EPIC NIGERIA

Activity 3: Strengthening Capacity of Local Partners

Summary of Achievements

March 2021–September 2022

Meeting Targets and Maintaining Epidemic Control (EpiC) is a five-year, global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). EpiC is designed to break through persisting barriers to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets and promote self-reliant management of national HIV programs. In Nigeria, EpiC was implemented through four activities. From March 2021 through September 2022, EpiC implemented Activity 3 to prepare its subcontractor, UCS Global Resources, to receive and manage direct funding from USAID to support the PEPFAR goal of awarding 70 percent of funding to local partners.

EpiC coordinated capacity-strengthening efforts with the USAID-funded Accelerating Support to Advanced Local Partners (ASAP) project, focusing on organizational, technical, and strategic information skills to align with the capacity domains of the USAID Office of HIV/AIDS for directly-funded PEPFAR partners. UCS Global operated the USAID Care Center (hereafter "care center"), which provided virtual support for clients living with HIV through a call line. The call line was hosted on Epidemic Control 3 (EC3) which is a software developed by UCS Global. The care center provided the additional follow-up services required for clients to remain in treatment and provided comprehensive information on HIV and post-gender-based violence (GBV) services 24 hours a day through toll-free calls and short message service (SMS) messages. The care center was located in Abuja and provided services to all USAID-supported sites across 17 states: Adamawa, Akwa Ibom, Bauchi, Bayelsa, Borno, Cross River, Edo, Jigawa, Kano, Kebbi, Kwara, Lagos, Niger, Sokoto,

Highlights

- In Activity 3, EpiC Nigeria and partner ASAP provided capacity-strengthening assistance to UCS Global for the USAID Care Center and achieved the following:
- Secured a dedicated toll-free line for HIV and GBV client engagement across the country
- Generated demand for HIV and GBV services through SMS blasts to 27,499,891 people, social media posts to 143,370 people, and cold calls to 21,736 people
- Successfully reached 23,734 (50 percent) of 47,875 unique clients who were assigned to the care center with a call, as well as services at the health facility
- Linked 221 (86 percent) of 258 GBV clients who had been counseled and had reported violence to treatment centers and the Sexual Assault Referral Center (SARC) for GBV care services
- Trained 80 care center case officers on HIV interventions, interpersonal communication, adherence counseling, demand creation, gender, and sexual diversity to improve service delivery through the care center
- Strengthened UCS Global's data use and reporting skills through mentoring and training, including 35 UCS Global staff trained on data documentation and reporting and 17 staff trained on DATIM, toward the goal of managing USAID funding
- Familiarized UCS Global's staff with USAID rules and regulations and strengthened financial management systems for compliant management of USAID funding

BACKGROUND

Nigeria's HIV epidemic is generalized, with a prevalence of 1.5 percent among adults ages 15 to 49 years and 0.2 percent among children ages 0–14 years. There are approximately 1.9 million people currently living with HIV in the country.[1] Despite recent gains in HIV prevention, treatment, and care, the overall prevalence rate for key and vulnerable populations in Nigeria is 9.5 percent—with men who have sex with men (MSM) at 22.9 percent, people who inject drugs (PWID) at 3.4 percent, brothel-based female sex workers (FSWs) at 19.4 percent, non-brothel-based FSWs at 8.6 percent, transport workers at 1.6 percent, members of the armed forces at 1.5 percent, and individuals in the police force at 2.5 percent.[2] Key barriers to closing the gaps in the HIV cascade include policy, economic, violence, legal, law enforcement, and educational factors.

EpiC aims to fill existing HIV prevention, case finding, and treatment gaps as well as build on long-term sustainability to attain and maintain epidemic control. UCS Global had previously worked with local nongovernmental organizations in Nigeria, including Society for Family Health (SFH) and Heartland Alliance (HAL), to provide HIV services to close gaps in treatment continuity. This activity also aligned with USAID/Nigeria's Country Development Cooperation Strategy goal of supporting a healthier, more educated, prosperous, stable, and resilient Nigeria by increasing access to and demand for quality health services, increasing utilization of high-quality public and private sector health services, and increasing adoption of healthy behaviors.

