

ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION



HPDP11 HAF END OF PROJECT REPORT



SUBMITTED TO

EKITI STATE AIDS CONTROL AGENCY (EKSACA)



The World Bank



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PROJECT IMPLEMENTATION TEAM

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Project Title:	Enhancing the Community Resources to Promote Sustainable HIV/AIDS Prevention Among in and out of School Youths in Ado Ekiti and Ikere Ekiti Local Government Area of Ekiti State.
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FOREWORD

It is now widely recognized that the greatest health challenge of this age is that posed by infection with Human Immune-deficiency Virus (HIV). Since the first official case of AIDS in Nigeria was reported in 1986, the epidemic has expanded rapidly. The adult prevalence rate has increased from 1.8% in 1991 to 5.8% in 2001 and 4.1% in 2010.

Estimates using the 2003 HIV/Syphilis sero-prevalence sentinel survey among women attending antenatal clinic indicates that between 3.2 and 3.8 million Nigeria aged 16-49 years are infected with the virus. The epidemic in Nigeria has extended beyond the commonly classified high-risk groups and is now common in the general population. HIV/AIDS is ravaging decades of development gains, increasing poverty undermining the very Foundation of progress and security.

According to 2010 sentinel survey, Ekiti state is with an HIV prevalence rate of 1.4%, the second lowest in Nigeria after Kebbi state. Globally, HIV epidemic has stabilized, although with unacceptably high levels of new HIV infection and AIDS death, there were estimated 3.1 million people living with HIV at the end of 2010 in Nigeria. From the estimate, the highest prevalence fell within the aged 15-35 years which formed the age brackets of youths in secondary and tertiary institutions as well as a segment of the general population often refer to as Out – of – School youths.

EDFHO therefore with the funding from World Bank through EKSACA developed HIV prevention intervention program with Ado and Ekiti as target communities. The program was design to reach In- school secondary students, In – school tertiary students and out of school youths as target population.

LIST OF ACRONYMS

ABC	Abstinence, Being Faithful and (Correct and Consistent) Condom Use
AIDS	Acquired Immune-Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communication
CBO	Community-Based Organization
CiSHAN	Civil Society on HIV/AIDS in Nigeria
CSO	Civil Society Organization
EDFHO	Environmental Development and Family Health Organization
EKSACA	Ekiti State Agency for the Control of AIDS
HAC	Health Awareness Club
HAF	HIV and AIDS Fund
HIV	Human Immunodeficiency Virus
HCT	HIV Testing and Counseling
ISY	In – School Youths
MARP	Most At Risk Person
NACA	National Agency for the Control of AIDS
NGO	Non-Governmental Organization
LACA	Local Action Committee on AIDS
OSY	Out – of – Youths
MPPI	Minimum Prevention Packages Intervention
PLHIV	People Living with HIV

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A. PROGRAMME ACTIVITIES

1. List of Activities

(Please list the activities carried out for the 2 years target cycle)

S/N	PROJECT ACTIVITIES	STATUS
1	Constitution Project Management team	Completed
2	Planning meeting	Completed
3	Selection of LGAs and Communities/ identification of key stakeholders	Completed
4	Advocacy visits to stakeholders in intervention	Completed
5	Baseline Assessment	Completed
6	Purchase of office equipment for project management	Completed
7	Open Community Meeting in all intervention communities	Completed
8	Identification and selection of peer educators	Completed
9	Training of peer educators	Completed
10	Peer educators work plan development	Completed
11	SBCC material production and distribution	Completed
12	Branding of Communities	Completed
13	Peer education sessions	Completed
14	ISY - secondary vulnerability issues - essential life skills	Completed
15	ISY - Tertiary community awareness (Rallies and HCT)	Completed
16	OSY PEP, use of role model	Completed
17	ISY - Secondary Peer Education Plus (Dramas)	Completed
18	ISY - Tertiary and OSY community outreach (Condom messaging and distribution)	Completed
19	Formation of Health Awareness Clubs (ISY)	Completed
20	Peer educators monthly review meetings	Completed
21	Referral and linkages	Completed
22	Behavior maintenance	Completed
23	Sustainability Activities	Completed
24	Community Outreach (HCT)	Completed
25	Endline Assessment	Completed
26	Final community meetings	Completed

EXECUTIVE SUMMARY

Historically, in 1986, the first case of HIV/AIDS was reported in Nigeria, alarmingly the epidemic has continued to increase, most especially among the youths due to inadequate correct information. Evidence have shown that young people are ill-prepared to face the challenges of sex and sexuality issues, and as such, have little or no understanding of how infections and conception occur (even among those that are sexually active), because parents are embarrassed to discuss sexuality issue with their wards due to cultural and religious believes. Others lack information, or the skills necessary for sharing sexuality information with their children, as a result they are at risk of HIV infection.

In order to reduce the spread and mitigate HIV/AIDS infections among youths and young adults (In and Out of school) in Ikere and Ado local government areas of Ekiti State, EDFHO seek for technical and financial support from EKSACA/World Bank under its HPDP II project to design and implement prevention strategies which includes Advocacy, community awareness creation, open community meetings, community outreach, peer education through peer to peer outreach activities, BCC materials production and distribution and vulnerability issues etc.

The project have completed the first and second tranche activities as proposed and met the set target for the ISY secondary and OSY in Ado and Ikere local government area. At the end of the project, series of activities was carried out namely Advocacy visits/meetings to relevant stakeholders in the project sites, open community meeting, trained 130 peer educators who have currently reached 4,188 youths with MPPI as against the stipulated targeted of 3, 800 given to the Organization.

During course of the implementing the project, EDFHO partnered and collaborated with other major stakeholders which include Ekiti State AIDS Control Agency EKSACA, LACA, health facilities, Ministry of Education, Ministry of Health for successful implementation of the project through sharing of information and resource.

Other activities achieved during the reporting period include:

- Production and distribution of BCC materials
- Baseline assessment
- Peer Session
- Peers sessions/Monthly review meetings
- Community branding
- Community Outreach programme
- Community Awareness programme
- Vulnerability Issues for ISY Secondary
- HIV Counselling and Testing
- Use of drama for ISY Secondary
- Use of Role Model for OSY
- Formation Health Awareness Club
- Behaviour maintenance for Old site
- SBCC material production and Distribution
- Sustainability Activities

- Monitoring and Evaluation
- End line assessment
- Final community meetings

INTRODUCTION

There has been diverse response to the HIV/AIDS epidemic globally with Adolescent reproductive health issues, awareness rising, as well as education and communication interventions for young people in the society. However, these activities do not often leads to the desired behavioural change as they are didactic, boring and often times do not involve young people in their design and implementation.

Furthermore, they are in most cases uncoordinated and not sustainable making it difficult to monitor and measure their outcome with regards to behavioural change. In other words, such interventions do not empower young people to practice lower risk/no risk sexual behaviours. In realization of these problems and the impact on the socio – economic wellbeing of Ekiti State that EDFHO through the support of EKSACA/World Bank under its HPDP II embarked on comprehensive HIV prevention activities among ISY – tertiary and Secondary as well as OSY in Ado and Ikere local government areas of Ekiti State. EDFHO through this project conducted series of prevention activities using balanced ABC prevention messages in line with MPPI strategies to reduce the spread of HIV/AIDS among the stated target population. This report presents the accomplishment, challenges and successes of the project at the end of the close out of the project implementation.

PROJECT GOALS

Reduce the spread and mitigate the impact of HIV/AIDS among in school (secondary and tertiary) aged 10 – 35 years and out of school youth aged 15 – 35 years in 2 local governments of Ekiti through HIV/AIDS information and capacity building that promotes behaviour change and HIV/AIDS prevention within a period of 24 months

PROJECT OBJECTIVES

- To increase community collaboration and participation among stakeholders through advocacy and sensitization to create an enabling environment for community response to HIV/AIDS prevention in the 2 communities of Ado and Ikere Ekiti LGAs.
- To build and strengthen the capacity of 130 ISY – secondary, tertiary and out of school youths as peer educators to provide HIV/AIDS and sexual reproductive health issues.
- To improve knowledge amongst 4000 ISY secondary, tertiary and out of school youths on life skills and behavioural change messages to make informed decisions
- To increase from 25.9% to 30.9% the proportion of young adult (tertiary and out of school youths who report having one sex partner and/or using condom correctly and consistently at the end of 2 years
- To increase access to existing HIV prevention services like STIs, condom, HCT, among youth aged 10-35 years old by building linkages for referral between participating youth groups and health services facilities.

PART 1

PROGRAM STRATEGY

STRATEGIES

To reach the targeted population with a minimum prevention package of three interventions in line with the National prevention plan, the following strategies were employed:

For In- School Youth (Secondary):

- Peer Education (Age peer)
- Vulnerability Issues (Essential Life Skills)
- PE Plus (Drama)

ISY Tertiary (16-30years)

- Peer Education (Age Peer)
- Community Awareness Campaign (Rallies)
- Community Outreach (Condom Messaging and Distribution)

Out of School Youth (15-35years)

- Peer Education (Age peer, job, CBOs)
- Community Outreach (Condom Messaging and Distribution)
- PE Plus (Use of role model)

Activity 1: Advocacy visits

In order to intimate stakeholders and communities members on project expectations and deliverables, advocacy plays a pivotal role. It was in realization of this fact and to facilitate acceptability and active involvement of stakeholders through and beyond project lifespan that EDFHO embarked on a comprehensive advocacy to kick-start the project in all the intervention sites in Ado and Ikere local government area.

As a continuous process, advocacy visits was made to the Ministry of Education, and Local Government Area Education Officers to facilitate the release of students in the project selected school for the Peer educator's trainings and subsequent school based activities. Advocacy was also conducted to LACA, traditional rulers and community leaders in various quarters that form Ado and Ikere community, the local government authority, authorities and student unions of College of Education Ikere, Federal Poly satellite campus Ado Ekiti, as well as community based associations (CBOs) and groups. Advocacy Letters were sent out and acknowledged by the receivers.

The visits gave opportunities for the project team to keep the community stakeholders' abreast of all activities to be conducted and solicit their active support, collaboration and participation in the mobilization for response to HIV/AIDS and the health of the people in the community.



EDFHO team with LACA manager Ikere and



His Royal Highness, The Ogoga of Ikere



EDFHO team with Chief during advocacy at Ikere



EDFHO team with Dr Aturamu of College of Education Ikere



EDFHO PC with the College of Education Ikere stakeholder and Baptist high sch counselor during advocacy visit



EDFHO PC with the community stakeholders in Ado during Advocacy visit



EDFHO PC with the Ado stakeholders during advocacy visit

Activity 2: OPEN Community Meeting

In order to comprehensively intimate all the community/intervention sites stakeholders on the HAF project, an open community meeting was conducted at Irona/Isato Falegan community in Ado, Ado Ekiti and The Ogoga of Ikere's palace, in Ikere community. The aim of the meeting was to intimate community stakeholders and strengthens community collaboration and participation through and beyond project lifespan.

The Project Coordinator, Mr. Ogundipe Love comprehensively intimated the community members and stakeholders with the goals and objectives of the project, its strategies and solicit for their active support. Collaboration and participation for successful implementation of the program which will increase the knowledge and skills of the community members to prevent HIV/AIDS epidemic in schools and community at large was also discussed. The various activities planned to be implemented during the course of the project were explained to the stakeholders.

In his contribution, The Ogoga of Ikere land, His Royal Highness Oba Adegboyega Akayejo appreciated the team for bringing the project to the community and pledged total commitment and participation to the successful implementation of the project in the various intervention sites. Also, all the representatives from the intervention sites expressed their readiness to assist in providing necessary resources to the success of the project. All questions raised by the community members were adequately answered by the project coordinator. The tradition ruler donated the palace hall for all trainings and meetings relating to this project.

Also at Ado Ekiti Community the Elegewa of Egbewa community Chief J.K Ojo appreciated the team for introducing this kind of project to the community and pledged total commitment and participation to the successful implementation of the project in the various intervention sites.



The project Coordinator explaining the HDPD 2 project to the community members and stakeholders

Also EDFHO team conducted a day sensitization meeting with the students of College of Education Ikere- Ekiti. During the course of the meeting EDFHO field officer explained what the project is all about, also give necessary answer to questions been raised by the students.



Cross section of the participant during the Sensitization meeting at College of Education Ikere Ekiti

Activity 3: Baseline Assessment

To measure the level of knowledge and behavioral pattern in all intervention sites, EDFHO conducted Focus Group Discussion with selected community members, both In and Out of School. A Questionnaire developed for the baseline FGD guided the discussions. Each discussion lasted about 45 minutes and tape recorded. Various intervention sites covered included: Eleyo High School, College of Education Ikere, Federal polytechnic satellite campus Ado Ekiti and general population of the communities.

Two sections were conducted in each intervention sites where the respondents were divided in accordance to their sex, male discussions separately and female discussions separately 12 male and female were randomly selected in each intervention sites for explicit and comprehensive understanding of their knowledge on HIV/AIDS. Total number of 12 FGDs was conducted, analyzed, and a comprehensive report developed.

For confidentiality purposes no pictures was taken during the activity.

Activity 4: Peer Educators Training

Peer education has been described as the best approach for peers to learn from each other. This strategy was implored in building the capacity of selected youths as peer educators who will provide information for their peers on Abstinence and fidelity as method of HIV/AIDS prevention.

At the end of the project, EDFHO identified and trained 130 peer educators in all the project sites. The peer educators comprised 17 OSY PEs in Ikere community, 21 ISY secondary (Eleyo High School, Ikere), 20 ISY secondary (Baptist Comprehensive High School Ado Ekiti), while 16 OSY PEs were also trained in Ado community and 56 ISY tertiary PEs (Federal Polytechnic Satellite Campus, Ado). To recruit the peer educators, the selection at the institution and school were on departmental basis to ensure that peer educators are well spread out.

The 3- day training was designed purposely to improve the proficiency of the peer educators in carrying out effective HIV prevention intervention activities among their peers in their various domains and departments. Using EKSACA peer educator's manuals guide, the participants were taken through series of topics on HIV/AIDS issues and peer education strategies for balance ABC prevention intervention. Each modules and topics were presented using discussion, group works, role plays and various exercises and energizers. Also, pre and post test evaluation of participants at the point of entry and at the end of training was conducted to measure the impact of the training on the trained peer educators.

Topic covered during the training as designed in the seven (7) modules PEs guides include the following and many other: Life Skills, General Knowledge of HIV/AIDS, Sexually Transmitted Infections and types, HIV Prevention and Access to help, Gender and Sexuality, Peer Education characteristics and qualities, Gender and HIV/AIDS, Risk Perception, HIV/AIDS Stigma. The other strategies for HIV prevention for each target group include;

- In School youth tertiary: Peer Education, Community Awareness and Community Outreach.
- In School Youth Secondary: Peer Education, Vulnerability Issue (Essential Life Skill) and PE Plus (Use of drama)
- Out of School Youth: Peer Education, Community Outreach and PE Plus (Use of role model)

At the end of the three days trainings, evaluation conducted revealed the following learning output

- Improved knowledge of HIV/AIDS
- Ability of the PEs to carry out effective HIV/AIDS prevention intervention
- Increased capacity of PEs to effectively transfer knowledge and skill on HIV prevention to their peers.
- Understanding National Plan of Action on HIV/AIDS
- Enlighten peers in changing behaviors in order to avoid risky behaviors among others.

The table below show the total number of peer educators trained desegregated by sex.

S/N	Name	Female	Male	Total
1.	Out of School Youth	19	14	33
2.	In School Youth Secondary	21	20	41
3.	ISY- Tertiary (Federal Polytechnic Satellite Campus Ado)	32	24	56
	TOTAL	72	58	130



Cross section of facilitator and the participant during ISY tertiary in FPA training



Cross section of facilitator and the PEs during ISY secondary in Eleyo Ikere and Baptist Ado training



Cross section of facilitator and the PEs during OSY in Ado and Ikere training

Activity 5: SBCC Material Production and Distribution

As part of EDFHO's commitment to reinforce behavioral change messages within the communities, series of SBCC materials were produced and distributed to both peer educators, peers, and the community in general. The materials were also distributed to key stakeholders at each intervention site.

Materials produced include T- Shirts, handbills, pamphlets and calendars. The table below shows the breakdown of item produced by type.

S/N	TYPE OF MATERIAL	NUMBER PRODUCED	NUMBER DISTRIBUTED SO FAR
1.	T – Shirt	150	109
2.	Calendar	250	227
3.	Pamphlet	1100	963
4.	Handbill	800	380
5.	Total	2300	1,679



Cross section of ISY- Secondary PEs in the PEs wears at Eleyo High Schl Ikere and Baptist High Schl Ado



Cross section of ISY- Tertiary PEs in the PEs wears at FPA and OSY



Cross section of EDFHO and PEs during the community outreach program and distribution of condom and IEC materials.



Cross session of EDFHO PC and PEs at Baptist High School during the Distribution of ICE materials

Activity 6: Peer Education sessions

As part of efforts to mitigate the spread of HIV information in the two local governments of EDFHO project intervention communities including two secondary schools, during the reporting period, Peer Educators conducted series of intervention activities that promoted abstinences and fidelity among youths and young adults through awareness creation one-on-one discussion, and group discussion for adequate knowledge about HIV/AIDS. The 130 trained peer educators in in-school youths and out-of-school youths effectively carried out peer sessions activities by providing their peers with adequate information about HIV/AIDS and essential life skills through intervention that reduces their vulnerability to HIV infections.

