

# C-CHANGE NIGERIA

## FINAL REPORT

July 2014



**USAID**  
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NIGERIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

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## ACKNOWLEDGMENTS

C-Change Nigeria worked with international, national and state agencies as well as sub-grantees to enhance the coordination of social and behavior change communication and to ensure that the interventions of implementing partners and local non-governmental organizations (NGOs) involved in SBCC for HIV prevention are evidence-based and community informed. The following partners worked with C-Change at national, state and community levels.

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### *National Partners*

National Agency for the Control of AIDS (NACA)  
Federal Ministry of Health (FMoH)  
The Nursing and Midwifery Council of Nigeria  
Community Health Practitioners Board of Nigeria

### *State Partners*

Cross River State Agency for the Control of AIDS (CRSACA)  
Kogi State Agency for the Control of AIDS (KOSACA)  
Cross River State Ministry of Health  
Kogi State Ministry of Health

### *Community-based NGOs*

Association of Grassroots Counselors  
Dreamboat Foundation  
Environmental Development and Family Health Organization (EDFHO)  
Initiative for Grassroots Advancement (INGRA)  
Renaissance Life Line Foundation (RELIEF)

### *International Partners*

Internews  
Ohio University

C-Change/Nigeria was implemented with full support from USAID. As international partners, Internews provided capacity development for media agencies and partners while Ohio University, along with the University of Witwatersrand in South Africa, provided capacity development to institutionalize SBCC within three universities (University of Calabar, Cross River State University of Technology, and Kogi State University) in Nigeria.

C-Change/Nigeria is grateful for the contributions of each of these partners and the many individuals within and outside of these agencies who engaged in numerous activities including workshops and trainings across implementing states and the Federal Capital Territory of Abuja.

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# CONTENTS

- Acknowledgments ..... i
- Contents .....iii
- Acronyms .....iv
- Background and Program Summary.....1
  - Overview and Partners..... 2
- Objective 1: Enhance coordination of SBCC and align SBCC programming to Nigeria’s national prevention priorities .....4**
  - Background and Implementation ..... 4
  - Results ..... 5
- Objective 2: Improve technical capacity of USG partners, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC.....6**
  - Background and Implementation ..... 6
  - Results ..... 8
- Objective 3: Expand utilization of mass media channels by SBCC implementing agencies and improve mass media support of HIV prevention priorities outlined in the National BCC Strategy and Prevention Plan .....9**
  - Background and Implementation ..... 9
  - Results ..... 11
- Objective 4: Contributed to reduction in HIV/AIDS prevalence by promoting prevention behaviors including abstinence, being faithful & condom use among youth .....12**
  - Background and Implementation ..... 12
  - Results ..... 14
- Objective 5: To enhance demand creation support for accelerated PMTCT in Nigeria.....16**
  - Background and Implementation ..... 16
  - Results ..... 18
- Lessons Learned.....19
- C-Change Formal Exit and Handover .....21
- Appendix 1 – Performance Monitoring Plan.....1

## ACRONYMS

BCC	Behavior Change Communication
C-Change	Communication for Change
CCT	Community Conversation Toolkit for HIV Prevention
CRUTECH	Cross River State University of Technology
DHIS	District Health Information System
FHCW	Frontline Health Care Workers
GoN	Government of Nigeria
HCT	HIV Counseling and Testing
IP	Implementing Partners
IPC	Interpersonal Communication
KABP	Knowledge, Attitudes, Behaviors, and Practices
MDA	Ministries, Departments, and Agencies
MPPI	Minimum Package For Prevention Interventions
NACA	National Agency for the Control of AIDS
NNRIMS	Nigeria National Response Information Management System
PITT	Prevention Intervention Tracking Tools
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
SACA	State Agency for the Control of AIDS
SBCC	Social and Behavior Change Communication
SKM	Strategic and Knowledge Management
TWG	Technical Working Group
UNICAL	University of Calabar
USG	United States Government
CBO	Community-Based Organization
NGO	Non-Governmental Organization
TOT	Training of Trainers

## BACKGROUND AND PROGRAM SUMMARY

Communication for Change (C-Change) was a five-year leader with associate cooperative agreement with the USAID Bureau for Global Health that began September 25, 2007 and completed on December 31, 2012.<sup>1</sup> The C-Change leader award objectives were: 1) implement evidence-based scaled-up health and development communication programs applying best practices for behavior change; 2) transfer health and development communication skills and knowledge to developing country institutions; 3) integrate health and development communication within the wider public health and development agendas; 4) generate and share knowledge about applying effective social and behavior change communication to address emerging health and development issues.

On May 1, 2009, USAID/Nigeria awarded a Leader with Associate Award (Cooperative Agreement No. 620-A-00-09-00003-00 to AED that novated to FHI 360 in July 2011). The goal of the C-Change Nigeria project was to improve the effectiveness and sustainability of country-driven communication for social and behavior change specifically for HIV prevention. Key elements of the project's strategy were:

- Use of formative research to determine intervention focus, design and effectiveness;
- Focus on social contexts as critical determinants of individual behaviors;
- Mobilization of communities to facilitate changes in group norms and individual behavior;
- Streamlining communication tools and methodologies for rapid results;
- Engaging a range of mass media to catalyze change;
- Building systems to harmonize communication efforts across national and regional HIV response agencies, including the development of tools and systems in the country across sectors; and,
- Working with existing national and regional structures, particularly the technical working groups, to facilitate indigenous ownership and sustainability for long-term change.

C-Change responded to USAID/Nigeria's Strategic Objective 14 and worked to achieve the following intermediate results (IR):

- **Intermediate Result 1: Enhance coordination of SBCC efforts and align programming to national prevention priorities** as outlined in the Government of Nigeria's (GoN) *National HIV and AIDS Prevention Plan 2007-2009* and the *National BCC Strategy 2009-2014*.
- **Intermediate Result 2: Improve technical capacity of US Government Implementing Partners (USG IPs), NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC** in order to standardize prevention interventions and align programs with the prevention priorities outlined in GoN *National BCC Strategy*.

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<sup>1</sup> The award was made initially to AED, which was acquired in full on July 1, 2011 by FHI 360, which thereafter managed the project.

- **Intermediate Result 3: Expand utilization of mass media channels by implementing agencies using SBCC and improved mass media support of HIV prevention priorities** as outlined in the *National BCC Strategy* and *National HIV and AIDS Prevention Plan 2007-2009*.
- **Intermediate Result 4: Contribute to reduction in HIV prevalence among youth by promoting prevention behaviors** including abstinence, being faithful, and condom use.
- **Intermediate Result 5: (added later in the project): Enhance demand creation support for accelerated PMTCT across Nigeria.**

## Overview and Partners

C-Change worked with the **National Prevention Technical Working Group (TWG)** and the **SBCC TWG** of the National Agency for the Control of AIDS (NACA) and Cross River State and Kogi State Agencies for the Control of AIDS (SACA) to facilitate operationalization of a common framework for SBCC programming aligned to the GoN's *National HIV and AIDS Prevention Plan* and the *National BCC Strategy*. The Project assessed the current SBCC effort in Nigeria through capacity assessments of USG implementing agencies and other NGOs and CBOs in the two focal states. It also conducted knowledge, attitudes, behaviors and practices (KABP) surveys in the two states to establish a baseline against which program impact would be evaluated at the end.

Through **Internews**, C-Change assessed the capacity of print and broadcast media to provide meaningful support to HIV prevention goals. The C-Change-Internews partnership provided training, mentoring, and technical assistance to address the gaps identified by these assessments and supported alignment of response agencies' programs with the national prevention and BCC strategy priorities. Internews worked with journalists/media houses in Cross River and Kogi States to improve the quality and scope of media support for HIV prevention. The trainings also integrated activities for building competencies in gender analysis and gender equity promotion, essential elements mainstreamed in the C-Change approach.

C-Change worked with the national **SBCC TWG** and the two **SACAs** in the states of Kogi and Cross River to facilitate leadership and coordination of SBCC for improved HIV prevention. The project strengthened systems and processes for coordination at national level and within Cross River and Kogi (see their location in the map below). The project created structures for sustaining improved SBCC performance in those states and at national level. This included the introduction of training courses and basic tools and creating and strengthening linkages between existing expertise and new efforts in the field. **Ohio University**, a global C-Change partner, supported the introduction of an SBCC university-level program in Nigeria. The project also worked with departments of two universities in Cross River State—Cross River University of Technology (CRUTECH) and University of Calabar (UNICAL)—that developed and offered courses in SBCC to build and sustain capacity for HIV prevention.

Finally, C-Change also supported a multi-channel mass media campaign aimed at reducing HIV-related risk behaviors among youths in Cross River and Kogi States. C-Change implemented campaigns within the two states, linking communication efforts at state level with community based-responses.

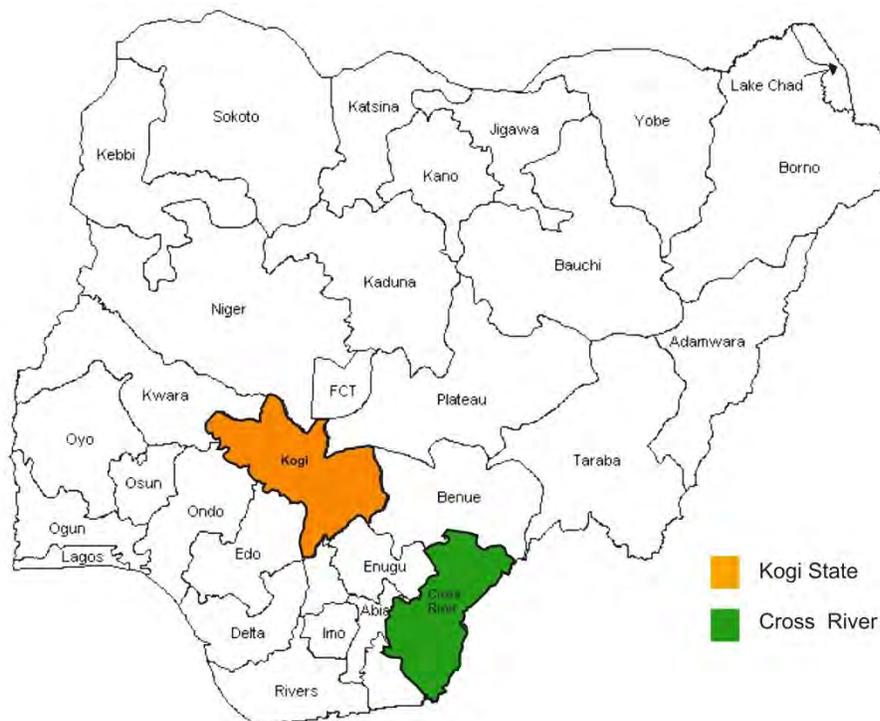
Following directives from the Mission, FHI 360 concluded all in-country program activities on April 30, 2014, and concluded closeout actions effective July 16, 2014.

