

REPORT OF THE GHAIN COMMUNITY RAPID ASSESMENT LAGOS STATE



Dr. Desalu the CEO LASACA addressing the Lagos SACA Stakeholders Meeting before the CRA

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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
CISGHAN	Civil Society of Groups on HIV and AIDS in Nigeria
CSO	Civil Society Organization
CSWs	Commercial Sex Workers
DOH	Development Options For Humanity
DOTS	Directly 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
HELP	Human Environmental Liberty Project
HIV/AIDS	Acquired Immune Deficiency Syndrome
IDH	Infectious Disease Hospital
IEC	Information Education and Community
LACA	Local Action Committee on AIDS
LASUTH	Lagos State University Teaching Hospital
LDD	Long Distance Driver
LGA	Local Government Authority
LLO	Life Link Organization
LSACA	Lagos State Action Committee on AIDS
LSTMB	Lagos State Traditional Medicine Board
LUTH	Lagos University Teaching Hospital
MD	Medical 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
NELA	Network on Ethics, Law, Care and Support for PLWHAs
NGO	Non Governmental Organization
NID	National Immunization Days
NIMR	National Institute of Medical Research
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
PHC	Primary Health-Care Center
PHE	Peer Health Educators
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PROWA	Prison Officers Wives Association
RAPAC	Redeemed AIDS Programme Action Committee

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

The Community Rapid Assessment, the first comprehensive community level research carried out under the new GHAIN project was designed as a baseline survey to provide key pieces of information upon which a veritable yellow pages of organizations and activities would be developed about is doing what, where and how on HIV/AIDS in the programming area. The assessment was expected to provide rich and detailed data upon which programming decisions would later be taken. Specifically, the five objectives set for this exercise were:

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

The report provides information to address these questions by establishing at risk groups, risk settings and high risk behavior. The report also focuses on the responses of SACA, LACA, public facilities, private facilities, CBOs, pharmacies to HIV/AIDS in the selected LGAs.

Risk settings, groups and behaviors

With regard to objective one of the CRA, risk settings were identified as the high density, overcrowded areas in the slum areas of Ajeromi-Ifelodun; motels and hotels (e.g. the Jolly Friends Hotel) in the 4 LGAs, the border areas of Badagry and areas around the military bases. At risk groups include FSWs, transport workers, uniformed men, students were identified as at risk groups in each of the 4 LGAs covered; mobile service sector workers in Ajeromi-Ifelodun LGA, IDUs were only identified in Ikeja LGA. Risk settings were identified as brothels, areas surrounding motor parks, markets and residential quarters of uniformed men. In Badagry LGA the border presented a particular risk setting not found in other LGAs. In Ajeromi LGA most key informants saw the entire low income area with its large mobile population as at risk. At risk behavior includes unprotected sex with multiple partners, intravenous drug use, mobility within a context of poverty, commercial sex activity, exploitation of young female service sector workers by older male employers.

Private for profit, CSO and public sector interventions

The CRA found that while the Lagos State Action Committee on AIDS (LSACA) coordination response was quite strong LACA response varied from LGA to LGA with Badagry being the weakest. LSACA is a multisectoral agency that provides support to line Ministries, LACAs, CSOs and other community level organizations responding to

HIV/AIDS. The agency has organized training for AIDS Action Committees and for line Ministries as well as provided IEC materials to these bodies. LSACA also assists Ministries, LACA and other relevant bodies to develop work plans. The Agency also provides educational materials/ developing sexuality education curricula. The Agency provides guidelines for the role of LGAs in the HIV/AIDS response and also provides guidelines for interventions in the State and coordinates the activities in the LGAs.

The LACA in each of 4 LGAs were found to have significant performance challenges and in many instances role conflicts over whether they should coordinate or be direct implementers of the HIV response. Many activities of LACA strategic plans in the 4 LGAs suggested that the role conflict will continue. LACA in Badagry was found to be most inactive while LACA in Mainland was found to be very active and had good relations with SACA. Some key informants reported that the LACAs, especially in Ajeromi had problems of accountability and strategic management. Generally SACAs and LACAs still prioritize awareness creation and behavioral change over treatment, home based care and OVC. Surprisingly, private health facilities also seemed to prioritize awareness creation and behavioral change over ART. Over 20 civil society organizations were identified and ranked in the list attached; Badagry LGA had the least number of CSOs. In the pile sorting of CSOs by workshop participants SWAAN and CHIEF were recorded as the most active organizations in the 4 LGAs. In general, CSO response was found to be concentrated in the area of prevention and behavioral change with little or no activities in areas of care and support, especially home based care. Few groups were working in VCT and OVC currently however many CSOs reported that they were planning to move into this area in the next two years. Few CSOs had links with PLWHAs or their support groups, few CSOs networked with private sector facilities and no CSOs reported having links with pharmacies. The community partners for health in Ajeromi and Badagry have proved to be effective CBOs working with LACA at the grassroots level for mobilization towards awareness creation.

CSOs tended to work within one-way referral systems where suspected cases were referred to the public facilities with so information management systems in place to follow up or to know the results of the referral. CSOs carrying out prevention and BCC programs tended to design and implement integrated programs incorporating components of sexuality education, safe motherhood initiatives, micro credit and road safety into HIV/AIDS activities. With the exception of the road safety programs for transport workers many of these interventions

tended to be gender focused mainly targeting FSWs and female youth; few interventions focus on male clients of FSWs or male youth in general. CSOs had skills to share in working with FSWs, training for and working with PHE models as well as good management practices. CSOs admitted that they lacked skills in monitoring and evaluation, project management, ART and ARV and care for the chronically ill. Government facilities were the main agencies providing ARVs, treatment for OIs, PMTCT STI case management and care for the chronically ill. In Mainland Hospital, ward F for the chronically ill was identified. In the main, the public health facilities such as General Hospital, Ajegunle seemed to be carrying the burden of HIV/AIDS care and treatment. However, many CSOs appeared unaware of the services offered by government facilities despite some efforts to develop service lists with contact. Facilities for the uniformed services reported seeing large numbers of infected service men as well as infected civilians from the surrounding areas. Because of the central command system of the uniformed services many of these facilities reported and referred cases of servicemen to central headquarters in Abuja. This practice creates a missed opportunity for understanding and responding to military/civilian sexual networks. This practice also creates an opportunity for under-reporting and as positive service men report to private or public facilities serving civilians rather than to military facilities. Private sector facilities fell into two groups. One group consisted of small hospitals which see but did not treat suspected cases; such cases were referred to public facilities. In these hospitals concern for the safety of health care workers often led to training needs being identified in the area of infection prevention. Many of these facilities also provided TB treatment as well as STI case management without linking such services to HIV/AIDS care and treatment. The second groups consisted of private facilities providing services for positive people such as the management of OI. Despite the contribution of these facilities their response in the area of PMTCT is still seems to be wholly inadequate. Health providers in private facilities also appeared to have little knowledge of the activities and role of CSOs in the fight against HIV/AIDS; only one Medical Director in Ajeromi LGA was found to be a member of an NGO. Private facilities responding to HIV/AIDS have skills to share in the area of counseling and are willing to be trained in all areas of HIV/AIDS programming especially strategic planning; no private facility was found to have a strategic plan.

Networks and structures for prevention, care and treatment

In Lagos State, CBOs and NGOs formed the substructure of a somewhat flawed but nonetheless functional referral system. Care in the community was supported by groups such as CHIEF, and SWAAN and treatment programs were provided by key groups such as Hope

World Wide and Bijoux working in close collaboration with the General Hospital Ikeja, Lagos State Teaching Hospital and the Public Health facility in Yaba. This was more so in Ikeja and Mainland LGAs than in Ajeromi and Badagry LGAs. Many NGOs report to having a close and dynamic relationship with other NGOs, with support groups, with private facilities and especially with public facilities. While there are complaints about the absence of a two-way referral system networking for prevention, care and treatment programs is an on-going activity and an integral part of HIV/AIDS interventions. Prevention programs were found to incorporate innovative poverty reduction components and involve NGOs working together and with LACAs in many cases.

HIV/AIDS prevention, care and treatment program gaps

Information on prevention, care and treatment program gaps was captured in summary tables for each of the LGAs. The assessment team found gaps in PMTCT, OVC, care for the chronically ill as well as ART in each of the LGAs. The assessment team also found that while VCT services existed in several public facilities and NGO-run clinics the absence of confidentiality and objectivity is a gap identified by both PLWHAs and NGO activists. Inadequate mobilization for VCT was also identified in all 4 LGAs. The absence of ARVs in Ajeromi and Badagry LGAs was also identified as a gap. Gaps in the uptake in PMTCT services were also identified by public and private health facilities.

Spatial maps

Spatial maps were developed for the 3 LGAs. Maps plotted hot spots, high risk groups, major social and economic institutions as well as key structures of relevance for the study. These maps are attached.

Recommendations

Several recommendations were made by key informants in this assessment. The need for an expanded ART program was recommended by PLWHAs in particular. In particular, training of public and private health providers as well as pharmacy staff in ART was recommended. The need for retraining of VCT staff on providing confidential services was recommended by PLWHAs and staff of current VCT facilities. Supporting CBOs to carry out home based care, OVC and care for the chronically ill has also been recommended. Expansion of PMTCT services, targeted prevention programs for hidden populations of IDU as well as targeted programs for mobile populations on the Badagry border were points raised by several key informants.

Introduction to the Community Rapid Assessment

The Community Rapid Assessment (CRA) was designed as a participatory formative research carried out in focal states (Anambra, Cross River, Edo, FCT, Kano and Lagos) under the GHAIN project. The CRA was coordinated and implemented by the FHI State Offices, the State Action Committee on HIV/AIDS in collaboration with GHAIN international partners in the state - the American Red Cross, CEDPA and Howard University as well as local civil society organizations and professional associations. The development Research and Projects Centre (dRPC) provided technical support in all saturation states.

Methodology and coverage of the Community Rapid Assessment

A qualitative research methodology was used based on ethnographic mapping approaches. Tools developed for this research consisted of:

- In-depth interview guides with key informants as respondents
- Observation schedules
- Social Map developed under the supervision of a cartographer
- Free listing of organizations responding to HIV/AIDS using Anthropac and ATLAS-TI for data management

The research team comprised of 23 representatives of SACA in the State, a representative from Howard University and was supported by two researchers from the development Research and Projects Centre (dRPC). The dRPC team of researchers was trained in qualitative approaches in community rapid assessment by an FHI team led by Dr. Pert Pelto and Dr. Lorie Broomhall from FHI Arlington in 2004.

The State research team was trained over a period of 2 workshop days and 6 field work days between March 31 and April 6, 2005. On day one of the workshop participants were introduced to basic concepts and approaches in qualitative research and on day two participants were introduced to the topics - interviewing techniques, mapping, participatory observation, note taking and report writing in group work sessions. At the end of the workshop, the majority participants reported that their knowledge of qualitative research methods and expressed confidence that they could replicate such an exercise. The third stage of the training took place in the field as participants conducted interviews, documented observations, wrote and

expanded field notes for report production by the dRPC team. This was both a training and practical research activity where participants were learning while at the same time generating notes as inputs into the draft report. The draft report was circulated for inputs and reviews from members of the research team as well as key informants and stakeholders. The CRA covered the entire area of the focal states with in-depth assessments in three pre-selected LGAs for each state.

Goal and Objectives

The goal of the CRA was stated as the production of 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. The objectives of the Community Rapid Assessment were stated by FHI GHAIN project and incorporated into the dRPC sub-agreement as:

- 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.

Limitations of the Research

The dual purposes of the CRA as both a training opportunity for SACAs and stakeholders as well as a data collection exercise affected the quality of the data produced. While stakeholders had penetrating insights and understood risk settings better than any member of the technical team many required more time to become conversant with the qualitative ethnographic method before application to the field.

Yet another limitation of this research was its inability to develop in-depth profiles of some high risk groups. This was due to the high risks to personal safety associated with interviewing and indeed even making contact with groups of IDUs, MSMs, some branches of the uniformed services and some out-of-school youth engaging in

criminal activities. The assessment team found that despite the presence of gatekeepers and LACA members many of these groups were suspicious of the motives of the researchers and in one case the team was attacked in Cross River.

In addition, due to the problem of data gaps and false disclosures encountered in the field, comparison was made difficult as the same data was often not available for key stakeholders and sectors. This has resulted in a problem of consistency and comparability within sections in reports and from State report to State report.

Finally, as the first comprehensive community based study focusing on the FHI/GHAIN focal states, expectations have been high and the various GHAIN partners anticipate specific data and findings upon which to base programming decisions. To a large extent this explains the 29 page length of the CRA Assessment tool with four equally weighted and significant sections. The report's attempt to address many of the data requirements has resulted in a somewhat descriptive and detailed output. To the extent that expectations about specific recommendations and analysis may not have been met this limitation is largely due to the challenges of grappling with masses of data generated by the multiple data fields.

Introduction to the Lagos State Action Committee on AIDS (LASACA)

Lagos State Action Committee on AIDS was inaugurated in 1999 and became the Lagos State AIDS Control Agency (LSACA) in the year 2002. LSACA is located within the Governor's Office but is viewed as autonomous. It has its own dedicated staff, a defined mandate and set responsibilities. The Agency is multi-sectoral as is made up of stakeholders from within Government (line Ministries and Local Government Committees) as well as from the non-governmental community (NGO/CSO/CBO, community leaders and Faith based organizations).

A Chief Executive Officer, who is also the Special Assistant to the Lagos State Governor on HIV/AIDS runs LSACA. Membership of LSACA has now exceeded 200 organizations and its coverage extends throughout the entire State of Lagos. The key execution mechanism of LSACA – the Advisory and Implementing Committee - is sub-divided into eight working groups each with its own convener. These groups are listed below:

1. Information, Education and Communication (IEC) working group
2. Care and Support working group
3. Justice and Human Rights working group
4. Blood, Blood Products working group
5. Youth working group
6. Resources/Data working group
7. Voluntary Counseling and Testing working group
8. Monitoring and Evaluation working group

As LASACA is located in the Governor's office, annual budgets are voted each year. However, key informants report that the budget is inadequate for the Agency's responsibilities and in most cases monies voted are not released. Funders such as the World Bank and Family Health International (FHI) have assisted the Agency in its programmes. The objectives of LASACA include the following:

1. To ensure that HIV/AIDS is the shared responsibility of the uninfected individual and Government and that the uninfected remain in that state of health.
2. To ensure that it is the responsibility of the infected person to take adequate precautions with the support of government and communities against infected others.
3. To put in place appropriate Information, Education and Communication facilities, materials and prevention programmes required for the promotion of positive behavioral changes by all citizens of Lagos State.

4. To provide and facilitate the Planning, Execution, Co-ordination, Monitoring and Evaluation of, Care and Support for all Persons Living with AIDS (PLWA/ people affected by AIDS, and the prevention of HIV/AIDS in Lagos State.
5. To ensure that the rights of PLWHA and PABA will be protected and respected at all times.
6. To ensure the passing of appropriate legislation in Lagos State to complement the other measures indicated in the National Policy toward the prevention and control of HIV/AIDS transmission.
7. To promote collaboration and cooperation between All Relevant sectors and with the International Community and agencies in all aspects of HIV/AIDS/STIs control.
8. To develop an HIV/AIDS/STIs information system in Lagos State.
9. To serve as a resource group of experts on HIV/AIDS in Lagos State, and identify and raise Resources Locally, Nationally, and Internationally towards the Implementation of the Programme direct and with the assistance of Consultants.
10. To organize and participate in Local/International seminars, Congress and Workshops as required for the effective implementation of the programme.
11. To promote, prepare and publish journals, pamphlets, Newsletters, memoranda and other materials that may be considered useful in support of these objectives and strategies and activities derived there from.
12. To carry out Appropriate and relevant Research alone or in collaboration with Local, National and International Partners.

In the coming year, 2006, LSACA intends to organize a capacity building workshop for NGOs on project report writing and proposal writing. This will be carried out by calling for proposals from the NGOs and later inviting them for the programme. Other programmes LSACA intends to carry out in the upcoming year include training for the Traditional Medicine Practitioners in collaboration with Lagos State Traditional Medicine Practitioners Board (LSTMB). This activity evolved from the discovery of an existing gap in the Prevention of Mother to Child Transmission (PMTCT) protocols and practices. LSACA expects that not less than 250 Practitioners will be trained under the programme.

The key informant from LSACA says that the agency creates an open, honest and conducive environment for the line Ministries and civil society organizations (NGOs, CBOs and FBOs). The agency has organized training for AIDS Action Committees, for line Ministries and has provided IEC materials to these bodies. LSACA also assists Ministries, LACA and other relevant bodies to develop work plans. The Agency provides guidelines for the role of LGAs in responding to HIV/AIDS. The agency also provides guidelines for interventions in the State and coordinates activities in the LGAs. The priority of HIV/AIDS programme in the State includes prevention and provision of ARVs. The constraints and challenges in carrying out HIV/AIDS programs and activities in the State include:

- Inadequate information sharing and coordination of donor/developmental agencies' activities.
- Inadequate office space and personnel

- Inadequate funding and logistics
- Sustainability of the program

LSACA does not have CHEWs working directly with the body but CHEWs are engaged whenever the Agency has a program where their skills are required. In general, LSACA has approximately 420 registered NGOs, CBOs, and FBOs with which they collaborate. Challenges faced in collaborating with these organizations are that funds are not available and LSACA does not have enough personnel to represent them in all CSO programs. The key informant believes that people in the state can access HIV test in the following centers:

- General Hospitals
- Salvation Army
- Hope World wide
- Medicine San Frontier (MSF)

The informant is also of the view that people can also access ARVs services and treatment of Opportunistic Infections (OIs) in the following centers:

- General Hospitals
- Hope World wide
- Medicine San Frontier (MSF)

Worries and concerns about PLWHAs and the organizations about ARVs

- The drugs are too expensive.
- The sustainability of the drugs

Worries and concerns about ARVs in the public and private sectors.

- Public sector - sustainability
- Private sector – high cost

The capacity needs of SACA include – staff, training for existing staff in M&E, coordination, data management and

data use.

SECTION I
AJEROMI-IFELODUN LGA

Introduction:

In 1967 Ajeromi became one of the four divisions of the new state called Lagos. The other three divisions were:- Ifelodun, Badagry and Awori districts. Ajeromi-Ifelodun LGA is one of the most densely populated areas in Lagos State with a highly mobile

population and diverse ethnic groups. It is an urban LGA with a large low to middle income population who are artisans, carpenters, mechanics, public servants, service sector workers and informal sector operators. With an estimated population of 1.5 million. the LGA has 16 wards. Ajegunle is made up of 9 wards and Ifelodun has 7 wards. There are several primary schools about 70 secondary schools in the area.

<u>HIV/AIDS related information in Ajeromi LGA</u>	
Health facilities include the following:	
GH 1	
Mission Hospitals	2
Private hospitals	Over 80
Govt Health Centers	2
Govt health Clinics	4
Church and religious clinics: over 500	
Private sector providers 1 (Coca Cola)	
Others specify (Navy Medical Center) 1	
Referrals for ARVs	Referrals for TB
NIMR	NIMA, Yaba
Ayinke House, Ikeja	Ajeromi General H
LASUTH	Mainland GH
Referrals for PMTCT	
Island Maternity	
LUTH	
LASUTH	
Women and Children Hope	
Referrals for testing	
Excellent Lab Center	
Salvation Army	
Ajeromi GH VCT Centre supported by FHI	
Island Maternity	
NIMA, Yaba	
Family Health Centre Amukoko	
ARVs in private Pharmacies - None	

Risk Settings and Risk Groups – Ajeromi
Risk Settings

Key informants identified risk settings in Ajeromi LGA as brothels, hotels, slums, markets motorparks, the naval barracks, overcrowded urban setting and underground social structure of the area. One key informant, the Divisional Police Officer (DPO) at the Ajegunle Police

Station, discussed the risk settings in terms of the “thick population” of the area which leads “young people to mess themselves”. Another key informant explained that “an average of eight people live in a room as a result of their low income, they cannot get a comfortable place, this no doubt will expose them to early sexual activity and consequent teenage pregnancy. Also, the people are not informed about HIV/AIDS”.

The main hotels where high risk activity take place were identified by some key informants as:

1. Ndokwa Relaxation Centre, 132 Ojo Road, Ajegunle (Contact: Mr Pius Nwosa, Manager)
2. Second Chance Restaurant, Orodu Street, Ajegunle, (Contact: Maam Veronica)
3. Jema Hotel, 2 Ora Street, Olodi, Ajegunle
4. Oronsaye Brothel, Musafejo Busstop, Amukoko (Contact: two FSWs who would not give their names)
5. Good Evening Brothel, Baale Street, Ajegunle (Contact: Augustiina, Chairlady and two of her members)
6. Madam 12 Restaurant, 29 Achapo Road, Ajegunle (Contact: Chidiebere, Supervisor).

Informants told the assessment team that Hotels such as Ndokwa provide both regular accommodation and short term services to both local and international clientele. Overnight room rates at Ndokwa are N2, 000 for single rooms and N2, 300 for executive double rooms. The hotel sells condoms at its reception and the key informant reports that to date no NGO has come to the hotel to educate people on issues of HIV/AIDS. Another key informant identified the hotels such as Better life on Ojoku Street; Lagoon on Olodi Street; Sambot Hotel on Oduduwa Street; and Obokun Hotel on Bale Street as at risk locations.

