



**HIV/AIDS Impact Mitigation**

**End of Project Evaluation**

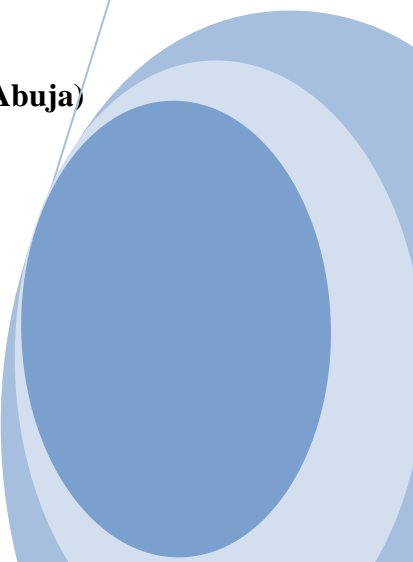
**Report**

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## ACRONYMS

AB	Abstinence and Be Faithful
ABC	Abstinence Be Faithful and Condom Use
AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS Impact Mitigation
ALC	Acada Learning Centre
AOTR	Agreement Officer's Technical Representative
BCS	Basic Care and Support
CAC	Corporate Affairs Commission
CB	Capacity Building
CBOs	Community Based Organizations
CHEDA	Centre for Health and Development
COP	Country Operational Plan
CSWs	Commercial Sex Workers
DEF	Dorcas Eunice Foundation
EOP	End of Project
EVA	Education as Vaccine against AIDS
FBO	Faith Based Organization
FCT	Federal Capital Territory
FGD	Focus Group Discussion
FMoWA&SD	Federal Ministry of Women's Affairs & Social Development
FSW	Female Sex Workers
FY	Fiscal Year
GI	Group Interview
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IA	Implementing Agency
ICAN	Institute of Chartered Accountants of Nigeria
IP	Implementing Partner
IPs/IAs	Implementing Partners/Implementing Agencies
IGA	Income Generating Activity
JJR	Jehovah Jireh Resources
KII	Key Informant Interview
LACA	Local Action Committee on AIDS
MDA	Ministry, Department & Agency
M&E	Monitoring & Evaluation
N/A	Not Applicable
NACWYCA	Centre for Women, Youth and Community Action
NAPEP	National Poverty Eradication Programme
NDE	National Directorate of Employment
NGO	Non Governmental Organization
NIM	Nigerian Institute of Management
NYSC	National Youth Service Corps
M&E	Monitoring & Evaluation
MOV	Means of Verification
OP	Other Prevention
OSY	Out of School Youth
OVC	Orphans and Vulnerable Children
PEPFAR	Presidents Emergency Plan for AIDS Relief

PABA	People Affected by AIDS
PLWHA	People Living with HIV/AIDS
PPS	Proportion to Size
RAPAC	Redeemed AIDS Program Action Committee
RWF	Rural Women Foundation
SO	Strategic Objective
SACA	State Action Committee on AIDS
SCD	Society for Community Development
SMEDAN	Small & Medium Enterprises Development Agency of Nigeria
TB	Tuberculosis
ToT	Training of Trainers
TYECE	Teens and Youths Educational and Capacity Enhancement
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
USAID	United States Agency for International Development
USI	Ummah Support Initiative
VI	Virtue International
WHED	Women Health Education Development
WIA	Winrock International, Abuja
WOGEND	Women Gender Developers
WOTCLEF	Women Trafficking and Child Labor Eradication Foundation

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## EXECUTIVE SUMMARY

The AIM Impact Mitigation (AIM) project was geared towards contributing to the USAID strategic objective (SO) 14 of reducing impact of HIV/AIDS and TB in selected states in Nigeria. The project was implemented in 15 states across the country with major focus on capacity strengthening and sustainability of indigenous NGOs in the delivery of HIV/AIDS prevention, care, and support services in local communities in Nigeria.

*Evaluation Objectives:* This evaluation examined (1) the effectiveness and impact of the AIM project on beneficiaries, (2) established the efficient use of funds, (3) provided evidence-based information on the implementation process adopted and efforts at maintaining standards, (4) identified areas of successes and best practices, challenges, and gaps, and (5) provides insightful conclusions and recommendations.

*Methodology:* This evaluation adopted participatory approach involving key WIA staff especially M&E, IPs/IAs, and other key stakeholders in the process. It employed ex-post comparison design which involved retrospective questions and eliciting information from respondents dating back to the beginning of the project. In order to enrich the information that was collected, the evaluation employed both qualitative and quantitative methods of data collection. On the quantitative aspects of the umbrella care components of the project, beneficiaries were sampled and administered structured questionnaires. In total, 816 Acada, and 684 reintegrated students, and 580 pre-school (including caregivers, and BCS), were interviewed. And for the sexual prevention component of the qualitative data collection, 547 FSW, and 626 OSY were interviewed using structured questionnaires. Quantitative data collection also included administering structured questionnaires to 132 IPs/IAs, and 22 WIA staff.

The qualitative aspects for the umbrella care involved conducting five FGDs for Acada/reintegrated students, eight FGDs for pre-school (represented by caregivers), and BCS, and 14 KII for teachers in Acada and public schools. While the qualitative component for the sexual prevention service area included six FGDs for FSW, five FGDs and nine KII for FSW clients, seven FGDs and one KII for FSW clients. The evaluation team conducted 16 GI for IPs/IAs, five GI and one KII for WIA staff, and one GI for WI/HQ staff. Other stakeholders that the evaluation team elicited information from using qualitative methods were MDAs staff (SACA, LACA, and NDE; six KII), NIM, ICAN, and UBEC representatives one KII each. The main limitation to this assessment is the possibility of memory lapse that may result from recalling events that happened in the past four years. In order to reduce this occurrence, efforts were made to triangulate information from the different sources as much as possible, and where necessary, questions were followed with probe questions.

### *Key Findings:*

The evaluation results suggest the following findings details of which are explained in the report. One key finding was that the project performed well in terms of meeting set targets on all the beneficiaries. Other key findings are presented under the four main project objectives.

### *Objective One: Strengthening Capacity of Local NGOs and other stakeholders.*

- Capacity strengthening was implemented in a holistic fashion involving all key stakeholders with direct involvement—IPs/IAs staff, adult beneficiaries (caregivers, BCS, FSW, and OSY), and WIA staff. IPs/IAs capacity strengthening increased substantially during the course of the project. Reports suggest that formal trainings were received in program management (48%), M&E (46%), finance and management (32%), and grants development and management (29%). Also, IPs/IAs were exposed to numerous informal training, like those on orientation

meetings, Acada curriculum trainings, psychosocial support trainings, NIM/ICAN trainings to mention a few. The project empowered adult beneficiaries with the necessary skills to do business successfully. The skills acquired was reflected in the profit and loss analysis of IGA beneficiaries which showed that overall, the majority (73%) had above 25% income in the months that records were available. The adult beneficiaries also reported improvement in their leadership skills as a result of participation in peer education and mentorship training. WIA staff reported been trained through exposure to conferences, short-term workshops, and step-down in-house trainings.

*Objective Two: Provide Care and Support Services to OVC and HIV/AIDs Affected Families.*

- This objective was evaluated based on information from Acada, reintegrated, and pre-school OVC, caregivers, and BCS. The Acada OVC who participated in this evaluation reported significant change in their ability to read (9% to 76%), and write (10% to 73%), likewise reintegrated OVC's ability to read and write improved significantly (12% to 72%; and 12% to 73%) respectively. The nutritional intake of pre-school OVC increased significantly, all pre-school reported eating vitamins five times a week (100%), compared to carbohydrates (15%), and protein (9%). Results of the evaluation suggest that pre-school OVC had access to birth certificate, immunization and other health facilities than Acada, and reintegrated OVC. This may be due to differences in programming focus. Findings also showed that the majority of caregivers (87%), and BCS (79%) participated in IGA, with variation observed by sex and residence.

*Objective Three: Improve the quality of Life of HIV Infected Individuals and their Families.*

- The positive impact of this evaluation was felt across all beneficiaries based on the activities that they were exposed to. Aside, direct questions asking adult beneficiaries about benefits, quantitative data was subjected to statistical test (chi-square) to ascertain that the reported change was not due to chance. Significant proportion of Acada OVC were able to read and write been exposed to the program, likewise the majority of reintegrated OVC as well. The majority of caregivers (85%), and BCS (74%) reported that their involvement in IGA had positive impact on their families, and they (80%) rated the services received as satisfactory or very satisfactory. These findings were corroborated by qualitative results as well.

*Objective Four: Present HIV Transmission by Reducing Vulnerability amongst Targeted Groups.*

- The majority of FSW (79%) reported involvement in peer education and mentoring program, and increased desire (93%) to leave the trade. And the majority (90%) rated the peer education and mentoring program as satisfactory and very satisfactory, while below half (32%) rated their involvement in IGA program as satisfactory. The reason for the low rating may be due to their inability to transition from the trade. Findings also suggest that FSW clients were exposed to some sexual prevention messages but the extent of exposure was not clear. Considerable proportion of OSY (84%) were exposed to sexual prevention messages, and the majority (91%) rated the program as satisfactory or very satisfactory. Findings suggest that significant change in behavior between OSY exposed to sexual prevention messages and those not exposed (34% vs. 19%, respectively).

*Key Management Issues*

The evaluation results provided insights on key management issues which are presented below.

- The main challenges to implementation reported included (1) timing of some of the capacity building trainings, (2) timeliness in communication on financial and other issues, (3) staff attrition by some IPs/IAs, (4) cumbersome nature of some M&E materials, and lack of community support for FSW activities in some localities. Results suggest that communication and relationship between key partners was good but can be better. In terms of project structure, findings suggest that this worked well but can be improved with regional offices located close to communities. On the project sustainability, results of both qualitative and quantitative findings suggest that IPs/IAs made in routes especially with respect to community buy-ins in form of finances, and other materials, government increased support, and writing of proposals and more publicity. Findings suggest that measures were put in place to ensure standardization of services through the production of manuals that served as references, review of reports and documents by WIA board members and members of professional bodies, and periodic visits to project sites by designated professionals. Findings suggest that over the years, services reached more beneficiaries with fewer amounts of dollars. Person-cost of service declined from \$98.25 in COP 06 to \$53.1 in FY 2010.
- Findings suggest that the majority of beneficiaries rated the services received as above satisfactory level, likewise IPs/IAs rated the project as above satisfactory level, while other stakeholders rated the project as satisfactory. Overall the project is satisfactory with rooms in the future for improvement.

#### *Key Lessons Learnt*

- The main lesson subsuming all other is that the holistic approach to capacity building of all key stakeholders had a quicker and far reaching effect on programming geared to benefit OVC, caregivers, BSC, FSW, and OSY.

#### *Recommendations*

- The overarching recommendation are on (1) the scaling up the intervention programs for OVC, caregivers, and BSC, FSW, and OSY with perhaps, more focus on rural than urban areas for those under the umbrella care areas of services. There is the need to devise better strategies to get more FSW to complete the full circle transition from sensitization on risky sexual behavior to desire to leave the trade and to full engagement in other trade. Also, management issues with respect to communications, project structure, and other issues need to be examined carefully.

## **INTRODUCTION**

### **Background**

The impact of the HIV/AIDS epidemic has been devastating in Nigeria with growing number of orphans and families whose lives have been altered by the impact of the disease. In a bid to mitigate the impact of HIV/AIDS among families and most-at-risk groups in communities across the country, USAID/Nigeria mission awarded Winrock International a grant of \$5, 866, 235 for a four-year program starting in October 2006 and ending in October, 2010.

The AIDS Impact Mitigation (AIM) program activities contribute to USAID Strategic Objective (SO) 14 which is to reduce impact of HIV/AIDS and TB in selected states in Nigeria. Since the past four years, the project has been implemented in 15 states across the country with the overall goal of strengthening the capacity and sustainability of indigenous NGOs in the delivery of HIV/AIDS prevention, care and support services in their communities.

The AIM project was designed to achieve the following goals:

- Strengthen the capacity of local NGOs to provide direct HIV care and support services, and disseminate prevention messages to most at risk population.
- Improve the quality of life of HIV infected individuals and their families focusing on widows and single mothers.
- Also, to prevent HIV transmission by reducing vulnerability amongst targeted groups including female sex workers.
- And provide OVC care and support services to HIV/AIDS affected families in selected communities.

Evaluation Objectives:

The report present findings on key aspects of the AIM project implementation in the last four years. Specific objectives of the evaluation are:

- To ascertain the effectiveness of the project as planned on the target beneficiaries;
- To establish the efficient use of funds in achieving the project objectives;
- To provide evidence-based information on the implementation processes adopted by partners against the standard prescribed by the project;
- To identify specific areas of success and best-practices in during implementation of the project;
- And to identify challenges and gaps in implementation, and recommend solutions and other ways of improvements.

## METHODOLOGY

This evaluation adopted participatory approach involving key WIA staff especially those in the M&E, IPs/IAs, and other stakeholders at every stage of the process. Ex-post comparison design was employed in the evaluation combining both quantitative and qualitative approaches to obtain rich and insightful information on the AIM project implementation and impact in the project sites and communities all across Nigeria. Also, triangulation methodology was applied at every stage of the evaluation, right from initial consultations with key stakeholders, to data collection, analysis, interpretations and report writing synergizing findings from both primary and secondary information.

### Quantitative Methods and Data Collection

Quantitative component of this evaluation employed survey methods which included structured questionnaires administration to beneficiaries in the umbrella care, and sexual prevention program.

**Table 1: Expected and achieved sample sizes by program area and targeted population (actual numbers)**

Program Areas/Beneficiaries	Expected	Achieved	Difference between expected and actual (%)	IPs/IAs & WIA	Expected	Achieved
<i>Umbrella Care</i>						
Acada	767	816	6%	IPs/IAs	All	132
Reintegration	576	684	19%	WIA	All	22
Pre-School (including Caregivers & BCS)	480	580	21%			
<i>Sexual Prevention</i>						
FSW	481	547	14%			
OSY	481	626	23%			
<b>Total</b>	<b>2785</b>	<b>3253</b>			<b>Total</b>	<b>154</b>

### Sampling Design

Expected sample size per targeted population and per IPs/IAs was determined based on probability proportion to size (PPS) i.e. proportion of each IP/IA's beneficiaries with respect to total beneficiaries in each of the service area, and available resources and time available for the study. The proportion of expected sample size per service area for each IP/IA was further disaggregated according to selected sites for (both north and south) that each IP/IA provided services across the country.

Comprehensive list of beneficiaries were compiled and used to systematically select respondents at each project sites. Where expected number of sub-sample at a project site or community was low, this was compensated for from a similar project site elsewhere for the same IP/IA. In other to achieve the expected samples, each was boosted by 20%. As Table 1 above shows that actual sample size obtained was more than the expected for each of the service area. There were increases on expected sample sizes for Acada beneficiaries (6%), Reintegration (19%), Pre-School (21%), FSW (14%), and OSY (23%).

Survey questionnaires were administered to 132 IPs/IAs staff that were on site at the time that the evaluation team visited their location. Of the 132 IPs/IAs personnel who completed the survey questionnaires, 17% were RAPAC staff, 11% were from WOGEND, 11% were USI staff, and 9% were NAWYCA staff. And 8% of the IPs/IAs respondents were TYECE staff, 7% were from

WOTCLEF, while DEF and WHOLISTIC both had 6%, and PEP staff was 5% of the respondents. Other IPs/IAs staff who participated were, JJR, RWF, CHEDA, and EVE, each having 4% of the sampled population. Twenty-two staff of WIA available at the time of the evaluation completed survey questionnaire as well.

The study adopted a face-to-face interview of selected respondents administering structured questionnaires to elicit information on their background characteristics, types of services received, and changes in quality of life as a result the services, and impact on the individual and the community. Respondents were interviewed directly except pre-school beneficiaries that were represented by their caregivers/guardian.

In order to elicit rich and insightful retrospective information dating back as far as possible in the life of the project, some reintegrated OVC and those that were not in school at the time of evaluation were interviewed as Acada OVC. In order to ascertain literacy, most OVC who participated in the evaluation exercise were asked to write their full names. Likewise, considerable numbers of questions in the instruments used were retrospective in nature eliciting before and after exposure to services information.

### *Sample Distribution*

**Table 2: Sampled percentage distribution of beneficiaries according to areas of services and IPs/IAs offering the services**

IPs/IAs	Umbrella Care				Sexual Prevention	
	Pre-Sch/Caregiver (%)	Acada (%)	Re-integration (%)	BCS (only) (%)	FSW (%)	OSY (%)
<b>Total (N)</b>	371	749	698	209	547	626
<b>RAPAC</b>	25%	25%	33%	33%	n/a	n/a
<b>JJR</b>	13%	9%	10%	8%	n/a	n/a
<b>DEF</b>	14%	3%	4%	8%	n/a	n/a
<b>RWF</b>	18%	11%	22%	12%	n/a	n/a
<b>USI</b>	10%	38%	19%	13%	n/a	n/a
<b>WOGEND</b>	12%	5%	9%	21%	n/a	n/a
<b>TYECE</b>	8%	8%	3%	5%	7%	5%
<b>CHEDA</b>	n/a	n/a	n/a	n/a	21%	15%
<b>EVA</b>	n/a	n/a	n/a	n/a	11%	21%
<b>NAWYCA</b>	n/a	n/a	n/a	n/a	14%	13%
<b>PEP</b>	n/a	n/a	n/a	n/a	10%	15%
<b>WHOLISTIC</b>	n/a	n/a	n/a	n/a	11%	9%
<b>WOTCLEF</b>	n/a	n/a	n/a	n/a	26%	22%
<b>Total (%)</b>	100%	100%	100%	100%	100%	100%

Note: n/a = not applicable

Table 2 above shows the proportions of beneficiaries that were employed in this evaluation data analysis by service areas across IPs/IAs. There was no observable bias in the distribution i.e. no noticeable pattern in the distributions of sub-samples across service areas and across IPs/IAs. Table 2 shows that the largest proportion of pre-school/caregiver sub-sample was from RAPAC (25%), followed by RWF (18%), DEF (14%), JJR (13%), WOGEND (12%), and TYECE (8%). For Acada OVC the largest proportions were from USI (38%), and RAPAC (25%), followed by RWF (11%), JJR (9%), TYECE (8%), WOGEND (5%), and DEF (3%). With respect to reintegration OVC, the distributions were in favor of RAPAC (33%), RWF (22%), and USI (19%). Other sub-samples of reintegrated OVC were from JJR (10%), WOGEND (9%), DEF (4%), and TYECE (3%). The sample of BCS (only) employed in the analysis included RAPAC (33%), WOGEND (21%), USI (13%), RWF (12%), JJR and DEF (both 8%), and TYECE (5%).



In Table 2, the sub-samples of beneficiaries for sexual prevention did not suggest any noticeable pattern as well. The largest proportion of FSW was from WOTCLEF (26%), followed by CHEDA (21%), NACWYCA (14%), EVA and WHOLISTIC (both 11%), and PEP (10%), and TYECE (7%). The largest proportions of OSY were from WOTCLEF (22%), EVA (21%), CHEDA and PEP (both 15%), with the remaining proportions shared by NACWYCA (13%), WHOLISTIC (9%), and TYECE (5%).

## Qualitative Methods and Data Collection

### Qualitative Methods

Purposive selection method was employed in identifying beneficiaries and stakeholders who participated in the qualitative data collection. In order to ensure triangulation at the data collection stage, qualitative data collection techniques including FGD, Key informant Interviews (KII), and group interviews (GI) were employed as necessary. The majority of participants in the FGD and KII were people knowledgeable in the topics of interest. In other to ensure dynamic and rich information, attempts were made to include in the FGD only those who had similar background characteristics. Group interviews (GI) technique was employed to simultaneously elicit cross cutting information from broad range of program implementers.

**Table 3a: Expected and achieved FGD, KII, & group interviews for beneficiaries & other stakeholders**

Program Areas/Beneficiaries	Expected	Achieved	Other Stakeholders	Expected	Achieved
<i>Umbrella Care</i>			IPs/IAs	14 Group Interview (GI)	16 GI
<b>Acada/Reintegration</b>	7 FGD	5 FGD	WIA	1 GI, 1 KII	5 GI, 1 KII, 1 GI (HQ staff)
<b>Pre-School/BCS</b>	7 FGD	8 FGD	MDAs (including SACA, LACA & NDE)	4 KII	6 KII
<b>Acada teachers</b>	14 KII	14 KII	NIM/ICAN/UBEC	3 KII	3 KII
<i>Sexual Prevention</i>			USAID/Nigeria	1 GI	1 GI
<b>FSW</b>	7 FGD	6 FGD			
<b>FSW Clients</b>	7 FGD	5 FGD & 9 KII			
<b>OSY</b>	7 FGD	7 FGD & 1 KII			
<b>Total</b>	<b>35 FGD; 14 KII</b>	<b>31 FGD; 24 KII</b>	<b>Total</b>	<b>16 GI, 8 KII</b>	<b>23 GI, 10 KII</b>

As Table 3a above shows the evaluation obtained more information using KII and GI than expected. In total 31 FGDs were conducted, for Acada/reintegrated OVC (5), pre-school (through caregivers) & BCS (8), FSW (6), FSW Clients (5), and OSY (7). And a total of 24 KII was conducted for beneficiaries including Acada teachers (14), FSW Clients (9), and OSY (1). Total GI conducted was 23, with the largest (16) for IPs/IAs, followed by WIA (5), and WIA COP and USAID/Nigeria (one, each). More KII was conducted than expected (8 vs. 11), and ministries, department, and agencies (MDAs) and MDAs had the largest number (6), followed by NIM/ICAN/UBEC (3) and WIA (1).

Several attempts were made to get SCD, WHED, and VI who were once IPs/IAs of the AIM project, to participate in this evaluation but was not successful.

**Table 3b: Percentage of beneficiaries, and IPs/IAs staff, and WIA staff according to when they joined the project**

<i>Year Joined Project</i>	<i>Beneficiaries</i>						<i>IPs/IAs</i>	<i>WIA staff</i>		
	Acada/ Reint	Caregiver s/BCS	FSW <sup>^</sup>	OSY	Total	%			Total	%
FY 09	4	24	31	13	72	38.1%	27	10	37	25.5%
COP 08	20	22	7	16	65	34.4%	17	1	18	12.4%
COP 07		18	14	4	36	19.0%	27	4	31	21.4%
COP 06		5	7	4	15	8.5%	52	7	59	40.7%
<b>Total</b>	<b>24</b>	<b>69</b>	<b>59</b>	<b>37</b>	<b>189</b>	<b>100</b>	<b>123</b>	<b>22</b>	<b>145</b>	<b>100</b>

Table 3b shows the percentage distribution of beneficiaries that participated in the qualitative data collection, and when they joined the project. It also shows the percentage of the IPs/IAs and WIA staff who participated in the data collected and when they joined the project. This is to establish some form of program and institutional memory as at when the project started. The table shows that 8.5% of the beneficiaries who participated in the qualitative data collection were from COP 06, 19% from COP 07, 34% from COP 08 and 38% from FY 09. And of the 145 IPs/IAs and WIA staff who participated in the evaluation, 415 joined since COP 06, 21% joined in COP 07, 12% in COP 08, and 26% in FY 09. Although there are no distribution of the beneficiaries who participated in the quantitative data collection, all who those included in the qualitative aspect were from the quantitative samples.

### *Team Composition*

The evaluation team was sub divided into two groups— Team A, and Team B. Each team composed of two consultants (male and female) assigned to simultaneously implement the fieldwork. The lead consultant of the evaluation provided oversight to the two teams throughout the evaluation process. During the southern data collection, Team A conducted data collection visiting all IPs/IAs in the south-west, while Team B did the same for the south-east. And during the northern fieldwork, Team A was in charge of the north-east while Team B was in charge of the north-central. The lead consultant traveled across the country both south and north working with each teams. One M&E or program staff of AIM accompanied each of the teams as they canvassed the 15 states where the AIM projects were implemented.

### **Field Experience**

The fieldwork component of the evaluation began in June 21, 2010 through July 13, 2010 with pretest of evaluation tools at two sites of RAPAC and WOTCLEF in Abuja-FCT. The consultants in Team A visited and elicited information from four IPs/IAs and their beneficiaries in Oyo & Lagos states in the south-west while Team B visited four IPs/IAs and their beneficiaries in Edo, Anambra and Imo states in the south-east. Also, Team A visited four IPs/IAs and their beneficiaries in Kano and Adamawa states in the north-east, and Team B conducted fieldwork with three IPs/IAs in Benue, Cross-River and Nassarawa states in the north-central region. The two teams combined conducted data collection with two IPs/IAs, and other stakeholders in the FCT.

### **Limitations of Evaluation Methodology**

Possible factors that may limit the outcomes of this evaluation are listed below:

- The evaluation involved considerable number of retrospective questions asking beneficiaries

and other key players to think back to when they first got involved with the project. Questions of this kind may be subject to memory lapses which may have affected responses.

- The sample of Acada beneficiaries may have been skewed towards those that were in the program at the time of the fieldwork. Although efforts were made to include former acada students who were reintegrated into public schools, and those that were currently not in school, these sub-group may have been underrepresented in the sample. Also, highly mobile FSW may have been underrepresented in the evaluation, especially those that relocated to other parts of the country without leaving follow-up addresses, or those that have left the sex trade as a result of the program but preferred to be anonymous.
- Also, staff motility may have limited the rich findings that would have come from institutional memory of long serving staff that were no more with the IPs/IAs at the time of evaluation. In addition, staff capacity building assessment may have been underestimated considering that some staff who benefited from the AIM project training scheme were elsewhere at the time of the evaluation.
- IPs/IAs that had left the AIM project could not be reached during the evaluation. Their staff would probably have provided additional information to enrich the evaluation. The evaluation team did not observe any uniqueness in the three IPs/IAs that were not included in the evaluation that would suggest any bias in the outcomes. The three were in locations that had other IPs/IAs working in similar areas of interest.

## FINDINGS

### Background Characteristics of Stakeholders

This section describes the basic characteristics of the stakeholders involved in this evaluation with respect to sex, age, residence, education, and other basic background indicators.

#### Umbrella Care: Background Characteristics

##### *Basic Characteristics of OVC*

**Table 4: Percentage distribution of OVC by selected basic characteristics**

	Acada (%)	Reintegration (%)
<b>Sex</b>		
<b>Total (N)</b>	749	698
<b>Male</b>	53%	48%
<b>Female</b>	47%	52%
<b>Age group (in years)</b>		
<b>5 or younger</b>	3%	3%
<b>6 to 14</b>	94%	95%
<b>15 or older</b>	3%	2%
<b>Residence</b>		
<b>Rural</b>	38%	55%
<b>Urban</b>	62%	45%
<b>Status of Parents</b>		
<b>Mother alive</b>	37%	39%
<b>Father alive</b>	14%	14%
<b>Both dead</b>	19%	15%
<b>Both alive</b>	28%	29%
<b>No response/don't know</b>	2%	3%

Table 4 shows that the majority of Acada OVC were males (53%), aged 6 to 14 years (94%), who lived in the urban areas (62%). About half of Acada OVC lost one of their parents (51%), a fifth (19%) were double orphans, and over a quarter (28%) were not orphans. The majority of reintegrated students (52%) were females, aged 6 to 14 years (95%) living in rural areas (55%). Also, the majority of reintegrated OVC had only a parent (53%), while some were double orphans (15%), others had both parents alive (29%) at the time of the evaluation.

#### Pre-School Caregivers & BCS: Background Characteristics

**Table 5: Percentage distribution of Pre-School OVC Caregivers and BCS (only) beneficiaries according to background characteristics**

	Pre-School Caregiver (%)	BCS (only) (%)
<b>Sex</b>		
<b>Total (N)</b>	371	209
<b>Male</b>	5 %	9%
<b>Female</b>	95%	91%
<b>Age group (in years)</b>		
<b>25 or younger</b>	8%	22%
<b>25 to 34</b>	4%	6%
<b>35 to 44</b>	23%	19%
<b>45 or older</b>	64%	53%
<b>Residence</b>		

<b>Rural</b>	32%	35%
<b>Urban</b>	68%	65%
<b>Level of Education</b>		
<b>None/Isamic</b>	28%	25%
<b>Primary</b>	34%	41%
<b>Secondary</b>	32%	30%
<b>Tertiary</b>	6%	4%

As Table 5 above suggest that most pre-school caregivers were females (95%), aged 45 or older (64%), living in urban areas (68%), and had secondary or lower education (66%). Also, the majority of BCS were females (91%), aged 35 years or older (72%), living in the urban area (65%), and had primary or secondary education (71%).

### Pre-School OVC Vulnerability Status

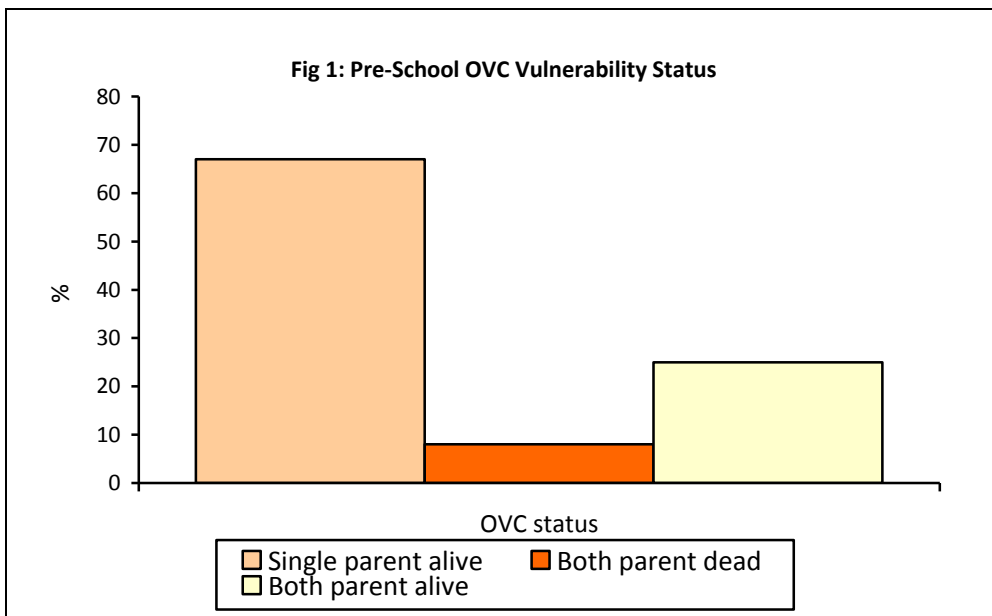


Figure 1 above shows that the majority (67%) of pre-school OVC had already lost a parent; some already lost both parents (8%), while others had both parents alive (25%).

### Sexual Prevention: Background Characteristics

This sub-section describes the basic characteristics of beneficiaries of the sexual prevention component of the AIM project in terms of sex, age, residence, and education.