This report provides a summary of the work carried out by C-Change Nigeria and details the results in five sections according to the project's five objectives:

- Enhance coordination of SBCC efforts and align programming to national prevention priorities
- Improve technical capacity of USG IPs, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC
- Expand utilization of mass media channels by implementing agencies using SBCC and improved mass media support of HIV prevention priorities
- Contribute to reduction in HIV prevalence among youth by promoting prevention behaviors.
- Enhance demand creation support for accelerated PMTCT across Nigeria to increase uptake and adherence to antenatal (ANC) and encourage HIV testing

The project's Performance Monitoring Plan is an appendix in this report. An electronic copy of this report is available at: [C-Change-Nigeria-Final-Report-2014.pdf](https://www.c-changeprogram.org/where-we-work/nigeria). Information about C-Change Nigeria can be found on the C-Change website at <https://www.c-changeprogram.org/where-we-work/nigeria>. Many of the resources are available at <https://www.c-changeprogram.org/resources>.

## Nigeria



# **OBJECTIVE 1: ENHANCE COORDINATION OF SBCC AND ALIGN SBCC PROGRAMMING TO NIGERIA'S NATIONAL PREVENTION PRIORITIES**

## **Background and Implementation**

Beginning in June 2009, C-Change began work with the NACA to revitalize the National Prevention TWG and the SBCC TWG and held meetings quarterly at the national levels through 2013. At the state levels, C-Change collaborated with the SACAs and held orientation meetings in late 2009 with the two states of Cross River and Kogi to revitalize their state-level SBCC TWG. Meetings at the SACA level were also held quarterly through 2013.

These NACA- and SACA-led TWGs tackled a variety of issues to improve HIV prevention programs at the national, state, and community levels including mechanisms for collecting and using data to inform programming. A critical issue that C-Change supported was the capture and availability of health and demographic data for use by Nigeria's national and state governments to inform their programs and policies. Specifically, C-Change Nigeria, working through NACA and the SACAs, supported the critical need for partners to provide the community-level HIV prevention data that they gather and use to guide project implementation to the Nigerian national and state governments for capture into Nigeria's data systems--the District Health Information System (DHIS) and the Nigeria National Response Information Management System (NNRIMS).

The SBCC TWGs became vibrant strong platforms for the engagement of ministries, departments and agencies (MDAs). These platforms ensured capacity building of members on SBCC, standardization of documents and guidelines, and technical assistance within the response. The national and state SBCC TWGs have also become robust think tank groups, with experts from different partners involved in SBCC programming, which provide a platform and opportunities for partners to meet and share ideas and experiences.

C-Change funded the first national Strategic and Knowledge Management (SKM) TWG meeting. Held in March 2014 in Abuja, this meeting was coordinated by the SKM unit of NACA, involved all in-country USG IPs working on HIV prevention, care and support, and provided a national platform for partners to discuss and chart a way forward on strategic information for the HIV national response.

C-Change also supported development and launch of Nigeria's National HIV SBCC Virtual Clearinghouse (<http://sbccvch.naca.gov.ng>), a national database of SBCC materials on HIV prevention.

## Results

Major outcomes for enhancing coordination of SBCC and aligning SBCC programming to Nigeria's national prevention priorities included:

- Revision of national and state SBCC operational plans, which were updated to align with national HIV prevention priorities;
- Development of the SBCC National Coordination Toolkit, which included the National AIDS Commission's conceptual approach to HIV prevention;
- A Nigeria version of the Combination Prevention Intervention, which incorporates the three levels of reach (behavior change, biomedical, and structural) and describes interventions/interactions with clients based on the Nigerian geo-political context;
- Development of a national curriculum for SBCC and the development, production and distribution of the SBCC Users' Guide;
- Support to the development of SBCC indicators for integration into the Nigeria National Response Information Management System (NNRIMS)
- Support for development of a Nigerian version of the C-Change [Community Conversation Toolkit for HIV Prevention](http://c-hubonline.org/resources/community-conversation-toolkit-hiv-prevention-nigeria/) (<http://c-hubonline.org/resources/community-conversation-toolkit-hiv-prevention-nigeria/>);
- Support for the establishment of National HIV SBCC Virtual Clearinghouse (<http://sbccvch.naca.gov.ng>) and uploading of communication materials developed by partners and others to provide access to a variety of SBCC materials, and
- Technical support provided by C-Change to NACA throughout the process of the development of the National HIV Communication Plan.



Development of Nigeria's HIV SBCC Virtual Clearinghouse was supported by C-Change.

## OBJECTIVE 2: IMPROVE TECHNICAL CAPACITY OF USG PARTNERS, NGOS/CBOS AND HEALTH WORKERS TO DESIGN AND IMPLEMENT EVIDENCE-BASED, COMMUNITY-INFORMED SBCC

### Background and Implementation

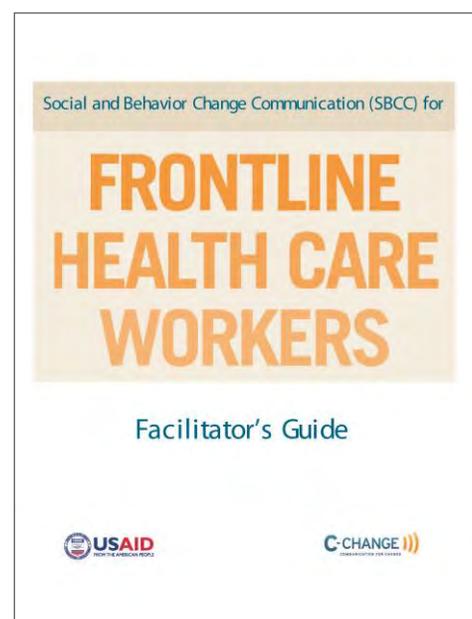
To better align HIV prevention interventions with the program development processes and the prevention priorities outlined in Nigeria's National BCC Strategy, C-Change conducted an assessment of SBCC capacity of USG IPs. Results pointed to the need for SBCC capacity building of IP staff.

To that end, C-Change provided a variety of SBCC training courses from 2009 to 2014. Trainings began with a 10-day intensive training course in December 2009 for program staff from USG partners to strengthen institutional capacity to develop effective communication strategies for social and behavior change and a training in May-June 2010 in Calabar in Cross River State for staff from USG partners for the same purpose. A subsequent training in September 2010 in Calabar strengthened individual skills and institutional capacity in managing USG grants.

**FHCW training.** Other capacity building efforts by C-Change included the field testing and revision of an SBCC training manual and training of frontline health care workers (FHCWs) in Cross River and Kogi States on SBCC and interpersonal communication (IPC) in July 2011. Participants from Calabar and Lokoja with varied backgrounds from primary and secondary health facilities participated in the training.

To assess the utilization of the knowledge and skills acquired during the trainings by the FHCWs, a survey of all the trainees from both states was conducted. Skills assessed included IPC/SBCC, personal action plans, assistance to the community, effective use of job aids/IEC materials, and monitoring of their activities. Findings revealed that provider relationships have improved as a result of the training and may have contributed to an increase in patronage of the health facilities at which the FHCWs operated.

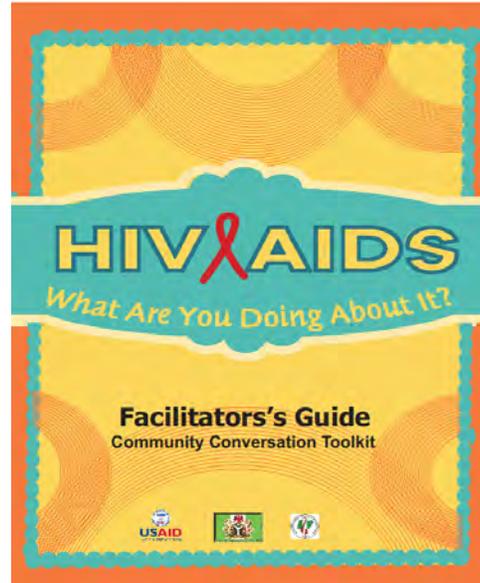
In May 2012, C-Change conducted a 10-day SBCC training for participants from the GoN, NGOs and USG IPs, including staff of FHI360/Malaria Action Program for States (MAPS), the National Malaria Control Program, and Cross River SACA in Calabar, as well as organizations and staff implementing SBCC interventions in Kogi state.



Developed by C-Change, the *Frontline Health Care Workers Facilitator's Guide* was field tested in Nigeria by C-Change Nigeria.

C-Change, in coordination with NACA and other stakeholders, also developed IPC messages and materials at workshops in May 2014 to support the efforts of facility-based FHCWs in Nigeria.

**Community Conversation Toolkit.** C-Change conducted two trainings on the use of the *Community Conversation Toolkit for HIV Prevention (CCT)* for implementing partners in Cross River and Kogi. The CCT is an interactive toolkit for low-literacy audiences that uses six different tools to enhance and encourage open and honest communication around HIV prevention and risk behaviors that prevail in a particular community. Designed for use by participants 20 and older, in Nigeria it has been found to work for audiences younger than 20 years of age. C-Change produced 4,000 sets of the CCT in April 2012 and distributed them to SACAs, USG IPs and NGOs in the states of Cross River and Kogi. <http://www.c-hubonline.org/resources/community-conversation-toolkit-hiv-prevention-nigeria>



The Community Conversation Toolkit is a set of tools and a facilitator's guide to mobilize communities from dialogue to action on HIV prevention.

**Ohio University assists Nigerian universities.** C-Change partner Ohio University assisted Nigerian universities to institutionalize SBCC in their curricula. This included trainings by C-Change with Ohio University at the University of Calabar (UNICAL) and Cross River University of Technology (CRUTECH) to build their capacity in SBCC. C-Change provided technical support to UNICAL during the initial rollout of their five-day short course on SBCC in March 2014. And two faculty from each of the two institutions attended a two-week course at the University of Witwatersrand, South Africa in March-April 2012, where C-Change had been a critical partner in the development of their SBCC program. CRUTECH and UNICAL now offer an SBCC specialty at the Masters' level.

**Working with the media.** C-Change also equipped NGOs in project states with knowledge and skills for working with the media and its protocols, and provided insights on effective media relations during two media literacy workshops in October 2010 with 47 participants (See Section IV for more detailed information about the media work).

**MPPI and PITT.** NGOs in Cross River and Kogi implementing the C-Change community-level HIV prevention intervention received a two-day training on the Minimum Package for



C-Change provided training to NGO staff on implementing HIV prevention using this GoN Implementation Guide.

Prevention Interventions/Prevention Intervention Tracking Tools (MPPI/PITT) in April 2011 to increase knowledge of MPPI and use of PITT for collection and analysis of MPPI data, and to assist uploading this data to DHIS 2.0. (MPPI is a PEPFAR tool for assessing HIV prevention initiatives that is tailored by each country program to their particular context.)

To build the capacity of implementing partners in Kogi and Cross-River, C-Change also held a Peer Education Training of Trainers (TOT) workshop in Calabar in October 2011 on how to design, implement and monitor effective youth-focused peer education programs.

