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End-of-project report for **Strengthening Nigeria's Response to HIV and AIDS Program, Building capacity for an effective multisectoral response to HIV and AIDS, 2009**

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Footnote 1

2008 National HIV Sero-Prevalence Sentinel Survey among the Antenatal Clinic Attendees (FMoH/HAD).

This part of the report tells the story of the **Strengthening Nigeria's Response to HIV and AIDS Program** through the stories and words of those who were directly involved with implementing the program, or who benefited from its assistance, in each of the supported states.

Overview and summary

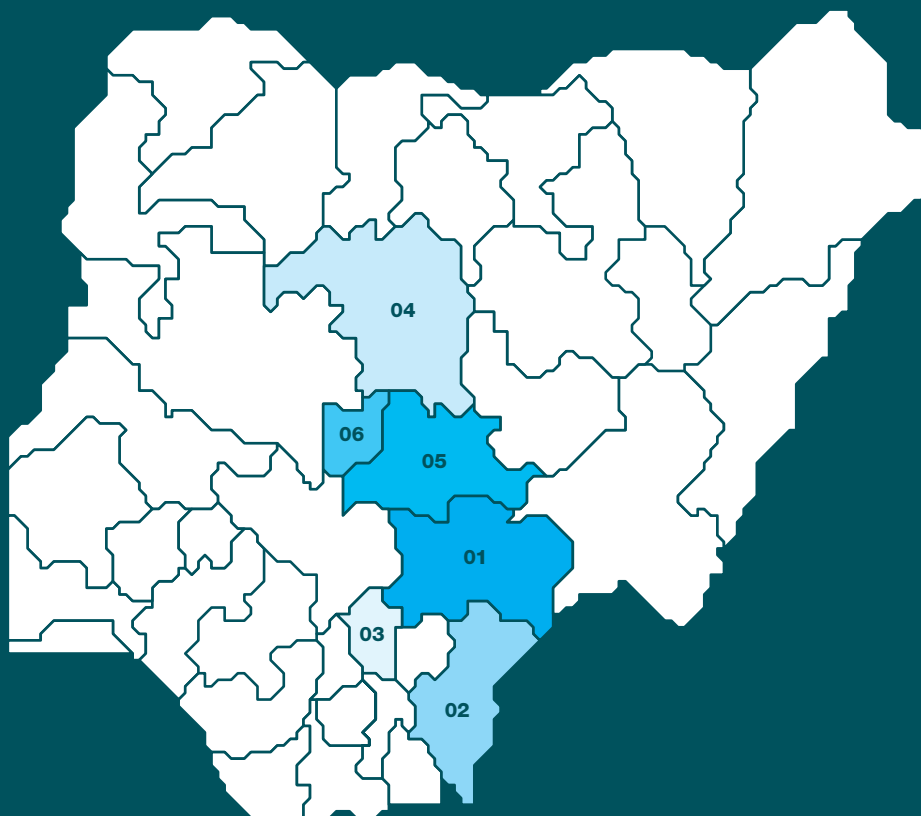
The Strengthening Nigeria's Response to HIV Program (SNR, 2004–2009) was implemented at a critical point in the country's HIV pandemic. Nigeria's overall prevalence rate is estimated at 4.6 percent, with wide variance from one state to another and with some areas recording prevalence as high as 12 percent (see map on page 2).¹

The good news was that a once rapidly fatal illness could now be managed as a chronic, though still life-threatening, disease. However, the numbers of people living with HIV or AIDS and of new infections were still rising, and HIV-related stigma remained a daunting challenge. Nevertheless, there has been a steady increase in demand for care and support services at all levels of the health system, as well as from communities and family members.

Despite the magnitude and urgency of the HIV/AIDS epidemic in Nigeria, the technical, human, and financial capacity and resources needed to plan, coordinate, and deliver services were very low. As a consequence, the quality, availability, and comprehensiveness of services suffered.

National prevalence 4.6%	04 Kaduna — 7.0%
01 Benue — 10.6%	05 Nasarawa — 10%
02 Cross River — 8.0%	06 FCT — 9.9%
03 Enugu — 5.8%	

HIV prevalence in Nigeria



SNR Program goal and purpose

In this context of high need and low capacity, the SNR Program stepped in. Supported by the UK Department for International Development, SNR operated in Nigeria's Federal Capital Territory (FCT) and five states (Kaduna, Nasarawa, Benue, Enugu, and Cross River).

The choice of these states was strategic, because they transect the country from north to south in an 'HIV transmission corridor,' and the expert consensus was that intervention in those states would likely result in significant impact on the epidemic.

The program goal was to reduce the transmission of HIV and mitigate the impact of AIDS on the lives and livelihoods of poor people in Nigeria. The purpose was to achieve an effectively coordinated, adequately resourced, evidence- and rights-based multisectoral HIV/AIDS response at the state level through SACAs (State Agencies for the Control of AIDS) and state-level partner capacity development.

The work was undertaken by a consortium that included Family Health International, ActionAid Nigeria, and Volunteer Services Overseas.

SNR progress was measured against indicators of five interrelated 'outputs':

- 1** Enhanced capacity of SACA to coordinate a state-led, multisectoral response to HIV/AIDS
- 2** Improved access to quality services along the prevention-to-care continuum for vulnerable populations at all levels
- 3** Reduction in HIV/AIDS-related stigma through promotion of the rights of vulnerable people
- 4** Lessons learned inform ongoing program activities and broader national response
- 5** SNR consortium supports effective and efficient partnerships

Footnote 2

State Action
Committees on AIDS.

In five SNR states
(Benue, Cross River,
Kaduna, Nasarawa,
and FCT) the
committees gained
recognition as
'State Agencies for
the Control of AIDS.'

Footnote 3

As measured by the
OCAT (Organizational
Capacity Assessment
Tool), states went
from not achieving to
systematically achieving.

The results

By all measures, SNR realized this vision and more, and its innovations have prepared the way for Nigeria's other states to adopt the model. Most notably, all of the SNR-supported SACAs² showed large improvements on indicators of organizational capacity, especially with respect to HIV/AIDS strategic planning, budgeting, systems and infrastructure, and coordination functions.³

Five SACAs achieved agency status, and the sixth is in the final stages of approval. This means that state legislatures certified that the SACAs operate in harmony with Nigerian national policies and frameworks and are therefore eligible to directly receive and manage government and donor funding.

Staffing, planning, and monitoring and evaluation systems have also been strengthened, and program coverage greatly expanded. The results were that in all SNR states:

The number of people accessing services grew by 300 percent or more

The number of vulnerable people in target communities reached with services and interventions increased by over 100 percent

SACAs made great progress in strengthening Local Government Area Committees on AIDS (LACAs) to coordinate the response at the community level

Public and private healthcare institution staff were oriented to national HIV and AIDS guidelines and protocols, improving the quality of HIV/AIDS services delivered

SNR also helped advocate for an enabling legal and policy environment for people living with HIV. This led to legislation that created gender-sensitive stigma reduction and workplace policies at state and national levels. As of March 2009, three out of six of the SNR states had HIV/AIDS workplace policies (Benue, Cross River, and Kaduna).

At the local level, SNR supported training and interventions for institutions and communities that aimed to 'transform mindsets' held toward people living with HIV. Using rights-based methodologies such as STAR (Societies Tackling AIDS through Rights), 'community drivers of change' (CDC) were trained to lead information and prevention campaigns, advocate for improved policies and increased services, and mobilize local resources.

Throughout the life of the program, interventions were continually adjusted to reflect lessons learned from successes, failures, and feedback from partners.

SNR made use of numerous communication channels — including the media, reports and newsletters, stakeholder meetings, a royal summit of traditional leaders, a youth summit, and a 'south-south exchange' between SNR and non-SNR states — to widely disseminate knowledge and lessons learned, manage relationships, influence policies and programs, and promote the replication of the SNR model.

Study tours to countries such as Uganda and South Africa enabled local leaders to learn first-hand from other community-driven responses to the epidemic.

A national 'M&E (monitoring and evaluation) Roadmap' as well as individual state M&E plans were developed to help states better generate, store, retrieve, and disseminate data on state-level outcomes — and use the data to improve management, planning and budgeting, and other decision-making.

A measure of the success and influence of SNR's effective knowledge management is that the World Bank recently announced it intends to support the scale-up of the SNR model to the states that were not SNR beneficiaries. In addition, the Minister of Health is promoting the M&E Roadmap as a tool that should be used in all health interventions.

Finally, the SNR consortium, thanks to strong indigenous leadership and management, maintained collegiality and cohesiveness throughout the life of the program, devised a performance monitoring plan (PMP) that tracked progress state by state, kept staff morale high and attrition low, ensured that resources were efficiently and effectively used, forged partnerships with additional actors to deepen the response, and implemented an exit strategy that will ensure momentum, sustainability, and scale-up in coming years.

Jide Adeniyi-Jones
take a photograph
of Absalom Awino,
who is featured in the
photographic portion
of this report.

The challenges ahead

A continuing challenge is to engage state officers who have been deployed from ministries of health and other line ministries to the SACAs to help them adopt common values and vision. SACAs are new agencies, and the staff being seconded or transferred from line ministries will need to be oriented to understand that SACAs are only effective and sustainable as stakeholder-driven organizations.

Another challenge is to expand care and support services to orphans and other vulnerable children and the less privileged — including the physically and 'positively' disabled.

Finally, to sustain the progress made, stakeholders must maintain a high level of political will and engagement. To do so requires further staff development in the line ministries; SACAs; networks of community- and faith-based, civil society, and stakeholder organizations; and individuals.