#### FSW Background Characteristics

**Table 6: Percentage distribution of FSW and OSY according to background characteristics**

FSW		OSY	
Sex		Sex	
<b>Total (N)</b>	547	<b>Total (N)</b>	626
<b>Male</b>	-	<b>Male</b>	73%
<b>Female</b>	100%	<b>Female</b>	27%
<b>Age group (in years)</b>		<b>Age group (in years)</b>	
<b>18 or younger</b>	3%	<b>Less than 18</b>	16%
<b>19 to 34</b>	84%	<b>18 to 21</b>	35%
<b>35 to 44</b>	11%	<b>22 to 25</b>	31%

<b>45 or older</b>	2%	26 or older	18%
<b>Residence</b>		<b>Residence</b>	
<b>Rural</b>	28%	<b>Rural</b>	37%
<b>Urban</b>	72%	<b>Urban</b>	63%
<b>Level of Education</b>		<b>Level of Education</b>	
<b>None/Islamic</b>	21%	<b>None/Islamic</b>	4%
<b>Primary</b>	39%	<b>Primary</b>	22%
<b>Secondary</b>	38%	<b>Secondary</b>	58%
<b>Tertiary</b>	2%	<b>Tertiary</b>	16%

Table 6 shows the percentage distribution of FSW with respect to age, residence, and education. Most FSW were aged 34 or younger (87%), living in urban areas (72%), and had secondary (38%), primary (39%), or no education (21%).

Other basic characteristics of FSW suggest that most were still on sex work (88%) at the time of the evaluation, and while some (21%) had spent less than a year, or a year (25%) at the trade, others had spent 2 to 3 years (34%), and 4 years plus (20%). Survey questions included types of sexual partners, a key indicator of exposure to risky sexual behavior. The majority of FSW (60%) had casual sexual partners, while others had regular (35%), or both (2%). Another indicator of exposure to risky sexual behavior is the average number of sexual partners that FSW meet per day. Findings suggest that the majority (70%) met three or more sexual partners per day, while others (25%) met one or two per day.

### *OSY Background Characteristics*

Table 6 shows that most OSY (73%) were males, aged 25 or younger (82%), urban resident (63%), with secondary or primary education (80%). Key occupations of OSY are auto technician (16%), hair-dresser/barber (13%), petty trader (7%), catering/baking (6%), paid employment and tailoring (both 5%), farming (4%), driver/okada rider (3%), and others (6%), and substantial proportion were unemployed (35%).

## **IPs/IAs & WIA Staff Background Characteristics**

**Table 7: Percentage distribution of IPs/IAs and WIA staff according to background characteristics**

<b>IPs/IAs Staff</b>		<b>WI A Staff</b>
<b>Sex</b>		
<b>Total (N)</b>	132	22
<b>Male</b>	51%	59%
<b>Female</b>	49%	41%
<b>Age group (in years)</b>		
<b>19 or younger</b>	1%	-
<b>20 to 24</b>	10%	-
<b>25 to 29</b>	32%	42%
<b>30 to 34</b>	25%	21%
<b>35 or older</b>	32%	37%
<b>Residence</b>		
<b>Rural</b>	13%	9%
<b>Urban</b>	87%	91%
<b>Level of Education</b>		
<b>None</b>	1%	-
<b>Primary</b>	4%	-
<b>Secondary</b>	6%	14%
<b>Tertiary/others</b>	89%	86%

Table 7 above shows that IPs/IAs who participated in the evaluation were evenly split between males (51%) and females (49%), and were aged 34 or younger (68%), urban residents (87%), with tertiary education (89%). The majority of WIA staff who participated in the evaluation were males (59%), aged 30 or older (58%), urban resident (91%), with tertiary education (86%).

## Project Achievements

This section examines the achievements of the AIM project with respect to its four stated objectives in the cooperative agreement in terms of services provided, indicators of behavior change and quality of life, and impact measured by changes in social conditions of beneficiaries.

### Achievements on Targets & Performance Indicators

**Table 8: Selected PEPFAR performance indicators and targets between COP 06 and third quarter of FY 09**

<i>PEPFAR Indicators</i>	<i>Expected</i>	<i>Achieved</i>
<b>FSW</b>		
<b>1. # of individuals (CSWs) reached with community outreach that promotes HIV/AIDs prevention (AB)</b>	12,389	48,974*
<b>2. # of individuals (former CSWs) trained to promote HIV/AIDS prevention (balanced ABC)</b>	647	699
<b>OSY</b>		
<b>3. # of targeted condom service outlets (barber shops, hairdressing saloon)</b>	519	610
<b>4. # of individuals (OSY) reached through other behavior change beyond AB</b>	10,961	54,258*
<b>5. # of individuals (OSY) trained to promote HIV prevention through other behavior change beyond AB</b>	729	1,114**
<b>BCS</b>		
<b>6. # of individual provided with HIV palliative care (excluding TB/HIV)</b>	39***	5,039
<b>7. # of individual trained to provide HIV palliative care (excluding TB/HIV)</b>	2694	5,158
<b>OVC</b>		
<b>8. # of OVC served by (community based) OVC programs</b>	16,694	18,337
<b>9. # of caregivers and service providers trained to provide care and support to OVC</b>	1,370	2,710
<b>10. # of OVC receiving food and nutritional supplementation through OVC programs</b>	13,645	9,712

Note: Data source is from WIA quarterly report to USAID, \* = target for COP 06 is youths, not FSW or OSY; \*\* = indicator not applicable in COP 06. \*\*\* COP 09 targets were not included.

The Table 8 above shows the expected and achieved PEPFAR targets from COP 06 to FY 09. The statistics show that the AIM project met and, in most cases, surpassed set targets except on nutritional supplementation where there was substantial difference between expected and achieved. Aside meeting targets, findings from qualitative data suggest that over the years, most IPs/IAs were able to reach their targets with improved quality of services.

## Objective One: Strengthening Capacity of Local NGOs & Other Stakeholders

This section examines capacity building at different levels of project implementation from IPs/IAs staff to beneficiaries with respect to both formal and informal trainings received.

### IPs/IAs & WIA Formal Trainings & Technical Assistance

**Table 9a: Percentage of IPs/IAs who reported receiving formal trainings from the project**

<i>Broad Areas of Training</i>	<i>IPs/IAs Staff (%)</i>
<b>Total (N)</b>	132
<b>Program management</b>	48%
<b>Financial management</b>	32%
<b>Grant development &amp; management</b>	29%
<b>Monitoring &amp; Evaluation</b>	46%

**Table 9b: The number of WIA staff who reported that they received formal training according to the type of training**

<i>Broad Areas of Training</i>	<i>WIA Staff *</i>
Program management	23
Financial & Grants management	7
Monitoring & Evaluation	6
Administration	7
<b>Total (N)</b>	22

Note: \* = There are numbers of responses which includes some staff in more than one area of training.

As Table 9b above shows, substantial number of WIA staff had local trainings in program management (23), financial and grants management (7), M&E (7) and administration (7). These numbers reflect those who reported trainings more than once in a specific programming area. Findings from group interviews conducted among staff suggest that all staff benefited from one type of training or the other especially in the form of conference participation, involvement in key national HIV committees, and meetings with other implementing partners, and donor agencies. Excerpts from a staff of WIA sums up the on-the-job training experience as follows:

*Stepping down training is part of our mandate. As M&E unit we go and build capacity of our partners. I have done one specifically for RAPAC where they brought all their M&E officers together because we noticed that they are always having issues and because their own situation and USI is peculiar.*

**Table 10: Routine on-the-job trainings received by current staff of IPs/IAs at the time of evaluation**

<i>Year</i>	<i>M&amp;E</i>	<i>Program</i>	<i>Financial/Grants</i>
<b>COP 06</b>	Inception training & technical assistance	Inception training & technical assistance	Inception training & technical assistance
<b>COP 07</b>	Inception training & technical assistance	Inception training & technical assistance	Inception trainings & technical assistance



<b>COP 08</b>	Quarterly meetings & technical assistance	Technical assistance	Technical assistance
<b>FY 09</b>	Quarterly meetings & technical assistance	Quarterly meetings & technical assistance	Technical assistance

Table 9 shows that IPs/IAs staff interviewed reported formal trainings during the course of the AIM project in program management (48%), financial management (32%), grant development and management (29%), and M&E (46%). Perhaps the most formidable aspect of capacity building of the project is step down training, a combination of meetings and onsite technical assistance provided by WIA staff to IPs/IAs personnel on regular bases throughout the life of the project.

Table 10 suggest that WIA staff provided IPs/IAs with inception trainings to kick-off the project followed by close supervision in the form of onsite technical assistance and quarterly meetings on key project areas at WIA office.

Some specific trainings attended by both WIA and IPs/IAs staff were on (1) Acada curriculum training, (2) NIM/ICAN training, (3) SCD capacity building for partnership, (4) strategic behavioral change communication training, (5) psychosocial support to OVCs, (6) food and nutrition training, and among others. Several meetings that exposed and developed stakeholders were diverse, some of which are with the project advisory board, USG OVC IPs forum, and partner regular meetings.

**Table 11: Percentage distribution of current IPs/IAs & WIA staff according to ratings on quality of training received during the project life**

Ratings	IPs/IAs (%)	WI Staff (%)
<b>Total (N)</b>	132	22
<b>Not satisfactory</b>	-	5%
<b>Fairly Satisfactory</b>	6%	10%
<b>Satisfactory</b>	57%	45%
<b>Very satisfactory</b>	25%	35%
<b>Don't know/no response</b>	12%	5%

On the quality of trainings received findings from the survey conducted suggest that most IPs/IAs (82%) rated the trainings received as satisfactory or very satisfactory. Also, the majority (80%) of WIA staff rated the trainings that they received as satisfactory or very satisfactory. From the groups interviews conducted, at least seven IPs/IAs reported that they now feel confident about their technical and administrative capacity to source for donor funds directly which is in stark contrast to their level of expertise when they joined the AIM project. An IPs/IAs staff summarizes the perceptions of most IPs/IAs on the quality and increased capacity attained over the years.

*We started fairly with some obstacles but since it was a kind of empowerment, building our capacity, we achieved something. If there is anything I am proud of, it is the fact that we started as babies, in a one room apartment, but we are no more crawling, we have grown; now many NGOs are calling us to submit proposals because they want to work with us. Winrock has built our capacity, now we can proudly say we are an NGO, we now have an organizational set up, we have implementing staff, we have technical knowhow because we have been equipped with that knowledge and we have been equipped with how to handle problems through the capacity building (IP/IA staff, Kano).*

**Table 12: Percentage to Caregivers, BCS, and FSW according to types of business skills trainings received on IGA**

<i>Business Skills Indicators</i>	<i>Caregivers (%)</i>	<i>BCS (%)</i>	<i>FSW (%)</i>
<b>Total (N)</b>	<b>371</b>	<b>209</b>	<b>547</b>
<b>% trained on how to access business opportunities</b>	54%	51%	19%
<b>% trained on business management skills</b>	28%	24%	23%
<b>% trained on financial accounting</b>	12%	11%	13%
<b>% trained in self esteem/self worth</b>	n/a	n/a	19%
<b>% trained in safe sexual practices</b>	n/a	n/a	21%

Note: n/a = not applicable

Findings of this evaluation suggest that IPs/IAs stepped-down trainings on business management skills to beneficiaries who were in the IGA program. As Table 12 shows, caregivers reported that they received trainings on; how to access business opportunities (54%), business management skills (28%), and financial accounting (12%). Also, BCS beneficiaries reported that they received trainings on; how to access business opportunities (51%), business management skills (24%), and financial accounting (11%). In addition to how to access business opportunities (19%), business management skills (23%), and financial accounting (13%), FSW received trainings on self esteem/self worth (19%), and safe sexual practices (21%). The low affirmative responses on types of business training skills received were surprising since training was a condition for participating in the project. Thus, low responses may be due to the inability of the respondents to identify specific titles of the training received since considerable proportion answered “don’t know” in their responses to the questions. Also, percentage of FSW who reported participation in skills trainings on how to access business opportunities may have been affected by their transient nature and the difficulty in tracking those who have moved to other locations. The IGA trainings received is best assessed in their own words from selected beneficiaries below.

<p><b>Caregiver beneficiary DEF Ibadan:</b></p> <p><i>They gave us food teaching on how to do chin-chin, puff, puff....they also teach us how to plant vegetable, how to do beads for the neck.... they also teach phone call business</i></p>	<p><b>BCS beneficiary USI Kano:</b></p> <p><i>It has been beneficial because even before we were given IGA, we were taught about business and trained on how to go about it. I was not into business before, but now as a result of the training, I am a good business woman</i></p>	<p><b>FSW beneficiary CHEDA Yola:</b></p> <p><i>We were trained on business skills and we were given IGA. I was given rice, and I have started cooking for sale, so I am very busy now and most times too tired for anything else...now I don't depend on any mans money, I have started saving money.</i></p>
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### **Objective Two: Provide Care and Support Services to OVC and HIV/AIDS Affected Families**

This section discusses the types of services provided to beneficiaries of the AIM project and effects on the quality of their lives.

In order to have insights into the number and range of services received by OVC household,

caregivers/guardians were asked the number of services that they received, and the results showed that the majority of household received six or more services (92%).

### Acada & Reintegration

**Table 13: Percentage of OVC according to access to basic AIM project services before and after enrolling in school**

<i>Types of Benefits</i>	<i>Acada</i>		<i>Reintegration</i>	
	<i>Before (%)</i>	<i>After (%)</i>	<i>Before (%)</i>	<i>After (%)</i>
<b>Total (N)</b>	749	749	698	698
<b>Can read</b>	9%	76%	12%	72%
<b>Can write</b>	10%	73%	12%	73%
<b>Schooling materials</b>	2%	72%	6%	63%
<b>Food items</b>	1%	24%	2%	17%
<b>Financial aid</b>	0	7%	3%	13%
<b>Kid's club</b>	0	25%	2%	29%
<b>Primary health care</b>	0	7%	0	14%
<b>Treated bed nets</b>	1%	3%	2%	9%
<b>Water purifier/vessels</b>	0	2%	1%	7%
<b>Other services</b>	0	1%	1%	1%

In order to assess achievement in the educational services provided by the AIM project the evaluation team asked OVC currently involved (and those that were involved) about the benefits derived from participating in the program. Results in Table 13 suggest that the conditions of Acada and Reintegration OVC appreciated after joining the program. Key amongst benefits were the ability to read and write which appreciated from 9% to 76%, and from 10% to 73% respectively. Also, those who received schooling materials increased from 2% to 72%, and food items from 1% to 24%, and participation in kids club appreciated from 0% to 25%.

The results of this evaluation suggest that access to AIM supported services also increased for reintegrated OVC. Those who were able to read and write increased from 12% to 72%, and 12% to 73% respectively. And schooling materials increased from 6% to 63%, and membership of kids club from 2% to 29%.

Results of the qualitative study show that 10% of OVC reported that they were not in school. Also, from the qualitative data, some caregivers reported that some former Acada recipients were not able to transition to public school mainly due to lack of funds.

### Acada and Reintegrated OVC Nutritional Status

**Table 14: Percentage of Acada and Reintegration OVC according to number of times eaten protein, carbohydrate, and vitamin every week, and number of meals eaten per day**

<i>Types of food and frequency of in-take</i>	<i>Acada</i>			<i>Reintegration</i>			<i>No of meals per day</i>		
	<i>Protein (%)</i>	<i>Vitamin (%)</i>	<i>Carbohydrate (%)</i>	<i>Protein (%)</i>	<i>Vitamin (%)</i>	<i>Carbohydrate (%)</i>	<i>No of times</i>	<i>Acada (%)</i>	<i>Reint. (%)</i>
<b>Total (N)</b>	749	749	749	698	698	698	Total (N)	730	686
<b>None</b>	17%	11%	5%	8%	11%	1%	None	1%	2%
<b>One type</b>	39%	48%	14%	44%	39%	13%	Once	6%	5%
<b>Two types</b>	21%	23%	24%	26%	31%	24%	Twice	27%	28%
<b>Three types</b>	15%	11%	32%	13%	10%	34%	Thrice	59%	59%
<b>Four types</b>	6%	4%	17%	4%	4%	19%	Four or more	2%	1%
<b>Five types</b>	2%	2%	5%	3%	2%	4%	When	3%	5%

							available		
<b>Six or more</b>	1%	1%	2%	3%	3%	4%	Don't know	1%	1%

In terms of frequency of nutritional in-take, findings in Table 14 suggest that both Acada and reintegrated OVC ate more carbohydrate (80%) at least two types in a week than they ate protein (45%) or vitamin (43%). Also, reintegrated OVC ate carbohydrate (85%) at least two types a week compared to protein (49%) or vitamin (50%). Findings suggest that the majority of Acada (65%) and reintegrated (66%) OVC ate at least three times a day. The food program was not a main focus for the Acada and reintegrated OVC in this project.

### *Pre-School OVC Nutritional Status*

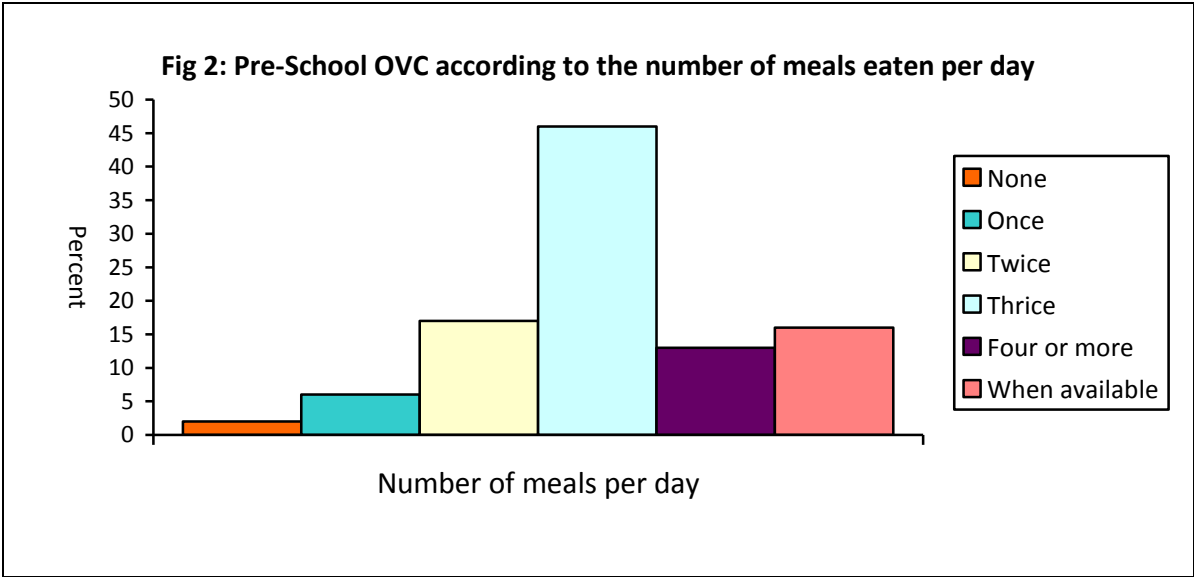
**Table 15: Percentage of Pre-School OVC according to number of types of protein, carbohydrate, and vitamin every week**

	<b>Protein (%)</b>	<b>Vitamin (%)</b>	<b>Carbohydrate (%)</b>
<b>Total (N)</b>	371	371	371
<b>None</b>	14%	-	6%
<b>One type</b>	43%	-	19%
<b>Two types</b>	16%	-	24%
<b>Three types</b>	13%	-	23%
<b>Four types</b>	5%	-	14%
<b>Five types</b>	5%	1%	7%
<b>Six or more</b>	4%	99%	8%

Nutrition is a key program activity of the AIM project for pre-school and their families. Findings in Table 15 suggest that the project intervention has yielded positive results as all pre-school (100%) OVC reported eaten vitamin at least five times a week compared to carbohydrates (15%), and protein (9%). In addition, some pre-school (43%) ate at least two types of protein, and carbohydrates (76%).

The most common types of protein eaten are; eggs (13%), beans (77%), meat (28%), fish (31%), milk (26%), soya (9%), and others (2%). The most common types of carbohydrates eaten are; rice (80%), maize (46%), yam (54%), cassava (44%), millet (11%), guinea corn (11%), potatoes (9%), plantain (17%), others (5%). The types of vitamins eaten are; carrots (12%), vegetables (74%), fruits (29%), pepper (33%), nuts (11%), sugar cane (9%), and others (1%).

Figure 2 suggests that most pre-school (75%) OVC eat at least three times a day.



## Access to Birth Certificate

For orphans, access to birth certificate is key factor enabling access to rights and inheritance. Also birth certificate enables for planning on how developmental process i.e. schooling, and access to socialization facilities can affect OVC.

### *Acada, Reintegrated, Pre-School Access to Birth Certificate*

**Table 16: Percentage of OVC according to have birth certificate and source**

	Acada (%)	Reintegration (%)	Pre-school (%)
Total (N)	493	497	371
Has a birth certificate	49%	56%	65%
Source:			
LGA office	11%	7%	24%
National Population Commission	17%	19%	16%
Hospital/Maternity/Clinic	34%	36%	44%
Others/don't know/no response	38%	38%	16%

Table 16 suggest that less than half (49%) of Acada OVC compared to more reintegrated (56%), and pre-school (65%) OVC had a birth certificate. These figures may be affected by memory loss given the high percents of don't know/no response reported by Acada and reintegrated OVC. And qualitative findings suggest that some IPs/IAs had challenges paying for the fees demanded by the national Population Commission.

### *Access to Health & Related Services*

**Table 17: Percentage to Acada, Reintegrated, Pre-School OVC according to ever been immunized, access to bed net, water guard/vessel, and ever tested for HIV, and knowledge about result of test**

<i>Health Indicators</i>	<i>Acada</i>	<i>Reintegration</i>	<i>Pre-School</i>
Total (N)	749	698	371%
% ever been immunized	70%	77%	87%
% who had up-to-date immunization	-	-	75%
% slept under treated bed net last night	29%	40%	52%
% had access to water guard and vessel	18%	27%	43%
% ever been tested for HIV	3%	6%	n/a
% know the result of HIV test	3%	4%	n/a

Note: n/a = not applicable

The program did not provide health services but created awareness, enabling environment and referrals for use of health services. The results on health services thus, provide insight on access and use of health services as a result of exposure to health and related information during the course of the project. Table 17, shows that more pre-school (87%), than reintegrated (77%) or Acada (70%) OVC were ever immunized. Also more pre-school (52%), than reintegrated (40%), or Acada (29%) OVC slept under treated bed net a day before the evaluation team visited the communities. And more pre-school (43%) than reintegrated (27%), or Acada (18%) OVC had access to water guard and vessel. A considerably small proportion of Acada and reintegrated OVC tested for HIV (3% vs. 6%), and know their results (3% vs. 4% for Acada and reintegrated OVC respectively).

### *Caregivers & BCS (only) Health indicators*

Caregivers who provided information on pre-school where asked questions pertaining to their exposure and access to HIV testing and medication.

**Table 18: Percentage of Caregivers & BCS (only) beneficiaries according to ever been tested for HIV, knowledge about result of test, HIV status, and clinical monitoring of alimint**

<i>Health Indicators</i>	<i>Caregiver (%)</i>	<i>BCS (only) (%)</i>
<b>Total (N)</b>	371	209
<b>% ever been tested for HIV</b>	65%	64%
<b>% know the result of HIV test</b>	64%	62%
<b>% HIV positive</b>	25%	30%
<b>% on HIV clinical monitoring and medication</b>	27%	26%

Note: response on HIV status and medication may include response errors.

Results in Table 18 above shows that the majority of caregivers (65%), and BCS (64%) tested for HIV and the majority of those who did the test among caregivers (64%), and BCS (62%) know their results. Of those who know their results, only a small proportion of caregivers (25%), and BCS (30%) were HIV positive, and participated in HIV clinical monitoring and medication (27% and 26%, respectively).

#### *Association between Pre-School Key Indicators and Background Characteristics*

**Table 19: Showing percentage of Pre-School OVC according to indicators of access to health services disaggregated by background characteristics**

<i>Background characteristics</i>	<i>% has a birth certificate</i>	<i>% had up-to-date immunization</i>	<i>% slept under treated bed net last night</i>	<i>% had access to water guard and vessel</i>
Sex				
Total (N)	351	360	355	365
Male	42%	47%	-	-
Female	66%	76%	-	-
P-value	0.036	0.020	n/s	n/s
Residence				
Rural	51%	-	-	-
Urban	73%	-	-	-
P-value	0.000	n/s	n/s	n/s
Level of Education				
None/Islamic	55%	-	-	35%
Primary	69%	-	-	46%
Secondary	70%	-	-	45%
Tertiary	79%	-	-	67%
P-value	0.046	n/s	n/s	0.037
Vulnerability status				
Single parent alive	-	77%	61%	-
Both parents dead	-	53%	33%	-
Both parents alive	-	77%	39%	-
P-value	n/s	0.023	0.000	n/s

Note: n/s = differences not statistically significant.

As mentioned above, health services provision was not part of the AIM project. The health indicators were included in this evaluation to have insight on access and use of health services. This section provides more insight into pre-school OVC access to health facilities by examining key indicators according to background characteristics. Findings in Table 19 shows that more females (66%) than males (42%) had a birth certificate (p-value = 0.036), and had up-to-date immunization (76% vs. 47%; p-value = 0.020). More urban (73%) than rural (51%) residents had a birth certificate (p-value = 0.000). There was significant difference in access to birth certificate, and water guard and vessel by level of education. More pre-school caregiver with tertiary (79%) than secondary (70%), primary (69%), or none educated/Islamic educated (55%) reported birth certificate (p-value = 0.046). Also, more educated than uneducated pre-school OVC reported access to water guard and vessel (67%, 45%, 46%, and 35% for tertiary, secondary, primary, and none educated/Islamic, respectively; p-value =

0.037).

*Caregivers & BCS: Association between Key Indicators and Background Characteristics*

**Table 20: Showing percentage of Caregivers and BCS key indicators of access to health services disaggregated by background characteristics of caregivers**

Background characteristics	% ever tested for HIV		% know the result of HIV test		% ever participated in IGA		% currently involved in business		% IGA improved livelihood of family	
	Caregiver	BCS	Caregiver	BCS	Caregiver	BCS	Caregiver	BCS	Caregiver	BCS
<b>Sex</b>										
<b>Total (N)</b>	365	202	365	202	339	192	359	202	362	199
Male	-	-	-	-	-	-	-	88%	-	-
Female	-	-	-	-	-	-	-	64%	-	-
P-value	n/a	n/s	n/s	n/s	n/s	n/s	n/s	0.045	n/s	n/s
<b>Residence</b>										
Rural	-	-	-	-	79%	66%	62	47%	71%	63%
Urban	-	-	-	-	90%	86%	83	77%	84%	83%
P-value	n/s	n/s	n/s	n/s	0.004	0.001	0.000	0.000	0.004	0.002
<b>Level of Education</b>										
None/Islamic	43%	37%	43%	37%	-	72%	-	65%	68%	-
Primary	62%	65%	62%	57%	-	72%	-	57%	81%	-
Secondary	84%	87%	82%	90%	-	91%	-	75%	88%	-
Tertiary	95%	89%	95%	100%	-	100%	-	100%	91%	-
<b>P-value</b>	0.000	0.000	0.000	0.000	n/s	0.011	n/s	0.022	0.002	n/s

Note: n/s = differences not statistically significant.

In this section, the evaluation examined significant differences of key indicators on involvement in project activities by back ground characteristics of caregivers, and BCS. Findings in Table 20 shows significant difference between male (88% of the 17 males in the sample) and female (64% of the 176 females in the sample) who were involved in IGA at the time of the evaluation (p-value = 0.045). Thus, in absolute terms, more women than men participated in the IGA program. More urban (90%) than rural (79%) caregivers, and more urban (86%) than rural (66%) BCS had ever participated in IGA (p-values = 0.004, and 0.001 respectively). Similar results were obtained for current involvement of caregivers and BCS in business by residence.

An important indicator of change in the evaluation is perception of caregivers and BCS beneficiaries on whether IGA improved the livelihood of their families. Results suggest significant difference in urban (84%) and rural (71%) response in the affirmative (p-value = 0.004). Also, there was significant difference between urban (83%) and rural (63%) BCS on the impact of IGA on their family livelihood (p-value = 0.002).

*Support Group Services*

The AIM project activities include facilitation of beneficiaries to access support groups at various levels. Findings shows that 65% of Acada OVC were involved in support groups and they reported participation in recreational activities (19%), health education (12%), and obtained school materials (10%). These findings are corroborated by beneficiaries in their own words below:



**OVC Beneficiary, Benue:** *Before we used to wear torn clothes and we did not have good uniform, but now we have good uniforms and we used bare feet to go to school but now we have sandal. My note books were not much but now I have eight, they give us biscuits and indomie, bobo juice, and they also help us to pay our school fees, we now have textbooks, English reader, social studies text book and Mathematics.*

**OVC Beneficiary, Anambra:** *In Kid's club they teach us personal hygiene, sport and how to keep our selves clean*

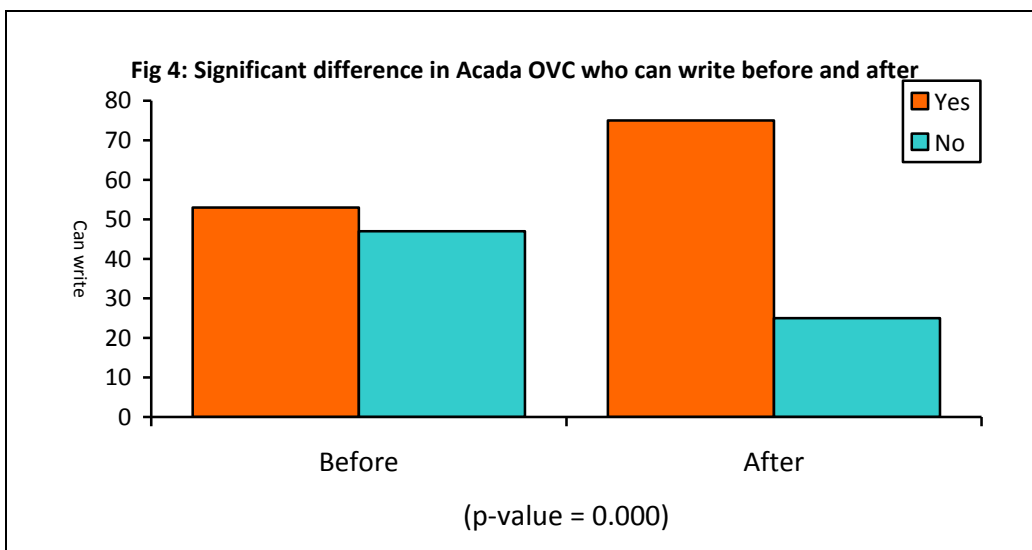
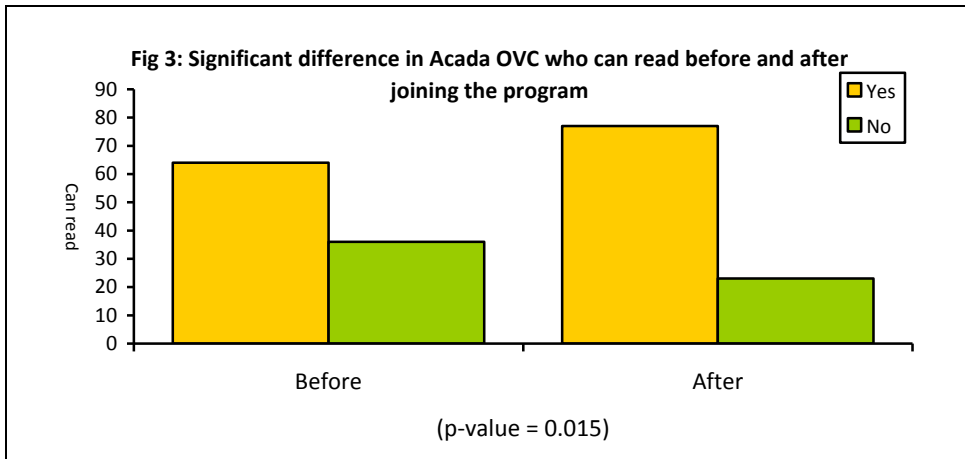
The majority of reintegration OVC (70%) participated in support group activities as well which provides avenue for accessing schooling materials (20%), skills development (17%), and health education (12%).