As part of their major activities, each of Peer Educators in the intervention sites mobilized their cohorts of 15-20 persons, meeting twice in month one, three time in month two, and two time in month three (2-3-2) to complete the seven sessions in HIV/AIDS peer education manual. Each of the session lasted for 60 minutes with each of their peer educators. The Peer Educators completed one round of session in three months each and made each of the peer educators to reach an average of 30 peers in six month.

At the end of the reporting year, the 130 trained Peer Educators reached a total of 4,188 peers on one-on-one and small group discussion, out of which in-school youth secondary (ISY-S) PEs reached a total of 650 male and 698 female with adequate information on HIV/AIDS through A (abstinence) prevention strategies with a minimum of three (3) strategies, while in-school youths tertiary (SY-T) reached 720 male and 1000 female, out-school-youths (OSY) reached 480 male and 640 female. In order to complete the MPPI, two other strategies were conducted to the peers reached with the peer education session.

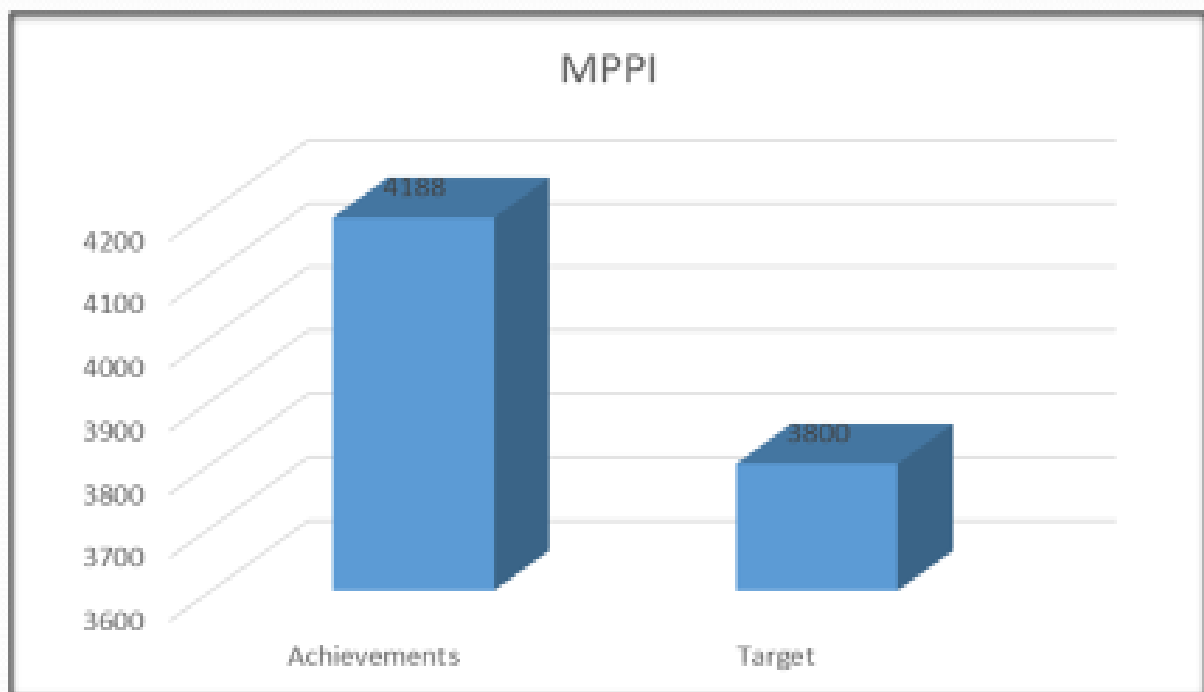


The table below shows peers reached segregated into sex as per target.

S/N	ACTIVITIES	MALE	FEMALE	TOTAL
1	ISY-Secondary reached	650	698	1,348
2	ISY-Tertiary reached	720	1000	1,720
3	OSY reached	480	640	1,120
	TOTAL			4,188

Achievements / Accomplishment

The target was to reach 3, 800 individuals with MPPI (The national standard for measuring HIV related behavioural Change intervention). The chart bellow shows the target vs what was achieved.



Activity 7: Vulnerability Issues (Essential life skills)

As a complement to the peer education sessions for ISY Secondary target population, EDFHO organized and conducted a vulnerability Issue (Essential Life Skill) which was the second prevention strategy in the ISY-Secondary (Eleyo High School Ikere Ekiti and Baptist Comprehensive High School Ado Eiti). The program brought all the PEs and their peers together for vulnerability issues with special focus on goal setting, decision making, reading skills and development of communication skills. During the program, EDFHO team took time to educate the students on diverse skills as stipulated above; students were as well given opportunity to express themselves through short essays on health, written by the PEs and by this building their reasoning faculty. The last session for the essential life skill was reading of an essay which was read by one of the peer educators in order to build their capacities to face large population, reasoning and communication skills.

The school authority was highly impressed with the lessons drawn from the activities and promised continual support for the project.



PE presentation during the vulnerability issue (Essential Life Skill) in ISY-S (EHS, Ikere & BCHS Ado)



Presentation of gift to the PEs during the vulnerability issue at (EHS Ikere & BCHS Ado)

Activity 8: PE PLUS (Use of Drama for ISY- Secondary)

As a means of enhancing retention, remembering and practices of knowledge acquired during peer sessions for ISY-secondary, EDFHO organized and conducted a peer education plus using the drama model strategy in the intervention school, Eleyo High School, Ikere and Baptist Comprehensive high School Ado Ekti. It is observed and noted globally that drama not only served as entertainment for secondary students but as a means of communicating and educating the youth on sexual and reproductive health issues.

At the end of the drama presentation, EDFHO program officer sensitized the students about HIV/AIDS, sexual and reproductive health with more emphasis on abstinence, delaying sex and reasons to delaying sex, consequences of premarital sex and early marriage



Cross section of participants during Drama presentation at Eleyo High School, ikere Ekti



Activity 9: Community Outreach

During the course of project implementation in the intervention communities Ikere LGA and Ado LGA namely: OSY-Ikere, OSY-Ado and ISY-tertiary, EDFHO organized and conduct two rallies each for peers of out-of-school youths in the project intervention communities as second prevention strategies in the two LGA with particular focus on condom messaging and distribution.

The program brought all the peer educators and their peers together for the rallies while the youths and community members were sensitized on the basic fact about HIV/AIDS; meaning of HIV/AIDS, modes of transmission, symptoms of HIV/AIDS, prevention of HIV/AIDS and other sexual and reproductive issues as well as condom demonstration, promotion and distribution. The program feature HIV counseling and testing for the community members which was conducted by EKSACA and LACA team.

The activity witnessed turnout of community members as people came around and listened attentively throughout the period of the rallies, public address system was used to communicate audibly on different HIV/AIDS prevention messages. Peer educators, peers and EDFHO team led by the band boys moved round the project site in the community sensitizing onlookers and distributing condoms and SBCC materials with melodious songs.

The programme for the first phase took off in November 2013 while that of second phase took place in January, 2015. Also during each communities rallies/ sensitization programme, pamphlets containing information about HIV/AIDS, Sexually Transmitted Infections (STIs), condom messages and its benefits and other sexual and reproductive health issues were distributed to the community members to further enlightened them about HIV/AIDS and its model of prevention. It is belief that the rallies have awareness and increased the knowledge of the communities



Cross section of participants during the community outreach program in OSY- Ikere



Cross section of participants during the community outreach program in ISY-Tertiary Ado



Cross section of participants during the community outreach program in OSY-Ado



Cross section HAT team and the participants during the HCT counseling and testing at OSY-Ado Ekiti



Cross section HAT team and the participants during the HCT counseling and testing at OSY- Ikere Ekiti



Cross section HAT team and the participants during the HCT counseling and testing at federal polytechnic, Ado

Activity 10: Community Awareness (Rally+ HCT)

As community awareness strategy for ISY-tertiary youths, has play a vital role in the dissemination of information among the ISY-tertiary in the past two years of intervention in this project. EDFHO organized and conducted four community awareness programs as second strategy in Federal Polytechnic Satellite Campus, Ado with particular focus on HIV/AIDS Counseling and testing (HCT). Each of the rallies was conducted in each of the quarter. During the rallies, brigade bands provided music and the participants dance round the institution with banners and poster with HIV/AIDS information.

The programmes brought all the PEs and their peers together for the rallies while youths in the institution were sensitized on the basic fact about HIV/AIDS, modes of its transmission, symptoms of AIDS and prevention of HIV/AIDS and other sexual and reproductive health issues as condom promotion and distribution and HIV Counseling and testing. The condom distributions during the outreach were made available by EKSACA.



Cross section HAT team and the participants during the HCT counseling and testing at federal polytechnic, Ado



Cross section of participants during the distribution of condom and IEC materials in federal polytechnic, Ado



Cross section of participants during the distribution of condom and IEC materials in federal polytechnic, Ado

Activity 11: Peer Education plus (Use of Role Model)

In orders to reinforce HIV/AIDS prevention messages among the OSY as part of intervention that focuses on attitudinal change through sharing of experiences, attitudes and behaviors among the general communities who are mainly married couples with greater involvement in extra marital affairs (concubine), multiple sexual partnering, alcohol use, cross generational sex and other risky behaviors that made them vulnerable to HIV infection.

In order to reduce risky behaviors among the target out-of-school youths in all the intervention communities, EDFHO and PEs organized and conducted community level HIV prevention forum using role model in each of the intervention communities. The program brought all the PEs and cohorts together, it was held in small sessions to avoid overcrowding and encouraged effective participation by peer educators and their peers.

The program had in attendance of the community leaders as well as EDFHO staff. At the end programmes, BCC materials were distributed to reinforce HIV/AIDS prevention messages among the target population in the intervention communities.

In all four role model activities was held at two per communities in two years the participants attendance was taken and total number of 1,842 male and 2,341 female participated giving a total of 4,183 participants.



Cross section of participants being addressed by the role model at different venues

Activity 12: Peer Educators Monthly Review Meeting

As part of its oversight functions and ensure effective project activities coordination in all the intervention school and communities, monthly review meeting for the peer educators was put in place and comes once in a month. The monthly review meeting in all the intervention communities and schools come between 24th and 29th of every month for ISY-Secondary, ISY-Tertiary and OSY. At every monthly meeting, the activities of PEs are review, proffer solutions to identified challenges, plan for the coming month peer activities and served as avenue for experience sharing and the month refresher training for the peer educators. Also the PEs log books are checked and the month activity data are collected for subsequent entry into the PITT. The monthly meetings are attended by PEs, supervisors/counselors and project staff especially the programme and monitoring and evaluation officers. During the reporting period six monthly review meeting was successfully held in the first and second years in the implementation of the project as the meeting enhanced the performances of the peer educators as they came out better at the end of the every months meeting



Cross section of PO and PEs during monthly review meeting with ISY PEs at Eleyo high Ikere Ekiti



Cross section of participants during monthly review meeting with OSY PEs, Ikere Ekiti





Cross section of participants during monthly review meeting with ISY tertiary PEs



Cross section of PO and PEs during monthly review meeting with ISY PEs at Baptist Comp. High Schl Ado- Ekiti



Cross section of participants during monthly review meeting with OSY PEs, Ado Ekiti

Activity 13: Community Branding

As part of social and behavioral change communication and ensuring creation of awareness to the community members in the project sites, EDFHO provided signposts to all intervention schools and communities for purpose of branding the intervention sites. The sign posts were placed in open and strategic locations within the intervention sites with key messages on HIV/AIDS behavior change

It has been observed and noted that the branding will go a long way in providing structural solution to the problem of spreading HIV/AIDS and stigmatization within the community. It will as well serve its purpose of calling the community members attention to the intervention program in the community and gear them up for active participation and support.



Cross sections of the signposts showing the branding of the intervention sites

Activity 14: Monitoring and Evaluation

Monitoring and evaluation activities provided concise, proper and ample implementation of the project and maintained efficiency in all ratifications. As part of efforts to building the capacity of the peer educators, EDFHO conducted series of monitoring activities to the project and PEs to ensuring an improved reporting and enhance accurate and correct dissemination of basic information about HIV/AIDS and other health challenges such as Sexually Transmitted Infections (STIs) and so on.

The peer educators (In school youth secondary, in school youth tertiary and Out of school youth) were extensively provided with adequate technical assistance to increase and strengthen their peer sessions and reporting. The monthly project monitoring and supervision also gave room for project team to access and correct peer educators' tools for proper data collation, collection and reporting throughout this reporting quarter. The challenges faced by the peer educators during their peer sessions were also fully addressed during the course of monitoring exercises. The monitoring and evaluation officer with other field officers conducted two visits to the intervention sites monthly to ensure smooth and correct implementation of the project by the trained peer educators.



Cross session of M&E officer during the Evaluation visit to peer education session

Activity 15: Formation of HAC

To ensure sustainability of the programme after EDFHO's exist from the intervention communities and school, EDFHO facilitated the formation of Anti-AIDS club (Health Awareness club) in Eleyo High School, Ikere Ekiti as a school based approach strategy for peers. The peer educators formed the core members of the club and invited other students of the school to join the club. The formation of the club improved the project activities as the club served as platform for HIV/AIDS activities in the school. The club elected officers and officially registered with school authorities as club. The recognition of the club by the school authorities allowed EDFHO to facilitate the integration of club activities into regular school social events on every Thursday of the week. With the club in place the project sustainability has been guarantee. The activities of the club were monitored by EDFHO field officers twice in a month.



Cross session of HAC Executive at Eleyo High School during the inauguration

Activity 16: Sustainability Plan

For the project to be sustained beyond the funding, EDFHO at the inception of the project in the intervention site involved the school authorities, Communities leaders and the students at large in the development and implementation of project activities. The school made available of the school counselors to be trained with the selected peer educators and service as coordinators of HIV/AIDS activities in the school and coordinate the peer educator's activities.

With the proper footing of the project in the school and immediately the completion of the peer of the peer educators training, the peer educators were mobilized to form Anti-AIDS club called "Health Awareness club" the club elected leaders and developed constitution and officially registered with school authorities as on the school club. EDFHO facilitated the integration of the club in the school system.

Activity 17: Behavioral Maintenance

Behavioral change communication has been described as a major attitudinal change approach for HIV/AIDS prevention. This with other prevention strategies were methods employed in creating awareness and increase the knowledge of youths and young adult through series of outreach activities by peer educators to change their peers attitudes and response to HIV and other risky behaviors in order to make them less vulnerable to HIV infection.

To reinforce HIV/AIDS information provided at every sensitization and education activities BCC materials were produced and distributed.

In order to effectively do this, information gathered from the assessment conducted during baseline survey formed basic of BCC materials developed and produced jointly by EKSACA and EDFHO and distributed to both ISY and OSY peers, Teachers, and others participants while some were given to the schools to place at the principal office and school libraries, some were also placed at counselors for subsequent release to the peer educators as they continue to carry out their peer education activities in their respective schools.

Activity 18: End line assessment

To evaluate effectiveness of the two years project, measure achievement, identify gaps and document success stories, an endline assessment was conduct in all the intervention sites. The assessment showed areas of improvement in social behavioral change as well as emerging issues the needs to be addressed in future programming.

Please find the complete Endline report attached

Activity 19: Final Community Meeting

To intimate stakeholders with project activities and achievement, a final community meeting was organized with representatives of all stakeholders. The meeting was organized to share the endline report, discuss achievement and identified gaps as well as hand over the project to the community for sustainability.

At the meeting were the community leaders, Permanent Secretary Ministry of Education, Permanent Secretary Ministry of Health, SACA and LACA, The dean, Federal Polytechnic Satellite Campus, counselors from the Schools, EDFHO officers, peer educators form both In – school secondary, In school tertiary and the out of school youths.

After presentation of all project activities and achievements, stakeholders from each community resolved to take over and sustain the project through the established clubs while depending on continued support from EDFHO.





Please find attached EDFHO presentation for the Final community meeting.

i. SUMMARY OF MAIN ACTIVITIES ACHIEVED

S/N		M	F	TOTAL
1	No of person trained as Peer Educators	59	71	130
2	# of person reached with MPPI	1,850	2,338	4,188
3	# of person given skill acquisitions (pls specify)			
4	No of advocacy visit conducted			27
5	No of stakeholder meeting/ community dialogues/sensitization held			5
6	# of anti – AIDS/Health Awareness club			1
7	TBAs/MBAs trained and integration			
8	No of Condom dispensers distributed	5,669	44	5,713
9	Community branding			5

ii. BASELINE SURVEY VERSUS ENDLINE SURVEY (Briefly explain major results seen after your project intervention with reference to results of the two surveys.)

The project was able to establish Health Awareness Club in one secondary school where there was no health structure in place and strengthened existing structure in the other where evidences showed a level of health activities prior to the project.

The project has also built synergy among different stakeholders including host community, peer educators, CSOs, LACAs, and SACA. This synergy will continually be strengthened to ensure improved service delivery. There is however the need to conclude arrangement for the HAC for ISY – T and create linkages with the school health facility and the emerging counselling unit for improved health programming within the institution.

The assessment shows that awareness campaign to increase basic knowledge of HIV is yielding result, most respondent are aware of the basic facts. Such awareness translated to a level of behavioral change as respondents improved on negotiating for safer sex as a result of comprehensive knowledge of HIV prevention.