KEY PROGRAMMATIC ELEMENTS

Under Activity 3, EpiC supported UCS Global to set up a fully functional care center and began providing services to clients in October 2022. The following approaches were used for effective service delivery:

- Phone calls and SMS messages to reach clients in care for appointment reminders, client referrals, and client education

- Services provided in five languages (English, Pidgin, Hausa, Yoruba, and Igbo), with Efik added as a sixth language option midway through implementation following feedback from clients

- Awareness creation among key stakeholders such as the Federal Ministry of Health, Federal Ministry of Women Affairs, National Action for the Control of AIDS (NACA),

and USAID implementing partners (IPs) to encourage engagement in care center activities

- Cold calls using contact information available on the UCS Global's database to create demand for the care center's services

- GBV screening of clients during inbound and outbound calls

- Collaboration with the Gender Unit of the Nigerian police to make referrals to SARCs and support GBV survivors

- Social media posts to educate clients and inform them about GBV and HIV testing services, adherence counseling, pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP), and viral load suppression

- Use of radio programs to raise awareness about the services provided by the care center

- Bi-monthly coordination meetings with stakeholders and IPs to share performance using the client line lists received and discuss ways to serve clients better

- Sensitization among service providers at the treatment centers to ensure they were knowledgable about the project and services available and to enlist their support in informing clients about the integration of the treatment center with the care center

- Monthly referral meetings with treatment center focal persons to gather feedback on referrals made and ways to improve client satisfaction

- Use of commemorative days, such as 16 Days of Activism against GBV, World AIDS Day, International Men's Day, and International Women's Day, to bring awareness to care center services

- Participation in USAID Gender point of contact meetings to stay informed about GBV

- Demand creation through SMS blasts and distribution of information, education, and communication (IEC) materials (such as posters and banners) that included the center's phone number in the waiting areas of some high-volume treatment facilities

- Partnerships with stakeholders, such as the Federal Ministry of Women Affairs and the Nigerian Police Force-Gender unit, to help the center gain access to the SARC directory for referral and management of GBV survivors

- Engagement of USAID-supported IPs across the 17 states to collate client line lists and facility service directories to reach clients for service uptake

Case officers of the USAID Care Center during sessions with clients. Photo credit: FHI 360, EpiC Nigeria

SERVICE DELIVERY IMPACT

A total of 184,845 unique clients were assigned to the care center through September 2022. Client lists were provided by USAID-supported IPs through the EpiC team to the care center on a bimonthly basis. Of these, 175,906 clients (95 percent) had complete phone numbers. The proportion of clients with complete phone numbers increased over time through consistent analysis and feedback provided to IPs by the care center. Of the 140,710 clients (80 percent) with network-identifiable phone numbers (i.e., phone numbers that were complete and could be associated with a known network provider), calls from the care center were attempted for 139,763 (99 percent). However, only 63,308 (45 percent)

of clients who had working phone numbers were connected with the care center through these calls. Of these, 47,875 calls were successful, meaning that the client picked up and had an interaction with a case officer for counseling services or had reminders delivered via SMS. A total of 15,433 calls "rang out," indicating valid numbers, but were unsuccessful as the client did not pick up the call. As an outcome, 23,734 of unique clients (50 percent) who were successfully reached with a call received services at the health facility or community structures through the interventions of the care center (Figure 1). The real number is likely greater, as the care center was unable to track service completion during the first half of the implementation period due to integration with treatment facilities.