About this report

This report offers an overview and summary of SNR's main achievements, including successes, challenges, and recommendations. It is aimed at an interested but general reader, and is a legacy document of what was achieved.

It is also a thank you to the Nigerian government; the UK Department for International Development; SNR consortium partners Family Health International, ActionAid Nigeria, and Volunteer Services Overseas; and the stakeholders, beneficiaries, and others who were involved with SNR and worked so hard to make it a success.

This report is by no means comprehensive. Rather, it describes how outputs were approached, provides illustrative examples of each through the words of those who implemented or benefited from the program, and offers suggestions for sustaining the progress made.

The photo essay that makes up the other half of this report illustrates SNR's impact more dramatically. Profiling the daily lives of some of those involved with implementing SNR, or whose lives were changed as a result, brings to life some of the more abstract details of this report.

This report and other end-of-project documentation present a comprehensive picture of how states and communities can take charge of and implement a coordinated, effective, and sustainable multisectoral local response to HIV and AIDS.



Output 1 Enhancing the capacity of SACA to coordinate a state-led multisectoral response.

SNR supported five states and the Federal Capital Territory to strengthen state-level institutions, five of which were transformed into legally recognized State Agencies for the Control of AIDS (SACAs).

The support ensured SACAs have the capacity to coordinate and monitor a multisectoral, sustainable response to HIV/AIDS. Over the course of SNR, this output grew in importance, and constituted 60–70 percent of the total effort.

Measuring baseline capacity

The SACAs' ability to lead and coordinate the response depended on their having effective systems, skills, strategies, and infrastructure. To assess the SACAs in these areas, the National AIDS Control Agency (NACA) and SNR used the Organizational Capacity Assessment Tool, or OCAT.

The assessments, conducted in 2005 and 2006 in collaboration with the World Bank, revealed large gaps in states' ability to coordinate the response: board members and agency staff were unclear on their roles and responsibilities, key functionaries lacked program planning skills, the overall response was ad hoc, monitoring and evaluation were weak, and advocacy skills at the policy and community levels were lacking.

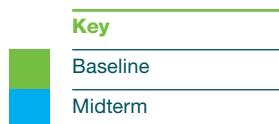
The OCAT also revealed an overdependence on a single source of funding (the World Bank) and low capacity to identify and mobilize sustainable alternative resources. The gaps were not limited to SACAs. Line ministries, faith-based organizations, civil society organizations and networks, and the private sector were also short on technical and institutional capacities needed to play their roles as service delivery partners.

The OCAT baseline consensus scores were between 0 and 25 on a 100-point scale in the four areas measured (systems strengthening and infrastructure, program management, stewardship⁴ and governance, and technical response coordination). SNR set a goal of bringing these scores up to 51 to 79 (systematically achieving), and had reached or exceeded the goal by mid-term (see graphs).

Footnote 4

Stewardship means maintaining the focus on the 'three ones,'

(one coordinating strategy, one national coordinating authority, and one country-level monitoring and evaluation system) and accountability for results.



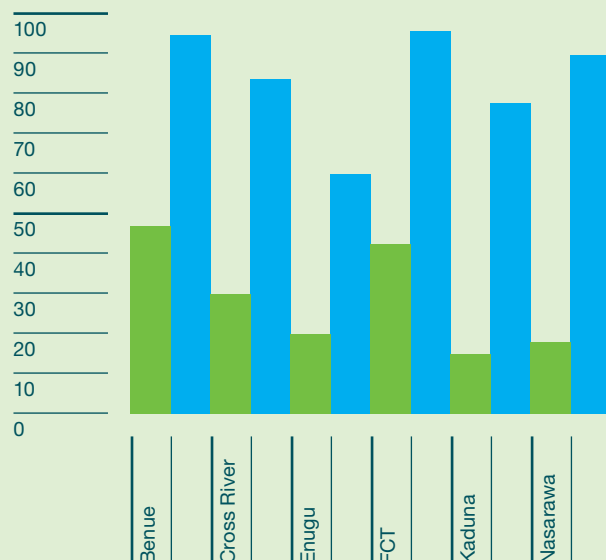
Footnote 5

Line ministries are the key public sector ministries in each state, and include Education, Health, Women's Affairs, Justice, and Information.

Scores on OCAT (%) system and infrastructure component
Operational planning

Figure 1

OCAT assessments were carried out twice (at baseline and mid-term) to assess the organizational and technical capacities of SACAs.



Supporting the transformation of AIDS committees to AIDS agencies

The process of transforming SACAs from committees into legally recognized state agencies began with the OCAT. To begin addressing the various gaps, SNR organized training on terms-of-reference clarification to facilitate committee members' understanding of how to structure a SACA, determine the number of staff required, and define its functions.

Dr Chukwuma Igweagu, Director of Public Health in the Enugu Ministry of Health, says the workshop helped delineate roles and responsibilities of SACAs in relation to line ministries.⁵ 'Prior to 2005, we were each trying to do the other's job,' he says. 'But after that meeting, we briefed the states. And it's still crystal clear.'

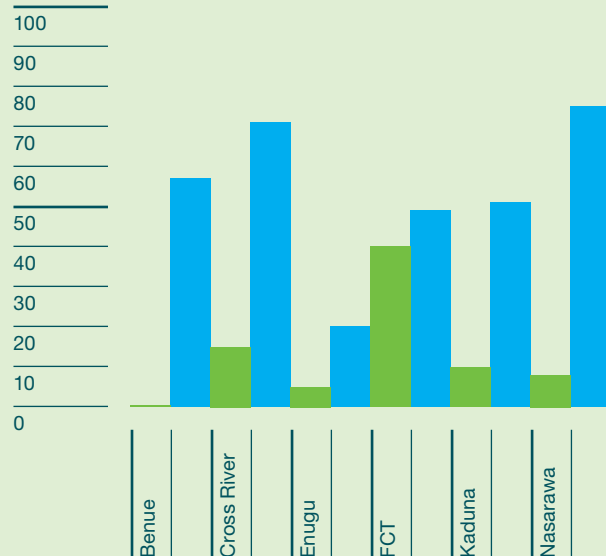
Further training built consensus among all actors that the SACAs would be the coordinating bodies for each state. With the terms of reference clear, health ministries restructured, seconding or releasing staff to SACAs. SNR supported the SACAs throughout the process with additional training, on-the-job mentoring, and direct technical assistance.

Dr Isiaku Bako, Nasarawa SACA (NASACA) Executive Director, says SNR's advocacy support also helped convince the state government of the need to respond in a more coordinated fashion.

Scores on OCAT (%) technical management area
Program planning and M&E

Figure 2

OCAT assessments were carried out twice (at baseline and mid-term) to assess the organizational and technical capacities of SACAs.



Gabriel Undelikwo, SACA Project Manager in Cross River State under the World Bank Project (which preceded SNR), agrees. He says that supporting the SACAs' transformation into state-recognized agencies is SNR's greatest accomplishment. In Cross River, 'The government first needed to appreciate how this would strengthen the response. That required advocacy to the state, the commissioner for health, the Clerk of the House of Assembly, and members of the House Health Committee.'

SNR facilitated advocacy meetings and meetings with the Ministry of Justice, which needed to review and gather input on the legislation. The legislation was fine-tuned, sent to the Executive Council, and then back to the House, where it was overwhelmingly approved.

Footnote 6

Local Government Area Committees on AIDS.

Key

	Use of NNRIMS
	Use of DHIS
	Data Quality Assessment
	Use of Geographic Information Systems
	M&E Strategic Planning

Supporting improved Monitoring and Evaluation

Undelikwo says that SNR's training programs in Cross River cut across all levels, from line ministries to LACAs.⁶ The results are 'that we have better structures to implement individual activities, from local government to line ministries. Not every state has this, and that's a big advantage, a big strength, for us.'

In particular, he is pleased with the improved monitoring and evaluation. However, he says, gaps remain. For example, he says data are not intended solely for the SACAs, but for local use as well: 'We need to promote the culture of using data at the local level and make it more 'friendly' for those who are not as technically sound.'

The Enugu SACA (ENSACA) Project Manager, Dr Christian Ani, says SNR support procured software and training on DHIS (the District Health Information System), and orientation to the NNRIMS (Nigerian National Response Information Management System) monitoring and evaluation framework. Ani says ENSACA is piloting decentralized collection of service data from service delivery points in the local government areas (LGAs). Staff have been trained in entering data from service provision forms directly into the DHIS, or they transmit data to the SACA 'and we collate, organize, and disseminate it.' If doubts arise about data quality, 'we work through it with them. This gives me confidence that we can continue to run after SNR has left.'

SNR simultaneously expanded monitoring and evaluation capacity in the health ministry, says Dr Chukwuma Igweagu, Director of Public Health in the Enugu Ministry of Health. SNR helped Igweagu's office procure computers and training on DHIS. 'The software went a long way toward transferring and sharing data. Before, it was difficult to even get the data from the local government level.'

The state strategic plans (SSPs) also call for increased staffing and training in monitoring and evaluation and establishment of M&E units. Salihu Hunkuyi, HIV/AIDS Coordinator for the Kaduna Ministry of Health, appreciated SNR's help in supporting the ministry to play a key stakeholder role in developing the SSPs. His ministry develops yearly work plans in alignment with the Kaduna SSP, and on that basis gained the authority to invest heavily in growing and building the capacity of the M&E unit.