The situation among ISY secondary however might not show remarkable improvement until the national reproductive health policy opens the way for comprehensive discussion within secondary schools. Despite improvement in knowledge about HIV and understanding the need for HCT as a way of HIV prevention, none of the ISY secondary students has access to HCT as it is not allowed within the school structure. The limitations imposed by the national policy and limited understanding among responsible agencies had come with a huge price over the years. This has resulted in the prevalence of teenage pregnancy and associated consequences due to inability of secondary school student to effectively protect themselves.

Despite the gains of this project for ISY secondary, ISY tertiary and OSY populations, lots of work has to be done around social behavior to continually translate knowledge to action, much emphases should be on behavioral change communication strategies as demonstrated in this project rather than just creating awareness.

The emerging sexual practice of anal sex anal its implication on HIV prevention and management should be examined in the light of present realities and program designed to address associated challenges.

Public Health facilities and by extension all stakeholders need to step up HCT campaigns to give opportunity to willing individuals to get tested in a confidential environment devoid of stigma and discrimination as well as improve on lubricant availability in the state, this will enable the state mop – up the percentage population left untouched by the current projects.

Kindly find attached the complete endline report.

iii. TARGET ALLOCATED VERSUS TARGET REACHED

S/N	TARGET AUDIENCE & PROGRAM AREAS	TARGET GIVEN	TARGET REACHED	REMARKS
1	MPPI	3,800	4,188	
2	OVC			
3	CARE & SUPPORT			
4	PMTCT			
5	HCT	25,000	896	
6	HBC			
7	IEC	1,679	1,679	
8	PLHIV/PABA			
9	FSW			
10	GENERAL POPULATION			
11	PREGNANT WOMEN			
	ETC.			

E. PROGRAM SUCCESS STORIES AND OTHER INTERESTING EXPERIENCES

A SHINING LIGHT DISCOVERED – From low self-esteem to a wonderful speaker, Fadare Foluso - [EDFHO]

BACKGROUND: Miss Fadare Foluso is a 13 years old SSS 1 student of Eleyo High school, Ikere in Ikere Local Government Area of Ekiti State. A promising young lady with interest in population health and healthy living.

WHAT WAS THE SITUATION BEFORE THE PROJECT? : Prior to the commencement of EDFHO's activities in the school, Miss Fadare described herself as a person of low self-esteem because of her inability to face crowd and talk in public. This has greatly affected her ability to assert her decision and have her opinion respected. Despite the fact that she should have wanted to chaste as her family expect her to be, she is constantly under pressure from friends and older boys due to her shy nature.

WHAT IS THE SITUATION NOW? : Miss Fadare is now a public speaker, a role model within the school. She is no longer constantly under pressure as she is now being respected as one of the most vibrant students in the school. Miss Fadare practices abstinence and she is proud to talk about it. As a Peer Educator she has educated and influenced more than forty of her peers to take an abstinence oath. She is a pioneer executive member of the school Health Awareness Club (HAC) – a club dedicated to public awareness and mentorship on health issues within the school.

WHAT WAS DONE TO CHANGE THE SITUATION? : EDFHO worked in Eleyo High School primarily to promote behavioral change towards prevention of new HIV infection. A component of the program is Peer Education training aimed at building the capacity of young individuals to serve as role model within their school and promote abstinence as HIV preventive behavior. Miss Fadare was selected as a Peer Educator, Trained on comprehensive knowledge of HIV, and mentored to train others. To accomplish this task, EDFHO included capacity building on Life Skills including Negotiation, Self – esteem, Decision making, and Refusal skills.

WHAT IMPACT DOES THE CHANGE HAVE ON TARGET INDIVIDUAL/COMMUNITY: These skills helped Miss Fadare to move from low self – esteem to a public speaker. She is being respected in the school for her ability to engage others in meaningful discussion. She has renewed her zeal in practicing abstinence and bold enough to refuse advances using the refusal skill she learned during the project. She is no longer constantly under pressure as she has successfully convinced some of her peers to sign on to the abstinence oath, together they were the pioneer member of the school's Health Awareness Club (HAC) implementing health projects within the school – a strategy that keeps her busy and provides opportunity to constantly remind the public of health decision.

EXTRACT EXPRESSION FOR THE BENEFICIARY: After going through series of training, capacity development and mentorship as one of EDFHO's peer educators, she wrote an appreciation letter addressed to EDFHO on what she has gained through the HPDP II project.

'I will like to thank the people that set this program because this program is a very interesting and wonderful program for me, I like the program because they taught us many things that our teachers cannot teach us. Since the beginning of this program, I have gained more things and courage to stand before my mates and teach them. I never thought I could stand in front of my mates talkless of teaching them what have gained in the program. I will be very happy if my wish can be granted and my wish is that this program should continue because when there is rain of blessing people will not pray for the rain to stop. I am very grateful. LET THE GOOD TEACHING CONTINUES... Fadare Foluso'.

PICTURES:



Miss Fadare receiving a gift from EDFHO program officer for her outstanding performance



Miss Fadare delivering a public health talk to her peers

An extract of her letter is presented below:

Small resp.

Lastly, I would like to thank the people that set this programme because this programme is every interesting and wonderful programme for me, I like this programme because they taught us many things even things that our teacher can not teach us in the class because what they are teaching us is a very useful one that can help you to lay good example or good foundation to the building of your life, since when they have been teaching us ~~the~~ ^{I've} gain more and more things because I have never think for once in my life that I can stand in front of my mate talkess of teaching them what I have gain. ~~more~~.

Once more I thank the people that set this programme (EDFHO) I am very grateful and I will be very ^{happy} if ~~my~~ ^{my wish} can be granted and the wish is that this programme should continue they should not stop because is like when there is rain of blessing people will not pray for the rain to stop but to be continue what is how this programme is like. So I thank the people that set the programme I am very grateful, LET THE GOOD TEACHING CONTINUE.

Thanks.

Am.

Fadare - Foluso.

INSTITUTIONALIZING HEALTH AWARENESS INTO SCHOOL BASED ACTIVITIES: ELEYO HIGH SCHOOL IKERE EKITI – (EDFHO)

BACKGROUND: Health seeking behavior could be improved if children and teenagers understand and accept the need for not just personal health but environmental and community health improvement. Over the years, efforts geared toward health improvement within our communities have for most part been relatively unsuccessful because adults were the primary recipients of such intervention and as the saying goes ‘old habit die hard’ – changing behavior of such adult remains a task. Realizing that if children and teenagers were infused with the required health consciousness from the early developmental stage, they grow up to become better adults who willingly improve their personal health and protect the health of the community EDFHO set at creating an institutionalized Health Awareness Club (HAC) in all schools of our intervention with HIV prevention as a cross cutting issue that must be addressed by the clubs’ activities.

WHAT WAS THE SITUATION BEFORE THE PROJECT? : Prior to EDFHO’s activities, the school has no structure for to support HIV prevention as well as other health related issues. Though there were occasional presence of the NYSC corp members who creates awareness within the school, such activity only lasted while the individual driver is within the school. Health is not institutionalized as made part of the school’s activities

WHAT IS THE SITUATION NOW? : Currently, with EDFHO not actively involved in programming within the school, the Health Awareness Club (HAC) have been able to sustain health campaigns within the school. The club has appointed her executives and have carried out health campaigns on Drug Abuse, Waste Management, and Personal Hygiene within the school over the last three months. Through the club’s activities, new students are being reached with HIV prevention messages with limited support from EDFHO.


WHAT WAS DONE TO CHANGE THE SITUATION? : EDFHO began working with Eleyo High School Ikere Ekiti early 2014 (with funding support from EKSACA and the World Bank), and after a six months intensive programming which included training of Peer Educators; Peer education Sessions; essential life skills; vulnerability issues; and leadership;, the school agree to have a Health Awareness Club Institutionalized to sustain elements of changed behavior witnessed during the intensive programming. HAC was established and registered as a school club, with that recognition from the school, the club activities became integral part of the school’s calendar.

WHAT IMPACT DOES THE CHANGE HAVE ON TARGET INDIVIDUAL/COMMUNITY: Currently, with EDFHO not actively involved in programming within the school, the Health Awareness Club (HAC) have been able to sustain health campaigns within the school, new students are being reached with HIV prevention messages with limited support from EDFHO.

EXTRACT EXPRESSION FOR THE BENEFICIARY: *‘This program has gone a long way in a short time to increase the students’ knowledge on their health and studies. All the students must go home and write essay on the topic given to them and be presented to the entire school. I sincerely appreciate the impart you are making in the students’ lives’ ...* The School vice Principal



Members of HAC lead by the Vice Principal during February 2015 Health talk presented by the Club



ELEYO HIGH SCHOOL

P.M.B. 237, IKERE-EKITI, EKITI STATE.
030-610298

Date: 08-07-2014

Our Ref:

The Executive Director,
Environmental Development and Family Health Organization,
Ado Ekiti.
Ekiti State.

Sir,


REGISTRATION OF HEALTH AWARENESS CLUB

We received your letter dated 7th July, 2014. The content therein is well comprehended. Having considered the advantages as enumerated in the letter.

The school authority considers the programme as very vital towards the promotion of health for both the student and the entire members of staff in the school.

The continuity of the club in the school is indispensable and on this basis the school has accorded the official recognition, registration and integration of the club into the school system as requested by you.

We thereby accept that the program should commence.

Yours faithfully, 10/7/14

PRINCIPAL
ELEYO HIGH SCHOOL
IKERE - EKITI
 Mrs. S.A. Oyebanji
 Principal.

PEER EDUCATION CHANGED HER BEHAVIOR - (EDFHO)

BACKGROUND: Fayoke Ejide is a 23 year old Student of Federal Polytechnic satellite campus, Ado- Ekiti. She is

WHAT WAS THE SITUATION BEFORE THE PROJECT? : Miss Fayoke Ejide despite access to HCT has never gone for counselling and testing in her live. She is aware of the risk of HIV infection but does not understand the importance of HIV test, she believed that only promiscuous ladies could contract HIV.

WHAT IS THE SITUATION NOW? : Miss Fayoke Ejide through this project had access to HCT, she got tested to be sure of her status, and had been having regular HIV test every three months. She now takes preventive measures against other mode of transmissions since she now understand HIV is not contracted through sex alone. She has also stopped stigmatization of PLHIV as she now know that not all PLHIV were promiscuous.

WHAT WAS DONE TO CHANGE THE SITUATION? : Miss Fayoke was enrolled by one of the peer educators and taken through the different modules in the PE manual. She actively participated in awareness activities and community outreaches. She was latter selected as a peer educator as a result of her outstanding performance.

WHAT IMPACT DOES THE CHANGE HAVE ON TARGET INDIVIDUAL/COMMUNITY: She is now one of the role model being promoted in her community to encourage behavior change and improve health seeking behavior among students. She now understand that knowing one's status is key to HIV prevention.



Miss Ejide at EDFHO Office to complete her quarterly HCT routine

F. PROGRAM BEST PRACTICES, LESSON LEARNED, INNOVATIVE APPROACHES

LESSON LEARNT

The following are the lessons gained during the course of the project implementation in all the intervention sites:

- The involvement of stakeholders and community gatekeepers through the various advocacy visits/meetings enhances project ownership, support and sustainability.
- Also, there is more improvement in the community knowledge and awareness of HIV/AIDS and STIs prevention leading to community and school incorporating health discussions in their programs especially during students' social gathering.
- Furthermore, since the aim and objectives of peer education activity is to build and enhance positive attitudinal change, there is an improved interaction and communication among peers on sexual and reproductive issues.
- Conclusively, from the aforementioned lesson learnt, peer education strategy still remains the best dependable approach and a sustainable strategy towards preventing or reducing the spread of HIV/AIDS and STIs among in and out of school youth in our community.

G. ACTIVITY CHALLENGES AND CONSTRAINTS *(If any)*

(Please describe issues that limit the achievement of set targets and programme results)

CHALLENGES

Despite the successes and achievement recorded during the project implementation, the project however witnessed some constraint and challenges which led to the target population as proposed.

Some of the challenges include the following:

- The national strike embarked upon by the Academic and Non-Academic staff union of College of Education Ikere obstructed the commencement of the project implementation in the school. The strike action crippled activities planned for the project within the institution thereby preventing selection, training of peer educators as well as other activities to hold within the school. The activities stipulated in the implementation plan for the 1st quarter could not be achieved and this has led to the limitation in achieving the set target and programmes in the ISY Tertiary. The unexpected situation has led to the inability of the EDFHO to meet the 1, 900 targeted population to be reached with MPPI in the first tranche. EDFHO however reached 1, 700 with additional 420 expected as soon as secondary schools are back in session.
- Another challenge encountered during the first tranche was that of OSY and ISY Tertiary peer educators high financial expectation/remuneration. Most of them postulated that their peers are demanding for money because the training usually takes their time which they have used to make money as workers and part time students. Despite that some peer educators appreciated the efforts of EDFHO/EKSACA towards reduction of HIV/AIDS and STI incidences and other incentives such as T- shirts, refreshment during peer sessions, traveling expenses etc. EDFHO on monitoring visit/meetings with the peer educators and peers encouraged that the program focused on their health which is paramount. Also spirit of volunteerism was deeply emphasized and encouraged among the PEs and cohorts.
- The challenge with SACA HCT team not being able to cover all willing individuals during outreach program also presented its self during the period. The team was either late or under staffed to meet up with the ever growing number of people willing to be tested.

PART 2

A. PROGRAMME MONITORING AND EVALUATION

(Please write the relevant cumulative figures from the appropriate routine monitoring tools for the two years project)

Thematic Area	Key Output Indicator	Male	Female	Total
Prevention	HCT			
	No of person tested, counseled and received result	367	529	896
	No of person tested positive	1		1
	No of person referred for care			
	IEC/BCC			
	No of HIV/AIDS IEC materials distributed:			
	a. Exercise Books			
	b. Pamphlets/Flyers	543	420	963
	c. Posters			
	d. T-shirts	48	61	109
	e. Wrist-bands			
	PMTCT			
	Number of pregnant women referred for PMTCT			
	MPPI			
	Number of persons reached with MPPI in the quarter	1,850	2,338	4,188
Care and Support	HBC			
	No. of clients provided with Prevention with positive services			
	No. of HIV positive persons referred to support groups			
	No. of PLWHAs reached with home-based care services			
	No. of PLWHAs that accessed IGA support			
	OVC			
	No of OVCs newly enrolled			
	No. of OVCs reached with at least one service			

Institutional Architecture	Capacity Building			
	No of persons trained on STI and OI management			
	No of persons trained to provide HBC			
	No of persons trained to provide HCT			
	No of persons trained on Waste Management			

B. PROCUREMENT

(Please write the details of procurement activities for the project)

S/N	Item and numbers purchased	Description	Procurement Method	Total Expenditure
1	Laptop (1)	One Dell laptop Latitude 5430 AGB WINDOW8 64Bit, 2.60GHZ, 4GB RAM,500HDD.	Advertisement, Invitation for quotation by contractors, meeting of the committee member recommendation of the vendor that meet the requirement ,supply of the equipment.	150,000.00
2	Digital camera	Samsung smart digital camera	The same process as above.	50,000.00

C. FINANCIAL REPORT

(Please write the financial details of activities for two years project)

Activity Description (As stated in the Approved Workplan)	Status of activity (Completed, Reviewed but done, Not Done at all, New activity done)	Expenditure (a)		Variance	Remarks
		Planned	Actual		
Personnel allowance	Completed	1,778,040	1,778,040		
Administrative cost	Completed	273,960	264,000	9,960	
Monitoring and Evaluation	Completed	1,026,000	783,500	242,500	
Advocacy and Sensitization	Completed	384,000	384,000	0.00	
Baseline-FGD	Completed	114,080	161,440	47,360	
End line-FGD	Completed	113,760	114,000	240	
Open community meeting	Completed	84,000	84,000	0.00	
Training of PES-ISY Tertiary	Completed	179,600	179,600	0.00	
Training of PES-OSY	Completed	180,100	180,100	0.00	
Training of PES-ISY Secondary	Completed	147,750	147,750	0.00	
Peer Education Session	Completed	2,884,890	2,884,890	0.00	
PES Monthly Review meetings	Completed	489,120	489,120	0.00	
Vulnerability issue for ISY-Secondary	Completed	96,000	96,000	0.00	
PE-Plus-ISY Secondary	Completed	96,000	96,000	0.00	
PE-Plus for OSY	Completed	176,000	176,000	0.00	
Community outreach –OSY	Completed	128,000	128,000	0.00	
Community awareness for ISY Tertiary	Completed	96,000	96,000	0.00	
SBCC Materials	Completed	411,500	622,000	210,500	
Linkage and Referral	Completed	81,700	81,700	0.00	
Final community meeting	Completed	115,500	115,500	0.00	
Behaviour maintenance activities	Completed	840,000	834,360	5,640	

Branding of communities	Completed	60,000	60,000	0.00	
Sustainability activities- Tertiary	Completed	48,000	48,000	0.00	
Sustainability activities- Secondary	Completed	48,000	48,000	0.00	
Sustainability activities-OSY	Completed	48,000	48,000	0.00	
Equipment	Completed	200,000	200,000	0.00	
Community outreach- Tertiary	Completed	160,000	160,000	0.00	
Total amount spent		10,260,000	10,260,000		

PART 3

RECOMMENDATIONS AND CONCLUSIONS

The project was able to establish Health Awareness Club in one secondary school where there was no health structure in place and strengthened existing structure in the other where evidences showed a level of health activities prior to the project.

The project has also built synergy among different stakeholders including host community, peer educators, CSOs, LACAs, and SACAs. This synergy will continually be strengthened to ensure improved service delivery. There is however the need to conclude arrangement for the HAC for ISY – T and create linkages with the school health facility and the emerging counselling unit for improved health programming within the institution.