There are numerous hotspots around the parks where the Okada riders frequent to relax in the evening and nights. These joints were identified as Chilex, Kanani Motel, and Landpark Hotel, Honeymoon, Ndokwa, Niger Hotel and several other smaller motels. Informants report that itinerant traders can be found at many markets such as Alayabiagba, Amukoko, Alaba Suru markets in the LGA. The Ifelodun market is another popular market in the LGA which is located along Cemetery Road. The estimated population of traders in the markets is about 2,000. The market is most active between 12 midnight and 5am in the morning, the time when perishable food is off-loaded. Key informants say that many traders sleep in the market and that loaders and market attendants have a reputation for having sexual encounters in these areas.

The other markets with large numbers of traders, according to respondents are Adejiyan, Bus-stop, Fadawose, Alaba and Coker Markets. There are about 150

people selling produce at the Ifelodun market. The ages of the traders range from 18-80 years. The traders are from different parts of south western Nigeria such as Ijesha, Kwara, Ile-Ife, Eyinoke, Abeokuta, Eruwa, Ajibandele, Owena, Oshogbo, and Ogbomoso. The key informant from the Navy barracks reported that there are many hot spots where the officers of the barrack patronize FSWs. These areas include New Life Hotel and Daily Jolly Hotel as well as local beer parlors and restaurants.

At Risk Groups in Ajeromi LGA

Several informants report that at risk groups include youth, female sex workers, motorcycle riders, drivers, traders, men of the uniformed services and male clients. Young persons in the community engage in risky behaviors such as unprotected sex and are reported to have high rates of STIs. Youth risky behavior is considered to be such a problem that entertainment spots restrict entry by age. Several key informants identified young people both unmarried and married who have to fend for themselves as particularly at risk in the LGA. One key informant from the Local government clinic said that the young girls in particular whether married or unmarried are forced to sleep with older men to secure jobs.

FSWs at the low income hotels in *Ajgunle* report that they get at least one client per day. Weekly room rental rate is about N1,500.00 and is payable every Monday. There is no regulated time for receiving clients but most ladies report that they prefer evening business as they rest in the mornings and afternoons. Most FSWs interviewed report to having had STIs. Many of them claim that they contracted STIs from their boyfriends as they use condoms with clients. The age range of the FSWs interviewed at the hotels assessed is between 20 to 26 years. On a good day, the number of client is about five per day. Price per session of sex is N300. Some are full time FSWs and reside in the brothel but others are part time sex workers who go out to learn trades to supplement their sexual trade. FSWs in this area come from different states and ethnic groups, including Bini, (Edo State), Ogoja (Cross River), Igbos, northerners and Yoruba. FSWs report that they usually patronize nearby chemist shops or pharmacies for drugs to treat their STIs. FSWs also report that they are more likely to go to Tolu Medical Centre or any other private medical centre as they are reluctant to go to public facilities.

At the Naval Medical Centre, the key respondent, a senior Naval Officer informed the assessment team that while the outside communities are not allowed in the barrack the officers do go out to meet FSWs. He stated that “there are lots of women, even married women who engage in casual sexual activity. It is actually even cheaper for a man to have relationship with free women than to maintain a girlfriend. This appears to be one of the strong forces for indiscriminate casual sexual behavior of naval men in this area”.

According to the informants interviewed at Boundary Park 1 and Park 2, Ajegunle, there are about 30 – 40 Okada parks with about 500 – 1000 operators. Some are owner-operators while most are ‘delivers’ that is, hired operators who have to ‘deliver’ agreed amounts on a daily basis to their masters, or owners of their motorcycles. Key informants report that some operators take anti-depressants combined with alcohol, and with *ogogoro*, *agbo*, *wee-wee*, roots in order to build endurance for the work.

Government’s Response to HIV in Ajeromi LGA

LACA Ajeromi response

The key informant reported that LACA was created under the guidance of the Family Health International in 2001. Activities such as LACA monthly meetings were sponsored through the support of SACA/FHI. The meetings were held in conjunction with other NGOs working in the community. Essentially trainings and sensitisation activities were conducted in the communities and among the staff of the LGA. The key informant of the Ministry of Health (MOH) noted with regret that most activities were not undertaken due to lack of funds when the FHI project closed out. The priority areas of LACA are capacity building of NGOs, sensitization of all people and mobilization.

LACA in Ajeromi is multi-sectoral with representatives from the department for health, the market associations and other civil society associations. Currently, LACA Ajeromi is considering including the Budget Officer into the team. The chairman of the LGA is the overall head, though the supervisor for health deputizes for him. The team observed that in functional terms, LACA appeared to have no distinct structure outside the PHC department. Major activities identified for implementation in the next year include:

Advocacy and sensitization meetings with policy makers/political leaders and staff of the LGA and community leaders, community mobilization,
Capacity building,
Provision of counseling services,
Production and distribution of BCC materials,
Compilation of NGOs directory,

The new LACA Manager has made a number of suggestions for reactivating the agency through its re-composition and the injection of new members. Plans include incorporating CHEWs, FSWs, FBOs and PHC members. Major achievements in the recent past under the FHI project include:

- Trained LACA members on team building for HIV/AIDS/STIs activities;
- Held 15 LACA meetings throughout the life of the project;
- Carried out a series of advocacy visits to political leaders, opinion and community leaders and LGA functionaries;
- Conducted sensitization workshops for policy makers, community development associations, artisans reaching 600 people and LGA staff (400 junior)
- Carried out one special events reaching 200 community members
- Provided technical support to other FHI-Impact partners operating in the LGA.

LACA held only one meeting last year, 2004. LACA Ajeromi makes referrals and encourages people to go for VCT in the General Hospital and at Salvation Army. Key informants from LACA Ajeromi list about 16 NGOs working in the area. The groups collaborating closely with LACA are the Salvation Army, SWAAN, and CHIEF. CHIEF conducted AIDS rallies; SWAAN gives support to people who are infected and affected by HIV/AIDS.

A key informant from LACA identified funding as the major challenge for infected persons. VCT services can be accessed at the General Hospital, at the Salvation Army, at Odunlami Street, at Apapa Health Centre and at the Ebute-Metta Health Center. Any health facilities can be approached for treatment of OIs but referrals are sent to Ajegunle. The LGA does not provide ARVs directly. Key informants from the LACA single out and rates the services received by the Salvation Army as “very good, with a fast turnaround, not much waste of time and very professional”.

Table 1.0 Summary Issues in Nigerian government’s response to HIV/AIDS – LACA

<i>Issue</i>	<i>Response</i>
Current programs	Advocacy and sensitization meetings with policy makers/political leaders and staff of the LGA and Community leaders, community mobilization, Capacity building, Provision of counseling services, Production and distribution of BCC materials, Compilation of NGOs directory
Skills to share	Facilitation in workshops Capacity building of CSOs
Care and support in the community	No activities
Networks and networking	Good networking with LASACA Good networking with CSOs and community leaders
ARV treatment	-
Referral system	Makes referrals to the VCT Centre at the General Hospital, the Salvation Army and other treatment centers when they come into contact with positive people
Gaps in programming	The current LACA structure needs to be revised to incorporate more community members and CSOs Inadequate information about ARVs
Access	-
Capacity needs	Need to build the capacity of LAC to operate as an autonomous structure under the Chairman’s office Need for advocacy to ensure adequate political will and support for HIV programs Needs to understand its role as a coordinating body

Government facilities

Three public health facilities were covered in this assessment:

1. Ajeromi General Hospital, 6 Cardoso Street, Ajegunle (Contacts: Dr A O Balogun, Medical Director; Dr Raju, Chief Medical Officer; and Miss Thomas, Medical Records Officer);
2. Naval Medical Centre, Mobil Road, Ajegunle (Contact: Naval Officer S N Chaduma, Lab Technologist);
3. Ajeromi LGC Staff Clinic, Ajegunle (Contacts: Mrs Remilekun Jonathan, Chief Matron).

The section below documents the response to HIV/AIDS in these facilities.

Ajeromi General Hospital (AGH), 6 Cardoso Street, Ajegunle, is a state general hospital, headed by a Medical Director who assumed duty only two weeks before the visit of the assessment team. The table below presents the staff strength of the hospital by gender and category of staff.

Table 1.1 Staff Strength of Ajeromi General Hospital

Cadres	Male	Female	Total
Doctors	10	6	16
Pharmacies	0	3	3
Pharm Technicians	1	2	3
Pharm Attendants	0	3	3
Nurses/Midwives	0	33	33
Dental therapists	1	0	1
Dental technicians	1	0	1
Lab Technicians	1	6	7
Caterers	0	9	9

Services available at Ajeromi General Hospital ranged from antenatal and maternity care to emergency services. There is a Chest clinic where DOT services are provided; referrals are to Mainland Hospital. STIs and treatment of OIs are also carried out at this facility.

The facility attends to middle to lower income patients in the catchment area extending from Ajeromi, Ijanikin, Ifelodun, Ojo, Amuwo Odofin, and Oriade to Festac. The key informant reports that many residents go to traditional birth attendants (TBAs) and patent medicine stores seeking treatment, however, he observes that awareness about the services available at the hospital is growing in the community.

On a weekly basis, there is an average of 10 ANC bookings with an average of four deliveries at Ajeromi General Hospital. There is high rate of STIs seen in patients. The figures for STIs infection rates (including pelvic inflammatory diseases) were as follows for the months indicated: December 2004 (50), January 2005 (30: 25F and 5M); February 2005 (10: 7F 3M); March 1 to 18 2005 (16: 12F and 4M). The hospital started seeing suspected HIV/AIDS cases five years ago when seven cases were recorded. At the moment, there is an upsurge in the incidence of HIV cases at the hospital. On a weekly basis, the hospital records 30 – 35 positive cases.

HIV activities carried out by the hospital in the past two years include:

- VCT services and treatment of OIs

- Sensitizing the hospital staff, June and Sept 2004
- Advocacy to LGAs, NGOs and faith-based organizations (FBOs)

All HIV services and the HIV clinic at the hospital are funded by FHI. The key informant says that increased awareness has been created recently with the VCT activities of AGH. Several NGOs report referring their patients for HIV tests, confirmatory services as well as medical services for OIs. However, many NGOs/health centers seem unaware of services offered at the AGH even though information was circulated to all stakeholders in July 2004.

The hospital rated their advocacy and community outreach activities as their most successful activity. The key informant explained that HIV activities planned for next 2 years included staff sensitization and training in HIV management, VCT and patients' communications and relations, more advocacy to local governments and community sensitization. There is also a plan for resettling and rehabilitating HIV positive expectant mothers who are poor and vulnerable. The key informant from the hospital explained that these activities will create more awareness about HIV/AIDS and the availability of AGH facilities to the greater community.

The Naval Medical Centre, the key respondent was a senior Naval Officer and Laboratory Technologist who informed the assessment team that the force had many medical personnel who are in charge of information dissemination on communicable diseases under the Armed Forces Program on AIDS Control (APAC). On an annual basis, enlightenment programmes are organized on AIDS. There are also sensitization programs on the ABC of HIV in the barracks. The medical centre is also serving other barracks around which include Arakan barrack, Ashanti barrack, Custom, Police barrack, Signer barrack Mile 2 and the civilian around this area.

The key informant reported that the prevalence rate among the uniformed men is high and increasing. He also observed that uniformed men are afraid of knowing their status and are not willing to come out and support each other. He stated that "two of my friends are HIV positive and it is difficult for them to discuss the issue....But one day one of them was able to open up and told him that the other one is an HIV positive patient...I seize the opportunity to talk to him and counsel them". The Centre

does not provide ARVs but the key informant is aware that some of his patients access ARVs through an NGO.

Ajeromi LGC Staff Clinic, Ajeromi/Iflodun, is a public facility whose clientele is restricted to Ajeromi LGA staff who are civil servants and family members. The key informant of the facility reported that “We treat only general minor ailments”. The staff strength of the facility is seven staff, all female and all full-time. The facility reports to seeing an increased number of HIV positive cases. The key informant reported seeing 3 cases in the past month, “a couple who died at an interval of only one day apart and their child who is positive but still alive”. Cases are referred to Ajeromi general hospital or to Salvation Army hospital for screening testing. There are no specific HIV/AIDS activities in the facility except the programs of LACA at the LG level. In the next 1-2 years the facility will like the staff of the LGA to go for screening test and would want the LG staff be exposed to more information on HIV/AIDS because they are high risk group. The key informant of the facility said that they are in need of test kits.

Table 1.2 Summary Issues in government Facility response to HIV/AIDS in Ajeromi LGA

<i>Issue</i>	<i>Response</i>
Current programs/activities	Treatment of OIs Treatment of STIs Confirmatory testing VCT
Skills to share	Treatment of OIs and STIs
Care and support in the community	Limited outreach services, but such services are very effective and successful. Facilities rate outreach services as their most successful activity
Networks and networking	Limited
ARV treatment	-
Constraints	LGA staff are not sufficiently sensitized about the problems of HIV, they are also at risk
Referral system	NGOs refer suspected cases for confirmatory tests
Gaps in programming	No PMTCT Links with NGOs need to be strengthened No use of media
Access	Based on ability to pay
Capacity needs	Training of health workers Need to develop outreach services to other facilities and NGOs to inform them about the services provided by the public facilities Training in how to expand outreach services How to catalyze support groups especially for uniform men Support for PMTCT activities

CSO- NGOs, FBOs, CBOs response to HIV – Ajeromi LGA

Several CSOs are carrying out integrated programmes in the area of HIV/AIDS in Ajeromi LGA. The assessment team interviewed key informants of the groups most frequently mentioned. Some of these groups include:

1. Child Rights International, 7/11 Ojoo Road, Ajegunle (Contact: Moses Iko-Awaji, Executive Director);
2. Hope Line for Adolescents, 128 Mba Street, Awodiora Estate, Ajegunle, (Contact: Victor Imuka; and Bolaji Akinsanya, Community Health Officer);
3. Crossroad NGO, 98 Iyalode Road, Ajegunle (Contact: Edith Amatotsero, Executive Director and Yomi Adejumo, Project Officer);
4. Amukoko Community Partners for Health, 13 Sanni Street, off Cemetery Road, Amukoko (Contact: Mrs Osuji, Project Manager);
5. Nigerian Youth Assembly, 21 Uzor Street, Ajegunle (Contacts: Mr Tony Ike Johnson, President and Mr Ralph Emmanuel, Secretary/Project Officer);
6. CHIEF – Community Health Information Education Forum, 20 Cemetery Street, behind LGC Secretariat, Ajegunle (Contact: Mrs Remi Akinmade, Project Manager)

The Nigerian Youth Assembly (NYA) was founded in 2001 by Opinion Youth Leaders in the community as a project of “Youth Empowerment and Advocacy” to build the youth for leadership roles. The key informant of the organization said that the group works mainly in Ajegunle and its environs. The organization envisions a society where every youth will have access to comprehensive and correct information on youth policy and implementation and women empowerment. NYA has membership strength of 160, between the ages of 18-40 years. It has 6 staff, (3 male / 3 female) five of which are full staff and 20 active Part- time volunteers. The group has a strategic plan which emphasizes Youth Capacity building (through media outreach, training, seminar and sensitization), Advocacy, Community Mobilization, as well as consultancy services through training and project planning. The objectives of the strategic plan are stated as:

To empower youth with information and skills that can help them make responsible decisions on youth policy, reproduction and adolescent sexuality /health through information sharing , education ,communication, security training among others.

Key activities carried out by the NYA since 2001 include peace education, capacity building for youth, World AIDS day activities, IEC training workshop and youth

leadership training. The key informant of the organization said that NYA networks with Voice of Africa, SWAAN, CHIEF, CHILD'S RIGHTS, LACA, SACA, Salvation Army and AIDS Alliance among other CSOs. Collaboration with these CSOs has been effective mostly in referrals system and capacity building exchange programs. Occasionally, the NGOs meet with other groups when invited by SACA to review meetings/activities on HIV/AIDS.

For 2005, about 20 young people have been referred for testing by the organization after counseling. The key informant identified the training needs of the group as proposal development budgeting, facilitation and advocacy skills. Other needs include office space, computers staff development, leadership training, and civic education on elections.

Community Health Information Education Forum (C.H.I.E.F.) is a Non Profit organization, which is community based and health development oriented. It was incorporated on the 4th of August 1998 with certificate of incorporation RC11364. The organization's headquarters is located in Gbara a semi rural community in Eti-Osa local government area of Lagos State. CHIEF is committed to the promotion of Safe-motherhood through women's Health, Welfare, Capacity Building and gender mainstreaming programmes.

CHIEF collaborated with Lagos State/UNDP to provide integrated community health care and development programmes in six LGAs, Ikorodu, Epe, Badagry, Ibeju-Lekki, Ojo, and Amuwo –Odofin. A total of 60 women and 40 men were sensitized in each of the LGA and 85 TBA trained (between 2000-2002).

The organization has a strategic mission to bring Health Information Education Communication and Primary Health Care services to the doorsteps of individuals, families and communities through their involvement. Its Vision is to promote grassroots health development, communication and care. One of the organization's objectives is to raise Awareness on STD/HIV&AIDS and to promote care in the Community.

Under the IMPACT Project, CHIEF scaled up the Implementation of the Youth out -of-School project at Ojo, Ajeromi-Ifelodun and Lagos Mainland Local Government area of Lagos state. A total number of six sensitization and awareness seminars on STI/HIV&AIDS were organized for major stakeholders. This brought together market men and women, Communities, Religious, association leaders, trade masters, Youth, Police and Principal Officers of Local Governments. CHIEF also carried out refresher training for a total of 120 Peer Educators. As an implementing partner of FHI, the group worked with the youth-out-of School on STI / HIV & AIDS prevention project at Ojo, Ajeromi-Ifelodun and Lagos Mainland Local Government Area of Lagos State. Under this project the out-of-School youth were engaged as Artisan Trainees, Traders, Mechanics, Hairdressers, Fashion designers, Commercial Motorcycle Riders, Footballers, Community traders and members of community based Youth Clubs. Between 2001-2004, a total of 128,971 youths were reached through peer educators training, sensitization seminar, advocacy, special events youth friendly resource centre and outreach activities.

The key informant of the organization reported that under their project with FHI, C.H.I.E.F produced several BCC materials with funding from Family Health International, Lagos state/UNDP and Private individuals. The BCC materials produced were shirts, face caps, bottle openers, key holders, handbills, posters, booklets on HIV&AIDS and stickers.

C.H.I.E.F has strong networking and multi-sectoral collaborations with other CSOs within and outside of Lagos state. These groups include:

- Development Information Network [DEVNET]
- Nigerian Network of Non Governmental Organization [NNGO]
- Global Health Council, Washington
- World Association of Non Governmental organization [WANGO]
- Christian Connection for International Health [CCIH]
- Civil Society of Group on HIV&AIDS in Nigeria [CISGHAN]
- WANGONET
- Lagos State Safe- Motherhood Committee
- Lagos State Roll Back malaria
- National Council of Women Society [NCWS] Eti- Osa Branch

- Young Women Christian Organization [YMCA] Eti-Osa Branch
- Market Women Association Eti-Osa Branch
- National Union of Road Transport Workers Eti-Osa Branch
- Indigenous Youth Association Eti-Osa Branch

CHIEF's goals for the next two years include building a resource and business centre as well as a health library. Other goals include the implementation of NACA/FHI GHAIN programs on prevention activities for out of school youths. The proposal has been developed by FHI/GHAIN project and plans are under way for final approval from Abuja.

The Amukoko Community Partners for Health headquarters is located inside the community and is not far from the Ifelodun market. The NGO was registered in 1996 with the vision of a disease free society where poverty is eradicated and there is harmony and peace in every home. The NGO has 7 full time staff comprising 1 Project manager; 5 Field Supervisors; and 1 Admin/Accounts clerks. In addition, there are 108 CBD volunteers made up of 94 females and 14 males. There are 15 TBAs (8 males and 7 females) and 45 youths peer educators 45 (24 males 21females). All the volunteers are part time. The organization has five objectives which are to:

- complement government efforts to reduce infant and maternal deaths in the community
- empower the community and eradicate poverty
- educate and mobilize the community on healthy environmental sanitation, waste management and drainage control hence reducing the risks of malaria and other waste born diseases
- increase the awareness and knowledge of HIV/AIDS transmission and prevention with the aim of positive behavioural change
- work among PLWA and PABA and alleviate their plight in the community

The NGO currently has two projects funded by Action Aid Nigeria and the Japanese International Cooperation agency (JICA). The group plans to continue with its family planning programs and wishes to add on OVC and HBC components to its programs. Plans are also on-going to have a VCT centre.

The key informant of the group identified increase condom use as an example of the project success. He said "in times past, the vigilante people settle quarrel over use of

condom between FSW and their customers every night but this is not happening any more". He also noted that among the youths girls are now empowered to say No".

Even though the organization is registered with SACA, the NGO has not carried out any activities in collaboration with LACA in the community. The NGO used to work with SWAAN but SWAAN is no longer working in the community. While working with SWAAN one of the challenges faced was that of poor information flows after referrals were made.

The key informant notes that people can access HIV testing services at the Salvation Army and General Hospital (Island maternity). ARVs referrals are sent to Nigeria Institute of Medical Research (NIMR) but the people come back frustrated. He further stated that the concerns PLWHAs have regarding ARVs is the exorbitant prices of the drugs and some of the PLWHAs complained about the quality of care at ARV facilities because of the low level of confidentiality. Other places where PLWHAs are referred to are the NASFAT group which provides HIV/AIDS counselling at Ikeja. The PLWHAs prefer private hospitals because of privacy, they are not stigmatized and the public facilities staff capacities are not sufficiently built to cope with PLWHAs. He also expressed concern about stock outs.