Number of people trained in program M&E by state

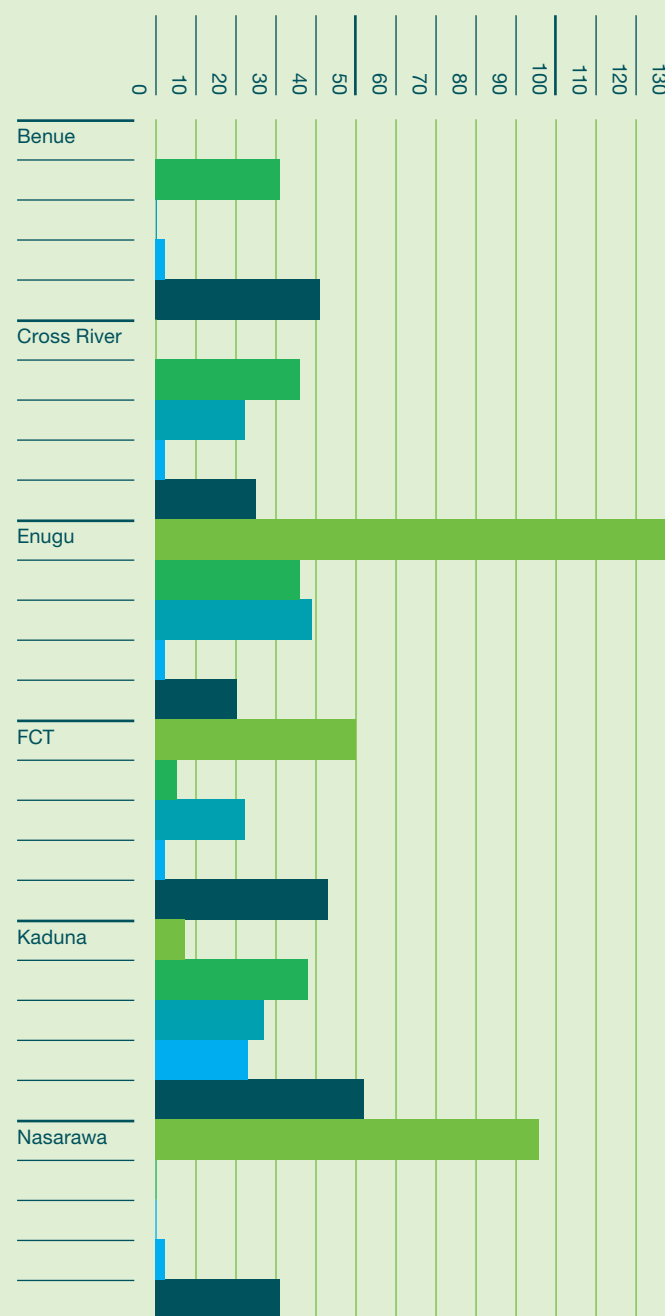


Figure 3

One of the key areas of SNR-supported training was capacity building of state-level counterparts in monitoring and evaluating programs. SNR contributed to the strengthening of the focal states' M&E unit in the various aspects of monitoring and evaluation activities.

Changes in the OCAT scores measuring program planning and M&E capacity

Prior to 2005, SACAs were not developing work plans or annual budgets. By supporting development and implementation of five-year state strategic plans, SNR helped SACAs better plan and coordinate activities. The SSPs provided a roadmap to coordinate the involvement and activities of all stakeholders. They also guided bilateral and multilateral partners who wished to establish or scale up activities.

SNR provided technical assistance to convene stakeholders, strengthen the consensus on the need to develop SSPs, and determine what they would include. Technical working groups were constituted to ensure that stakeholders' views were represented, and SNR engaged experts to provide support during all phases of development. The SSPs were developed with the participation of all sectors and stakeholders, but the process was led by the SACAs.

All five SNR states and the Federal Capital Territory have completed SSPs, and by May 2009, all had conducted mid-term evaluations of progress toward achieving their objectives. In 2010, the SSPs will be updated for another five-year period. The SACAs use the SSPs to create annual work plans and budgets. In fact, the SSPs now drive action planning and ensure that activities align with both national and state guidelines. They also serve as coordination platforms to assess partners' progress.

According to Dr Bako, writing a plan and costing it out were just the beginning in Nasarawa. He says line ministries now set aside funding specifically for HIV and AIDS activities. The challenge is getting the funds released. In 2007, Bako said N60 million was budgeted for the HIV and AIDS response, and about N40 million was released. *'To us this is not too bad, considering we were coming from zero.'*

Dr Ani says advocacy training helped promote improved government policies, which led to increased government commitment to the SACA and support for the stakeholder forum approach to planning. In 2008, ENSACA's budget allocation went from N100 million to N300 million. While most funds were not released, the commitment was genuine, and Ani says the release of a N20 million tranche is imminent.

Co-location as a capacity building strategy

Whenever possible, SNR and SACA staff operated from the same facilities. Called co-location, it allowed SNR staff to mentor, coach, and provide on-the-spot training and support for SACA and partner staff.

SNR Senior Capacity Development Advisor *Asiya Isuwa* says, *'Co-location led to optimal staffing. Where you didn't have it, offices didn't perform as well. You can't coach by proxy.'* Isuwa adds that co-location enhanced team spirit and encouraged staff to *'lose our identities and collaborate to deliver on SNR outputs.'*

Justina Ifeora, SNR Senior Technical Advisor for Enugu State, says co-location allowed SNR to have a much more direct impact on SACA staff than projects that provide support from afar. *'We offer coaching and mentoring, and we remain very close to the civil servants. When somebody is not doing their work, you're more likely to try to make a change when you have a constant presence.'*

Supporting the SACAs to improve coordination

Roseline Eigege, Nasarawa State Program Coordinator (based in the Ministry of Health), has a historical perspective. Before the SACAs were organized, a single coordinator led her state's HIV response from the health ministry, organizing meetings and workshops, 'whatever she felt like,' and all with a very small budget. However, since the SACA was capacitated, Eigege says, 'We have done very well in mobilizing resources, coordinating activities, and building the capacity of local groups to analyze critical issues and address them effectively.' Other line ministries now regularly share work plans and 'help us plan for how much [financial resources] will be needed.'

The line ministries have also become allies: 'they plead on our behalf, and when the funding is released, they let us know.' In characterizing how SNR worked with NASACA, Eigege says, 'It was like we entered the river, but couldn't swim out. SNR helped us learn to swim.'

Multisectoral coordination at all levels improved in Nasarawa: the actors developed and participated in 'coordinating platforms,' forums for stakeholders to discuss issues, measure progress, and make plans. The forums, led by the SACAs, include LACAs, civil society networks, development partners, line ministries, national business umbrella organizations, and faith-based organizations. There are also annual stakeholders' forums and quarterly technical working group meetings.

ENSACA Project Manager Dr Ani says that in these meetings, 'We discuss what we're doing, the challenges and how to tackle them, and we define roles and responsibilities to avoid competition and duplication of efforts.'

Dr Mark Anthony, Kaduna SACA (KADSACA) Program Manager and Director of Care and Treatment, was deployed from the Ministry of Health. His new department is responsible for coordinating care and treatment in Kaduna, including with the agencies that procure drugs for the state's 16 treatment centers.

Anthony says SNR helped SACA and state-level partners successfully coordinate activities across multiple sectors as well as with LACAs and line ministries. They do this through regular coordinating meetings and by reminding partners that all activities need to conform to the state strategic plan. Anthony praises KADSACA's effective coordination with civil society organization networks, stakeholders, the private sector, faith-based organizations, and people living with HIV. Cross River's SACA also strengthened linkages to stakeholders through the forums and other consultative processes, says SACA Project Manager Undelikwo, adding that 'CRSACA was doing some of that already, but now we do it better and achieve more impact.'

Supporting networks of civil society organizations

Daniel Bature is an executive of the Nasarawa chapter of the National Youth Network on HIV/AIDS (NYNETHA) and Secretary of the Interfaith Coalition. He says that interfaith activities to address HIV and AIDS had been 'nearly silent' in Nasarawa, so his group approached NASACA. Because of his interest, he says, 'We were ushered directly' to an SNR-supported capacity building workshop that helped them expand their coverage to the LGA (local government area) level.

Bature says he was also encouraged to step down his training to NYNETHA membership. NYNETHA has been greatly strengthened by SNR support, growing from an umbrella organization representing just 12 local organizations in 2006 to a robust network of over 30 today.

Bature's colleague, NYNETHA Finance Secretary Idorenyin Anthony Edet, says SNR invited NYNETHA to a two-week leadership and management training. Among the insights he took away were an understanding of why some networks fail: 'The pioneers may have a vision, but until they 'sell' the organization's purpose and vision to the membership, members' differing expectations make sustainability a problem.'

Idorenyin says that NYNETHA is now effectively coordinating its members' activities and sharing information through regular meetings and step-down trainings. He feels NYNETHA is on the verge of being financially sustainable, but will need additional support to achieve its vision of expanding funding and membership to support a dedicated, professional program staff.

SNR's supporting, not leading, role

Edet and Bature both appreciate the fact that SNR works in the background: 'NASACA calls for the training, though SNR may support it. This encourages people to rely on NASACA.'

For SNR Senior Capacity Development Advisor Isuwa, 'SNR was unique in that it was not designed to provide services, but rather build the capacity of SACA and partners to perform a priority function.'

Dr Bako also appreciated the states' ability to take the lead. 'SACAs are participating in planning and identifying issues, while SNR is waiting in the background rather than just stepping in.' Because of SNR's systematic disengagement, Bako says, 'When the donor leaves, we can use the model they helped create to maintain this coordination platform.'

Lessons and recommendations

The transformation of SACAs into agencies was the most critical success factor, and should be scaled up. According to Isuwa, 'In states that haven't achieved that, you can see the difference. HIV does not have the same import.' The scale-up should occur within states as well, he says — to more and more remote LGAs.