About half of caregivers (51%), and the majority of BCS beneficiaries (56%) were involved in support group activities.

### ***Objective Three: Improve the Quality of Life of HIV Infected Individuals and their Families***

The evaluation team examined this objective on improved quality of life by demonstrating whether or not observed changes in quality of life (determined by indicators based on project implementation activities) was real or due to chance by applying statistical tests to survey data and triangulating results with qualitative findings.

#### ***Acada OVC Quality of life***



Figures 3 and 4 above shows Acada responses on whether they were able to read and write before and after they joined the program. Results suggest that substantial percentage of OVC who were not able to read or write before they joined the program were able to read (77%), and write (75%) after. Most important, these observed differences were statistically significant.

Acada OVC WOGEND, Kano:

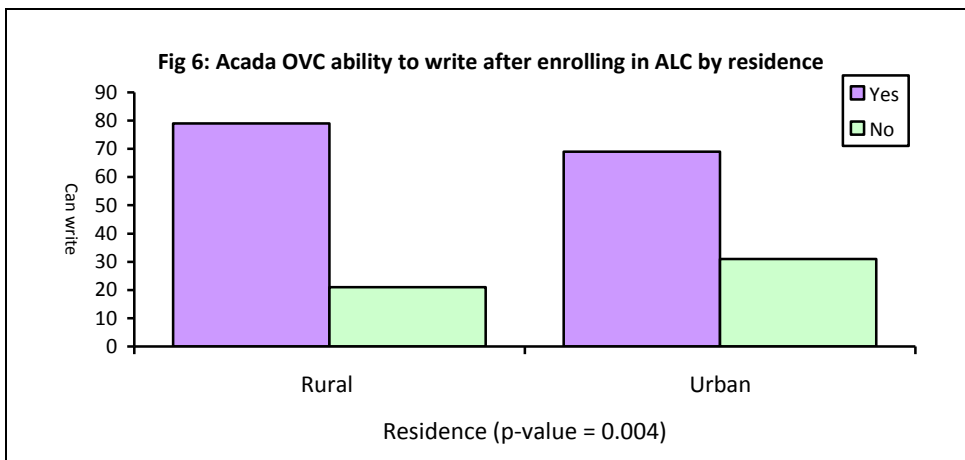
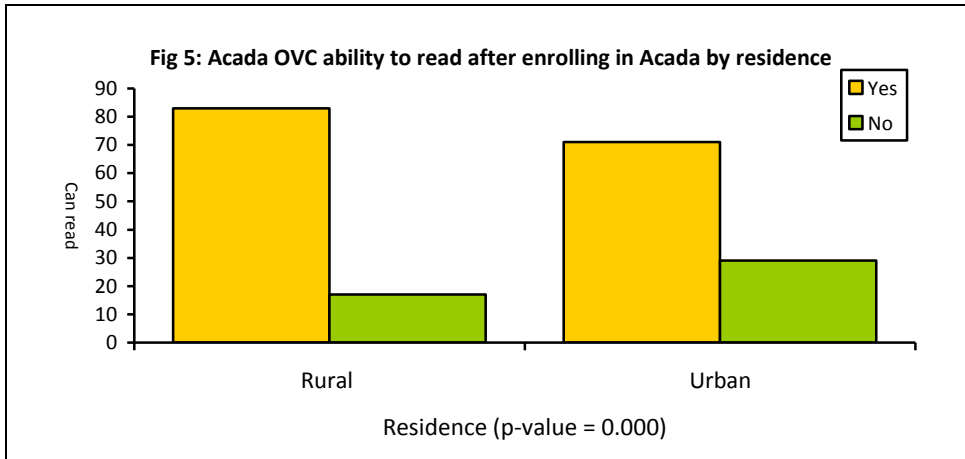
*I couldn't write my name before now, but I can now read and write*

Reintegrated OVC RWF, Anambra:

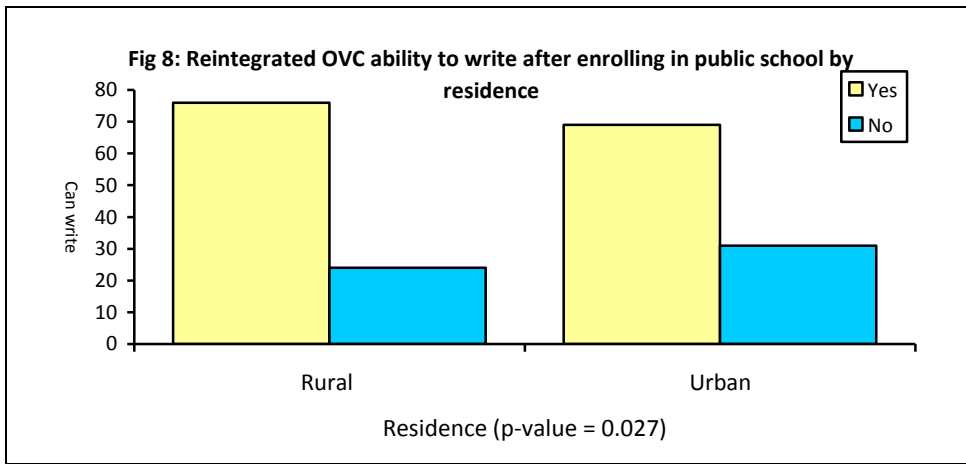
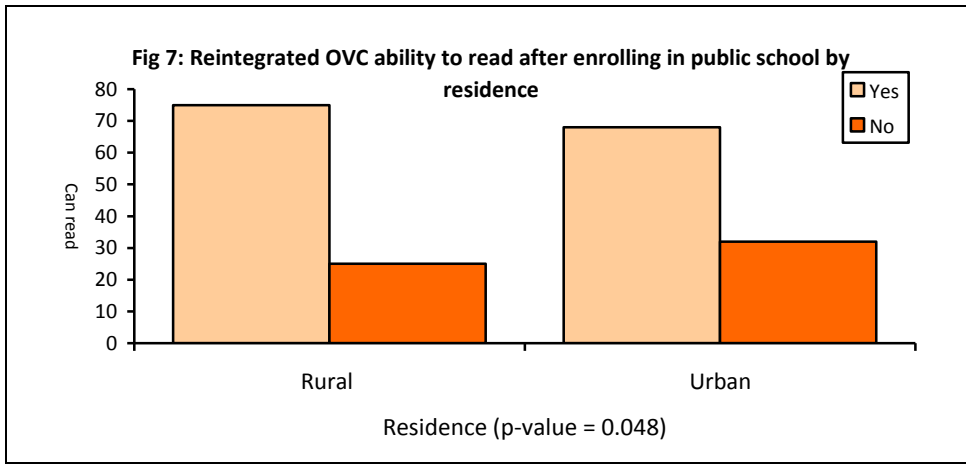
*Through reintegration I have been able to know how to read and write*

### Acada & Reintegrated OVC: Disaggregated by Significant Characteristics

In this sub-section, the ability to read and write was disaggregated by key characteristics to provide more insight on the quality of life of OVC.

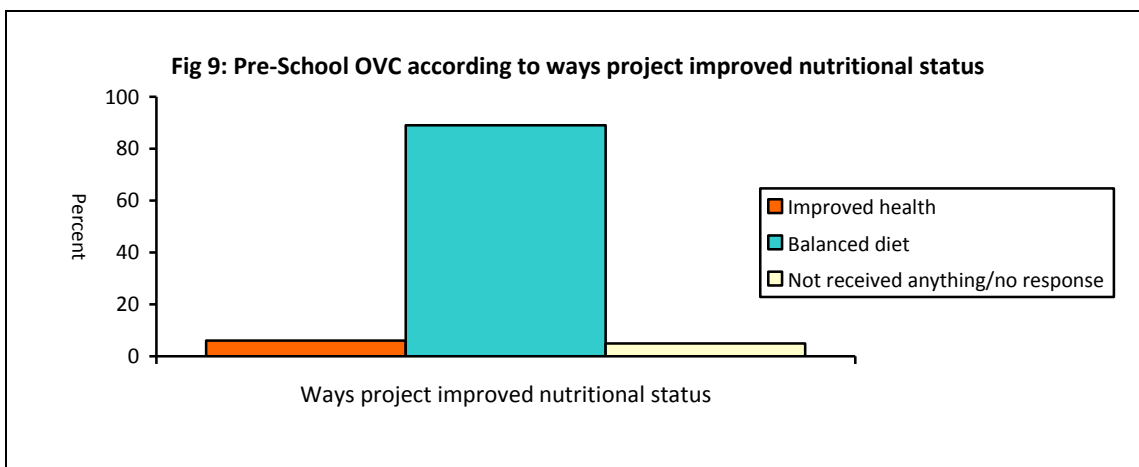


The results in Figures 5 and 6 above suggest that the impact of the Acada program was felt more in rural than urban areas. More of Acada in rural (83%) than urban (71%) (p-value = 0.000) areas can read, and more rural (79%) than urban (69%) can write (p-value = 0.004).



Figures 7 and 8 above suggest that more reintegrated OVC in the rural (75%) than their urban counterpart (68%) were able to read (p-value = 0.048) after joining the program, and more rural (76%) than urban (69%) reintegrated OVC were able to write as well (p-value = 0.027). These results also corroborated the fact that rural OVC felt the impact of the schooling program more than urban OVC.

*Pre-School OVC Improvement in Nutritional Status*



One of the survey questions asked caregivers/guardians about the ways that the AIM project improved the nutritional status of pre-school OVC. The majority (89%) of caregivers/guardian reported that the project provided balanced diet, while others reported improved health (6%), and a few (5%) did not receive anything or no response.

**OVC Caregiver, Anambra:**

*Now I see the impact on my children. The food supplement they give us is very rich. As I am going home now my children will be waiting for it because they know that I am coming here; the food supplement has really helped us to feed. I can make it as pap, moi moi or as swallow food.*

*Impact of IGA on Caregivers & BCS*

A key component of the AIM project is economic empowerment of caregivers, BCS, and FSW. Findings suggest that 87% of caregivers, and 79% of BCS reported that they had participated in the AIM project IGA. Key IGAs engaged in by caregivers and BCS were petty trading (76% vs. 67%) i.e. provision stores, food stuff, clothes, and selling kerosene, catering/confectionaries (9% vs. 7%), tailoring/sewing (5% vs. 7%), and phone call/recharge cards (3% vs. 7%) respectively.

An important aspect of the IGA program is small business loan facility which did not get to a good start during the course of the AIM project life. Only a few caregiver and BCS (4% both) involved in IGA were linked to a small loan facility.

*IGA Viability Analysis*

**Table 21: Percentage of caregiver/BCS in selected locations who were able to make above 25% of income**

<i>Cluster of Beneficiaries</i>	<i>Size</i>	<i>Number with profit above 25%</i>	<i>Percent</i>
<b>Sample A</b>	115	71	62%
<b>Sample B</b>	47	14	30%
<b>Sample C</b>	60	54	90%
<b>Sample D</b>	47	47	100%
<b>Sample E</b>	60	56	93%
<b>Total</b>	329	242	73

Note: records were between April and June, 2010.

Table 21 above shows caregiver/BCS beneficiaries of IGA selected from locations where there was available profit and loss tracking information between April and June, 2010. In total, 329 IGA beneficiaries were sampled with the majority (73%) making above 25% of income. The proportion of beneficiaries that made above 25% of income varied across the selected samples, from sample D where all beneficiaries made above 25% of income to sample B where only 30% made above 25% of their income. Grant/credit value range between 10,000 Naira in some locations to over 30,000 Naira in others. These results suggest that the IGA project was profitable and beneficial to most recipients.

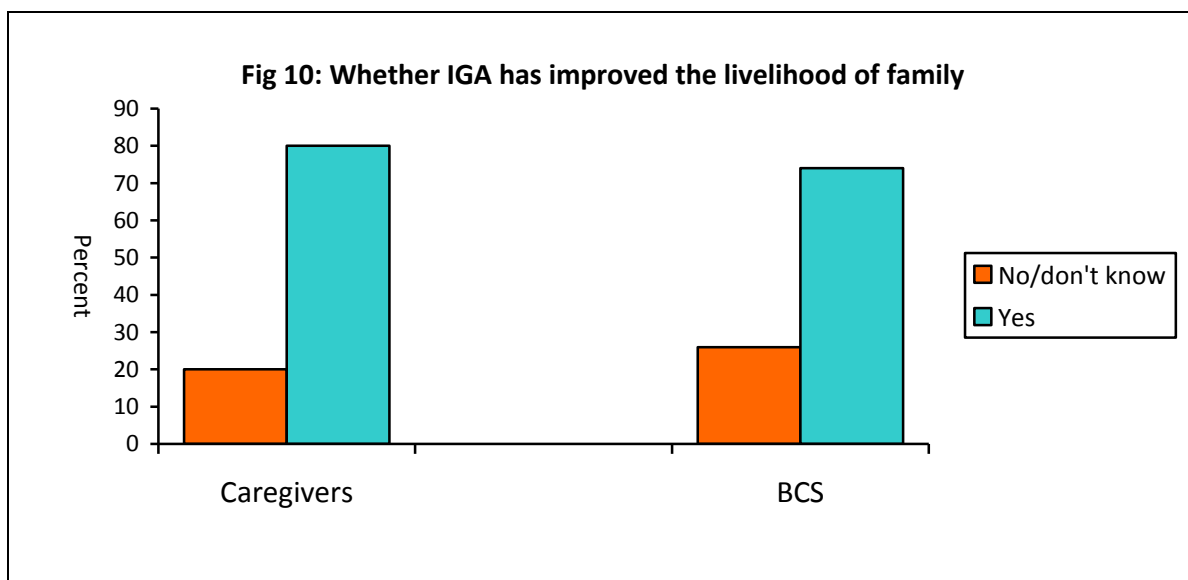


Figure 10 illustrates the opinion of caregivers, and BCS beneficiaries on whether IGA improved the livelihood of their families or not. The majority of caregivers (80%), and BCS beneficiaries (74%) reported that involvement in IGA has improved the livelihood of their families. These findings were corroborated by paraphrased qualitative responses from one beneficiary below.

To buy things for children was very difficult and pay school fees was difficult there was nothing I was selling that time but now that they have gave us goods, when we sell we get small, small saving, contribute and from that contribution and the small, small gain we used it to buy more goods, there was no savings that time but now there is savings out of it we used to take care of our children (Caregiver, Ibadan).

### Perceived Quality of Services

In order to ascertain the quality of services received, beneficiaries were asked to rate services in terms of level of satisfaction. Ratings below are on key areas of services—nutrition, health, support group, and IGA.

#### *Acada and Reintegrated OVC Ratings on Services*

**Table 22: Percentage distribution according to Acada and Reintegrated OVC ratings on key services received during the life of the project**

Ratings	Acada			Reintegration		
	Nutritional (%)	Health (%)	Support Group (%)	Nutritional (%)	Health (%)	Support Group (%)
Total (N)	495	331	425	597	391	484
Not satisfactory/don't know	3%	14%	3%	5%	16%	4%
Fairly Satisfactory	4%	6%	2%	7%	9%	3%
Satisfactory	55%	41%	45%	52%	40%	41%
Very satisfactory	38%	40%	50%	36%	35%	52%

Findings in Table 22 above show that the majority of Acada OVC were satisfied (55%) or very

satisfied (38%) with the nutritional benefits that they received; they were satisfied (41%) or very satisfied (40%) with health services received. The majority of Acada OVC were satisfied (45%), or very satisfied (50%) with the support services that they received.

### Caregivers & BCS Ratings on Services

**Table 23: Percentage distribution of Caregivers and BCS (only) according to ratings of quality of services received during the project life**

Ratings	Caregivers			BCS		
	Nutritional (%)	Health (%)	IGA received (%)	Nutritional (%)	Health (%)	IGA received (%)
<b>Total (N)</b>	371	371	371	209	209	209
<b>Not satisfactory/don't know</b>	4%	15%	18%	1%	4%	20%
<b>Fairly Satisfactory</b>	7%	9%	6%	11%	7%	4%
<b>Satisfactory</b>	43%	40%	27%	36%	46%	26%
<b>Very satisfactory</b>	46%	36%	49%	52%	43%	50%

In general, caregivers and BCS beneficiaries rated the services received from the AIM project very well. In Table 23, the majority of caregivers rated nutritional benefits received as satisfactory (43%) or very satisfactory (46%), they rated health services received as satisfactory (40%) or very satisfactory (36%). And the majority rated IGA received as satisfactory (27%) and very satisfactory (49%). The majority of BCS beneficiaries rated nutrition as satisfactory (36%), or very satisfactory (52%); they rated health benefits as satisfactory (46%) or very satisfactory (43%). BCS ratings of IGA skewed towards very satisfactory (50%), and satisfactory (26%).

### Objective Four: Prevent HIV Transmission by Reducing Vulnerability amongst Targeted Groups

The fourth objectives of the AIM project focused on sexual prevention activities to targeted sub-groups like the FSW, their clients, and OSY. This section discusses key achievements, and impact of the services.

#### Exposure to HIV Prevention Activities

**Table 24 Percentage of FSW and OSY by indicators of exposure to HIV prevention messages**

Exposure to HIV messages	FSW	Exposure to HIV messages	OSY
<b>Total (N)</b>	547		626
<b>% ever heard of HIV/AIDS</b>	95%	<b>% ever heard of HIV/AIDS</b>	98%
<b>% involved in peer education and monitoring program</b>	79%	<b>% received sexual information from union/association meetings</b>	84%
<b>% participated in peer education and mentoring training</b>	79%		

Table 24 above shows that 95% of FSW have heard of HIV/AIDS, 79% participated in peer education and monitoring program organized by AIM and the same percentage (79%) participated in peer education and mentoring training.

The majority of OSY (98%) have ever heard about HIV/AIDSs, and received sexual prevention information (84%) from union/association meetings.

#### Impact of HIV Prevention Activities

This sub-section examines indicators suggesting changes in behavior of FSW and OSY as a result of exposure to sexual prevention messages.

*Indicators of Behavior Change with Respect to HIV Prevention*

**Table 25: Percentage of FSW and OSY by indicators of behavior change with respect to HIV**

<i>Indicators of behavior change</i>	<i>FSW (%)</i>	<i>OSY (%)</i>
<b>Total (N)</b>	547	626
<b>Peer education and mentoring training changed behavior</b>	83%	n/a
<b>Reduction in number of sexual partners</b>	19%	32%
<b>More use of condoms</b>	53%	55%
<b>Increased risk awareness about HIV</b>	27%	52%
<b>Always using condoms</b>	85%	40%

Note: n/a = not available.

*FSW Behavior Change:* As information in Table 25 suggest, the majority of FSW (83%) reported that the peer education and mentoring training that they received changed their behavior, over half (53%) reported more use of condoms, and some (19%) reported reduction in the number of sexual partners. The majority of FSW (85%) reported that they use condoms always, while some (27%) reported increased risk of HIV awareness.

**FSW Beneficiary, Cross River:**

*They give us some lectures on how to use condom with men, and how to protect our self from contacting HIV, I did not know how to use condom before and I used to share razor blade with people but I don't do that anymore.*

*OSY Behavior Change:* The last column in Table 25 presents indicators suggesting OSY behavior change as a result of exposure to the AIM project peer education programming. A third (32%) of OSY reported reduction in the number of sexual partners, more than half reported more use of condoms, and increased risk awareness of HIV (55% and 52% respectively), and substantial proportion reported that they used condoms always (40%).

**OSY Beneficiary, Kano:**

*I have learnt a lot, I used to be careless about a lot of issues like using sharp objects, but now I am more careful.*

*Association between FSW Key Behavior Indicators and Background Characteristics*

This section provides more insight on FSW behavior change by disaggregating results according to



background characteristics, and testing for significance among the indicators.

**Table 26: Showing percentage of FSW by key indicators of AIM project activities and behavior change according to background characteristics**

<i>Background characteristics</i>	<i>% participated in peer education &amp; mentoring</i>	<i>% behavior change due to peer education &amp; mentoring</i>	<i>% IGA improved livelihood</i>
<b>Total (N)</b>	523	475	537
<b>Residence</b>			
<b>Rural</b>	68%	77%	n/a
<b>Urban</b>	84%	85%	n/a
<b>P-value</b>	0.000	0.037	
<b>Level of Education</b>			
<b>None/Islamic</b>	67%	n/a	n/a
<b>Primary</b>	82%	n/a	n/a
<b>Secondary</b>	81%	n/a	n/a
<b>Tertiary</b>	83%	n/a	n/a
<b>P-value</b>	0.013		
<b>Number of years in sex work</b>			
<b>Less than a year</b>	72%	77%	15%
<b>One year</b>	84%	90%	33%
<b>Two to three years</b>	79%	82%	32%
<b>Four years or more</b>	91%	95%	43%
<b>P-value</b>	0.008	0.001	0.000

Note: n/a = not applicable.

Segmentation analysis in Table 26 suggests that more urban FSW (84%) than their rural counterparts (68%) participated in peer education and mentoring program (p-value = 0.000). And more urban (85%) than rural (77%) FSW reported change of behavior as a result of their involvement in the peer education and mentoring program (p-value = 0.037).

More FSW who had at least a primary level education (82%) than those uneducated/Islamic (67%) were exposed to peer education and mentoring program (p-value = 0.013).

In terms of the association between exposure to peer education and mentoring program and number of years in sex trade, results in Table 26 suggest that more of FSW who had spent at least a year (84%) than those who had less than a year experience (72%) were exposed to the peer education and mentoring program (p-value = 0.008). More of those with at least a year experience (90%) than those with less than a year experience (77%) reported change in behavior as a result of their involvement in peer education and mentoring program (p-value = 0.001). Also, more FSW with at least one year experience in the trade (33%) than those with less than a year experience (15%) reported improved livelihood as a result of their involvement in IGA (p-value = 0.000).

**Table 27: Percentage of FSW according to participation in peer education and mentoring training, behavior change due to training, and indicators of behavior change**

<i>Participated in peer education &amp; mentoring training</i>				
	No/don't know	Yes	P-value	Total (N)
<b>% behavior change was due to peer education &amp; mentoring training</b>	25%	98%	0.000	512
<b>% reduction in number of sexual partners</b>	11%	21%	0.011	530
<b>% used condoms more</b>	21%	64%	0.000	530
<b>% increased risk awareness about HIV</b>	6%	33%	0.000	530
<b>% interested in changing trade</b>	8%	26%	0.000	530

<b>% used condom always</b>	90%	86%	0.029	530
<b>% interested in leaving trade</b>	75%	98%	0.000	508
<b>Behavior change due to peer education &amp; mentoring training</b>				
<b>% interested in leaving sex trade</b>	69%	98%	0.000	494

Further analysis in Table 27 provides interesting results on the association between change in behavior as a result of involvement in the peer education and mentoring program. The majority of those who participated in peer education and mentoring compared to those who did not, reported behavior change (98% vs. 25%, p-value = 0.000). Likewise the majority of those who participated in peer education and mentoring that those who did not, used condom more (64% vs. 21%, p-value = 0.000), and were more interested in leaving the trade (98% vs. 75%, p-value = 0.000). Other key results include significant difference in FSW exposed to peer education and mentoring and those who were not exposed in terms of: (1) reduction in number of sexual partners (21% vs. 11%, p-value = 0.011), increased risk awareness about HIV (33% vs. 6%, p-value = 0.000), and interest in changing trade (26% vs. 8%, p-value = 0.000). The result on frequency of condom use was not as expected, more FSW not exposed to the peer education and mentoring program compared to those exposed used condoms always (90% vs. 86%, p-value = 0.000). The reason may be that respondents were not clear with the classification of responses between “sometimes” and “always.”

#### *Association between OSY Key Behavior Indicators and Background Characteristics*

**Table 28: Percentage of OSY according to membership of trade union/association, ever received sexual prevention information, and indicators of behavior change**

<b>Member of trade union/association</b>				
	No/don't know	Yes	P-value	Total (N)
<b>% ever received sexual prevention information</b>	65%	91%	0.000	589
<b>Ever received sexual prevention information during meetings</b>				
<b>% reduction in numbers of sexual partners</b>	19%	34%	0.003	626
<b>% more use of condoms</b>	33%	59%	0.000	626
<b>% increased risk awareness</b>	34%	55%	0.000	626

Table 28 above suggest that membership of a trade union/association improves OSY changes of exposure to sexual prevention messages, and behavior change as a result. More OSY who were members of a trade union/association received sexual prevention messages than those were not members (91% vs. 65%, p-value = 0.000). More of OSY who received sexual information messages than those who did not, reported: (1) reduction in number of sexual partners (34% vs. 19%, p-value = 0.003), (2) more use of condoms (59% vs. 33%, p-value = 0.000), and increased risk awareness about HIV (55% vs. 34%, p-value = 0.000).

#### *Involvement in IGA Activities*

Another key component of the AIM project is economic empowerment of target sub-groups through involvement in IGAs. This sub-section discusses FSW participation in IGA and the impact on their lives.

**Table 29: Percentage of FSW by indicators of involvement in IGA**

<b>IGA Indicators</b>	<b>%</b>
<b>% ever participated in IGA activities</b>	53%
<b>% ever linked to small loan facility</b>	4%
<b>% proportion who stopped sex trade for IGA</b>	18%

<b>% live improved since IGA</b>	31%
<b>Total (N)</b>	547

In Table 29 above, over half (53%) of FSW reported their involvement in IGA activities, but only a small proportion (4%) were involved in small loan facility. Some FSW (18%) reported that they stopped sex work because of their involvement in IGA. And about a third (31%) reported improved livelihood as a result of the IGA.

An evidence of a true change of behavior is increased desire to leave sex work. Overwhelming majority of the FSW interviewed would like to leave the trade (93%). And key alternative trade of choice are hairdressing salon (26%), fashion design/boutique (19%), selling provision/trading (13%), back to school (10%), and others (18%). It is interesting to note that the majority of those who were motivated to leave the trade were not able to do. This may be because of the inability of the project to put in place enabling environmental factors such payment for a shop, or accommodation, or paying for additional months of apprenticeship or a combination of these. A few IPs/IAs who were able to create enabling environment through other sources reported more success in transitioning FSW to another more dignified alternative trade as beneficiaries themselves reported below.

### *Ratings in AIM and Related Services Received*

This section discusses beneficiaries' overall assessment of the services provided by the AIM project under the forth objective above. The ratings provide insight on performance of the project from beneficiaries' perspective.

**Table 30: Percentage distribution according to FSW and OSY Ratings on peer education and mentoring, IGA received**

<b>Ratings</b>	<b>FSW</b>		<b>OSY</b>
	Peer education and mentoring (%)	IGA Received (%)	Peer education information (%)
<b>Total (N)</b>	<b>547</b>	<b>547</b>	<b>626</b>
<b>Not satisfactory/don't know</b>	15%	64%	5%
<b>Fairly Satisfactory</b>	5%	4%	3%
<b>Satisfactory</b>	43%	14%	40%
<b>Very satisfactory</b>	37%	18%	51%

Table 30 shows the ratings of FSW and OSY on key activities that they were involved with under objective four. Most FSW reported that the peer education and mentoring program was satisfactory (43%) or very satisfactory (37%). Only a small proportion rated IGA as satisfactory (14%) or very satisfactory (18%). The majority of OSY rated peer education sexual information as satisfactory (40%), and very satisfactory (51%).

<p><b>FSW Beneficiary, Edo:</b></p> <p><i>I got a lot of information on HIV/AIDS related issues, on condom usage and how to protect myself from HIV/AIDS</i></p>	<p><b>OSY Beneficiary, Adamawa:</b></p> <p><i>I am barber and we have a forum where we discuss about HIV and AIDS and sterilizing our equipments and other information that we have gotten from this project</i></p>
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## Key Success Stories

This section presents two case studies of selected success stories of beneficiaries of the AIM project with specific focus on (1) situations before participation in the AIM project, (2) specific intervention activities that the beneficiary participated in, and (3) outcomes in terms of changes in the quality of life.

### SUCCESS STORY ONE

- **38 years old FSW beneficiary, Abuja, FCT**

*Situation before intervention:* worked as prostitute in Mpape (in Abuja, FCT) for three years. It was a period filled with shame and abuse from area-boys, and police who come to arrest them from time to time.

*Specific intervention activities:* Through the project, she was registered as apprentice at a hair dressing saloon. After three months (specifically in February 2008) she graduated and was provided with hairdressing equipment including dryer, wash hand basin, trolley, rollers, conditioners, shampoo, electric heater, and mirror.

*Challenges to transition:* Could not start immediately because there no funds to get a shop, and not enough skills acquired in three months.

*Strategies for success:* Had strong determination to succeed; quit sex work immediately and used little savings to get an apartment, paid for additional six months apprenticeship, and served for additional three months to get better skills. Used front of rented apartment as location to do hairdressing, and combined with selling CDs/DVDs which were less capital intensive.

*Current situation:* Now has own hairdressing salon, and makes about the same income from sex worker; active and highly motivated peer educator; has helped four FSW to quit the trade.

## **SUCCESS STORY TWO**

- **Acada Learning Center (ALC), Kano (reported by a teacher)**

*Situation before intervention:* The AIM project was introduced to the school since 2006, but the teacher got involved in 2009. Before joining the project, some of the males push wheel barrows to earn a living, while some of the females used to sell rice by the road side. Most of those admitted had not been to school before, starting point was from learning alphabets—A, B, C, D.

*Specific intervention activities:* Exposure to western education in a class room format, learning materials, and other facilities.

*Challenges to transition:* Getting the OVC to be punctual at school at all times, and to get them involved in classroom activities.

*Strategies for success:* Eliminated the issue of distance to school, and obtained guardian/parental support and cooperation.