**Institutionalization of SBCC at university level.** In October 2012, C-Change trained 35 lecturers of Cross River and Kogi Schools of Health Technology, Nursing and Midwifery on SBCC/IPC, which furthered institutionalized SBCC into these Schools of Health and equipped teaching staff with the knowledge and skills to integrate SBCC and IPC into their schools' curriculum. The integration process was finalized in two workshops in Cross River and Kogi in March 2014. During the workshop, participants developed the schools' SBCC course outlines to guide continued teaching of SBCC in the schools' curricula.

## Results

C-Change Nigeria achieved the following results under this objective:

- Field tested and finalized the FHCW training manual;
- Built the capacity of the Schools of Nursing and Mid-Wifery and the Colleges of Health Technology in Cross River and Kogi to incorporate SBCC into their curriculum;
- Institutionalized SBCC at Master's and Post-Graduate Diploma levels at CRUTECH and UNICAL, and built the capacity of 20 faculty members on SBCC at Kogi State University;
- Supported the conceptualization of the MPPI to the Nigerian context through its collaboration with NACA on HIV prevention interventions, focused on youth, ages 10 to 24 years old.;
- Conducted four cycles of 10-day SBCC training for 70 staff of USG IP, 43 staff of civil society organizations, 43 FHCW, and 14 staff of GoN and Cross River and Kogi States; and
- Conducted SBCC/interpersonal communication (IPC) training for 35 lecturers from Colleges of Health Technology, Cross River and Kogi States, and Schools of Nursing and Schools of Midwifery in Cross River and Kogi States.

## **OBJECTIVE 3: EXPAND UTILIZATION OF MASS MEDIA CHANNELS BY SBCC IMPLEMENTING AGENCIES AND IMPROVE MASS MEDIA SUPPORT OF HIV PREVENTION PRIORITIES OUTLINED IN THE NATIONAL BCC STRATEGY AND PREVENTION PLAN**

### **Background and Implementation**

C-Change partner Internews provided technical assistance and skills building to radio journalists and media professionals in Kogi and Cross River to develop and enhance their journalistic skills for better reporting on HIV prevention issues. Internews also developed a toolkit and associated media training for NGO professionals who work in HIV prevention. Following is a further description of these two programs.

#### **Internews Trains Journalists on Developing Stories on HIV Prevention and SBCC**

Internews conducted a situation analysis of radio and TV in the Cross River and Kogi states to determine the media use and habits of youth. The study included interviews with media practitioners, relevant policymakers, and three categories of youth: secondary students, tertiary students, and out-of-school youth.

Based on assessment results, Internews developed a training curriculum for journalists and media professionals that included mentoring and hands-on training, addressed gaps in knowledge about HIV prevention, built social and behavior change communication skills and knowledge, and built or reinforced practical radio skills including news production, interview skills, script writing, production of features stories, digital editing, and how to build radio campaigns. Training and mentoring occurred from September to November 2010.

C-Change provided in-depth analysis of the media's role in the national HIV prevention strategy, and an analysis of target audiences, in particular youth and their relationship to HIV. C-Change led discussions on youth-focused messaging and materials and ways to use such messages to produce feature stories on HIV prevention. Participants, in turn, produced material for broadcast, including interviews and vox pops, and developed ideas for campaigns and future programs and recordings.

Internews provided the media training to journalists, talk show hosts, deejays and editors. Due to varying levels of knowledge and experience, an approach to go "back to basics" to ensure all participants were starting from the same baseline of knowledge was taken. And C-Change lead discussions on youth-focused messages and materials development and ways to use such messages to produce feature stories on HIV prevention. The workshop provided staff with fresh motivation and a more professional outlook on their work and new ideas for tackling HIV.

**Mentoring follow-up.** Internews conducted follow-up mentoring visits at participating stations in Cross River and Kogi through July 2012. Mentoring visits helped journalists to further develop technical and journalistic skills and work with their station managers to identify issues at the station that might have an adverse impact on training. These mentoring session also enabled Internews staff to assess the potential challenges trainees faced and provide follow-up support.

Five radio stations in Cross River and Kogi were supported with a cassette tape/audio CD recorder and a program archiving template when journalists had noted that their stations lacked equipment to record and archive programs and thus could not prove that programs were produced and aired.

**Assessment and Evaluation.** C-Change conducted an evaluation and impact assessment in January 2014 of the journalists trained on radio skills and HIV awareness. Findings from the assessment revealed that the knowledge and skill to produce and air HIV prevention messages by the trained journalists had been enhanced. Media products aired were retrieved as evidence of the capacity building. The journalists requested additional refresher training for continuous quality improvement.

### **Internews Develops Toolkit and Media Training for NGOs to Increase Coverage of HIV**

Internews worked with NGOs implementing HIV programs to increase their utilization of mass media for HIV prevention. They developed a simple toolkit with approaches and steps for effectively engaging the media in dialogue and social action to support HIV prevention. The toolkit addressed straightforward steps in contacting radio, TV and newspaper outlets, outlining preparation of press releases, and conducting a media interview.

Internews conducted several one-day orientations in 2010 on how to partner with the media on HIV prevention using the tools provided in the toolkit. Internews also conducted three one-day media literacy workshops for NGO participants. The training armed the NGOs with a better understanding of how the media works, its protocols and needs, and provided insights for NGO participants into ways they could improve their media relations, and break down barriers for better working relationship between journalists and NGOs. The training also created an avenue for better collaboration for HIV/AIDS prevention effort through the media.

C-Change held several one-day “meet-the-media” events in Calabar, Lokoja and Abuja. The objectives of the event were 1) to improve mass media support of HIV prevention; 2) to guide SBCC implementers to understand the importance of engaging with the media and the media’s role in influencing behavior change; and 3) to create, maintain, and ensure sustainable professional relationships between line ministries, government agencies, and local and international NGOs and journalists.

#### **Journalist lauds Internews training**

Adejoh Ibrahim said that he acquired additional radio skills specifically developing and airing HIV awareness and prevention messages during the training by Internews. He also said that he perfected his critiquing skills of messages aired by the radio station and, in turn, trained other staff working on HIV-related programs about the issues of stigmatization, delivery of ART, and PMTCT. He noted that this training had broadened his opportunities, affording him the opportunity to cover HIV/AIDS activities by NGOs, UNICEF, and Kogi SACA.

There was unanimous agreement at the events for the establishment of a platform for continuous media interaction to ensure sustainable professional relationships between IPs and journalists and to improve mass media support of HIV prevention. A major outcome of the events was increased publications and broadcasts by radio and newspaper journalists.

## Results

C-Change Nigeria achieved the following results under this objective:

- Partner Internews developed the knowledge and skills of radio journalists to develop and broadcast high quality, accurate, and compelling HIV prevention messages. Specifically:
  - 38 journalists were trained
  - 141 journalists were mentored
  - 340 mentoring interactions with journalists were carried out
  - 159 news/programs/jingles were produced, and
  - 146 news stories/programs/jingles were aired or published;
- The media literacy capacities of government officials and implementing partners including NGO staff were built to enable a mutually beneficial working relationship with the media while also ensuring high quality, accurate coverage of health programs;
- Journalists, who received consistent mentoring, worked with minimal supervision; and
- Strengthening the capacity of journalists in the media houses increased the quality and frequency of message broadcast, but provision of basic tools (recorders and good editing facilities) was also important to story quality and frequency of broadcast

## **OBJECTIVE 4: CONTRIBUTED TO REDUCTION IN HIV/AIDS PREVALENCE BY PROMOTING PREVENTION BEHAVIORS INCLUDING ABSTINENCE, BEING FAITHFUL & CONDOM USE AMONG YOUTH**

### **Background and Implementation**

C-Change Nigeria carried out implementation of an HIV prevention program focused on behavior change among young people, 10–24 years old at community level. C-Change conducted a KABP study in Kogi and Cross River in 2010. The study revealed high awareness of HIV among youths in the states; however in-depth HIV knowledge was low. About 50% of youth, aged 10 to 24, were sexually active; mean age at first sex was 15.5 yrs. for girls and 17.5 yrs. for boys. Forty percent of youths surveyed engaged in inter-generational and transactional sex and multiple concurrent sexual relationships were widespread. Other risky behaviors included inconsistent condom use, low utilization of HIV counseling and testing (HCT) services and alcohol abuse.

Following issuance of an RFP in October 2009 to solicit proposals for programs to promote HIV prevention practices among youth, ages 10 to 24, C-Change awarded sub-awards to five NGOs—Renaissance Life Line Foundation (RELIEF), Initiative For Grass-Roots Advancement (INGRA), Environmental Development and Family Health Organization (EDFHO), DreamBoat Theatre for Development Foundation (Dreamboat), and Association for Grassroots Counselors (GHAC)— for 3-year projects from October 2010 to September 2013. The target for the community-level HIV prevention intervention was youth, 10–24 years old, in Kogi and Cross River states. The target population was segmented into three groups: in-school secondary youth; in-school tertiary youth; and out-of-school youth.

The community intervention by the sub-grantees aimed to:

- Increase proportion of youth 10-24 years with comprehensive knowledge of HIV and AIDS
- Increase proportion of youth 10-19 who delay sexual debut
- Increase consistency in condom use among sexually active youth
- Increase practice of having one sexual partner only
- Reduce practice of sex for material benefits
- Eradication of community norms that encourage trans-generational/transactional sex
- Support implementation of policies to discourage teacher-student sexual relationships
- Encourage health facilities to provide youth-friendly HIV/AIDS services

The MPPI was the strategic approach. It had been adopted nationally in 2007 by the National Prevention Technical Working Group and marked a significant shift from numbers served to quality service delivery, which resulted in reduced incidence as evidenced by a prevalence rate that went from 4.6% to 4.1% from 2008 to 2010 (National HIV and Syphilis Sentinel Survey of 2008 and 2010).

It was with that knowledge that the sub-grantees implemented interventions across the behavioral, biomedical and structural components of the MPPI in line with the socio-ecological model, the MPPI operated on multiple levels (individual, community and societal/structural) to respond to the specific needs of particular audiences and modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities.

**Staff training.** To strengthen the capacity of the sub-grantees, C-Change conducted a series of trainings for NGO staff. Training included a nine-day orientation and training course to strengthen individual skills and institutional capacity in managing USG grants as well as for effective communication planning for SBCC, peer education and IPC TOT, MPPI, PITT and DHIS 2.0. C-Change provided office equipment (laptops, printers, generator etc.), tools (manuals, reporting forms, BCC materials) and also held quarterly review meetings along with the provision of on-site technical assistance to facilitate effective project implementation.

**Peer education.** NGOs recruited and trained youth leaders as peer educators, and teachers and community resource persons as supervisors of the peer educators. By the end of the three-year sub-project, the NGOs had trained 654 youths as peer educators. The trainings were conducted using the skills-based abstinence training manual developed by FHI under the Global HIV/AIDS Initiative Nigeria (GHAIN) project and national peer education discussion guide produced by NACA and IPs. The peer educators and their supervisors were taught how to record data based on their. *Trained youths were pivotal to the intervention in their respective schools and communities.* They educated their peers and reported figures of reach through one-on-one contact and small group cohort session. The result of the peer education effort were documented and captured within the minimum prevention package requirement.

