FHI 360/C-Change Nigeria (2009-2014)

End of Activity Dissemination
Thursday June 26, 2014
Venue: NICON Luxury Abuja
Presentation Outline

- Activity background
- How we worked
- C-Change’s Socio-ecological Model
- Our Partners at different levels
- Pre-award problem statements
- Our Strategy: C-Change’s evidence-based strategic planning for interventions
- Where we worked
- Support to Government of Nigeria (GoN)
Support to Nongovernmental Organizations (NGOs)
SBCC Materials Produced
Key achievements
Some select Success Stories
Major challenges
Strategies used to address some of the challenges
Appreciation
Background Information
Background Information

- **Mechanism name:** Communication for Change (C-Change) Nigeria

- **Duration:** May 1, 2009 – April 30, 2014
  - 5-year Cooperative Agreement

- **Target Audience**
  - **Prevention:**
    - In-School Secondary Youth
    - In-School Tertiary Youth
    - Out-of-School Youth
  - **Capacity strengthening/collaboration:**
    - NACA, FMOH, SACAs, USIPs, NGOs, Tertiary Institutions, Media Houses, Schools of Nursing, Midwifery and Colleges of Health Technology

- **Demand Creation to support accelerated PMTCT uptake in Nigeria**
  - Government of Nigeria
  - United States Government Implementing Partners (USGIPs)
Background information continues:

- Implemented by FHI360; May 1 2009 – April 30 2014

- **Program Goal:** With NACA, develop common vision to prevent HIV transmission using evidence-based communication strategies.

- Boost synergies among NACA, USG partners, and NGOs on consistent messaging, reinforced at multiple levels by partners.
How we worked
How we worked

Set out to achieve the following objectives:

- Enhance coordination of SBCC interventions;
- Improve technical capacity of USG partners, NGOs/CBOs, and healthcare workers;
- Provide MPPI to young people in Cross River and Kogi States;
- Expand use of mass media channels by SBCC/IPs and improve media support of national HIV prevention priorities;
- Enhance demand creation support for PMTCT services
The Socio-Ecological Model used by the C-Change Project

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)
Our Partners
Worked with Partners at:

- **International level**
  - Ohio University Centre for International Studies – support and provide technical assistance for SBCC Institutionalization in select Universities
  - The Internews – build capacity of Journalists for informed and effective reporting and programing of HIV/AIDS messages

- **National level**
  - NACA – National Prevention/SBCC Technical Working Group; effective coordination of SBCC activities in the country

- **State level**

- **Community level**
  - Sub-Grantees (two in Cross River, three in Kogi State) using MPPI for young people in the communities
Pre-award Problem Statements
Problems identified amongst youth

- Youths in Cross River and Kogi States:
  - Have low HIV-infection risk perception
  - Engaged in multiple and concurrent sexual partnerships
  - Engaged in transactional sex, primarily intergenerational sexual relationships
  - unprotected sex

- Inadequate media messages and coverage for HIV/AIDS prevention initiatives.
Problems identified in SBCC Capacity

- Limited SBCC skills among current project managers and activity implementers;

- Exposure to BCC principles and concepts did not translate to organizational capacity.

- Lack of evidence-based approach to SBCC implementation
Problems identified in PMTCT Demand Creation

- Low knowledge of PMTCT services by pregnant women thus contributing to
  - increased HIV-positive infants
  - infant morbidity and mortality

- Pregnant women had low knowledge of
  - health benefits associated with PMTCT
  - sexual and reproductive health services
  - ANC/PMTCT benefits
Problems identified in PMTCT Demand Creation

- Women lacked the full support of
  - Husbands and partners
  - family members
  - communities
  - religious leaders

- HIV-induced stigma, and gender inequalities in health care decision-making

- Deep cultural preferences for home births as well as deliveries by TBAs, and in religious houses
Our Strategy
The C-Change’s evidenced-based Strategic Planning for Intervention
Where we worked
## C-Change Nigeria’s Project States and Sites Dashboard

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<th>State</th>
<th>Sub-Grantee (NGO)</th>
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Support to Government of Nigeria (GoN)
Support to GoN

- Facilitated quarterly meetings of National PTWG and PTWGs in Kogi and Cross River States

- Developed indicators to measure SBCC to align with the minimum prevention package of intervention (MPPI)

- Conducted national assessment of the MPPI

- Trained two NACA staff to run the National HIV/AIDS SBCC Virtual Clearing house

- Constituted and inaugurated PMTCT SBCC sub-committee on PMTCT Demand Creation
Support to Nongovernmental Organizational (NGOs) [Sub grantees]
Support to NGOs (Sub-Grantees)

- Program implementation in Cross River and Kogi States

- Institutional capacity of the sub-grantees on Finance, Project Management, Monitoring and Evaluation

- Capacity to develop SBCC-support materials (print and electronic)