*Current situation:* In 2009, 35 students graduated from ALC, and in 2010, there were 20 acada (12 females, and 8 males), and 120 reintegrated OVC. Five of the OVC reintegrated to classes 2, 4, 5, and 6 took first position in their respective class.

## Management Issues

This section discusses general and specific issues that affected the implementation of the AIM project. It examines challenges to project implementation, communications and relationships among key players, continuity issues, and project structure review.

### *Challenges of Implementation*

In spite of the commendable achievement of the AIM project over the past four years, there were challenges that may have affected effective implementation and outcomes. Key challenges mentioned by stakeholders during the course of the evaluation are presented here.

- Capacity building of IPs/IAs staff is a major achievement of this project but timing of some of the training was mentioned as a set-back to maximizing the use of them. Results from the field suggest that the training and follow-up on sustainability could have come much earlier in the life of the project. Additional information from WIA suggest that sustainability was implicit in capacity building objective and other activities of the project although this may not have been clear enough to some IPs/IAs. The view expressed by an IP/IA is surmised below.

*Most of the CB workshop that has to do with the program implementation should be done the first quarter of the fiscal year (IPs/IAs, Lagos, and corroborated by those in Yola. and Nassarawa states).*

- Findings from interviews suggest that there were frequent changes in guidelines and M&E tools on routine data collection which makes monitoring of project activities cumbersome and repetitive were often collected thus, stretching the few available staff tin. It was generally agreed that M&E got better over the years despite these observed constraints. This opinion was capture by an IP/IA staff in Lagos.

*M&E tools change every year. For M&E, if I understand the tools now, they will change the tools next year, which may take a while to understand. Capacity building tools come every year. Sometimes, we will be well into the fiscal year before the tools will change (IP/IA staff, Lagos).*

- On finances, some partners raised non-flexibility of the project budget as a challenge. It was said that the project financial guidelines does not allow using funds for a specific line item for perhaps, another more urgent and important one. Other aspect of challenges in finances is inflation rates that keep changing but were not well included into implementation cost.

*One of the financial challenges we encounter is that of working under a very rigid budget. Most times the funds allocated for travels and communication is usually lower than the actual amount budgeted for it. And sometimes some there is usually an increase in the price of some commodities that have been quoted for (IPs/IAs staff, Benin)*

- Partners complained about lapses in communication as an issue during the implementation of the project. Communication challenges were expressed in two ways: (1) not getting key information especially on finances on time, and (2) often asked to respond to request or issues within an impossibly short time. The later according to findings, occurred more often and sometimes disrupts other planned activities that may be equally as important.

*They have helped us a lot, as I said, they put us on our toes, but one thing I find very limiting about them is last minute request. They send an email, and they want that thing done today as if it is only AIM we are working on. It is just today that they told us you were coming. We work under pressure. Usually, they don't have prior information. Information gaps are very evident. There are communication gaps between Abuja office and states offices. (IP/IA staff, Abuja)*

- One key challenge that partners expressed was staff attrition due to unattractive salary that their personnel receive. Some IPs/IAs expend resources to train staff that later move to other more competitive organizations thus, causing temporary disruption in project implementation. The extent of staff attrition on project performance may not be adequately ascertained but evidence from WIA suggests that this challenge may have contributed to two IPs/IAs phasing out of the project.
- The issue of staff attrition, recruitment, and maintaining skilled staff was mentioned by some as a challenge for WIA.

*They should also work on the salary structure of the AIM staff ..... the volunteers stipends should be increased (IP/IA staff, Anambra)*

- The majority of IPs/IAs reported increased community involvement in project activities over the years. But some expressed challenge in getting community support or buy-in on sexual prevention activities for FSW. The lack of community support raises questions on long term sustainability of project in those places.

*One of the weaknesses for me is that we have not been able to make the society to buy fully into the project both at Winrock level and at our local level, we have submitted a proposal to first lady but when it come to the issue of 'Asewo' they do not want to buy the idea and how can we help this set of people so that they will not lost completely (IP/IA staff, Imo).*

- Another related challenge on FSW programming is the highly transient nature of the target group. Partners reported that it was difficult to track and follow-up with some FSW after receiving IGA grants or after been exposed to other project activities. This challenge may have affected responses participation and impact of IGA. Anecdotal information however, suggest that the traditional uneducated FSW may be more stable and thus, responsive to program

activities than their non-educated modern counterpart. Below are paraphrased of IPs/IAs staff distinction between traditional and non-traditional FSW.

Comment of an IP/IA Staff in Lagos, on non-traditional FSW:

*Some of these girls can show determination from the beginning, but if you give them grant, they will just disappear because their movement is within the space of three to six months. You hardly find an FSW spending more than six months in a place.*

Comment of an IP/IA staff in FCT on Traditional FSW:

*And one thing we have observed is in FCT, Kano, Bauchi, most of the FSW are from different states, not indigenes of that state. But in plateau, a majority of these FSW are from the state, and that is why it's easy for you to get their attention.*

### *Standardization of Services*

The project from the onset put in place standardization mechanisms in the form of manuals, and review of documents and monitoring visits by selected pool of experts in the different aspects of services provided. The evaluation observed that standards may not have been uniform across the board depending to a large extent on availability of professional capable of doing the quality checks.

Results of qualitative data suggest that education officers in some LGAs where AIM project was implemented reviewed text books, Acadia curriculum, and other schooling materials, and paid visits to project sites to ensure quality. Aside, education officers located in the states, a staff of Universal Basic Education Council (UBEC) is a board member of the AIM project at the national level. Through the UBEC staff, who is an acting member of the board, project reports and educational materials relating to the education of OVCs were reviewed to ensure that standards were not compromised. The following from an education desk officer is an example of the monitoring activities in one of the AIM project states.

*Each time there is a provision of schooling materials, I go to the school and receive it and sign the necessary documents. Most of the time I visit those areas and get an update of what is happening around there, then waive all the fees for those children because the AIM project has already provided a lot of things for us (Education Desk Officer, Anambra state).*

With respect to women economic empowerment and IGA activities, the National Directorate of Employment (NDE) were involved in training beneficiaries at the state and national levels on skills and techniques on how to be self-employed; A member of the Institute of Chartered Accountants of Nigeria (ICAN) was involved in putting together project accounting manuals, and in ensuring that IPs/IAs relevant staff were trained, and guided through adopting/using the manual which is in consonance with USAID standard. Other members of professional affiliates that helped the project to ensure standard practice were National Institute of Management (NIM) which developed human resource manual, and raised the capacity of IPs/IAs staff human resource management; and Small and Medium Enterprises Development Agency of Nigeria (SMEDAN) assisted with training of trainers (ToT) on business development. Evidence suggest that the numerous economic empowerment



trainings received by IPs/IAs staff were step-down to beneficiaries who applied them in their respective businesses and activities in life.

The IPs/IAs collaborated with LACA to ensure that PLWHA were linked with other services that AIM could not provide, and were well networked with other PLWHA.

### *Cost-Effectiveness Analysis*

This section examines ratios of cost of services with respect to targets reached per IPs/IAs in the life of the project. This is a crude measure of cost-effectiveness analysis of a project.

**Table 31: Showing IPs/IAs according to amount received as of October 2010, targets of Beneficiaries, and person-cost of service**

<i>IPs/IAs</i>	<i>Total amount received (\$)</i>	<i>Total target reached and person-cost</i>	
		<i>Target(number of persons)</i>	<i>Person- cost of services</i>
<b>RAPAC</b>	835,901	21,546	38.8
<b>USI</b>	748,433	12,173	61.5
<b>DEF</b>	259,185	3,566	72.7
<b>JJR</b>	274,454	3,575	76.8
<b>TYECE</b>	406,622	7,587	53.6
<b>PEP</b>	114,902	2,248	51.1
<b>WOTCLEF</b>	343,870	5,993	57.4
<b>WHOLISTIC</b>	113,374	2,292	49.5
<b>RWF</b>	346,138	7,721	44.8
<b>CHEDA</b>	133,272	3,357	39.7
<b>NACWYCA</b>	161,799	3,741	43.3
<b>WOGEND</b>	201,726	2,696	74.8
<b>EVA</b>	155,063	3,465	44.8
<b>WHED</b>	109,361	728	150.2
<b>SCD</b>	139,990	1,385	101.1
<b>VI</b>	141,181	2,385	59.2
<b>TOTAL</b>	<b>4,485,272</b>	<b>84,458</b>	<b>53.1</b>

The concept employed is person-cost of service which is synonymous to person-years lived in Life Tables analysis of life expectancy. Person-cost of service is derived by dividing total amount received by the number of persons reached irrespective of the type of service provided.

Table 31 shows that the overall person-cost of service for the entire life of the project as of October 2010 was \$53.1. This figure was quite lower than estimates computed for COP 06 (\$98.28) and COP 07 (\$68.33) in the project mid-term evaluation which used eight selected IPs/IAs (Oladosun and Igwe, 2009). The difference in cost savings using the person-cost of service estimates of between 2007 and 2010 is \$16.23. The decline in overall person-cost of service between the mid-term evaluation and the end-of-project evaluation suggests that the project improved in reaching more beneficiaries with less amount of money.

This analysis did not consider the following factors which may have changed the results: (1) total target disaggregated by types of services, (2) number of exposure to services, (3) varying cost of services over the years, and (4) environmental factors by virtue of place of residence. Other factors that may impinge on the outcome of the person-cost of service analysis are; (5) leveraging on other program resources in the same organization, and (6) discounts from implementing other programs.

## Financial Issues

Findings suggest that in general, the financial system of the AIM project was efficient in getting funds to and the necessary checks were in place. However, there were few instances of delay in the release of funds which may be attributed to either of the parties involved not meeting laid down rules and agreement e.g. late submission of monthly report. The IPs/IAs staff observed that the budget implementation was rigid, and not able to accommodate unforeseen circumstances which may result in using funds meant for an item to purchase another. The observed budget inflexibility made it difficult to adjust to changes in price of goods and services.

The evaluation team observed that there was no provision for external auditing of the partners accounts except for those who conducted one for themselves.

## Communication among Key Partners

A key component of project implementation examined in this evaluation is the communication among key players of the AIM project. Overall responses from the field and from other stakeholders were that communication among key implementers was good, but can be better.

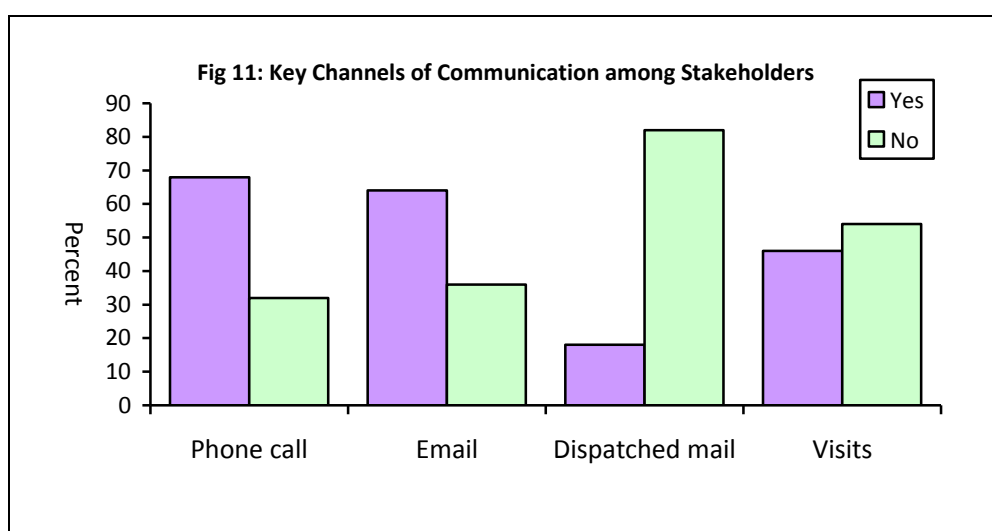


Figure 11 shows, key channels of communications used by WIA to reach IPs/IAs were phone call (68%), email (64%), dispatched mail (18%), and visits (46%). WIA staff reported that they communicated with IPs/IAs at least twice monthly (86%), and visited project sites at least twice in six months (64%). The majority of WIA staff rated communication with IPs/IAs staff as satisfactory (53%), and very satisfactory (33%).

The main challenge with communication is on the timeliness of information exchange. Findings from qualitative data analysis show that IPs/IAs reported that they usually get short notice to respond to request from WIA and this sometimes affects other planned activities that had to be delayed to meet such request.

*They send an email, and they want that thing done today as if it is only AIM we are working on. It is just today that they told us you were coming. We work under pressure (IP/IA staff, Abuja)*

Also, WIA rated relationship with IPs/IAs as satisfactory (60%), and very satisfactory (40%). Survey findings on communication and relationships between WIA and IPs/IAs, in general was corroborated by the paraphrased statement from an IP/IA staff below.

*We have a good husband and wife relationship with Winrock, in some cases they have listened to us, and in some others that they cannot do anything they let us know (IP/IA staff, Abuja).*

### Project Structure

Findings on the current structure of the project with the Chief of Party at the top and key departments/units at WIA working with the IPs/IAs and their respective departments were commended as good and efficient. However, the general consensus was that the project probably would have been more efficient in terms of coordination with the presence of WIA closer to the community that they serve. On how to improve the current project structure, suggestions tended towards WIA having a few regional offices to improve communications, and increase the provision of more efficient day-to-day, hand-on technical assistance to IPs/IAs staff. The following represent opinions from key partners on the current and future project structure.

<p><b>IPs/IAs Staff:</b>  <i>There should be a regional Office in the south east and south west if there will be AIM 2 for easy access. For us here going to Abuja whenever you need a clarification can be very hectic, especially with the bad roads one has to contend with.</i></p>	<p><b>WIA staff:</b>  <i>I think one of the things that people will say is lack of community based structure close to the partners to make communication, for easy access, with the headquarters in Abuja. I do not meet them till like three months when they have to come for meetings, and most times they wait till that time before some issues can be discussed, but if there was a structure within the community that our partners work, it would enable easy access and communication. Biggest concern that most people had is in terms of distance, this is making us not effective in our coordination as we should be, though we have moved from where we really are.</i></p>
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### Continuity and Sustainability

Continuity and sustainability is a key component of the AIM project implementation. Findings from group interviews and key informant interviews suggest that diverse areas of sustainability have been considered and some actions taken in this direction.

**Table 32: Percentage distribution of IPs/IAs according to Indicators of sustainability of services.**

<b>Indicators of sustainability</b>	<b>%</b>
<b>Total (N)</b>	<b>132</b>
<b>% registered with CAC</b>	97%
<b>% audited at least once during the life of project</b>	42%
<b>% has human resource manual</b>	87%
<b>% has plans for sustainability or continuity of project</b>	86%

The survey of IPs/IAs conducted in this evaluation examines key indicators of institutional sustainability. Results in Table 32 suggest that the majority of IPs/IAs (97%) are registered with Corporate Affairs Commission (CAC) the only officially recognized agency for company registrations in Nigeria. And many IPs/IAs reported during group interviews, this proportion was up from close to zero at the beginning of this project. Additional information suggest that in fact, all the IPs/IAs had copies of their CAC original certificate at the WIA office. Thus, the few IPs/IAs staff who did not respond in the affirmative may be classified as response errors. Other areas of institutional sustainability achieved include; conducting of financial audit at least once during the life of project (42%), has own human resource manual (87%), has plans for sustainability (86%). Qualitative response from an IPs/IAs staff summarizes the achievement on institutional sustainability.

*We have someone who has been auditing our accounts for us, including all the other projects we are handling. We've done for Winrock since inception..... We have a cooperative that was put in place in Edo state and I learnt of something like that is in Oyo state too. that is part of sustainability measure because even after the ending of this project, those people will keep on giving each other money (IP/IA, Lagos)*

Human and material capacity enhancement is a key aspect of sustainability that the project staff have considered and taken actions on from various dimensions. A key factor considered as a good measure of sustainability is capacity building is the ability to source and secure donor funds at the end of the project. As at the time of this evaluation, evidence suggest that some IPs/IAs are more confident that they are able to secure donor funds.

Participation of key community gate keepers in terms of finances, involvement in program activities, or open statement in support of the project were major activities that IPs/IAs affirmed are on the increase in the past few years. As a result of the improvement in the lives of beneficiaries of the AIM project, IPs/IAs reported increased community buy-in in the form of (1) donation of land by community stakeholders for commercial farm project use, (2) donation of money to support specific school project (like building a classroom for OVC), and sponsoring of OVC for birth certificate. On their own, IPs/IAs have leveraged resources into other ventures i.e. large scale farming, agro ventures, transport business, and restaurant business.

Also, IPs/IAs reported that they have increased activities with respect to publicizing their achievements, and contributions to the society to key community stakeholders, and government officials at the LGA, and state levels through product lunch, and presentation of success stories at public events. In addition, many of the frontline IPs/IAs have written proposals to donor agencies and the government agencies for support. Some of the IPs/IAs currently have other donor funds for other services that they provide which may be leveraged to keep their organizational structure going before other sources of funds are received. Aside writing proposals, there has been increased collaboration with government agencies including SMEDAN, NDE, SACA, LACA, NAPEP, and Ministry of Women Affairs, and Ministry of Education, and Ministry of Health at the state level were they receive capacity building and linkages to other services for their beneficiaries.

*We have a sustainability plan. NAPEP will continue to help us empower the FSW and the OSY, and because of the relationship we have established with other sex workers, they continue to come to us, we will continue to build their capacity. Also NDE will continue to give empowerment. We believe that the MDG office will give us assistance. Members of our board of trustees, because we always brief them on what is happening, they help us (IP/IA staff, Abuja)*

## Reflections on the Cooperative Agreement

By and large, the cooperative agreement was implemented according to terms especially as it relates to the meeting of targets and the financial requirements and regulations in the disbursement of funds. In general, there were changes in concepts and realignment of service areas over the years. Based on the review of past documents and reports, implementation of the project in 2006 seems to be a bit different from subsequent years when the project gained traction and stabilized operations. In addition, implementers and stakeholders gained more skills and experience in getting things done as the project progresses.

It was observed that proactive actions and responsiveness to situations on ground may not have been well achieved in the implementation of the cooperative agreement. Proactive actions demands that donor brands are appropriately reflected, and are not at variance with the situations on ground project sites.

## Overall Ratings of Performance

A key component of this evaluation is key implementers and other stakeholder's assessment of project performance. Ratings were on the IPs/IAs, community impact on services, WIA internal assessment, and other stakeholders' perception of the impact of the project in terms of the national response on HIV in Nigeria.

**Table 33: Percentage of WIA Staff by their ratings of IPs/IAs overall performance in the project implementation**

IPs/IAs	Not Satisfactory	Fairly Satisfactory	Satisfactory	Very Satisfactory	Non-response/don't know
<b>TOTAL (N)</b>		<b>22</b>	<b>22</b>	<b>22</b>	<b>22</b>
<b>RAPAC</b>	n/a	9%	32%	9%	50%
<b>JJR</b>	n/a		41%	9%	50%
<b>DEF</b>	n/a	5%	14%	32%	50%
<b>RWF</b>	n/a		14%	32%	54%
<b>USI</b>	n/a		32%	14%	54%
<b>WOGEND</b>	n/a	9%	32%	14%	45%
<b>TYECE</b>	n/a	4%	4%	46%	46%
<b>CHEDA</b>	n/a	9%	27%	5%	59%
<b>EVA</b>	n/a	4%	36%	9%	50%
<b>NAWYCA</b>	n/a		18%	27%	54%
<b>PEP</b>	n/a	14%	27%	9%	50%
<b>WHOLISTIC</b>	n/a	5%	18%	23%	54%
<b>WOTCLEF</b>	n/a	5%	14%	27%	54%

*Overall Performance of IPs/IAs:* WIA staff were asked to rate the performance of each of the IPs/IAs on the project. Findings in Table 33 shows that IPs/IAs with the highest very satisfactory performance was TYECE (46%) followed by DEF, and RWF (both 32%), and NAWYCA and WOTCLEF (both 27%). Others are WHOLISTIC (23%), USI and WOGEND (both 14%), RAPAC, JJR, EVA, and PEP (9%), and CHEDA (5%). It is interesting to note that close to half of WIA did not provide any rating of the IPs/IAs. This may be due to inadequate information or knowledge about the IPs/IAs, and this should not be so.

There may be disparity between IPs/IAs ratings of themselves vis-à-vis those from WIA staff. The evaluation team is convinced that Ips/IAs self rating or assessment may be biased. Aside, WIA staff have worked with all the IPs/IAs continuously over the years and are in a better position to do a cross-cutting assessment.

**Table 34: Percentage of Units/Departments according to self assessment of performance**

<i>Units/Departments</i>	<i>Not Satisfactory</i>	<i>Fairly Satisfactory</i>	<i>Satisfactory</i>	<i>Very Satisfactory</i>	<i>Don't know/No response</i>	<i>Total (N)</i>
<b>COP Office</b>		4%	18%	45%	32%	22
<b>Finance &amp; Administration</b>		4%	41%	23%	32%	22
<b>Grants</b>		9%	14%	45%	32%	22
<b>Media &amp; communications</b>		9%	18%	36%	36%	22
<b>Programs</b>		9%	14%	50%	27%	22
<b>M&amp;E</b>		9%	9%	41%	41%	22

*WIA In-House Evaluation:* As part of the WIA internal evaluation, staff were asked to evaluate other departments in their office. Results in Table 34 show that the highest percent of very satisfactory was given to programs (50%) followed by COP office and grants (both 45%), M&E (41%), media and communications (36%), and finance and administration (23%). It is interesting to note that above a third of staff did not provide any response. This may be due to lack of information to make good judgment or lack of motivation to provide such vital information. On personal rating on job satisfaction, the majority of staff reported that they were satisfied (61%), or very satisfied (39%), and were willingness to get involved with similar project in the future (82%).

*Overall Perceived Impact of AIM Project on Community:* The second level of ratings was on IPs/IAs staff perceived impact of the project on the community that they serve. The majority of IPs/IAs staff rated impact of the AIM project on the community as high (26%), very high (33%), and excellent (21%).

*Overall assessment of AIM by other stakeholders:* In general, other stakeholders not directly involved in day-to-day running of the project give it a satisfactory rating pointing out areas that need strengthening in the implementation. It was opined by all involved at different levels of implementation that the project has contributed positively to the National response on HIV/AIDS in Nigeria.

## CONCLUSIONS

This evaluation examined the AIM project implementation in the last four years using both quantitative and qualitative methods of data collection and analysis. The synergy and complementarities of the two methods enabled triangulation of information to provide insights on the achievements, challenges, sustainability, and impact of services on the targeted beneficiaries. The following are conclusions reached based on the results of the evaluation.

### *Achievements*

Findings based on statistics from document review and qualitative information showed that in general, the project performed well in terms of meeting set targets of beneficiaries. Achievements are presented in this report to address key objectives of the AIM project, and to suggest impact.

A key finding that fed into the four project objectives were the PEPFAR indicators. Findings from the review of documents and analysis of evaluation data suggest that the project surpassed its target on most of the indicators.

### *Objective One: Strengthening Capacity of Local NGOs and other Stakeholders*

- Capacity building of key players in the project implementation i.e. IPs/IAs, adult beneficiaries (including FSW, caregivers, and BCS), and WIA staff increased substantially during the course of the project. Formal trainings received by IPs/IAs were in program management (48%), M&E (46%), finance and management (32%), and grants development and management (29%). Aside formal trainings, IPs/IAs staff were exposed to series of on the job trainings which had immediate application, and impact on their job performance. IPs/IAs staff reported that they now feel better equipped to apply for donor funding directly which is a major goal of the AIM project.
- The project empowered adult beneficiaries in IGA by providing them with the necessary skills to be successful in business. Results of the analysis of selected IGA profit and loss showed that the majority (73%) had above 25% income in the month that records were available before the project evaluation. Also, some adult beneficiaries were trained to become peer education and mentors. These had positive effect on building leadership skills and self esteem which had positive effects on the quality of life of the beneficiaries.
- WIA staff reported trainings through exposure to conferences, and short-term workshops on key areas of program intervention. They reported that more on the job training has enhanced performance on their job.

### *Objective Two: Provide Care and Support Services to OVC and HIV/AIDS Affected Families*

- There was a positive change in Acada OVC's ability to read and write before and after been involved in the project. This increased significantly from 9% to 76%, and from 10% to 73% respectively. Likewise, Reintegrated OVC's ability to read and write increased from 12% to 72%, and from 12% to 73% respectively. These increases in the proportion of OVC who were able to read and write indicate programming effectiveness and success, which should be commended.
- The nutritional intake of pre-school OVC increased substantially during the period of the

project. All pre-school (100%) ate vitamins five times a week compared to carbohydrates (15%), and protein (9%) weekly. While pre-school ate more vitamins, findings suggest that Acada (50%) and Reintegrated (85%) OVC ate more carbohydrates in a week than any other type of food.

- Results of this evaluation suggest that more pre-school (65%) than reintegrated (56%), or acada (49%) OVC accessed birth certificate; more pre-school (87%) than reintegrated (77%), or acada (70%) OVC were ever immunized, more pre-school (52%), than reintegrated (40%) or acada (29%) OVC slept under bed nets the night before interview was conducted; and more pre-school (43%), than reintegrated (27%), or acada (18%) accessed water guard and vessel. Differences in access were varied significantly by sex, residence, and sometimes by educational level. The differences in access may be due to differences in programming strategies aligning OVC by specific type of service rather which may limit their accessing other vital services.
- Findings suggest significant proportion of caregivers (87%), and BCS (79%) participated in IGA provided by the project, but only few of them (4% for both) accessed small loan facility. Also, there was significant difference in IGA participation between male (88%) vs. females (64%) BCS, urban (90%) vs. rural (79%) caregivers and urban (86%) vs. rural (66%) BCS.

*Objective Three: Improve the Quality of Life of HIV Infected Individuals and their families.*

- The outcomes of this evaluation suggest that acada and reintegrated OVC who participated in this project were impacted significantly. Substantial proportion of the acada students that were not able to read and write, at the beginning of the program were now able to read (77%) and write (75%). Also, the impact of the educational program was felt more in the rural than urban areas. The quality of services was corroborated by acada and reintegrated OVC's assessment of services received with over 80% rating services as satisfactory or very satisfactory. Findings from qualitative data analysis also corroborated this assertion.
- The majority of IGA beneficiaries (Caregivers, 85%; BCS, 74%) reported that the service was beneficial to their families. And the majority (over 75%) caregivers and BCS rated the program as satisfactory or very satisfactory. The majority (over 80%) of caregivers and BCS beneficiaries also rated other services received satisfactory or very satisfactory. Thus suggesting that they benefited from the services.

*Objective Four: Prevent HIV Transmission by Reducing Vulnerability amongst Targeted Groups*

- The majority of FSW (79%) reported involvement in peer education and mentoring program (79%), and the majority (93%) had increased desire to leave sex trade. Findings also suggest that more educated urban than their uneducated rural counterparts were exposed to the peer education, and mentoring program.
- Findings suggest that the majority of FSW (90%) rated the peer education mentoring program as satisfactory or very satisfactory, but far below half (32%) rated IGA program as satisfactory or very satisfactory. Qualitative insight suggest that the reason for the low approval ratings of IGA by FSW is their inability to fully transition to other trade.



- It is interesting to note that there was statistical significant differences in behavior change between those exposed to peer education and mentoring program and those not exposed in terms of (1) changed behavior (98% vs. 25% respectively), condom use (64% vs. 28% respectively), more interest in leaving trade (98% vs. 75%), increased risk awareness (33% vs. 6%), and other behavior change indicators were in the same direction.
- Qualitative findings show that some IPs/IAs exposed FSW clients to information about sexual prevention and HIV but it was not clear in this evaluation whether exposure had any significant effect on FSW clients with respect to condom use and reduction in the number of sexual partners.
- Considerable proportion of OSY (84%) reported receiving sexual prevention information from union/association meetings. And the majority of OSY (91%) rated sexual information message received as satisfactory or very satisfactory. It important to note that these findings were also corroborated by findings from qualitative data analysis.
- Findings suggest that membership of a trade union/association increased exposure to sexual prevention significantly compared to those not exposed (91% vs. 65%). And there was significant difference in behavior between those exposed and those not exposed to sexual prevention information in terms of reduction in number of sexual partners (34% vs. 19% respectively), more use of condoms (59% vs. 33%), and increased awareness of HIV risk (55% vs. 34%).

### *Management Issues*

*Challenges:* Some challenges reported during the course of this project includes (1) timing of training to maximize effectiveness in influencing programming; (2) cumbersome nature of some of the M&E materials; (3) timeliness in communication on financial or other issues, (4) staff attrition, and (5) lack of community support on specific projects like that of the FSW. There was no evidence to suggest that these challenges altered significantly the course of the implementation of the project.

*Communications:* Communications was reported as good throughout the course of the project implementation, likewise the relationship between key partners was good except the timing of information exchange expressed above. Major means of communication included phone call, emails, dispatched mails, and which could be better planned.

*Project Structure:* The general consensus among key players of the project implementation was the project structure worked well but could be better especially if a few regional offices are opened. The argument is that having a regional office may enhance information exchange and will be good for quick response to technical assistance as may be necessary.

*Continuity & Sustainability:* The project IPs/IA have been strengthened institutionally and in terms of what is needed to successfully run an NGO in Nigeria, and the communities key players, and government organs have provided financial, materials and moral support. The project may however need more visibility, and acceptance of FSW programming in some communities. Community varied depending on the target population and the type of services provided.

*Standardization of Services:* The project standardize implementation of activities through various means including use of manuals designed by professionals, review of reports and documents by

stakeholders, and periodic visits to project sites by designed professionals by the project and government agents oversight.

*Cost Effectiveness Analysis:* person-cost of service was used to examine efficient use of resources. The results suggest that person-cost of service decreased over the years from \$98.25 in COP 06, to \$68.33 in COP 07 and down to \$53.1 in FY 2010. These results suggest that more beneficiaries were reached with services at a lower cost than in the early stages of the project.

*Reflections on the Cooperative Agreement:* Targets were met on time, and disbursement of funds was in most times without hitch. There is the need to be more proactive to ensure that donor brands and standards are maintained at all times.

*Overall Ratings of Performance:* In general, the majority of beneficiaries rated services received and impact of these services on their livelihood as above average. Also, IPs/IAs rated the project implementation as above average, while other stakeholders rated the project as satisfactory. Overall, the project may be scored satisfactory performance with a caveat of more room for improvement.

## LESSONS LEARNT

Key lessons learnt as a result of this evaluation are as follow.