**Media campaign.** As a prelude to a media campaign on HIV prevention in the two focal states of Cross River and Kogi, C-Change developed SBCC messages and materials (logos/slogans, an HIV information booklet, posters and radio spots) based on findings from KABP study conducted in the two states. In order to determine the relevance and acceptability of the materials in the areas for the proposed media campaign, the draft materials were subjected to pre-testing by the various target audiences in the areas and then finalized and produced. The information booklet and posters were distributed through the NGOs to reach the target population (youths in Kogi and Cross River states). C-Change aired 26 episodes of the youth variety programs through selected radio stations in the project states. This radio program was designed to directly address social norms and individual behaviors that were fueling the spread of HIV among youths in these states.



HIV prevention media campaign targeting in-school and out-of-school youth in Nigeria.

**Target audience.** The in-school secondary and tertiary youths were reached with behavioral interventions through outreach (small group discussions) that connected them with programs and services; and peer education (one-on-one sessions) to promote individual risk reduction and motivate them to become active players in the educational process rather than passive recipients of a set message. The out-of-school youths benefitted from the cohort sessions. The NGOs also held outreaches (small group discussions) to reach both the out-of school and in-school youths (secondary and tertiary). Small group discussions for the in-school youths were conducted through Anti-AIDS Clubs. In addition to the behavioral interventions, the NGOs conducted structural interventions addressing social and structural issues through advocacy and community dialogues. They shared HIV and AIDS-related issues as they affect the youths with opinion leaders and stakeholders in the project beneficiary communities. The issues covered included transactional sex, stigma and discrimination. Biomedical interventions were targeted to reduce exposure, transmission and/or infection. NGOs provided HCT services and condom promotion and distribution among the youths. HCT and condoms provision was a result of collaborative efforts with health facilities and SACAs. Condoms were distributed to only tertiary and out-of-school youth in line with the national policy that prohibits condom promotion for secondary school youths.

## Results

C-Change Nigeria achieved the following results:

- HIV prevention interventions reached a total of 23,174 youths (9,155 in Cross River and 14,019 in Kogi) with the MPPI for HIV prevention, exceeding the target of 15,000 youths
- 654 peer educators were trained as Master Trainers with curriculum focused on reducing sexual risk behaviors;

- 269 community-based health workers were trained to design and implement evidenced-based community-informed SBCC interventions in line with national prevention priorities;
- More than 150 FHCW were provided training on reducing stigma towards clients who seek care in their facilities.
- HIV prevention behaviors and perceptions of HIV risk targeting community youth (10–24 years old) were enhanced through production and distribution of effective SBCC materials, training of peers to educate and mentor, the conduct of the MPPI, and continued community presence for the activities.

## **OBJECTIVE 5: TO ENHANCE DEMAND CREATION SUPPORT FOR ACCELERATED PMTCT IN NIGERIA**

### **Background and Implementation**

In collaboration with NACA, C-Change drafted a workplan on PMTCT demand creation that was vetted by the national SBCC TWG and presented to participants at the PMTCT Demand Creation Planning Meeting in Abuja in November 2012.

C-Change had conducted a desk review to determine steps and strategies to adopt for the implementation of PMTCT demand creation in Nigeria. The PMTCT TWG had determined that C-Change did not need to conduct formative research since other partners had recently done so. Formative research consulted included the 2012 AIDSTAR-One study on *“Community perceptions of prevention of mother-to-child transmission services and safe male circumcision conducted in six focal states in Nigeria,”* as well as UNICEF’s fact sheet on PMTCT in Nigeria titled *“Countdown to Zero”*.

Findings from these studies had revealed low uptake of PMTCT services in Nigeria due to institutional, cultural and individual factors. Institutional factors included inadequate health care facilities providing the services, shortage of test kits for HCT, shortage of required staff, and unfriendly attitude of health care workers to clients. Cultural factors included widespread stigma and discrimination in health care settings, little or no male involvement, and gender power imbalances. At individual level, there was low level of knowledge about HCT and PMTCT and where to go for these services. The desk review findings pointed to development of effective communication campaigns to overcome barriers.

C-Change supported formation of the National PMTCT/SBCC Sub-Committee on Demand Creation, and collaborated with NACA to develop the Terms of Reference presented at the inaugural meeting in February 2013. Meeting results included a list of activities to be implemented by C-Change Nigeria to drive the national PMTCT demand creation work. They included:

- Train USG IPs on SBCC, Advocacy and Community Mobilization
- Develop and deliver an SBCC TOT for C-Change and NACA staff
- Develop and deliver an SBCC Workshop for IP and GoN staff
- Develop the National PMTCT Communication Strategy

In March 2013, C-Change trained participants from USG IPs, government agencies, and independent creative consultants on SBCC to build their skills to implement a PMTCT demand creation strategy. The demand creation strategy included a campaign rollout plan, a national PMTCT communication strategy, and development of print materials and radio and television spots to create the demand for PMTCT. Participating organizations included the Federal Ministry of Health’s HIV/AIDS and STI Division and Health Promotion Division), NACA, Catholic Caritas Foundation of Nigeria (CCFN), Centre for Internal Health Program (CIHP), Institute of Human Virology of Nigeria (IHVN), Centre for Clinical Care and

Clinical Research Network (CCCRN), Management Sciences for Health, and AIDS Prevention Initiative in Nigeria.

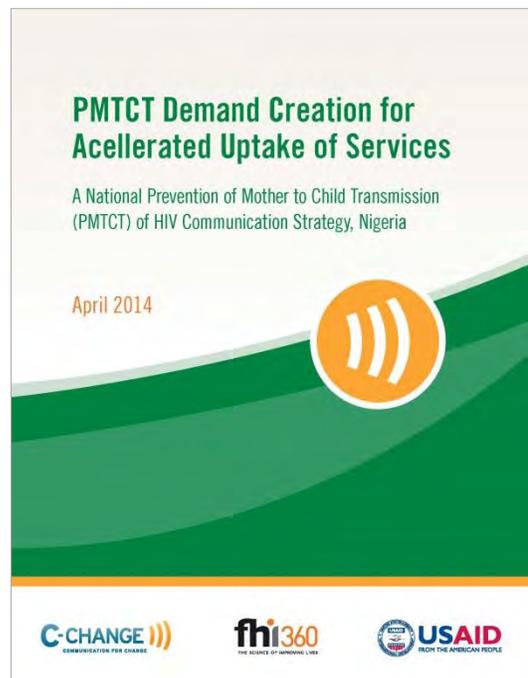
C-Change supported other activities as part of this objective. This included trainings to build the capacity of staff of USG IPs and SACAs to implement and coordinate community-level interventions to increase ANC attendance and PMTCT service uptake. C-Change also trained 61 community health extension workers on IPC skills.

To support the development of the National PMTCT communication strategy, C-Change provided technical assistance that included development of communication strategies responsive to the differing cultural and religious contexts of target audiences in Nigeria's six geo-political zones (North-East, North-West, North-Central, South-East, South-West, and South-South). To that end, communication strategies were developed that responded to the specific barriers, desired changes, and behavioral and communication objectives of the target audiences in each of these six zones of Nigeria. The *PMTCT Demand Creation for Accelerated Uptake of Services* report developed by C-Change Nigeria details the strategy for PMTCT demand creation in each of the six regions in Nigeria.

C-Change also supported development of M&E tools to track the results of PMTCT-related interventions. They included a draft *National PMTCT Demand Creation Indicators Matrix* and a *National PMTCT Demand Creation Tracking Tool and Indicator Reference Guide*. These documents were presented at the National SKM-TWG meeting in October 2013 and adopted as national reporting tools.

C-Change was a partner with IPs in the development, pretesting and production of the PMTCT demand creation materials. Materials, which comprised posters, leaflets, pocket stuffers and 60-second TV and 30-second radio spots/jingles were produced in Nigeria's three major languages (Hausa, Igbo, and Yoruba) plus Pidgin English. Pretesting of the materials informed revision and finalization of materials and was carried out in all six zones of Nigeria.

C-Change also provided technical assistance to a number of IPs and projects (Strengthening Integrated Delivery of HIV/AIDS Services, Management Sciences for Health; Safe Blood for Africa Foundation Nigeria, FMOH HIV/AIDS Division, ACQUIRE Project, Enhancing Nigeria Capacity for AIDS Prevention (ENCAP), and CIHP) on community mobilization for PMTCT demand creation.



C-Change led development of the PMTCT Demand Creation strategy for Accelerated Uptake of HIV Services in Nigeria.

## Results

C-Change Nigeria achieved the following results in implementing demand creation for PMTCT across all six regions of Nigeria:

- Developed PMTCT SBCC tools and indicators to track demand creation activities
- Developed national SBCC demand creation strategy for PMTCT with specific approaches for each of the six geo-political zones
- Developed and produced media materials to support PMTCT demand creation in the country
- Supported the development and production of 1000 copies of National PMTCT Communication Strategy document for distribution by NACA to USG IPs and other partners at the proposed closeout meeting with stakeholders.

## LESSONS LEARNED

- FHI 360/C-Change established strong platforms of engagement with MDAs specifically NACA at the national levels, and SACA at the state levels. Platforms of engagement have been established with respect to the SBCC TWG, training, standardization of documents and guidelines, and technical assistance. The National SBCC TWG has become a robust think tank made up of a collection of experts from different partners involved in SBCC programming and provides a platform and opportunities for partners to meet and share ideas and experiences. Future programming will need to fine-tune SBCC platforms created and make them more sustainable by encouraging more buy-ins and commitment from relevant MDAs with respect to allocation of funds for SBCC activities.
- Building the SBCC capacity of IPs enhanced the standardization of SBCC strategies implementation in Nigeria. A total of 69 IPs were trained attested that they have aligned their SBCC strategies with national strategic frameworks. Thus, they are all working in tandem towards achieving the national SBCC goals and objectives in the country.
- Sustainable capacity development in SBCC has been achieved because C-Change domiciled an SBCC program within select tertiary institutions in Nigeria.
- Frequent strike action at the institutions of higher learning in the two states disrupted programming activities for youths in the institutions. Future programming in schools should take into consideration such interruption in programming to be able to proffer solutions for these all too common occurrences.
- Adequate staff remuneration would enable NGOs to recruit qualified staff to enhance project implementation and reduce staff attrition. Inability of NGOs to recruit qualified accountants resulted in low capacity with respect to providing good financial retirement and invariably affected the release of funds, and caused delays in program implementation.
- Delay in project modification for sub-grantees affected project implementation. Efforts should be made by future project to ensure that sub-grantees project amendments (where necessary) are facilitated early enough to support continued project implementation.
- Posters were recognized as significant behavior change materials when included as part of a package of IPC activities, particularly in rural areas with limited exposure to other materials. The mid-term evaluation provided a snapshot of how quality posters created by C-Change affected youths' knowledge and behavior. The majority of the Cross River State secondary school students who participated in peer education training compared to those who did not participate (87% vs. 74%) reported that C-Change posters influenced their behavior change on sex very much ( $p$ -value = 0.002). In Cross River State, more out-of-school youth in rural (97%) than semi-urban (71%), or urban (61%) reported that exposure to poster changed their behavior on sex very much ( $p$ -value = 0.036).
- Posters such as "Choose and stay with one babe!" and "Having sex does not make you a big girl" had considerable impact among youth and should be used in subsequent programming while other posters should be reviewed to make them more effective.
- Providing items that identify the peer educators to their communities is a small but significant way to garner recognition and acceptance by the community and their peers.