Figure 1. Clients assigned and reached by the care center, October 2021–September 2022
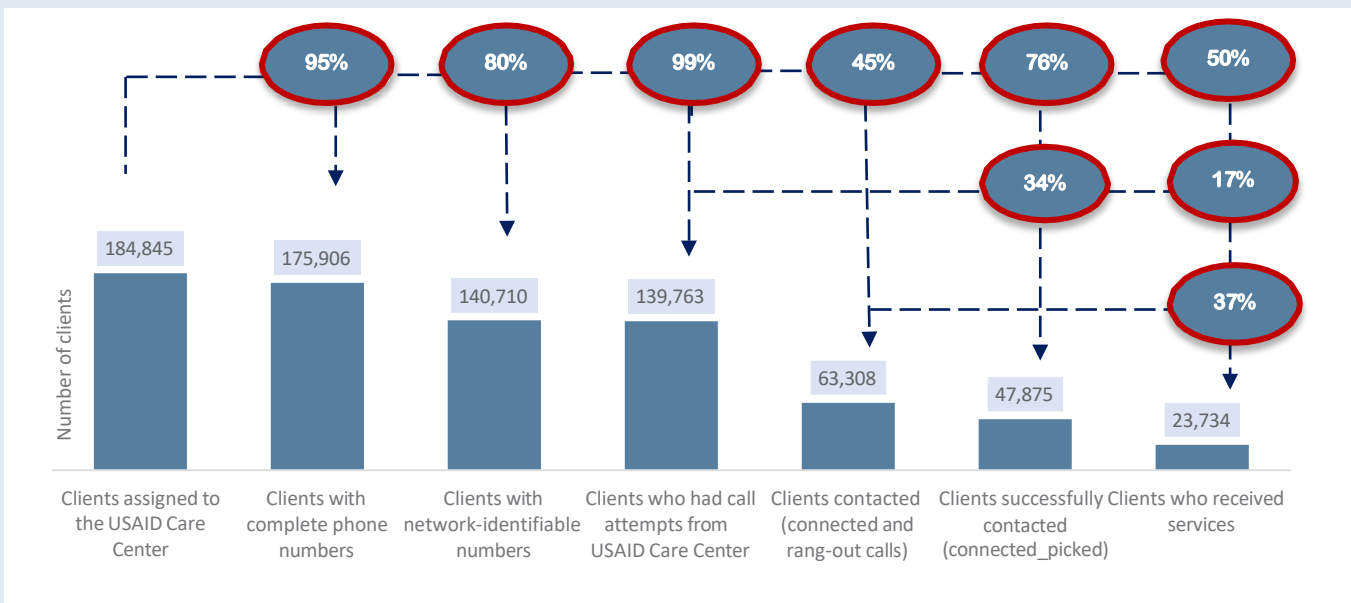
TECHNICAL HIGHLIGHTS

EpiC Nigeria Activity 3 operated virtual services through the care center and adopted several innnovative strategies for case management of people living with HIV (PLHIV) and to ensure service provision to HIV and GBV clients.

Epidemic Control 3 (EC3) Software

EC3 software is a robust, cloud-based Voice Over Internet Protocol (VOIP) solution that delivers crystal-clear telephone calls. The software allows case officers at the care center to engage multiple phone users at the same time through calls and SMS messages on a 24-hour toll-free line. EC3 is an important tool in the transition of treatment and care from the current analog system to a future compliant one. EC3 created a centralized system for the management of USAID treatment and care data that allow IPs to collaborate and provide care to clients in real time.

By implementing EC3, many existing clients were reached by proxy, either through the treatment facility, a contact person, or friends. Care center case officers are anonymous and are not based in the community, which is important because of the stigma associated with HIV. Case officers are also available to talk at any time and calls placed and received are free to the client. The care center engaged IPs to support follow-up services to PLHIV and gather updated client contact information.

The proportion of clients with complete phone numbers recorded improved over the life of the project (LOP), increasing from 83 percent in Q1 FY22 to 97 percent in Q2 FY22, and to 99 percent in Q3 and Q4 FY22. By the end of the project, 95 percent of all clients had complete phone numbers (Figure 2). The percentage of clients who confirmed receipt of services also increased, from 37 percent of clients with successful calls from the care center confirming receipt of required HIV services in Q1 FY22, to 48 percent in Q2 FY22, and 71 percent in Q4 FY 22 (Figure 2). This increase can be attributed to routine monitoring of daily client targets assigned to the case officers at the care center, as well as to coordination between the care center and other care centers and models in tracking referrals.

