Proposal on Providing HIV Prevention
Service Delivery in Rivers State

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| **Project Title: Enhancing Delivery of Integrated HIV/AIDS Prevention Services (ENDIHAPS) In Rivers State** |
| Organization Name:  **Support Initiative for  Sustainable Development (SISDEV)**Contact Person: **Philip G. Kalio** **Executive Director****Donor: Global Giving Foundation U.S.A**  | Address: **28 Accra Street, Port Harcourt  Rivers State, Nigeria**  Phone: **+234-803-309-6313**  Email info@sisdev.org, **sisdev.nigeria@yahoo.com** Web site: [www.sisdev.org](http://www.sisdev.org)  |
| **Relevant Structure** | **The Content** |
| **Project Statistics**  | Number of OVC targeted for care & support = 400 Number of PLHIV targeted for care & support = 100 No. of persons targeted for HIV prevention Peer Education = 2600Geographic service area: State: Rivers State. LGA: Ahoada West & Abua/Odual Local Government Areas  |
| **Financial Statistics** | Total Project Cost for 12 Months N**8,411,200**Amount Requested from GGF N**7,226,200**Inputs from implementing NGO N**1,185,000** |
| 1. **General Context**
 | * 1. **Key information on the Organization**:

The Support Initiative for Sustainable Development (SISDEV) was founded in 2003 as a not for profit, Non-Governmental Organization **(NGO)**. The aim of the organization is to assist low-income individuals, build their capacity through support of a range of programmes. SISDEV’s commitment to the principle of self-help to self-reliant, is based on the premise that in order for emerging democracy like ours (Nigeria) to be sustained, law and order upheld, the citizens must be literate and capable of making informed decisions, choices, and be empowered through education for sustainable development and social reforms. * 1. **Rationale for the Proposed Project**:

In Rivers State, HIV prevalence was 7.3% as at 2008 according to ANC survey. Another survey in 2010 showed that it has declined to 6.0%. The state is one of the most hit states in the country presently which had led to immense human sufferings. The most obvious of the effects are high burden of illnesses and deaths. Badly affected by the burden of the epidemic are the poor households economy, schools, workplaces, Local and State economies. National and State studies carried out showed that the factors responsible for the high prevalence rate include poverty coupled with accelerated rate of urbanization; lack of economic empowerment of women, which makes women and girls to resort to sex work; socio-cultural practices such as wife inheritance, polygamy, partner sharing Stigma and discrimination of HIV positive persons which are highly prevent in the rural communities.. The drivers of the epidemic are commonly found among long distance drivers, male & female sex workers and their clients, those with multiple sex partners, migrant workers and security personnel especially the Joint Military Task Force (JTF), as well as fisher folks, who move far away from home to fish in deep waters for days. The high risk behaviour in Rivers State are transactional sex, unprotected sex, multiple sex partners, high incidence of complications related to sexually transmitted infections. Hence the urgent need to intensify and strengthen the adoption of behavioural change that will continue to decline HIV transmission in the state with focus on the out of School Youth.Baseline survey conducted by our organisation in 2008 while implementing HIV/AIDS World Bank funded (HAF1) project in the proposed LGAs for this Project, showed that Youths from the age of 14yrs were already exposed to sex and are very active in sexual unguided practices. As at the time we implemented the HAF1 project the LGAs, had the highest sero-sentinal rate of 9.7%. From the baseline survey we conducted, it was obvious that the following factors were responsible for the high prevalence rate of the Virus in the LGAs. The factors are poverty, accelerated rate of urbanization and home coming from the city every weekend mostly for burials, lack of economic empowerment of women, which makes women and girls resort to sex work, socio-cultural practices such as wife inheritance, polygamy, partner sharing, and preference of Traditional Birth Attendants (TBAs) for child delivery, stigma and discrimination. The current state of HIV/AIDS in the beneficiary Local Governments Areas is still alarming.  Furthermore, the riverine terrain of the state poses transportation challenges to remote and isolated areas, thus explaining why available services are more concentrated in the state capital and upland communities. The out-of-school Youths, especially the females in riverine militarized communities, who are more often the victims of sexual exploitation by militants and the security operatives of the Joint Military Task Force (JTF) are not informed and educated on prevention strategies and behavioural change communications. They do not benefit from the various publications including Handbooks on HIV/AIDS Prevention. All these factors promote HIV Transmission and make control very challenging. State wise study reports identified amongst others, low economic activities, lack of mentoring support for youths and peer group influence as reasons for high rate of HIV prevalence among the youths. It therefore calls for consented and urgent need for intensive and comprehensive prevention services for young people particularly the Out-of-School youths aged between 15-35yrs to advocate for positive change. SISDEV commenced HIV prevention programs in 2007 and has maintained close working relationship with State Ministry of Health and State Agency on AIDS. In 2009 conducted a baseline study on Motherhood practices which also included issues of PMTCT, Family planning, ANC attendance, men involvement in ANC and exclusive breast feeding. This study was carried out in rural communities of Ahoada West LGA. The different studies informed and still inform our HIV/AIDS prevention programming and strategic plans. |
| 1. **Project Goal, Objectives, and Expected Results**
 | **2.1 Overall Goal:** To contribute to the reduction of new HIV Transmission in Rivers State**2.2 Specific objectives:*** To provide care and support services to 400 identified OVCs in Ahoada West & Abua/Odual LGAs with psychosocial, educational and nutritional support within 12 months.
* To provide care & support for at least 100 PLHIV & affected individuals and families in Ahoada West & Abua/Odual LGAs within 12 months
* To reach 2600 out of school youth (OSY) aged between 15 -35years (male & female) with comprehensive ABC messaging in Ahoada West & Abua/Odual LGAs within 12 months.