- High proportions of youth who participated in the mid-term evaluation know how to get tested for HIV, but small proportions have been tested. Stigma and discrimination against PLHIV is still one of the factors that discourage people from going for the test.
- Many youth have low-risk perception about getting infected with HIV. Future programming may need to increase campaign activities mobilizing youth for HIV testing.
- Of all youth reporting sexual activity during the period of evaluation, the majority of tertiary students and out-of-school youth reported that they engaged in sexual activity with at least two partners compared to secondary school students who did not report such sexual activity. Programming would have to target tertiary and out-of-school youth with more information about reduction in sexual partners and consistent condom use.
- The main source of information about HIV/AIDS reported by youth was radio (over 90%), which is in line with C-Change programming targeting for these sub-groups. Future programming should focus more efforts on using radio to target youths with specific emphasis on youth's state-specific listening preferences.
- Findings also showed that peer education activities had impact on youths irrespective of state or schooling status. Future programming should combine peer education activities with a media campaign to enhance project effectiveness and impact.

## C-CHANGE FORMAL EXIT AND HANDOVER

C-Change Nigeria concluded project activities with an end-of-project dissemination meeting in Abuja, Nigeria on June 26, 2014. Sixty-five participants from the donor, civil society and partner community were in attendance.

*“Since its inception in 2009, C-Change has strengthened capacity and enhanced the national response to HIV, including building demand creation at community level. Before 2008, we had an HIV prevalence rate of 8%, currently Cross River has a prevalence of 7.1%. This success story is due in part to C-Change,”* said Ada Eke, Cross River State HIV/AIDS Prevention point person.

Her counterpart in Kogi State, Emmanuel Boro, remarked, *“...the C-Change vision and approach to HIV prevention dramatically changed how Kogi State Agency for the Control of AIDS carried out prevention activities.”*

Partners and stakeholders at the meeting noted that C-Change Nigeria successfully equipped them with new and effective approaches for preventing HIV that incorporated SBCC.

Chief of Party Victor Ogbodo pointed out that C-Change Nigeria had established systems and set in place procedures: *“C-Change activities have immensely contributed to reliance on research for determining focus and design of interventions as well as emphasis on social context as an important determinant of individual behaviors.”*

USAID/Nigeria Deputy Director of the HIV/AIDS Office, Dr. Phillip Dayal, applauded the project’s use of existing structures to lead the implementation of the framework for SBCC programs outlined in the National BCC Strategy. He promised USAID continued support to others to build on the legacy of C-Change in collaboration with NACA. He also summarized some of the project’s achievements:

- *C-Change facilitated the institutionalization of SBCC in two Nigerian Universities: Cross River University of Technology (CRUTECH) and University of Calabar (UNICAL) thereby establishing ‘Centers of Excellence’ in Cross River State. The two schools currently offer the SBCC courses at the graduate and post-graduate levels.*
- *C-Change addressed the challenges facing demand creation for the uptake of PMTCT services, including the unfriendly attitude of health care workers by supporting 11 health institutions (schools of nursing, schools of midwifery, and colleges of health technology) in the two states of Cross River and Kogi to integrate SBCC into the curricula.*
- *The primary aim of the capacity building modules for health institutions was to increase the communication skills of the students to better facilitate effective client-provider relationship in the health system.*
- *C-Change worked to establish the first ever National SBCC HIV Virtual Clearinghouse hosted on NACA’s website.*
- *C-Change developed and produced the first National PMTCT Demand Creation Communication Strategy and other community support materials to increase awareness, encourage access, and ensure retention of patients in the healthcare system.*
- *C-Change supported NACA to develop and produce the first SBCC Users’ Guide, which is available on the National HIV SBCC Virtual Clearinghouse website.*
- *C-Change produced a Community Conversation Toolkit for HIV prevention (<http://c-hubonline.org/resources/community-conversation-toolkit-hiv-prevention-nigeria>) for effective engagement of beneficiaries on HIV/AIDS issues in the community. This toolkit has been adopted by the NACA.*





# **APPENDIX 1**

## **PERFORMANCE MONITORING PLAN**

**C-Change Nigeria Project**

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# APPENDIX 1 – PERFORMANCE MONITORING PLAN

## Performance Management Plan

The Performance Management Plan is a management tool used to plan and manage the collection, analysis and reporting of performance data. This document contains the Performance Monitoring Plan for the C-Change Project. The PMP will be used to track the delivery of quantitative and qualitative results to measure progress towards the attainment of the overall goal of the C-Change project.

**Project Name:** Behavior Change Communication for HIV and AIDS in Nigeria (C-Change, Nigeria)

### Brief Description of the Project

The C-Change Project is a Five-Year USAID Funded initiative managed by the FHI 360. The overall goal of the project is to improve the effectiveness and sustainability of country-driven communication for social and behavior change for HIV prevention. The Project life span covers the period of five years, May 1, 2009 – September 30, 2014. The Project has three Strategic Objectives as follows:

**Strategic Objective 1:** To enhance coordination of social and behaviour change communication and align SBCC programming to national prevention priorities.

**Strategic Objective 2:** To improve technical capacity of USG partners, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC so that prevention interventions engage in the program development processes and work towards the prevention priorities outlined in the National BCC Strategy.

**Strategic Objective 3:** To expand utilization of mass media channels by SBCC implementing agencies and improve mass media's support of HIV prevention priorities outlined in the National BCC Strategy and Prevention Plan.

**Strategic Objective 4:** To contribute to reduction in HIV prevalence by promoting prevention behaviors including abstinence, being faithful & condom use among youth (aged 10-24) in Cross River and Kogi States.

**Strategic Objective 5:** To enhance demand creation support for accelerated PMTCT in Nigeria

**Table1: Major Activities**

This table shows the main activities for the 5-year project period and project activities Year 1 - 5

S/N	Activities	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
1	Revitalizing NACA’s SBCC TWG and supporting the review and implementation of its operational plan for the National BCC Strategy	✓				
2	Assessment of current SBCC efforts of implementers	✓				
3	Formative research for informing media campaigns in Cross River and Kogi States	✓				
4	Development training materials for SBCC implementers and journalists	✓				
5	Training of SBCC implementers, journalists, media personalities and gate keepers.	✓				
6	Training of SBCC implementers in their development of evidence-based, community-informed interventions aligned to the national prevention plan and BCC strategy		✓			
7	Capacity building of health workers for improved IPC		✓			
8	Training of campus radio personnel in the development of youth-centered programming		✓			
9	Introduction of SBCC training in cognate departments of tertiary education institutions in Cross River or Kogi		✓			
10	Media campaign – Phase 1		✓			
11	Training and support of health workers for improved IPC for HIV and AIDS prevention			✓		
12	Media campaign – Phase 2 and 3			✓		
13	Mid-term project assessment to evaluate progress in implementation			✓		
14	Development of courses on SBCC with tertiary institutions in the two focus states				✓	
15	Development of curriculum & mentoring of instructors in tertiary institutions and schools of journalism				✓	
16	Conduct operations research to document best practices in SBCC				✓	
17	Supporting development of a National Demand Creation Strategy for Increased Access and Uptake of PMTC T services					✓
18	Building the capacity of PEPFAR-funded IPs to carry out community and media-based activities for increased utilization of PMTCT services.					✓

19	Coordinating and supporting USG partners' implementation of Demand Creation efforts targeted at uptake of PMTCT services					✓
20	Monitoring progress of strategic BCC and Demand creation activities for PMTCT services.					✓
21	Evaluating the effectiveness of PITT.					✓
22	Mentoring and provision of tailored technical support to SBCC implementers					✓
23	Assessment of organizations assisted					✓
24	End of project evaluation					✓

Implementation of the C-Change, Nigeria Project will be done in partnership with Internews and Ohio University.

The C-Change, Nigeria Project will also work in close collaboration with the National Agency for the Control of AIDS (NACA), SACAs in Cross River and Kogi USG and national implementing partners; and other important stakeholders like the Ministry of Health.

#### **Target Areas and Target Population**

The geographical scope of the C-Change, Nigeria Project will cover the Federal Capital Territory, Abuja, Kogi state in the North Central geo-political zone and Cross River state in the South-South region of Nigeria; while the PMTCT demand creation activities is targeted at all the regions in the country.

The target population for capacity building activities under the C-Change, Nigeria Project staff of USIPs and NGOs/CBOs. For the community level intervention, the target audience will be youths in secondary and tertiary institutions and those are out-of-school. Ultimately, the beneficiaries of C-Change, Nigeria Project activities will include all persons resident in the geographical area of coverage irrespective of the faith. The youths are the primary targets to be reached with abstinence programs which will include Behavior Change Communication.

#### **Program Areas**

C-Change, Nigeria Project has three core program areas:

- Coordination of SBCC activities
- Capacity Building
- Expansion of media utilization for HIV prevention
- HIV prevention among the youth

## **List of Subgrantees**

Sub grantees under phase one of the C-Change project:

- Renaissance Life line Foundation (RELIEF)
- The Initiative for Grassroot Advancement (INGRA)
- Environmental Development And Family Health Organization (EDFHO)
- DreamBoat Theatre for Development Foundation (Dreamboat)
- Association For Grassroots Counselors (GHAC)

## **C-Change Nigeria Project Team**

The C-Change Nigeria Project is currently made up of a team of professionals headed by the Chief of Party (COP) with responsibility for overall project oversight and management. The technical team, led by the Deputy Chief of Party assisted by the Senior M&E Specialist, Senior Communication Specialist and Communication Specialist. Three other support staff: Project Assistant, Resource Center Assistant and an Intern, report directly to the DCOP. The Finance and Administrative unit is headed by a Finance and Admin Manager, assisted by a Finance and Admin Assistant and a Finance Assistant. The FAM reports directly to the COP. The Finance Administrative Assistant, the Intern and Driver report directly to the Finance Manager. The Procurement Officer supervises a Procurement Assistant, Senior Project Driver and a Project Driver.