This group is able to share skills in counselling and referrals. The key informant said that "we facilitate HBC training for teachers and Nurses at Oshodi LGA". The group is also able to share skills in the area of BCC materials development. Currently, the group is involved in the development of BCC materials with funding from CEDPA and JICA. The NGO participated in the field-testing of the materials. The strategies used are one-on-one sessions, group talk, rallies, home visits and community mobilizations. AMCPH staff needs capacity building skills in counselling, computer literacy, project management and supervisory skills

Child Rights International, an organization that was formally launched on the 7th of February 2003 at the National Theatre, Iganmu, Lagos. The focus of the organization is to defend the rights of people especially children. Some of the activities carried out by the organization include outreach in the community. In addition, the NGO staged a program "Children - Freedom from Neglect" which was designed to raise the

consciousness of people on child abuse and child right. Others were jointly held with other collaborating NGOs in other parts of the country, for example, the advocacy visit paid to the Sultan of Sokoto. Peer Educators Clubs were also introduced in four secondary schools and a primary school.

The NURTW - The Unit assessed was the NURTW branch responsible for Boundary, CMS, Idumota and Apongbon motorparks. It is located at Boundary Area, Ajegunle. According to the key informant there are about 21 motor parks across Ajeromi/Ifelodun LGA and there are over 500 members in all units. The membership of the Union consists of the executive members, drivers and vehicle assistants (conductors and traders). Members of the Union come from different ethnic groups and states. Vehicles are usually parked around the motor parks overnight with drivers coming from their respective homes.

Under the FHI Impact project, some members of the Union were trained as PHEs, counselors and many others such as drivers and park attendants were sensitized to issues of HIV and STIs. Media programmes of interest to our respondents include sports, news, music while preferred newspapers are Punch and Alaroye (a local language newspaper). They were quite informed about condom use for protecting oneself against STIs/HIV/AIDS.

Table 1.3 Summary Issues in the civil society response – Ajeromi LGA

<i>Issue</i>	<i>Response</i>
Current programs/activities	Prevention BCC using the media 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 Psycho-social support Adolescent focused programs Media outreach programs Working with FSWs using PHE models
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	Referrals to NIMR but PLWHAs complain that NIMR shows preferential treatment for 'PLWHAs with big cars'
Gaps in programming	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 No programs on reduction of stigmatization No OVC programs
Access	Good access but demand greater than supply
Capacity needs	Program Management, data use, financial management, ARVs Training on how to operate a 2-way referral system Support for establishing OVC programs Programs on stigmatization

Private Sector-for-profit Response to HIV/AIDS - Ajeromi

Private sector for-profit organizations responding to HIV/AIDS assessed include:

1. Prince and Princess Hospital, 191 Ojo Road, Ajegunle (Contact: Dr S A Oyenuga, Medical Director);
2. Oluwaseun Clinic, 24 Baale Street, Ajegunle (Contact: Dr Afuwe, Medical Director);
3. Royal Spring Diagnostic Centre, Baale Street, Ajegunle (Contact: Dr S A Sodimu, Director);
4. Ayepe Hospital and Maternity, 13 Ojora Street, Ajegunle (Contact: Dr Sanni, Medical Director);
5. Safejo Medical Centre, 22 Mosafejo Road, Ajegunle (Contact: Dr Oladipo, Medical Director).

Prince and Princess Hospital, 191 Ojo Road Ajegunle. The key informant of this facility has attended some of FHI's capacity building programmes organized for private medical practitioners in the past. The informant is also one of the Patrons of Hope Line for Adolescent Health, an emerging NGO also assessed during the CRA.

Prince and Princess Hospital has all-male doctors, five nurses, and eight female nursing assistants. The hospital is a general practice facility that handles a large number of ANC and pediatrics cases. The catchment area for the hospital consists essentially of communities in and around Ajegunle. Therefore, the hospital provides services to the poor in the community.

On a weekly basis, the hospital records about 50 ANC bookings and about 8 STI cases. According to the key informant, suspected HIV cases were first noticed about five years ago. At that time, according to him, he had predicted that: "*in another seven years we would be looking for those without HIV and not those with it*"

According to the key informant, "we screen all ANC cases and all staff operate on the principle that all patients being screened should be regarded as carriers until proven otherwise, for the safety of staff". He reports further that on a daily basis, four cases of HIV positive are recorded. Identified carriers are counseled on modes of contracting the virus and how to protect others. The informant observes that unfortunately, there is a low level of concern and it appears that only enlightened members of the population show any concern. Cases of TB are screened and referred to NIMR and LASUTH for confirmation. HIV positive cases identified are referred to the Family Health Centre, Amukoko. However, most clients referred to the center return discouraged and lose interest in continuing with the service.

For the past week four cases of HIV positive pregnant women were recorded. Collection of blood samples for HIV testing is usually done out at Ajeromi General where there is, as yet no laser machine for testing. Referrals for confirmatory tests and access to ARVS are made to Ayinke House, Ikeja. Treatment of OIs is done at the hospital. Capacity building needs identified by the key informant include implementation and management of Community project initiatives and allocation and management of resources.

Oluwaseun Clinic, 24 Baale Street, Ajegunle is a general practice facility that attends to patients of all ages. On the average, 50-60 patients are attended to weekly at an average rate of, 5 –10 patients per day. The key informant reports that FSWs are a significant clientele of the hospital. He reports that FSWs regularly come

to do STI/HIV tests either on their own or as required by their hotel proprietors. Out of weekly average 10 FSWs tested for STI, about 3-4 often test positive. The key informant states further that most FSWs take good care of themselves but a few live carefree lives. Some FSWs insist on the use of condom depending on the time of the day and whether they have made enough money for the day or not. Because of the extra money that some men lavish on some FSWs, such men often insist on having sex without condom.

The key informant reports that because patients are reluctant to be screened for HIV, the only way to get patients to go for HIV tests, is to incorporate lab charges into hospital bills. Not many patients will go for diagnostic lab test if they were to pay out of their pockets for the services. HIV tests cost N1, 500.00 per individual. The informant reports that training of health workers through sensitization programs is an important need for the hospital. This could be organized as a component of the regular monthly meetings of the medical professionals.

Royal Spring Diagnostic Centre, Baale Street, Ajegunle, Ajeromi. A significant proportion of the population accessing services at this private diagnostic centre are young girls, pregnant housewives and sex workers from the Ajegunle area of Ajeromi. The key informant reported that the prevalence rate of HIV in the community is very high. At his center, he regularly carries out screening for HIV and hepatitis referring positive samples to General Hospital, Lagos or NIMR Yaba for confirmatory test. For positive pregnant women, they are referred to Lagos Island Maternity Hospital (LIMH) for confirmation and management. TB referrals are to NIMR Yaba. Some screened clients who could not go on ARV have been reported to have died of TB and anemia complications.

On a daily basis, the facility screens about five patients out of which at least two (40%) are often positive. For general lab tests: clients per day average between 10 – 12. If a client comes for other blood tests and is suspected of being HIV positive, he/she is tested for HIV. While some clients voluntarily come for tests, for others, tests are mandatory as in some churches before marriage.

The key informant reported that updates and training on HIV/Hepatitis/TB Screening and management is needed. The testing kit for HIV screening is very expensive N10, 000 – N17, 000 for about 10 – 15 patients. Patients pay N700 for HIV testing. Confirmatory test is available for about N3,000. Ajeromi General Hospital charges N500 for confirmatory test. The key informant recommends that if test cost is reduced, more people will go for test as awareness is generally high. The key informant recommends capacity building support and training for health workers including doctors and nurses. He observes that most nurses in Ajegunle are auxiliary nurses and their knowledge of HIV is low.

Ayepe Hospital/Maternity Centre is a small maternity home in Ajeromi LGA. The key informant reports that the catchment area of the facility includes Ojora, Ikeja, Festac, Ajegunle, Okoko and even cut across the State. He says further that most patients are low income earners. The facility offers STI and HIV testing services, ANC and PNC services for pregnant women as well as other services such as general medical care for the general population. In addition to this information the key informant reports that the facility does manage TB patients. The facility has a total of 23 full time staff, most of whom are auxiliary nurses. There is only one male full time doctor and one full time midwife, there are six nurses. Seven cases of HIV were seen in the past week and the key informant responded that “Averagely I do see one HIV/AIDS patient in a week and about 3 in a month”. The facility does conduct HIV tests and refers to Ajeromi General Hospital for confirmation whenever any patient tested positive. The key informant reported that there is a NMA list of 15 centers for referral of cases and notes that Ajeromi is the closest of such centers. He also identified sensitization as the most important need for this facility.

SAFEJO MEDICAL CENTRE, 22 MOSAFEJO ROAD, MOSAFEJO BUS STOP.

The catchment area of the facility includes Ojoo, Amukoko, Orile, Alaba, Mosafejo, and other parts of the State. The key informant reports that patients are low income earners and petty traders. Services provided by the facility are STI case management, ANC, PNC and general medical care. The first case of HIV was recorded at the facility about 6 years ago and the key informant thinks that the rate is increasing currently. Staff strength comprises of 23 full time staff most of whom are auxiliary nurses. There is one full time medical doctor, three midwives and seven

nurses. Ten cases of STIs were presented in the past week. The hospital does attend to TB patients and had two cases in last one month; during the same period 2 cases were also referred to the Ikeja general hospital. The hospital refers clients to Excellent laboratory Centre for test and refers them to LASUTH for ARVs services. The hospital also manages OIs.

The key informant reports that “I have not been networking with any NGO but I attend medical Association meeting /review meetings to discuss professional issues”. He reports that the facility has referral and Counseling skills to share with others.

When asked about challenges faced, the key informant identified the problems created by the thriving blood business where a pint blood of blood sells for a very high price. This, he said has implications for HIV infections as many young unemployed people who fit the profile of at risk youth sell blood. He also identified the fact that PLWHAs run to traditional healers or are sent into hiding in their villages as a problem which can affect program management, as well data monitoring and evaluation.

Needs identified were training in community mobilization so that the entire community (Baale, politicians, LACA, SFH, Schools and hospital facilities) is made aware that the level of stigma is still high. The key informant stated that there is also no sense of belonging for people living with HIV/AIDS therefore we need to sensitize people on care and support for positive people. He also identified the need for training in follow up on referrals.

Table 1.4 Summary Issues for Private Sector Response Ajeromi LGA

Issue	Response
Current programs	Treatment for OIs and STIs Treatment for TB
Skills to share	Treatment of STIs and OIs The practice of always referring for confirmatory tests
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 LASUTH
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 No counseling services and FP programs in facilities which see mainly FSWs
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 Training in community mobilization Updates and training on HIV/Hepatitis/TB Screening and management is needed Developing integrated programs with FP components for facilities which see mainly FSWs

Pharmacy Issues in Ajeromi LGA

Introduction

There are numerous small chemists selling both registered and un-registered drugs in the Ajeromi LGA. Chemists range from small shops to larger supermarket type establishments. The assessment team identified three established pharmacies with registered pharmacists to explore pharmacy issues. The pharmacies, both private and public, assessed include:

1. Pharmacy Unit, Ajeromi General Hospital, Ajegunle (Contact: Mrs Okene, Pharmacist);
2. Grace Pharmacy ad Chemists, Mba/Cardoso Street, Ajegunle (Contact: Mr Michael and Miss Sabina, Pharmacy Assistants);
3. Aguocha Pharmaceutical Company, 9 Baale Street, Ajegunle (Contact: Mrs Anthonia Ude, Manager)

Pharmacy Unit, Ajeromi General Hospital

The key informant of the Ajeromi Pharmacy, Ajeromi General Hospital, reports that ARV drugs are not available for distribution or administration through the hospital Pharmacy. He also reports that the activities of NAFDAC has not had a negative

impact on the activities of the AGH pharmacy of on any other pharmacy in the community. Drugs are usually procured through drug companies. There are two drug administration outlets. One is fee-paying while the second is a free-drug outlet (mostly for malaria, TB, ANC, hypertension and diabetics). At least one qualified pharmacist is always available on duty at the pharmacy. In the treatment of OIs, most common drugs for TB, skin rash, cough and malaria are readily available at the AGH pharmacy. Some of the key informant's concerns about ARV treatment are:

- Lack of continuity of drug once they go on treatment programme
- Poor access, availability and affordability of drugs
- Unsure of long term effects
- Reported possible kidney failure in long term

The facility has skills to share in record keeping and has good knowledge of ARV treatment options.

Grace Pharmacy and Chemist, is located on Mba/Cardoso Street, Ajegunle. The key informant is a registered pharmacist and she reports that they are happy about the activities of NAFDAC especially the raids for sub-standard, fake and un-regulated drugs being sold. In her view, the step will lead to a reduction in the rate of circulation of dangerous drugs. The pharmacy does not stock HIV drugs.

The pharmacist is usually available in the evenings. Types of drugs available through the pharmacy include: anti-malarial, anti-biotics, anti- diabetics and hypertensive drugs and anti-diuretic drugs.

AGUOCHA PHARMACEPTICAL COMPANY LTD, is located on BALE, AJEGUNLE. The key informant said that she is pleased with the activities of NAFDAC. She reports that pharmacists have been advised not to sell unregistered drug, "all the drugs you are seen they are registered ones". She has never bought, sold, ordered or come in contact with ARV drug before and she doubted whether there were any pharmacies in the area which stocked or sold ARVs. She reports however that they sold drugs for OIs but admits that storage is not adequate. She explained further that "we source our drugs from the company every 2 months they will come and supply us". The pharmacy has no record of STIs, but referred patients

to other chemists if they are unable to “meet their demands”. The pharmacy only operates during the day.

Table 1.5 Summary of Pharmacy issues in Ajeromi LGA

<i>Issue</i>	<i>Response</i>
Current activities	Dispensing drugs for OIs and STIs
Skills to share	Pharmacists in the public sector have skills to share on record keeping and ARV treatment
Care and support in the community	None
Networks and networking	None
ARV treatment	ARVs are not stocked in the LGA
Referral system	Only referrals from pharmacies in the public sector
Gaps in programming	Pharmacists in the private sector have little information about ARV treatment centers Pharmacists in the private sector do not keep records on STIs
Access	Access determined by ability to pay for drugs in the private sector
Capacity needs	Training on ARVs Information on referral points

SECTION II

Badagry LGA

Introduction to Local Government

Badagry local Government used to be a district administered as part of the then province of Epe. Badagry, located at latitude 7° 15'N and Longitude 5° W is on the costal plane. In 1967 it became one of the four divisions of the new state called Lagos. In 1976 local governments areas were created and Badagry lost its status as a divisional headquarters. Badagry town is divided into **3** local government areas: Badagry West, Badagry East and Olorunda local governments.

The local government's eastern boundary is the Ologo lagoon, on the west it is bounded by the Republic of Benin at Seme border, Ado oda / Ata local government of Ogun state forms the Northern boundary and the Atlantic Ocean forms the southern

boundary. Badagry local government is separated from Ogun State by the Badagry creek. The LGA has about 50km of waterfront and some islands such as Topo. The local government has an estimated number of 123 communities with 14 wards.

Relevant Health Information for Badagry LGA

There is no teaching hospital in Badagry but officially there are **25** private hospitals, **1** government health centre and **4** mission hospitals.

Testing Facilities
Badagry VCT centre supported by FHI
Badagry Maternity ward
SEGEOL Lab

Referrals for ARVs
NIMR
LUTH

Referrals for TB
Chest Clinic in Ojo
MOWO PHC

Treatment of OIs
Badagry General Hospital
Hospitals across the border in Benin Republic

Treatment of STIs
Private hospitals eg Gap Clinic
Badagry General Hospital
Hospitals across the border in BeninRepublic

Risk Settings and at Risk Groups

Risk Settings

Key informants have divergent views of the risk settings in Badagry local Government. The CRA assessment team found that LACA staff viewed border settlements as the main risk setting of the LGA while health workers held a mixed view, identifying sites in both local communities and on the boarder as risk settings. Female sex workers are found in many locations in

Badagry town in compounds one of which is near the secretariat at old NEPA.

Around the Local Government Secretariat within the town, risk settings included drinking spots and beer parlours which come alive in the night servicing both indigenous and non-indigenous populations. This area is largely inhabited by independent women, many of whom double as sex workers in the evenings.

Along the border area, key informants report that risk settings are presented by the numerous brothels, hotels, food shacks, beer parlours and motorparks which exist in this area. The entire stretch of the border is identified as a risky area, and risky behaviors are increased when there is high import/export activities taking place. This area is along the illegal route where people enter the border illegally. In Daka community migrants from Cotonou, Ivory Coast and Ghana can be found residing in slum conditions.

Badagry local government has 10 Motor Parks that are organized by the leadership structure of transport workers. Ajara International Motor Park is one of the more significant motorparks and also a high risk setting. The executive committee of the local government Union of Road Transport Workers is drawn from members spread across all the workers' unions.

The Ajara international Motor Park has about 20 members; other branches also have around 15-20 members depending on the area. The ages of the members range between 20 – 50 years and the ethnic composition include members of the ECOWAS countries as well as Yoruba, Igbo from Nigeria. Activities at the Motor Park increase during the festive seasons of Christmas and Eid. The park is more active during the day compared to the night time. For example during the day time about 30 – 50 Buses/cars load from the garage and at night only 12 – 15 buses/cars get passengers in the garage.

The buses/cars are parked in the park at night since most of the transport workers are not indigenous to the community. They sleep in guest rooms and stores in the motor park; only a few drivers have enough money go into town to lodge in hotels and guesthouses. Key informants also identify the vast tracks of interior lands which are used by smugglers and other operators in the informal economy as risk settings.

Informants told the team that smugglers and informal operators use women as 'fronts' along interior routes to entice men of the uniform services. Informants observe that sex is often exchanged for facilitative services from men of the uniform services. The areas surrounding residences of men of the uniformed services, in particular the customs and immigration men have been identified as risk settings. In such surrounding areas businesses are transacted, meetings are held and sex is a commodity often exchanged.

In addition to the town centre and the boarder areas, key informants also point to higher institutions of learning in the Badagry area as sites for high risk activities. Key informants describe French Village as a pool of attraction for rich men from Badagry as well as men of the uniformed services to get young students reading BA in French studies. Regarding ASCON, key informants of the ASCON clinic informed the team that there have been cases of STI infections as well as cases of HIV infected participants at the training centre. Other risk settings include the numerous traditional medicine homes where infection prevention is often not practiced.

At Risk Populations

At risk populations were identified as FSWs, men of the uniformed services, drivers, food sellers, touts, smugglers, traders, migrant workers, fishermen and business women. Informants report that it is difficult to estimate the population size of FSWs in Badagry town, since they are highly mobile . The female sex workers' ages range between 20 – 30 years and they comprise of Yoruba, Igbo, as well as tribes from neighboring Benin Republic. Their customers (male clients) include men from all tribes in Badagry, Hausa, Yoruba, Igbo and tribes from Benin Republic, Togo, Niger and Ghana.

CRA team observations as well as interviews with FSWs on the Seme border reveal that most FSWs are brothel based. Most brothels have an organized structure with a chairlady as the leader supported by a deputy. The FSWs hold meetings occasionally to discuss issues that affect their welfare. Many report that health issues are considered a personal issue as FSWs have their own 'doctors' and they would rather discuss their health problems with them than with other FSWs. The use of condoms, according to them is 'not negotiable'. Although the FSWs are resident there, a few of

them are in-transit on their way to traveling abroad through the Republic of Benin while several deportees from Italy lodge in brothels around Seme until they are able to pay for their journey back to move on to another location. FSWs in brothels numbered about 30 women whose ages ranged from 22-50years. They are of different ethnic groups namely: Edo, Urhobo, Igbo and Tiv.

Interviews with the nursing officer in charge of the primary health care (PHC) at Seme border reveals that that established FSWs on the border are an organized group who practice a 100% condom use policy. The Nursing Officer in Charge therefore believes that FSWs may have lower rates of transmission than housewives and part-time sex workers in the Seme border area.

Generally, all of them insist on condom use. In fact one of them said she insists on two condoms and she actually puts the condoms on herself. According to her “I don’t allow them to use their dirty hands on the condoms so I don’t get infection”. Any customer who does not agree to condom use is asked to go elsewhere. Many of the female sex workers who are not indigenous to the local community recall that NGOs and government health workers come to talk to them about their health but none of them could remember a specific prevention message.

They however confirm that most of the NGOs talk to them about condom use, symptoms of common STIs and advise them on treatment of STIs. One of the female sex workers told the team that she does not patronize chemist shops; she reports that she has a doctor in the general hospital who conducts necessary tests on her before giving her treatment.

Most of the FSWs have attained secondary education and some say it is because they cannot find jobs they are FSW. Many FSWs report that they have responsibilities for children and some have even lost her husband. A small minority claim that they are graduates. FSWs listen to FM radio, TV and one of them claims she buys Newspapers. Brothel based FSWs report that the poorer migrant workers such as the cobblers and petty traders do not patronize them.

Migrant workers including traditional medicine people, cobblers and petty traders come to the Motor Parks along the border area in search of business. They include both young and the old from Northern Nigeria, Ghana, Benin Republic, Togo and Niger. They reside at Agemade market side at Ajara and some come with their family. They do not patronize nightclubs or brothels but they do report to having girlfriends. There is no NGO or other organization working with migrant workers in the Park.

The National Union of Road Transport Workers, Some border branch is an organized civil society organization which convenes a meeting every Wednesday to discuss their members' welfare, security and health related issues. They also hold an annual convention at year's end to discuss members' problems and concerns. Members also convene during Christian and Muslim holidays. During these occasions health talks are given to them by the local government. During annual meetings in December, NGOs such as the Red Cross and Road Safety give talks on accident prevention and other health matters including HIV/AIDS. The local government health workers also come to give health talks on family planning, STI prevention and immunization.

Local at risk populations involved in informal economic activities include young children who hawk, women who are involved in food production as well as running local bars, young men who are involved in the vulcanizing industry customizing vehicles for smuggling and men who are involved in oil bunkering and smuggling.

