well as learning about local sources of nutrition. PLWHAs report that the difficulties in accessing such services have led them to form their own support groups and to try to source funding for activities.

PLWHAs in the 3 LGAs assessed report that they have had tremendous difficulty accessing ARVs. While they do admit that they are not worried about fake drugs PLWHAs express concern about the reliability of supply as they are unable to stock ARVs and most of all they are very worried about cost.

### **Civil society response**

Of the three LGAs, Wudil has the weakest CSO response to HIV. The assessment team also found out that CSOs in Wudil were also least responsive to outside catalysts to carry out HIV/AIDS programs. For example, the assessment team was told that SWODEN did not continue its NACA supported intervention in the LGA after groups failed to show commitment. Furthermore, despite the work done by NCWS under a CEDPA-funded project and by Hajiya Zainab under her MacArthur Foundation grant, groups trained and encouraged to register lie dormant after the completion of the two projects. Thus while there is a registered group called Male Motivators dedicated to HIV/AIDS prevention and a NCWS-Wudil on paper, the assessment team could not identify these groups on the ground.

APPENDIX

**Directory of CSOs in Kano State Responding to HIV/AIDS**

S/ N	Organization	Contact Details	Basic Details of Organization	Mission & Key Focal areas
1	Council of Positive People	No 478 Gadon Kaya Kano City	Founded in 1999, COPOP first worked under the supervision of SWAAN before establishing its own office	A support group of positive people for positive people
2	Society for Women Against AIDS in Africa, Kano State	Hajiya Zainab Suleiman (MFR) 2 Yahaya Gusau St. Off BUK Road, Sharada, Kano	Branch of a national and African NGO working on HIV/AIDS in Kano	SWAAN is committed to creating a Nigeria free from HIV/AIDS through provisioning of HIV/AIDS services and support
3	Society for women and Development in Nigeria (SWODEN)	Hajiya Maimuna Yaqub, Badawa new Lay out Badawa	Formed in 2000 on the inspiration of the Badawa CHP	To contribute toward improved maternal and child health in the community
4	Youth Society for the Prevention of Infectious Diseases and social Vices YOSPIS	Yahaya Al-Yakub, 08037038571 13, Lamuya Office Complex, BUK Road, Sharada, NNDC	NGO, registered with the CAC, Women's Affairs and Min of Information. Formed in 1997. A youth focused group.	Dedicated to an improved quality of life for youth. Working in reproductive health, HIV/AIDS information and maternal health
5	Youth and Environmental Development Association YEDA	Abdullahi Sule & Aisha Halliru Hadajia Road Opposite Kapital Insurance, Kano	Youth focused NGO	Youth empowerment through health and education projects
6	Muslim Sisters Organization	MSO National Office No. 103, Sallari Qtrs., Hausawa, Box 381, 064-66345 MSO of <a href="mailto:Nigeria@hotmail.com">Nigeria@hotmail.com</a>	Founded in 1984 to further the general education of Muslim women and children	To educate and enhance Islamic knowledge of Muslim women, youths and children
7	Development Research and Projects	Yahaya Hashim and Judith-Ann	Registered with the CAC in 1994, carries out research and HIV/AIDS	An intermediary non-profit dedicated to building capacity in CSOs for