# 1. MONITORING AND EVALUATION PLAN

## 1.2 Overview of HIV/AIDS in Nigeria

From 1.8% in 1991, the adult HIV prevalence in Nigeria increased to 4.5% in 1996, 5.8% in 2001, remained at 5.0 in 2003 and declined to 3.1% in 2007. With a large population base, these percentages translate to millions of infected people, with the estimate for 2005 around 3.8 million. In a few years, the epidemic has gone from concentrated, with only a few population groups with higher risk behaviors affected, to a generalized epidemic in all regions and states. The prevalence rates vary widely within regions and states and across population groups as evidenced in the table below:

Table 2: HIV Prevalence in Nigeria

Characteristics	Male		Female		Total Population	
	Percentage	Number	Percentage	Number	Percentage	Number
<b>Location</b>						
Rural	3.3	3169	3.6	2672	3.5	5841
Urban	3.0	1678	4.7	1520	3.8	3198
<b>Zone</b>						
North West	3.6	1120	2.3	899	3.0	2019
North East	2.2	718	4.8	602	3.4	1320
North Central	5.1	686	6.5	604	5.7	1290
South West	3.0	1056	3.9	935	3.4	1991
South East	1.9	528	3.4	502	2.6	1030
South South	3.3	738	3.8	651	3.5	1389
<b>Age Group</b>						
15-19	2.1	1065	1.3	915	1.7	1980
20-24	1.9	863	4.5	843	3.2	1706
25-29	3.6	727	4.7	746	4.1	1473
30-39	5.1	920	5.7	1005	5.4	1925
40-49	4.6	654	3.5	681	4.0	1335
50-64	2.7	619			2.7	619
<b>Marital Status</b>						
Never Married	2.3	2422	2.8	1207	2.5	3629
Cohabiting	3.2	142	2.1	158	2.7	300
Currently Married	4.4	2163	4.0	2588	4.2	4751
Separated	5.0	40	9.8	41	7.4	81
Divorced	3.6	28	11.8	51	8.9	79
Widowed	2.3	44	9.7	144	8.0	188

Source: FMOH/NARS, 2007

The table shows some variations by zones, age, sex, location of residence and marital status. These variations have implications for program design and implementation.

In sub-Saharan Africa, it is estimated that 8 in 10 infections is due to heterosexual intercourse. Unfortunately, because it takes several years for infected people to develop symptoms, many of those infected are usually asymptomatic, unaware of their HIV sero-status, and in most cases have a very low perception of their own HIV risk. Consequently, the number of infectious sexual contacts will continue to rise if unchecked until the level of HIV infection reaches a saturation state. The design and implementation of programs to create awareness about HIV and prevent new infections have thus become a priority in several countries, including Nigeria.

Also, in PMTCT as at December 2012, a total of 1,320 health facilities were offering PMTCT services across the country. However, this figure represents a small fraction of the total health facilities in Nigeria. This therefore necessitates the scale-up of PMTCT services in Nigeria through the development of key policy documents in line with UNAIDS comprehensive 4-prong approach for PMTCT : primary prevention of HIV among women of child bearing age; preventing unintended pregnancy among women living with HIV; Preventing HIV transmission from a woman living with HIV to her infant (including providing HIV testing and counseling to pregnant women and providing ARV prophylaxis to pregnant mothers living with HIV and their infants. This approach will also include a strong community outreach component to create demand for services and to support partner involvement and testing.

## **1.2 Behavior Change Communication in the National Response**

Behavior change is recognized as a prerequisite for the prevention of new infections. The failure of prevention programs to substantially reduce HIV risk behaviors was acknowledged in the review of national response efforts in 2004. This behavior change have also drastically affected PMTCT service uptake and the national HIV intervention strategies of preventing mother-to-child transmission. Based on that review, a list of recommendations for intensifying programs for behavior change was generated. Recommendations included:

- Operationalizing the national BCC Strategic Framework on HIV and AIDS;
- Designing culturally sensitive prevention education and services;
- Integrating gender equity promotion in all prevention education and services;
- Increasing capacity of media to respond adequately to HIV prevention and control; and,
- Tailoring communication strategies for different gatekeepers.

The recognition that behavior change is necessary for the prevention of new infections led to the development of the *National Behaviour Change Communication Strategy 2009-2014*, *Nigerians Together: Keeping our Community Strong*; and the recent National PMTCT Communication Strategy launched in 2008, the BCC strategy builds on the strategic objectives of the *National Prevention Plan*. It aimed at providing a strategic focus for BCC and technical guidance for designing more effective interventions. Like the prevention plan, the National BCC

Strategy identifies priority audiences for attention. BCC is located within “combination prevention” with a focus on four levels—the individual, the community, health systems and policy makers. It establishes a minimum package of prevention activities and advocates for mechanisms to promote best practice within prevention and behavior change. A set of behavioral objectives are highlighted for unified program response and a step by step approach to planning outlined.

## 2. INTRODUCTION TO C-CHANGE

Communication for Change (C-Change) is a cross-bureau mechanism designed to improve the effectiveness and sustainability of communication in social and behavior change interventions across a range of program areas: health, environment, economic growth and poverty alleviation, democracy and governance, social transition, and education. C-Change is a partnership now led by 360(FHI360). It works with global, regional and local partners to support more effective use of communication as a catalyst for changing behaviors and social norms. In Nigeria, C-Change's partners include Internews, Ohio University, Straight Talk Foundation and the Consortium for Social Change Communication. In Africa, the C-Change partnership currently supports country efforts in Swaziland, Kenya, Namibia, Lesotho, Madagascar, Ethiopia and the Democratic Republic of the Congo.

### 2.1 C-Change/Nigeria Strategy

The goal of C-Change's support in Nigeria is to improve the effectiveness and sustainability of country-driven communication for social and behavior change for HIV prevention. Key elements of C-Change's strategy include:

- Reliance on research for determining intervention focus, design and effectiveness
- **Focus on social contexts as important determinants of individual behaviors**
- Mobilizing communities to facilitate changes in group norms and individual behavior
- Streamlining communication tools and methodologies for rapid results
- Engaging a range of mass media to catalyze change
- Building systems to harmonize communication efforts across multiple response agencies
- Working with existing structures to facilitate indigenous ownership and sustainability for long term change

C-Change will work through NACA's SBCC Technical Working Group, NASCP and two SACAs (Cross River and Kogi), including USG IPs to facilitate operationalization of a common framework for SBCC programming aligned to the newly adopted National BCC Strategy; and PMTCT demand creation. C-Change will assess current SBCC effort in country through detailed capacity assessments of USG-supported implementing agencies (IAs) and other NGOs and CBOs in two states within the SS and NC regions targeted. Through Internews, C-Change will also assess the capacity of print and broadcast media to provide meaningful support to HIV prevention goals.

The C-Change partnership will provide training, mentoring and technical assistance to address the gaps identified by these assessments and support alignment of response agencies' programs with the national prevention priorities and BCC Strategy. Internews will work with journalists, media personalities and gatekeepers to improve and expand coverage, scale and intensity of HIV prevention. All training will integrate activities for building competencies in gender analysis and gender equity promotion, essential elements mainstreamed in the C-Change approach.

C-Change will work with the national BCC TWG and two SACAs to facilitate leadership and coordination of SBCC for improved HIV prevention. It will strengthen systems and processes for coordination at national level and within two states—Cross River in the SS region and Kogi in the NC. These states were chosen based on:

- HIV prevalence
- USG IP presence
- Concentration of nascent community response organizations
- Potential for improved performance in print and broadcast media
- Ease of access to state from C-Change's central operations in Abuja
- Cost of access to states
- Disposition of NACA and SACAs
- Safety & security
- Consultations with key stakeholders

Support for strengthening SBCC capacity will focus on USG implementing partners, national NGOs and CBOs, health workers, journalists and media gatekeepers in Cross River (SS) and Kogi (NC). Indicators in Akwa Ibom, like high HIV prevalence, high concentration of nascent community response organizations and a SACA that is comparatively weak suggest a greater need for support there than in Cross River. However, security risks in Akwa Ibom placed intervention in that state beyond our reach at this time.

C-Change will seek to create structures for sustaining improved SBCC performance in those states selected and at national level. These include the introduction of training courses, basic tools and linkages between established expertise and new efforts in the field. Ohio University (OU), a global C-Change partner, will support introduction of a facilitator-assisted, on-line, certificate course in SBCC. At the state level, OU will attempt to work with cognate departments within the state university or polytechnic to develop and offer courses for social and behavior change communication. Each of these activities paves the way for sustained capacity building in social and behavior communication for HIV prevention.

C-Change will support a multi-channeled mass media campaign aimed at reducing HIV risk behaviors among Nigeria's youth. C-Change, will implement campaigns within these two states, linking communication efforts at state level with community based-responses and national campaigns already underway.

This campaign will contain the following approaches among others:

- Mass media campaign to include radio/television programs (implemented in collaboration with media houses and advertising/media production agencies.
- Interpersonal Communications (Formation of community coalitions, training of peer educators and community advocates, training of service providers on interpersonal

communications for sexual prevention of HIV transmission) in collaboration with NGOs, CBOs and FBOs. C-Change will identify CSOs involved in HIV prevention activities to work in the two states. The capacities of these CSOs will be built through training to ensure that BCC programming is evidence-based, community driven and aligns with state/national prevention priorities.

## 2.2 C-Change Objectives

C-Change seeks to achieve improved effectiveness and sustainability of country-driven communication for social and behavior change efforts through the following objectives:

### Objective 1

To enhance coordination of social and behavior change communication efforts so that SBCC interventions are aligned to the priorities for prevention outlined in the National HIV and AIDS Prevention Plan 2007-2009 and the National BCC Strategy 2009-2014. Objective 1 related program activities include:

- Reactivation of National SBCC Technical Working Groups
- Review of operational plan for National BCC Strategy
- Development of coordination toolkit drawing on country experience and existing tools
- Strengthening of SBCC coordination at national level and in focus states
- Development and dissemination of a unified set of indicators for measuring SBCC performance
- Monitoring of progress and emerging challenges in SBCC

### Objective 2

To improve technical capacity of USG partners, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC so that prevention interventions engage in the program development processes and work towards the prevention priorities outlined in the National BCC Strategy. Objective 2 related program activities include:

- Mapping SBCC services in Kogi and Cross River States
- Assessing SBCC competencies within a subset of these SBCC implementers
- Training of SBCC implementers, including health workers, in the following competency areas:<sup>2</sup>
  - behavior change theories & review of the evidence
  - how to develop a SBCC strategy: alignment of effort with national priorities
  - types of SBCC interventions: mass media, community mobilization, social marketing
  - issues for program managers: budgeting, identifying technical resources, cost effectiveness, network building to support social and behavior change

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<sup>2</sup> SBCC Curriculum Framework attached as Appendix 1

- monitoring and evaluation of SBCC
- Developing strategy for collection and dissemination of best practice
- Establishing a virtual clearing house for model materials
- Training of health workers in the following competency areas:
  - integration of HIV-prevention education in biomedical interventions
  - integration of gender analysis and equity promotion in health promotion
  - interpersonal communication for improved health behaviors
- Operations research to establish best practice in SBCC

### Objective 3

To expand utilization of mass media channels by SBCC implementing agencies and improve mass media's support of HIV prevention priorities outlined in the National BCC Strategy and Prevention Plan.