A key informant from the Secretariat reported that local people can be reached and encouraged to change their behavior through local town criers. She explained further that in Badagry, the town criers are more powerful and effective medium of communication than the Radio or television. She admitted that the town criers were not formally organized but said that as many as 100 town criers can be mobilized when needed, through the traditional rulers. Some of these criers are professional while others are part time.

Government Response to HIV in Badagry LGA

LACA Badagry response

The informants from LACA Badagry reported the organization was formed in 2002 but lay dormant until the year 2004 when it was revived. According to them, LACA had gone underground and was incapacitated as a result of political, administrative and financial problems. However, in July 2004, SACA directed that LACA be resuscitated and this directive was supported by finances from SACA. The key informant of the LGA reported to the team that because SACA is not properly funded its impact is not felt in Badagry LGA. He however, observed that SACA is trying to create an environment for open and free discussion of issues on HIV/AIDS. He lamented that SACA has not held any meeting with LACA Badagry for the year 2005.

LACA's first activity in July 2004 was to organize trainings for health workers, the staff of the local government and community members. These trainings were organized at two weeks intervals. Since these initial activities, not much had been done due to lack of funds. At the time of the assessment, LACA was not engaged in any HIV/AIDS activities and it had not been asked by the state government to submit its plan of action for 2005. The key informant from the LACA could not give any clear details about whether or not LACA had a strategic plan. He however reports, that in the future LACA intends to intensifying activities at the border and to focus on LDDs, CSWs, artisans, school drop outs, TBAs, motor parks, traders as well as vulcanizes and hairdressers. Membership of the LACA comprises of:-

- The Medical officer of Health (MOH),
- AIDS Action manager,
- A representative of Budget and Planning,
- A representative of Agriculture,
- A Representative of the community (community leaders and religious leaders), Health educator
- The M&E manager

LACA Badagry has supported the activities of NGOs such as CHIEF, Traders Against HIV/AIDS and the Salvation Army. The Caravan project of the Corridor Project has also been supported by LACA Badagry. LACA collaborates with CAPA, which, the key informant described as an effective village level change agent. On the question of capacity building needs of LACA, the informant suggested the provision of an

equipped office is a primary need given that the current office is now unfurnished. Financial and moral support from government, NGOs and SACA were also identified as being needed.

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

<i>Issue</i>	<i>Response</i>
Current programs	Training of TBAs Collaboration and support of NGO activities
Skills to share	Working at community level
Care and support in the community	Na
Networks and networking	Good networking with CAPA, Salvation Army and with Rotary for mobilization activities
ARV treatment	Na
Referral system	Na
Gaps in programming	Little contact or supervision of private clinics
Access	Na
Capacity needs	Project management skills Orientation of the role of LACA as a multi-sectoral coordinating body Training on IEC responses using folk and modern media

Government facilities response

Badagry General Hospital

Badagry local government has a General Hospital in Badagry town, several health post and primary health care centre (PHC), 25 private hospitals, 1 government health centre and 4 mission hospitals. The General hospital is the only screening centre in the LGA. HIV positive people are referred to Lagos.

There is no antiretroviral treatment centre in Badagry. Any patient who tests positive is referred to Ikeja or Mainland LGAs for treatment. Only some drugs for the treatment of opportunistic infections are available in this Government facility. Some private establishments offer treatment for opportunistic infections and one claims to be providing antiretroviral drugs. There is only one VCT centre in the Badagry General Hospital which has been established with the support of FHI in June 2004. ARV drugs were not available at the VCT centre at the time of the assessment. The services of the VCT centre are not free, people pay about N300 to access the

service. Key informants report that there are also trained counsellors in the health centres of the LGA.

The French Village Clinic

The key informant at the French Village Clinic was Principal Medical Officer. He informed the team that the facility provided general medical, lab, STI, VCT and drug dispensing services in the pharmacy. The staff strength of the facility consists of two medical doctors, eight nurses, 2 pharmacists, and six wards maids. The Nigeria French Village Clinic serves an average population of about 800 students, 90% of whom are females. In the current academic session there are more than 1,000 students. The facility is run by the Federal Ministry of Education.

According to the Doctor on duty, the first case of HIV/AIDS was seen in the year 2001. On this occasion a student reported that his roommate was very sick and could not come to the clinic. The Doctor on Duty said that he went to the room of the student and believes that what he saw was his first case of `full-blown AIDS. Since then the Doctor reports, he has encountered about 10 other cases, which indicates to him that the cases are on the increase. The school has no policy of screening student prior to admission. A few cases of TB have also been seen and are usually referred to the Chest Clinic in Ojo, Lagos.

The main HIV/AIDS activities carried out include social marketing of condoms in conjunction with the Society for Family Health. The medical department designed some programs to sensitize student about STI and HIV/AIDS but lack of support and funding has not allowed for the implementation of the plans. The Clinic proposed future programs which include designing and disseminating IEC materials on HIV prevention as well as building a program around "CUOSOIES" which is a very popular talk show hosted every Friday in French for students.

Nigeria Customs Clinic

The key informant is a nursing officer with the CUSTOMS clinics at Seme Border. Two nursing officers run the clinic and the Medical Officer visits twice a week. The clinic is also open to other branches of the uniformed services as well as the general public. The average number of patients seen per day is 15 and the common ailments

treated are malaria and STIs. The key informant has seen several suspected cases of HIV/AIDS and TB and such cases are usually referred to the central command facility in Abuja for further investigation and treatment.

The Seme Border Health Post

The key informant of the Seme Border health Post, a trained nurse, reported that the post was originally designed to cater for the immunization need of the community. The staff of the health post includes a trained nurse in charge, 4 other nurses, 1 CHO and 1 CHEW, all of whom are female.

Services provided at the health post include ANC, family planning, STI case management, treatment of OIs particularly diarrhea and general health services. The key informant reports that roughly 12 patients are seen per day and that patients are of diverse origins. Malaria is the commonest illness treated. There are also scabies and STIs, which are always referred for further investigation. There is no medical doctor at the facility; there are however, one female midwife and several assistants, including community health workers. The health post sees about 3 to 4 ANC bookings per week and the estimated number of STI cases attended to in the last week was given as 4 by the key informant from the post. The catchment area of patients includes Badagry area as well as Lagos, Oyo and Edo States. Men of the uniform services are frequent patients of the health post, hawkers and students are also among the patients of the health post.

The first suspected AIDS cases were seen at the health post in January 2004 when the clinic was reactivated. Since then there has been a great increase. TB patients are referred to the TB Clinic at MOWO PHC, if they cannot go to MOWO since it is along Lagos Road they are referred to Badagry General Hospital. A summary of the HIV activities of this facility is presented below as table 2.1.

Table 2.1 HIV/AIDS related activities carried out by the Seme border Health post in 2005

S/N	ACTIVITY OR SERVICES	LOCATION	TIME	TARGET GROUP	STATUS OF ACTIVITY	SOURCE OF FUNDS	INVOLVEMENT OF OTHER ORG	IS ACTIVITY PART OF STRATEGIC PLAN
1	SETTING UP SEME BORDER COMMITTEE ON AIDS	SEME BORDER	FEB 2005	UNIFORM MEN, NURSES, HAWKER, STUDENTS	ON-GOING	CORRIDOR PROJECT	ARFH, Ibadan	YES
2	CONDUCTING TRAINING/WORKSHOP FOR HEALTH WORKERS IN GOVT. & PRIVATE/ SPIRITUAL CHURCHES	SYCOMORE HOTELS	MARCH 2005	DRS NURSES CHO PASTORS	ON – GOING	CORRIDOR PROJECT	ARFH, Ibadan	YES

Key informants report that the training/workshop was the most successful activity of the health post.

The Abidjan-Lagos Corridor Project

The Abidjan-Lagos Corridor project is funded by the World Bank and incorporates five regional project countries including Nigeria (Seme border site). This project is a regional HIV/AIDS prevention project targeting migrants along the corridor engaging in high risk behavior. The objective of the project is to increase access to prevention services related to STIs and HIV/AIDS and to serve presently underserved, vulnerable groups, particularly migrants and local populations living in the border towns. The project consists of three main components:

- (i) HIV/AIDS prevention services for targeted populations
- (ii) providing care and support services for people living with HIV/AIDS targeted by the project
- (iii) project coordination, capacity-building, and policy development

The concept note for the Abidjan-Lagos corridor project argues that such locations have the peculiar distinction of being hotspots with inadequate infrastructure for prevention, care and treatment due to their remote nature. Special challenges are therefore presented for such locations (Concept note, Abidjan-Lagos Corridor Project, 2001, UNAIDS/Inter-Country Team and Analysis of the situation and the response in the Abidjan-Lagos migration Corridor, 2001, UNAIDS/Inter-Country Team).

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

<i>Issue</i>	<i>Response</i>
Current programs	Treatment of STIs Treatment of OIs VCT PMTCT
Skills to share	Treatment of STIs in mobile populations
Care and support in the community	VCT officers carry out outreach activities on the border trying to encourage at risk groups to come in for VCT
Networks and networking	Members of LGA working in health and staff of the Badagry General Hospital are also members of CSOs such as the Salvation Army and the Rotary Good networking between the Seme Health Post staff and the men of the Uniformed services
ARV treatment	None
Referral system	Referral of TB patients Referrals of patients for ARVs to Mainland LGA
Gaps in programming	Vaginal swabs and blood samples taken from FSWs under the Corridor project. Lack of feedback has caused much anxiety and mistrust by sex workers The pharmacy dept of the hospital complained of being left out of HIV programs in the past No OVC program No programs to deal with stigmatization
Access	At risk groups on the border are more confident accessing care and treatment in Benin Republic than in Badagry LGA. Key informants explain that this is due to suspicion of standards and quality of care in Nigeria as well as the fact that many at risk groups are the same ethnic group as the people in Benin Republic
Capacity needs	Training in outreach programs Training in ARVs

CSOs-FBO, CBO and NGO Response to HIV/AIDS in Badagry

There are few resident organizations in Badagry carrying out HIV/AIDS programmes; most CSOs carrying out activities in Badagry come from Lagos and Oyo States. Civil society organizations such as CHIEF and the Association for Reproductive and Family Health (ARFH) are examples of migratory NGOs. The discussion below presents CSOs that are more indigenous to the LGA.

OUTREACH FOUNDATION

The key informant of the Outreach Foundation reports that the group started as a club in 1993. The organization is headed by Mrs Adegboye. The office complex is at Opebi ,Ikeja LG. The Foundation was later affiliated to the state. There are 21 officers of the organization in total including the President, three Vice Presidents, a Treasurer and three PROs.

Past activities of the Foundation in Badagry include a 1-day sensitization program on HIV/AIDS targeted at market women and youth people 18 years and under. The program was regarded as very successful and youths trained were able to reach 15 people within the week. The foundation is planning a program for July / August 2005, targeting NURTW, Traditional Rulers, and okada riders. Funding for the organization comes from international agencies, government and supporters. The Outreach Foundation is affiliated to the National Council of Women Societies (NCWS) and one of its key members in the Badagry LGA Secretariat is also the President of the NCWS Badagry chapter.

The Seme Border Corridor Association (SBCA)

The officer in charge of the Seme Border Health Post is a member of the SBCA and served as the key informant for the interview on the association. She explained that the association is loose body with an executive serving as the local committee of the CORRIDOR project. Representatives in the committee are drawn from customs, the police, truck drivers, sex workers, NDLEA, youths and Quarantine. The activities of the SBCA involves awareness creation along the Abidjan-Lagos Corridor route, training in syndromic management carried out by ARLF from Ibadan, as well as support for behavioral and biological surveys of high risk groups in particular female sex workers. The key informant reported that members of the SBCA have seen several STI cases and a few suspected HIV/AIDS cases recently. Suspected HIV cases are referred to Badagry General Hospital and TB cases are referred to MOWO PHC in Badagry. Representatives of the uniformed services refer infected service men and women to their headquarters in Abuja.

Table 2.3 Summary Issues in the civil society response to HIV/AIDS in Badagry LGA

<i>Issue</i>	<i>Response</i>
Current programs	Training in syndromic management Awareness creation and mobilization Working with FSWs
Skills to share	Working with FSWs Integrated programs working with social marketing of condoms and HIV/AIDS
Care and support in the community	None
Networks and networking	Good networking between CSOs and the general hospital
ARV treatment	-
Referral system	-
Gaps in programming	No programs on unsafe abortion No programs on FGM
Access	-
Capacity needs	Massive capacity building programs for CSOs to encourage more indigenous groups to respond to HIV

Private sector for profit response to HIV/AIDS in Badagry

In Badagry LGA there is an array of private for profit health providers including private clinics, chemist shops, traditional medicine homes and faith based institutions that cater for various health problems. Interviews with directors of private health facilities visited indicated that, they operate with very little supervision or guides from Government and that the referral system is essentially one way with little or no documentation. The chemist shops sees and treat common ailments and are usually staffed by untrained personnel. They are patronized due to the cheap services their offer.

Ola Oki Medical Centre is run by Dr Ola Oki a medical doctor with MBBS qualifications and a diploma in sonography. He founded the hospital in 1989. Staff strength consists of two Medial Doctors, one Nurse, four Auxiliary Nurses and one CHO. All are full time staff. There are 4 males and 5 females. The range of services provided includes:

- Accident and emergency
- Immunization
- General Medicine/Antenatal clinics
- Surgery
- Laboratory
- STI clinic
- Mortuary services
- Pharmaceutical whole sales
- Pharmaceutical retail

The catchment area of the hospital includes Badagry LGA, Okok, Surulere, Ojo and Ikorodu all in Lagos. The average number of ANC bookings per week was given as two. The estimate of the number of STI cases seen per week is 10. The key informant reports that most STI cases are females. The first suspected AIDS case was seen about four years ago and now the Medical Director reports that he sees at least one suspected AIDS case every week. He described the rate of increase in AIDS cases as “alarming”. The facility also cares for TB patients.

Dr Oki informed the team that his hospital plans to engage in more preventive activities if they can get support from government or other agencies. He also plans to introduce services such as VCT, Anti retroviral therapy and expand the laboratory services. Since the introduction of laboratory services in his hospital, he now carries out Rapid tests to diagnose HIV and sends samples to Lagos for confirmatory tests. He gets his ARVs from a colleague in the General Hospital Badagry and the cost is about N10, 000 per month. He has also collaborated with the AIDS ACTION of Traditional Birth Attendants. He welcomes any assistance that will involve training and capacity building for his staff.

Gab Clinic is run by Mr. Gabriel Akande who claimed to hold a bachelors degree in Hematology. His clinic is not registered but runs a number of services ranging from ANC, malaria, typhoid, STIs, to Tuberculosis treatment. Between 1999 and 2004, he reports that he has seen and confirmed about 21 HIV/AIDS cases in his clinic. He sends the patients who mostly come from the SEME Border to SEGEOL Lab in Badagry for tests. Most of the cases are between 16 – 27 years of age and most are females. He is also a member of the CORRIDOR project committee.

Ohajiekwe Hospital and Sarchimore Nigeria Ltd is located with the environs of Seme border. This is a “medical complex” incorporating a ‘Chemist’ and a ‘hospital’. During interviews with the attendant it was revealed that the business is neither registered as a patent medicine vendor nor as a hospital. All types of medicine are sold and the back yard is a hospital with about six rooms with beds. The assessment team was told that patients that present symptoms of STIs are referred to the hospital section. The chemist does however sell condoms and an average of 5 boxes are sold per

day. The key informant at the hospital section, an auxiliary nurse informed the team that they have 4 trained nurses at the facility. They also run ANC clinics and carry out malaria and STI services. She informed us that a lot of teenagers approach the clinic for abortions of unwanted pregnancies. The key informant however, refused to confirm whether or not the facility provided services to the young girls wishing to terminate unwanted pregnancies.

Table 2.4 Summary Issues for Private Sector Response - Badagry LGA

Issue	Response
Current programs	Diagnosis Treatment of OIs and STIs Counseling and testing
Skills to share	-
Care and support in the community	None
Networks and networking	Working with LACA
ARV treatment	None but some ARVs are obtained from GH staff
Referral system	Badagry GH
Gaps in programming	No PMTCT No VCT No care for chronically ill Limited TB treatment
Access	A function of cost
Capacity needs	Training in all areas including in ARVs

Pharmacy Issues in Badagry LGA

HUMU-HANYI Pharmacy LTD, 57 Market Road, Badagry is a facility registered by the Pharmacists Council of Nigeria (PCN). The superintendent pharmacist is Mr. Abdulganiyu Giwa who holds a B.Pharm/MBA. The key informant who is an employee of the pharmacy told the team that the impact of NAFDAC is felt in the registered pharmacies but that many of the unregistered premises still operate in conditions and facilities that cannot guarantee potency for all kinds of drugs.

His facility has never sold any ARVs. He also confirms that they have had individuals who come to ask for ARVs but that the pharmacists always refer them to sales representatives of established drug companies. The key informant also identified approximately 3-4 dispensing outlets for ARVs in Badagry. The key informant reported to the team that the pharmacy collaborates with the HEKAN CLINIC and the general hospital Badagry in the management of STIs. He also confirmed that many people seeking care for STIs bring already filled out prescriptions to the pharmacy.

He also reported that a lot of women approach the pharmacy to seek pills for abortion but that such cases are referred to doctors. The major concern according to him for people seeking ARVs is the high cost of such drugs and stigma. He informed the team that their pharmacy sells more than one carton of condoms a week, (18x24x4) pieces.

Table 2.5 Profile of Pharmacies in Badagry LGA

NAME	LOCATION	QUALIFIED PHARMACIST	DRUGS DISPENSED
HUMU-HANYI PHARMACY	BADAGRY	YES	For Ols
NFV PHARMACY	BADAGRY	YES	For Ols
YANKEE PHARMACY	BADAGRY	YES	For Ols

SECTION III

Ikeja LGA

Introduction to Ikeja LGA

The present Ikeja Local Government area is bounded on the North by Agege and Ifako-Ijaiye LGAs, to the south by Oshodi-Isolo and Mushin LGAs, to the east by Somolu and Kosofe LGAs and to the west by Alimosho and Agege LGAs.

Historically the earliest settlers in Ikeja were said to be the Aworis who migrated from Otta, a town in Ogun State. The political and administrative capital of Lagos State is located within the Local Government. It has an estimated population of 298,675

(1991 Census figures). The communities are grouped into three main divisions and these are Ikeja, Onigbongbo and Ojodu. Some of the sub-communities include Alausa, Ikeja, Agidingbi, Adekunle, Omole, Onigbagbo, Opebi, Onilekere, Onipetesi, Anifowose, Oregun, Olusosun, Wasinmi, Aguda, Okeira, Akiode and others.

The Local Government is said to have the largest concentration of industries in Nigeria which include small, medium and large industries. The residents are traders, civil servants, artisans, factory workers and captains of industries.

The local government generates income through collection of taxes, rates and fees which include tenement rates, Motor Park,

market, advertisement, liquor licence, and radio licence fees. Others fees apply to marriage, entertainment and stacking of building materials.

Relevant health informant - Ikeja LGA

The number of the health facilities in Ikeja LGA is as follows

Teaching Hospital	= 1 (Government owned)
General Hospital	= 1
Mission Hospitals	= several
Private Hospitals	= several
Church and Religious Clinics	= 4
Private Sector providers	= Many
Primary Health Care	= 9
Health Posts	= 2

Facilities for HIV testing

- a. NIMR
- b. Salvation Army
- c. LASUTH
- d. LUTH
- e. Hope World Wide
- f. BIJOUX
- g. Public health lab, Yaba

Facilities for ARV

- h. Hope World Wide
- i. LASUTH
- j. BIJOUX
- k. Juli Pharmacy
- l. Eko Private Hospital
- m. General Hospital Ikeja

Facilities for OIs

- n. Hope World Wide
- o. LASUTH
- p. BIJOUX
- q. Police clinic

There are many health facilities which include a Teaching Hospital, a general hospital, numerous private hospitals and clinics. The Local Government owns and manages 9 primary health clinics and 2 health posts. The LGA also coordinates the activities of several private for profit clinics, Federal facilities and CSOs responding to HIV/AIDS. For instance, LASUTH provides VCT as well as treatment of OIs and AIDS with ARV. The private hospital, EKO hospital also provides VCT, ARV treatment among other HIV services. A number of civil society organizations such as BIJOUX provide VCT, OVC and referral services.

It is important to note that some health facilities in Ikeja LGA do not engage in the provision of HIV services. Very large hospitals such as the Holy Trinity hospital only engage in the preliminary screening of surgery cases for HIV after which suspected cases are referred for confirmatory tests. If confirmed, the hospital staff refrain from dealing with such clients. Similarly, activities of most of the civil society organizations involved in HIV programming and service delivery are limited to prevention. All of these, both the private for profit facilities and civil society groups however indicate their willingness for greater involvement in HIV programming if given the necessary enablement. The desired capacity strengthening is the areas of provision of logistics, skills and materials

Risk Settings and Risk Groups

Risk Settings in Ikeja LGA

Key informants identified several risk settings in the LGA where at risk groups engage in activities leading to the spread of the HIV infection. Specifically, key informants identify hotels such as Jolly Friends Hotel, markets and low income residential areas where criminality, commercial sex, intravenous drug is used and rape take place. Key informants also identify large tracks of roads and streets where mobile FSWs meet and follow clients to hotels or homes outside of the LGA. In general, the most significant risk settings were identified as follows:

- a. The Ipodo area
- b. Allen Junction between the hours of 8:00 to 9:00 pm

- c. Seriki Aro
- d. Behind St. Leo's Church, Amore
- e. The Agbede Community
- f. Ogba, Opposite Excellence Hotel
- g. Jolly Friends Hotel
- h. Patience Hotel, Behind Ray Pharmacy
- i. No 9 Unity Road (There is a night club there)
- j. Amaziko Hotel, Ogba
- k. Under Ikeja Bridge
- l. The Army Cantonment and mammy market
- m. Mechanic Village
- n. Areas surrounding the Ikeja new garage

The assessment team's observation of the risk setting at the mammy market revealed that it was located away from the office and residential areas of the barracks. Both men and women were involved in commercial activities in the market. The market also had several eating joints where food is prepared and sold in unhygienic conditions.