 **Expected Results**.We expect the following outcomes and results at the end of each programme focused area. 1. Community gate keepers accept the project and give support to SISDEV for the implementation.  2. Community participation in the delivery of services in the three focused areas.3. Number of Peer Groups Identified based on social and job related peers.4 Number of peer education sessions conducted.5 Number of people who completed the peer education training sessions.6. Number of peer groups trained on the knowledge of HIV/AIDS prevention and management measures 7 Number of persons amongst the different peer groups who practice abstinence and be faithful. 8 Percentage reduced early pregnancies and school drop outs.9 Number of persons amongst the different peer groups who consistently and correctly are using condom.10 Number of monthly monitoring and evaluation meetings heldExpected Outcome: Reduced new HIV infections amongst Peer groups.**2.3 OVC**1. Number of OVCs identified
2. Number of OVCs accessed and enrolled for services.
3. Number of OVCs who received at list one support.
4. Database of enrolled and supported OVCs
5. Percentage reduced early and unwanted sex through sexual abuses and child marriages.

Expected Result: Increased OVCs access to HIV testing, nutrition, pediatric treatment, care and support services. **2.4 Care and Support for PLWHIVs**1. Number of community men and women trained on home base care and support services.
2. The trained care providers are committed to providing care and support services to enrolled OVCs and PLWHIVs.
3. Number of visits by care givers to OVCs and PLWHIVs homes.

**Expected Result**: Increased OVCs and PLWHIVs access to, nutrition, pediatric treatment, and support services.  |
| 1. **Intervention Strategy (Methodology)**