The assessment shows that awareness campaign to increase basic knowledge of HIV is yielding result, most respondent are aware of the basic facts. Such awareness translated to a level of behavioral change as respondents improved on negotiating for safer sex as a result of comprehensive knowledge of HIV prevention.

The situation among ISY secondary however might not show remarkable improvement until the national reproductive health policy opens the way for comprehensive discussion within secondary schools. Despite improvement in knowledge about HIV and understanding the need for HCT as a way of HIV prevention, none of the ISY secondary students has access to HCT as it is not allowed within the school structure. The limitations imposed by the national policy and limited understanding among responsible agencies had come with a huge price over the years. This has resulted in the prevalence of teenage pregnancy and associated consequences due to inability of secondary school student to effectively protect themselves.

Despite the gains of this project for ISY secondary, ISY tertiary and OSY populations, lots of work has to be done around social behavior to continually translate knowledge to action, much emphases should be on behavioral change communication strategies as demonstrated in this project rather than just creating awareness.

The emerging sexual practice of anal sex and its implication on HIV prevention and management should be examined in the light of present realities and program designed to address associated challenges.

Public Health facilities and by extension all stakeholders need to step up HCT campaigns to give opportunity to willing individuals to get tested in a confidential environment devoid of stigma and discrimination as well as improve on lubricant availability in the state, this will enable the state mop – up the percentage population left untouched by the current projects.

Overall, the project has been a success and achievements made. It is our hope that with community collaboration and ownership promised during the final community meeting coupled with strengthened community structure such as the Health Awareness Club will translate to an effective sustainability of the project.

**ENDLINE ASSESSMENT REPORT OF HIV KNOWLEDGE AND SEXUAL
BEHAVIOUR AMONG ISY SECONDARY, TERTIARY AND OSY IN IKERE AND
ADO EKITI LOCAL GOVERNMENT AREAS OF EKITI STATE**

CONDUCTED BY

**ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION
(EDFHO)
ADO EKITI**

SPONSORED BY

**EKITI STATE AGENCY FOR THE CONTROL OF AIDS (EKSACA) WITH SUPPORT
FROM THE WORLD BANK HPDP II PROJECT**

OCTOBER, 2015

List of Abbreviations and Acronyms

ABC	Abstinence, Being Faithful and (Correct and Consistent) Condom Use
AIDS	Acquired Immune-Deficiency Syndrome

CBO	Community-Based Organization
CSO	Civil Society Organization
EKSACA	Ekiti State Agency for the Control of AIDS
HAC	Health Awareness Club
HAF	HIV and AIDS Fund
HIV	Human Immunodeficiency Virus
HCT	HIV Testing and Counseling
ISY	In – School Youths
MARP	Most At Risk Person
NACA	National Agency for the Control of AIDS
NGO	Non-Governmental Organization
LACA	Local Action Committee on AIDS
OSY	Out – of - Youths
PLHIV	People Living with HIV

Research Team Composition

1. Love Ogundipe (MPH) - Research Team Leader
2. Owoseni Ebenezer - Research Field Officer
3. Alade Adebowale - Research Field Officer

Background

The Acquired Immune Deficiency Syndrome (AIDS) has a profound devastating effect on the human race. It is a serious threat to the economy and indeed to every facet of life of our society. Since the first case of AIDS in Nigeria was reported in 1986, the disease has systematically permeated the entire Nigerian Social Fabric, affecting men and woman, in both urban and rural areas as well as adolescents, commercial sex workers, traders, civil servants, high profile politicians and socializing servicemen and women, truck drivers and students. Indeed every Nigeria is vulnerable to the disease and the limited data from National sentinel survey indicated a rapid transmission from near Zero prevalence in 1.8% in 1991 to 4.5% in 1996, 4.4% in 2005 and 4.6% in 2008, 4.4% in 2010.

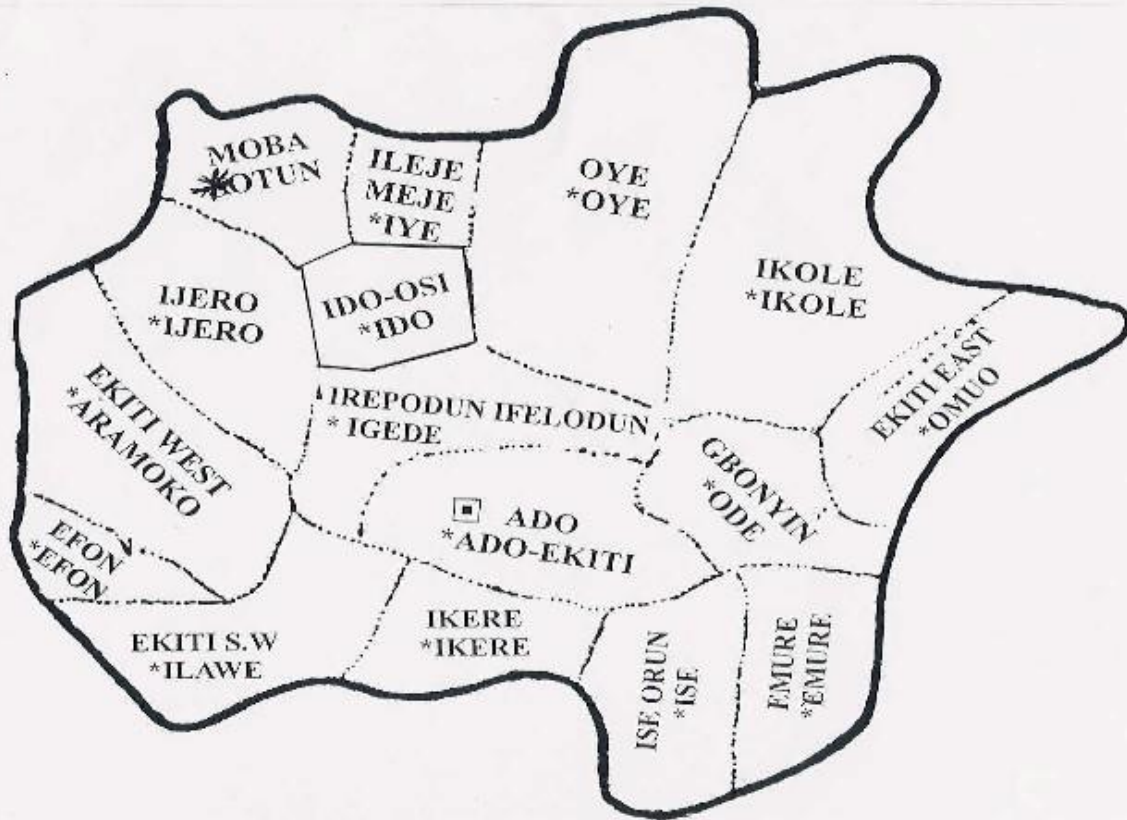
Sexual relationship has been identified as one of the major route of transmission of HIV, and early sexual debut as well as sex without prerequisite protection has been implicated as a major driver. Evidence suggest that the phenomenon is on the increase because of instability, poverty, economic crisis, urbanization, high rate of unemployment and the breakdown in family social and cultural value. The problem of sexual exploitation has become a problem of special concern in Nigeria both because of its scale and because of its role in the development of HIV/AIDS epidemic now sweeping the country.

Ekiti State is situated entirely within the tropics. It lies South of Kwara and Kogi States as well as East of Osun State. It is bounded in the East and in the South by Ondo State. It enjoys two weather seasons in the year. Rainy season between March to October and Dry season (Harmattan) season between November and February.

The State was created on 1st October, 1996 alongside five other states by the late Head of State and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria, General Sani Abacha in a nation-wide broadcast to mark the 36th Independence anniversary of Nigeria. The State, carved out of Ondo State, covers the former twelve local government areas that made up of the Ekiti Zone of old Ondo state. However, Ekiti State, on creation took off with sixteen (16) local government areas, having had additional four carved out of the old ones. The State capital is Ado Ekiti.

Ekiti people form a homogenous sub-group of the Yoruba tribe, and their ancestors migrated from Ile-Ife, the spiritual home of all Yoruba. Ekiti people also have a common dialect derived from the Yoruba language though spoken with slight variations in the different communities, but this does not prevent Ekiti indigenes from understanding each other. Christianity, Islam and traditional religions are all being practiced in the State. The people are hospitable and accommodating. Nigerians from other parts of the country live peacefully with the indigenes. The major occupation of the people is agriculture, with the cultivation of cocoa, kola nut and coffee as cash crops while Cassava, Rice, Maize and vegetables are food crops.

The State is popularly known as the Fountain of Knowledge since it is noted for high level of literacy of the Ekiti people. Education is highly valued and the enrolment in both primary and secondary school (especially for the first ten years) is close to 100%.



MAP OF EKITI STATE

Ekiti State currently has an HIV prevalence of 1.4% according to EKSACA. The State, with an HIV prevalence of 1% in 2008, has the lowest HIV prevalence rate in Nigeria. The State has recorded consistent decline in the HIV prevalence rate (3.2% in 2001 to 2.3% in 2003, 1.6% in 2005 and 1% in 2008) according to the yearly national HIV sentinel surveys since 2003. However, the rise from 1% in 2008 to 1.4% in 2012 should be of concern to all stakeholders.

The State and especially the State capital (Ado Ekiti) and Ikere LGA are noted for high level of sexual activities because of urbanization, presences of higher institutions, and influx of visitors. Though, there are high percentages of awareness of HIV/AIDS in the state but accurate knowledge on how to prevent infection is limited, the general population have information about the basic facts of HIV/AIDS, but lack knowledge and skill to protect themselves and coupled with poor government and community response to HIV/AIDS prevention and impact mitigation due to inadequate information and skills among the population.

EDFHO ACTIVITIES, TARGET AND ACHIEVEMENT

To build on the high awareness of HIV/AIDS in Ado and Ikere LGAs towards encouraging social – behavioural change, EDFHO approached the World Bank through EKSACA for funding under the HPDP II program. The project had the following goal and objectives:

Project Goal: To reduce the spread and mitigate the impact of HIV/AIDS among in-school (secondary and tertiary) aged 10-35 years and out of school youths aged 15- 35 years in 2 LGAs of Ekiti State through HIV/AIDS information and capacity building that promotes behaviour change and HIV/AIDS prevention between within a period of 24 months.

Objectives:

1. To increase community collaboration and participation among stakeholders through advocacy and sensitization to create an enabling environment for community response to HIV/AIDS Prevention in the 2 communities of Ado-Ekiti and Ikere-Ekiti LGAs.
2. To build and strengthen the capacity of 134 ISY-secondary, tertiary and out-of school youths as peer educators to provide HIV/AIDS and Sexual Reproductive Health Information;
3. To improve knowledge amongst 4000 ISY- secondary, tertiary and out-of school youths on life skills and behavioral change messages to make informed decisions;
4. To increase from 25.9% to 30.9% the proportion of young adult (tertiary and out- of school youths who report having one sex partner and/or using condom correctly and consistently at the end of 2years.
5. To increase access to existing HIV prevention services like STIs, condoms, HCT, among youths aged 10-35 years old by building linkages for referral between participating youth groups and health service facilities.

To achieve these objectives, EDFHO organized series of activities under each component of the MPPI. That is behavioral, structural, and biomedical activities using the following strategies:

For In- School youths (Secondary): Peer Education, Peer Education plus, and vulnerability Issues.

For In-School-Youth (Tertiary): Peer Education, Community Outreach and Community Awareness

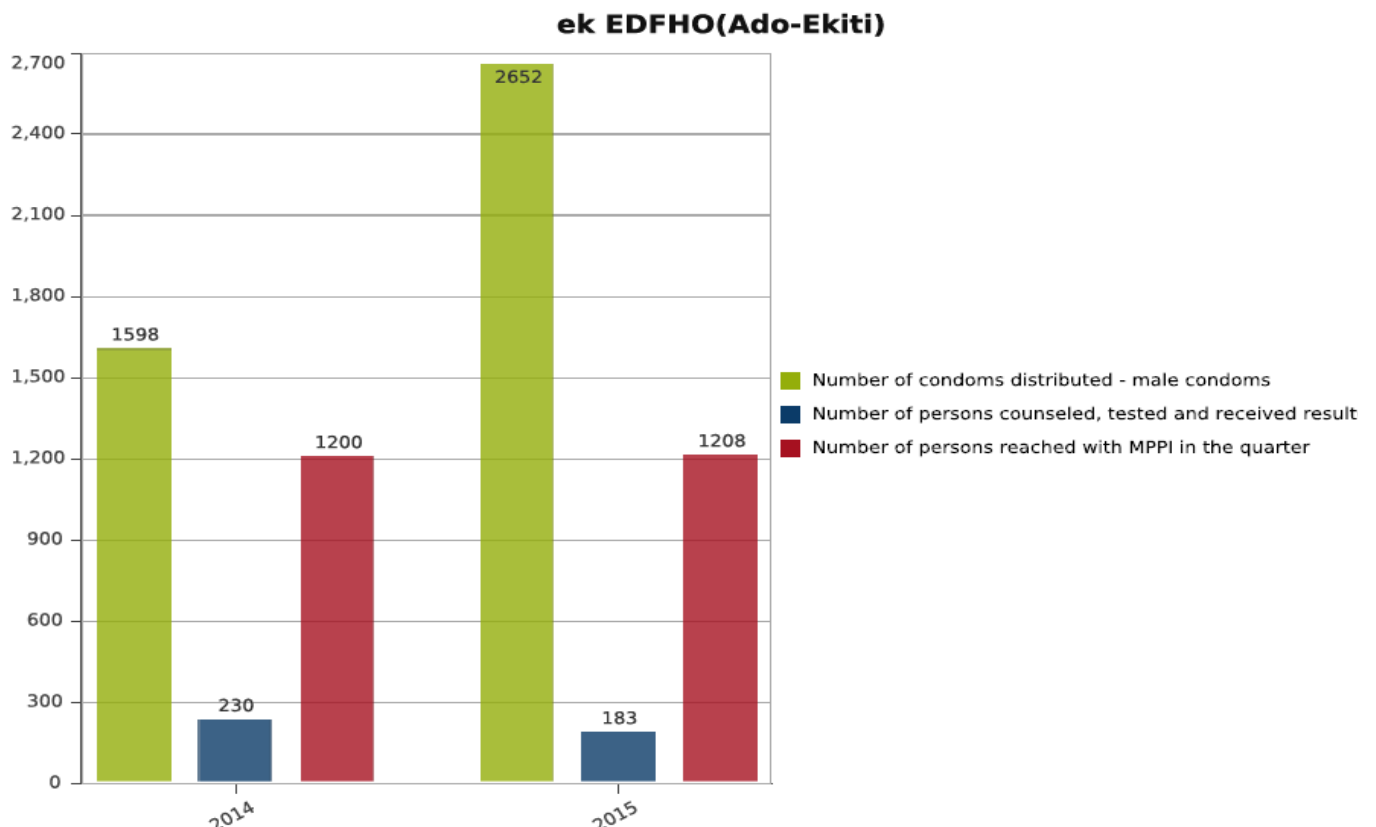
For Out-of- School Youth: Peer Education, Peer education plus and community Outreach.