The team visited various local breweries where local alcoholic drinks were sold to the large clientele of soldiers. Of great interest to the team was the presence of a local surgeon in the market. The three basic services provided by the surgeon (barbing, removal of bad blood and local tonsillectomy) were observed to be risky and capable of leading to the transmission of HIV.

At Risk Groups in Ikeja LGA

Key informants from the CSO community identified at risk groups as:

- a. Out-of-school youth (in the park and mechanic village. The lack accommodation and parental guidance, mix with adults)
- b. FSWs
- c. IDUs
- d. Okada riders
- e. Road Transport Workers
- f. Hair weavers under the bridge (multiple sex partnering)
- g. In-school youth (Ikeja High School, located close to two barracks)
- h. Police men, in particular the new recruits
- i. Other men of the uniformed services and their wives

With regard to IDUs, one key informant from the CSO sector identifies two places in Ipodo and the other at Isale Awori where IDUs can be found. The informant explained

that the number of IDUs varies from 15 to 20 with more in Ipodo than in Isale Awori and their age range from 21 to 37 years. They come from all over Nigeria and according to the informant there are even foreigners among them, including whites. There are more males than females. There are more at Ipodo because of the existence of various escape routes which they use when police is carrying out a raid.

The key informant also told the assessment team, “some have been taking it for upwards of 7 or 8 years, when you see these people no one needs to tell you who they are, you will just know them, their veins come out and some of them look like skeleton. Their eyes become red and they can sleep ! They can sleep for up to 12 hours. It makes them high initially but too much consumption turns their system the other way”.

With regard to road transport workers, the key informant of the Self Employed Drivers' Association of Nigeria (SECDAN) reports that this union is the most significant transport workers association in Ikeja. He said further that the Ikeja new garage, is the biggest motorpark and it houses the office complex of SECDAN. The records of the Asst. Secretary of the SECDAN show that there are 2,800 vehicles, each vehicle with 1 driver and 1 conductor.

The youngest transport worker is about 20 years while the oldest is about 55 years. The new garage is the most populated, because it is the head quarters. According to the representative of the SECDAN, “this organization is made up of people from all walks of life including Yorubas, Igbos, Calabars and even non- Nationals, even Ghanaians, provided you are a professional driver. Nobody sleeps here in the park and alcohol is not encouraged”. Having said that, he however, reported that “we relax here, especially during the weekends Body no be wood”. Conductors, in particular are identified by the key informant as being in the business of patronizing the brothels “to answer the call of nature”. Transport workers with STIs are said to go to nearby pharmacies “There are many places to get cure for these problems here, some are Alatra, Alpha and Juli Pharmacies”.

A key informant of the Police Clinic in Ikeja explained the risky behaviors of police men in terms of their working conditions and their postings far away from home and their families. Regarding the at risk behaviors of army men, the key informant from the Army Cantonment Ikeja identified their risky behaviors as:

- Multiple- sex partners
- Drinking in Mess/ Joints
- Smoking
- Outside operations in peace keeping missions
- Poverty and having many children. “These children are exposed to sexual risks while hawking....we have seen so many of these small girls having HIV”.

Government Response to HIV/AIDS – Ikeja LGA

LACA Ikeja LGA

LACA Ikeja was formed in 1991. The members are drawn from different line ministries and sectors of the society considered to be crucial for the control of HIV/AIDS in the LGA. Key informants from LACA give its membership as follows:

- a. Supervisor for Health, the Chair
- b. Representative of Chairperson
- c. Medical Officer for Health
- d. Religious organizations
- e. Community Development Association Chairman and Secretary
- f. Non Governmental Organizations
- g. Youth Organizations
- h. Young Men Christian Association
- i. Paramount ruler
- j. Representative of private hospitals
- k. Leader of market women
- l. M&E officer
- m. Environmental health officer
- n. Representative of family health service
- o. Information officer
- p. AIDS Action manager
- q. CHEWs
- r. Members are also drawn from non-health sectors as
 - i. The Audit Department
 - ii. Budget and Planning Department
 - iii. Agricultural, Rural and Social Development Department

According to the AIDS action Manager for the Ikeja LGA, “the activities carried out include training and sensitization of LGA staff, market women and teachers on the dangers of HIV/AIDS”. These activities are spelt out in Table 3.0 below.

Table 3.0 HIV/AIDS Activities of LACA Ikeja in the 2004

S/N	Activity/Service	Location	Time activity took place	The target group for the activity	Status of activity – completed, on-going or planned	Source of Funds	Other organization involved in the activity	Is activity part of a strategic plan
1	Training of LGA staff	Ikeja LGA	2004	LGA staff	Completed	SACA	NGOs	No
2	Training of market women	Ikeja LGA	2004	Market women	Completed	SACA	NGOs	No
3.	Sensitization of teachers	Ikeja LGA	2004	Primary and Secondary school teachers	Completed	SACA	NGOs	No

Source: LACA Coordinator

The LACA Coordinator reported that:

these activities were provided for the staff as a way of integrating HIV/AIDS management into the mainstream of the PHC programmes of the LGA. There was need to give information and skills to the staff on HIV/AIDS.

Market women and teachers were identified as important stakeholders in the health of the young school aged children especially as it concerns HIV risky behavior. They influence the behavior of the young ones in the homes and schools respectively. It is thus important to give them the right information on HIV/AIDS. Market women were also sensitized and discourage from discriminating against PLWHAs.

According to the AIDS action manager, the staff training was the most successful activity of them all. The major source of funding for LACA activities was the SACA. Some NGOs also provided technical support. Apart from funding, the SACA often provides technical and material support and guidelines. The respondent rated SACA highly in her assessment. She remarked that SACA has been doing fine supporting programmes of LACA.. However, she noted that the LACA programmes must be in line with the SACA workplan before the LACA can access any support. Unfortunately, the LACA often makes no input into the SACA plan, which

they implement. For the AIDS action manager, the three areas (in order of importance) that should be given priority are:

- a. Awareness creation
- b. Care and support
- c. Voluntary Counseling and Testing

The major constraint and challenge in carrying out HIV/AIDS programmes and activities is funding. According to the key informant, “initially funds were set aside by the LGA for HIV/AIDS control activities. However, since the last two years no funds are released though the Local Government budget funds for these activities”. The other constraints include office space and staffing for LACA. CHEWs are currently working with LACA. Similarly, the Medical Officer for Health is involved in LACA activities.

The community development associations are very active in HIV/AIDS prevention and care at the community level. The LACA works with them and they operate mostly in the area of awareness creation for the purpose of preventing the spread of HIV/AIDS. The LACA collaborates effectively with a number of health facilities, NGOs and civil society networks in carrying out various programmes.

The major gap in the activities of these organizations is that while most of them engage in prevention activities, only very few are involved in the provision of ARV to PLWHAs. Similarly, very few give VCT and PMTCT services. The major challenges faced by LACA while collaborating with these organizations is that only few of them share information through reports. The key informant also explained that attempts have been made at integrating HIV/AIDS programming into the Primary Health Care system. For example:

- a. Primary Health care providers have been trained
- b. Some of the staff have been trained on Universal Safety Initiative
- c. LACA is in the process of integrating HIV into the PHC by training the staff on how to handle cases. The positive pregnant women are referred to PMTCT clinics.

The capacity building needs of the LACA include staff training on counseling and skills for mobilization, data management, monitoring and evaluation as well as the use of data for programming. The key informant reported that, “*in the future we want*

to focus on artisans, market women and higher primary school pupils”. The LACA hopes to source funds from SACA and other NGOs. The key informant reported that the programmes of SFH have helped in reducing the problem of HIV/AIDS in the LGA.

Table 3.1 Summary Issues in government’s response to HIV/AIDS – LACA Ikeja LGA

Issue	Response
Current programs/activities	Training of LGA Staff in Ikeja LGA Training of Market women Sensitization workshop Developing integrated programs linking HIV programs with primary health
Skills to share	Working with multi-sectoral partners Training of LGA staff, which was the most successful activity of the LACA Working with SACA
Care and support in the community	CHEWS are working with LACA Medical Officer for Health also working with LACA
Networks and networking	Good networking with SACA
ARV treatment	-
Referral system	Refers suspected cases to both public and CSO facilities
Gaps in programming	Working with PLWHAs Coordinating the work of CSOs and private sector for profit facilities is a gap in the performance of LACA No home base programs
Constraints	LACA unable to make inputs into SACA’s workplan sometimes resulting in conflicting goals and activities between SACA and LACA Ikeja Staffing as more staff is needed Funding Office space
Access	Restricted and limited access
Capacity needs	Training in monitoring and evaluation Staff training on counseling Skills for mobilization, data management, monitoring and evaluation as well as the use of data for programming.

Government facility response to HIV/AIDS – Ikeja LGA

POLICE COLLEGE CLINIC, Ikeja. The key informant, the AIG, said that the clientele of the facility were policemen, their families, new intakes, men on courses, road safety service men, soldiers, air force and naval officers. He gave the staff strength of the facility as 13 full time registered nurses, six full time medical doctors, and three pharmacy staff. He explained that the facility offers services ranging from sports medicine to a STI clinic and family planning; only the Maternity section is yet to be

opened. The key informant rates all services offered as poor “because we have the personnel but we do not have what to work with”. He also reports that only one case of STIs was seen in the last one month and explains that this is because “We have done quite some work on STIs ... we are now a distributor of condoms. If you go to any policeman they have condoms. They are aware but when recruits come, the number increases”. He explained further that the clinic sees up to 4 to 5 cases of STIs per week when the new recruits come.

Regarding HIV cases, the key informant saw his first case of HIV in 1992 and currently sees a minimum of 3 cases per week. He believes that it is on the increase amongst uniformed men. He also believes that it is rapidly increasing amongst new recruits who are kept in the force despite their status. The clinic had ARVs previously but no longer has them. The Clinic responds to HIV/AIDS by offering counseling, referrals for ARVs, CD4 count tests, and STI treatment.

The facility does not collaborate with any NGOs but has had some activities with Pathfinder International and Engender Health in the area of family planning training. The key informant reports that the facility has a general intention to increase access to ARVs for infected service men and women.

Army Cantonment Ikeja, HQ 9 Brigade Medical Center. The key informant is female and is a senior functionary at this facility. She gives the staff strength of the facility as consisting of 84 staff with the largest number being health attendants and nurses; there are only 3 full time medical doctors and one administration staff member.

The catchment areas of the facility consists of Onihongbo, 192 Battalion Owede, Ojo and Ikeja and the clientele consist of both military and civilians of all ethnic groupings. The facility offers services ranging from general medical services to VCT and ANC/PNC services; TB cases are not treated but are referred to military hospital, Yaba. The number of ANC bookings per week is approximately 25 and the estimated number of STI cases seen per week is 2. The facility first started seeing suspected AIDS cases in 2001. Currently 2 – 3 suspected cases are seen per month. The key informant believes that there has been a gradual increase of suspected cases and traces the increase to the return of military personnel from outside operations such as

Peace keeping operations in Liberia. HIV/AIDS activities carried out by the facility in the recent past include social marketing of condoms, health talks and counseling. There is strong networking between this facility and the Ikeja General Hospital, Lagos University Teaching Hospital and Yaba Military Hospital where patients are referred for ARVs and OI; networking with NGOs is weak. HIV / AIDS activities to be carried out in order of priority are ARV treatment programs, counseling, HIV testing and Health Talks. The skills, which the facility has to share with others are in the area of chronically ill patient care.

Table 3.2 Summary Issues in government facility
Response to HIV/AIDS in Ikeja LGA

<i>Issue</i>	<i>Response</i>
Current programs/activities	Treatment of STIs TB Clinic PMTCT Managing chronically ill patients in the Cantonment Military Hospital
Skills to share	Treatment of STIs Management of chronically ill patients Counseling in a rural junction town setting PMTCT case management
Care and support in the community	No significant outreach services
Networks and networking	Limited networking with CSOs even faith based CSOs
ARV treatment	Treatment program at LUTH, NIMR and LASUTH
Constraints	
Referral system	Referral to Military hospital Yaba
Gaps in programming	No maternity clinic and no PMTCT services at Police Clinic Inadequate support programs
Access	Limited access due to over demand
Capacity needs	Training and support in all areas

CSOs– NGOs, FBOs, CBOs, response to HIV/AIDS in Ikeja LGA

There are a number of NGOs, FBOs and CBOs responding to the HIV pandemic in the Ikeja LGA. Some of the most prominent organizations mentioned by most key informants include:

- a. Development Options for Humanities, whose programs include the management of STI and OIs, VCT, Home based care. The VCT component of this groups' work is however not easily accessible because of the high price.
- b. Hope World Wide involved in prevention, care and support
- c. Young Men Christian Association. This is an FBO engaged in prevention activities.

- d. Human Environmental Liberty Project. This NGO gives care and support as well as legal aide to PLWHAs against hostile employers
- e. Redeemed AIDS Program Action Committee. This is an FBO which undertakes care and support as well as prevention activities.
- f. Society for Family Health provides condom and other prevention activities
- g. Youth Communication Initiatives which carries out prevention programs
- h. Youth Care which carried out prevention programs targeted at youth
- i. BIJOUX Organization provides VCCT, Care and support, ARV, home based management, PMTCT, OVC, among other activities

BIJOUX ORGANIZATION, Plot 16 Isheri Road, Omole Bus Stop. The key informant is the PROGRAM OFFICER who told the team that the organization was formed in the year 2000 and is registered with the Corporate Affairs Commission. This is not a membership organization and the International AIDS Alliance in Britain is its major funder. Funding is obtained through the Network on Ethics, Law, Care and Support for PLWHAs (NELA), headed by Professor Femi Soyinka. All the staff are full time and they include:

- a. The Executive Director – Dr Folake Olayinka
- b. Finance and Admin – Mrs Ola Aina
- c. Program Officer – John Adeleye
- d. Program Assistant – Uche Rita
- e. Volunteers some of whom are from LASUTH

The key informant describes the focus of the organization as being on care and support for PLWHAs, VCT, Home based care, coordinate support groups meetings, collaborate with LASUTH for counseling, collection of blood samples for testing at NIMR, prevention activities, ARVs from Ranbaxy. The main target groups of the Bijoux organization are PLWHAs and PABAs. The key informant describes the activities of the group as:

- Every month we hold support group meeting
- Every week we go on house visit
- Every week we go for counseling in LASUTH
- We have a Newsletter
- Training for health care providers based on management of ARV, counseling and home base care

The key informant also spells out numerous future plans for the organization. They include expanding VCT services instead of going to NIMR, comprehensive testing for OIs, expansion in the areas of OVC in also planned as well as establishing an office in Abuja. The group has established strong networking relations with LACA and

SACA as well as NGOs such as Hope World Wide and HELP which gives legal support to PLWHAs. Collaboration with NGOs is assessed to be very effective by the key informant. However there have been some difficulties in collaborating with public facilities.

The key informant explained that the organization refers cases to LASUTH and LUTH and said further that concerns of PLWHAs on ARV are that some women react to Nevirapine, the cost of the drugs is too high “We refer the poor ones to Hope World Wide, which offers ARV at subsidized rate. We ensure that patients have the capacity to pay for ARV before we place them on ARV, else we place them on nutritional support. If they break down we refer them to LUTH. But thank God none of our patients have discontinued”. Skills to share include skills on management of HIV cases as well as development of instructional materials. Capacity needs include, transportation for home base care, regularization of volunteers to staff and training for Staff.

Development Options For Humanity (D.O.H), Location:- 78^B Bank Anthony Way (Akinlabi Lane), Ikeja. The key informant of DOH explained that the organization is registered with the Federal Republic of Nigeria, it is affiliated to Lagos State AIDS Control Agency (LSACA) Local Action Committee on AIDS (LACA) and it is a member of the State Project Team (SPT) for the National Sector Strategic Response to HIV/AIDS as well as the National Education Response to HIV/AIDS. There is a 9-Member board of trustees, 8 staff and several volunteers. Detailed information about the organization’s staffing is that there are more outreach than office staff.

The focus area of the organization’s work is in STI Management ,VCT and HBC. The key informant reports that the organization has a strategic Plan with a stated goal of contributing to the reduction of HIV / AIDS by 25 % by 2010. Activities carried out over the past 2 years include parent child interaction forum, youth strategy review meetings, STI management and Participatory interpersonal Communication (PIPC) with Brothel owners, chairladies and Managers. The key informant identifies the massive Youth Awareness Programme with inscribed T-Shirts as the most successful activity of the group because it spurred open discuss on sexuality. Activities planned in the next two years include Distribution of material in in-school and out-of –school

youth event, VCT and HBC, Development of Friendly Youth Logo, treatment education for support groups. The key informant explains that some worries of the Organization about PLWHAs and ARV are availability and cost of drugs, nutrition education stigma and poverty.

With regard to the issue of PLWHAs receiving ARV in public facilities worries are about :- protocol, stigma and logistics while in the case of the private sector worries are about cost treatment and education. The organization has skills to share with others partners responding to HIV/ AIDS in the areas of advocacy and in Monitoring and Evaluation. Capacity building needs of the organization are in the area of strategic planning, program design, implementation & management, mobilization, allocation & management of resources as well as M & E.

Diocese of Lagos West HIV/AIDS Prevention Project, Archbishop Vining Church Cathedral, Oba Akinjobi Road, GRA, Ikeja. The key informants were the Project Manager and the Accountant of the organization. Key informants explained that the organization was founded in 2002 following the advice of the Diocesan Medical Adviser to the Bishop. A committee was later set up to oversee the program. The Committee is made up of representatives from the 12 Archdeaconries of the diocese. The organization is funded by the diocese. The key informant reported that they sought support from FHI in 2004 but were not successful. Currently, there are three members of staff on part time and these are: The Project Manager, the Accountant and M & E officer (2 males, 1 female). The plan is to appoint a program officer, six coordinators- one for 2 Archdeaconry, to train Peer Educators. The FBO has a strategic workplan. In the past one year, activities conducted were mainly on awareness creation in various Archdeaconries. Meetings were held to discuss how to create awareness and each Archdeaconry was expected to carry out its activities

Awareness creation was conducted at different fora such as during the All African Anglican Bishops conference in October 2004, Synod meetings. The funding for these programs came from the Diocese. An Awareness campaign for church members was also conducted during the 2004 World AIDS Day with material support from SACA. SACA provided the IEC materials distributed during the period. The

Project Manager informed the team that there is a plan to involve other organizations in their activities when it becomes fully operational - "Most of our past activities are targeted towards the clergy and parishioners. We used any opportunity to disseminate information for example, during Women Guild Meeting, clergy meeting, synod and vigil".

They plan to introduce counselling and to refer members to other organizations for VCT. The organization collaborates with SACA and RAPAC (another FBO). The collaboration has been effective. The challenges faced in collaboration with these organizations are mainly due to lack of feedback.

The worries and concerns of the key informant are mostly about affordable access to drugs. They explain that ARVs from public health facility is cheaper, the quality of service is poor and clients are not well attended to by the health care provider. While the drugs are more expensive at the private health facility, the environment is friendlier and provider-client relationship is better. When asked about skill they will like to share with others, the key Informant told the team that they are still developing their own skills. The Communication activities included distribution of leaflets to members and group health education for the clergy. The most effective activity has been the group health education.

Program for Health Initiative (PHI), 9, Tonade Street, Ikeja. The key informant who is a medical doctor told the team that in 2003, a group of doctors who were attending the MPH course in LUTH met to discuss an intervention carried out with FSWs by the head of department, Professor Oshibogun. Worried about the problem of FSWs in Lagos, the group saw the need to form an NGO to respond to the needs of FSWs. The staff of the organization consist mainly of volunteers and counselors. The PHI is a non membership organization. Funding comes mainly from the contributions of BOT members. The strategic objective of the group is to focus exclusively on the needs of CSWs and in addition, youths are being focused upon for 2005. The key informant explained that "as a member of the Medical Women's Association, we noticed that the secondary schools do not have health clubs. So we want to go to the schools and run HIV/AIDS projects". Activities carried out since formation include

VCT, STI treatment and counseling. The major activity planned for the next one year is a 2-weeks retreat for peer health educators in Easter. The group networks with the NGO, Global Youth Development. One area of concern regarding ARVs is the rejection of the drugs by patients in preference for traditional herbs.

The organization can share condom negotiation skills as well as testing skills. IEC development skills can also be shared. The group has never had any training from an international organization and is willing to be trained in project management as well as technical areas of HIV/AIDS programming.

Table 3.3 Summary Issues in the civil society response – Ikeja LGA

<i>Issue</i>	<i>Response</i>
Current programs/activities	Awareness creation VCT ARV treatment programs Youth focused programs OVC programs Prevention programs Faith based programs
Skills to share	Faith based approaches to awareness creation Managing and scaling up of OVC programs ART programs Working with SACA and LACA Working with private facilities
Care and support in the community	CSOs do not have strong outreach components
Networks and networking	Strong networks with SACA and LACA Strong networks with other CSOs
ARV treatment	Evolving treatment program
Referral system	Referrals to LASUTH and LUTH and refer the poor ones to Hope World Wide
Gaps in programming	Weak media components to programs No BCC programs No CSOs working with barbers and traditional healers No TB program No PMTCT programs
Access	Good access
Capacity needs	HIV case management Funding Vehicles Training

Private Sector for Profit Response to HIV/AIDS – Ikeja LGA

Holy Trinity Hospital, Off Obafemi Awolowo Road, provides routine hospital services without any clear policy on HIV management or prevention. According to the key informant, a family physician who has served over eleven years in this hospital:

There are no deliberate HIV/AIDS services here. Any case identified in the process of routine diagnosis is referred to other laboratories for confirmation. If it is a surgery case, the person may not be operated upon if confirmed HIV positive.