Development of the SSPs was another critical factor to the SACAs moving away from ad hoc activities toward becoming truly coordinative bodies. The SSPs allowed SACAs to monitor, evaluate, and verify the work against targets and outputs.

Resource mobilization is a continuing problem for SACAs and stakeholders. For stakeholders, the need for ongoing support to write fundable proposals is obvious. For the states, resource mobilization is tied to advocacy: some states are increasing budgets, but then do not release the funds.

Dr Bako and network staff recommend that the overall response be 'professionalized' to improve the chances of sustainability. Networks, now preponderantly staffed by volunteers, need funding continuity to develop a professional staff that can step down and sustain capacity within the networks. 'That is a key exit strategy,' Bako says.

Isah Dansallah, Coordinator of the Kaduna chapter of the National Network of People Living with HIV/AIDS (NEPWHAN), identifies the chief challenge as sustaining progress. As new agencies, SACAs are not fully staffed, and many staff are seconded from line ministries. 'They are new and untrained in how SACAs function,' Dansallah says. He recommends that such staff be quickly trained to understand how SACAs work: 'We want group, not individual, decision-making.'

Emmanuel Bonet, Kaduna Coordinator for Civil Society for HIV/AIDS in Nigeria (CiSHAN), agrees. 'Thirty-five staff were built up by SNR, but now there are only three in SACA. If the new people from the civil service have a different orientation, KADSACA may not be sustainable.'

Output 2
Improving access
to services along the prevention-to-
care continuum for vulnerable populations
at all levels. SNR wanted to
increase demand for services, irrespective
of economic or educational status or
gender, and especially by those considered
most at risk, including sex workers,
youth, healthcare providers, and people
living with HIV/AIDS.

To do this, SNR supported Local Government Area Committees on AIDS (LACAs) to identify local partners and service providers, catalog which services they provided, and assess their capacity and needs. SNR then supported states, networks, and service providers to improve coordination, increase the quality and level of services provided, and strengthen monitoring and evaluation.

Supporting state and local governments

Zubainatu Aliyu works for the Social Development Secretariat, the line ministry in the Federal Capital Territory (FCT) responsible for women, children, and youth. She is the Secretariat's representative on the FCT Action Committee on AIDS (FACA), the FCT's equivalent of a SACA.

The Secretariat promotes HIV prevention through many venues, including carnivals, outreach to the National Youth Service Corps, and during Youth International Week. When people test HIV-positive at such events, Aliyu says they are referred to a network of organizations retained by the Secretariat that provide follow-up counseling and testing and referrals to other service points. Aliyu says SNR-supported trainings helped them better understand how to go about coordinating activities throughout the FCT.

SNR also provided the Secretariat with training on resource mobilization. One measure of success is that the FCT Administration now provides the Secretariat with annual funding for HIV/AIDS programs. More importantly, the improvements have been visible to their target populations, and as a result, *“the number asking for testing has increased, whereas before you had to convince them.”*

Aliyu says the Secretariat now offers much higher quality services to people living with HIV or AIDS, including registration, referrals for CD4 counts, ART services, advice on diet and positive living, and referrals to support groups.

FASCP (the FCT AIDS and STI Control Program) coordinates activities among public and private hospitals and other health facilities, including those in prisons. SNR supported FASCP to develop a Health Sector Strategic Plan (HSSP) to guide its HIV/AIDS programming (one of three states supported by SNR to develop such a plan).

Pharmacist Musa Alhassan says SNR's training in budgeting and budget tracking was also crucial to FASCP, especially after recent budget cuts. SNR assisted FASCP to develop a plan for the current fiscal year, which the World Bank recently announced it would fund. SNR also helped FASCP create a steering committee to track a statewide budget for commodities, lab and lab equipment, and drugs. SNR supported the convening of a health sector partners' forum to make all the players in the state aware of, and better coordinate, their activities. Finally, SNR training in monitoring and evaluation 'evangelized' FASCP-supported partners to provide up-to-date details on client flow and management.

Supporting Networks and Communities

Improved coordination is evident at the LACA and LGA levels as well. For example, [Offiong Effanga](#), LACA Coordinator for Calabar Municipality in Cross River State, says that SNR-supported trainings — ‘[so many I can’t recall them all](#)’ — enabled LACA to form three committees in the municipality: community drivers of change (12 members), community nodes (or service delivery points, 20 members), and STAR facilitators (10 members).

‘[Due to the commitment of the members,](#)’ says Effanga, the committees continue to meet every month to coordinate plans and activities, even though the LGAs have not been able to provide promised funding. She appreciates the clarity in roles and responsibilities that SNR catalyzed. For example, if an LGA chairman doesn’t return a call or the work plan is unclear, the LACA seeks advice from the SACA: ‘[Like a mother to a child, they’re our supervising agency.](#)’

In Benue State, SNR conducted assessments of the NGO networks, including CiSHAN (Civil Society for HIV/AIDS in Nigeria). While the assessment found that CiSHAN had many gaps, it was better organized and more coordinated than others. Moreover, it was specifically targeting HIV/AIDS. ‘[So SNR decided they wanted to work with us,](#)’ says [Rosemary Hua](#), CiSHAN Coordinator for the Benue branch. Hua says SNR provided training in advocacy, networking, resource mobilization, private sector engagement, and strategic behavioral communication.

Since then, she says, ‘[our coordination role has really improved.](#)’ SACA also noted the improvement, and now ‘[recognizes CiSHAN as the coordinating body... the important network.](#)’ Hua steps down CiSHAN’s improved advocacy skills through mentoring and on-the-job training for network members.

CiSHAN, like other networks and civil society organizations in Nigeria, struggles to obtain funding to sustain operations. Most of its budget comes from dues from its 56 member organizations, and SNR has provided funding, as has the national office. But it operates on a shoestring out of borrowed headquarters with an all-volunteer staff and no office equipment.

SNR supported networks and communities to improve data collection. [Josephine Okwor](#), LACA Focal Person for Enugu East, says that before SNR began, there were few service delivery points in her area, antiretroviral treatment was unavailable, and, despite years of information campaigns, many still thought HIV could be contracted through hugs and handshakes. There was no coordinating body and no record-keeping.

When SNR began, Okwor recalls, ‘[we had 20-plus workshops.](#)’ One of them introduced the NNRIMS (the Nigerian National Response Information Management System) framework as part of an effort to promote adherence to national data collection and reporting protocols locally. The information was stepped down in stakeholders’ forums attended by the LACAs’ 17 monitoring and evaluation officers and many service providers. The discussion included ways to collaborate so that ‘[we know where the data should be coming from, how it will be collected, who to collect it from, and who will collect it.](#)’

[Akawu Allu](#) is Coordinator of the Nasarawa Network of People Living with HIV/AIDS (NASNET), which coordinates activities of about 800 HIV and AIDS support groups statewide. Begun as a support group in 2001, NASNET achieved its spectacular growth through its engagement with SNR and NASACA.

The transformation began through a seven-day SNR-supported project leadership and management training. The four key ideas Allu internalized from the training were that successful organizations have a clear work plan, share leadership responsibilities, have clear organizational structures, and prepare for human and financial crises. Allu says that NASNET’s work plan — an outcome of the training — is ‘[not just a guide to lead us where we want to go, \[but\] keeps us from scattering and helps us identify resources.](#)’ With SNR support, NASNET has steadily strengthened and now holds regular elections and has ‘[a full slate \[of staff\] at the management level.](#)’

Footnote 7

Guidelines were printed or reprinted on HIV counseling and testing, palliative care, syndromic management of sexually transmitted infections, prevention of mother-to-child transmission of HIV, adult and pediatric antiretroviral treatment, and orphans and other vulnerable children.

Footnote 8

The courses were supported by the HIV/AIDS Division of the Federal Ministry of Health.

Footnote 9

Rapid Assessment of the Effect of Dissemination of Selected National Guidelines on HIV/AIDS/STI Service Delivery in Nigeria: Draft Report (FHI, 2009).

Dissemination of National Service Guidelines

Another SNR intervention to promote access to quality services was to print and distribute to all health facilities in SNR states Nigeria's national guidelines and service protocols in all the major thematic areas.⁷

Ibrahim Bichi, SNR Senior Technical Advisor in Kaduna State, says that even though the Kaduna Ministry of Health helped develop the guidelines, it was not effectively disseminating or implementing them. With SNR and others' support, 30,000 copies were printed and distributed to healthcare facilities in all six SNR-supported states. SNR followed up with two-week orientation and refresher courses on all the guidelines.⁸

SNR recently completed a rapid assessment to measure the extent to which the national guidelines reached facilities and service providers; whether providers' knowledge, skills, and practices were consistent with selected procedures described in the guidelines; and to what extent use of the guidelines contributed to quality of services. The study found that the dissemination of the national guidelines had a positive effect on the quality of HIV/AIDS services, but that performance of health providers deteriorated over time, especially after external support and reinforcement were removed.

The report advised that continuous and regular training would be required to sustain gains — especially since HIV support, care, and treatment standards are continuously changing.