Activities carried out include:

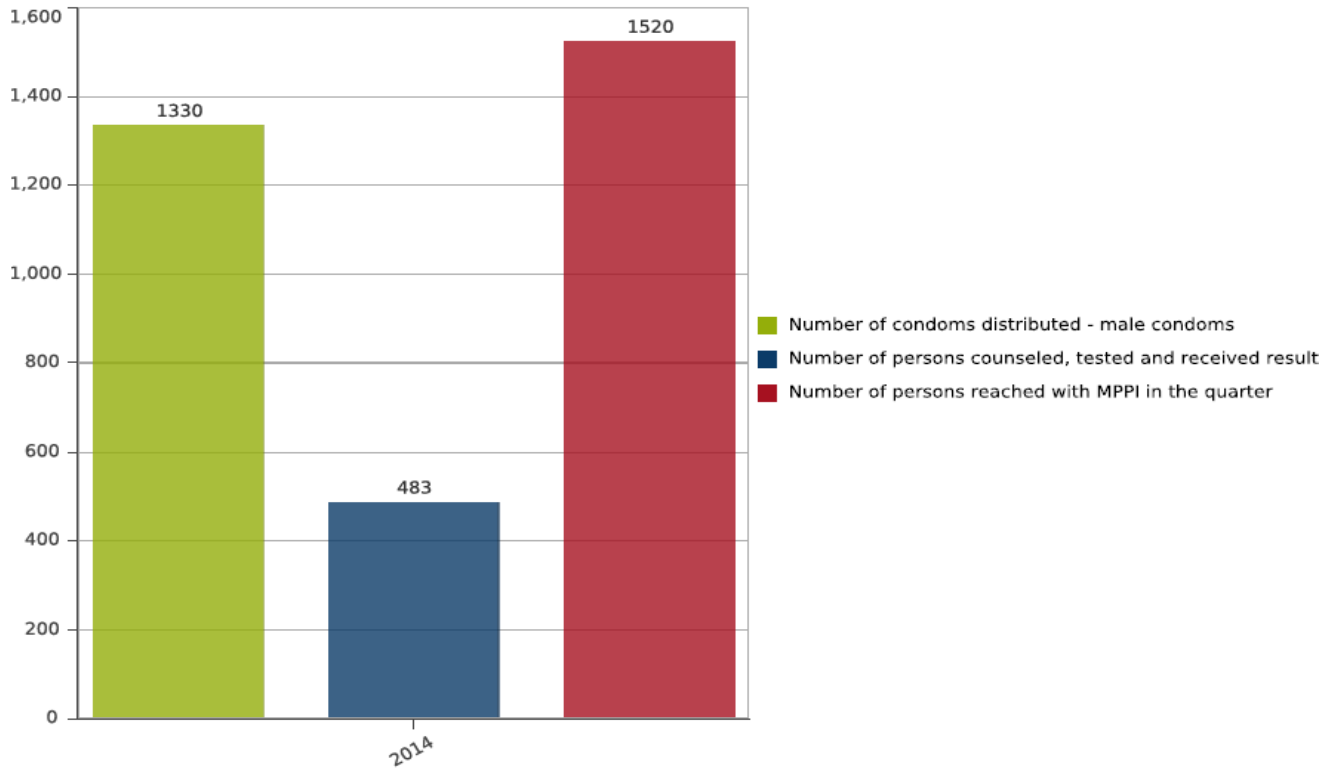
1. Constitution of Project Management Team
2. Planning meeting
3. Selection of LGAs and communities and identification of key stakeholders

4. Advocacy visit/sensitization
5. Open community meeting
6. Baseline Assessment
7. Identification and selection of peer educators
8. Training of peer educators
9. Peer education session
10. Vulnerability issues-essential life skills for ISY-secondary
11. Community Awareness (rallies and HCT) for ISY -tertiary
12. Peer Education Plus (Use of role model) for OSY
13. Peer Education Plus (Use of Dramas) for ISY-secondary
14. Community Outreach (condom messaging and distribution) for ISY-tertiary and OSY
15. Formation Health Awareness Club
16. Peer educators monthly review meeting
17. Behavior maintenance
18. Referral and linkages
19. SBCC material production and Distribution
20. Sustainability Activities
21. Monitoring supervision and evaluation
22. Endline Assessment
23. Final community meetings

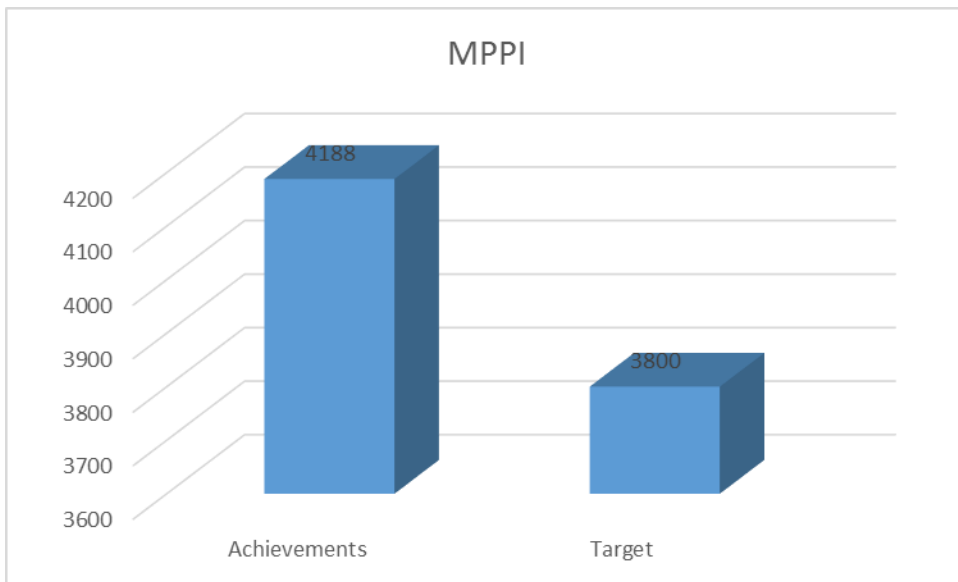
At the end of years of programing in the two LGAs, the following target were reached per LGA:



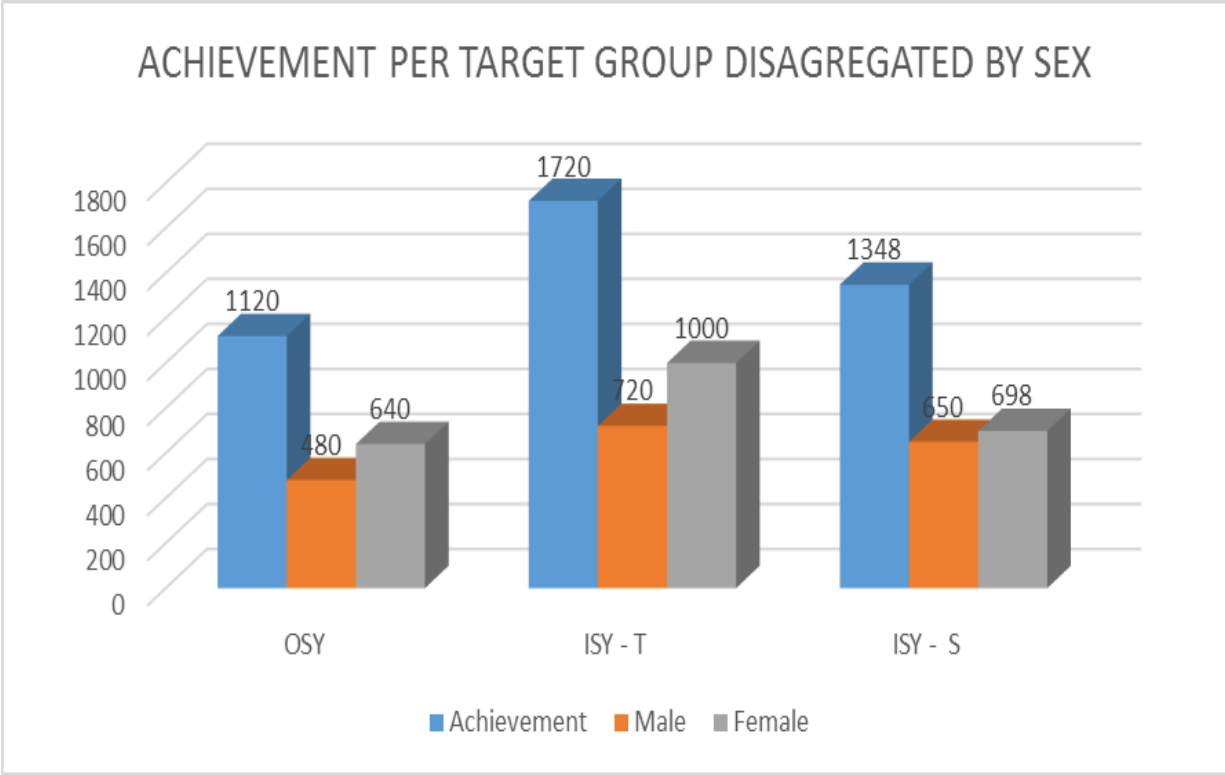
ek Enviromental Development and Family Health Organisation (Ikere)



OVERALL ACHIEVEMENT VERSUS TARGET



ACHIEVEMENT PER TARGET POPULATION



With the completion of all activities and achievement of set target, it is essential to measure the current behavioral trend among target beneficiaries to evaluate impart and document gaps for future programming.

METHODOLOGY

The assessment was conducted using triangulation method with both qualitative and qualitative research design strategy. Comprehensive data collection was done using pre – tested target specific questionnaires. Respondents were selected from each site of intervention including ISY tertiary (Federal Poly Satellite Campus, Ado Ekiti), ISY secondary (Eleyo High School, Ikere and Baptist College, Ado Ekiti), and OSY in Ado and Ikere communities.

Online version of RAOSOFT® was used for calculation of the sample size. Keeping the response rate at 80% and margin of error (MOE) at 5%, an average sample size of 250 was calculated for the study. A total of 270 questionnaires was however administered to give room for error.

DATA ANALYSIS

Following the completion of data collection, each questionnaire was checked for completeness and was entered into the SPSS 16.0 for analysis. Both SPSS 16.0 and Microsoft Excel 2010 version was used for the analysis.

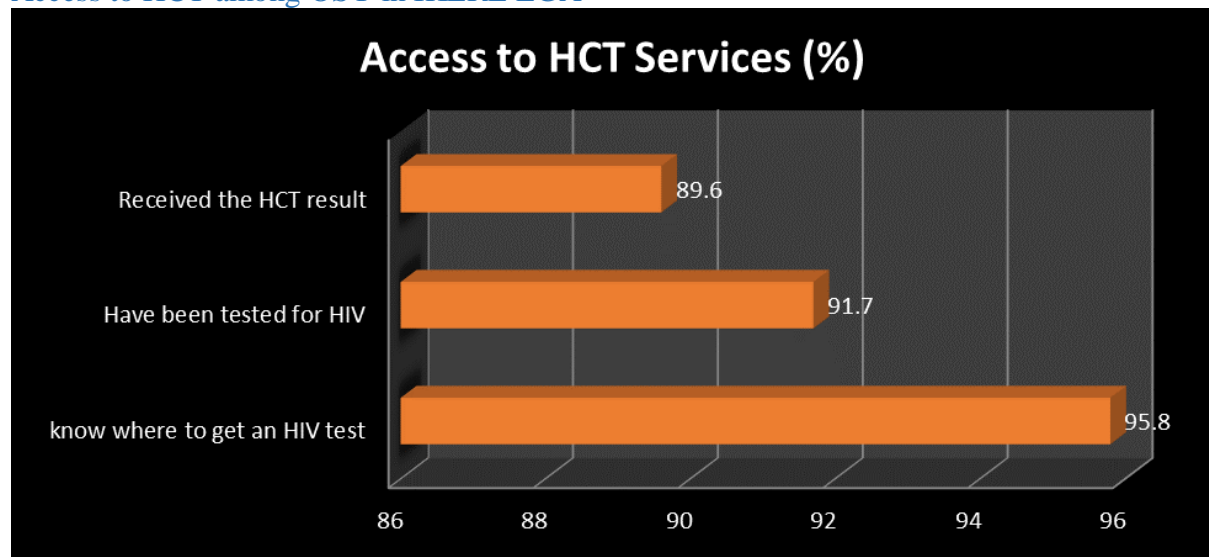
FINDINGS

A. OUT – OF – SCHOOL - YOUTH POPULATION

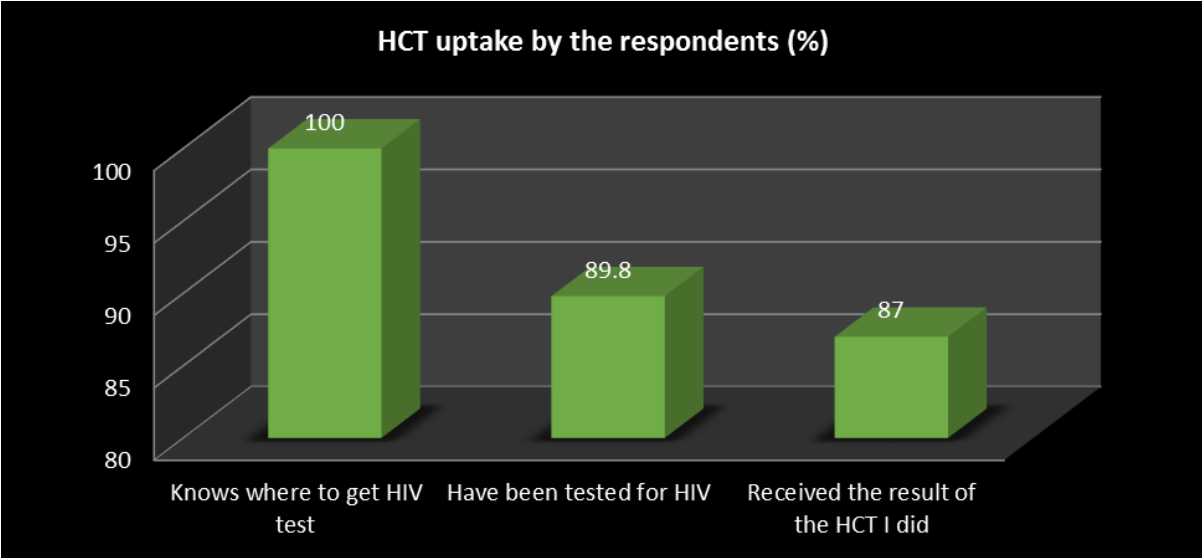
Access to HIV Counselling and Testing among OSY in IKERE and ADO LGA

Discussing the accessibility of HCT services, the figures bellow shows the percentage of the respondents who know where to get HIV test, those who have been tested for HIV, and those who received the result of the HCT they did in the two LGAs. The figure shows that a significant number of the respondents (95.8% in Ikere and 100% in Ado) know where to get HIV test in their communities. However, 91.7% in Ikere and 89.8% in Ado LGA have had HIV test. This give a gap of 9.3% and 10.2% in Ikere and Ado respectively a significant improvement when compared with the baseline data.

Access to HCT among OSY in IKERE LGA



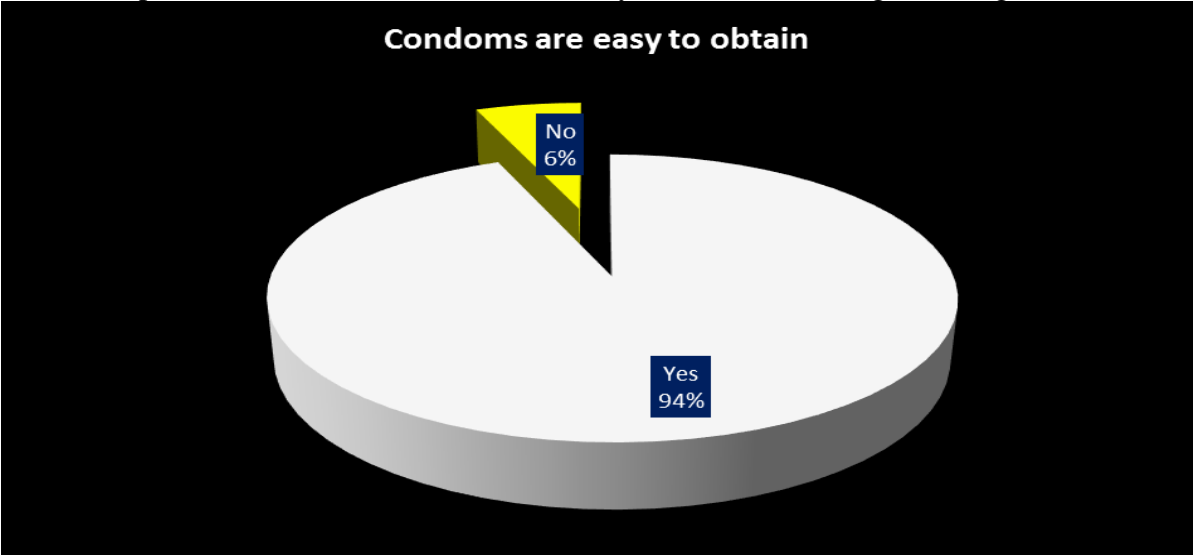
Access to HCT among OSY in ADO LGA



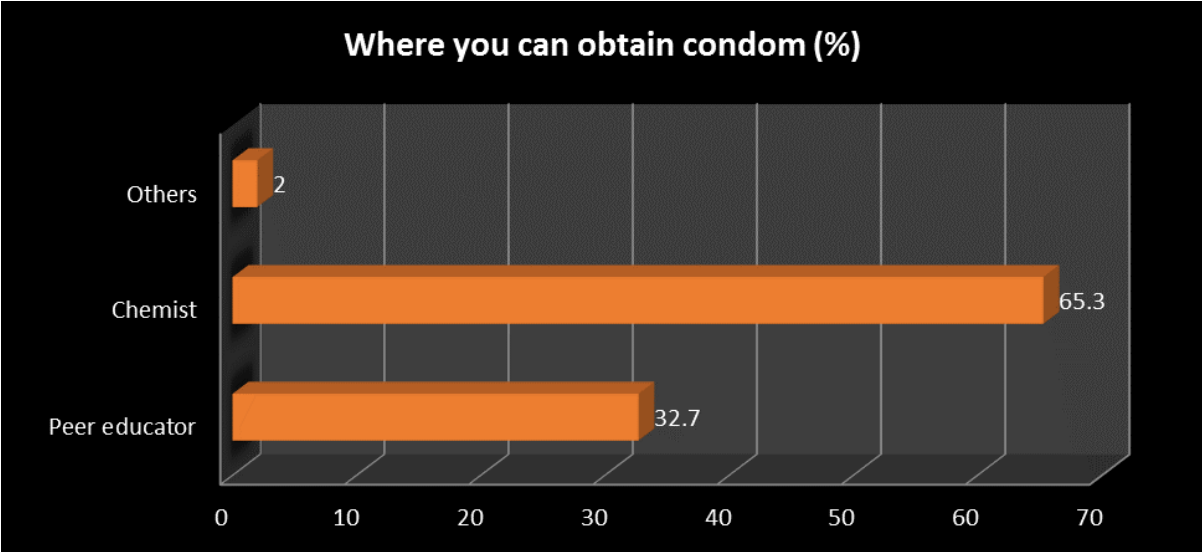
However despite the high percentage of HCT coverage, effort should be intensified to reach 100% HCT coverage in the two Communities. A number of community outreaches was conducted within the last two years in the two communities that have contributed to HCT uptake, there is however a need to sustain such approach by institutionalizing mobile HCT at the community level to encourage the quarterly HIV test recommended by national prevention guideline.