- Triangulating qualitative and quantitative methods proved very insightful in enriching the findings of this evaluation. Information from one approach complemented that from the other in a synergistic fashion.
- Holistic capacity building approach in which all key beneficiaries undergo continuous trainings and step-down of skills can have substantial quick effects on empowerment and effective implementation on a project.
- OVC can actualize their dreams if given the exposure and opportunity to learn like other children.
- The nutritional culture of households can be changed and enriched if given the right information, and supported with the necessary materials.
- It is interesting to that the impact of services for OVC and adult beneficiaries were felt more in the rural than urban areas.
- It seems that except for FSW, the impact of the project was felt more by rural than urban sub-groups of the targeted population.
- Willingness or desire to leave the sex trade does not necessarily translate to self efficacy to take action, except enabling environment is created.
- FSW client may be responsive to behavior change if given more attention if focus in programming.
- Traditional FSW were more successful following programming strategies than their non-traditional counterparts.
- Most beneficiaries rated the services received as satisfactory or very satisfactory implying that the services were of good quality and were well appreciated.
- Exposure to information about the consequences of risky sexual behavior can result in positive change as it did for FSW and OSY.
- The targeted at risk sub-groups especially those in the adult category may be empowered by fairly small grant/credit as demonstrated by their profit margins is this project.

## RECOMMENDATIONS

Some of the recommendations drawn from the findings of this evaluation are presented here.

- The Acada and reintegrated programs made substantial difference in the literacy level and quality of life of the OVC that participated. Since children are the generation of tomorrow, it is necessary for this kind of program to continue to cater for the need of such most vulnerable and voiceless in society.
- Also, effort should be made to scale-up the project to include more communities, and to include secondary school programs. Findings from various stakeholders suggest that scaling-up the project to include secondary schooling will have substantial impact on the OVC and their families in the long-run.
- There is the need to review programming strategies to ensure that OVC accessed essential services that the project can provide rather than aligning an OVC with a particular service while their other equally important needs are left unattended to. A holistic approach to meeting essential needs of OVC in the project will ensure that all aspects contributing to their quality of life are taken care of.
- Results from most services provided suggest urban vs. rural disparity in access to and impact of services. Future programming of AIM project may need to focus more on the rural areas where the need and satisfaction or impact from services was felt more.
- The IGA program for caregivers and BCS has considerable impact on their livelihood but this could have been more if they had access to small loans to increase their bottom line and their profit as well. Easy access to loan facility is one aspect that this project was not able to realize and is a major shortfall of the project.
- The project did not receive similar satisfactory ratings on IGA from FSW as it did from caregivers and BCS beneficiaries. Although the majority of FSW were adequately sensitized to leave the trade, the majority were not able to make the transition. Insights from qualitative data suggest that the enablement to transition from the trade to other profession was weak in programming or was not well strengthened in the project. IPs/IAs that had complementary services like alternative shelter for interested FSW reported more success. Future programming may need to consider incorporating complementary services like shelter, or shop as part of the package for FSW who are motivated to leaving the trade.
- There may be need to design more focused program for FSW clients in order to reduce the spread of HIV in the general population. Findings from this evaluation suggest that focused concerted effort on reaching FSW clients will yield positive results.
- Although the financial system for the project went smoothly, report suggest that this needs to be more flexible in rules and guidelines with respect to inflation, or prices increases on goods and services, and in terms of crossing funds from a line item to meet other important immediate needs.
- The management issues in general buffered rather than altered the course of the project

implementation. In order to address communication lapses, future programming may consider having regional WIA offices or locate key staff in selected relevant state ministries and other state level MDAs. This recommendation may produce double-edged effect, (1) reduce time lag and improve quality of information, and (2) increase technical assistance to IPs/IAs in a timely fashion.

## **APPENDICES**

### **APPENDIX A: SCOPE OF WORK**

#### **PLAN & SOW FOR END OF PROJECT EXTERNAL EVALUATION OF WINROCK INTERNATIONAL (AIM) PROJECT**

##### **Background:**

The AIDS Impact Mitigation (AIM) Project is a USAID funded capacity building project for Nigerian faith based and non-government organization (FBOs and NGOs). The main goals of the project started in October 2006 are: to strengthen the capacity and sustainability of indigenous national and regional multiplier CSOs within Nigeria to manage and support their local chapters and other CSOs and initiatives and secondly to strengthen and support the capacity of FBOs, CBOs and NGOs to design, implement, monitor, evaluate and expand delivery of HIV/AIDS prevention, care and support services in their communities. The project was designed to achieve these goals through: strengthening of NGO's capacity to respond to HIV/AIDS in their communities; improving the quality of life of HIV infected individuals and their families; provision of quality comprehensive and compassionate care for AIDS affected OVCs and effecting behavior change for Commercial Sex Workers (CSW) through education and alternative income-generating opportunities. To date various activities have been accomplished and reported to USAID through the implementation of FY 06 up to FY 09 work-plans and as a major requirement in project reporting, an end-of-project evaluation is to be conducted to generally ascertain the effectiveness of the project and specifically the efficiency with which planned services were provided to beneficiaries and the consequences on their lives.

##### **Evaluation Goal:**

To assess in terms of performance and accountability, the implementation of AIM project from October 2006 to August 2010 by the AIM Project team

##### **Evaluation Objectives:**

1. Ascertain if the AIM Project has been effective as planned on target beneficiaries;
2. Establish if funds committed to the project have been efficiently utilized to achieve the project objectives;
3. Provide verified information about the implementation processes adopted by AIM project's IPs/IAs against the standard prescribed by the project;
4. Identify specific areas of successes in the project implementation, the factor(s) that contributed to their achievement and measure required to sustain them;
5. Identify areas where gaps currently exist in the project implementation and proffer possible solutions to them;
6. Measure efficiency of the project by conducting a stakeholder's assessment of the AIM Project and submission of a report on same;
7. Based on findings from the evaluation study, recommend to the AIM Project management ways of improvement on the Project.

##### **Deliverables:**

1. Feedback report on stakeholder's assessment of effectiveness of the AIM Project;
2. Performance report of the various department within the AIM Project;
3. Comparative report on fund management with respect to service provision to target beneficiaries;
4. Documented successes and gaps identified in the implementation of the Project in the past two years;
5. Utilization plan for the result of the evaluation study.

**Personnel:**

The following structure of resource person and staff is being proposed:

**Evaluation Team:**

This will be made up of 3 Consultants (1 Lead Consultant and 2 others) with combined experiences in programming, M&E and project management skills. The Consultants shall be contracted with an articulated 'Term of Reference' highlighting deliverables based on the objectives of the evaluation exercise.

**AIM Project Technical Team:**

This will consist of coordinating officers from each core department (M&E, program, grant and accounts) of AIM Project. During the evaluation, they will provide technical support to the Consultants and serve as link between the evaluation process and management. They shall accompany the Consultants on field visit to provide guide and resolved issues that may arise and also form the panel that will review interim reports from Consultants.

**Planning:****Meeting & Notification**

- Pre-planning meeting shall be held between the evaluation and monitoring teams to provide briefing and finalize on plan, procedure, requirements and results from the evaluation;
- Other forms of meeting to monitor progress and discuss issues (if any) will be scheduled when the need arises;
- All AIM Project technical/operation/field staff will be notified to retrieve in advance documents and data to be referenced during the exercise;
- Adequate logistics arrangement will be made to enable the evaluation team complete the exercise on time and as planned.

**Methodology (Evaluation Process):**

- The evaluation exercise will require the Consultants collecting data and information from members of staff of AIM project at the national office Abuja and IP/IA office and field staff;
- It will also include interaction with target beneficiaries from all the programme areas;
- The evaluation is proposed to be conducted on regional basis i.e. North, East and West, with the Lead Consultant coordinating other Consultants;
- The team of Evaluation Consultants will carry out the exercise in locations they choose, but which must cover all the regions where WI (AIM) project services are being provided to beneficiaries;
- Field visits will be to the community, regional/state offices and WI (AIM) project national office visits by a team of regional Evaluators;
- Each regional team will assess state/site activities according to a standard protocol developed by the Consultants and agreed to by AIM Project management;
- On-line communication will be maintained between each regional team and the Lead Consultant as well as production of interim reports.

**Timeline:**

The following timeline is being proposed (Early June – Mid August 2010):

- Week 1:
- a. Briefing meeting with Consultants;
  - b. Finalize evaluation plan;
  - c. Notify staff and partners about the evaluation exercise
- Week 2:
- a. Finalize and pilot evaluation tools;
  - b. Meet with technical partners (NACA, FMoWA&SD, NIM & ICAN) and AIM AOTR (USAID) on EOP plan and procedure;
  - c. Analyze pilot result and integrate findings in evaluation procedure.

Week 3 - 4    Data collection at national, state and site locations

Week 5        a.     Data analysis and interpretation;  
                  b.     Report production

Week 6        a.     Debriefing of Winrock International (AIM) management staff  
                  b.     Out-briefing at USAID  
                  c.     Report dissemination and documentation



## **APPENDIX B: LIST OF DOCUMENTS REVIEWED**

### **CHEDA**

- Cooperative Agreement cost reimbursable sub grant January 2009 to September 2009

### **DEF**

- DEF organogram
- IP/IA staff strength/capacity
- Cooperative Agreement Amendment # 1 November 2007 to October 2008
- Cooperative Agreement Amendment #3 November 2008 to October 2009
- Final report for AIM project for COP 06
- Final report of AIM project for COP 07
- Report of three day zonal level training for the pilot testing of the M&E plan for OVC response 3<sup>rd</sup> to 5<sup>th</sup> march 2007

### **EVA**

- AIM project program report, first quarter, November 2009
- AIM project program report, second quarter, January 2010
- Audited final statement for the year ended August 31 2009
- Cooperative agreement amendment cost reimbursable January 2009 to September 2009
- Summary budget for COP 08

### **JJR**

- Sub grant modification for COP 07
- Cooperative agreement November 1, 2008 – October 31, 2009
- IP/IA Staff strength/capacity

### **NAWYCA**

- Center for Women, Youth and Community Action Accounts for the year ended 31<sup>st</sup> December 2009
- Close out report for COP 08
- Winrock International AIDS Impact Mitigation Program Implementing Partner Portfolio Review
- Cooperative agreement amendment cost reimbursable January 2009 to October 2009
- AIM project program report, first quarter, November 2009
- AIM project program report, first quarter, December 2009
- AIM project program report, second quarter, January 2010
- AIM project program report, second quarter, February 2010
- AIM project program report, second quarter, March 2010
- AIM project program report, third quarter, April 2010
- AIM project program report, third quarter, May 2010

## **PEP**

- Public Enlightenment Project Audited account for the year ended December 2009
- Accounting and Procedural Manual of Public Enlightenment Projects
- Human Resource Policy Manual of Public Enlightenment Projects
- Quarter 2 Monthly Program Summary Form (sexual Prevention)
- AIM Project Activity Report 2<sup>nd</sup> Quarter
- Activity report format
- Monthly Program Report for November 2009
- Monthly Program Report for February 2010
- Monthly Program Report for March 2010
- Audited Accounts for the year ended December 2007
- Audited Accounts for the year ended December 2008

## **RAPAC**

- Cooperative Agreement Amendment #1 November 2007 to October 2008
- Cooperative Agreement Amendment #3 November 2008 to October 2009
- Cooperative Agreement Amendment #5 December 2009 to August 2010
- COP 06 Annual programmatic report
- COP 07 Annual programmatic report
- COP 08 close out report
- Cooperative agreement amendment cost reimbursable March 2007 to March 2010

## **RWF**

- Cooperative Agreement Amendment #1 November 2007 to October 2008
- Cooperative Agreement Amendment #2 November 2008 to October 2009
- Cooperative Agreement Amendment #3 November 2008 to October 2009
- Program report review January to April, 2010
- Summary report for COP 06
- Summary report for COP 07
- COP 08 close out report

## **TYECE**

- Cooperative Agreement Amendment # 3 November 2008 to October 2009
- Cooperative Agreement Sub-grant modification #13 November 2007 to October 2008
- Progress report for COP 06
- Monthly program report for February 2009
- Monthly program report for April 2009
- Monthly program report review for May 2009
- Monthly program report for May 2009
- Monthly program report for September 2009
- Monthly program report for December 2009
- Monthly program report for January 2010
- Monthly program report for February 2010
- Monthly program report for March 2010

- Monthly program report for April 2010
- Monthly program report for May 2010
- End of COP close out report for COP 07

## **USI**

- Monthly program report for July 2009

## **Wholistic**

- Cooperative Agreement Amendment # 1 October 2009 to December 2009
- Cooperative Agreement Amendment # 2 December 2009 to August 2010
- Wholistic Grantee Financial Report
- Close Out Report for 2008
- Monthly Program Report for May 2010
- Activity Report/MOV Sheet for FSW clients
- Summary budget for FY09 Q2 to Q4
- Brothel names and addresses for Lagos and Oyo states

## **WOGEND**

- COP 08 close out report
- Certificate of incorporation
- List of FY 09 caregivers grants beneficiaries
- Monthly program report for October 2009
- Monthly program report for November 2009
- Monthly program report for December 2009
- Monthly program report for January 2010
- Monthly program report for February 2010
- Monthly program report for March 2010
- Monthly program report for April 2010
- Monthly program report for May 2010
- Cooperative agreement November 2007 to October 2008
- Cooperative agreement Amendment #3 November 2008 to October 2009

## **WOTCLEF**

- Close out report COP 08
- Cooperative agreement amendment cost reimbursable October 2007 to September 2008
- Cooperative agreement amendment #2 October 2008 to September 2009
- Cooperative agreement amendment #3 October 2009 to December 2009
- Cooperative agreement
- AIM project program report, first quarter, December 2009
- AIM project program report, second quarter, January 2010
- AIM project program report, second quarter, February 2010
- AIM project program report, second quarter, March 2010
- AIM project program report, Third quarter, May 2010
- AIM project program report, Third quarter, April 2010

- WOTCLEF overview

## **WINROCK International**

- Year 1 AIM Implementation Work plan October 2006 to September 2007
- Year 2 USAID/AIM Work Plan June 2007 to May 2008
- Winrock AIDS Impact Mitigation (AIM) project Implementation work plan October 2008 to September 2009
- Winrock AIDS Impact Mitigation (AIM) project Implementation work plan October 2009 to September 2010
- Winrock AIDS Impact Mitigation (AIM) Project Implementation Work plan October 2008 to September 2009
- Winrock AIDS Impact Mitigation (AIM) Program Implementation Work plan October 2009 to September 2010
- List of USG PEPFAR supported sites
- Information about AIM project partners and beneficiaries
- List of Winrock supported sites FY 09 Umbrella care
- List of Winrock supported sites FY 09 sexual prevention
- Winrock International (AIM) project IP/IA site location information table
- Winrock AIM project staff information
- AIM project partner staff
- AIDS Impact Mitigation Project Partners Program Implementation Updates by Program Areas
- Capacity Building for AIDS Impact Mitigation (AIM) fourth quarterly report October 2007
- Winrock International AIM Project all indicators database
- Winrock International AIM Project OVC register of partners

## **APPENDIX C: LIST OF PEOPLE CONTACTED**

### **Winrock International Staff**

Dr. Chalya Lar	Chief of Party
Wale Adeogun	M & E Specialist
Ochonye Boniface	Snr. Technical Advisor
Kelechi Argoson	Finance Manager
Ibrahim Ilyasu	Media & Policy Advisor
Timothy Zakka	Technical Officer
Christian Ogwuche	Grants Officer
Imaobong Akpan	M & E Assistant
Chukwuebuka Ejekam	M & E Assistant
Nanya Aminatu Janfa	Program Assistant
Claire Lorents Okeke	Program Assistant
Benjamin Ibukun Fadare	Program Assistant
Umeh Samuel Aruizi	Program Assistant
Precious Okafor	Grants Assistant
Eyong Omini	Intern
Anne Nosike	Office Administrator
Linus Ibe	Front Desk Officer
Jacob Ishaku	Project Driver
John Ibeneme	Project Driver
Martha Okoye	Office Cleaner
Goodluck David Taro	Office Cleaner

### **Winrock International Headquarter, USA**

Amelia Peltz	Backstopper for AIM Project
Doug Green	Financial Management and Monitoring

### **USAID Interviewed Team**

Dr. Kalada Green	Snr. HIV Prevention Advisor
Isa Iyortim	HIV Prevention Manager
Duke Lawrence Ogbokor	HMIS Manager

### **Winrock Consultants/Observers**

#### **Oyo & Lagos; Kano & Adamawa, FCT**

Dr. Muyiwa Oladosun	Lead Consultant
Charles Ayo Toriola	Consultant
Gloria Affiku	Consultant
Dr. Wale Adeogun	Winrock Observer
Timothy Zakka	Winrock Observer

#### **Edo, Anambra, Imo; Cross River, Benue, Nasarawa, FCT**

Dr. Muyiwa Oladosun	Lead Consultant
Chinenye Ezekwueme	Consultant
Femi Oladosu	Consultant

Timothy Zakka  
Ebuka Ejeckam

Winrock Observer  
Winrock Observer

### **Implementing Partners**

#### **Women Gender Development (WOGEND), Kano**

Halima T. Bello	Executive Director
Imrana M. Y.	Program Manager
H. B. Garkuwa	Administrative Manager
Halima Ahmad	Nutrition/Health Specialist
Ahmed Dangi	M & E Officer
Lawal Mikailu	Accountant
Aminudeen Yusuf	Acada Teacher
Usman A. Baba	Headteacher

#### **Women Trafficking and Child Labour Eradication Foundation (WOTCLEF)**

##### **Abuja**

Veronica Umaru	National Coordinator
Bukar Ruth	Program Manager
Johnson Archibong	IT Officer
Abdullahi Salihu	Accountant
Adams Mohammed	Account Assistant
Lawrencia Musa	M & E Assistant

##### **Kano**

Habiba Halilu	Program Officer
Maryam Mijinyawa	Assistant Program Officer
Tasiu Yusuf	M & E Officer

#### **Ummah Support Group (USG)**

##### **Abuja**

Danladi A. Ibrahim	Executive Director
Alhaji Sadiq U. M. Rabi	Project Manager
Hauwa Bello	Assistant Project Manager
Fatima Musa	M & E Officer
Okonkwo Jubril	M & E Assistant
Alimat Abu	Accounts Assistant
Fatima Mohammed	Volunteer
Saadatu Saliu	Volunteer

##### **Kano**

Bello Abdu Magaji	Program Manager
Garba Halluru	M & E Assistant
Taiye Adegboye	Office Assistant
Usman U. Usman	Accountant
Mohammed Bello Zubair	OVC Desk Officer

#### **Redeemed AIDS Program Action Committee (RAPAC)**

**Headquarters**

Laide Adenuga	Coordinator
Johnson Abiodun	Senior Project Officer
Odutolu Olugbenga	Project Officer
Ejiko Gbenga	M & E Officer
Busola Duncan	Accountant
Josephine Olomu	Counsellor
Yemisi Akindele	Accounts & Admin

**Oyo**

Simon Adesunmbo	Program Officer
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**Benin**

Amadasun F. U.	Program Officer
Efeakwu Joy	Assistant Program Officer
Ogbebor Eric Osa	M & E Officer
Eghomwanre F. A.	Assistant M & E Officer
Njoku Esther	Account Officer
Helen Jeremiah	Office Assistant

**Makurdi**

Swande A. S.	Program Officer
Igoche Victoria	M & E Officer
Tigba Christopher	Community Health
Tyoakaa Damian	Volunteer
Joy Ijiga	Volunteer
Racheal Oguche	Nutritionist
Damawa Miriam	Facilitator
Abodunnu Olushola	Volunteer
Ukpong Ruth	Volunteer

**Dorcas Eunice Foundation (DEF)**

Morakinyo Adesola	Project Manager
Segun Oke	Assistant Project Manager
Bakare A. M.	Accountant
Biodun Ajayi	M & E Officer
Akinola John	Assistant M & E Officer

**Jehovah Jireh Resources (JJR)**

Gomba Eyor	Executive Director
Abimbola Jones	Program Manager
Benson Madu	M&E Officer
Emmanuel Boduwa	Accountant
Godwin Daniel	APM

**Rural Women Foundation (RWF)**

Onyezue Innocent	Program Manager
Okafor Chimunanya	Program Manager
Aduba Dumebi	M & E Officer
Eleodimuo Chike	Assistant M & E
Okafor Regina	Volunteer

Ometan Gilbertina	Volunteer
Umezulike Beatrice	H/M
Adi Chime	H/M
Okafor F. N.	G/C
Onuegbu P. C.	H/M
Nweke B. N.	H/M
Offor A. G.	H/M

#### **Teens and Youths Educational and Capacity Enhancement (TYECE)**

Olumese Everson	Project Manager (Sexual Prevention)
Omoaka AbdulRazak	Project Manager (CH)
Abdullahi Murtala	M & E Officer
Hajarat B. Oye	M & E Assistant
Sado Yusuf	Intern
Anodion Omo Flasime	Intern
Momodu Faruk	Volunteer
Momodu Ibrahim	Volunteer
Momodu Ahmed	Volunteer
Ogweda Jimoh Ibrahim	Volunteer
Mamudu K.	Acada Teacher
Braimah O. E.	Acada Teacher
Anodion D. O	Acada Teacher

#### **Wholistic Outreach**

Bola Agwuncha	Executive Director
Gideon Ajayi	Accountant/Project Manager
Ejiranti Segun	Program Officer
Patience Okeke	M & E Officer
Okafor Ngozi	M & E Assistant
Felicia Fabunmi	Accounts Assistant

#### **Center for Health Development (CHEDA)**

Abubakar B. Mustapha	Project Director
Halilu Lawal Gidado	Program Manager
Peters Roseline	Project Accountant
Abdulkarim Hamid	M & E
Aliyu Usman Dikko	Volunteer
Joshua Anna	Volunteer

#### **Centre for Women, Youth and Community Action (NACWYCA)**

Ozioma Ihuoma	Program Officer
Fatima Abu	Program Officer
Charles Orume	Program Officer
Muhammed Iddo	Assistant Program Officer
Adotse Samuel	Admin & Finance Officer
Jimoh Olayinka	M & E Assistant
Tessy Othman	Pro Officer Health
Bartholomew G. M.	Administrative Assistant
Sreela Sreadha	Volunteer
Teddy Cyriac	Volunteer
Nnadu Ukachi	Laboratory Technician
Samuel Okeke	Attachee



Samuel Agida	Youth Intern
Abdullahi Dauda	Youth Intern
Julius Akwe	Youth Intern

#### **Education as Vaccine against AIDS (EVA)**

Manre Chirtau	M & E Officer
Ijeoma Ikeji	Admin & HR
Solomon Olaniyi	M & E Assistant
Zwalle Yusuf	Finance

#### **Public Enlightenment Projects (PEP)**

Lilian Ezenwa	Executive Director
Francis Daniel	Project Manager
Marcellinus Mmadu	Accountant
Ogechi Obi	Program Manager
Ursula Igbo	M & E Officer
Owa Tony	Project Assistant
Okeke Izuchukwu	Volunteer
Blessing Ugwuokoro	Volunteer
Kelechi D. Law	Volunteer
Chidinma Okere	Volunteer

#### **Stakeholders**

##### **Nigerian Institute of Management (NIM)**

Dominic Etuko	Technical Partner
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##### **Institute of Chartered Accountants (ICAN)**

Barr. Uchenna Okafor-Agbi	Technical Partner
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##### **Universal Basic Education (UBE)**

Dr. Bello Kagara	Member, Advisory Board
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##### **Small-Medium Enterprises Development Agency of Nigeria (SMEDAN)**

Ado Bello	Technical Partner
Abiodun Omidiji	Technical Partner

##### **Federal Ministry of Women Affairs (FMoWA)**

Mrs. Obay Okwuonu	Member, Advisory Board
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## APPENDIX D: SUMMARY ON IPs & IAs

### Women Trafficking & Child Labour Eradication Foundation (WOTCLEF)

<b>National Coordinator</b>	Mrs. Victoria K. Umaru
<b>Program Area</b>	Sexual Prevention
<b>Key Partners</b>	N/A
<b>Implementing States</b>	FCT, Kano, Bauchi & Plateau
<b>Dates</b>	October 2007 – October 2010
<b>Total Funding to date</b>	\$315,378.23

#### Evaluation Team Visit Summary

The evaluation team members including Ayo Toriola, Chinenye Ezekwueme and Femi Oladosu visited WOTCLEF head office at Gwarimpa Estate in Abuja on July 2, 2010 and had a group interview with the project staff headed by Mrs. Victoria Umaru. On July 8, the evaluation team of Ayo Toriola and Gloria Affiku visited the Kano office and had interview with the staff headed by Hajiya Habiba Halilu. Same day, the team supported by twelve volunteers from the National Youth Service Corps (NYSC) visited four communities within and outside Kano city to meet some brothel-based Female Sex Workers (FSW) and OSY at Sabon-gari & Dakat-salle. FGD was conducted for OSY, and questionnaires administered to 142 FSW and 138 OSY beneficiaries, and had key informant interviews with three FSW clients.

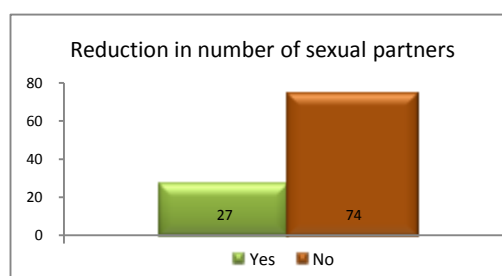
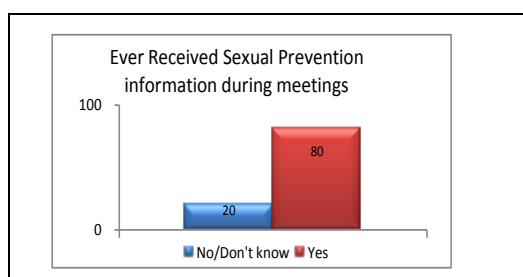
#### Program Description

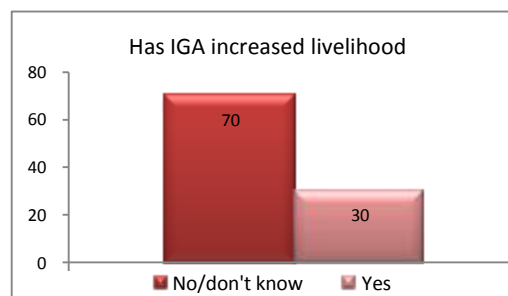
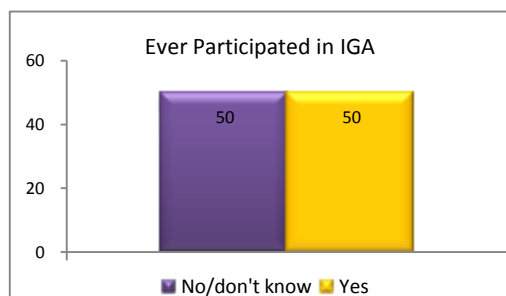
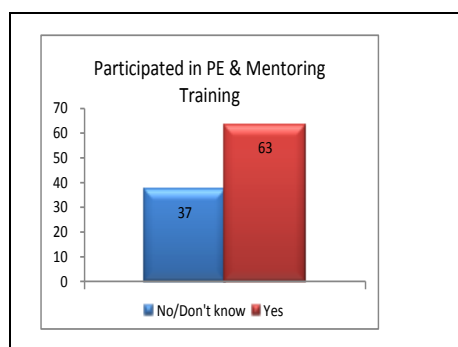
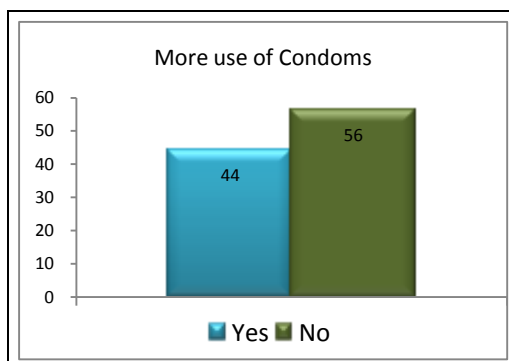
WOTCLEF have been operating as an NGO campaigning against trafficking in persons and child labour since 1999. It began implementation of AIM project in COP 07 under the AB program reaching out to FSW in FCT. The following COP year, they expanded to the OP program area, reaching both FSW and OSY. In COP 09, the target beneficiaries were increased to include FSW, OSY and FSW clients. WOTCLEF presently works in FCT, Kano, Bauchi and Plateau states reaching the MARP with HIV/AIDS prevention messages through community awareness campaigns, peer education, essential life skills training and community outreach. Their intervention in these states also includes providing alternative income generating opportunities and improving income generating ability of FSW. In addition, they reach clients of sex workers with prevention messages that address risky behavior.

#### Progress Tracking Table

Reporting period	OSY		FSW		FSW Clients	
	Target	Achieved	Target	Achieved	Target	Achieved
<b>COP 08</b>	2,190	2,205	639	651	-	-
<b>COP 09</b>	1,901	2,410	501	516	100	100

The following figures are illustrations suggesting achievements.





## Key Achievements

- Implementing AIM project has helped to increase the organizational capacity in sexual prevention programming and leveraging of resources to achieve project goals.
- 80% of respondents reported receiving sexual prevention messages, and 44% more reporting an increase in use of condom since participating in project.
- Specifically reaching about 1,301 FSWs with HIV/AIDS prevention messages and essential life skills training, empowering 320 with IGA grants.
- Successfully assisted 50 FSW to transit from sex trade to alternative trade in COP 07, with additional 24 and 18 doing same in fiscal years 08 & 09 respectively in FCT, Bauchi Plateau and Kano states. Majority of those that are yet to make the transition reported decrease in number of partners due to income generating activities they are involved with.
- In COP 09, 100 FSW clients in Plateau states were reached with prevention messages.
- Able to meet OSY targets with peer education and condom messaging during the two years of implementation.

## Challenges

- Initially had challenge tracking and following-up with all FSW targets because of non-disclosure of their real identity.
- There were religious and cultural barriers in some states affected implementation of AB program. Incessant police harassment due to anti-prostitution policy in the states contributed to mobility of most of the FSW within and across states.
- Encountered resistance from parents and communities because of condom messages passed to youths aged 15 to 17. Youths in this age bracket is still regarded as underage in Nigeria cultural setting.
- Finance/Grants: Criteria for getting vendors are stringent; it is quite difficult getting quotations from three registered vendors with corporate bank accounts along the same business line at the same time.
- M&E tools and reporting templates: collecting and reporting same information in multiple tools makes data collection and reporting very cumbersome. Likewise, changing of M&E in the

course of implementation posed a lot of challenges because, while staff and volunteers are still trying to get good understanding of a tool, another or an additional one will be required. Most times disrupting smooth flow of information from the site to the project office, and then to AIM office.

- Condoms are always in short supply, while the one in stock at the moment has very short expiry date.

### **High Points and Best Practices**

- Leveraging on community networks and social connection in reaching FSW in unfriendly environments.
- Rehabilitation of former FSWs who shows willingness to opt of the trade and provision of a rehabilitation hostel contributed to number of FSW that transited successfully from sex trade.
- Capacity building training of the AIM project staff at inception of each program year, and periodic technical assistance to program and M&E staff provided continuous on-the-job training for personnel.