	Centre	Walker, 63 B Sultan Rd, Nassarawa GRA Kano State 064-632636	projects by sub-granting to networks and CSOs. First local organization to make a grant to COPOP in 1997 and train members in capacity building program	participatory development
8	Women Farmers advance-ment network	Hajiya Salamatu Garba Yahaya Gusau St. Off BUK Road, Sharada, Kano	Registered NGO, with core permanent staff, large office complex, video equipment and experience carrying out women focused programs. Networks with YOSPIS	To promote women empowerment through micro finance, education and enlightenment.
9	Women and Youth Support	Mallama Ladi Wayi Maiduguri Junction By Tarauni 08034064425	Founded in 1999 to protect the interest of women and youth. Collaborates with YEDA, Fortress For Women	To provide health information and economic empowerment opportunities for women
10	Foundation for Women's Health Development and Research FORWARD	Hajiya Fatima Ibrahim, 08033287466 and 064-664346 Dan Amarya Plaza Maiduguri Rd. Kano	Safe motherhood working on VVF patient social rehabilitation	To contribute towards a reduction in maternal mortality and morbidity
11	Health and Development Initiative	Hajiya Ramatu Tijjani, 08036161452, Habibu Gwarzo Street Hotoro	Local NGO led by a nurse from Murtala Mohammed Hospital working on women's health	Reduced maternal mortality and morbidity
12	Voice of the Hopeful,	Wali A do Plot 4 Zoo Rd, Opp VVF Hospital 08035645582 08036520327	Formed in 2003 and registered with the Min of Information in 2005	A group by positive people for positive people
13	Grassroots Health Organization of Nigeria	Mrs. Amina Sambo 08033144028 3 Abdu Sambo Street Opp GandunAlbasa Rail Line	Founded and registered with the CAC in 1993. Led by a former National Chairperson of the NCWS	To empower women and youths to make informed decisions and take action on RH and economic survival
14	Adolescent Health Information Project (AHIP)	Hajiya Mairo Bello, Maiduguri Road, Tarauni,	NGO, registered with the CAC and locally with the Ministry for Information. Formidable establishment,	Youth empowerment through reproductive health information and services

		Kano	over 10 staff, networking with several NGOs in the state	
15	Women Rights Advancement and Protection Alternative – WRAPA, Kano State Office and Northwest Zonal Branch Office WRAPA	State Officer Hajiya Nafisafh Koguna and Northwest Zonal Branch Officer, Hajiya Dije Asabe Yahaya No-3 Kofar Duka Wuya along BUK Old Campus Road Kano.. The organization was registered	Branch of national organization, registered at the CAC. Senior staff are volunteers, 3 lower line staff members receive allowances. Has a rented office. Carried out project such as medical care for female prisoners, legal representation for women	Protection of women's rights
16	Purdah Women Empowerment Action-PURWEA	Rabia Abdul Mohammad and Fatima Mustapha-08036013407,080233241189&08029126849 127 Unguwar Gini Kano	<i>Established in September 1997, registration with the CAC in progress, only 4 full time staff, more staff taken on when there are activities. Collaborates with KANET</i>	Formed by concerned women interested in complementing government efforts to enhance the status of women in terms of their economic status. They also engage in enlightening women on their civic rights, health, community development and adult education, provision of micro-credits. They concentrate on Bagwai, and Bunkure LGAs and they do advocacy and social mobilization.
17	United Women Association (UWA)	Hajiya Amina Kuru, 08036177479 UWA, Close to Tarauni Market, Tarauni	<i>A local women's rights organization formed in 1987 with several smaller CBOs affiliated to this organization as a mother body.</i>	Women empowerment with a focus on women's health, education, rights and micro credit
18	Safinatul Khair Islamic Foundation	AlhajiAhmed Garba, 08035051088 N.220 Diso Quarters, Gwale LGA, Kano State	A registered organization with the Ministry of Youth in 1996, 2000 members with a permanent office	To address health, education and social welfare community problems
19	Islamic Youth League Branch of national association based in Agege Lagos	Alhaji Abdul Ganiyu Ewulo, Chairman, 1A Court Rd, Sabon Gari, Fagge LGA	A FBO which carries out religious as well as social activities such as visiting motherless babies homes	To propagate Islam amongst youths
20	Mallam Mamman Foundation	Hajiya Asma`u Yahaya, 5 Yautai Link Rd Excel	A registered youth focused NGO formed in 2000 and run by a well known educationist who is also a member of MSO.	To provide educational opportunities for vulnerable children