Subsumed under Objective 3 are activities aimed at involving multiple mass media vehicles in SBCC campaigns for the adoption of HIV prevention behaviors among youth. C-Change will train campus radio staff in developing and staging programs aimed at increasing HIV prevention behaviors among youth. These efforts will be complemented by mass media campaigns in other arenas, utilizing other media. Objective 3 related activities include:

- Identifying appropriate print and broadcast media houses in focus states
- Selecting campus radio stations for support
- Training journalists, talk show hosts and other media personalities in the following competency areas:
  - coverage of HIV and HIV-related issues to support prevention and change
  - production of programs for HIV prevention for youth audiences
- Mentoring of 'graduates' in routine coverage and writing features articles on HIV and HIV-related topics
- Mentoring of trained campus radio staff, Disc-jockeys (DJs), and other media personalities in the development of programming for HIV prevention for youth audiences
- Exploring opportunities for collaboration with one university in training student journalists for improved support of HIV prevention
- Research to inform development of communication strategy for media campaign
- Development and pretesting of materials for campaigns
- Mass media campaign to support national behavioral objectives for young women and men on two radio stations

**Objective 4: To contribute to reduction in HIV prevalence by promoting prevention behaviors including abstinence, being faithful and condom use among youth aged 10-24 years in Cross River and Kogi States.**

Conduct knowledge attitude and practice study of young people in Cross River and Kogi states

- Engage Sub-grantees to work with young people in the communities
- Identify communities to work in
- Train Sub-grantees on SBCC
- Train Sub-grantees on Peer Education
- Train Sub-grantees on Monitoring and Evaluation - Minimum Prevention Package of Intervention (MPPI) and Prevention Intervention Tracking Tools (PITTs)
- Step down Peer Education training
- Train Healthcare workers to provide youth friendly services
- Conduct community interventions
- Provide supervisory mentoring visits

**Objective 5: To enhance demand creation support for accelerated PMTCT in Nigeria**

- Support the development of national demand creation strategy for increased access and uptake of PMTCT services.
- Build the capacity of PEPFAR-funded implementing partners to carry out community-based activities for increased utilization of PMTCT services.
- Build the capacity of USG IPs for implementation of mass media activities.
- Support and coordinate USG partners' implementation of community demand creation efforts targeted at uptake of PMTCT services
- Monitor progress of strategic SBCC and demand creation activities for PMTCT services.
- Evaluate the effectiveness of the prevention intervention tracking tool (PITT)

Table 3: A summary of the C-Change’s objectives and interventions is provided in the table below:

Objectives	Interventions
<p><b>Improved Capacity of NACA and SACAs to coordinate SBCC response at National and State levels to ensure that all partner efforts align with National Prevention priorities and draw from the National BCC strategy- Objective 1</b></p>	<ul style="list-style-type: none"> <li>• Reactivation and re-orientation of SBCC technical working groups at national and state levels</li> <li>• Development of coordination toolkit for NACA and SACAs</li> </ul>
<p><b>Increased technical capacity of USG Partners, NGOs/CBOs and health workers to design and implement evidence-based, community informed SBCC – Objective 2</b></p>	<p><b>Training:</b></p> <ul style="list-style-type: none"> <li>• Facilitator-assisted, on-line certificate course in BCC (Ohio University)</li> <li>• Collaboration with tertiary institutions to develop and offer courses for SBCC (Ohio University)</li> <li>• Workshop-style trainings for USG IAs, NGOs and CBOs on evidence-based SBCC programming(AED)</li> <li>• Training of Journalists in Abuja, Cross River and Kogi to improve mass media support for HIV prevention efforts (INTERNEWS)</li> </ul> <p><b>Mentoring:</b></p> <ul style="list-style-type: none"> <li>• Mentoring of trained journalists</li> </ul>
<p><b>Increased utilization of mass media channels by BCC implementing agencies and improve mass media support of HIV prevention priorities outlined in the National BCC Strategy and Prevention Plan – Objective 3</b></p>	<ul style="list-style-type: none"> <li>• Work with print and broadcast journalists, media personalities and gatekeepers within media houses to improve quality and scope of media support for HIV prevention through national campaigns, state-level communication efforts and community-based responses</li> <li>• Work with USG IP, NGO/CBOs to expand partnership with mass media for more effective HIV prevention through national campaigns, state-level communication efforts and community-based responses</li> <li>• Mentoring of ‘graduates’ in routine coverage and writing features articles on HIV and HIV-related topics</li> </ul>
<p><b>To contribute to reduction in HIV prevalence by promoting prevention behaviors including abstinence, being faithful &amp; condom use among youth (aged 10-24) in Cross River and Kogi States. Objective 4</b></p>	<ul style="list-style-type: none"> <li>• Implementation of Minimum Package for prevention Intervention (MPPI) in focal states</li> </ul>

<p><b>To support the development of national demand creation strategy for increased access and uptake of PMTCT services.</b></p> <p><b>Objective 5</b></p>	<ul style="list-style-type: none"><li>• Work with GoN, NACA and other implementing partners to develop a national demand creation strategy document that will help increase PMTCT service uptake in the country.</li></ul> <p><b>Training:</b></p> <ul style="list-style-type: none"><li>• Organize capacity building training of USG funded IPs to carry out community and media-based activities that will increase PMTCT service uptake.</li><li>• Work with and support USG partners to implement on PMTCT demand creation efforts targeted at uptake of PMTCT services.</li><li>• Collaborate with GoN and NACA to hold PMTCT demand creation meetings.</li><li>• Conduct a workshop of PMTCT demand creation indicator and tools development.</li><li>• Produce demand creation sample materials</li><li>• Develop tool and indicators to track demand creation activities</li></ul>
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## 3. THE C-CHANGE NIGERIA MONITORING AND EVALUATION PLAN

### 3.1 The guiding principles

The proposed M&E plan for the C-Change/Nigeria SBCC program calls for the development of a strong strategic information system that will contribute to continued learning and identification of best practices and guide rapid scale-up of program interventions as required. Towards this end, we have developed a detailed performance monitoring plan that highlights the program indicators, proposed sources of data, frequency of data collection and reporting and responsible party (see appendix 1).

The current M&E plan is also guided by the principles of the “three-ones”, particularly the one related to having one national M&E system. Consequently, we will integrate with the existing national data collection and reporting system where applicable to guarantee: (i) steady flow of information from service delivery/data collection points to the appropriate state and national level coordinating bodies – SACA and NACA; (ii) comparability of data obtained from different implementing agencies or data collection points; (iii) high quality data that meet the reporting requirements of the Government of Nigeria (GON) and other major stakeholders; (iv) adequate utilization of results from the M&E activities; and (v) sustainability of M&E efforts.

C-Change and other partners will carry out several activities in order to implement the M&E strategy successfully. . For instance:

**(a) To ensure a steady flow of information from NGOs that provide youth-focused community based HIV prevention services to the appropriate coordinating bodies:**

- C-Change will facilitate on-the-job training as needed for NGO staff on how to complete appropriate data recording and summary forms.
- C-Change staff will maintain regular communications with the NGOs to highlight the importance of timely completion and submission of data to appropriate bodies.
- C-Change and the partners will develop (or adapt existing) recording and reporting forms for the use of the NGO/CBO.

**(b) To ensure comparability of data obtained from different NGOs/sites, C-Change will facilitate a shared understanding of the program indicators among them.** C-Change will organize centralized trainings as well as on-the-job training on the indicators in order to ensure that indicators are measured similarly across sites/NGO. Besides, C-Change will make available to the NGOs a document that describes how each indicator should be measured.

**(c) To generate high quality data that meet the reporting requirements of the government of Nigeria and other major stakeholders, the youth-focused service providers and C-Change staff will, on a regular basis, review service data for completeness, consistency, reliability and integrity (see more detailed discussions of these characteristics below).**

**(d) To ensure adequate utilization of the results from M&E activities and improve the implementation of interventions, efforts will be made to::**

- Analyze service data timely and make results available to program implementation unit.
- Monitor the application of skills acquired through the capacity building interventions
- Document and disseminate lessons learned.
- Use M&E results to inform decisions about program activities.
- To generate high quality data that meets the reporting requirements of the government of Nigeria and other major stakeholders, the demand creation activity data will be tracked and routinely reviewed for program improvement and planning; and to enhance direction in which C-Change will provide support to USG IP towards PMTCT service uptake.

**(e) To ensure sustainability of the M&E efforts, C-Change will:**

- Enhance the capacity of the M&E staff to collect, analyze and interpret data.

## **3.2 Definitions**

The following definitions will be adopted for this monitoring and evaluation plan:

**Monitoring:** This is defined as the routine process of data collection and measurement of progress toward established program objectives. There are three domains of information required in a monitoring system:

- Inputs: resources that are expended to carry out the program activities, such as staff, money, materials and time;
- Process: set of activities in which program resources – human and financial – are used to achieve the results expected from the program such as training; and,
- Outputs: immediate results obtained by the program through the implementation of activities, such as the number of staff trained, the number of people served, or the number of commodities distributed.

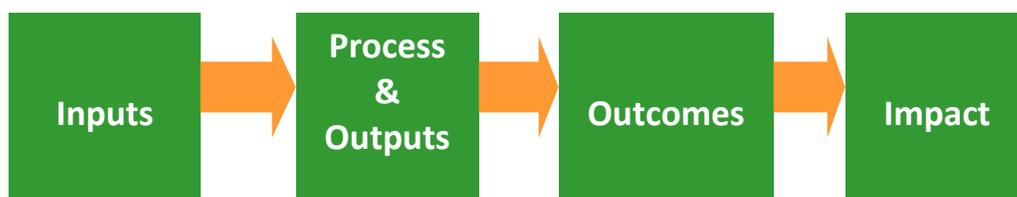
Monitoring answers questions such as: To what extent are planned activities actually realized? What services are provided, to whom, when, how often, for how long and in what context? How well are the services provided?

**Evaluation:** Can generally be defined as a selective or periodic exercise to systematically and objectively assess progress towards the achievement of an outcome. Evaluation involves the comparison of at least two values and can occur at one or multiple levels depending on the scope, goals and objectives of the project:

- At the *project or program level*, where process and output data are measured against pre-established targets and standards, and,
- At the *population level*, where the project's goal and objectives are evaluated for changes in the target population of interest.

**Indicators:** These are variables that measure progress (or lack of it) towards the attainment of the program objectives. They indicate, for instance, the number of people trained (achievement) and how close this number is to the desired/expected/proposed number of trained individuals (target). Indicators inform us of the gap between accomplishments and targets and offer the opportunity to determine the effectiveness of a program. By tracking indicators over time, we are able to determine how close programs are to achieving their objectives.

A good practice in monitoring and evaluation is to have a graphical layout of the relationships between the different levels of indicators. Notable among the models that have been used for this purpose are the logical framework, the logic model, the theory of change, the results framework and the outcome chain models. These models are very similar, applied under certain assumptions and illustrate the logical pathway from a lower indicator level to the next. The assumptions describe, for instance, the desired/expected outputs from each implemented activity and how the expected outputs in turn would lead to some outcomes. In its simplest form, the relationships between the different levels of the indicators could be represented graphically as follows:



The indicator matrix at the end of this document shows the indicators, how they would be measured, sources of data, frequency of data reporting, responsible parties and targets. Two sets of indicators were developed: output and outcome indicators.