Figure 2. USAID Care Center performance among clients contacted in Q1–Q4 FY22*

Legend: Oct - Dec 2021 | Jan - Mar 2022 | Apr - Jun 2022 | Jul - Sep 2022
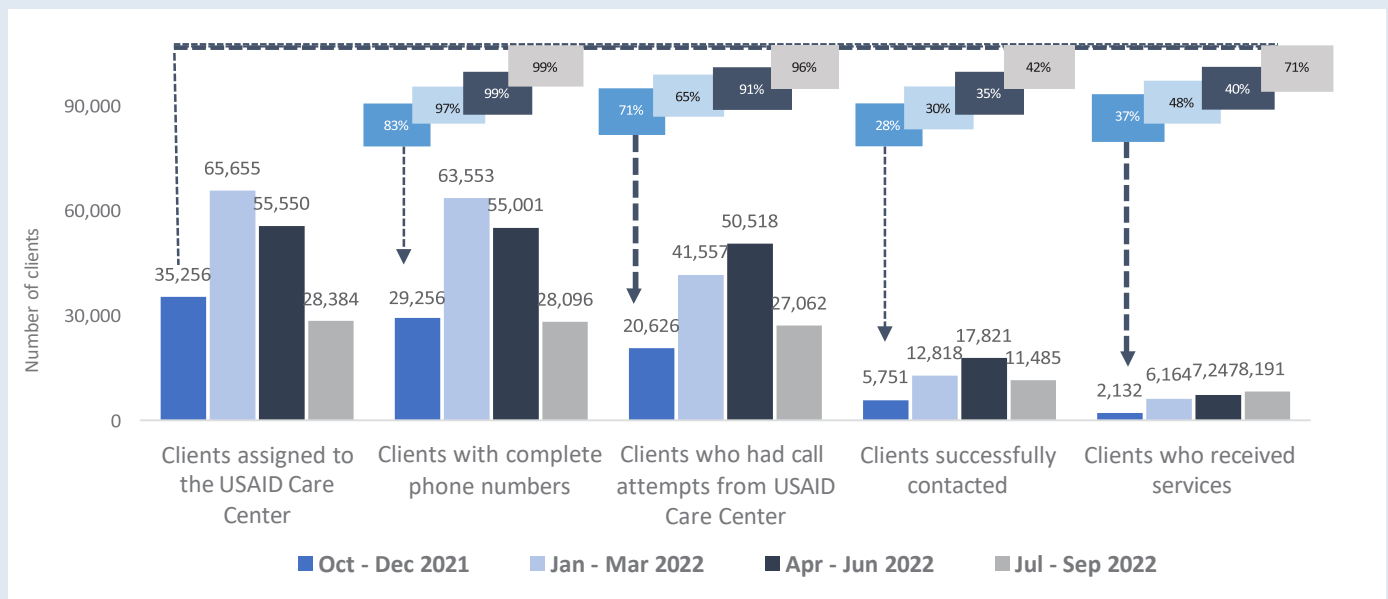
* Ordinarily, Figure 2 would present the data from Figure 1 broken down by quarter. However, this was not possible because data from network-identifiable phone numbers were not received quarterly.

The care center complemented the services provided by other USAID IPs by providing an access point to every client. All case officer engagement with clients during calls was reviewed for quality assurance to ensure that clients were provided correct and adequate information. This personalized services to each client, as the client chose the preferred time of engagement and services utilized, per a differentiated service delivery model.

Gender-Based Violence Screening

GBV and gender inequality are increasingly cited as important determinants of women's HIV risk. In Nigeria, women and girls abducted by insurgency groups are held in captivity and forced to marry, convert, and endure physical and psychological abuse, forced labor, and rape. More than 500 Nigerian women and girls have been abducted since 2009.[3] According to a NACA report from 2016, 45 percent of women in Nigeria who experienced physical or sexual violence did not seek help from any source or tell anyone about the violence.[4]

The care center provided GBV screening, psychosocial counseling, and support services for clients through an in-house GBV clinical psychologist. To effectively provide linkage to care for GBV survivors, the care center completed the required documentation to secure a partnership with the Federal Ministry of Women Affairs and

the Nigeria Police Force's Gender Unit for the management of GBV cases. These two bodies supported the care center to access information about SARCs in Nigeria and data from GBV reporting through police hotlines in different states. Throughout the life of the project, 10,106 clients were screened for GBV. A total of 149 clients (1.47 percent) reported experiencing GBV, of whom 122 (82 percent) successfully accessed services from the SARC and treatment facilities.