		College Compound, Maiduguri Road, Kano	No permanent staff but part-time support staff	
21	Federal College of Education Women's Association	Dr. Augustina Eniayeju, FCE, PMB 3045, Opp FEDWA Training Centre, BUK, Old Site Gate	Branch of National body formed in 1987	To promote the welfare and progress of women laying special emphasis on education and training
22	Rimin Kebe development Association	Shehu Muhammed Idris Box 6785, Bompai, Ungogo LGA, or c/o Ministry of Information, Wudil LGA	Formed in 1999 and registered with the Ministry of Information, Chairman a staff of the Ministry of Information	To promote community development in a peri-urban poor community. Has participated in a capacity building program funded by the MacArthur Foundation
23	Gargai Communal Devel Association	Shitu Sani Gargai Town, Bebeji LGA	Formed in Dec 2000 as a non-religious, non-tribal NGO	To make people of the area self-reliant and able to participate in community development
24	Medical Women Association of Nigeria	Dr. Hadiza Galadanchi 08033210047 Lamuya Office Complex, BUK Road	National Association with Kano Branch registered in Dec 2001	To contribute to reduction in maternal mortality and morbidity
25	Community Health and Research Initiative	Aminu Magashi (MBBS) Lamuy House, BUK Road, Sharada NNDC, Kano	NGO registered in 2000 by the former Director of YOSPIS. Director is also the head of KANET	To contribute towards the reduction of maternal mortality and morbidity

**Community Assessment Team Under FHI/ GHAIN Project**

S/N	Names	Address	Phone Numbers
1	Ahmad Mohammad	COPOP	08029162658
2	Sani Garba	NURTW	08023229153
3	Hayatu Ahme	NUT	08037040338
4	Aisha Abubakar	GHAIN	08034534580
5	Tahir Gwarzo	Kano State Polytechnic	08023014468
6	Abdurrazak Hamza Y	MMSH Kano	08056347317
7	Mustapha A Kolo	dRPC	08028316209
8	Dr. Sani Garko	dRPC	08037020555
9	Abdullahi Y Maikudi	HMB Kano	08037166693
10	Dr. Musa Mohammad Bello	IDH Kano	08035904581
11	Abdul-Hadi Ibrahim	HMB Kano	08028587972
12	Zainab Ahmad Sulaiman	SWAAN	08023665977
13	Abba Aminu	MMSH Kano	08037875558
14	Aliyu Abubakar	YOSPIS Kano	08029042388
15	Baffa Yusuf	Wudil Gen Hospital	c/o 08037875558
16	Nura Mohammad Adam	EDC, No 8 Airport Road	064-311697
17	Sani Ado	Wudil Gen Hospital	08036089507
18	Yahuza Ahmad	IDH Gen Hospital	08029169783
19	Abdullahi Sulaiman	SACA	08034358671
20	Pharm. Ahmad Y Yakasai	Howard University- GHAIN	08037003988

## **List of persons interviewed**

### **Wudil LGA**

The Wakili Wudil,  
Representative  
District head of Wudil

Alhaji Isa.I.Gwarzo,  
The Officer in Charge,  
Wudil Prison

Hospital Management Board,  
HSMB Zonal Headquartes Gaya,  
Officer in charge of Gaya, Wudil,  
Sumaila, Takai, and Garko LGAs

Alhaji Tasiu Maikano  
Supervisory councilor for Health  
Wudil LGA

Kabiru Ado Kademi,  
Local governmen health educator  
Wudil LGA

Alhaji Shehu Mohd Idris  
Youth Development officer,  
Wudil LGA.

USTAZ AHMAD MAS'UD  
LIMAM OF SABON- GARI-  
JUMA'AT MOSQUE)  
Wudil.

