

# RWF Newsletter

Issue #2

January 2011

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## Welcome

In RWF's newly introduced quarterly electronic newsletters, we select and present to you various article that focuses on a different aspect of community development or activities that made a difference in the communities where we work. These stories are drawn from our various projects and communities. We hope that these articles will inspire you to do something unique in your own community to help out the less privileged.

If you would like us to consider your article for posting through our newsletter, please contact us through our email address: [info@ruralwf.org](mailto:info@ruralwf.org).

## NGO and community collaboration to fight the scourge of HIV/AIDS

According to the 2009 National HIV data, Nigeria has an HIV prevalence of 3.6%. All the 36 states and FCT have HIV prevalence above 1% with 17 states having HIV prevalence greater than 5%. This translates to about 2.95 people (1.2million men and 1.73 million women) living with the virus in the country. The number of new infections is put at 323,000 adults and 57,000 children.

Infection rate among young people aged 15-19 put at 3.3%; 20-24 at 4.6% and 25-29 at 5.6% are considered very high and a key national strategy in the current national strategic framework is to direct focused national HIV prevention efforts to address this trend.



During its 2010 fiscal year review, US President's Emergency Plan For AIDS Relief (PEPFAR) noted the following support to the fight against HIV in Nigeria as follows:

- 334,700 individuals receiving antiretroviral treatment
- 1,195,900 HIV-positive individuals who received care and support (including TB/HIV)
- 255,100 orphans and vulnerable children (OVC's) receiving support



- 673,800 pregnant women with known HIV status receiving services
- 28,200 HIV-positive pregnant women receiving antiretroviral prophylaxis for Preventing Mother To Child Transmission (PMTCT)
- 1,157,300 individuals receiving counselling and testing
- 5,358 estimated infant HIV infections averted

There is no doubt on the progress that has been made in the fight against HIV and the progress rate can only be attributed to the collaboration between donor agencies (USAID, EU) and local NGO's such as Rural Women Foundation and even Religious organisations, and community development Unions and other stakeholders.

The framework that led to this successful and impressive result is attributed to these three:



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## news- letter

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1. **Results-oriented strategic framework** as a basis for HIV prevention which is access to treatment, care, and support services at facility and community levels, and strengthened health systems and referral networks for antiretroviral treatment.
2. **The family-focused approach** puts the family in the centre of all activities, supported by community- and faith-based organisations, coordinated by community health workers, and linked with facility-based services, which are supported by a network of public and private institutions.
3. **Performance-based contracting** will engage a large number of public and private institutions at all levels throughout the country in the rapid scale-up of services. This requires contracting to be performance based, where donor agencies continue to fund NGO'S and community Organisations that have well defined M&E structure that enables proper evaluation of results.

On April 15, 2011, traditional rulers from all over Africa met in South Africa to use their position in their various community to join the fight against HIV and the subsequent biases and prejudices' that People with HIV especially women are faced with.



On the community level, NGO's like RWF work with the community leaders, community development unions as well as community youth organisations to develop plans

to achieve successful result in the fight against HIV.

### In the spotlight

Distribution of insecticide treated nets, water guards and filters to Item, Obeabor and Amaba Ukwu communities  
RWF recently organised a training on basic care kits in three communities in Abia and Imo states during the implementation of its activities in these communities.

The aim of this training was to provide the community members with a minimum package of three intervention strategies to reach as many youths, women and men during the project implementation period. Two hundred and thirty five caregivers and youths received the training.

During the BCK training, the community members were educated on the use of water guards and specifically on the quantity to be applied as per litres of water and the duration it will last in water vessel before dis-using it as well as the use of mosquito treated nets, how it can be mounted depending on the situation, the type of soap to be used in washing the mosquito nets if it gets dirty, etc.

The importance of regular and rightful application of water guards as a prophylactic measure against water borne diseases notably Cholera, Typhoid and Diarrhoea as well as the need for sleeping under mosquito treated nets with respect to preventive measures against malaria epidemic were highly stressed. In the course of training/provision of prevention messages, leaflets on the use of water guards by SFH and training manuals on prevention messages were distributed to them.

At the end of the training, the basic care kits (BCK) which comprises of water vessel, water guards and long lasting mosquito treated nets were distributed to 235 caregivers in the three communities.



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The following areas below summarises how RWF has collaborated with various communities in Imo, Abia and Anambra States during the past 5 years.

### Youth and HIV prevention

RWF targets young people with information, education and services for responsible sexual behavior including consistent and correct use of condoms, abstinence and by faithful, skills-based, youth-specific HIV and life skills education, mass media interventions, provision of youth-friendly health services for the prevention, treatment and care of HIV and AIDS and full involvement of young people in the design and implementation of programs and services. We do this through strengthening partnerships with Community stakeholders and institutions, building capacity, and strengthening behavioural change communication and coordination.

### Female condom initiatives

We ensure that political will and popular support exist to promote condom programming especially in ensuring the commodities are available in the local communities. We are also conducting training for HIV/AIDS service providers in condom programming for dual protection and supporting condom distribution points to ensure availability of condom and sensitization of young people and women in particular and the communities in general on condom use for dual protection against HIV/AIDS and unwanted pregnancies.

pregnancy in HIV+ women. We organise various sensitization, community dialogues and community education activities in our Communities to provide information and education to women on the need to embrace PMTCT. We organise PMTCT trainings for health workers and also support PMTCT orientation and training sessions among People Living with HIV/AIDS especially women.

### HIV and sex work

At the centre of RWF work is its support to strengthen HIV Prevention in sex work settings. It is RWF's desire to see a world where the reproductive rights of everyone including sex workers are respected and protected. A major challenge for both government and civil society and indeed all stakeholders has been inadequate capacity to develop and implement concerted, result-oriented and coordinated programs in this area. Most CSO activities on sex work used to be one-off events as and there was no framework for planning, implementing, monitoring, evaluating and documenting results and best practices.

In conclusion, there needs to be an increased collaboration between the Non Governmental Organisations and the Community stakeholders if there is any hope in the successful management and hopefully eradication of HIV.



### Prevention of mother to child transmission

We concentrate in supporting Prevention of HIV in women and Prevention of unintended