ABOVE-SITE ACHIEVEMENTS

Strengthening Local Partner Capacity

EpiC collaborated with ASAP to support strengthening the capacity of UCS Global in preparation for anticipated direct funding from USAID. EpiC and ASAP jointly reviewed the capacity of UCS Global across organizational, performance, and financial domains, as well as the results of other previous capacity assessments. They then developed and agreed upon a capacity-development plan with UCS Global in which all roles were clearly defined.

In line with the plan, the EpiC team provided support to UCS Global staff through training, mentoring, and other approaches across the three capacity domains, as follows.

Organizational Systems

Organizational capacity-strengthening activities were primarily managed by ASAP, with EpiC providing input as needed. The EpiC team led the following activities:

- Conducted orientation on the terms and conditions of U.S. Government (USG) subcontracts and associated rules and regulations

- Reviewed financial reports and documentation on a monthly basis to ensure statutory compliance and adherence to the level of documentation required for financial transactions

- Provided mentoring on appropriate cost categorization and expenditure monitoring

- Supported the UCS Global finance team to update and revise policies and forms for its finance manual

Strategic Information (SI)

- Trained UCS Global staff on monitoring, evaluation, and reporting (MER) indicators for virtual HIV programming and improved their understanding of the custom indicators

- Developed process indicators (e.g., clients with complete phone numbers, clients who had call attempts, clients whose calls were successful)

- Trained UCS Global management, SI, and program staff on developing a monitoring, evaluation, and learning (MEL) plan to support proposal writing

- Set up internal project targets to aid in performance measurement

- Mentored SI staff on data collation, analysis, and reporting using reporting templates

- Provided guidance to SI staff on client-specific preliminary analysis of the IP line list, an evidence-based approach using Excel that improved IP response and turnaround time for sharing revised/updated line lists for use in virtual service provision

- Provided on-site training, technical assistance (TA), and mentoring on reporting, data visualization and use, EC3 dashboard design, and preparation of presentation slides for various meetings

- Facilitated joint data quality assessment and built the capacity of UCS Global SI staff on internal data

verification, which improved data quality and helped identify and harmonize the data analysis approach for unique count analysis

- Developed a data analysis protocol adopted at the care center

- Improved partnership and collaboration with IPs and other stakeholders through exchange of client line-list data and bimonthly referral coordination meetings, empowering the UCS Global team to engage directly with IPs/health facilities

- Trained the care center staff on Data for Accountability, Transparency, and Impact Monitoring (DATIM)

- Reviewed the care center performance, provided support for planned activities, and prepared UCS Global for participation in regular performance update meetings with USAID through frequent check-in meetings

Technical Implementation

- Introduced the UCS Global team to government stakeholders (e.g., the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), NACA, and the Federal Ministry of Women's Affairs)

- Trained case officers on HIV and AIDS intervention, communication, counseling, targeted demand creation, gender, and sexual diversity

- Mentored UCS Global staff to design and boost social media posts to create demand for care center services

- Conducted review of call quality and held a workshop with the UCS Global team to address findings around communication with clients, language used, and accuracy of information shared with clients and others

- Conducted training in proposal development for UCS Global management and mid-level staff, resulting in the development of a capability statement for UCS Global

- Conducted project review and jointly documented lessons learned from the project

All technical assistance was geared toward preparing UCS Global to receive direct funding from USAID in the future. At the close of the project, 88 percent of the activities in the plan had been completed and there was significant improvement in UCS Global's ability to manage funds effectively and in compliance with USG regulations, make satisfactory progress towards project activity targets, and meet PEPFAR reporting requirements.