### **Key Lessons Learnt**

- Gained the trust and confidence of FSWs through the complimentary mentoring services provided directly to all of them. The organization maintains an open-door policy with all the beneficiaries, giving them access to the staff and the organization's resources. This is further fostered by the mandated periodic follow-up activities carried out outside AIM project budget.
- Inability of IGA grantees in getting alternative place of abode and shop to ply other trade/business affected the number of FSWs that would have transited from sex trade.

### **Sustainability**

- WOTCLEF is accessing assistance from NAPEP in getting fund for FSWs. The agency has asked that they form cooperative groups.
- Also working with NDE to integrate interested OSY and FSW in skill acquisition trainings and empowerment. This is in addition to the skill acquisition training centre presently run independently of the AIM project.
- WOTCLEF has also written proposals to other agencies such as MDG office to access fund for continuation of programs.

### **Conclusions and Recommendations**

- Program reporting and M&E tools should be harmonized and streamlined to reduce repetitive duplication of information.
- A general review of the sexual prevention program to redefine strategy. For instance, the first message should be abstinence instead of condom usage as it is now, while abstinence message target at FSW is inappropriate. More so, OP program strategy should be redesigned in order to only reach OSY aged 17 and below or sexually inactive youths with only abstinence messages rather than condom usage as it is presently designed.
- Essential Life Skills training should be included in the services provided for OSY target beneficiaries. These trainings and other IGA activities will serve as incentives for them to be more receptive to sexual prevention messages.
- IGA grant to FSW is generally regarded as insufficient to cause the desired transition from sex trade. Only 30% of respondents reported that IGA grant contributed to increase in their livelihood.
- M&E tools should be developed with full participation of implementing partners.

**CENTER for HEALTH DEVELOPMENT (CHEDA)**

<b>Project Director</b>	Abubakar B. Mustapha
<b>Program Areas</b>	Sexual Prevention
<b>Key Partners</b>	Ummah Support Initiative
<b>States</b>	Adamawa & Borno
<b>Dates</b>	January 2009– October 2010
<b>Funding</b>	

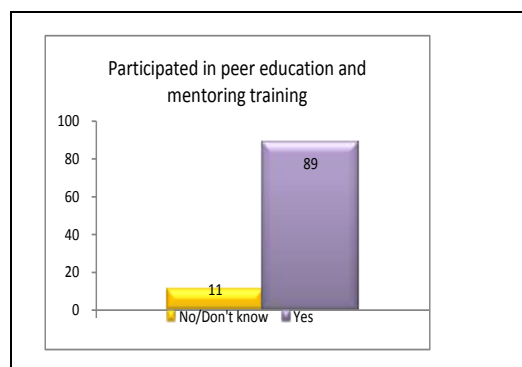
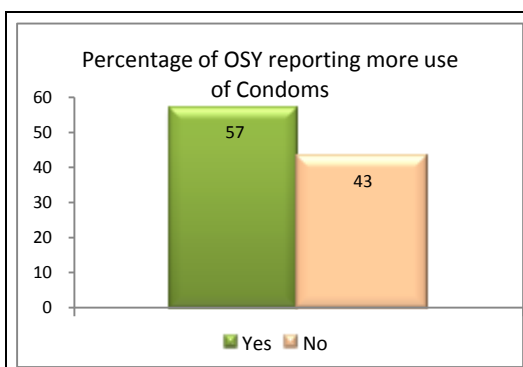
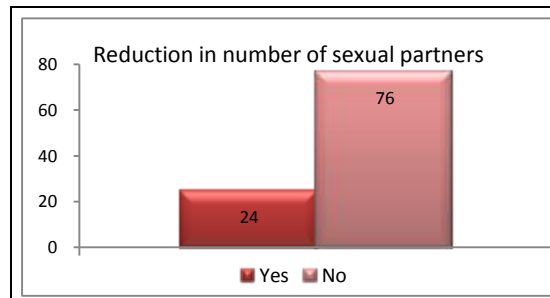
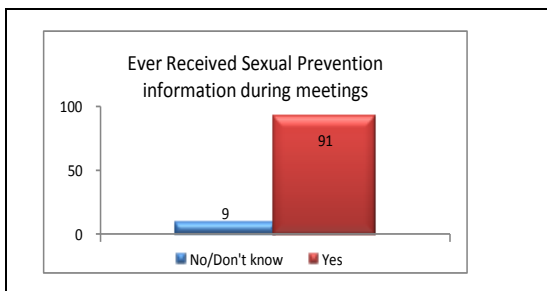
**Evaluation Team Visit Summary**

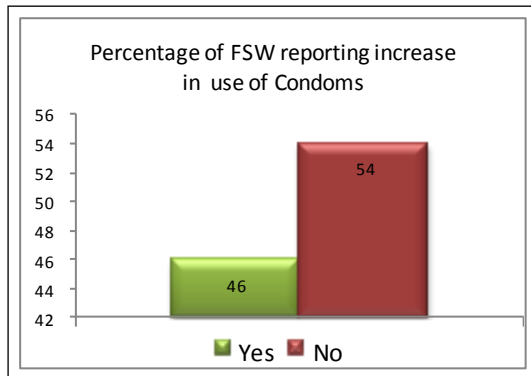
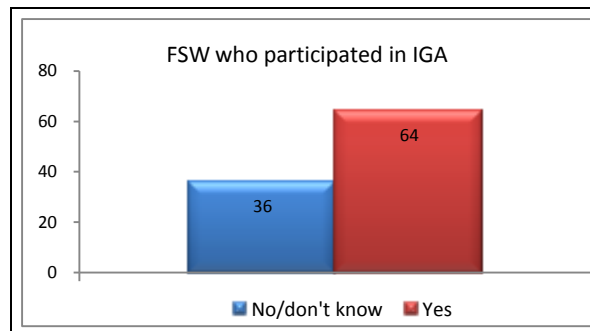
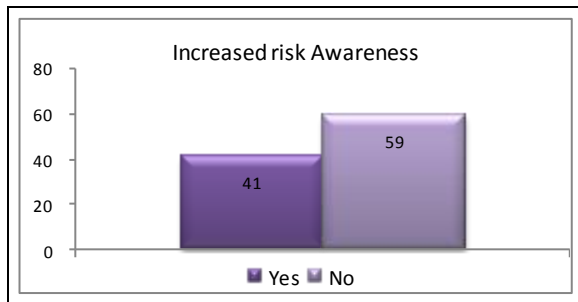
The evaluation team of Muyiwa Oladosun, Ayo Toriola, and Gloria Affiku visited CHEDA head office and project sites in Adamawa state on July 9-10, 2010. The team had an interview session with the project staff, present at the interview are the project director, program officer, M&E officer, the accountant and two volunteers. The team visited FSW and OSY sites in Yola, Jimeta and Gurin, and administered questionnaires to 209 beneficiaries. It also held focus group discussions with OSY, FSW and clients of FSW.

**Program Description**

CHEDA joined the AIM project as an implementing agency under Ummah Support Initiative (USI) in 2008. The organization worked in the OVC and AB program areas until COP 08 when they are required to focus only on AB program areas.

The following figures are illustrations suggesting achievements.





### Key Achievements

- The staff and organizational capacity have been built by the series of specific trainings, step-down trainings and technical assistance received through the project.
- Able to gain community acceptance during implementation of the OVC program. Due to the target population of the program, the community showed a lot of interest throughout the period of implementation, and have been requesting that we revive the program in the area.
- The organization has also been able to effect behaviour change in the target groups through increase HIV/AIDS risk awareness, consistent use of condoms and HIV testing.
- 24% of respondents reported a reduction in number of sex partners with almost 60% reporting increase in the use of condoms.
- Able to create spread the knowledge and awareness of HIV/AIDS among the most at risk population thereby breaking the silence about HIV among this target group.

### Challenges

- Late release of funds during COP 09 slowed down the pace of the implementation.
- Ineffective communication between partner and AIM M&E officer in reporting of program, and delay in getting feedback on reports submitted.
- Bulkiness of M&E reporting tools.
- Insufficient human and material resources. Only one laptop is available for use by all the departments, provision for logistics is not enough since there is no project vehicle.

### High Points and Best Practices

- The use of gate-keepers as links to the community and target populations helped in limiting barriers.
- Developed good team spirit in achieving set goals and objectives.
- Educational component of the OVC program contributed to the community support and participation enjoyed.

## **Key Lessons Learnt**

### **Conclusions and Recommendations**

- Partners should be assisted with procurement of equipments and tools that will facilitate efficiency and effectiveness of service delivery.
- AIM office should address communication lapses observed during the implementation to enhance effective use of time and resources.

## DORCAS EUNICE FOUNDATION (DEF), Ibadan, Oyo State

<b>Executive Director</b>	<b>Dr. Adeola Ojo</b>
<b>Program Areas</b>	Umbrella Care (OVC, Caregiver & BCS)
<b>Key Partners</b>	N/A
<b>States</b>	Oyo
<b>Dates</b>	November 2006 – October 2010
<b>Funding</b>	

### Evaluation Team Visit Summary

Evaluation team members Ayo Toriola and Gloria Affiku had a group interview with the project staff including the program manager & assistant project manager, accountant, M&E officer and assistant M&E officer at their head office on Ring road, Ibadan, Oyo state. Questionnaires were administered to all the staff. The team later visited and administered questionnaires to 129 OVC beneficiaries at Agbamu, Ago-Awawu, Olomi and Olurinde communities in Oluyole LGA. Key informant interview were held with Oyo state SACA and Ministry of Women Affairs to explore linkages with the state community structures.

### Program Description

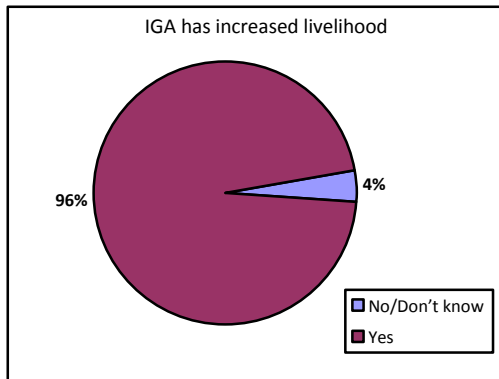
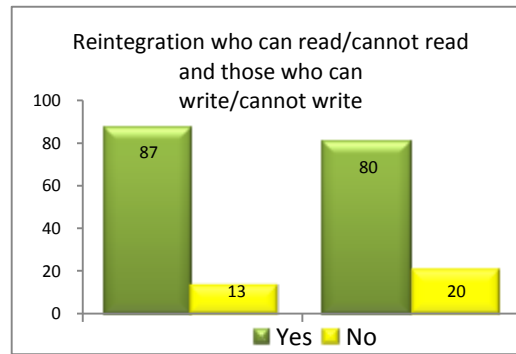
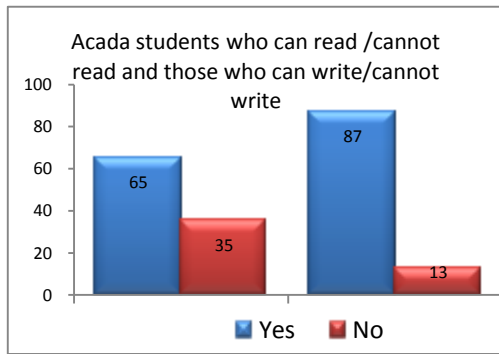
DEF began implementation of OVC and BCS programs in COP 06 with 40 OVC enrolled in two ALC classes, and gave IGA training to 51 single mother/widows in Ibadan. Sexual prevention component of the program involved only abstinence messages. In COP 07, implementation was expanded to include AB and OP. During the same fiscal year, 65 OVC were registered at three ALC classes; reached 62 FSW with four transiting from sex trade.

The following figures and table are illustrations suggesting achievements.

**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
<b>None</b>	9.6	-	3.8
<b>One type</b>	21.2	-	7.7
<b>Two types</b>	21.2	-	23.1
<b>Three types</b>	11.5	-	15.4
<b>Four types</b>	3.8	-	7.7
<b>Five types</b>	3.8	1.9	7.7
<b>Six or more</b>	28.8	98.1	34.6
<b>Total (N)</b>	100	100	100





### Key Achievements:

- Capacity building of staff in each program area.
- Education and improvement in the quality of life of OVC through kids club activities from FY 07.
- 96% of PLWHA reported that IGA grant received has increased their lives and that of their families.
- Four FSWs transited from sex trade during implementation of AB program in COP 07.
- Obtained birth certificate for OVC during COP 08 and COP 09.
- Included home-base-care in their strategies of reaching OVC, PLWHA and PABA. Periodic visits and counselling sessions are held as complimentary services.

### Challenges

- Insufficient funding of programs especially the IGA grants to PLWHA
- Changing guidance on what data to collect and report compounds the problem of monitoring activities that is already made difficult by the distance between project sites and inadequate staff.
- There were some communication challenges experienced during implementation: late sharing of information that is pertinent to delivery of services. Also, frequent changes in program strategies mid-way during implementation year.
- Experienced difficulty in reaching PLWHA because of their distance to DEF office.
- The incessant mobility and lack of tracking of FSW after receiving IGA grant. High mobility of FSW within and outside the state makes monitoring and follow-up activities difficult.

### High Points and Best Practices

- Capacity building of staff in each program area through regular technical assistance and monitoring of the implementation process.
- Monetary and nutritional incentives given to OVC served as motivation for enrolment and continuous participation by OVC, would have otherwise be distracted by other factors.
- Use of support groups in reaching PLWHA broke the stigma barriers and gained the trust of the beneficiaries in short space of time. In addition, counselling sessions held with the PLWHA helped in gaining their confidence.
- Community involvement and participation in programs is a strong base for program continuity.

### **Key Lessons Learnt**

- 

### **Conclusion and Recommendations**

- DEF has written proposal to other funding organization to access fund to ensure continuity of programs.
- AIM office should ensure prompt sharing of information relevant for implementation.
- Future OVC program should include home-based-care (HBC) in addition to the school-based strategy presently adopted.
- OVC age 14 and above should be considered for inclusion in future programming.

## Education as a Vaccine against AIDS (EVA)

Project Manager	Fadekemi Akinfaderin
Program Area	Sexual Prevention
Key Partners	Education as a Vaccine Against AIDS (EVA)
States	Benue, Cross Rivers
Dates	January 1, 2009 – September 30, 2009
Funding	USD 112,704.51 (N16,476,482.57)

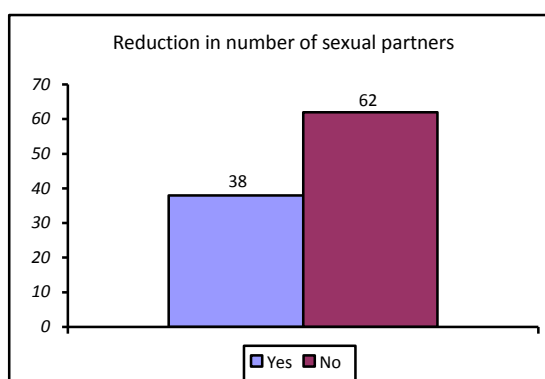
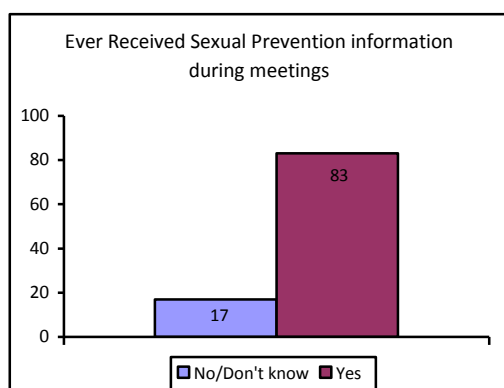
### Evaluation Team Visit Summary

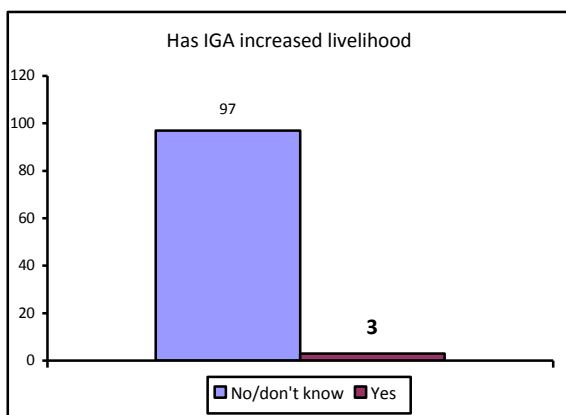
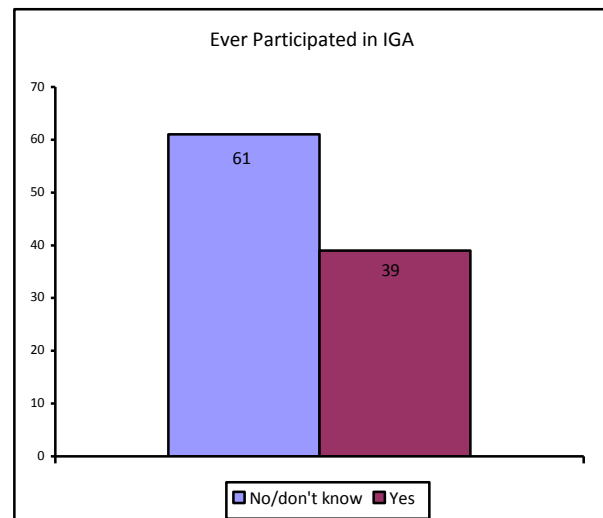
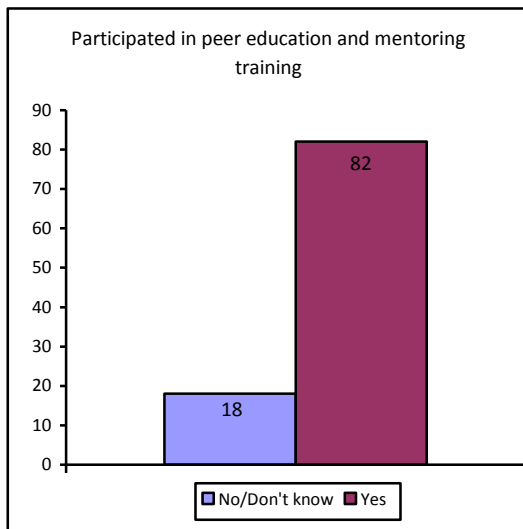
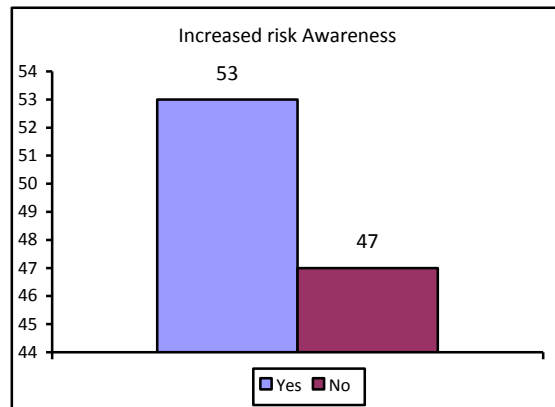
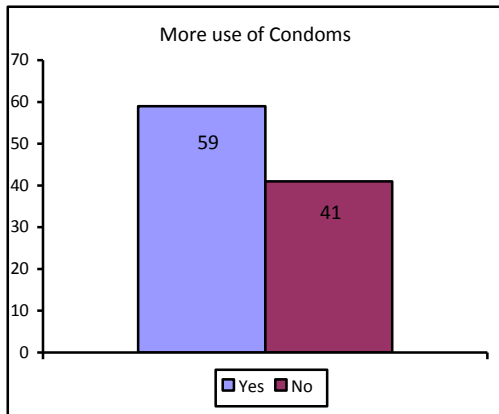
The evaluation team members consisting of Chinenye Ezekwueme and Femi Oladosu had a group interview with project staff headed by Mrs. Fadakemi Akinfaderin, at the Abuja office. Thereafter, the team travelled to Ikom and Ogoja, in Cross Rivers and Gboko in Benue states to visit FSW and OSY beneficiaries. Questionnaires were administered 148 beneficiaries and three FGDs held to elicit information from FSW and OSY beneficiaries, including FSW clients.

### Program Description

EVA commenced implementation in Benue and Cross River states in COP 08. The organization reached over 1,000 individuals with minimum three prevention strategies of community awareness campaigns, peer education (PE) and addressing vulnerability issues by providing essential life skills training (ELS) on income generating activities (IGA) and equipments grants.

The following figures are illustrations suggesting achievements.





### Key Achievements

The following are the major achievements of this program

- Expansion of beyond three local governments namely Makurdi, Otukpo and Gboko in Benue State to three other local governments; Ogoja, Ikom and Etu in Cross Rivers State

- Reached about 1,200 targets in COP 08 with over 300 FSW reached in the first year of implementation
- The project gained publicity through the radio station in Ikom and through newspaper in Benue State
- The total of 10 FSWs opted out of sex trade in FY 09, while one of them from Calabar is back in school
- The project witnessed increase in capacity for resource mobilization
- IGA grants made it possible to reach larger population
- Involvement of FSW as peer educator made others ready to accept the message.

### **Challenges**

- Had difficulty accessing the internet especially when sending reports on retirement of account, reconciling differences, budget comparison, what has been spent and what is left, through email.
- High reporting burden created by multiple reporting tools required for each programs areas.
- Data entering, especially for Minimum Package Intervention is supposed to be flexible. But when working on a sheet, it cannot be saved on the system
- Mobility of staff to project sites posed a lot of challenge because of the terrain.
- Inadequate fund to support various administrative and monitoring activities.

### **Highpoints and Best Practices**

- Bringing the services to their door step created an avenue for better understanding; therefore, we organized quiz competition for FSW in Calabar and OSY in Ikom, drilling them and increasing their knowledge.
- Ability to provide material incentives like face towels and make up bags rather than giving minerals and snacks.

### **Keys Lessons Learned**

- The various technical assistance and trainings received like IGA; business management, M&E, peer education, resource mobilization and proposal writing trainings have improved beneficiaries capacities and staff job performance.
- Learned to report using codes and currency, conversion of naira to dollar and dollar to naira and having two currency accounts. Though is cumbersome, it is very nice.

### **Conclusions and Recommendations**

- OSY program target population should include youths in other trades apart from barbers, hairdressers, and mechanics. While FSW targets should also include non-brothel based targets.
- There is need to include other activities such as entertainment in the strategies employed to reach the OSY in order to attract and retain their attention.
- Grant support should be made available to cover the number of beneficiaries at a particular location before moving to another location.
- The project should de-emphasis quantity as a measure of impact, the focus should be more on the quality of services provided for target groups.

## JEHOVAH JIREH RESOURCES (JJR), Ibadan, Oyo State

<b>Executive Director</b>	<b>Dr. G. F. Oyor</b>
<b>Program Areas</b>	Umbrella Care (OVC
<b>Key Partners</b>	None
<b>States</b>	Oyo
<b>Dates</b>	November 2006 – October 2010
<b>Funding</b>	\$251,181.49

### Evaluation Team Visit Summary

Evaluation team members Ayo Toriola and Gloria Affiku interviewed JJR Executive Director, Dr. G.F. Oyor and other AIM project staff at their office in Ibadan on June 23, 2010. Questionnaires were administered to all the staff to elicit more information about the program implementation. The team later visited and administered questionnaires to OVC beneficiaries at Bioku, Olunloyo, Ayekale and Babarere communities in Ona-Ara LGA, and BCS beneficiaries (PLWHA) at University College Hospital to obtain information on program impact.

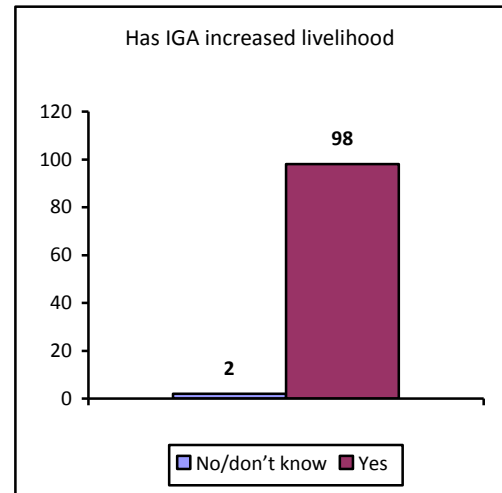
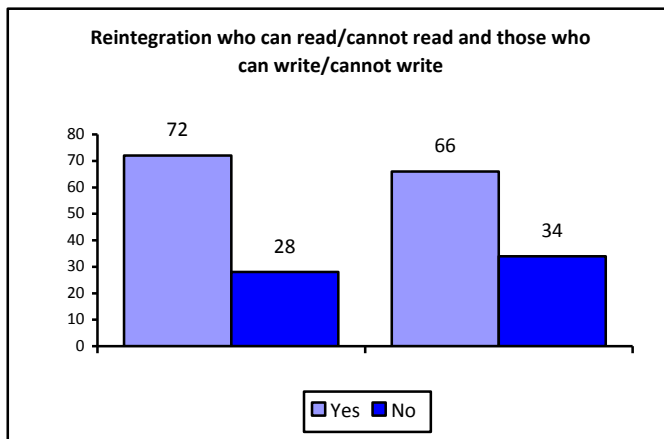
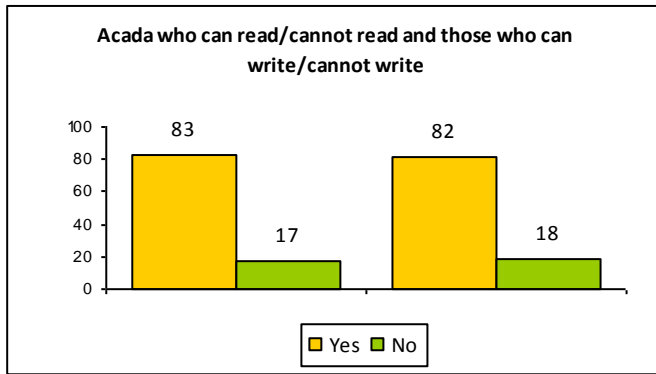
### Program Description

JJR began implementation of OVC and BCS programs in COP 06 with 86 OVC enrolled in two ALC classes, and awarded IGA grants to 20 single mother/widows in Ibadan and Lagos. In COP 07, implementation was expanded to include AB and OP. The organization met all their targets and had some success stories with some FSW transiting from sex trade due to IGA grants received. In COP 08 & 09, the program areas were streamlined to only OVC and BCS.

The following figures and table are illustrations suggesting achievements.

**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
None	10.4	-	4.2
One type	18.8	-	6.3
Two types	18.8	-	25
Three types	29.2	-	31.3
Four types	14.6	-	18.8
Five types	8.3		14.6
Six or more		100	
Total (N)	100.1	100	100.2



**Key Achievements**

- Able to reach all OVC and BCS targets every COP year, and most times exceed the numerical goals.
- Children were given numeracy and literacy skills and pocket money which served as incentives and psychosocial support (kids Club) encouraged the children to keep on coming
- IGA training and Grants were given to the preschool OVC caregivers and BCS, with 98% of reporting that income generating activities increased their livelihood.
- The community saw the impact of the program and enrolled 40 children into the program
- Capacity building training for AIM project staff prior to the commencement of the project enhanced their performance in the discharge of their duty.
- Got donation of large expanse of land from local government that will be used for farm project to raise fund for future activities.

**Challenges**

- Inability to provide alternative shelter for FSW who received IGA grants in COP 08, affected the number of those who transited from sex trade. Many who show desire to leave sex trade after receiving grants could not successfully do so because they are still residents in the brothels.
- Lack of fund to follow-up beneficiaries reached in previous fiscal year. The program only provides target for that year, any activities carried out involving previous year beneficiaries are financed outside the present year's budget.
- Mobility for the staff going round different communities within the state was a challenge due to the absence of a project vehicle

**High Points and Best Practices**

- Using schools and community based platforms to reach OVC and their families.
- Donations from stakeholders and the community participation helped in meeting expected number of targets.
- Innovations from qualified primary health workers that volunteer to contribute their wealth of knowledge on health issues, attracts more people into the preschool program.
- Monitoring visits to homes of OVC by program staff and teachers contributed in boosting the confidence and morale of the children.

**Key Lessons Learnt**

- The unique approach of involving the community and working at the grassroots made the program appreciated.
- Capacity building of teachers in the community through using standard curriculum and techniques made the ALC and Reintegration student stand out among their peers in the normal public schools.
- Pocket money and psychosocial support given to OVC served as incentives and encouragement for participation in the project. Kids club activities helps in fostering friendships among the children.

**Conclusion and Recommendations**

- To make OVC Acada learning centre more relevant and sustainable, the length of study should be increased from one academic session to two years.
- Provision of a project vehicle will make going to rural communities a lot easier.