CONDOM UPTAKE

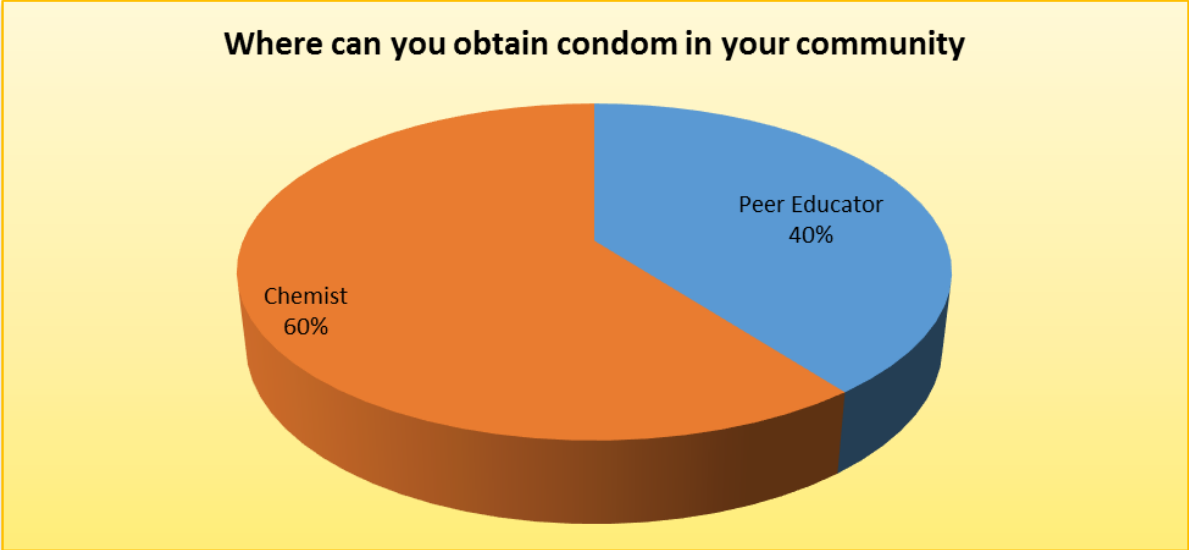
To achieve the projected zero prevalence of HIV in the two communities, availability and accessibility of condom is essential. The current project focuses on social behavioural change to ensure partner reduction and correct/consistent use of condom among OSY targets in the two LGAs. The project have had direct impact on accessibility of condom within the communities, 94% of respondents believe that condom are easy to obtain according to the figure below.



Accessibility of condom had obvious be improved as a result of the non – traditional condom outlets implemented by peer educators across the two communities. As shown by the figures bellow for Ikere and Ado respectively.

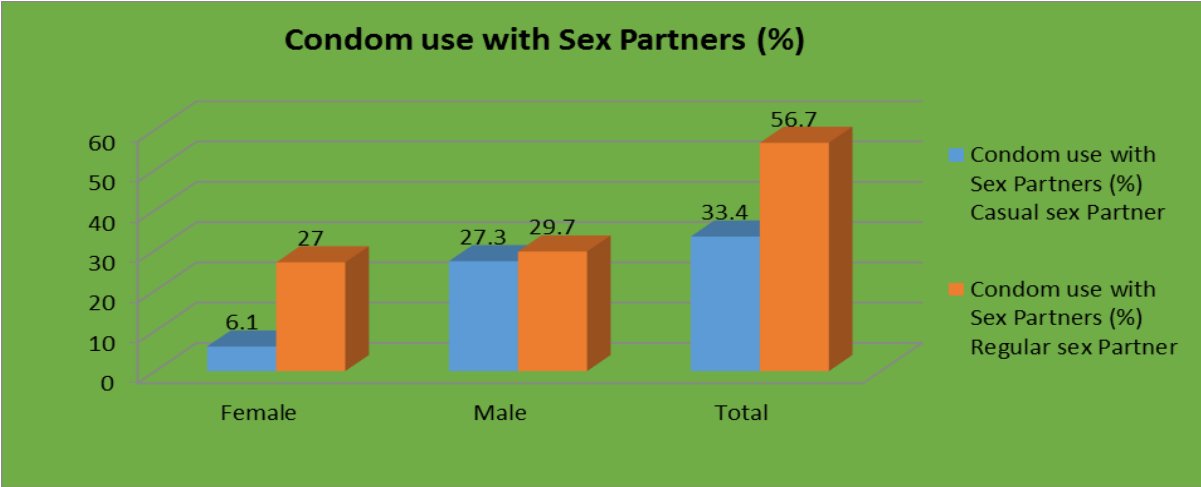


While 32.7% of OSY in Ikere get condom from peer educators, 40% of those in ado depend on peer educators for condom. This is significant since such structure is not available before the project, peer educators are friendly and easily accessible unlike the traditional chemist. They also offer free condom and in some instances sell at a subsidized rate.

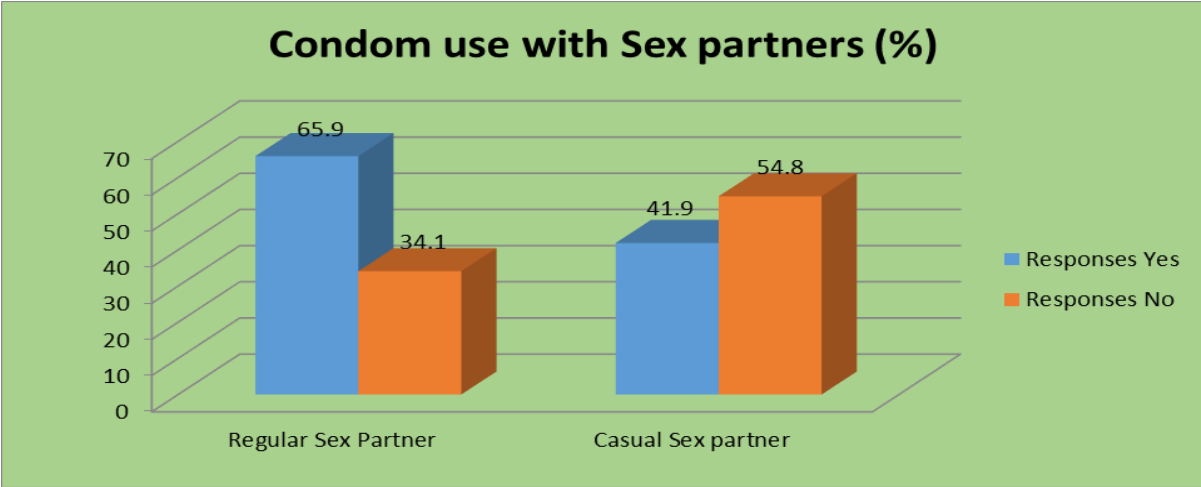


A major objective of the project is to improve correctly and consistently condom use among OSY and ISY – T population in the state from reported 25.9% in baseline to 30.9% by the end of 2years. The figures below show what was achieved in Ikere and Ado respectively.

IKERE COMMUNITY



ADO COMMUNITY



Within the two years of the project condom correct and consistent condom use improved from the baseline data of 25.9% to 33.4% for casual sexual partner and 56.7% for regular sexual partner in Ikere. While in Ado community the figure stands at 41.9% for casual sex partner and 54.8% for regular sex partner.

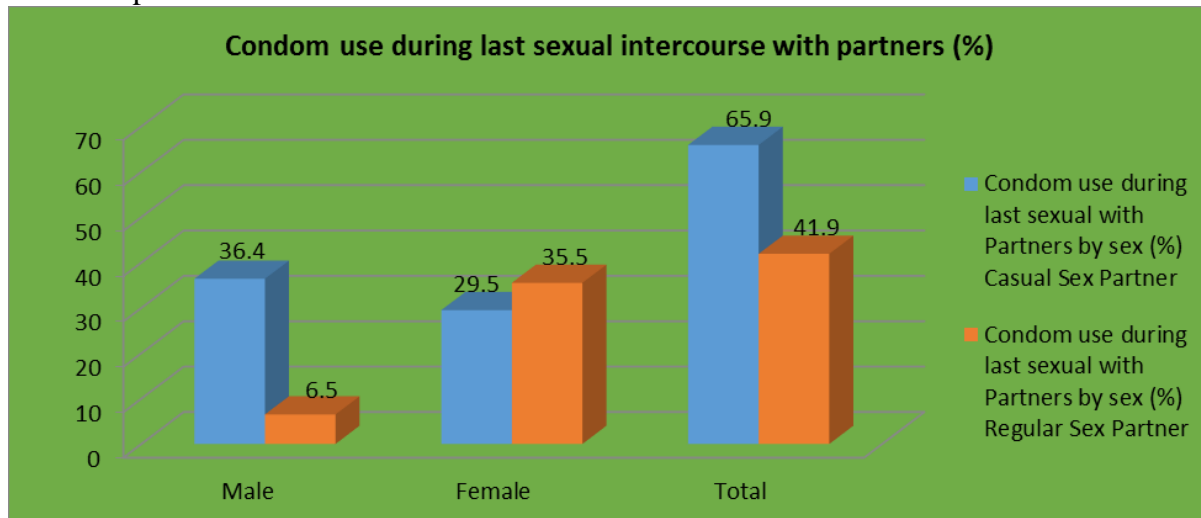
Despite this achievement, the rate of condom use among casual sex partner is worrisome as it is significantly lower than condom use with regular partner within the two communities. This might be as a result of life skills issues, suggesting that condom negotiation is easier with a regular partner than with a casual partner.

Another explanation might be the state of mind of the individuals who engage in casual sex at the time of the sexual act. Responses to phycoactive substances indicates that a number of respondents uses phycoactive substances on a regular basis. Such substances have been demonstrated to impair judgement and might be responsible for casual sexual habit, such persons at the point of the sexual act might completely forget to use a condom. Future program should therefore incorporate strategies to limit the level of phycoactive sustaince consuption among

OSY as well as emphasis the role of negotiation skill in HIV prevention especially for non – regular sex partners.

GENDER AND CONDOM UPTAKE

The findings also reveal a sharp imbalance in correct and consistent use of condom among male and female respondent. The figure below shows that male respondent uses condom more than the female respondents.



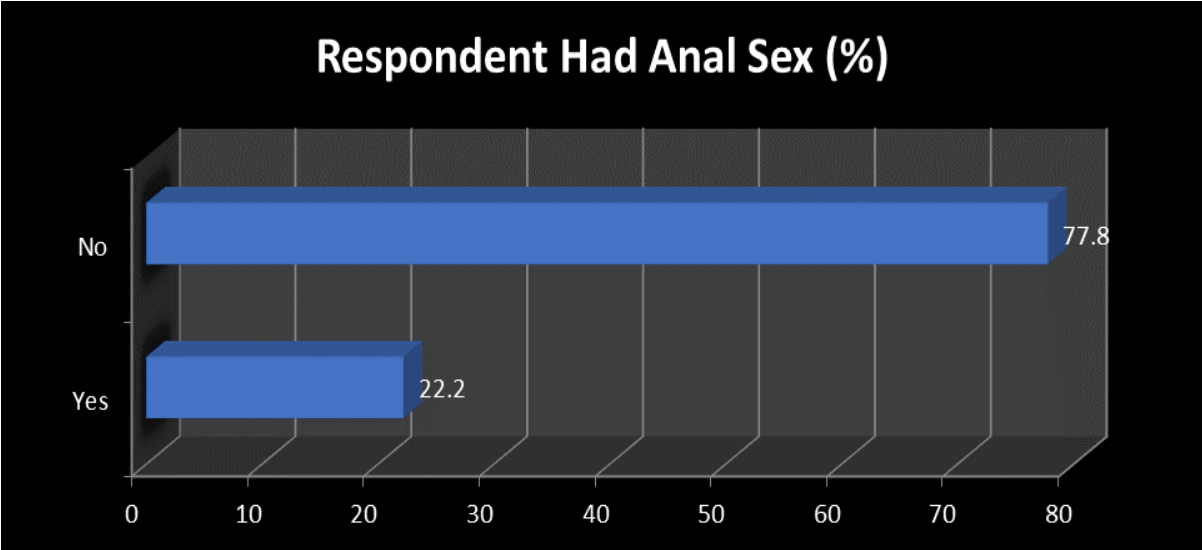
With casual sex partner, men are more inclined to use a condom (36.4%) than female (29.5%). However, with a regular sex partner, more female (35.5%) were able to use a condom.

This shows that despite the project intervention, male still have the dominance and boldness to either insist on condom use or reject condom. Male were more careful with casual sex partner insisting on use of condom. The confidence of female however grows with the regularity of the sex partner able to negotiate with regular sex partners than the casual. Men also appears to bring in ‘trust’ issues when it comes to regular sex partners with only 6.7% reporting condom use with a regular sex partner.

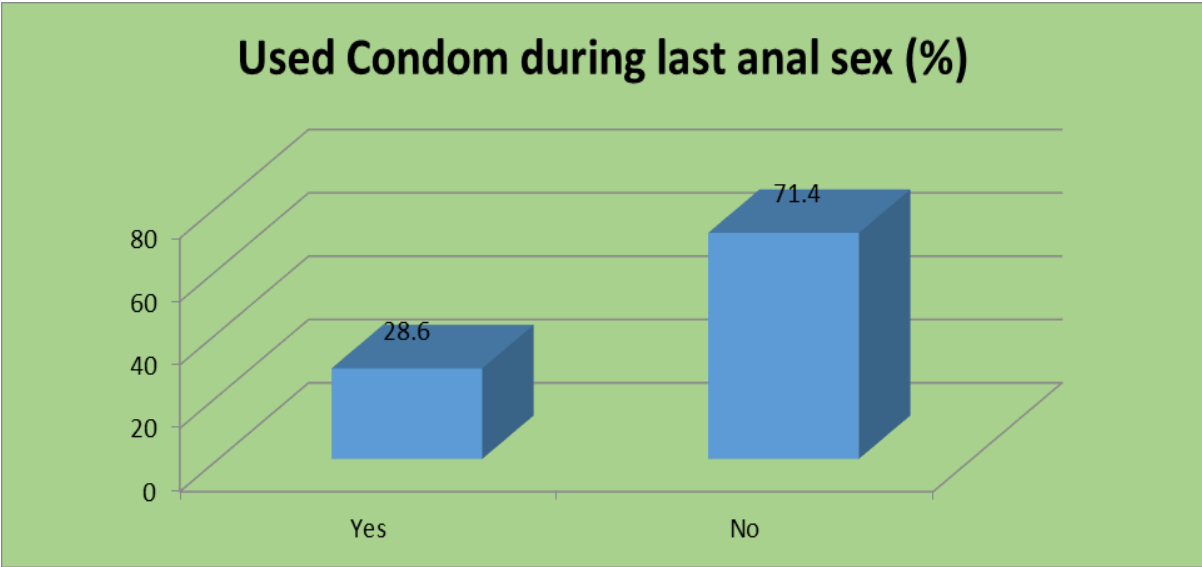
The implication of the above findings is that female are more vulnerable and more likely to engage in casual sex without a condom than the male, therefore future project should design specific strategy to reach females with confidence building programs that ensure capacity to negotiate condom use at first sexual act.

Sexual behaviour and condom use

Significant number (22.2%) of OSY population across the two communities indicate having anal sex with either regular or casual partner.

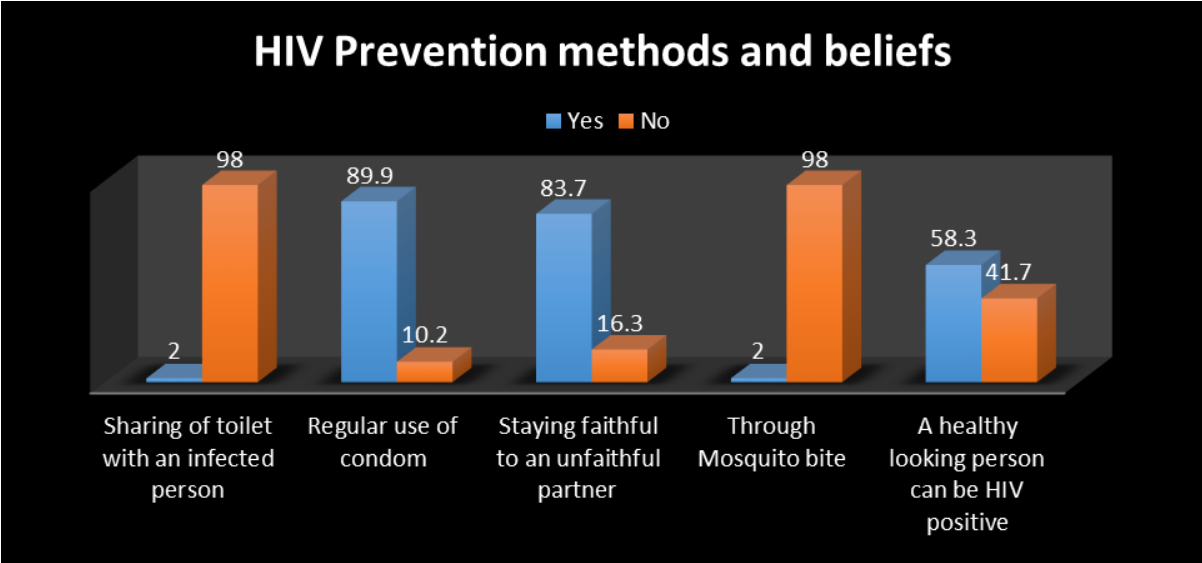


While this sexual practice is recognised as an emerging sexual life style even among the general population, larger percentage of people engaging in anal sex do not use a condom for sexual activities.