Social Media Promotion

EpiC supported UCS Global staff to create content for client-level education on HIV and GBV through posts on the care center's Facebook and Instagram pages. Two UCS Global staff were also mentored on content creation and boosting social media posts. The posts centered on HIV testing services, adherence counseling, viral load testing and viral load suppression, PrEP, HIV treatment, GBV, and other activities through the care center.

From May through August 2022, the Facebook page had a total of 3,845 views, and 463 individuals called the care center after viewing the Facebook page (Figure 3).

Figure 3. Social media summary, May–August 2022

POSTS	REACH	ENGAGEMENTS	FOLLOWERS	CALLS MADE TO THE CENTER
84	143,370	3,845	997	463
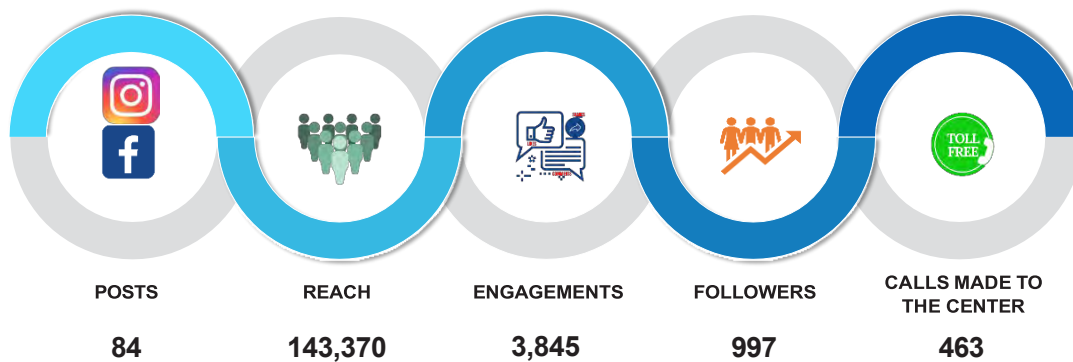
LESSONS LEARNED

- **Client-level sensitization:** Client-level sensitization is integral for improving the reception of services provided at the care center. As part of startup activities, the project sensitized IPs about the care center and requested that this information be shared with clients through their treatment providers. During the first few months of service delivery, the care center observed some apprehension from clients who had not been well informed about the care center's activities. The project then held sensitization meetings with all treatment providers and distributed flyers, posters, and banners across high-volume treatment facilities to bring awareness and create familiarity with the phone number the care center used to reach clients.

- **IP-level quality measures:** A high-quality client line list with complete and functioning phone numbers is vital to establish contact with clients. The initial client line list received from IPs included clients with missing or incomplete phone numbers and, in some cases, duplicate numbers. Consistent follow-up with IPs and treatment facilities helped the care center update client contact information and improve successful calls.

- **Harmonization of technical assistance:** When multiple technical assistance providers support an organization, harmonized communication, frequent meetings, and engagement among the technical assistance providers are needed to ensure that there is no overlap or duplication of effort. Additionally, consistent communication allows for coordination on specific activities and decreases gaps.

- **Subcontractor cost:** Operational costs and third-party payment timelines should be clarified from the onset of the project to guide budgeting and determine the type of contract appropriate for partnership and engagement.

FUTURE DIRECTIONS

While virtual interventions are gaining traction in the public health space, especially in HIV programming, they will require the concerted effort of health service providers and the demonstrated commitment of partners in order to succeed. Lessons from the COVID-19 pandemic have made it clearer than ever that access to needed services, information, technology, and tools is vital for driving better health outcomes. The innovation of the centralized virtual HIV and GBV services provided by EpiC Nigeria Activity 3 through the care center helped create synergies between the treatment centers, IPs, and clients to ensure that client needs were the center of all care and treatment services provided.

Achieving the PEPFAR goals for increased localization requires that virtual service provision receive attention and funding. EpiC Activity 3 provides key lessons to inform the scale-up of local partner strengthening in the provision of virtual services. Integrating virtual services for client management and information sharing encourages collaboration between partners, while a dedicated care center provides client-centered care and education—both of which are good value and complement existing facility-level case management in Nigeria.

REFERENCES

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