- Supportive supervision and mentoring
Some Community Intervention Materials
Some Community Intervention Materials
Community Dialogue Toolkit in use by Out-of-School Youth Peer Educators in Iffe community, Ijumu LGA, Kogi State, Nigeria.
Some PMTCT Demand Creation Materials Produced
Some PMTCT Demand Creation Materials Produced
Key achievements
Key Achievements

*Community Level Intervention Activities:*

- Trained 654 youths as PEs and PE Supervisors in Cross River and Kogi State
  - 203 (F: 100; M: 103) Cross River

- Reached 23,174 youths with ABC messages
  - Cross River State- 9,155 (F: 4754; M: 4401)
  - Kogi State-14,019 (F: 6799; M: 7220)

- In both states 12,595 were reached with AB messages
  - Cross River -7,024 (F: 3857; M: 3167)
  - Kogi - 5,571 (F: 3029; M: 2542)
Key Achievements

Institutional Support and System Strengthening:

- Enhanced partnership with NACA and the NPTWG to develop:
  - SBCC Coordination Tool kits
  - Training Manual for Frontline Healthcare Workers
  - SBCC Users’ Guide
  - Community Conversation Tool kit

- Developed and produced state-specific SBCC Strategies in collaboration with Cross River and Kogi SACAs

- Established two SBCC “Centers of Excellence” in Nigerian Universities:
  - Cross River University of Technology [CRUTECH]
  - University of Calabar [UNICAL]

- Initiated the process in Kogi State University
Key Achievements

- Conducted four cycles of a 10-day SBCC training for:
  - 70 staff of USG Implementing Partners,
  - 43 staff of Civil Society Organizations (CSOs),
  - 43 Frontline Health Care Workers,
  - 14 staff of Government of Nigeria, Cross River and Kogi

- Conducted SBCC/IPC trainings for 35 lecturers from:
  - Colleges of Health Technology, Schools of Nursing and Schools of Midwifery in Cross River and Kogi States
Key Achievements

- Conducted hands-on training on the use of Community Conversation Toolkit (CCT) for:
  - 410 staff members of USIPs and NGOs in Cross River and Kogi States

- Provided technical assistance to local organizations:
  - 215 trained on SBCC program intervention

- Developed IPC-support materials for facility-based Health care workers
## Key Achievements

- Conducted two-cycles of a five-day IPC training for 65 CHEWs from the 12+1 States
- Provided TA to integrate IPC/SBCC into curricula of 12 Health Training Institutions:
  - CR: Schools of Nursing – Calabar, Itidigi and Ogoja (3)
  - CR: Schools of Midwifery - Calabar, Obudu and Ogoja (3)
  - CR: College of Health Technology, Calabar (1)
  - KG: Schools of Nursing Egbe - (1)
  - KG: School of Midwifery Anyigba and Ebge (2)
  - KG: College of Nursing and Midwifery, Obangede (1)
  - KG: College of Health Technology, Idah (1)
Key Achievements

- Developed indicators and tool to track PMTCT demand creation activities;

- Produced the first ever demand creation strategy document;

- Produced sample PMTCT demand creation support materials for use nationwide

- Supported NACA to develop and establish the National HIV/AIDS SBCC Virtual Clearing House on their website
Key Achievements

- Trained journalists produced and aired 156 feature materials

- Broadcast 1,365 radio spots and 26 episodes of youth-led 30-minute radio variety program on:
  - CRBC, Calabar, Cross River State
  - CRBC Ikom, Coss River State
  - Unity FM Abakiliki, Kogi State
  - Prime FM Lokoja, Kogi State
  - Grace FM Lokoja, Kogi State and
  - Confluence FM Lokoja, Kogi State.
A select success story...
A ‘new’ and highly enthusiastic Sumaila declared:

“*The intervention of this project change[sic] my life from these risky behaviors which could have ruined my life. I realized HIV is real and not just a white man [sic] disease.*”
"My SBCC experience is changing everything around me, especially my doctor-patient relationship. I have introduced SBCC approaches in all levels of local HIV and AIDS prevention interventions programs. The outcome is unbelievable! SBCC has made me a better physician, a better counselor, a better community mobilizer and above all, an excellent team mover!" — Dr. Peter Akwu, Anyigba, Kogi State
Major Challenges
Major Challenges

- Strike action by University lecturers
- Attrition of NGOs’ Project staff
- Attrition of trained Peer Educators
- Delayed submission of Midterm Evaluation Report by the Consultant
- Delays in getting a consensus on timing for national and state level activities.
Strategies used to address some of the challenges
Strategies used to address some of the Challenges

- Reviewed the NGOs’ sub-agreements
- Training and re-training of sub project staff
- Training and retraining (refresher) of Peer Educators
- Increased the incentives for tertiary institutions' youth Peer Educators
Strategies used to address some of the Challenges (contd.)

- Shared quarterly workplan with partners ahead of time

- Conducted activity review workshop and retrained NGOs staff on implementation strategies including PE, MPPI, PITT and DHIS

- Regularly mentored, through supportive supervision, the sub-grantees to ensure compliance with MPPI
Our Team