Grace Wende, Executive Secretary of the Benue SACA (BENSACA), and formerly with the Ministry of Health, said national service quality guidelines were not widely adhered to in her state either: 'We had the financial, but not the human, resources to effectively deliver services in line with the national guidelines.' SNR's support to print and disseminate national service provision guidelines, along with the orientation, helped build the ministry's capacity to deliver services with higher quality standards.⁹

Compliance with national HIV testing protocol

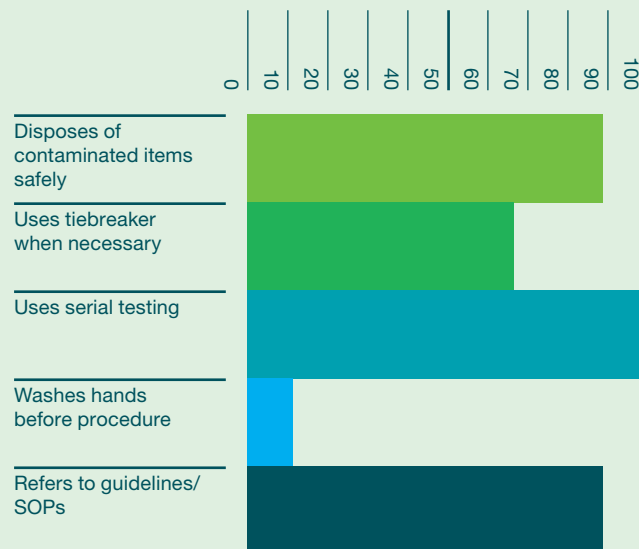


Figure 4

Results of the rapid assessment among 36 selected health facilities in FCT and Kaduna states May 2009, Percentage of health providers observed that complied with the National Protocol on HIV Testing.

Promoting prevention and behavior change

SNR supported preventive services at the state and local levels through a collaboration with the BBC World Service Trust, engagement with the private sector and line ministries such as Health, Education, Information, and Agriculture, as well as with media in the six states.

For example, a media engagement activity trained media practitioners and managers on appropriate HIV programming. States were assisted to develop culturally specific media messages to promote behavioral change, and each state developed and printed its own strategic behavioral communications (SBC) framework. The frameworks describe a common strategic vision for each state.

James Edem Ogar, Controller of Production, Cross River Broadcasting Corporation (CRBC), attended a 2007 workshop sponsored by the Cross River SACA, the BBC, and SNR on producing media programming with HIV/AIDS content that effectively targets youth. Since then, every edition of the radio show he produces, 'Youth Forum,' includes two segments with HIV/AIDS-related content: a discussion and call-in feature, and a short drama called 'Imagine Africa.' Topics include the use of condoms and the symptoms of HIV or AIDS. The workshop helped Ogar present content in ways that are technically correct and appealing to his audience.

For example, he says, 'The right way is not to start with AIDS; you start with HIV. You don't say someone is a 'victim' of the epidemic, and you don't call it 'the scourge' or 'the dreaded disease'; you say he is HIV-affected or he is living positively.'

Another technique he learned is to intersperse the show's HIV content with elements that attract listeners, especially good music. 'We developed [a show with] a captivating signature tune, and entertainment news mixed with 'very hot gems' that should interest youth.'

Ogar says that during broadcasts, people call in, so the station knows by the number of calls and types of questions asked about its impact. 'There are still people who don't want to come out [as positive], so they like to find out things through the radio.' When people call in, 'they ask questions very openly, such as what are the symptoms of HIV.' More evidence is that when the CRBC preempts the show or delays broadcast, 'We get a lot of calls asking what's wrong.'

Renewed Initiative against Diseases and Poverty (RENEGAIDS) has focused on HIV prevention among sex workers since 2004. National Coordinator Alban Menkiti-Samuel Anonyuo says SNR's support in developing strategic behavioral communication materials 'has done wonders to make our messages more target-specific as well as improve pre-testing to ensure maximum uptake and effectiveness.' Anonyuo says their SBC messages had been too generic, 'Do this, do that,' and were not motivating the target audience.

RENEGAIDS is now working under a three-year grant from FACA to promote safer sex practices in three communities. Through site mappings, they determine where 'hotspots' are, identify 'gatekeepers' to disseminate information and champion change messages, and organize community stakeholder meetings. In one hotspot that was experiencing a high turnover of sex workers due to recent building demolitions, RENEGAIDS found the 'no condom, no sex' policy they were promoting had been adopted 'to the extent that non-compliers were being ostracized.'

Imam Fouad Adeyemi directs the Al'Habibiyyah Islamic Society, a faith-based organization that provides a range of services in Abuja, including a food bank, education programs, lectures on religious themes, prayer groups, and HIV prevention activities. Fouad is also the Muslim representative on FACA's board.

One of the chief obstacles to HIV prevention in the Muslim community, he says, is 'lack of knowledge and unwillingness to know.' Fouad credits SNR with helping the Society add HIV to its programming. SNR 'provided training, workshops, and seminars that exposed us to HIV programming.' The Society now organizes an annual 'teenage workshop,' whose aim is to 'progressively deepen Muslim youth's understanding of what HIV is and how to combat it.' In the imam's Friday talks, he tells his listeners that HIV infection can be transmitted in many ways, is not a punishment but a problem, and like any problem 'it should be mainstreamed with other issues of concern to our community.'

The importance of HIV/AIDS mainstreaming

One way to stretch scarce resources is through mainstreaming HIV/AIDS into all activities. Mainstreaming works by building skills of non-expert or 'focal' staff to respond appropriately as opportunities arise. SNR supported mainstreaming training for almost 1,700 people through March 2009.

Angela Gbamite, the HIV focal person in the Enugu State Ministry of Gender Affairs and Social Development, leads a unit of six whose role is to mainstream HIV and AIDS into the work of all the line ministries. The previous practice, she says, was 'to relax and wait for money to be released. But HIV happens every day, so we had to intervene, even with those who come to the office on a daily basis.'

Gbamite's office mainstreams HIV issues opportunistically. For example, ministry staff may bring issues to her that they come across in their daily work. 'Maybe a husband and wife have some problems. She may refuse to sleep with him for fear he has girlfriends on the side.' So the HIV-responsible person in that department will counsel the husband about condoms. 'That makes our little money go further.'

Gbamite pioneered an innovation at the 'August meetings' held each year in Enugu villages for women (even those who no longer live there) to discuss their problems. Gbamite takes advantage of this existing social networking event to promote stigma reduction and the need to provide care for orphans and other vulnerable children and for people living with HIV/AIDS.

Another of her innovations is 'social mothers.' Girls who become pregnant can go to hospitals or shelters for care and support, and then anonymously offer their babies for adoption. They are advised on HIV risks, use of condoms, and negotiation skills. Pregnancy rates have gone down. For those Gbamite calls 'repeaters,' she makes sure the girls are not exploited or the babies sold.

Gbamite says, 'I'm really passionate about this, there's so much not yet done.' For example, she thinks mainstreaming of HIV should be accompanied by gender mainstreaming. 'In fact, there's no way to talk about one without the other, because of physiology in part, but especially because of culture. Here, a woman can't say no.'

Conclusion

SNR has evidence that the increased uptake of services was related to the synergy among multiple actors in the sector, including state and local governments and other HIV/AIDS projects like GHAIN (the Global HIV/AIDS Initiative Nigeria).

Platforms such as the LACA stakeholders' forums gave communities the right to demand services or the impetus to write a proposal to a development partner. The forums gave care providers, community-based organizations, religious leaders, youth representatives, women's organizations, transport workers, and community leaders a place and time to discuss issues and needs and take joint decisions.

Further trainings improved coordination, planning, awareness of service standards, monitoring and evaluation, and the quality and targeting of behavior change messages. The usual practice of involving all stakeholders, including end-users and civil society, in planning and implementing the response promoted acceptability. The practice of 'shadowing' — or coaching and mentoring in the background — built credibility and skills among those who are ultimately responsible for the response.

Because not all the training made it to the grassroots, future emphasis should be on expanding skills locally, perhaps by supporting development of locally based CBOs that specialize in training.

Footnote 10

Purdah refers to the physical and social segregation of Muslim women, a common practice among Muslim families in Kaduna State.

Output 3
Reduction in HIV/
AIDS-related stigma through promotion of
the rights of vulnerable people.

Addressing stigma
was a high SNR priority. When stigma
is reduced, opportunities exist for earlier
and more effective prevention
activities, including the promotion
of 'positive living.'

Through the rights-based STAR methodology, SNR promoted best practices, supported community leaders of change, encouraged traditional rulers to promote behavior change, created support groups for people living with HIV or AIDS, and reached hard-to-reach populations such as women living in purdah.¹⁰ This helped increase access to HIV and AIDS services and demand for counseling and testing, and led to earlier interventions to manage sexually transmitted and opportunistic infections.

**Influencing policies
with a rights-based approach**

SNR used ActionAid International's STAR (Societies Tackling AIDS through Rights) methodology to reduce stigma and empower people at the community level by promoting communication/relational skills, rights, health, and community dialogue. The methodology provides vulnerable groups, especially women and people living with HIV and AIDS, with skills aimed at HIV prevention and stigma reduction by focusing on relationships, communication, and planning adapted to local environments.

Obiageli Udenigwe, Enugu SACA (ENSACA) Gender Advocacy and Policy Officer, works with community drivers of change and local policy groups — advising them on 'how they can get what they need to carry out their work,' including formation of HIV/AIDS clubs in schools, gender mainstreaming, and resource mobilization.

Udenigwe says ENSACA engages community facilitators through the STAR methodology to tackle issues by themselves. In one community, this led to establishment of a health post that provides medical services locally, including HIV counseling and testing and referrals.

ENSACA has also engaged traditional rulers, religious leaders, and members of the Coalition of Enugu State Support Groups Organization (CESSGO), an organization of people living with HIV and AIDS. One traditional ruler donated land to grow food to support orphans and other vulnerable children. Another received a letter from his community saying that someone died of AIDS and they wanted to throw the body into the evil forest. He wrote back to insist that the person instead be given full burial rites.

Supporting enlightened messaging

John Akpus, Arts Editor with the New Nigerian Newspapers, is a founding member of the Media and Development Project, a group of journalists that promotes accurate reporting on health issues such as reproductive health and HIV and AIDS.