## Centre for Women, Youth and Community Action (NACWYCA)

Project Manager	Fadekemi Akinfaderin
Program Area	Sexual Prevention
Key Partners	N/A
States	Nassarawa & Niger states
Dates	January 1, 2009 – September 30, 2009
Funding	USD 114,582.28 (N16,733.509.63)

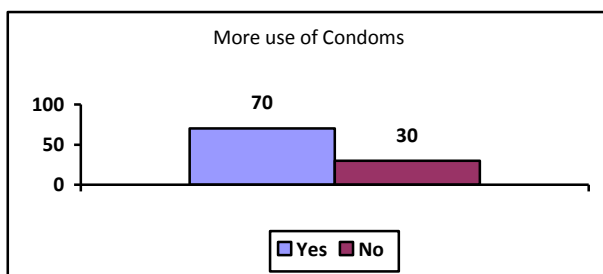
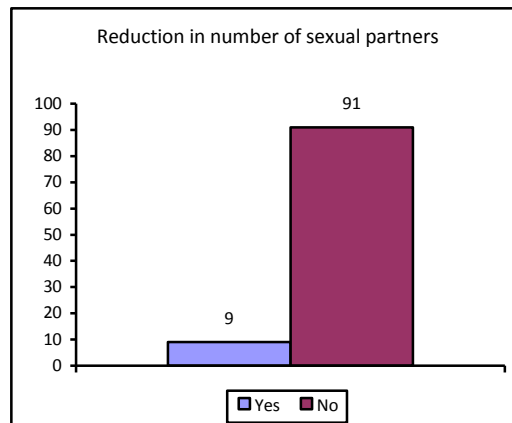
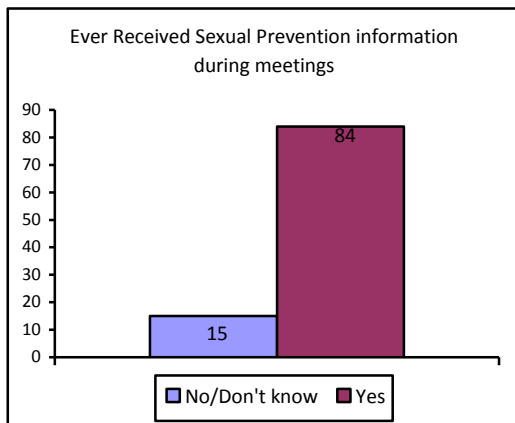
### Evaluation Team Visit Summary

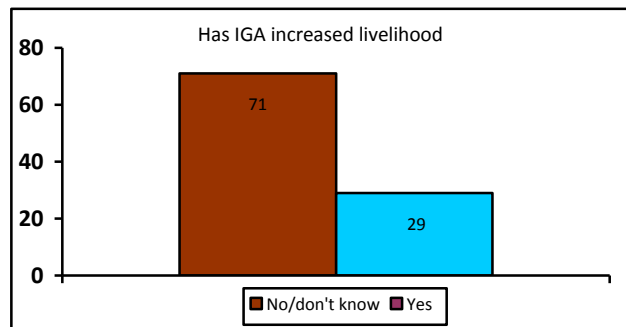
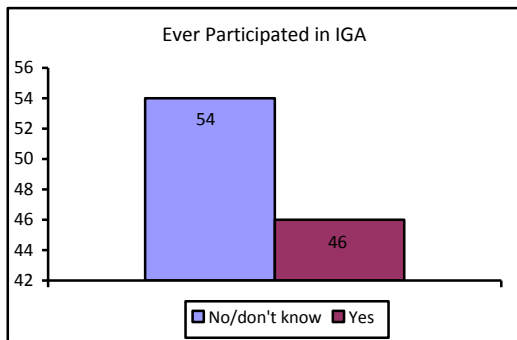
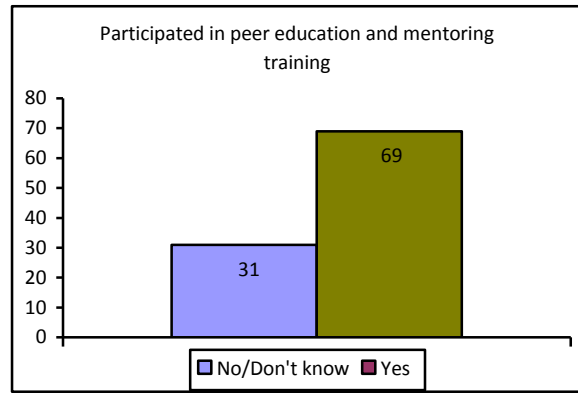
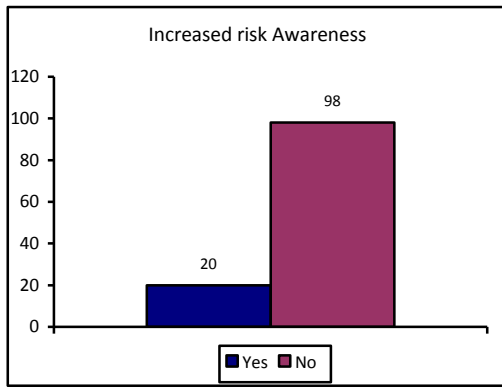
The evaluation team of Chinenye Ezekwueme and Femi Oladosu had a group interview with NACWYCA staff at their Lafia, Nassarawa state head office. Questionnaires were administered to 75 brothel-based FSW and 79 OSY beneficiaries at various locations; FGD were also held separately for MARP including FSW clients.

### Program Description

NACWYCA began implementation of AIM project in 2008 with the goals of facilitating behavioural change among FSWs and increased dissemination of prevention and behaviour change messages.

The table below gives detail account of how well the programs have fared so far:





## Key Achievements

The following are the achievements of this program:

- Technical and administrative capacities of staff have been built through the project. Staffs have better understanding of the project.
- Economic empowerment and increase in the knowledge of HIV/AIDS among MARPs and host communities through awareness campaigns carried out.
- Initially, the selected OSY peer educators were shy facing their peers. But with training, they can now organize their peers and give out information on HIV preventions.
- Some of the FSW who were placed on attachment as a means of training in various trades, are able to start their own businesses like hairdressing salon and tailoring even before receiving equipment grants.
- Successfully helped with transition of 7 FSW from sex trade to alternative business activities, while some got married in COP 09.
- 70% of respondents reported increase in the use of condoms.

## Challenges

- There is a lot of paper work involved in reporting the activities, hence making reporting very cumbersome.
-

**Highpoints and Best practices**

- Frequent monitoring and meeting with the beneficiaries and community stakeholders have helped in gaining their confidence and support for the project.
- Working with peers as peer educators and role models has encouraged participation.

**Key Lessons Learned**

- Participants appreciated the project for creating an avenue to obtain in-depth and accurate information on HIV/AIDS, the modes transmission, the use of condom and preventive approaches.
- The project has succeeded in imparting knowledge as well as improving the income generating ability of the beneficiaries.

**Conclusions/ Recommendations**

- Though a large number of respondents reported receiving sexual prevention messages through the project, results however shows that self efficacy is still low among the MARPs.

## PUBLIC ENLIGHTENMENT PROJECTS (PEP)

<b>Program Manager/Executive Director</b>	Mrs. Lilian Ezenwa
<b>Program Areas</b>	Sexual Prevention
<b>Key Partners</b>	PEP
<b>States</b>	Anambra & Imo State
<b>Dates</b>	January 2009– October 2010
<b>Funding</b>	\$ 76,800.20

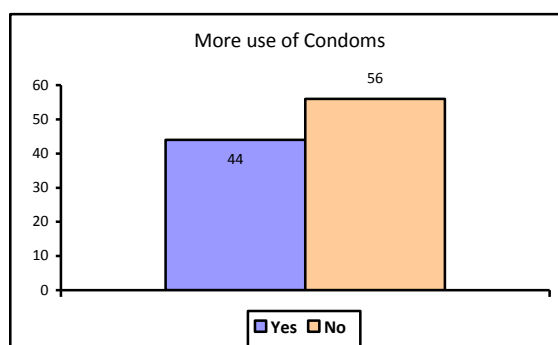
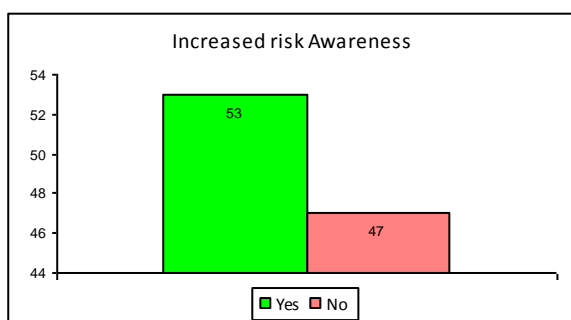
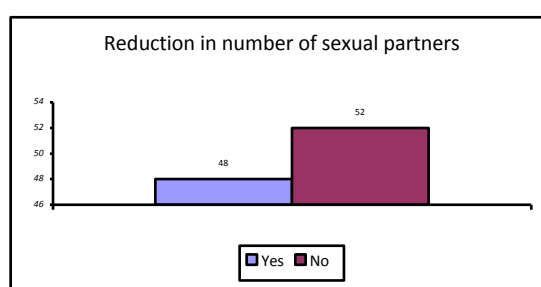
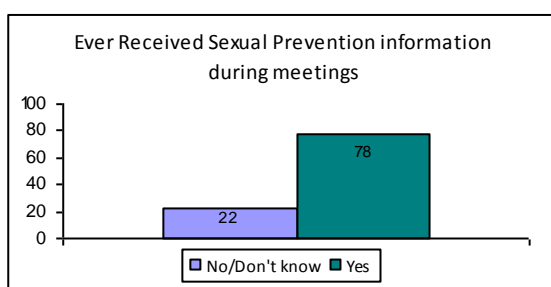
### Evaluation Team Visit Summary

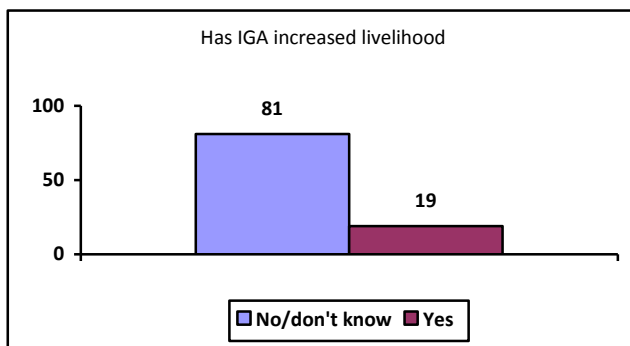
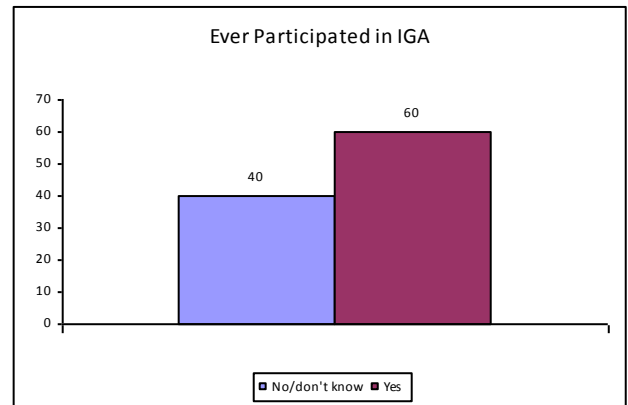
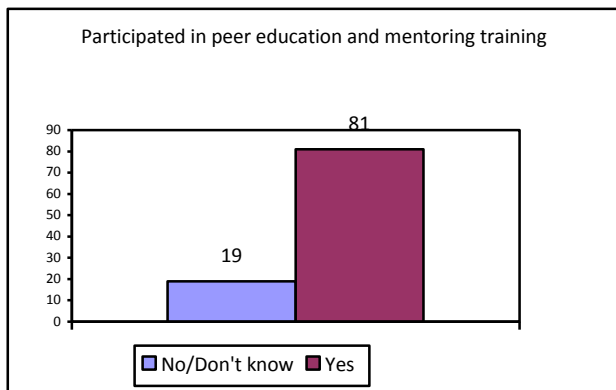
The evaluation team including Chinenye Ezekwueme and Femi Oladosu visited PEP project office and sites in Owerri, Imo State on June 28 and 29, 2010. The team had group interview with the project staff headed by Mrs. Lilian Ezenwa, the executive director and thereafter visited OSY and FSW sites in Owerri and Okigwe. Questionnaires were administered to 153 sampled FSW and OSY and FGD were held also. The team had an interview with the state NDE desk officer during the course of the evaluation in the Anambra state.

### Program Description

Public Enlightenments Project (PEP) was awarded support from Winrock AIDS Impact Mitigation (AIM) Project to work in the sexual prevention program area for FY 08 to 09, specifically targeting Female Sex Workers (FSW) and Out of school Youth (OSY) in Imo and Anambra States in Nigeria. The main project objectives are to: (1) Affect behavior change for FSW through education and alternative income generating activities (IGAs) to those who wish to drop out sex work as well as educative interventions with their clients; (2) provide balanced ABC HIV/AIDS prevention messages to OSY with a focus on barbers, hairdressers, bakers, mechanic and carpenters. PEP presently works in 13 communities in 9 LGAs of the two states.

The following figures and table are illustrations suggesting achievements.





### Key achievements

- Able to reach 552 FSW and more than 1500 OSY with HIV/AIDS prevention messages in Anambra and Imo states.
- There is an increase in the HIV/AIDS knowledge through the training and sensitization activities carried out in the states.
- Some of FSW beneficiaries in FY 09 have transited from sex trade to earn their living through the IGA training and grants received.

### Challenges

- Lack of community support and participation in sexual prevention program. FSWs are still viewed as social outcast within the communities.
- Reported experiencing delay in release of funds which invariably affects program implementation.
- Hotel managers sometimes serve as a bottle neck in the activities of the program as they view the program with suspicion.
- Experienced difficulty in tracking FSW beneficiaries due to their mobility, and incessant raid on the brothels by the Police.

### High point and best practices

- Able to gain the trust and confidence of FSW by working closely with them, which in turn led to the achievements recorded.

- Using former FSW as peer-educators and role models for others still in the trade.
- Involvement of key stakeholders in the state in the program like the government and community leaders in the state.
- Community participation and involvement in the program. The stakeholders in Orlu, Ugbiji, Okigwe, were involved in the selection processes of beneficiaries in their respective communities.

### **Conclusion & Recommendations**

- More effort should be put in gaining community acceptance, involvement and participation in sexual prevention activities, especially as it relates to MARPs.
- Better communication flow between AIM staff and PEP for enhanced implementation process.

## Redeem AIDS Program Action Committee (RAPAC)

<b>Executive Director</b>	<b>Pastor Laide Adenuga</b>
<b>Program</b>	AIDS Impact Mitigation (AIM)
<b>Key Partners</b>	Wholistic (COP 07), Redeemed Christian Church of God
<b>States</b>	Lagos, Oyo, Benue, Cross River, Edo, FCT
<b>Dates</b>	November 2006 – October 2010
<b>Funding</b>	\$683,861.03

### Evaluation Team Visit Summary

Evaluation team members Muiyiwa Oladosun, Ayo Toriola and Gloria Affiku were at the Redemption Camp Headquarters of RAPAC on the 28 June, while Evaluation team members Chinenye Ezekwueme and Femi Oladosu were at RAPAC Benin site office on 21 June, and RAPAC Makurdi site office on 7 July. Both teams had office interviews with the AIM project staff in the specified locations, questionnaires were administered and FGDs were held with beneficiaries in different sites within the mentioned states.

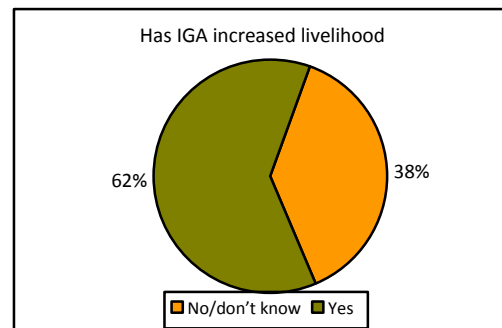
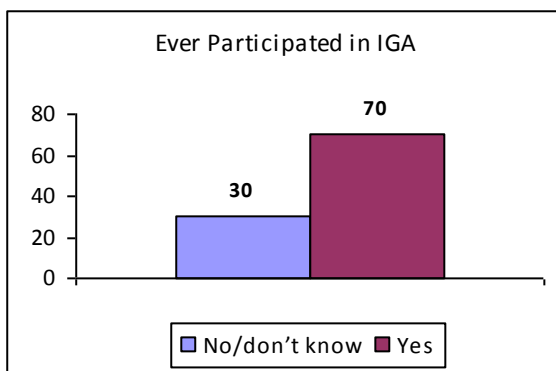
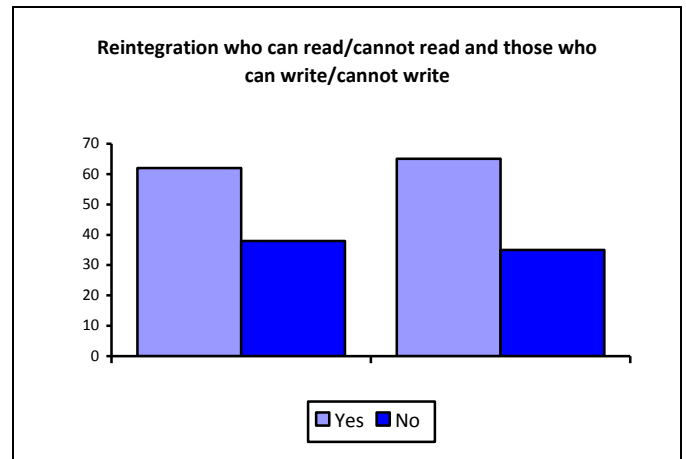
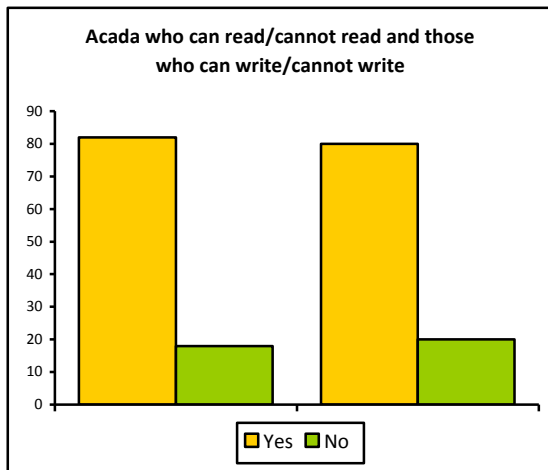
### Program Description

RAPAC is one of the two major implementing partners of the AIM project since COP 06. It covers five states and the FCT namely Lagos, Oyo, Cross River, Edo, and Benue. In COP 06, the program areas covered were BCS. In COP 07, the program areas covered were Umbrella care which covered OVC, OVC caregivers, BCS and Sexual prevention which covered Abstinence and be faithful (AB) messages and Other Prevention (OP). IN COP 08 and 09, RAPAC concentrated only on umbrella care (OVC and BCS). Its goal is facilitate behavior change among Female Sex Workers (FSW) through programs that promote reduced dependency on transactional sex, by the provision of balanced Abstinence and Be faithful correct and consistent condom use, HIV prevention messages and income generating activities for alternative livelihood and focus group discussions, increased dissemination of prevention and behavior change messages to OSYs and to improve the quality of life of Orphans and Vulnerable Children (OVC) and Persons Living With HIV AIDS (PLWHA) through quality, comprehensive care and support programs.

The following figures and table are illustrations suggesting achievements.

**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
<b>None</b>	11.8	-	11.8
<b>One type</b>	47.3	-	32.3
<b>Two types</b>	17.2	-	14
<b>Three types</b>	16.1	-	20.4
<b>Four types</b>	1.1	-	11.8
<b>Five types</b>	6.5	1.1	6.5
<b>Six or more</b>		98.9	3.2
<b>Total (N)</b>	100	100	100



## Key Achievements

- Targets were met in all program areas
- School based OVC were given numeracy and literacy skills by qualified teachers using the standard curriculum, they were also given scholastic materials, food and nutrition supplements and psychosocial support
- Economic training, grants and food supplements were given to preschool OVC caregivers and BCS
- Capacity building for the AIM project staff.

## Challenges

- Frequent change of the M&E tools every fiscal year without prior notice given to the IPs
- cumbersomeness of the paper work
- AIM desk officers change a lot, which makes it difficult to get used to a particular person
- Non-flexibility of the project budget is a challenge. Funds allocated for a specific line item cannot be used for another item. Also, fluctuating inflation rates are not accommodated in the budgets.

## High Points and Best Practices

- Using church and community based platforms, to reach OVC and their families
- Advocacy visits created an easy entrance to communities



- IGA Training and equipment grants boosted economic empowerment of caregivers and BCS
- Capacity building helped the AIM staff in the discharge of their duties
- Communities saw the impact of the program and sent their wards to regular schools

### **Key Lessons Learnt**

- The unique approach of involving the community, through advocacy visits and working at the grassroots
- Economic training for Caregivers and BCS plays a major role in the continuity of the project.
- Capacity building for the project staff enhanced effective performance.

### **Conclusion and Recommendations**

- More staff should be employed and paid instead of using volunteers.

## RURAL WOMEN FONDATION (RWF)

<b>Executive Director</b>	Mrs. Ngozi Ajuonu
<b>Program Areas</b>	Umbrella Care
<b>Key Partners</b>	N/A
<b>States</b>	Anambra & Imo State
<b>Dates</b>	April 2007 – October 2010
<b>Funding</b>	

### Evaluation Team Visit Summary

The evaluation team including Chinenye Ezekwueme and Femi Oladosu visited RWF project office and sites in Anambra State on June 25, 2010. The team had group interview with the project staff, and thereafter visited OVC and BCS sites. Questionnaires were administered to 328 sampled OVC (Acada and reintegration and caregivers/guardian; and FGD held with each of the sub-groups.

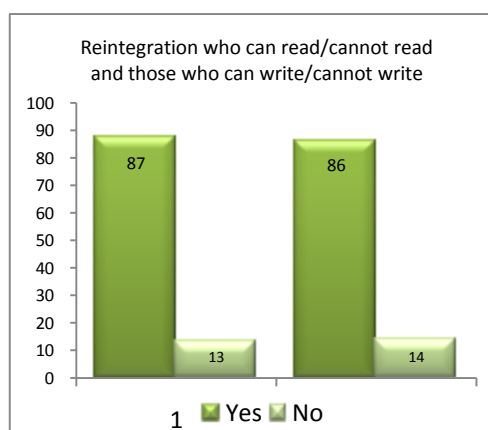
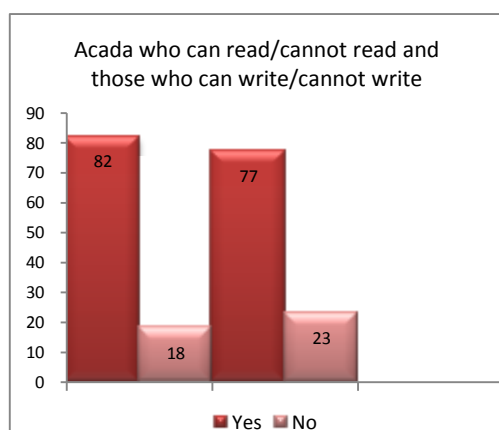
### Program Description

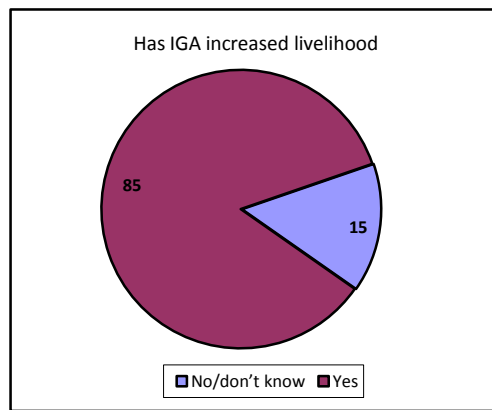
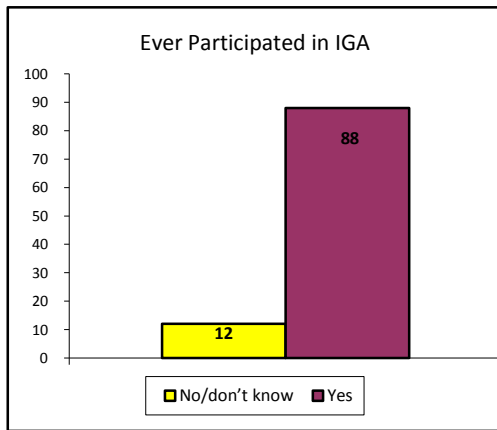
RWF began implementation of OVC, BCS and AB program in Anambra in COP 07 providing educational and nutritional support to OVC, and economic support to PLWHA and PABA.

The following figures and table are illustrations suggesting achievements.

**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
None	6	-	3
One type	50.7	-	10.4
Two types	20.9	-	16.4
Three types	14.9	-	31.3
Four types	6	-	26.9
Five types	1.5	1.5	6.0
Six or more		98.5	6.0
<b>Total (N)</b>	<b>100</b>	<b>100</b>	<b>100</b>





### Key achievements

- OVC and caregivers reported improvement in their educational and social lives.
- Provided accommodation for FSW who were facing emergency shelter crisis.
- Reached OVC with numeracy, literacy and life skills through Acada learning centre and reintegration into formal schools.
- Provided PLWHA with vocational skills training and small grants for IGA. 85% of beneficiaries reported increase in livelihood as a result of IGA grants.
- Carried out several advocacy visits to communities and their leaders that contributed to the acceptance and support enjoyed.
- Increased the HIV/AIDS knowledge and risk awareness among MARP and host communities through awareness campaign and other intervention strategies.

### Challenges

- Difficulty in accessing sites in remote location in the two states.
- Insufficient fund for logistics and communication support during the project year.
- Location of Acada centres sometimes makes accessibility by children from other villages difficult.
- Request for monetary and material incentives by some selection committee members impedes smooth running of the process.
- One major constraint throughout the project cycle is the inability of giving IGA grant to all the FSWs that participated in the training. There were lots of complaints from those who did not received with most feeling discouraged about the whole project.

### Highlights and Promising/Best Practices

- Advocacy visits to community leaders in the community helped in gaining community support for the programs.

### Lesson learned

- 

### Conclusion/Recommendations

- Nutritional instructions and food packages should also be extended to PLWHA who requires appropriate diet to boost their immune system.
- Consideration for increase in the number of people who receive IGA grants, and increase of the grant amount especially for the FSWs.

## TEENS AND YOUTH CAPACITY ENHANCEMENT AND EDUCATION (TYECE)

<b>Executive Director</b>	Mrs. Bernadette Aipoh
<b>Program Areas</b>	Umbrella Care & Sexual Prevention
<b>Key Partners</b>	N/A
<b>State</b>	Auchi - Edo State
<b>Dates</b>	September 2006 – October 2010
<b>Funding</b>	\$363,429.08

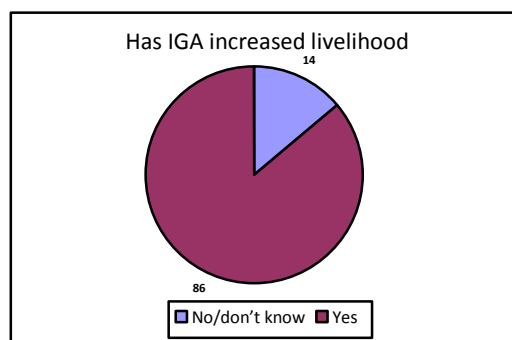
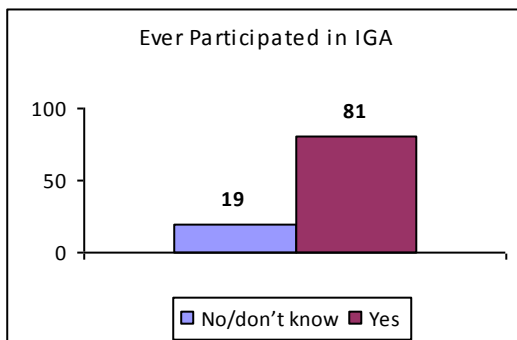
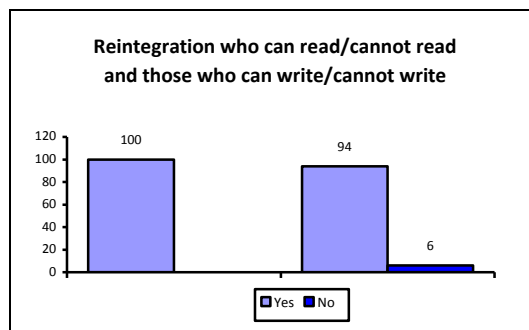
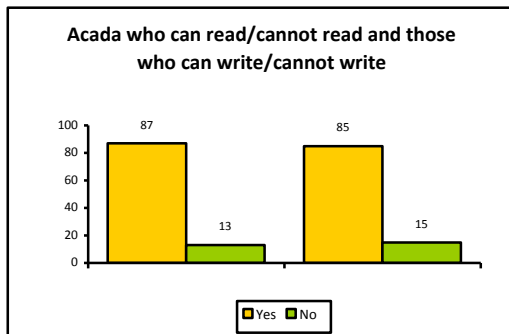
### Evaluation Team Visit Summary

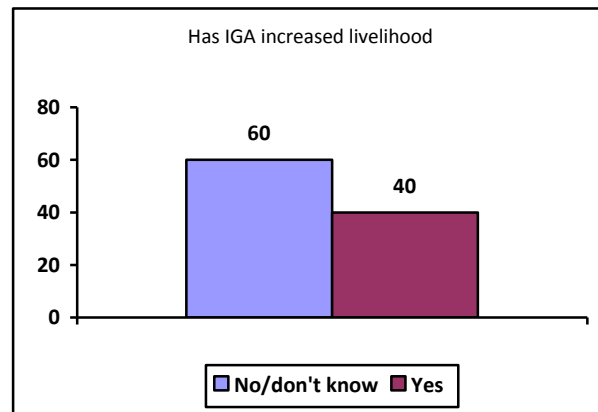
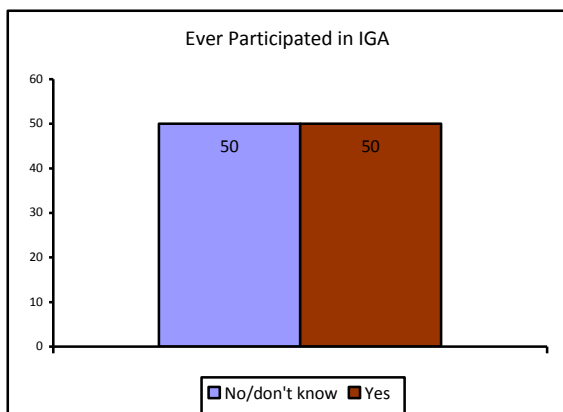
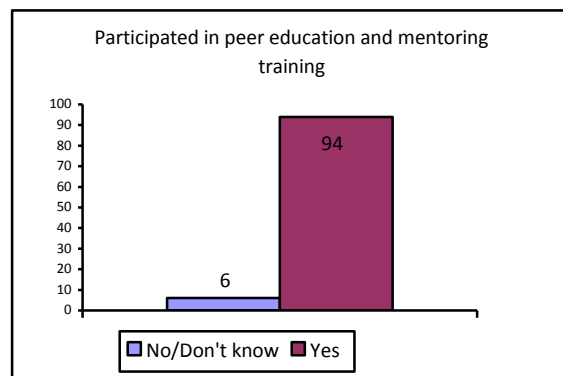
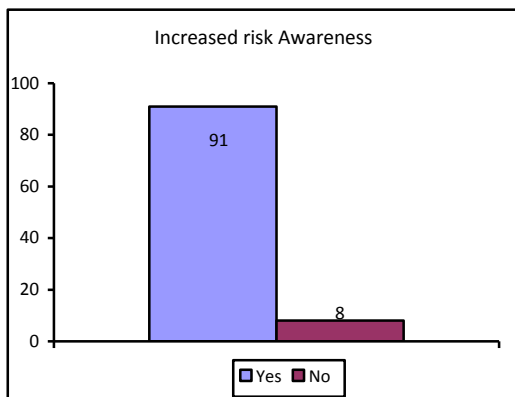
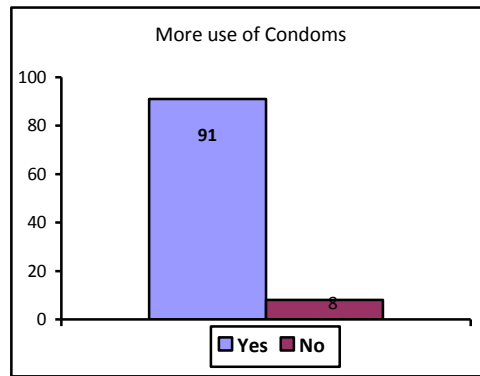
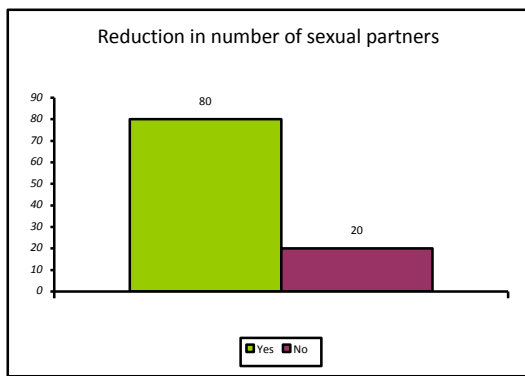
The evaluation team including Dr. Muyiwa Oladosun, Chinenye Ezekwueme, and Femi Oladosu visited the TYECE office in Auchi, Edo State on June 22, 2010 and had a group interview with the project team comprising of the Program Officer, two M&E Officers, an account officer and some volunteers. The evaluation team also visited beneficiaries in able to issue questionnaires to some beneficiaries in the two program areas and carried out FGDs on the program areas. The evaluation exercise lasted for two days.