In the words of the informant, “how much is the surgeon paid that he will risk his life operating on an HIV positive patient”.

EKO HOSPITAL Plc is a private for profit facility within the Ikeja LGA which provides HIV services. According to the Medical Director the facility provides screening and treatment of STIs. People attend the hospital from any part of the country. The key informant reports that this facility has one of the only three radiotherapy machines in the country. The facility records about 15 -20 STI cases per week. The hospital caters primarily for high income patients with a few clients coming from lower socio-economic classes. The hospital diagnoses at least 10 suspected cases of AIDS in a week and the key informant noted that there is an increase in AIDS cases recently.

Any case identified in the process of routine diagnosis is counselled and sent to the laboratory for HIV testing. If a pregnant woman is confirmed positive, the baby will be delivered through Caesarean section. ARV drugs are also provided to positive cases, and they are followed up. The patients come back for check ups and drug replenishment as may be required. The facility’s source of funds is direct payment by client and through their companies or employers.

The facility has no new plans for HIV/AIDS activities. The hospital does not collaborate with any NGO but collaborates with HMOs that refers patients. The key informant gave the challenges faced in giving ARV services as the cost of drugs. If approval is not given, then the patient will have to pay for it. When the respondent was asked about the skills that could be shared with others, he responded that *‘this is not a special center for HIV/AIDS. We do the normal thing that could be done’*”. To the question on the capacity building needs of the hospital, the

informant responded that this will be required in all areas as long as these will be funded by the NGO.

UNITY HOSPITAL, Ikeja LGA. According to the key informant the hospital was established in 1972 and they provide such services as, general medical services, ANC, STI management, Laboratory services, HIV testing. According to one informant, *“here, we routinely screen patients for HIV whether they give consent or not. You see, what applies in the private sector is quite different from what happens in the public sector”*.

The key informant said that they refer infected persons to LUTH. He also said that the most effective activity carried out to date is the VCT activity. He explained that the facility uses the Rapid test, a spot test called Biosystem. He admitted that it is very expensive but said that it is also very accurate. He noted that the hospital has skills to share in the area of treatment with other organizations in HIV service provisioning. According to him, “government should train people on the use of these new drugs”. The key informant however identified several problems with the ARV treatment program. He gave examples:

Generic drugs sent to Nigeria at subsidized rates found their way into the black market and were sold at exorbitant prices. Vaccines get back to the market and are sold to us. When I was in LUTH, HIV/AIDS patients were given free ARVs by a special UN program but the patients sold these drugs and came back to queue for more, thus depleting the stock.

The key informant identified capacity building in all the areas where they have gaps as the need to be addressed through training and up dates.

Table 3.4 Summary Issues for Private Sector for profit Response Ikeja 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	Not even disposed to sharing skills with others
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	No networking with NGOs
ARV treatment	Private hospitals such as Eko Hospital has ARV programs
Referral system	Referrals made to LUTH
Gaps in programming	No strategic plan or any recognition that there is need for strategic planning 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 Ikeja LGA

The table below presents key information on major drug outlets identified by the assessment team in the LGA.

Table 3.5 Major Drug Outlets in Ikeja LGA

S/N	Name of Outlet	Location	Is storage adequate	How are drugs sourced?	Are records kept for OIs and STIs cases?	Do you refer clients?	Hours of service	Is there a current licence for		Is there a qualified pharmacist on ground?
								Premises	Staff	
1.	Juli Pharmacy	Kodesoh	Yes	Manufacturers	Not separately	Yes	8.00am - 9.00 pm	Yes	Yes	Yes
2.	Health Plus	Ikeja G.R.A.	Yes	Medical rep/wholesalers	Yes	Yes	8.00am - 8.00 pm	Yes	Yes	Yes
3.	Alpha	Toyin St	Yes	May&Baker,Fidson, GSK,Pfizer	General records	Yes	8.00am - 9.00 pm	Yes	Yes	Yes
4.	Boluke	Awolowo Way	Yes	Pfizer,Nimeth,GSK, M&B	General records	Yes	9.00am - 7.00 pm			
5	All Drugs	Bank Anthony Way		Rambaxy,SGKSwip ha,M&B,Pfizer,	General records	Yes	8.00am - 8.00 pm	Yes	Yes	Yes

6	Alatra	Olowu St.	Yes	GSK,Swipha,M&B, Pfizer	General Records	Yes	8.00am - 8.00 pm	Yes	Yes	Yes

Juli Pharmacy Plc on Kodeso Street, Ikeja is a public limited pharmaceutical retail outlet located in Ikeja along Kodesoh Street. The outfit sells ARVs from companies such as GSK and Ranbaxy, it sells drugs for OIs and TB, it counsels clients on ARV, and it refers clients back to their doctors to monitor their CD4 count. The outlet is well located in a busy business area and it is well patronised. The key informant of the pharmacy rated the impact of Federal Drug Regulatory Agency (NAFDAC) as positive in curtailing the sale and distribution of unregistered and fake ARVS.

The outlet ordered, stocked and sold ARVs in the past 2 years. The commonly stocked ARV drugs are Combivir from GSK and Avocor from Rambaxy. Drugs stocked and dispensed by the outlet are Combivor and Avocor for AIDS, Rifampicin, Ethambutol, Isoniazid, Pyrazinamide and Fourstop for Tuberculosis. Diflucan, Erythromycin and antibiotics for OIs.

The key informant identified the problem of availability and stock outs as a common occurrence. "For instance we ran out of stock last week and went to Ranbaxy and they have none. GSK did not have drugs to sell to us at a point in time. Customers expressed fear about this occasional stock-out." The informant believes that Primary health Clinics being the closest to the people should be able to provide counselling on drug adherence to PLWHAs on ARVs. Although records are not kept specifically for ARV dispensed, the informant said there had been an increase in dispensing of OI drugs and anti TB drugs. She said that a lot of STIs are seen. She also informed the team that the facility refers clients with TB symptoms such as prolonged cough and loss of weight to Mainland General Hospital.

Table 3.6 Summary Issues in Pharmacy response – Ikeja LGA

Issue	Response
Current programs	Selling of drugs for OIs and STIs in several Pharmacies in Ikeja LGA ARVs available in Pharmacies in Ikeja LGA
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
ARV treatment	No program in this area
Referral system	To the Mainland Hospital
Gaps in programming	Staff not trained syndromic management but sell STI drugs No support programs No knowledge about responses of private clinics and NGOs in the LGA No referrals made for home based care
Access	Access determined by ability to pay
Capacity needs	Need for training on syndromic management Need to integrate drug sellers more closely into HIV programming in the LGA

SECTION IV

Mainland LGA

Introduction to Mainland LGA

Mainland Local Government was carved out of the defunct Lagos Council and is located in the commercial nerve centre of the state. It is centrally located and shares common boundaries with Somolu Local Government to the North, the Lagos lagoon to the South, and Iponri to the West, stretching into Alaka Estate. As a result of this strategic location and the high concentration of commercial and business activities, it is one of the most densely populated LGAs in the state. This LGA is cosmopolitan with high levels of urbanization. Makoko and Otto, for example, have high concentrations of low income groups who live in shanties, without modern facilities such as water, electricity and housing. Apart from the indigenous Yoruba groups there are the Igun who are sub-divided into three groups, each speaking different dialects. In addition there are the Igbo of South-East Nigeria, who are involved in commerce. The Ilaje, mostly found in Ondo State are involved in the fishing industry. Other ethnic groups, include Hausa, Kanuri and Nupe are involved in trading. Yoruba language is the lingua franca.

Relevant Health Information - Mainland

Tertiary institutions in the LGA:
University of Lagos
Yaba College of Technology
Federal College of Education (Technical),
Akoka, Federal Technical College,
School of Health Technology

Testing Services
Mainland GH which has a strong VCT Centre
Also referrals to Salvation Army
Referrals to Salvation Army
Referrals to Yaba General Hospitals

Care for the Chronically ill
Ward F in Mainland GH

ARV referrals
LUTH
NIMA
Hope World Wide

ARVs available in larger Pharmacies such as
Tonyson Pharmacy and Tabade Pharmacy

Strong HBC program by SWAAN

Mainland LGA has a total of 11 wards. The administrative structure comprises of the Secretariat of Mainland Local Government located at 198 Herbert Macaulay Street, Adekunle, Yaba and two Area Offices; one located at Yaba, and the other at Ebute-Metta.

Traditional institutions are found in the three distinctively native settlements of Otto, Igbobi and Ilogbo. Otto settlement is ruled by the Olotto of Otto who, also is the Mainland Oba, Oba Ganiyu Odesanya. Oba Adebowale Salami is the ruler of Igbobi settlement, while Ilogbo settlement is under the rulership of Chief Lateef Aderibigbe Ajose, the Opeoluwa of Lagos. In addition to these rulers there are Baales (chiefs) who

superintend over different communities. There are other lower chiefs who are also subordinate to the Baale in each community. Mainland LGA has several educational institutions. There are roughly 56 primary schools in the LGA and hundreds of private and secondary schools. There is also a military institution on the Mainland located at Yaba. This institution has large Mammy Market around barracks.

Risk Settings and Risk Groups – Mainland LGA

Risk Settings

Several risk settings were identified in the Mainland Local Government area as follows:

- The Makoko, Pedro Village and Otumara/Olaleye Areas: These are generally populated by low income groups and are attractive to FSWs because housing is comparatively cheap. The additional risk factor in these areas derive from the relatively high population of non-Nigerian FSWs, especially from Benin and Togo who tend to offer lower rates to their clients. The assessment team's interaction with FSWs in this area revealed the deep sense of worry on the part of FSWs from Nigeria who consider the foreign "Ashewos" as undermining their interests

by offering lower rates. Furthermore, sexual activities among “these Togo girls” is not characterized by enforcement of rules regarding use of condoms as found among the FSWs in the Oyingbo area.

- Oyingbo/Iwaya: The Iwaya part of Oyingbo in particular is considered a risk setting because of the hotels and numerous drinking joints in the area. There are a total of 13 brothels in the area such as Niger Hotel, Sammy Hotel, Chico Hotel, Cross Jubal Hotel, Annex Hotel, Easy Hotel, Titilayo Hotel, Olaiya Hotel, Dele Hotel, Nogiko Hotel, Kiss Hotel, Ghana Quarters and Ogbole Quarters. While the first nine hotels are located by the Railway line Oyingbo, the last three are located within Olaleye Village. The team observed that the large population of FSWs is distributed differentially among the various hotels according to the Hotel size as well as provisions for temporary room rental.
- Yaba Area with a concentration of tertiary educational institutions: This section of Yaba plays host to a number of tertiary educational institutions which include the University of Lagos, Yaba College of Technology, Federal College of Education (Technical), Akoka, Federal Technical College, and the School of Health Technology.
- Otto and Iddo Motor Parks: These two motor parks which are located relatively close to each other. Otto park is almost directly opposite Iddo Park. The park is separated from Otto settlement which is just behind a fence and generally considered to be a high risk settlement. Within the areas can be found several motor parks for various types of commercial transportation. Taxi drivers and cab operators within Lagos, small cars and 18-seater buses for long-distance travels ranging from Ibadan to several parts of Benue and Kogi States, and long-distance luxury buses to different parts of the country, are all found within the area. Behind the Otto Park which is separated by a dual carriage road that links to the Third Mainland Bridge are the numerous hotels which account for over 1000 strong FSWs in the neighborhood.
- Evans Square (Ebute Meta): This is an area located in Ebute-Meta and it featured prominently as a risk-setting, according to our numerous informants. It is an area with a concentration of beer parlours, sale of pepper soup and a very active night life.
- Makoko Lagoon Community: Interviews with community leaders of this community paint a picture of a rural risk setting characterized by acute poverty, remoteness in a closed and traditional society. Unlike urban areas on the Mainland, in the Makoko community key informants reported a low level of awareness as well as high levels of stigmatization. One community leader puts it this way *“ours is a closed society and we all know each other very well. If in a family there is a case of PLWHA, people will simply stop interacting with them”*

At Risk Groups

Key informants report that many low income groups put themselves at risk in order to make income for survival in the Mainland Local Government. The specific at risk populations were identified as:

- **Youths:** They were generally mentioned as a risk group. All key informants interviewed during the rapid assessment exercise, especially the health facilities and NGOs working in the area of HIV/AIDS, mentioned that most of the clients who tested HIV/AIDS positive and who are also treated for STIs are people whose age fall between 23 – 48 years. Key informants explained youth vulnerability to HIV/AIDS infection due to their high level of sexually activity, multiple sex partners and low condom use. Key informants reported that youth approach to sex is based on a notion of sexuality that is driven by a sense of freedom and liberty which the environment of higher institutions tend to promote.
- **Commercial Bus and Taxi Drivers:** Observation as well as the reports of key informants reveal that commercial drivers including long-distance drivers are at risk of HIV infection. A key informant from the association of Drivers and Cab Operators summarized the risk behavior of drivers with the comment that “generally, drivers are nicknamed Oko Ashewo or husbands of prostitutes”. While some key informants pointed out that the behavior of drivers appear to be changing with increase use of condoms amongst them, they still acknowledged that drivers do have multiple partners. It is not uncommon to find drivers driving around in search of sex partners whenever they find themselves. According to him, *“Many of them are always looking for women, they carry their motor to go find woman... they drink ‘PARAGA’ (local gin) to ‘shack’ themselves, they look for women o, any woman they see oh, they go carry, they no get permanent woman”*. The key informant from the Drivers and Cab Operator’s Association, Otto Unit reports that drivers watch TV and listened to radio when there is power.
- **Female Sex Workers (FSWs):** Female sex workers are a unique group in terms of exposure to the risk of HIV/AIDS infection. Key informants report that the population of FSWs is about 1000 in the Otto area of Oyingbo. Informants disaggregate this population in terms of “old” and the “new” schools, with the former is more in number. They report that many of FSWs actually fall between age 18 and 23, and have either just completed SS3 examination or a Diploma. Observation reveals that while there is a “NO CONDOM, NO SEX” policy generally enforced in the brothels of this area, the younger FSWs are still at risk.

Although the rule of “NO CONDOM, NO SEX” is overseen by brothel managers, key informants report that there is no guarantee that some FSWs do not succumb to the pressure to have sex without condom in exchange for higher pay. Moreover, FSWs interviewed admit to

having regular boyfriends with whom they could have sex without condom. They, however, report that they do not know whether their boyfriends have other female sex partners. Most FSWs are paid ₦200 per round. However, some clients pay between ₦ 300 and ₦ 500 depending on the time of week or night. During weekends, a male client who may wish to take any FSW away to another site could be charged as much as ₦ 5,000 for the night.

- **Area Boys and Agberos:** Key informants who are part of the permanent population of the area report that Agberos are the thugs and commercial vehicle loaders that are found in the vicinity of commercial motor parks, while Area boys are unemployed youths who extort money from the general public. These two groups are at risk because of their high level of involvement in Indian hemp (Marijuana), other kinds of drugs and alcohol. They are also said to have a high tendency to be involved in casual sex and to engage in violent activities against women including rape.
- **Migrant fishermen:** Migrant fishermen include the Ilaje from Nigeria and the Egun from Benin Republic who can be found in the Makoko area. Their population varies throughout the year with the highpoint being in fishing season. Migrant fishermen are known for having multiple partners amongst the young girls of the area.
- **Okada Riders:** The key informant revealed that there is a heavy concentration of Okada Riders around the Iddo/Oyingbo axis where they are found in five different locations. Most okada riders are young men between 19 to 42 years with only about one third of them being married. Informants report that most of them smoke cigarettes and even marijuana (Indian hemp). However, in response to a question on the use of drugs (including intravenous drugs), our key informant said that they were not yet exposed to such a practice. The Okada Riders Association is multi-ethnic in nature, with a large number being from northern Nigeria. One key informant reported that many of the Okada riders spend their income on women, including prostitutes based in the brothels and those on the streets, especially the Togo girls who are called “Kotokoli” and who are cheaper than the brothel-based FSWs. The brothels patronized by Okada riders are mostly located in the Yaba area.

Government Response to HIV/AIDS

LACA Mainland LGA

The key informant of LACA Mainland reports that the organization is well organized and may well be a model for other local government areas in the country. LACA here is located within the Secretariat of the Mainland Local Government at Adekunle Street, Ebute-Meta. The affairs of LACA are run by Dr (Mrs) Subair, the M.O.H and the AIDS Programme Manager of Mainland Local Government Area, and Mrs. Modupe Talabi, the Chief Health Educator of the Local Government.

LACA was formed in 2001. The immediate context of the formation of LACA is very important in understanding its performance so far. The key informants pointed out that the catalyst for the formation of LACA was the IMPACT Project of FHI implemented in the LGA. Since its establishment, LACA has adopted a multi-sectoral approach which is reflected in the constitution of its membership. It is made up of the Chairman of the local government, the supervisory councilor for Health, Director of Medical Services, Monitoring and Evaluation Officer, community leaders, representatives from line departments such as Education, Agriculture, Information, Budget Unit and the NGO community, especially those working on HIV/AIDS. The key informants told the team that the multi-sectoral approach has a number of advantages. Among others, it enables different sectors to bring different ideas to enrich the programme, helps in spreading the message of HIV/AIDS wider and facilitates the budgetary process since the involvement of the Budget Unit creates awareness regarding budgetary needs.

The activities of LACA are guided by a strategic plan that is drawn up by all the partners and stakeholders and is aimed at sustaining training of caregivers working with the People Living with HIV/AIDS (PLWHAs). According to the informants, “the strategic plan guides us to prepare for activities”. LACA meets every month and activity reports are shared among members. On the basis of such planned and mutually shared activities, Mainland LACA has been able to record the following achievements:

- Increased awareness about HIV/AIDS in many groups and individuals
- NGOs have been mobilized and are involved in providing home based care.
- Increased consciousness on the need not to stigmatize PLWA
- Communities are referring people they suspect to be positive to the clinic
- More condom have been distributed
- More workshops and advocacy activities on HIV/AIDS have been carried out at all levels.

The AIDS Programme Manager told the team that “*through awareness creation within the LGA, many people are aware about how to prevent the spread of HIV and protect themselves against the infection.*” It was also pointed out that, “*There is increase use of protective measures, especially the use of condom amongst the groups that are at risk of the infection.*” In addition, the respondent indicated that, those living with HIV now live positively and are not ashamed of making their status known why the

community members have started having positive attitudes to PLWHAs. Through the Home-Based care activities in particular, Mainland LACA has been able to establish strong support for HIV/AIDS programmes, while many people are also aware of VCT centers available as well as the need to know their HIV status. The strength in the work of LACA in the Mainland Local Government derives from the linkages and networks it has been able to establish with civil society organizations such as the Society for family Health (SFH), Life Link Organization (LLO), CHIEF, Society for Women and AIDS in Africa (SWAAN) and Hope World Wide.

Mainland LACA remains committed to programmes implemented since 2001 in the areas of awareness creation and sensitization at the community level, making HIV counseling and services accessible to pregnant women, and providing PMTCT services in the health care centre in the LGA. However, priority attention will be given to three key issues.

- (1) Awareness and sensitization, especially amongst the youth between the ages of 10-24 years. In this regard, emphasis will be placed mainly on abstinence and use of condom because many of them are sexually active.
- (2) Care for PLWHAs because they still suffer neglect, discrimination and stigmatization.
- (3) Expansion of VCT which, for now, is offered at the Mainland Hospital. LACA maintains a strong link with the VCT centre where clientele flow is significant due to an existing referral system.

One area of need where LACA feels somewhat helpless relates to ARV. Although training had been provided to some personnel on administration of drugs through the GHAIN project, ARVs are not yet available and the LACA informant is worried that even when it becomes available the cost of procurement will be a source of concern.

LACA in the Mainland Local Government enjoys a good relationship with SACA through which it has access to some IEC materials and funds. Monthly meetings are held with SACA which provides the opportunity to discuss issues relating to HIV/AIDS programming in the LGA. The monthly meetings also bring all LGAs and representatives of NGOs together, and the meeting has formed the basis for networking amongst many organizations and government bodies. In addition, SACA has published a directory of NGOs working in the area of HIV/AIDS and introduces the NGOs to the various arms of LACA. SACA also meets with NGOs once a month.

Despite the achievements recorded by LACA, the organization does face a number of constraints. The most important ones mentioned by the key informant include political instability and lack of political will, frequent transfer of key officers, poor funding of HIV/AIDS activities, lack of incentives for staff, inadequate technical support for the secretariat, and low capacity on the part of the staff.