Akpus says that through SNR project activities, 'I learned how to report accurately [on HIV/AIDS] and to do so using the right language.' In 2006, Akpus attended an SNR-supported training; he posted a story about it on a well-known electronic bulletin board for Nigerian journalists. The story caught the attention of the SNR Program Director, who invited Akpus to become an SNR media partner in Kaduna. 'Now I attend and report on all the trainings that take place here,' he says.

Akpus and others are fighting stigma. Working with network organizations in Kaduna, Akpus helped expose discrimination against people living with HIV at the local police college. In violation of Nigerian law and human rights, the college administration had misused HIV test results to expel 26 police candidates just 10 days before they were to graduate. 'NEPHWAN, CiSHAN, and I came together and fought the police to a standstill using all we had learned' about the illegal dismissals. Finally, Akpus says, 'they were forced to recall all 26 expelled students.'

Emmanuel Bonet, CiSHAN's Kaduna Coordinator, worked with Akpus on this project. Bonet remembers with relish how he confronted an official at the police academy. 'I asked if he knew his HIV status, and when he said he didn't, I suggested he'd better find out in case he needed to be dismissed.' CiSHAN is working with counterparts in other states — and other organizations such as the Nigerian Union of Journalists and the Society for Family Health — to 'spread this movement nationwide.'

George Songu, NYNETHA (National Youth Network on HIV/AIDS) Coordinator, Benue chapter, says there are many village-based youth organizations, but very few that address HIV/AIDS or build capacity to respond at the community level.

To 'take the campaign to the grassroots,' NYNETHA sponsored a youth summit in late 2008. The main goal was to highlight the issues surrounding HIV in the state, including high prevalence. Over 250 youth from organizations around the state attended. Supported by the Benue State government, SACA, and SNR, youths led the presentations on issues they felt were most important and offered solutions.

The Youth Alliance against HIV and Social Ills (YASAN) presented on the consequences of 'indiscriminate sex among youth' and offered suggestions on 'how to make right choices.' Other issues included stigma and discrimination in the workplace, entrepreneurship to address unemployment, and ways to discourage use of alcohol. The proceedings were summarized in a communiqué that Songu says will be presented to the authorities with some action recommendations.

Hassan Obiya, Dissemination Officer for the Nasarawa Ministry of Information, says SNR-supported training helped him and his colleagues communicate about HIV and AIDS in a more 'enlightened' fashion. 'Before we would talk about 'victims,' he says. 'Now we say 'living with HIV.' The training helped change him from someone 'who used to run away' from people living with HIV to someone who now 'comfortably lives with HIV in my own house.'

At an SNR-supported workshop on messages and media materials development Obiya learned about the importance of developing HIV messages in conjunction with stakeholders and people living with HIV, and to pretest the messages to determine their potential effectiveness. He also appreciates the improved work planning at the state level that was accomplished with SNR support. The ministry's annual work plans now specify timelines and 'set out achievable goals for specific audiences.'

Footnote 11

Stepping Stones is a training package on HIV/AIDS, gender issues, communication, and relationship skills. See www.stratshope.org/t-training.htm

Developing community drivers of change

Aishatu Mohammed and Muhammad Ahmad Labaran are 'community drivers of change,' influential local activists and opinion leaders, in the Federal Capital Territory.

Aishatu is the Founder and Secretary of the Jiwa Women's Cooperative Society, and Labaran is a Program Officer with the Jomorota Community Care Initiative. Aishatu says she has been working with NGOs for many years, but noticed a difference with SNR, which 'liked to reach the grassroots' and did not work solely in urban areas. SNR's training has helped reduce stigma greatly, 'from 100 percent to less than 5 percent,' she says jokingly.

She has participated in trainings in leadership, gender mainstreaming, the STAR process, resource mobilization and advocacy, and Stepping Stones.¹¹ As a result of the work she and other drivers of change have been capacitated to do, she's seen improvement in people's willingness to receive HIV counseling and testing. Formerly, when a woman's husband died of AIDS, people would call her names. 'But now they have learned that the only way you'll know if you're 'like your husband' is to be tested, and even if you're positive, you'll know what to do and how to live with it.'

Aishatu relates how she engages local and religious leaders into supporting a community response. She visits the chief, he calls the imam, and they talk. 'I give him the information and remind him we're doing this to save our people.' She says this approach never fails. Aishatu organizes small gatherings of community members where she reviews the names of human organs in the local language: eyes, hands, legs. Then she moves on to word for vagina and penis, which are sometimes taboo to say out loud. 'People scream and laugh, but I say, 'these are the names, learn to say them aloud, you should understand all your parts.'

One of Aishatu's key prevention messages is to ask couples to build harmony in the home by empathizing with each other. To the women she says, 'Don't shy away from your husbands, even after giving birth. Let the baby go for two minutes.' To the men who complain their wives don't welcome them in bed or cook them a nice soup, she says, 'Why don't you spend less time with your girlfriend and leave your wife more money to buy what she needs for that soup?'

Labaran says that before SNR came around, 'We generated resources through our own work because of the passion we had' to save our communities. 'But SNR built our capacity to take our work to the next level.' With training in resource mobilization and advocacy, 'the proposals we used to write that received no response' are now receiving funding.

Both Labaran and Aishatu recommend that more prominent supervision from a body like FACA (the Federal Capital Territory's equivalent to SACA) would send a clear message that would motivate communities. They also recommend promoting registration of community-based organizations so that they can advocate as one for recognition and funding. With the proper level of advocacy from FACA, they believe it is possible to generate resources at the local level to coordinate a sufficient response to HIV. For example, they would like to see more use of 'speaker vans' to penetrate hard-to-reach areas with HIV counseling and testing, and collateral such as T-shirts, handbills, and other motivational gifts.

Rifkatu Mohammed is Director of Women with Disability Self-Reliance Centre, a community-based organization in Kaduna State devoted to promoting the rights of and supporting people with disabilities, an especially vulnerable group in Nigeria.

Mohammed says she often finds herself having to explain that people with disabilities are not necessarily sexually disabled, have the same desires and the same vulnerability to HIV as others, and benefit from the same methods of protecting against it. Yet disabled people have a much harder time finding employment and suffer very high poverty rates. Many are subject to sexual abuse and rape, not only because of disability but local beliefs as well (such as that having sex with a disabled person can cure someone of HIV). People with disabilities struggle against being defined by Nigerian society as less than human, and they are commonly excluded from social and community activities, including local responses to HIV.

Mohammed's group organized sensitization events as part of Kaduna State's observance of World Disability Day in 2007. The programs were sponsored by the State Ministry of Women's Affairs and were supported by SNR. Over 400 people attended a seminar and lecture at the Women's Multipurpose Center in Kaduna, and over 1,500 attended events at other venues, such as schools and rehabilitation centers.

Strengthening networks

Isah Dansallah, Coordinator of the Kaduna chapter of NEPHWAN (Network of People Living with HIV and AIDS), says that, for him, SNR's major achievement was to strengthen umbrella organizations like his. Since working with SNR, NEPHWAN's 17 member organizations grew to 113, and now represent over 15,000 people.

With SNR assistance, NEPHWAN established zonal offices and local government chapters. Dansallah says this improved coordination made local activities more effective and helped decentralize services to local levels. NEPHWAN is also doing well in mobilizing resources, Dansallah says. In 2008, they raised over N4.5 million in a single fundraiser. The funds allowed them to rent and furnish office space and employ an office assistant. From their new location, NEPHWAN is stepping down training on resource mobilization to its community-level membership.

Humphrey Ubanyi is Coordinator of CESSGO, a network similar to NEPHWAN. He says that before SNR was around, 'many could not come out to face a camera or talk on the radio.' But after much training — in positive living, basic facts about HIV, stigma reduction, and provision of palliative and home-based care — it became easier. 'Life was enhanced to the point that many started coming out, and the membership in the support groups increased.'

At that point, CESSGO realized it had to decentralize and expand the number of support groups. Membership in the network has grown from seven in 2005 to 25 today. SNR followed up this development with training for new groups and members on how to run and finance an organization. Resource mobilization training enabled some support groups to obtain money from local organizations, governments, and churches.

In addition, SNR funded home-based care interventions and nutritional support for members to share at meetings. As of December 2008, about 240 new support groups had been formed with SNR's encouragement and support.

Fighting stigma from within

John Akpus was mocked by his coworkers and editor for his HIV stories. 'We want political stories,' his editor would say. He also endured stigma — some coworkers wouldn't even take a seat in his office. So he invited a representative from NEPHWAN to speak to his newspaper colleagues. 'They couldn't believe he was positive,' Akpus says, 'and they asked me to put his story in the paper. The reaction was immediate. At the next editorial board meeting, the editor wanted to assign someone to write about HIV and stigma. But I opted out so someone else could acquire the knowledge to do the story.'

Akpus says he now considers his editorial board to be 'HIV-friendly,' and his editorial advice is constantly sought. To expand this expertise, Akpus founded the Media and Development Project. With a membership of 15, the MDP is now steadily increasing the level and quality of coverage of HIV issues.

In Benue, SNR helped the Ministry of Health fight stigma within its ranks. Grace Wende, Executive Director of BENSACA (but formerly with the Ministry of Health), says 'SNR training helped us look at our role in promoting universal precautions' and improved the knowledge, attitudes, and behavior of nurses and other providers. SNR extended this training to health-care workers in faith-based facilities. Evidence of success, she says, is the increased numbers of people requesting HIV counseling and testing and 'coming out' publicly with their HIV status.

Conclusion

SNR's work to reduce stigma has taken on a life of its own. People who feared coming out are now 'living positively,' and are leaders in local support, service provisions, advocacy groups, and state-level networks.