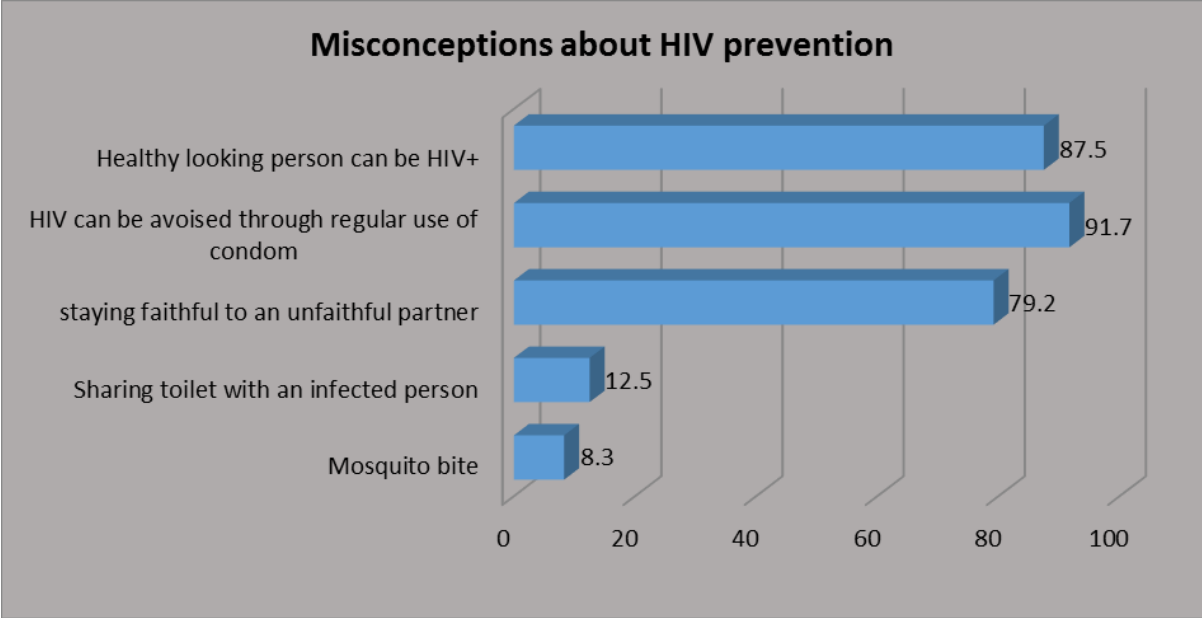


Despite increased condom uptake generally, 71.4% of those engaging in anal sex in Ikere and Ado do not use a condom during the sexual act. This might be as a result of low risk perception, inadequate information on anal sex, and social perception. It has been documented that the risk of STI and HIV infection is more than double for anal sex when compared with vaginal sex, therefore the need to urgently incorporate issues of anal sex as an emerging sexual preference into HIV programming.

Knowledge, opinions, & attitudes towards HIV and AIDS
[Ado Community](#)



IKERE Community

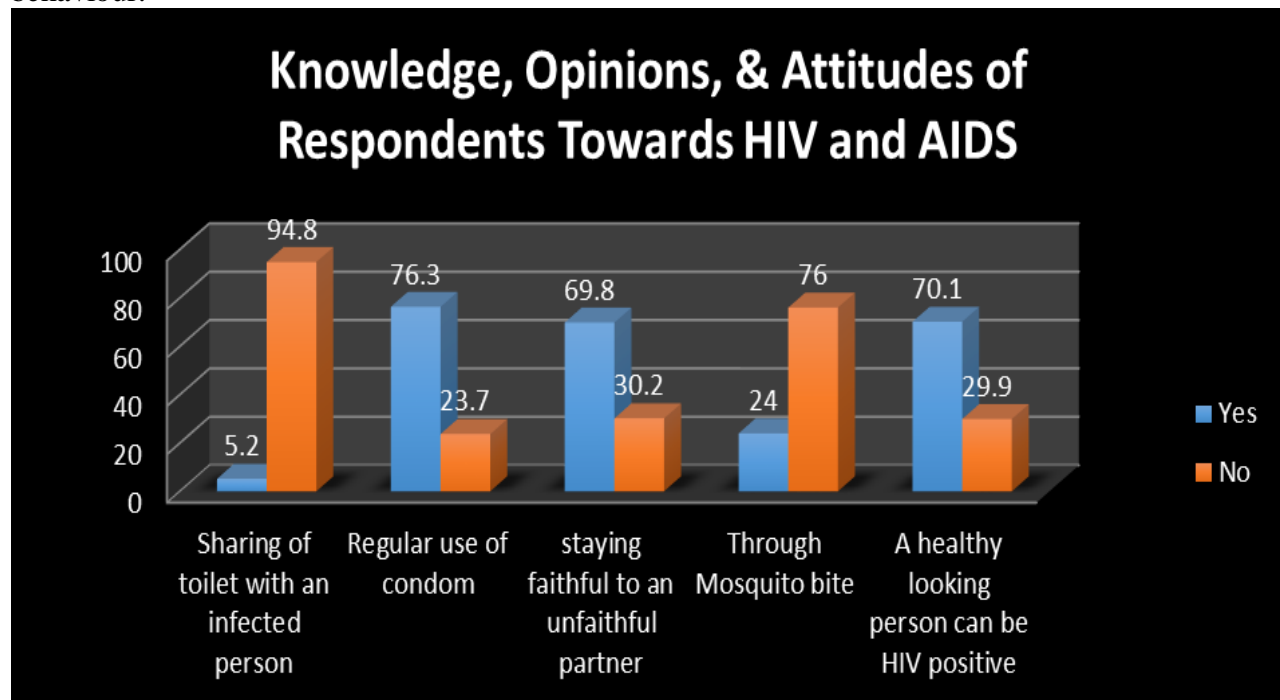


Evaluating the knowledge, opinion and attitudes of the youths in Ado LGA towards HIV and AIDS, the figures above reveals that people could avoid contracting HIV. Overall, complete knowledge of HIV prevention as measured by the five questions above stands above 70% in the two LGAs. Though it has been demonstrated that awareness about HIV/AIDS is high in the two LGAs standing at about 98% at baseline, complete knowledge was however not measured at the baseline. Evidence of improved knowledge is demonstrated in the behavioral resulting in correct and consistence condom use as well as partner reduction as presented in previous sections of this report. However, despite this improvements there is still gap in addressing issues of misconceptions about who can be HIV positive, about 41.7% of respondents in Ado for instance believes that a healthy looking person cannot be HIV positive.

B. IN – SCHOOL – YOUTH TERTIARY POPULATION

Knowledge, opinions, & attitudes towards HIV and AIDS

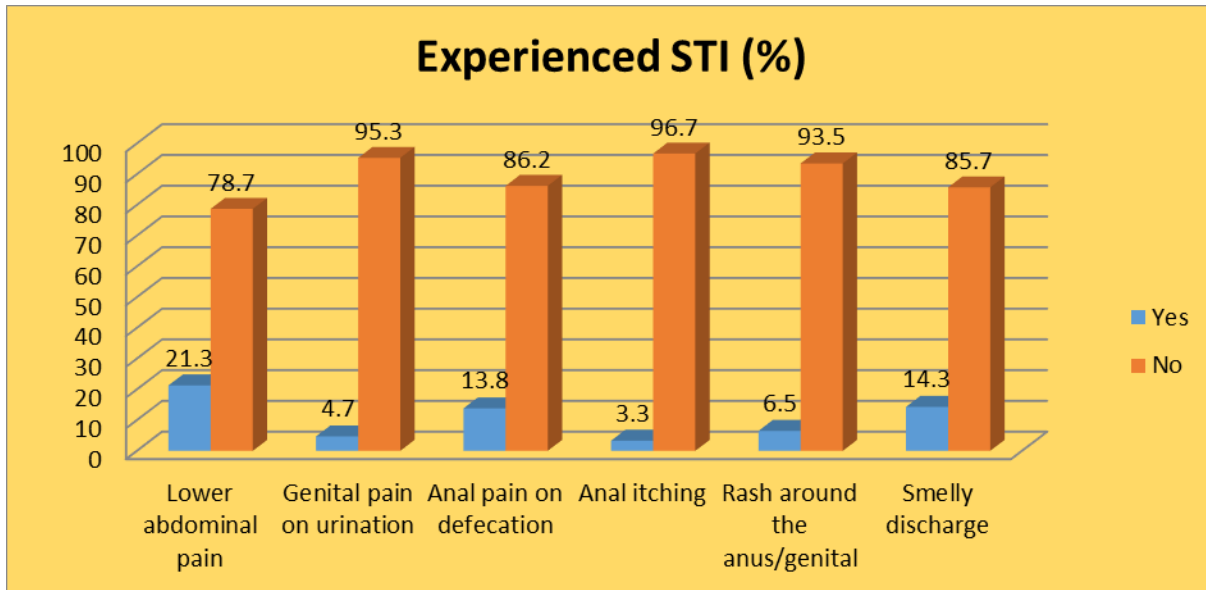
Complete knowledge of HIV prevention is a key to sustained behavioural change among youths and a factor in the drive to achieve zero prevalence of HIV in Ekiti State. Understanding this reality, EDFHO’s activities for ISY – T focused on elements of behavioural change combining the abstinence, faithfulness and condom use strategies as well as improving health seeking behaviour.



The figure above reveals the knowledge, opinions and attitude of the respondents in federal poly satellite campus towards HIV and AIDS, its shows responses to questions to assess their knowledge of HIV prevention, its mode of transmission and misconceptions about HIV. According to the result presented above, 94.8% of the population believes that HIV cannot be contracted by sharing toilet with an infected people. Similarly, while 76.3% believes that regular use of condom can prevent the transition of HIV from infected person to an uninfected person, 23.7% of the respondents still do not believe regular use of condom could prevent the spread of HIV. In a related development, almost 70% (69.8%) of the respondents believed that HIV can be prevented by staying faithful to an uninfected partner. On the mode of HIV transmission, 24% of the respondents are of the opinion that HIV can be spread through mosquito bite. Similarly, about 30% of the respondent erroneously disbelieved that a healthy looking person can be HIV positive.

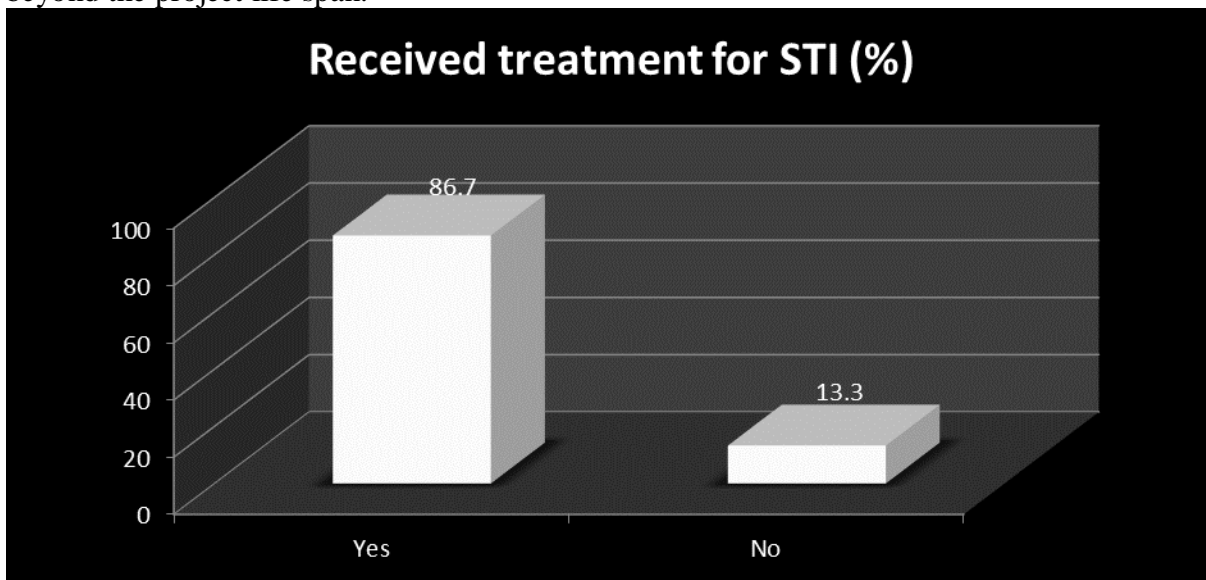
Overall complete knowledge of HIV prevention in the site stands above 60%, this is a 23.7% improvement over the 36.3% recorded at the baseline. Despite concentrated efforts in the school however, about 40% of the school population still lack complete knowledge. The implication of this can be seen in a number of risky behavior as evident in findings presented in other sections bellow.

SEXUALLY TRANSMITTED INFECTION

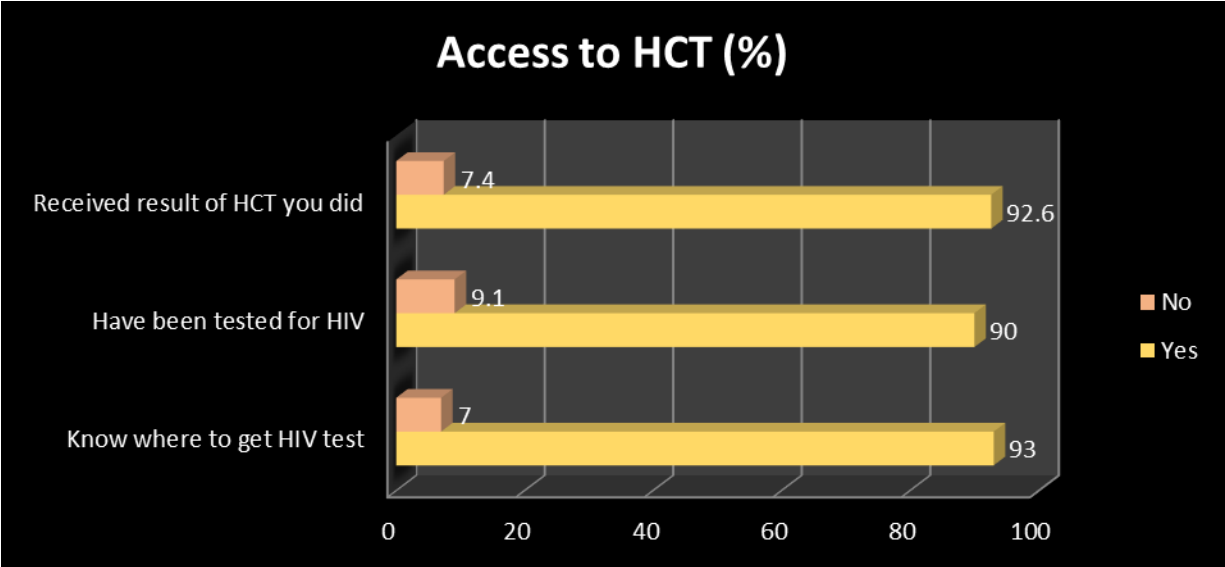


Overall, less than 30% of the school population experienced STI in the last six months. This is significant reduction from the about 47% recorded at baseline. The relatively low STI reduction rate could be an outcome of low risk perception among a section of the school population, has revealed early about 40% of the school population still lack complete knowledge of HIV prevention. What is however worthy of note is the improvement in the number of individuals seeking help when STI is noticed.

At baseline, less than 20% of respondent actually received STI treatment. However, as shown in the figure below, about 86.7% of the population that experienced any of the above listed symptom received treatment for STI during the period. This is an evidence of improved health seeking behavior in within the school community, an achievement that should be sustained beyond the project life span.



HIV COUNSELING AND TESTING

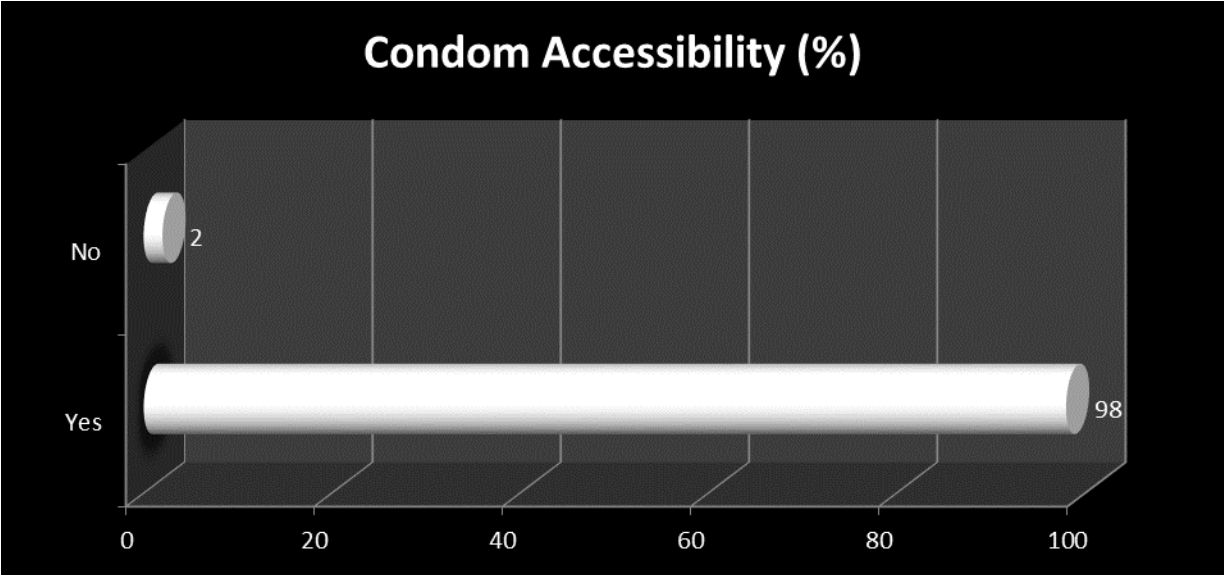


Assessing the availability and accessibility of HCT in the project site, the result as presented in figure above reveals that 93% of the respondents know where to get HIV test. Similarly, 90% of the sample had actually been tested for HIV in the community. Among those who were tested for HIV, 92.6% of them submitted that they received the result of their test.