### Program Description

TYECE were selected as an implementing agent of AIM project in Auchi, Edo state in COP 06 for a four year program targeting OVC, caregivers and PLWHA with the aim of improving their quality of life through quality, comprehensive care and support programs. In COP 08, the organization's intervention expanded to cover the sexual prevention program areas reaching out to the MARPs in the state. Since joining the program in 2007, TYECE have reached about 3000 beneficiaries across the four program areas.

The following figures and tables are illustrates the achievements:





**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
None	46.4	-	10.7
One type	14.3	-	53.6
Two types	3.6	-	71.4
Three types	10.7	-	78.6
Four types	21.4	-	85.7
Five types	3.6	-	

<b>Six or more</b>		100	
<b>Total (N)</b>	100	100	100

### **Key achievements**

- Selected PLWHA were trained in business management and vocational skills training, and received equipment grants for IGA
- Recorded increase in knowledge of HIV/AIDs in the communities and particularly among the FSW, FSW clients and the OSY unlike when the program just started.
- Carried out HCT in 2007 in the barracks as a result of the AIM project in collaboration with GHAIN and VCT for OSY at mechanic site in 2009.
- Some number of FSW opted out of sex trade as a result of the IGA training and grants received.
- Achieved targets for all the fiscal years from inception to date.

### **Challenges**

- There is shortage of sexual prevention and IEC materials in FY 09. Also, there is a limited supply of the male condom; the one available expires in June, 2010.
- Some of the beneficiaries complain about the quality of the food supplement given to them.
- Complaints about money charged by National Population Commission before issuing birth certificate to OVC.
- Though most of the initial technical difficulty experienced in M&E reporting in COP 06 & 07 have been addressed, but still inundated with complex and multiple M&E reporting tools.
- Complaints of gender bias by male PLWHA.

### **Highlights and Promising/Best Practices**

- Encouraged and fostered community support and ownership of the program through consistent involvement of community stakeholders in activities such as selection of beneficiaries, sewing of Acada uniforms and distribution of materials.
- Community participation/involvement in the program; in the sewing of uniforms for the acada students. A philanthropist in one of the community donated seats for all the acada students.
- Peer education has helped in reaching more targets especially to the OSY.

### **Lesson learned**

- Community involvement and participation is very important and should be emphasized for the success of the program.
- There is a good relationship between the partners and the beneficiaries; in terms of confidentiality and trust.
- The volunteers played a vital role to the overall success of the program

### **Conclusion/Recommendations**

- AIM/GON should ensure unhindered accessibility and issuance of birth certificate to OVC.
- The volunteers should be given some stipends so that they can be motivated to work

- The activities for the OSY under the sexual prevention should be restructured to make activities more engaging and exciting.
- The IGA training should and training should given only to those FSW's who have determined to leave the sex trade and not for those who are still active in the trade
- IEC materials should be made available



## UMMAH SUPPORT INITIATIVE (USI)

<b>National/ Program Coordinator</b>	
<b>Program Area</b>	Umbrella Care
<b>Key Partners</b>	NSCIA
<b>Implementing States</b>	FCT, Kano, Bauchi
<b>Dates</b>	November 2007 – October 2010
<b>Total Funding to date</b>	

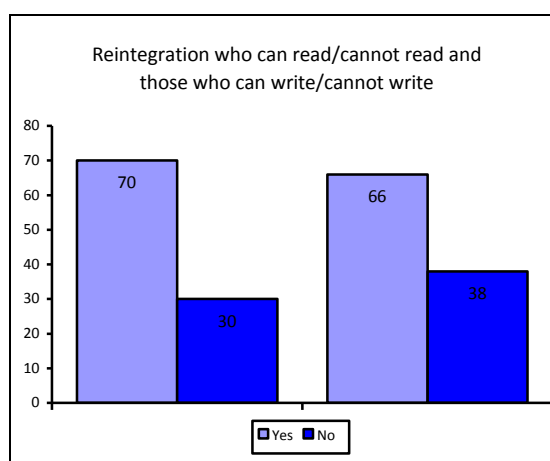
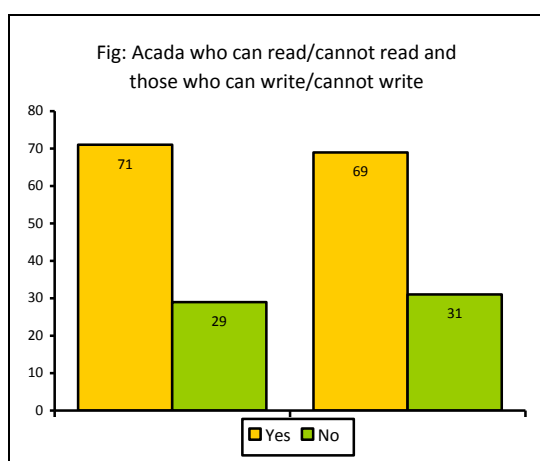
### Evaluation Team Visit Summary

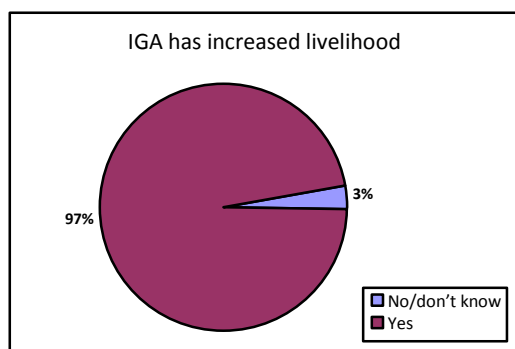
The evaluation team members including Ayo Toriola, Chinenye Ezekwueme and Gloria Affiku visited USI head office at National Mosque, Abuja and the Kano project office. Two separate group interviews were held at the Abuja and Kano offices with the staff including the executive director, project managers, accountants, M&E officers and assistants. Questionnaires were administered to all the project staff including some volunteers working on the AIM project. The team also visited and administered questionnaires to 506 OVC, caregivers and BCS beneficiaries in Nyanya area in Abuja; and Gwammaja, Gyadi-gyadi, Maikwala, and Adakawa communities in Kano states.

### Program Description

USI is a faith-based organization that started in 2002 working through the National Supreme Council of Islamic Affairs (NSCIA) was recruited as an implementing agency in COP 06 and successfully implementation in the first year of the project, and the organization became a partner in COP 07.

The following figures and table are illustrations suggesting achievements.





**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
None	35.1	-	8.1
One type	37.8	-	5.4
Two types	13.5	-	24.3
Three types	8.1	-	37.8
Four types	5.4	-	21.6
Five types		1.5	2.7
Six or more		98.5	
Total (N)	100	100	100

### Key achievements

- Organizational capacity was greatly strengthened as a result of participating in the project; through the project the organization was able to develop HIV, financial and administrative policies it's currently using.
- The OVC program had impact on the lives of the beneficiaries because it is directly beneficial to the children, especially the kids' club activities and psychosocial support they received.
- Successfully implemented OVC program meeting and exceeding all the targets for each year.
- Community support and acceptance: in COP 07, got community contribution of 100 OVC in Acada School, and 60 IGA grants for BCS beneficiaries.
- Economic empowerment and IGA grants to caregivers, PABA and PLWHA has considerably impacted their lives positively. Most who were previously socially and economically disadvantaged reported improvement in their livelihood, and their participation in support group activities contributes to reduction in stigma and discrimination.
- 97% of sampled beneficiaries said the IGA training and grant received has increased their livelihood.
- Gave block-grants to eleven schools in Kano state.
- Carried out public enlightenment and advocacy campaign on FM Radio in Kano to elicit public support for the project.

### Challenges

- Insufficient funding of some aspect of the program. For example, budget for reintegration only covers for two sessions, and afterwards, the child and the family is left to fend for the education.

- There is no provision for payment of secondary school entrance examination for OVC that reintegrated into primary 6.
- The project only provided referral linkage to health centres for OVC who are sick; there is no provision for paying their health cost.
- Experienced some delays in release of fund from Winrock headquarters during implementation.
- Inability to give IGA grants to all the women that participated in the training sometimes douse the enthusiasm initially shown by the beneficiaries.
- The BCS training curriculum is too voluminous compared to the one provided by MARKET.
- There is no incentive for OSY who participated in the program, this affected their interest and participation.
- The amount for IGA grant for FSW is too small to elicit their desire to leave the trade.
- Experienced difficulty in engaging FSW during implementation due to the religious and cultural apathy towards the target population.
- Consider staff attrition, as a result of unattractive salary scale, as a major concern. This represents a loss of assets for the organization. Beside, the number of staff the project directly support is not commensurate to the volume of work and services expected to be delivered.
- Moving funds from one line item to another is very challenging because; funds allocated for a specific line item cannot be used for another item.
- M&E tools are too voluminous and cumbersome to report. Though partners were involved in development of reporting tools at onset of the project, their inputs were not reflected in the tools used for reporting. Hence, the difficulty in understanding and use of the tools.
- Lack of project vehicle makes monitoring of activities challenging, and money budgeted for that purpose is inadequate.
- The requirement for accessing the Oceanic bank loan is too stringent for the beneficiaries to meet.
- Provision of one set of uniform, shoes, bags and other schooling materials cannot take a child through a session of school and beyond.

### **Highlights and Promising/Best Practices**

- Community involvement contributed to the level of their participation and support, as evidence by the Rano community success story.
- Leveraged on the resources and social standing of NSCIA and Muslim community to ensure successful delivery of services.
- The block grants initiative where a school receives a lump sum payment used in providing schooling materials or refurbishment of school structure has contributed to a reduction in stigma and discrimination toward children perceived to be receiving assistance from implementing agency or 'American people'.
- Kano office staff including Program manager, assistant program manager and M&E officer, are now full-time staff, they were previously working on a part-time basis.

### **Sustainability**

- Set-up a committee to oversee continuity of services. Solicitation of funds from Muslim communities is going on. Also, have written proposals to donor agencies for fund.
- In the process of partnering with another USAID funded project in Bauchi in the delivery of similar services.
- Two additional offices in Sokoto and Gombe state to ensure coverage and accessibility to project sites.

## **Lesson learned**

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## **Conclusion/Recommendations**

- Nutrition is an essential intervention in the project; it should be continued and expanded to include other target groups apart from the pre-school beneficiaries. Perhaps, partners implementing OVC programs should be linked with agencies providing nutritional services.
- Standardization of M&E tools to address the difficulties mentioned by project staff.
- Effective communication with partners head office, project offices and AIM office to ensure efficient delivery of services.

## WHOLISTIC OUTREACH

<b>National/ Program Coordinator</b>	Mrs. Bola Agwuncha
<b>Program Area</b>	Sexual Prevention
<b>Key Partners</b>	RCCG & RAPAC
<b>Implementing States</b>	Lagos, Ibadan
<b>Dates</b>	November 2007 – October 2010
<b>Total Funding to date</b>	\$76,248.33

### Evaluation Team Visit Summary

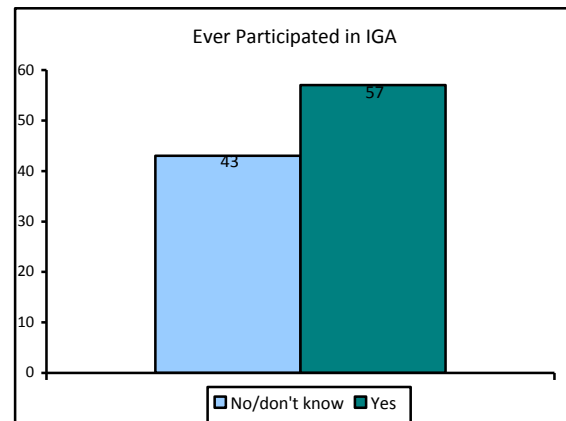
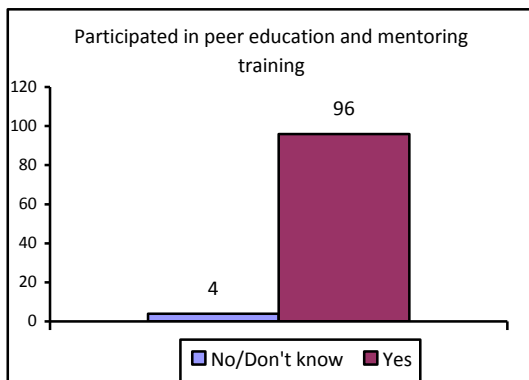
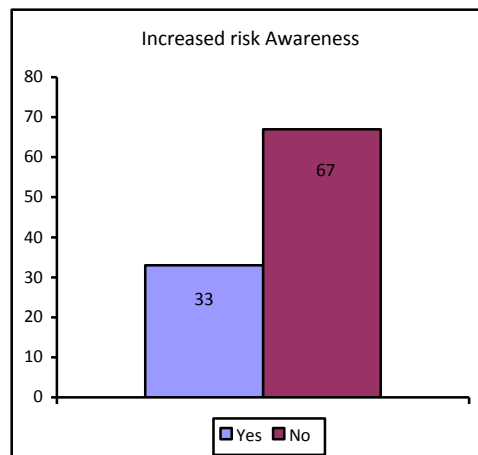
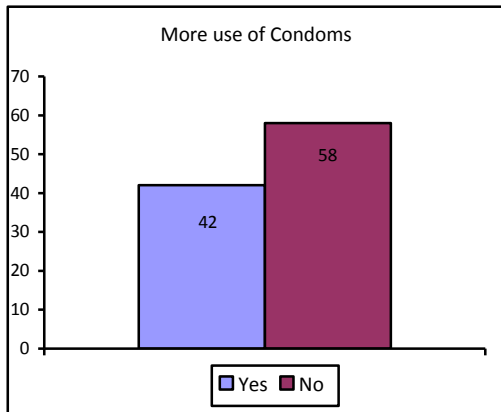
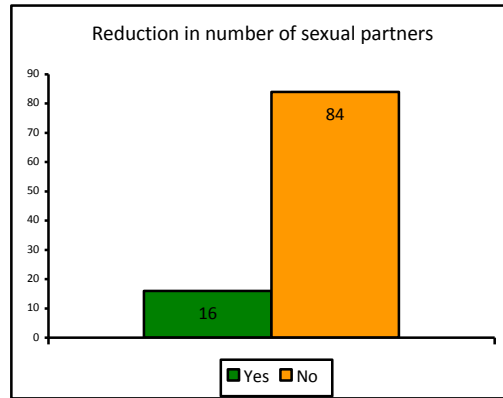
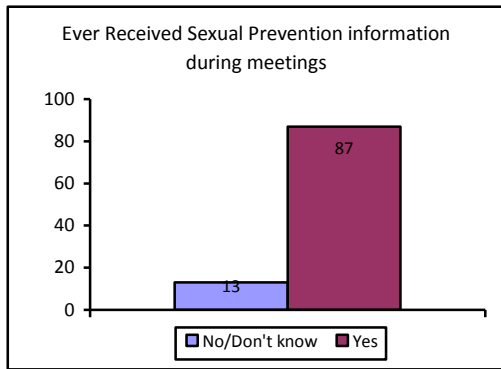
The evaluation team members including Muyiwa Oladosun, Ayo Toriola, and Gloria Affiku visited Wholistic Office at Ebutte – Metta in Lagos state on June 29, 2010. On the first day, the team had group interview with the AIM project staff headed by the National/Project Coordinator, Mrs. Bola Agwuncha. The team spent two days gathering data from Out of School Youth (OSY) at Ebute-Metta, Yaba, and Ilasamaja where questionnaires were administered and Focus Group Discussions (FGD) were held. The team administered questionnaire to brothel-based Female Sex Workers (FSW) at Ilasamaja, Aguda and Ebute-Metta, and FGDs were held. Some former FSWs who were receiving support from the organization were brought from their shelter-camp at Lagos-Ibadan expressway to meet with the team.

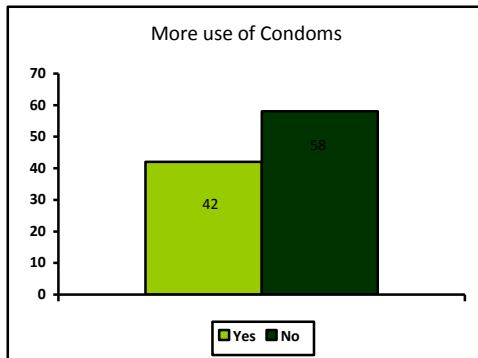
### Program Description

Wholistic Outreach is a faith-based NGO working in 34 communities in Lagos and Oyo states under the sexual prevention program area. The overarching goal of their intervention is preventing the transmission of HIV/AIDS in these states focusing on affecting behavior change among Female Sex Workers (FSW), FSW clients and Out of School Youths (OSY) through community awareness campaigns, peer education, essential life skills training and community outreach. In addition, provides alternative income generating opportunities and improve income generating ability of FSW that show a commitment of opting out of sex trade through the provision of business and vocational skill training; reaching clients of sex workers with HIV prevention messages and essential life skills that address risky behavior. Up till FY08, Wholistic outreach was an implementing agency working through RAPAC. The organization became an implementing partner, directly accessing fund from AIM project.

The following figures and table are illustrations suggesting achievements.

<b>Progress Tracking Table for Targets Given</b>						
<b>Reporting period</b>	<b>OSY</b>		<b>FSW</b>		<b>FSW Clients</b>	
	<b>Target</b>	<b>Achieved</b>	<b>Target</b>	<b>Achieved</b>	<b>Target</b>	<b>Achieved</b>
<b>COP 08</b>	870	892	232	234	-	-
<b>COP 09*</b>	455	652	225	269	100	16





### Key Achievements

- Various capacity building trainings received by project staff have strengthened the organization's capacity to expand delivery of specific services to beneficiaries.
- In COP 09, 25 female sex workers were empowered with Income Generating Activities (IGA), 650 OSY were enlightened, out of which are 65 peer educators. 16 female sex workers clients were also reached with prevention messages.
- In COP 08, 892 OSY and 225 FSW were reached with HIV prevention messages.
- 33 FSW opted out of sex trade in COP 08, with 20 still involved in alternative businesses as a result of the project. Also, Wholistic facilitated reconciling and reintegrating many of them back into their families.
- Increase in demand for HIV testing due to prevention messages and peer education training carried out among targeted groups.
- Most beneficiaries interviewed reported consistent use of condom since participating in the program.

### Challenges

- Finance/Grants: Criteria for getting vendors are stringent; it is quite difficult getting quotations from three registered vendors with corporate bank accounts along the same business line at the same time.
- M&E: Reporting program activity on soft and hard copies more than once makes the work cumbersome.
- Encountered challenge in tracking some FSW. Sometimes unable to reach same number of FSW with complete service package due to their mobility. Some FSW hardly stay at a location longer than six months.
- Some of OSY shops used for advocacy visits during COP 08 were demolished by the government, thereby forcing them to relocate to other areas. Most of the OSY interviewed complained about the lack of incentive to spreading prevention messages.

### High Points and Best Practices

- Rehabilitation of former FSWs who shows willingness to opt of the trade and provision of a rehabilitation hostel contributed to number of FSW that transited successfully from sex trade.
- Capacity building training of the AIM project staff at inception of each program year.
- Mobile care clinics being organized to provide treatment, drugs and clothing for girls in the brothels, provided an easy entry point.

### Key Lessons Learnt

- With sustainability plans put in place, the program will go a long way in reaching out to FSWs, FSW clients and OSYs with prevention messages.

- Adding spirituality to service delivery: As a faith based organization, there are spiritual aspects that were added to the rehabilitation exercise of the FSWs, prayer and counselling sessions were carried out to support program delivery.
- IGA grant awards as it is presently given to the FSW may not be an adequate incentive to make them drop out of the trade.

### **Conclusions and Recommendations**

- The program should consider providing shelter-cum-shop for FSW that have shown willingness and enough commitment to changing trade, especially the ones trained as peer educators.
- Effecting behavioural change in FSW that have been involved in the trade for a very long time, may require a longer time than the stipulated time during each implementation year.
- Income generating activities and training should be considered for OSY who have no alternative source of income. Essential Life Skills training should be included in the services provided for this target group. These trainings and other activities will serve as incentives for them to be more receptive to sexual prevention messages.



## Women Gender Developers (WOGEND)

<b>Executive Director</b>	Hajia Halima Titi Bello
<b>Program</b>	AIDS Impact Mitigation (AIM)
<b>Key Partners</b>	None
<b>States</b>	Kano
<b>Dates</b>	2006
<b>Total Funding to Date</b>	\$163,024.01

### Evaluation Team Visit Summary

Evaluation team members Ayo Toriola and Gloria Affiku had group interview with the executive director, Halima Titi Bello and other AIM project staff on July 5 at the project office in Kano. The team had visited with OVC beneficiaries at Tudun Murtala, Sauna and Maikalwa communities on July 5 and 6. During the meetings, questionnaires were administered to beneficiaries of Acada Learning Centre and some caregivers, and they also had discussions with the Acada teachers in Sauna and Maikalwa communities.

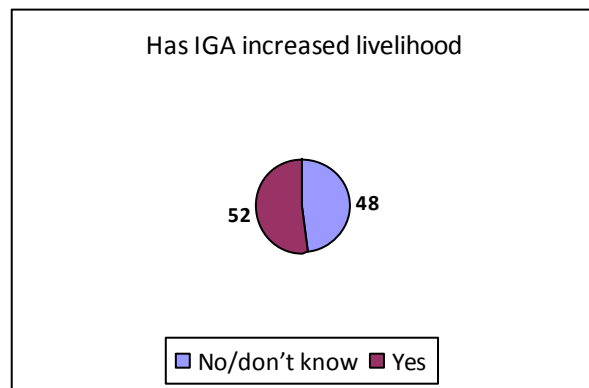
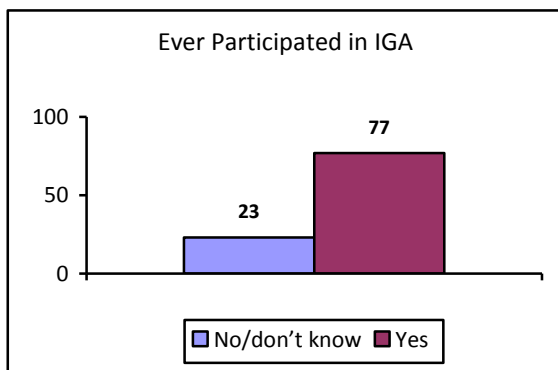
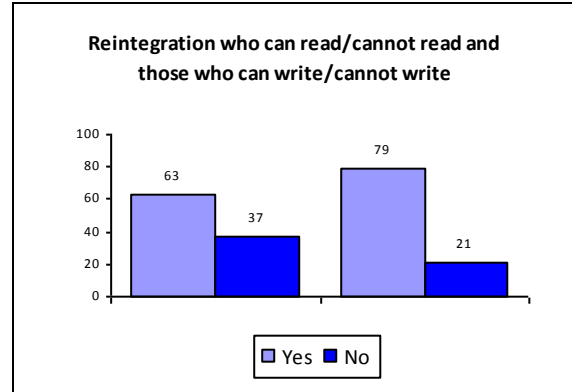
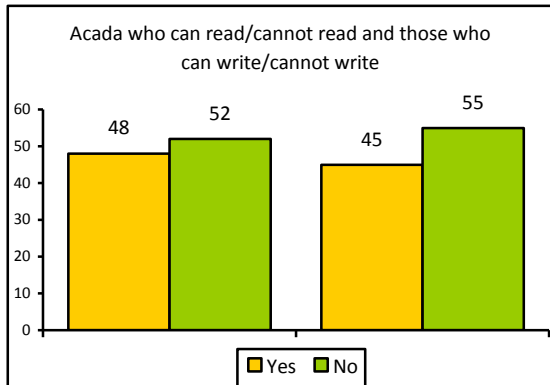
### Program Description

WOGEND is one of the six pioneer implementing agents of AIM project. It began implementing activities in BCS and OVC program areas in two communities in Kano states during FY 06. In FY 07, the organization implemented sexual prevention activities, providing abstinence and other prevention messages to FSW and OSY in the states. The goal of WOGEND in the AIM project is improving the quality of life of Orphans and Vulnerable Children (OVC) and Persons Living with HIV and AIDS (PLWHA) in Kano state through quality, comprehensive care and support programs.

The following figures and table are illustrations suggesting achievements.

**Table 1: Percentage of OVC according to number of types of protein, carbohydrate, and vitamin eaten every week**

	Protein (%)	Vitamin (%)	Carbohydrate (%)
None	26.1	-	2.2
One type	73.9	-	45.7
Two types	0	-	41.3
Three types	0	-	10.9
Four types	0	-	0
Five types	0		0
Six or more	0	100	0
<b>Total (N)</b>	100	100	100.1



## Key Achievements

- Able to reach and meet all BCS target to date, with significant change in the livelihood of OVC caregivers and other PLWHA at Tudun-Murtala community in Nassarawa LGA.
- Due to the impact of the ACADA Learning centre in Tudun Murtala community, women in the community contributed fund to sponsor a class of 40 pupils in COP 09 in addition to the class funded by AIM project. Significant changes in the livelihood of beneficiaries in the host community especially at Tundu-Murtala
- Trained caregivers on how to formulate balance diet using locally available food resources, and were given food supplements.
- OVC caregivers and BCS were trained on different IGAs in business development and also awarded equipment grants.
- Psychosocial support component of OVC program provided care and support for the children. It created an avenue for the children to freely express themselves.
- ALC curriculum training afforded the teachers opportunity to be trained and exposed to more educational skills and grooming.
- Reintegrated most of the OVC into primary 3-5 in public schools while, 13 of the previous reintegrated students passed the secondary school entrance examination, and are currently attending school.

## Challenges

- Implementing sexual prevention program was initially challenging because of the lack of pre-requisite skills and expertise in the organization. More so, AIM is the first health project to be

implemented by the organization, they had to learn on the job throughout the program implementation.

- Experienced some communication lapses with AIM office especially in submission of reports. There were frequent changes in program indicators to track and M&E reporting tool, without prior notice, and these changes will be required to be effected almost immediately.
- IGA grant budget is not enough.

### **High Points and Best Practices**

- Community buy-in and participation in the program was as a result of involving community leaders in planning and implementation of programs. The community is the one that identify and select OVC beneficiaries at the beginning of implementation year.
- The quality of the OVC trained by the AIM project stands out as their results in the common entrance examination shows high level performance.
- Physical appearance of women and children in Tudun Wada community has changed because to the impact of the AIM project in the community.

### **Key Lessons Learnt**

- Frequent visits and technical assistance from AIM project staff guided the monitoring and evaluation of the program. It enhanced job performance and aided in the introduction of new strategies in order to achieve desired goals.
- The unique approach of strengthening community structures by working directly at the grassroots.
- Provision of scholastic materials to OVC and food supplement to homes of children under 5 years old, served as motivation for enrolment of children into schools, and encouragement for community participation in programs.

### **Conclusions and Recommendation**

- The WI financial rules and regulation should be simplified to make room for contingency expenses especially those that cannot be receipted.

## **APPENDIX E: QUALITATIVE INSTRUMENTS**

- AIM End of Project Evaluation: FSWs FGD
- AIM End of Project Evaluation: FSWs Clients
- AIM End of Project Evaluation: KII Guide: OSY
- AIM End of Project Evaluation: Guide Questions for USAID Staff
- AIM End of Project Evaluation: Interview Guide for WINROCK AIM Project Country Team
- AIM End of Project Evaluation: Interview Guide for WINROCK Partners
- AIM End of Project Evaluation: Key Informant Interview for other stakeholders
- AIM End of Project Evaluation: Interview Guide for WINROCK AIM Project COP
- AIM End of Project Evaluation: Interview Guide for WINROCK International Headquarters Staff
- AIM End of Project Evaluation: Interview Guide: USAID Staff

## **APPENDIX F: QUANTITATIVE INSTRUMENTS**

- AIM Project End of Project Evaluation: Questionnaire for OVC 6 Years or Older: ALC and Reintegration
- AIM Project End of Project Evaluation: Questionnaire for OVC Pre-School Aged 0-5 Years
- AIM Project End of Project Evaluation: Questionnaire for FSW
- AIM Project End of Project Evaluation: Questionnaire for OSY
- AIM Project End of Project Evaluation: Questionnaire for WI Nigeria Staff

## APPENDIX G: LIST OF TRAININGS ATTENDED BY KEY STAKEHOLDERS

### List of Trainings Attended by key Stakeholders Nov, 2006 – March, 2008

S/N o	TRAINING TITLE	MALE	FEMALE	NO OF PARTICIPANTS
1	USAID/Nigeria AIM Project IP's Second Meeting	16	14	30
2	Initial Induction, Orientation and Training of IA/IPs, ICAN/NIM on Contracts and Budgetary	17	15	32
3	Orientation Training of AIM Staff & IA/IPs and Partner's Meeting	20	19	39
4	AIM Project Launch	46	25	71
5	Project Advisory Board Meeting	1	6	7
6	Implementing Agencies Orientation Meeting	18	17	35
7	Project Advisory Board Meeting	3	4	7
8	USG OVC IPs Meeting	4	5	9
9	Acada Curriculum Training	1	2	3
10	Acada Curriculum Training	7	11	18
11	NIM/ICAN Training	22	17	39
12	SCD Capacity Building for Partnership	3	4	7
13	Project Advisory Board Meeting	5	3	8
14	Training on "Providing Psychosocial Support to OVCs"	10	13	23
15	Training for PMs of IPs and IAs on "Strategic Behavioural Change Communication"	6	5	11
16	Training on Income Generation Activity Program for Implementing Agencies	8	4	12
17	COP 07 Meeting with IAs & IPs	13	11	24
18	Capacity Strengthening Workshop for Implementing Partners	13	9	22
19	Commercial Sex Workers (CSWs) Grant Award & Orientation Meeting	8	8	16
20	AIM Project Pre-Partner Organization Meeting	17	18	35
21	Food & Nutrition Training Program	6	18	24

## **APPENDIX H: REFERENCES**

Oladosu, Muyiwa and Uche Igwe. 2009. Mid-Term Evaluation Report on AIDS Impact Mitigation Project. Winrock International, Abuja, Nigeria.