**4. Project Activities** | SISDEV will adopt the following approaches in implementing the project to achieve the desired objectives. **3.1**. **Community Awareness**: This will go beyond the limit, therefore spreading Abstinence and Be Faithful messaging in the community by reaching a wider audience and influence behavioral change. Activities will include Community dialogue with politicians, leaders of community groups and Small Group Discussions with Out-of-School Youths. Value clarification and negotiation skills will be used for the ABC messaging.**3.2** **Peer Education Model**: This will include age peers and social peers. Considering the interests, the different social activity groups may share in common, which include: job related, relaxing spots, sports centres and social clubs etc. There are relevant institutions in the local government areas e.g internet centre, which will be used as youth friendly centres to carry out social peer activity. One centre in each LGA.**3.3 Peer Education Plus Model**: There will also be the Peer Education Plus model to be utilized in the form of Folklore and drama. This means using folklore and drama to communicate AB messaging to job peers and social peers. These strategies are chosen because young person’s tend to be more relaxed when it comes to music and dance; Young people are at the center of the HIV pandemic; they have the highest rates of STIs and are particularly vulnerable to HIV infection for social, political, cultural, biological and economic reasons.**3.4 Community Outreach**: This strategy will be targeted at road transport workers using balanced ABC messaging for transport workers to be faithful if one sex partner is in play. While one with multiple sex partners should correctly and consistently use condoms with clients and other partners. This strategy will align with community awareness and peer education models to meet the 3 Minimum Prevention Package Intervention strategies (MPPIs).**4.1 Advocacy**This is an entry activity into each community. It is advocacy visits to community leaders at the onset of the project in each community to introduce the project and solicit the support of community members. Participants will include chiefs, members of community development committee, women leaders, youth leaders and students. **4.2 Community Mobilization/Sensitization**The aim is to introduce the project concept to them and appeal to them to support the organization by creating the enabling environment for the successful implementation of the project. Thus, there will be 8 community dialogue sessions each in all the 8 beneficiary communities.**4.3 Training of Peer Educators** 24 young men and women will be selected from the 8 communities and trained as Peer Educators for 5 days; 3 persons (male and female) from each of the 8 communities. They will be trained to administer the 3 minimum packages to their age and social peers within their communities; to deliver HIV prevention information and family life skills messaging to their peers. Those trained will reach their peers through interpersonal communication and small group discussions; distribution of information handbooks; dance and drama. They will be part of the quarterly debriefing sessions to evaluate the project implementation.**4.4 Peer Sessions** We will identify social and job related peers including Okada riders, Fishermen, Taxi Drivers, Boat Drivers, Youth Associations, Community Football Groups and Religious Organizations. There will be small groups of 15 peers each and 3 Peer Educators (PE) in each community. Groups will be formed based on job-related and social peers. Group meetings will take the form of ABC messaging through Small Group Discussions (SGDs), dance drama, and peer education. Each group meeting will last for not less than 1 hour. Each PE will reach 105 individuals (cohorts of 15 peers) and expected to graduate 7 cohorts within 12 months with the 3 comprehensive minimum HIV prevention package.**4.5 Monthly Meetings** SISDEV will hold series of monthly meetings with peer educators and community volunteers to strengthen implementation strategies in areas where gaps are identified, the forum will also serve as centre for data verification and collection point. Debriefing and experience sharing will be conducted for better programming and strengthening of community support.**4.6 Care and Support**: 16 men and women (2 from each community) will be trained on providing home based care and support to 400 OVCs and 100 PLWHIVs. After the training, the home based care providers will be assigned to OVCs and PLWHIVs to administer care and support services within the project period.**4.7 Referrals and Linkages**: For proper coordinated programme delivery, SISDEV shall identify health facilities for biomedical referrals and partnership, CBOs, NGOs, Support Groups and Community Health Committees, in the areas for networking and collaboration through information sharing and participatory review/debriefing meetings. At every stage of the project implementation. We shall liaise and share our work plan with the relevant health facility officers for participation and monitoring. Services not provided by the project will be linked or referred to other HIV Prevention service providers especially in the technical area of care and treatment. To ensure sustained and proper referrals and linkages we shall train 24 Community Health Workers (CHW) and 24 Traditional Births Attendants (TBAs). |
| **5. Monitoring & Evaluation** | Monitoring (output) and evaluation (outcome) indicators that this project will report on, for each indicator, where & how data will be collected.This project is undertaken to contribute not only to the reduction in the HIV prevalence rate but also to provide care and support services and mitigate impact of HIV/AIDS in Rivers State. Therefore, SISDEV plans to collect and analyses information about the project progress, impact and sustainability. Implementation of the project activities will be monitored through quarterly debriefing meetings. This will be followed by the submission of monthly and quarterly narrative and financial reports to Global Giving for an online publication. There shall be 3 quarterly reports and a final report at the end of the 12 months period.**Evidence Based Evaluation**The debriefing forums will serve as evaluation activities where a timeline of activities will be used to assess activities implemented, emerging issues, expected and unanticipated results and the number of beneficiaries reached as well as challenges encountered in the field. Evaluation will seek to ascertain whether or not the 3 minimum prevention packages had been administered on each project beneficiary and also the number of OVCs and PLWHIVs impacted with the care and support services.Our key indicators are as follows: * 8 advocacy visits to community leaders: Data will be collected from project reports, especially attendance lists.
* 32 peer educators trained: Data will be collected and verified from the training, attendance register and project report.
* 2600 Persons reached with 3 minimum prevention service in line with MPPI: Data will be collected from the Prevention Intervention Tracking Tool (PITT)
* 400 OVCs identified and reached with care and support services: Data will be collected from NOMIS Data Base and documentation of their care history.
* 100 PLWHIVs: Data will be collected from their registration forms, register, documentation of services provided to them, number of engagement with project team members.

Monitoring data collected during the quarterly meetings will be used to assess if project objectives are achieved and indicators will be identified and verified. Changes in project execution will be determined by the findings of the quarterly evaluation and debriefing meetings, primary source data sheet will be properly documented for data verification exercises. |
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# COST IMPPLICATION

# a. BUDGET SUMMARY

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| **Category of Cost** | **Unit Cost** | **No. of Units** | **Requested from GGF** | **Cost****Share** | **Total****Cost** |
| Salaries |  | 4 x 12 | $ 9,375 | $ 8,625 | $ 18,000 |
| Equipment |  | 4 | $ 987.50 | $ 253.13 | $ 1240.63 |
| Office expenses |  | 12 months | $ 2,078.13 | $ 2,043.75 | $ 4,121.88 |
| Other Direct Cost |  | 12 months | $ 32,433.45 |  | $ 32,433.45 |
| **TOTAL COST** |  |  | **$44,874.80** | **$ 10,921.88** | **$ 55,796** |

**b. Brief notes providing budget justifications.**

* The advocacy team is expected to accomplish the task within a week
* The OVC Enrolments activity is budgeted for 2 LGAs in 8 communities.
* The OVC Nutritional Support is budgeted for 2 LGAs and for 8 communities.
* SISDEV is bearing 55% cost of office Space of which the total cost is valued at N250,000
* Office communication includes internet services of which SISDEV is Bearing the cost Valued at N6,000 Monthly
* SISDEV is sharing the cost of office supplies of which total value is 15,000
* Exchange rate was $1 to N160 as at when the proposal was written.
* The Executive Direct who shall commit 4 hours daily on the project will not be paid.