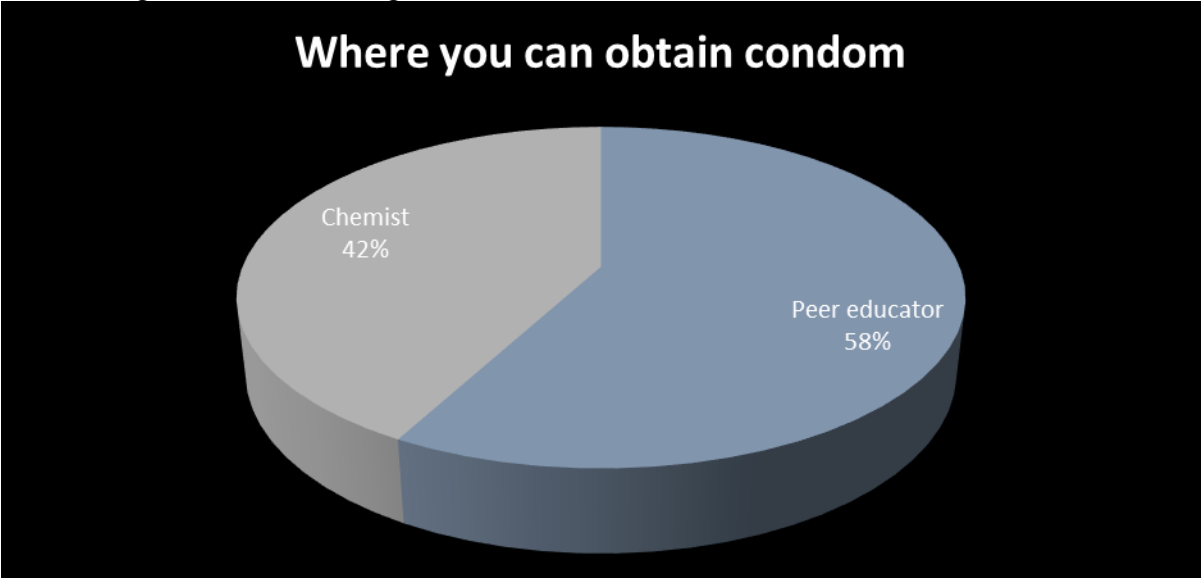
EDFHO outreaches and mobile HCT have contributed outstandingly to this achievement, the school community have recognized the need for HIV test as the first step in HIV prevention. Cases of individual who never had HIV test before but since this program have stick to the quarterly test recommendation have been documented. However, without EDFHO no HCT activities in the site underlining the need for synergy between EKSACA, LACA, the school HAC, and the school health centre.

CONDOM UPTAKE

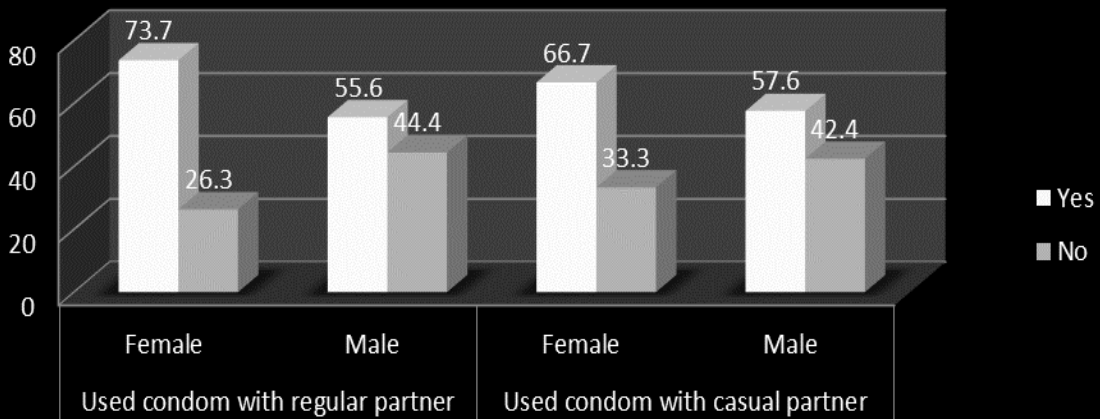
Condom availability and accessibility was a major challenge within the project site at the inception of the project. 100% of condom used within the school was obtained from chemist which were not accessible due to distance and location at certain period.



Over the project lifespan, condom accessibility have improved to 98% as could be seen from the figure above. The improved accessibility is due to the nontraditional approach adopted by EDFHO, condoms are distributed through the peer educators to their peers. The figure below revealed that 58% of condom within the school is presently supplied by peer educators with 42% still coming from chemist as against 100% at the baseline.

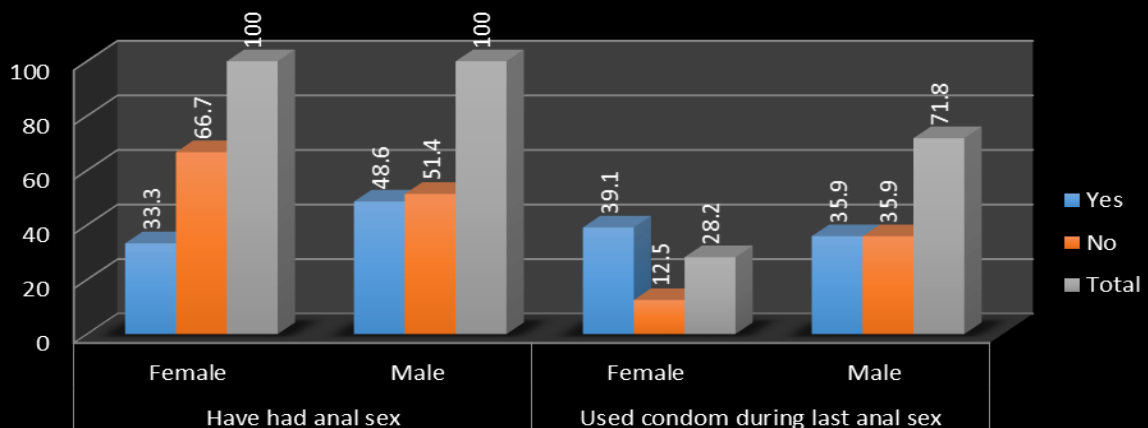


Condom use with Sex Partners (%)



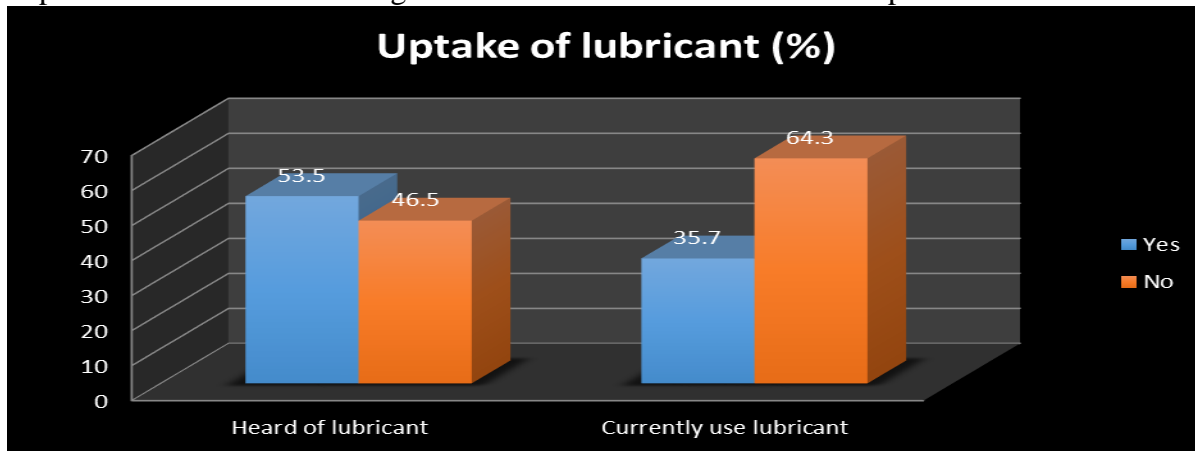
Evaluating condom use among the various sexual partners, figure above reveals that 73.7% of females against 55.6% of males used condom during last sex with their regular sexual partners. Among those who has casual sexual partners, it was found that females also (66.7%) than male (57.6%) used condom during the last sex with their casual sexual partners. This is remarkable when compared with the OSY data where more men seems to use condom than women. However looking at the number of target reached during this project for in – school youth tertiary, 58.1% were female. This simply mean that more female than male have had their capacity built to successfully negotiate condom use with both regular and casual sexual partners. Despite this figures, as much as 42.4% of male and 33.3% of female are not using condom with casual partners. For those who don't use condom with regular sex partner, it is understandable if examined from the faithfulness and mutual fidelity angle. But same could not be said for a casual sex partner, the issue of low risk perception has demonstrated by the gap in complete knowledge have been flagged earlier, much work still has to be done to ensure the percentage of individuals reporting condom use for casual sex improves.

Anal Sex and Condom use among Respondents disaggregated by sex



According to figure above, 33.3% of the females and 48.6% males assert that they have had anal sex before, compared to 66.7% and 51.4% respectively who had not had anal sex before. However, evaluating condom use by respondents during the last anal sex, 39.1% of the female respondents who have had anal sex said they used condom during the last anal sex. Similarly, 35.9% of the male respondents who have had anal sex also used condom during the last anal sex.

The gap is the number of respondents across all population reporting anal sex without the use of condom. Though the data is not disaggregated into casual or regular sex partner, but overall this study has shown prevalence of anal sex as an emerging issue and proper programming has to be in place to address the challenges and risk associated with the development.

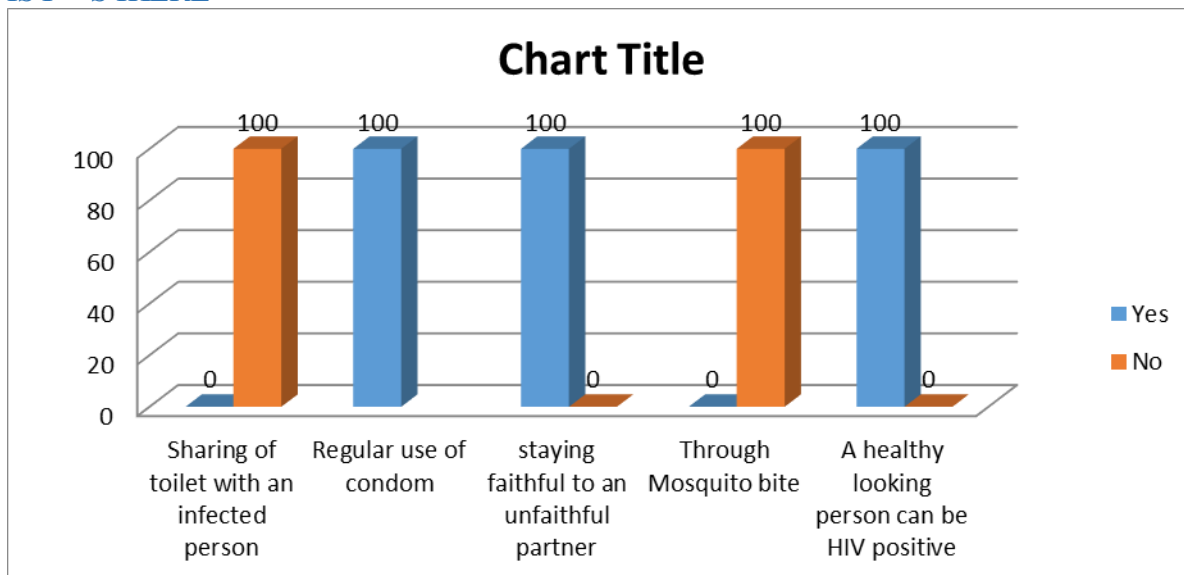


Despite an improved awareness of condom lubricant over the project duration, less than 40% of respondents currently uses lubricant. The baseline have documented some alternatives used to include Soap, FungBat A, saliva, and petrol - based gel. Non availability of lubricant created a gap of tranfering knowelgde to action, the implication is that despite awareness, harm practices still persist due to availability and accesibility issues.

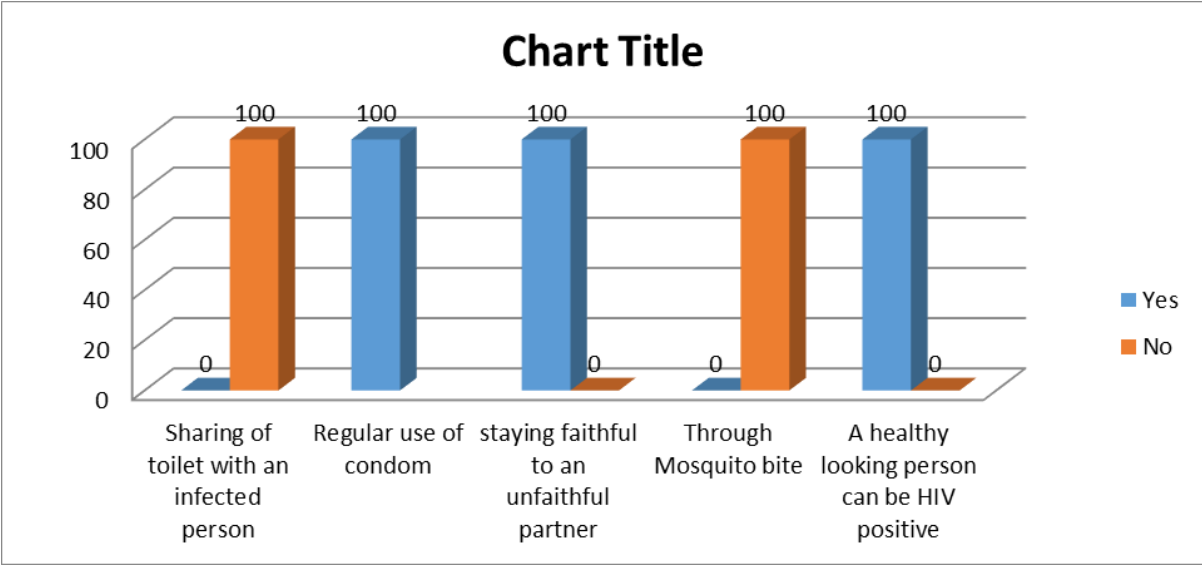
C. IN – SCHOOL – YOUTH SECONDARY POPULATION

Knowledge, opinions, & attitudes towards HIV and AIDS

ISY – S IKERE



ISY – S ADO



The figures above shows a complete knowledge of HIV prevention among In-school Youths secondary in the two LGAs. This is an achievement against the peers registration information which reveal a less the 10% knowledge for the two LGAs. However, as indicated in the baseline the national reproductive health policy does not allow prevention activities to discuss other sexual prevention strategies than abstinence despite a reasonable percentage of students at the baseline indicating sexual activities.

CONCLUSION AND RECOMMENDATION

The project was able to establish Health Awareness Club in one secondary school where there was no health structure in place and strengthened existing structure in the other where evidences showed a level of health activities prior to the project.

The project has also built synergy among different stakeholders including host community, peer educators, CSOs, LACAs, and SACA. This synergy will continually be strengthened to ensure improved service delivery. There is however the need to conclude arrangement for the HAC for ISY – T and create linkages with the school health facility and the emerging counselling unit for improved health programming within the institution.

The assessment shows that awareness campaign to increase basic knowledge of HIV is yielding result, most respondent are aware of the basic facts. Such awareness translated to a level of behavioral change as respondents improved on negotiating for safer sex as a result of comprehensive knowledge of HIV prevention.

The situation among ISY secondary however might not show remarkable improvement until the national reproductive health policy opens the way for comprehensive discussion within secondary schools. Despite improvement in knowledge about HIV and understanding the need for HCT as a way of HIV prevention, none of the ISY secondary students has access to HCT as it is not allowed within the school structure. The limitations imposed by the national policy and limited understanding among responsible agencies had come with a huge price over the years. This has resulted in the prevalence of teenage pregnancy and associated consequences due to inability of secondary school student to effectively protect themselves.

Despite the gains of this project for ISY secondary, ISY tertiary and OSY populations, lots of work has to be done around social behavior to continually translate knowledge to action, much emphases should be on behavioural change communication strategies as demonstrated in this project rather than just creating awareness.

The emerging sexual practice of anal sex and its implication on HIV prevention and management should be examined in the light of present realities and program designed to address associated challenges.

Public Health facilities and by extension all stakeholders need to step up HCT campaigns to give opportunity to willing individuals to get tested in a confidential environment devoid of stigma and discrimination as well as improve on lubricant availability in the state, this will enable the state mop – up the percentage population left untouched by the current projects.