Specialists in the media and government have been trained to communicate accurately and objectively on HIV-related issues, and to craft and pretest messages that will reach their intended audiences.

Others have been armed with tools and resources to engage local and state governments and legislatures to create or strengthen the policy and legal frameworks that allow people living with or affected by HIV to live openly and access services to which they are entitled.

The reduction in stigma allowed people to band together to demand quality services, and motivated local and state governments to do a better job providing them. And on a personal level, reduced stigma allowed people to openly declare their status, live positively, and return to being active participants in their communities' social and economic life.

Output 4

Lessons learned inform ongoing program activities and broader national response.

SNR applied lessons
through regular management progress
reviews with consortium and implementing
partners and with the UK Department
for International Development.

The five SNR 'outputs' flowed from its 'logical framework,' which organized activities and listed the indicators that would serve as measures of achievement. SNR also used its own project performance monitoring plan (PMP) and an external Program Advisory Council representing national, donor, and implementing stakeholders to review progress. As the program progressed, adjustments were made to capitalize on what worked well, take advantage of new knowledge, and respond to the evolving policy and legal landscape.

Adjusting the mix of partners and methodologies

SNR staff realized the program would have more impact locally if they worked through civil society organizations (CSOs) as well as local government, service providers, and individuals, and so increased the emphasis on strengthening of CSOs and CSO networks as well as advocacy for the formation of locally based support groups.

Another mid-course modification was to reduce emphasis on formation of 'community nodes,' or local service delivery points. While community nodes were intended to ensure that LACAs and other local stakeholders could more effectively coordinate the response at the community level, SNR realized that the STAR methodology would work better to accomplish this. So instead of supporting more community nodes to exist alongside LACAs, LACA stakeholders' forums were used to accomplish the same result without creation of new institutions. This flexibility allowed the SNR Program to support capacity building across the board during a short time.

SNR Senior Monitoring and Evaluation Advisor [Emeka Nwankwo](#) says, 'We may not have set down all the processes required for sustainability, but within our time-frame that would not have been a reasonable goal. In health systems strengthening, you cannot jump straight to institution building if you don't start with the people. When we realized this, we focused on capacity building and yet more capacity building, and it paid off.'

Footnote 12

When she revealed her status, Yakubu's husband asked her to leave the house. They have since divorced.

Learning lessons from how others respond

One of SNR's major accomplishments was supporting community leaders to learn from the best practices of those who have gone before them. One of the most effective activities was the organization of study tours that introduced community leaders to the principles of advocacy and resource mobilization that they could adapt to help their own communities better understand HIV and AIDS and adopt effective and sustainable responses.

One such tour was organized for leaders of state networks of people living with HIV and AIDS. One participant, Mothers' Welfare Group (MWG) volunteer Aisha Yakubu, joined MWG after nearly dying of complications of AIDS and being 'resuscitated' at an MWG hospice. Through her volunteer work she participated in SNR-supported trainings, including positive living, message and media materials development, budget analysis and advocacy, Muslim family life education, and strategic behavioral change.

In 2007, Yakubu and 11 others visited a variety of community-based organizations in Uganda, including the pioneering care and support organization TASO (The AIDS Support Organization), TASO project sites, health facilities, and the Uganda AIDS Commission to learn how Uganda is successfully coordinating its response.

The confidence Yakubu gained from this visit enabled her to 'come out' as HIV-positive — the first woman in purdah in Kaduna State to do so. She also gained the courage to go door-to-door to offer her messages and provide counseling and testing using same-day HIV test kits. 'If people test positive,' Yakubu says, 'I don't just refer them, I take them [to the health facility] myself.' After Yakubu had been taking antiretrovirals for some time, 'I was looking good and going to work.'¹² Seeing how healthy she looks, she says people continually ask her, 'Are you really positive?' to which Yakubu replies, 'Yes I am!'

According to Bichi, other participants were equally affected by the tour of Uganda. When people returned, they met with community members and local and religious leaders to sensitize them on the issues and introduce them to local prevention responses that had been effective. They then passed these messages along to their constituencies by holding meetings and inviting people to 'open up.' Bichi said this approach was particularly successful with imams and traditional leaders. 'They told people that HIV/AIDS is real, recognizes no religious boundaries, and is not only transmitted sexually.'

Above all, imams learned not to see HIV as a woman's disease or women's fault. When these messages came from imams, 'that definitely broke the barrier,' Bichi says, and people's demand for HIV/AIDS services began to increase.

Engaging traditional rulers to disseminate lessons

Ter Makurdi, HRH Chief Sule Abenga, Chairman of the Makurdi Local Government Traditional Council in Benue State, says 'Everything I know about HIV/AIDS I dedicate to SNR.' Ter Makurdi says SNR was the first to involve him directly in HIV when he was invited to Nigeria's first national conference on HIV and AIDS, and later to join a study tour of South Africa.

During the study tour, he saw how the effects of HIV and AIDS were being addressed. He also had the chance to share what he had learned about principles of community leadership. Ter Makurdi says that in South Africa, 'I became fascinated with the establishment of youth centers. I saw the need to engage youth in the fight. Youth centers create activities that occupy the minds of youth and can educate them about HIV and AIDS with drama, dancing, and music.'

Ter Makurdi is one of 23 'second-class' senior traditional rulers in Benue State, and reports directly to the state's Tor Tiv, paramount ruler of the Tiv people. Traditional rulers in Nigeria keep in close touch with the grassroots in ways that conventional government cannot: through a network of district heads, kindred heads, and tax collectors that live in the most remote communities, arbitrating legal and personal problems and keeping a finger on local sentiment.

In March 2008, Ter Makurdi organized the Royal Summit on HIV and AIDS in Benue State, the first of its kind in Nigeria. Sponsored by the Benue State government, all the traditional rulers attended, as did the federal Ministry of Health, NACA, and civil society organizations. Participants presented papers whose messages were that 'AIDS is real and here's what can be done about it.' Ter Makurdi's presentation was on the roles and functions of traditional leaders in facilitating an effective response. 'From then on,' he says, 'HIV was no longer a new thing' in Benue.

Ter Makurdi and his fellow chiefs and subordinates are doing what they can to put the messages from the Royal Summit into practice. He considers the 'level of the end users of the message.' For example, 'When we preach about how to avoid contracting HIV and AIDS, we don't emphasize condoms. We feel, for the young ones, abstinence is best. They should get married instead.'

Ter Makurdi also introduced traditional methods of discipline. For example, he knew drug or alcohol use can lead to poor decision-making and increase risk of HIV transmission, so he banned locally brewed traditional gin. In addition, he asked that wakes not go all night, as is traditional in Benue State, because they create opportunities for unsafe behavior, especially among youth.

Footnote 13

Most SACA staff do not have M&E backgrounds or training; they are seconded or redeployed to this new agency from other disciplines, and so need to be brought up to speed.

Footnote 14

SASCP gets the kits free from the Ministry of Health, the World Bank, and the Clinton Foundation, so an added benefit was that they were efficiently distributed.

Improving M&E through better coordination

In SNR's work to strengthen monitoring and evaluation at state and national levels, the lessons learned informed — in fact were the impetus for — the development of the M&E Roadmap. It was clear that data collection and data flow process were not well coordinated, that reporting from development and implementing partners to state agencies was inconsistent, and that there was poor understanding of national M&E standards.

To solve these problems, SNR supported the development and dissemination of the roadmap, and advocated for the SACAs to be designated as the coordinating bodies that would ensure facilities collect and submit data on a regular basis.

The Reverend Michael Edu, M&E Manager for the Cross River SACA, says that to get the M&E Roadmap up and fully functioning, more training will be needed to deepen and broaden M&E understanding and skills. He also recommends that the M&E Roadmap be continuously revised and updated and that key resource persons, such as M&E officers from the SACAs, LACAs, and LGAs, be involved in the revisions. Weak data management and the 'very, very low IT [information technology] skills' will also need to be addressed, he says.

Finally, Edu thinks M&E staff need more core training on 'what M&E is all about, which goes beyond what can be provided in one- or two-day workshops.'¹³

Obasesam Edet is an M&E Officer in the Cross River State AIDS and STI Control Program (SASCP), the department in the Ministry of Health that collects all health-based service data from public and private health facilities.

Ministries of health, along with all the other line ministries, community-based organizations, and LGAs, send the data to their SACAs. Because SACAs are responsible for coordinating the entire multi-sectoral response, they must compile (and assess the quality of) all health- and non-health-based data concerning the response and send it to NACA for collation and publication.

Edet says SASCP's M&E capacity was increased across the board: they learned how to use the DHIS (District Health Information System) to better implement data collection and management protocols, conduct data quality analysis, and use national registers and tools. 'We have been part of the repositioning of M&E in the country,' he says.

Edet appreciates that the SNR-supported training was expanded beyond the state level to local levels. He says a continuing challenge is that some private facilities don't want to forward their data. 'They say, 'What have you done for us?'' He convinces them with incentives: 'If you want support from us you have to show us what you're doing.' Another way SASCP encourages compliance is to provide free HIV test kits. 'When they come to restock they bring the data.'¹⁴ Other incentives are the provision of client intake forms and invitations to participate in monthly M&E meetings. Edet says that next steps for SASCP will be to provide more training on the state's M&E plan as well as orientation on national guidelines.

Sharing lessons regionally and locally

The Cross River SACA convened a 'South–South Zone of Nigeria' meeting to disseminate lessons learned from SNR. SACAs from the five other states in this zone (Edo, Delta, Rivers, Bayelsa, and Akwa Ibom) participated. Since the conclusion of the meeting, three of those states have completed revisions of their strategic and operational plans, and 30–50 stakeholders received SNR-supported training on how to coordinate an expanded comprehensive response.