Pastor Francis  
ASSEMBLIS OF GOD CHURCH WUDIL  
SABON- GARI –WUDIL

Amana hospital  
Dahiru Isa.  
C.H.A.  
Wudil Town S/Gari

### TRADITIONAL MEDICINE HEALER

University Health services  
KUT Wudil

Hajiya Yagana Madu Ali(PNO) and Mukhtar Lawan(NO) ,  
Wudil University Health Service department

**Nassarawa LGA**

ABDULLAHI Y. SULE – ED  
AISHA HALLIRU  
Youth Environment And Development  
Association, (YEDA)  
221 Hadejia Road, Opposite Kapital Insurance, Kano.  
Yankaba, Nassarawa LGA

Nassarawa LGA Officials

NAMES	DESIGNATION
1. Haj. Adama Shehu	DPHCC
2. Rabi A. Jaafar	PHCC
3. Awalu Yahaya	NPI Manager and Disease Control
4. Usman M. Sadiq	Health Education Officer
5. Rabiu Haruna	APHCC E/Drugs
6. Muhamman Sidi Abdullahi	APHCC Monitoring & Evaluation

Amalgamated Commercial Motorcycle Owners and Riders of Nigeria (ACOMOR)  
MOTORCYCLE ASSOCIATION, YANKABA BRANCH  
Yusif Muh – Secretary  
Abdulaziz Sale: Representative of Chairman

WELL CARE PHARMACY (PRIVATE)  
C.E.O. Ibrahim Fadathola

**NATIONAL UNION OF ROAD TRANSPORT YANKABA BRANCH,**  
Ibrahim Musa – Chairman  
Rabiu Ahmed – Vice Chairman

SOCIETY FOR WOMEN DEVELOPMENT AND EMPOWERMENT NIGERIA  
Fatima Adamu – Program manager  
Kaka Mohd - Co-ordinator  
Fatima B. Usman – Asst. Coordinator / Secretary  
Plot 2 Phase Ii Badawa Layout, Kano.  
New layout Plot 2, Phase 2, Badawa.

Council of Positive People  
Abdullahi Sulaiman  
No 478 Gadon Kaya Kano

AUWALU HARUNA  
Sujud Foundation  
No. 4B Dr. Bola Mohammed Road, Kano

Mal Yahaya class teacher  
Government Girls Secondary School, Dakata (Girls)  
by Tudu Wada Road,

NDLEA  
Abdulkadir Fakai  
Officer in Charge of City Operations  
Nassarawa

Empire clinic  
Dr. Denis Okeke  
Medical Officer  
Badawa Layout.

H.O.D COMMUNITY AND SOCIAL DEV.  
A. NAGITI BALA DALA  
NASSARAWA L.G. COUNCIL

MEDICAL DIRECTOR  
NAME: DR. B.U. DIKKO (BELLO UMAR DIKKO)  
TIJJANI LAWAL PHARMACIST  
NASSARAWA HOSPITAL  
MUHAMMAD WASE HOSPITAL

Mumthaz Pharmacy  
Hajia Hafsatu baffai  
Chief pharmacist  
No 13 Hospital Nassarawa Road.

**Fagge LGA**

GSS STADIUM (BOYS)  
Mallam M. Sani Miko  
AIRPORT ROAD, S/GARI, KANO.

SABO GARBA CLINIC FAGGE LOCAL GOVERNMENT  
Maternal health care clinic  
Senior staff trained on maternal health care  
Local Government Clinic

FAGGE LOCAL GOVERNMENT HOD (HEALTH)  
LOCAL GOVERNMENT ACTION COMMITTEE ON AIDS  
LACA

MALAM KILISHI I. SARKI  
CHIEF PHARMACIST – SHEIKH JIDDA GENERAL HOSPITAL  
IDH Hospital

Modular Clinic

Dr. Shadare

Chief Medical Director

New Road, Sabon Gari, Kano.

NURTW OFFICIAL

M. Isah Hamza (Secretary) and M. Rabiu Sani.

MALLAM KATO MOTOR PARK,

FAGGE L.G.A., KANO.

Yusuf Ibrahim Yankaba chairman Bata motor park

NURTW

ARV Vendors

Sabon Gari Market

Fagge

Medical Director

International Clinic

Airport Road

Kano