Table 4.0 Summary Issues in government's response to HIV/AIDS

<i>Issue</i>	<i>Response</i>
Current programs	Training of TBAs Collaboration and support of NGO activities (e.g. CHIEF) Good relationship with SACA Condom distribution Advocacy workshops Strategic plan in place
Skills to share	Working at community level How to work with SACA How to work with a strategic plan
Care and support in the community	-
Networks and networking	Good networking with SACA and with NGOs such as CHIEF and SWAAN
ARV treatment	Na
Referral system	Na
Gaps in programming	Little coordination or supervision of private clinics Problems with data and record keeping to comply with SACA reporting requirements No work with FBOs
Access	Na
Constraints	Frequent transfer of staff
Capacity needs	Project management skills Data management and record keeping Planning and programming in the face of staff turnover at the LGA Training on IEC responses using folk and modern media

Government facilities response in Mainland LGA

Mainland General Hospital: Mainland General Hospital, Yaba: Mainland Hospital, Yaba, locally referred to as - Disease Treatment Hospital, is located in Yaba area, with a heavy concentration of tertiary educational institutions and very close to the Military Hospital, Yaba. Location makes this facility central to any successful HIV/AIDS programming in the Mainland Local Government. The contacts for this facility are the officer in charge of the VCT Unit of the Hospital, the Matron and the Welfare Officer. The personnel in charge of the Laboratory Unit are also useful contacts.

This is a standard and very large secondary health facility. Apart from the regular staff of the Hospital, it has 7 trained counselors. Within the hospital, there is a strong VCT Centre backed up by a substantial laboratory facility. The hospital has had access to reagents such as Capilox, Determine, and Jene. Capilox is generally used for the testing, while the others are used for confirmatory tests. The efforts of the hospital are hampered by the problem of getting enough test kits. They explained for example, that for 2 months reagents could not be obtained from Abuja, even though the FHI sometimes supplies reagents.

The facility carries out HIV/AIDS related activities mainly in the area of VCT. The VCT activities are coordinated by the Welfare Officer of the Hospital whose tasks also include tracking TB patients and picking the defaulters on home visits to encourage them to come to the hospital to complete their treatment. All the clients who come to the facility are put through a pre-counseling session. They are first given general enlightenment on HIV/AIDS prevention, signs and symptoms. After counseling, clients are asked if they wish to undergo HIV/AIDS test. Once they give their consent, samples are taken and the patients are sent to the laboratory. The result is sent back to the VCT Centre. If positive, counseling is done. If negative, the client is still counseled about precautions. Key informant point out that most clients come to the VCT Centre through General Outpatient Department (GODP).

The Hospital, through the VCT Centre, does referrals for people who are found to have contracted the HIV/AIDS virus. After counseling and re-assuring such people about positive and healthy living, they are referred to SWAAN, HOPE WORLD WIDE, or NIMR. A representative of SWAAN visits the VCT Centre every Tuesday, Thursday and Friday of the week.

The Hospital has extended its counseling services to schools in the neighborhood which are routinely visited. Such counseling visits have been undertaken to the Technical School, Yaba College of Technology, the WAEC Office at Yaba, and even Mainland Primary School.

The Mainland General Hospital also provides laboratory services and tests for HIV/AIDS. Lab services provided include: HIV and, TB testing, blood tests for malaria parasites and full blood count. Laboratory personnel who handle the testing do not have direct contact with the patients. The Hospital also manages AIDS patients. At the time of the CRA team's visit to Ward F there were four such patients recently admitted. The CRA team was told that the ward is mainly for HIV/AIDS clients both male and female. Clients were admitted by the doctor at the general outpatient department and sent to the ward. Most of the time the clients are very weak with TB and opportunistic infections. Since the Hospital has not started administering ARV, it merely treats Opportunistic Infections and then discharges patients home when they are better. However, before they are discharged, their CD4 is checked at NIMR, Military Hospital or LUTH because there is no facility for checking CD4 count at Mainland Hospital.

The strategic plan drawn up for the hospital in 2005 incorporates an aggressive sensitization programme. It includes plans to engage the Road Transport Workers Union at Otto and the establishment of VCT Centres at Otto and Oyingbo. The Chief Matron told the team that their colleagues at Island Maternity hospital and Mercy Street Children Hospital have been informed about the plans, and they have been urged to do same.

The hospital has problems accessing adequate supplies of IEC materials. In addition to this, the hospital was not in the position to mount its TV/Video which is part of the information dissemination on HIV/AIDS because of absence of burglar-proof in the building. The hospital is also in dire need of air conditioners, refrigerators, and affordable prices for HIV test kits.

The Health Centre, Ebute-Meta: The key officials are the Medical Director, Dr. F.O. Williams, the Matron, Mrs. C.E. Iyamabo, and Mrs. O.S. Adeola who is the head of the Laboratory Unit. The facility is strategically located at Ebute-Meta and its catchment areas include the immediate communities of Ebute Meta, Harvey Road, and Yaba. More importantly, is the category of people who patronize the facility. Informants told the team that most of the people who come

for health care services in the facility are the urban poor, the unemployed and students.

Although there are plans to upgrade this facility, it lacks the capacity to carry out many HIV/AIDS related services. The main services provided include treatment of STIs and awareness talks to pregnant mothers about PMTCT. Health workers or personnel from this facility also go the Harvey Road Clinic, also in Mainland LGA, to give talks to ante-natal patients on PMTCT.

At the time of the CRA, the facility lacked the capacity for managing AIDS patients; it however carries out routine HIV/AIDS tests for pregnant women whose consent is first obtained. Those who test positive are either sent to Salvation Army for confirmation test, or are referred to Yaba General Hospital for VCT and subsequent management. The Health Clinic also networks with NGOs such as SWAAN and Hope Worldwide.

The Ebute-Meta Health Centre is poorly staffed and suffers from inadequate facilities. There are two qualified medical personnel, the Medical Director, Dr. F.O. Williams and Dr. Abimbola Bowale. There are two nurses/midwife including the Matron, Mrs. C. E. Iyamabo. There is a Laboratory Unit which carries out tests, including testing for HIV/AIDS for pregnant mothers. According to the information made available, the services provided in the laboratory include routine medical test, CD4 count test and stool examination. Within the month of February, 120 HIV tests were carried out, of which 6 tested positive. The staff of the Health Centre also need more exposure through training.

**Table 4.1 Summary Issues in government facility
response to HIV/AIDS in Mainland LGA**

Issue	Response
Current programs	VCT Centre in Mainland General Hospital OI services STI case management PMTCT programs in government hospitals Social marketing of condoms Diagnostics Management of chronically ill in Ward F of General Hospital
Skills to share	In Infection prevention, counseling, good lab practice for screening and confirmation, good record keeping systems in hospitals such as Mainland General Hospital on STIs, HIV/AIDS cases, Designing integrated programs incorporating HIV/AIDS and sexuality education for adolescents Good practices using confirmatory tests for diagnosis
Care and support in the community	No government programs in this area
Networks and networking	Limited networking with SWAAN, networking with the Social Welfare Office on regimen compliance of TB patients, networking with SACA and LACA,
ARV treatment	No ARVs; referrals to Salvation Army, LUTH or NIMR
Referral system	Referrals to NIMR, LUTH and Salvation Army, referrals to SWAAN for home based care
Gaps in programming	No outreach programs, no home base care programs, few links with NGOs/CBOs, No capacity for CD4 testing in Mainland Hospital. No linkages and joint programs with private sector Inadequate IEC/BCC information for patients and health providers
Access	Access to ARVs restricted, access to VCT restricted to Mainland General Hospital; no access for Lagoon communities such as Makoko
Capacity needs	IEC materials, training in infection prevention, LACA identifies training need in monitoring and evaluation Information management system between LACA and SACA

CSOs - NGOs, FBOs, CBOs Response to HIV

Society for Women and AIDS in Africa - Nigeria (SWAAN), Life Link Organization (LLO), and Community Health Education Forum (CHIEF) are the NGOs most frequently listed as working in Mainland LGA. Other organizations such as the Redeemed Christian Church Clinic and Makoko Cooperative Association are also working in this area.

Society for Women and AIDS in Africa – Nigeria (SWAAN) SWAAN’s main Secretariat is located at No. 12, Rasaq Balogun Street, Surulere. It has a small office at No, 2, Simpson Street, Ebute Meta, the same compound where the Mainland Local Government has a Primary Health Centre and where it runs a VCT centre. The

main contact person for its HIV programme is Mrs. Agnes Ogunseyitan (popularly known as Mrs O). She is the Lagos State Supervisor for SWAAN.

SWAAN is a branch of SWAA International, which is a Pan-African's Women Organization committed to reducing the impact of HIV/AIDS on women and children in Africa. SWAAN-Nigeria was established in 1989, but was launched in 1990. It has since been actively involved in education and advocacy programme on HIV/AIDS. SWAAN is also involved in HIV and AIDS counseling, care and support activities for PLWHA and PABA. The main focus of the group's activities is on counseling, care and support and prevention of HIV/AIDS. SWAAN also trains volunteers whose duty it is to visit positive persons in the community for follow up, counseling and support. The branch office of SWAAN at Simpson Street, Ebute-Meta handles care and support for clients (PLWHA) around the Mainland Local Government. Regular meetings are held with the clients every Thursday, while Fridays are reserved for counseling at Infectious Disease Hospital (IDH) or the Mainland Hospital located at Yaba. Very often, infected persons in need of care and support are referred to Simpson office of SWAAN.

The catchment area of its activities include Yaba, Mushin, Somolu, Ajeromi, Shibiri, Apapa, Bariga and Badagry. Key informants from SWAAN report that the activities of the groups cover the whole of Lagos State. Other services provided by SWAAN are distribution of IEC materials and condoms. In addition, SWAAN has established links and networks with a number of health facilities and other NGOs for delivery of specific HIV/AIDS related services such as OVC, PMTCT, VCT, ART, prevention, counseling and social-psychological support, and referrals. The informant provided the insights into SWAAN's networks with facilities.

Table 4.2: SWAAN Networks with Facilities, NGOs and Services Delivered

S/N	Name of Health Facility, NGO, CBO	Details of areas of collaboration – meeting, intervention in ART, VCT, referral for VCT, etc	Effectiveness of Collaboration
1.	Mainland Hospital, Harvey Road, Yaba, LSMB, Ebute- Meta, Women and Children of Hope, LUTH, Idi-Araba	Treatment of Opportunistic Infection	Very Effective
2.	Mainland Hospital, Yaba; LUTH Idi-Araba; Salvation Army; Military Hospital, Yaba	VCT ARV, PMTCT VCT, ARV	Very Effective
3.	Hope World Wide Network of NGOs	Planning and Review Meeting	Very Effective

Source: Community Rapid Assessment Interview Notes, March, 2005

The key informant stressed that in carrying out the range of activities indicated in the table above, SWAAN is guided by a strategic plan which was jointly developed with the partners. Although SWAAN carries out a number of programmes, it has carved out niches in the execution of particular programmes. SWAAN officials, workers and the key informant agreed that the organization has made a mark in the area of care and support.

SWAAN maintains networks with other NGOs and both public and private health facilities in carrying out its interventions. Other NGOs with which SWAAN networks include Hope World wide, Life Link Organization, AIDS Alliance of Nigeria and Community Health Education Forum (CHIEF). SWAAN also has relationships with public health institutions in the Local Government, with Disease Hospital at Yaba and the Health Centre at Ebute-Meta. Some constraints to SWAAN's performance were identified as:

- Transportation: It is a very acute problem given the number of clients that have to be visited and the obvious logistics that this calls for.
- There are practical difficulties in discussing with clients during visits when the spouse is not aware about the HIV/AIDS status.
- Problems with the availability of ARV drugs

The SWAAN key informant also reported that there is a capacity gap in the organization that needs to be addressed. For example, the group needs computers

for its data management and reporting system and it needs to train more staff to engage in awareness campaigns. Vehicles are also needed to ease movement into the communities and more support is required to make EIC materials.

Life Link Organization (LLO): The organization is located at No.13, Commercial Road, Apapa. The contact person is Dr (Mrs) Regina Akpan, Director of Programmes. The organization was founded in May 1994, following the vacuum created by the dissolution of the Prisons Officers' Wives Association (PROWA). The organization came into being therefore to continue the good work that was started by PROWA. The primary motivation in establishing the organization was the knowledge that people were largely unaware of the danger of unprotected sex among prison inmates. There was also the need to reach commercial sex workers around the prisons. At the time of the assessment, the organization was working in nine locations: Akwa – Ibom, Abuja, Ogun, Enugu, Oyo, Kano, Kaduna, Edo and Lagos states. LLO is also working with sex workers in some local government areas some of which include Lagos Mainland local government. Mrs. Akpan confessed that LLO benefited from the SWAAN trans-border project around Badagry. The major goal of LLO is to fill the gaps in social delivery which government cannot fill.

What appears to be the unique strength of LLO lies in networking with both public and civil society organizations. LLO has links Hope Worldwide, Community Life Project, SWAAN, Nigerian Prisons Service, Health Matters Incorporation, LSACA, and AIDS Alliance. The group enjoys subsidies from government in terms of hall rental and other project inputs. The organization has worked with government at all levels, and with the Federal Government on prison projects. The bulk of its support has come from donors. For example, the organization has accessed World Bank loans.

The main services provided by LLO to clients include prevention information on HIV/AIDS, provision of health and psycho-social services (including providing relief to HIV infected persons with supplementary diets), counseling to members of the community including the prison community, management of opportunistic infections and referrals. In recognition of the growing problem of abuse of antibiotics among FSWs, the organization embarked on prevention and counseling of FSWs.

LLO has built up extensive contacts with organizations of FSWs which has ensured their representation on the Project Advisory Committee (PAC) of the group's projects. In addition to awareness programmes aimed at the prevention of HIV/AIDS among FSWs in the mainland and its environment, skills acquisition for FSWs has been a focus. Some FSWs have also become peer educators. Beyond counseling, LLO does not have a well developed programme for PLWHA at the moment; referrals are made (in most cases to the Salvation Army and to the NIMR). Neither does LLO maintain VCT services nor does the group distribute ARV; LLO refers infected persons to the Salvation Army for testing, while NIMR does the confirmatory test before commencing treatment.

Community Health Education and Information Forum (CHIEF): CHIEF is located at Complex 6, Baiyetinlo Court Gbara Community Off Lagos/Epe Express Way Lekki Penrusula. The organization has a Youth Friendly Centre located at No.2 Simpson Street, Ebute-Meta. The contact person is the Community Health Manager in charge of the organization, that is, Mrs. Remi Akinmade.

CHIEF was founded and incorporated on the 4th of August, 1998 (RC 11364) and was launched on the 21st of August, 1999. It is community based, health development oriented and has over the years extended its coverage area to Lagos and Ogun States. It embraces a holistic primary care concept providing primary health care to individuals, families and communities. According to the key informant from the organization, *“Our focus is to sensitize the grassroots people, disadvantaged youths and youths out of school on HIV/AIDS. We believe this problem is caused by poverty. Our aim is to provide baseline work studies for youth out of school and peer educators”*.

CHIEF's maintains links with several local and international organizations in carrying out its activities. Such links are maintained with organizations such as SWAAN, LIFE LINK, Salvation Army, Society for Family Health, SACA, LACA, NACA, DEVNET, Nigerian Network of Non Governmental Organization, Global Health Council, Washington, World Association of Non Governmental Organization (WANCO), Christian Connection for International Health , Civil Society of Group on HIV & AIDS in Nigeria (CISGHAN), WANGONET, LSACA, Lagos State Safe Motherhood Committee, UNDP, and the National Council of Women Society (NCWS), among others.

CHIEF has a strategic plan that has been drawn largely by its leadership. The plan is designed to achieve four main objectives, namely:

- To reduce ignorance on morbidity and mortality and to strengthen the support for people living with HIV/AIDS and the affected.
- To provide basic Health Education and information training to women, youths and Elderly for development, Economic Growth and poverty alleviation.
- To provide Essential Drugs or the Community Health Clinic.
- To provide Home-Based Care in the communities.

Based on the strategic plan, the organization is committed to Advocacy/Sensitization of the youth and the public, behavioral change communication, Peer Health Education, establishment of more Youth – Friendly Resource Centres, referral for STI Services/HIV testing and networking and collaborating with other NGOs. With support from development agencies, CHIEF has been able to carry out important activities such as sensitization in Ajeromi market, STI/HIV awareness campaign for out of school youth.

Makoko-Okunsewa Cooperative Association (MOBA): Makoko Community MOBA is a community-based organization located at No. 7, Appollo Street in Makoko, The activities of MOBA are coordinated by Mr. B.S.E. Ayesheteminikon. MOBA is a Multi-Purpose youth organization involved in micro credit and adolescent reproductive health activities. The group has participated in the World Bank supported NACA/NPT program under HAF I as one of the 21 groups supported nationally by the

development Research and Projects Centre, dRPC, Kano. The group was trained in project management for HIV/AIDS interventions over a series of workshops and was awarded a small grant of N120,000 from the dRPC to carry out a prevention program for youth in the Lagoon areas. The group's project was evaluated as excellent and it received an additional grant of N50,000.00 at the close of the project.

Table 4.4 Summary Issues in the civil society response to HIV/AIDS in Mainland LGA

<i>Issue</i>	<i>Response</i>
Current programs	Home based care, Integrated programs incorporating Micro credit Psych-social support Counseling Youth focused programs FSW focused programs
Skills to share	Home based care Two-way referral system and follow ups Developing and working with Strategic plans Working in hard to reach Lagoon communities Running youth friendly centers
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 some public facilities
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 Salvation Army
Gaps in programming	No programs to protect the rights of positive people who have lost jobs or homes because of their status Weak links with private facilities Inadequate attention given to PABAs No contact between NGOs and Pharmacies Few interventions on care for chronically ill
Access	Several NGOs with HIV/AIDS programs but demand still outstrips supply
Capacity needs	Training on ART Project management Networking

Private Sector For Profit Response

The section below reviews the response of the private for-profit sector hospitals to HIV/AIDS in Mainland LGA. The hospitals and clinics assessed during the Community Rapid Assessment and their contacts are as follows:

- i. St Stephen Hospital, located on Glover Street, Ebute-Meta. The contact persons are Dr. Yinka Lambo, the Medical Director and Dr. Gideon Orok.
- ii. Mt. Zion Hospital, No. 170 Borno Way, Ebute Meta. Dr. Madube is the contact person.
- iii. Almat Medical Centre, 153 Borno Way, Ebute-Meta. The contact person is the Medical Director of the Hospital, Dr. K.I. Olu, a specialist in Obstetrics and Gynecology.

Redeem Christian Church Maternity Clinic: This faith-based organization, is a branch of the Redeemed Christian Church and is located at 3-5 Redemption Way, Ebute-Meta. It is a Maternity Clinic and the contact person is the Assistant Pastor in charge of the Clinic. Mrs. Oladapo is the Coordinator of Nurses in the Clinic. The Clinic was established over 25 years ago. The policy of the clinic is to administer drugs with prayer. The Key Informant told us, “Your faith makes you whole. This Clinic is controlled by the Holy Spirit and nothing more”

The Clinic does testing for HIV and within the first 3 months of the year 2005, four cases have been identified. In addition to testing pregnant mothers for HIV/AIDS, patients with the symptoms are requested to complete a particular form. Once it is confirmed that such patients are positive, they are referred to other hospitals for confirmation test and treatment. However, in all cases husbands of expectant mothers suspected to be infected are informed before referral, a position which the management of the Clinic adheres to very strictly. The monitoring team of the Clinic visits mothers at home, especially when they are referred to other hospitals as a result of complications. The Key Informant told the CRA team that the Clinic lacks the capacity for treating HIV/AIDS, or administer ARVs.

Almat Medical Centre is located at No. 153, Borno Way, Ebute-Meta and has a branch in Surulere. The Centre attracts clients from as far as Egbe in Ikotun and Iyana Ipaja. The Hospital had a total of 32 staff, three (3) retired Matrons, seven (7) auxiliary nurses, sixteen (16) registered nurses and midwives, one (1) female administrative staff, and one (1) male clerk. The hospital has a laboratory component for general testing of clients, especially pregnant mothers. Those who test positive are referred to public facilities because the facilities for confirmation test do not exist. In all the private facilities, the laboratories are functionally equipped to handle routine tests for HIV. They have wards for admitting patients, but not meant for admission of persons infected with HIV. There was an observed reluctance of the part of the private facility to engage with NGOs working in the area of HIV/AIDS. For instance, while vague references were made to NGOs which used to visit their hospitals for HIV/AIDS awareness campaigns, the evidence available to the team suggests that contact was minimal.

Table 4.5 Summary Issues for Private Sector Response Mainland LGA

<i>Issue</i>	<i>Response</i>
Current programs	Care and treatment for OIs and STIs Social marketing of condoms
Skills to share	Syndromic management Social marketing of condoms Integrated programs including FH and STI case management
Care and support in the community	No services offered in this area
Networks and networking	Little networking
ARV treatment	No ARV treatment; mainly referrals
Referral system	Referrals made to LUTH and other public facilities
Gaps in programming	OI and STI reporting Care in the community and follow up for positive people Limited PMTCT care for positive pregnant women Fear of positive patients by health workers and limited facility based care offered No pre and post test counseling expertise
Access	Access restricted by ability to pay
Capacity needs	Training in infection prevention Training in ART Pre and post test Counseling VCT Centers

Pharmacy Issues

The research team assessed three main pharmacies in the area as follows:

- i. Life Back Pharmacy LTD, 3B Old Yaba Rd, Ebute-Meta. The contact person for this community pharmacy is Mr. Ambrose Obi, a qualified pharmacist.
- ii. Tonyson Pharmacy and Stores, No. 47 A, Simpson Street, Ebute-Meta: The contact person is the Assistant Pharmacist.
- iii. Tabade Pharmacy And Diagnostic Centre, Yaba. The two professional pharmacists here, Ms Bidemi and Mr. Gbenga are useful contacts.

Summary information on these pharmacies is provided in Table 4.7 below.