SNR developed outreach materials to disseminate lessons and best practices learned locally. For example, targeted communications vehicles reached people living with HIV and AIDS and their support providers with information and advice on managing their health.

'Action for Life' is a series of newsletters published by the Enugu SACA (ENSACA). Issues were devoted to single themes, such as positive living, voluntary counseling and testing, and stigma reduction. The articles provided advice on nutrition and recipes, testimonials from people living with HIV and AIDS, locations of health facilities, and documentation of events such as rallies and information campaigns.

Conclusion

SNR's approach illustrates the importance of applying lessons learned at the community level.

To coordinate a more effective community response, SNR increased its emphasis on CSOs, CSO networks, and the formation of locally based support groups, and decreased its reliance on 'community nodes.'

Community leaders and traditional rulers, given the opportunity to participate in study tours, returned with new perspectives and information to share with their constituencies. And SNR's educational outreach materials, disseminated on a local level, helped people learn to manage their health.

At the national level, SNR training programs and the newly developed M&E Roadmap helped reposition Nigeria's M&E systems, a significant step toward remedying poor data management and information technology skills across all six states.

Output 5
The SNR consortium supports effective and efficient partnerships.
At the beginning of the program, SNR held a 'technical visioning and harmonization workshop' for the UK Department for International Development, consortium partners, stakeholders, and NACA to agree on how to harness the expertise of consortium partners and manage the program.

That workshop set the right tone for a partnership that would realize the program objectives. Later, a Program Advisory Committee was set up to give feedback to the consortium. Composed of national and international stakeholders, including NACA, UNAIDS, and USAID, the Committee served as a platform to ensure that lessons were applied for the duration of the program.

Partnerships within the program consortium

The partnership between consortium partners was managed through a quarterly platform where senior managers measured progress toward indicators laid out in the PMP or performance monitoring plan. The PMP indicators list activities and deliverables, with numerical targets organized under each output by quarter and by year. This and other organizational development tools supported the partnership to track progress, provide it information for decision-making, and form the basis of reporting to the donor (DFID).

Together and individually, consortium members would discuss issues and challenges. After that, says SNR Program Director Christy Laniyan, 'We would then take management decisions.' Angela Agweye, a Program Manager for consortium member Volunteer Services Overseas, agrees: 'Laniyan very effectively managed different values and found common ground among the partners.'

Laniyan says consortium partners agreed early on to share systems and organizational development tools, such as the PMP; human resources, recruitment, and staff appraisal systems, and financial and accounting tools.

Staff were 'fully deployed' to SNR and managed within that framework, not as employees of subcontractors, which is usually the case on such consortiums. SNR asked staff to identify themselves as from SNR rather than from Family Health International, ActionAid Nigeria, or Volunteer Services Overseas. This increased collaboration, says Julia Ajayi, Nigeria Country Director for Volunteer Services Overseas, reduced any possible tension, and emphasized the work. Over time, Ajayi adds, 'the SNR consortium operated as a true partnership that led to amazing achievements.'

Footnote 15

HAST refers to the bundling of services for HIV/AIDS, STIs, and TB in single facilities at the community level.

Jide Adeniyi-Jones sets up a shot for the photographic portion of this report.

Partnerships at national, state, and local levels

SNR invited ‘contributing partners,’ organizations and individuals that could support the program’s mandate, to take part in program activities. Partners included university researchers; Management Strategies for Africa, which provided capacity building support in management training; and even some of the federal ministries. The Association for Reproductive and Family Health (ARFH), the largest Nigerian nongovernmental health organizations, supported SNR by mentoring ministries of education to develop and expand family life and HIV/AIDS programs.

There were also ‘practical partners,’ nongovernmental and civil society organizations and their networks who were delivering priority services. Through them, SNR saw an opportunity to expand and support community-level services and, says Laniyan, ‘ensure we were reaching out and networking with as many institutions as possible who could contribute to the effort.’

The partnership between SNR and the SACAs extended beyond program activities to include such organizations as UNICEF, the Society for Family Health (SFH), and the Nigerian government’s main care and treatment program, GHAIN.

For example, in Kaduna State, KADSACA worked with SNR, GHAIN, and the Ministry of Health to introduce and provide orientation on the HAST¹⁵ model in a pilot local governance area. SNR collaborated with UNICEF to support the Ministry of Women’s Affairs to coordinate OVC activities in the state. A steering committee for orphans and other vulnerable children was reactivated, helped to develop a work plan, and received a five-day orientation on the OVC National Guidelines and Plan of Action for OVC Care, Support, and Protection. SNR and SFH cosponsored peer education training in Kaduna State. And in Benue State, SNR’s work to strengthen networks and community-based organizations led to higher visibility for these stakeholders and the sense that they were acting as one voice.



Looking Ahead A Nigerian proverb

says, 'One man cannot battle a multitude, but a multitude can cope with any situation.' When SNR began in 2004, the response to HIV/AIDS in those six states was aptly described as ad hoc. Skirmishes took place on a poorly defined battlefield, and no one was in charge of coordinating the attack.

Looking ahead

Five years later, there is a strong and coordinated response in SNR-supported states. SACAs that had been informal advisory bodies with unclear roles and responsibilities were now state-recognized legal bodies directed by strong, capable boards.

They were effectively mobilizing resources, undertaking long-term strategic planning and budgeting, and coordinating the efforts of a large number of stakeholder partners, including line ministries, local government action committees on AIDS, networks of civil society organizations, health facilities, community-based organizations, and local communities. They were also systematically gathering and analyzing data to measure their progress, learn lessons, and adjust their strategies and activities accordingly.

Stakeholders who had once worked in isolation and with limited effectiveness on ad hoc HIV prevention activities also benefited from SNR-supported training in the basics of HIV, resource mobilization, strategic planning and budgeting, and behavior change communications, and they delivered measurable increases in demand for HIV counseling and testing, quality and availability of HIV and related care and support, and decreased stigma against people living with HIV.

They learned to advocate for improved policies, laws, and funding to increase access to and quality of services for communities affected by HIV and AIDS. The SNR Program supported these changes through a mix of proven methods, innovations, dissemination and application of lessons learned, and strong, effective partnerships with the Nigerian government, donor community, state and local stakeholders, and among the SNR partnership itself.

Underlying these successes were two factors. First was the strong indigenous management leadership of the SNR Program. Second was the unwavering commitment of the UK Department for International Development, which encouraged SNR to make adjustments and take risks, based on experience and lessons learned, to ensure success.

Together many individuals learned to work together as a multitude to effectively coordinate a local and sustainable multisectoral response to HIV and AIDS.

More needs to be done, of course, and many challenges remain. The SNR approach, now proven both successful and sustainable, needs to be sustained where it was implemented and scaled up — both within SNR states and countrywide. The scale-up should expand the number of stakeholders and nurture them with tailored training to help them implement programs effectively, plan and cost activities realistically, and mobilize resources for long-term sustainability.

SACAs and LACAs will require supportive mentoring to ensure they retain their hallmark characteristics as full partners in the coordination effort. And monitoring and evaluation needs to be strengthened within the line ministries, healthcare facilities, and at the local level. The idea that data is not only for the government but also for use in local-level decision-making must also be made clearer through strong and sustained advocacy and technical training.

The SNR Program was implemented at a critical point in the country's HIV epidemic and helped to move the country's response forward from a fragmented approach to a focused and coordinated effort. As a result, more people are receiving critical services — when and where they need them — and the services they receive are better.

The SNR Program successfully showed the way forward for five Nigerian states and the Federal Capital Territory. The hope is that this work can be sustained in these states, and expanded nationwide expeditiously, so that all Nigerians may gain the knowledge and tools needed to avoid contracting HIV or to prevent its spread.

Acknowledgments

Family Health International

Family Health International (FHI), a leading global health and development organization, improves the lives of the world's most vulnerable families through its unique approach of delivering sustainable programs based on scientific research. Since 1971, FHI continues to lead the global response to HIV/AIDS and is making major contributions to address family planning and reproductive health, malaria, tuberculosis, and other infectious and chronic diseases. Beyond immediate care and treatment programs, FHI engages staff scientists in research, testing, and developing new treatments to advance public health and development. FHI's community-building and service delivery model responds to the most pressing and anticipated needs in developing countries. With more than 2,300 employees working in over 55 countries, FHI is a partner of choice for funders, local governments, nongovernmental agencies, research institutions, and community-based groups.

Address

Family Health International Nigeria,
Plot 1073-A1, Godab Plaza
JS Tarka Street, Area 3, PMB 44
Garki, Abuja, Nigeria

Website

www.fhi.org

ActionAid Nigeria

ActionAid has been active in Nigeria since 1999, and now works on education, HIV and AIDS, conflict resolution, and peace building. Our work aims to strengthen the capacity of poor people to claim and achieve their basic rights, promote and strengthen anti-poverty and pro-democracy organizations, influence policies and practices in favor of the rights of poor people, and to especially help women and girls gain the strength, confidence, and vision to work for positive changes to their situation. Building relationships with government agencies and prospective partners has been a major part of our work so far, and we try to link our work on the ground to policy influencing work at the state and national levels.

Address

Plot 590, Cadastral Zone,
2nd Floor NAIC Building,
Central Area, Garki, Abuja,
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Website

[www.actionaid.org.uk/
683/nigeria.html](http://www.actionaid.org.uk/683/nigeria.html)

VSO

VSO is the world's leading independent international development organisation that works through volunteers to fight poverty in developing countries. VSO's high-impact approach involves bringing people together to share skills, build capabilities, promote international understanding and action, and change lives to make the world a fairer place for all.

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