Table 4.6 : Pharmacies and HIV/AIDS Related Services/Facilities

Name of Drug Outlet	Location	Qualified pharmacist?	ARV Type	Drugs for OIs
Life Back Pharmacy	3 B Old Yaba Rd, Ebute-Meta	1	No	Triomine
Tonyson Pharmacy	47 A Simpson Street, Ebute Meta	1	Douvirov	Triomine
Tabade Pharmacy	Sabo Rounabout, Old Yaba Road	2	Same as above	Same as above

The three pharmacies – Life Back, Tonyson and Tabade – are all run by qualified pharmacists/ professionals and sell ARV over the counter. They also sell drugs for the management of Opportunistic Infections. All the pharmacies visited did not see

the role of regulatory bodies such as NAFDAC as constituting an obstacle to the availability of drugs. Indeed, all key informants had commendation for the regulatory bodies. Although none of the pharmacies had ARVs in stock at the time of the interview, they informed the team that they do sell to patients who are referred to them from government facilities such as LUTH and NIMR. They also told the team that there were several small pharmacies in the community sell ARV drugs. Well known suppliers of drugs for the treatment of OIs and STIs in the LGA were Drug Field, Pfizer, Baker, Povid and ASK.

The key informants of the pharmacies report that they frequently encounter people with STIs and they do sell drugs for treating STIs. They also provide useful information and education on HIV/AIDS to people in the community. The pharmacists told the team that they do have professional obligation to both prescribe and dispense drugs to members of the community and in doing so they also provide health education and information.

Table 4.7 Summary Pharmacy issues in Mainland LGA

<i>Issue</i>	<i>Response</i>
Current programs	Selling of drugs for OIs and STIs Diagnostic centre for HIV screening Public hospitals refer patients to Military Hospital, LUTH and NIMR
Skills to share	Knowledge of drug treatment programs for STIs and HIV Pharmacies in public facilities have skills in record keeping
Care and support in the community	Pharmacists feel that community pharmacies have an important role to play in the fight against AIDS. Currently they are providing counseling services
Networks and networking	No networks other than professional association of pharmacists
ARV treatment	Do not stock ARVs due to cost but orders and supplies drugs when an order is placed by a customer
Referral system	Public hospitals refer patients to Military Hospital, LUTH and NIMR
Gaps in programming	Pharmacists hear a lot of stories about discrimination and loss of jobs due to positive status but have no information to make referrals Pharmacists in public facilities believe that they have not been incorporated in past HIV programs, this is a gap which they believe must be addressed in the new GHAIN project
Access	Access determined by ability to pay
Capacity needs	Two of the three pharmacists interviewed were trained in dispensing ARVs, more training needed

Conclusions

Civil society organizations in Ikeja, Ajeromi and Mainland LGAs have several key skills to share with other CSOs and private sector providers in Lagos state. They had skills in counseling, in creating awareness and in developing targeted interventions for FSWs, out of school youth and transport workers. CSOs identified their needs in terms of training on ARVs, project management and in monitoring and evaluation. SWAAN and CHIEF emerged as organizations with skills to share in home based care and in OVC respectively.

There is a great demand for ARVs in Lagos state. All positive persons interviewed and all health providers reported that more PLWHAs are willing to begin ARV than there are slots available in the treatment centers that exist. Health providers however admit that their knowledge of ARVs was inadequate and identified training in this area as an immediate need.

Gaps in the state's response to HIV/AIDS were clearly identified as PMTCT, ART, OVC, care for the chronically ill and information systems to track infected persons. Collaborations were largely underdeveloped and the assessment team found strained relations between CSOs and private sector organizations and SACA/LACA.

APPENDIX

Appendix 1.0 List of Persons Interviewed in Lagos State

Ajeromi

1. Ajeromi Police Station, Baale Street, Ajegunle (Contact: The DPO)
7. Itinerant Market Traders, Ifelodun Market (Contact: Market Chairman)
8. Itinerant Market Traders, Boundary Market, Ajegunle (Contact: A Guide)
9. Luxury Bus Drivers Union, CN Okoli Branch, Ajegunle (Contact: Chairman)
10. Okada Operators, Boundary Park 1, Ajegunle (Contact: Mr Lucky Oboh, former Chairman and Mr Sunday, Secretary of Park 1)
11. Okada Operators, Boundary Park 2, Ajegunle (Contact: Mr R A Olaiya, Chairman and Mr Bassey Nkanu, Operator);
12. NURTW Drivers Union, CMS-Idumota-Apongbon Branch, Boundary Area, Ajegunle (Contact: Chief Abimbola Copker, Branch Vice Chairman and Comrade Samson Suleiman, Branch Secretary/HIV Project Coordinator)
13. Child Rights International, 7/11 Ojoo Road, Ajegunle (Contact: Moses Iko-Awaji, Executive Director);
14. Hope Line for Adolescents, 128 Mba Street, Awodiora Estate, Ajegunle, (Contact: Victor Imuka; and Bolaji Akinsanya, Community Health Officer);
15. Crossroad NGO, 98 Iyalode Road, Ajegunle (Contact: Edith Amatotsero, Executive Director and Yomi Adejumo, Project Officer);
16. Amukoko Community Partners for Health, 13 Sanni Street, off Cemetery Road, Amukoko (Contact: Mrs Osuji, Project Manager);
17. Nigerian Youth Assembly, 21 Uzor Street, Ajegunle (Contacts: Mr Tony Ike Johnson, President and Mr Ralph Emmanuel, Secretary/Project Officer);
18. CHIEF – Community Health Information Education Forum, 20 Cemetery Street, behind LGC Secretariat, Ajegunle (Contact: Mrs Remi Akinmade, Project Manager)
- 14. ACOMORAN - Amalgamated Commercial Motorcycle Riders Association of Nigeria**
ANCOWA - All Nigeria Commercial Okada Workers Association
 15. MOALS – Motorcycle Owners Association of Lagos State
 16. Ajeromi Police Station, Opposite Ajeromi LGA Secretariat Ajegunle
 17. Police Station to interview the Police Officers, DPO
 - 18. Medical Officer of Health (MOH) for Ajeromi-Ifelodun LGA, Dr Gbadamosi**
- 19. Interviews with FSWs**
 20. Interviews with LDDs
 21. Interviews with community leaders who know about at risk populations

List of persons interviewed in Badagry LGA

Ola Oki Medical Centre
W. B. Oki, Medical Director,

Ibereko,

Medical Director and Staff
Badagry General Hospital
Badagry

Chief Pharmacist
Badagry General Hospital
Badagry

Mrs. Newton and Staff
Head, VCT Centre
Badagry General Hospital

Gabriel Akande
Medical Director
GAB Clinic
Badagry

**Ohajiekwe Hospital/ Sarchimore Nigeria Limited
Obinna Ohajiekwe, sales boy, sarchimore Nig/ohajiekwe hospital**

**Tunji Raji, Supervisor, HUMU-HANYI Pharmacy LTD,
57 Market Road, Badagry**

Visit to the French Village Clinic
Dr. K. O. Bolarinwa, Principal Medical Officer
Badagry

CUSTOMS clinic
SEME Border
M. O. Abdulazeez
Badagry

LG Health Post Seme
SEME Border
Alhaja S. F. Kanike Nurse and Head of Badagry LGA Health Post, SEME.

DAY ONE (16 March 2005): Public sector response (LACA)
Key Informant: Dr. A.B. Oshinowo
Medical Officer of Health, Badagry

Mr Viyon Agbosu Vice Chairman
Mr. Sunday Peter General Secretary Transport Workers at AJARA ROUNDABOUT
INTERNATIONAL MOTOR PARK

Interviews with LDDs
Interviews with community leaders who know about at risk populations
Interviews with men of the Uniformed Services
Interviews with FSWs

List of persons interviewed in Ikeja LGA

Private sector registered Pharmacy

Juli Pharmacy Plc

Name of Interviewee – Pharm. Seyi Abolade

Development Options For Humanity (D.O.H)
78^B Bank Anthony Way (Akinlabi Lane), Ikeja.

THE POLICE OFFICERS WIVE'S ASSOCIATION (POWA)

KEY INFORMANT: Mrs. Hawa Shehu Usman

Designation: Acting Chairperson

DIOCESE OF LAGOS WEST HIV/AIDS PREVENTION PROJECT

Dr. Tosin Olomolehin – The Project Manager

Mr. Mike Fasusi – The Accountant in attendance

Archbishop Vining Church Cathedral, Oba Akinjobi Road, GRA, Ikeja

POLICE COLLEGE CLINIC

DR. MACAULAY, OFFICER IN CHARGE

POLICE COLLEGE, IKEJA

UNITY PRIVATE HOSPITAL

DRS .PAUL AND AKIN-WILLIAMS, MEDICAL OFFICERS

IKEJA

CLEMAC CLINIC

TONY BABATUNDE, GENERAL MANAGER

9 TONADE STREET, IKEJA

Program for Health Initiative(PHI)

9, Tonade street, Ikeja

Dr. Sekonu

DURO SOLEYE HOSPITAL

Dr. Abiodun Ogundele, Medical Officer, 080-33727831

Allen Avenue, Ikeja

BIJOUX ORGANIZATION

Plot 16 Isheri Road, Omole Bus Stop

JOHN ADELEYE, PROGRAM OFFICER

Road Transport Workers

S.A. Yusuf, Chief Traffic Officer

Joseph Chukwuneta, Assistant Secretary

Holy Trinity Hospital, Ikeja, Lagos

Dr Oguntuga, Family Physician

Off Awolowo Road, Ikeja Lagos

Mrs Oyenuga, the AIDS action manager for Ikeja LGA

POLICE COLLEGE CLINIC, Ikeja. The key informant, the AIG

Army Cantonment, Ikeja

HQ 9 Brigade Medical Center

Informant - Lt. Fatima Fada

Interviews with LDDs

Interviews with community leaders who know about at risk populations

Interviews with FSWs

Army Cantonment, Ikeja

HQ 9 Brigade Medical Center

Informant - Lt. Fatima Fada

Interviews with LDDs

Interviews with community leaders who know about at risk populations

Interviews with FSWs

Appendix 2.0 THE RESEARCH TEAM

BADAGRY

- MRS. OLARENWAJU
- MRS. OKWOR
- MRS. OSAGHAE
- DR. GARKO
- DR. WALKER
- MR. AGABJE

IKEJA

- DR. ANI ETOKIDEM
- DR. ASHIRU
- MRS. FOLARIN WILLIAMS
- ANIFOWOSE
- DR. OKEBUNOR
- MRS. TINU OGUNDUPE

MAINLAND

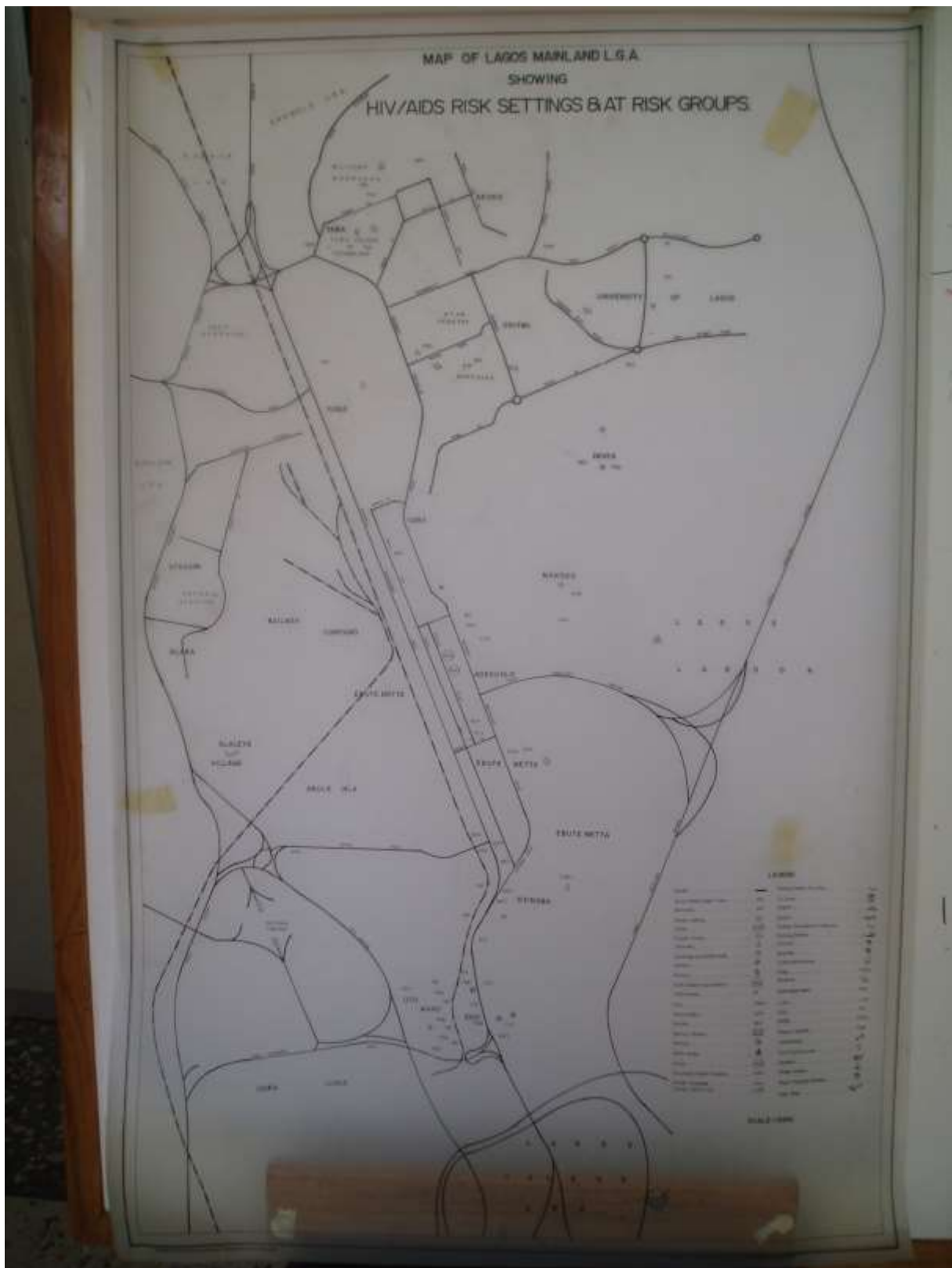
- MRS. YUSUF
- MR. ADEBEYI
- MR. ISOLA
- MR. OKEYENU
- PROF. SAM EGWU

➤ DR. JOYCE

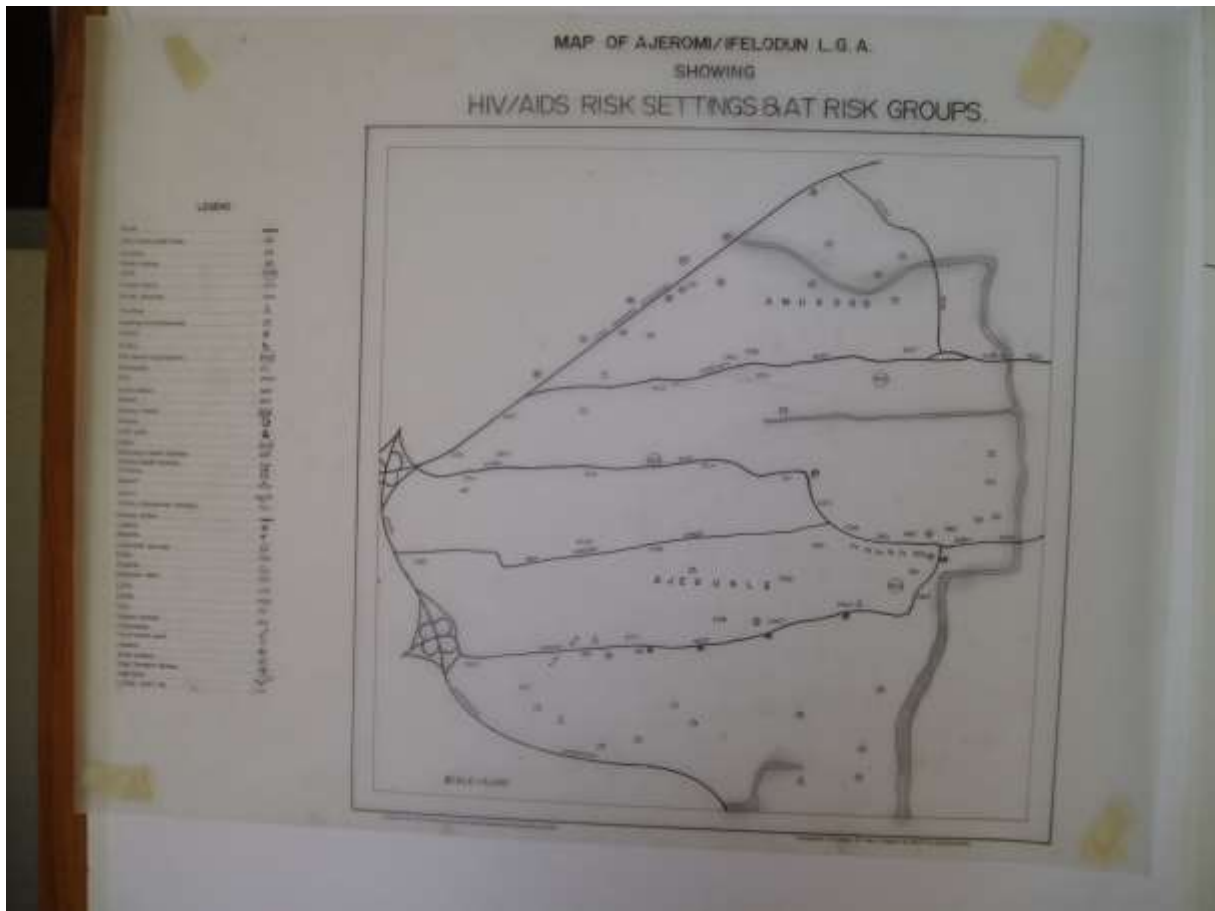
AJEROMI

- OSADOLO
- MRS. RACHEAL O
- MRS. J. ONAZI
- DR. BISI OKE
- MRS. SAKA
- MRS. AKINOLA

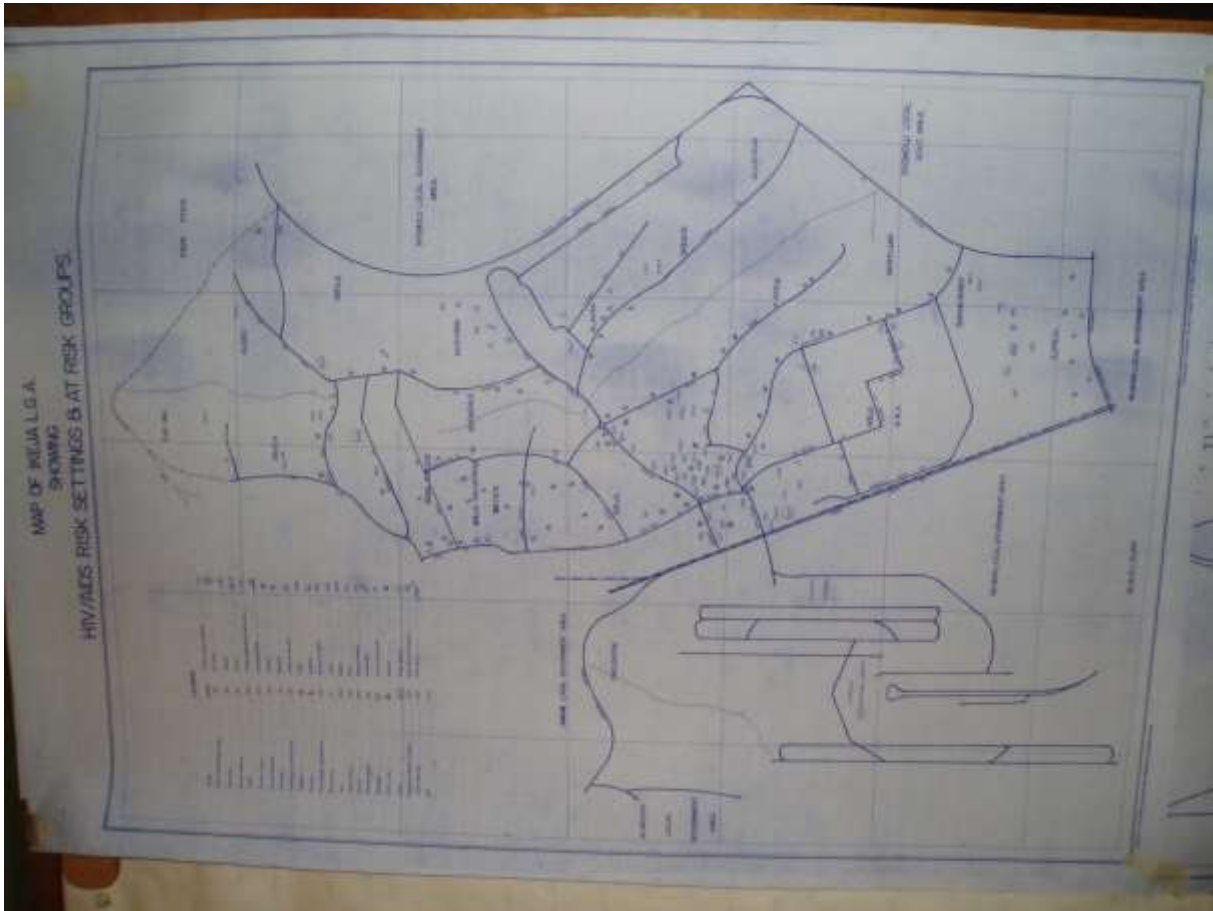
Appendix 3. Social Map of Mainland LGA



Appendix 4. Social Map of Ajeromi/Ifelodun LGA



Appendix 4. Social Map of Ikeja LGA



Appendix 5.0 The CRA Assessment Tool