With respect to the matrix:

- The first column shows the proposed list of indicators – output and outcome.
- The second column describes how each indicator will be measured. For outcome indicators that are expressed in percentages, the numerators and denominators have been defined. For process/output indicators, service providers will merely record the number of individuals reached or trained.
- The third column shows the data sources and the appropriate data collection tools. **The data sources consist mainly of service statistics, facility surveys, population-based survey and program reports.** To ensure adequate comprehension of how the data would be collected, we have also identified the tools/forms needed to collect information from individuals or program beneficiaries.
- The fourth column shows the recommended tools for reporting data from the NGO/CBO to SACA/C-Change, Nigeria office. The population-based survey results will be prepared and disseminated appropriately while the NGOs will report their service data to SACA and C-Change using approved reporting forms.
- The fifth column shows the proposed frequency of reporting data from C-Change to USAID or from the youth focused NGO/CBO to C-Change. The population-based outcome indicators will be reported every year or two (or as data are available) while the output indicators will be reported quarterly.
- The sixth column shows the persons responsible for reporting data. The data for the output indicators will be provided by the community based providers of HIV prevention services among youth. The capacity building related indicators will be reported by C-Change staff and others involved in providing training for the USG IP, NGO, health workers and media practitioners and by those involved in follow-up assessments of capacity.
- The baseline values for the indicators will be determined soon and will be entered in column seven
- The desired levels of program coverage (in the case of outcome indicators) as well as the expected number of individuals to be reached or program activities to be undertaken (process/output indicators) are (will be) provided in column eight.

## **4. THE STRATEGIC INFORMATION SUB-SYSTEMS**

In order to generate appropriate data to monitor program performance and assess the effectiveness of program interventions, C-Change, Nigeria, will integrate into the national strategic information (SI) system where appropriate. The current M&E framework recognises two data collection sub-systems: the organization-level activity sub-system and the community-based services sub-system.

### **The Organization Level Activity Sub-system (OLAS)**

The OLAS covers the capacity building activities among the USG IP, the NGO, the health workers and the mass media practitioners. Data on capacity building activities will highlight the number and type of trainings conducted and the number of individuals trained. Data will also be obtained from the follow-up capacity assessments that would be conducted by C-Change M&E staff and the research/evaluation organization/institution to be contracted to determine the number and percentages of trainees who are able to apply the skills acquired successfully. The follow-up capacity assessments will also enable C-Change determine improvements in the capacity of the organizations to perform the functions for which they were trained. The SACA/NACA required capacity building indicators will be reported as scheduled.

### **The Community-Based Services Sub-system (CBSS)**

The community-based services sub-system will focus on community-based HIV prevention activities among youth. Using appropriate forms (either newly developed by C-Change in collaboration with NGO/CBO or adapted from existing ones) the CBO will collect and report to C-Change the number of youth reached through prevention interventions that include the peer led community group discussions and the one-on-one peer counseling and education. C-Change will add the numbers across the implementing agencies and report the totals to SACA/NACA through the national system as required and to USAID on a quarterly basis. To detect changes in youth behavior over time, baseline and follow-up surveys will be conducted. The baseline survey will yield the baseline values of the behavior related indicators and the follow-up surveys will detect changes in these indicators. A research/evaluation firm will be contracted using C-Change OHA core funding to conduct the follow-up surveys. Community level dissemination of results will be conducted twice a year to provide feedback to communities and partner organizations.

## **5. MEASURING THE EFFECTIVENESS OF INTERVENTIONS**

The effectiveness of the interventions will be measured by the extent to which the objectives/targets of the Nigeria C-Change program are met (or attained) at the organization and population levels. Consequently, we have developed a set of indicators for which targets are/will be set, actual performance/achievements reflected by the reported values of the indicators, will be compared with targets to determine the effectiveness of the program. The survey data will be used to determine the effects of the program on the sexual behavior of the youth. The M&E results will be used at every stage to inform subsequent program implementation.

## 6. THE QUALITY MANAGEMENT SYSTEM

### 6.1 Quality of service

C-Change and the partners will work together to ensure that SBCC interventions align with national priorities. For peer counseling and education activities among the youth, instruction manuals/guidelines will be developed (or existing ones adapted) and made available to the peer counselors to ensure consistency in approach and messages across peer educators. To monitor adherence to the guidelines, C-Change, in collaboration with the partners will develop assessment tools for both routine unprompted site visits and for internal and external assessments of the quality of services. Information collected during the supervisory visits will help to identify areas of deficiency as well as guide the remedial measures that should be taken to improve the quality of services provided. There will also be assessments of the staff to determine their competencies. Staffs that are found wanting will be recommended for training.

### 6.2 Data quality

The need to collect good quality data cannot be over-emphasized. Consequently, C-Change- will establish a supervisory system to monitor data collection and reporting at the sites. The results of the site visit assessments will be analyzed and used to determine and address areas that need improvement. During site assessment visits, completed recording and reporting forms will be examined for the following: **completeness** (the extent to which data fields, particularly the required ones are completed as well as the extent to which the information obtained permits dis-aggregation by sex, age, etc); . **consistency** (the extent to which information recorded in different sections of the form is consistent with one another - for example, the reported number of individuals reached should equal the sum of male and female individuals reached); **integrity** (the extent to which the numbers on the recording and reporting forms align); and **reliability** (the extent to which definitions and measurements of clients' characteristics and services remain constant over time). Information collected from the supervisory visits will be used to identify data collection and reporting needs as well as the types of capacity building activities that will be implemented among the NGO.

## **7. DATA MANAGEMENT, DISSEMINATION AND USE**

C-Change recognizes the need to analyze program data on time with a view to identifying areas of weakness/poor performance (that need to be improved) and areas of strength/good performance (that must be sustained). Consequently, data will be analyzed regularly to inform the types of interventions to implement and how to implement them. Data for different reporting periods will be compared to show trends over time. Program achievement data will be compared with targets monthly to determine the extent to which program objectives are achieved. The M&E results will be disseminated to various stakeholders through workshops, bulletins, and reports. C-Change will document lessons learned. Community-level disseminations will be conducted as appropriate to provide feedback to NGOs and communities.

## 8. IMPLEMENTING THE M&E PLAN

The implementation of the M&E plan is the responsibility of C-Change and the Partners. C-Change M&E staff will ensure that:

- Data collection and reporting, data analysis and dissemination and assessment of the quality of service etc. are implemented on time and by technically competent individuals.
- There is a regular review of the M&E plan to align it with new program directions.
- The results of the M&E efforts inform program strategies, advocacies and collaboration
- The M&E results are regularly disseminated to all stakeholders, including the communities.

The NGO will:

- Report data at agreed frequency to C-Change.
- Participate in trainings organized by C-Change in collaboration with other partners to build their data collection and reporting capacities.
- Undertake simple analysis of data they collect

### **C-Change Nigeria PROJECT RESULTS FRAMEWORK**

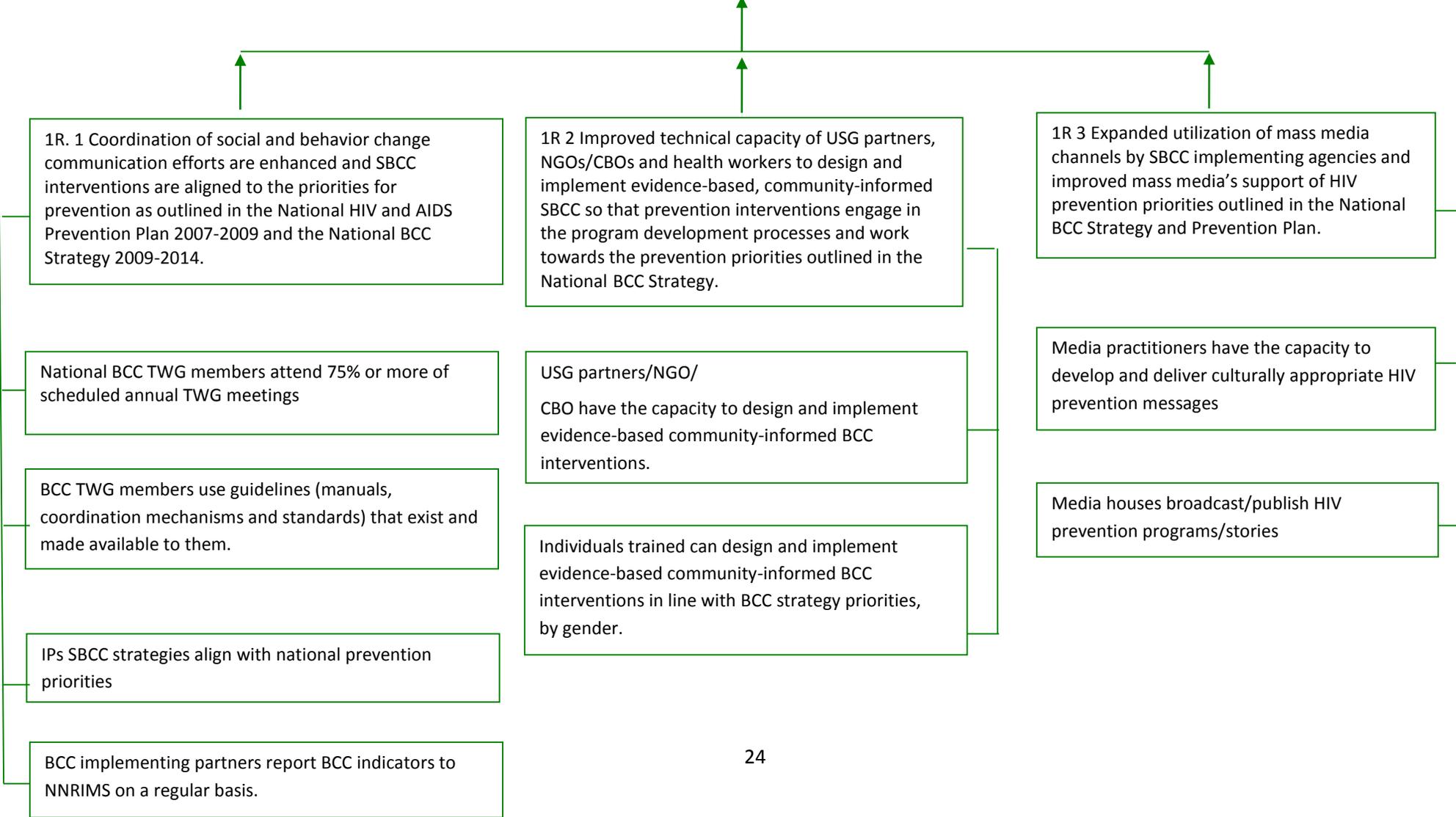
As a way of presenting the strategies for achieving desired results of the project, a Results Framework has been developed. At the top of the diagram is the main goal of the project which is “improved effectiveness and sustainability of country-driven communication for social and behavior change for HIV prevention; and increased demand for PMTCT services.” These goals can be attained when 3 strategic results are in place, namely functioning and well-coordinated SBCC interventions, improved technical capacity of BCC practitioners and expanded utilization of the mass media; and a sound technical document on PMTCT demand creation. A description of other expected results leading to each of these three are shown in the Appendix I.

### **Critical Assumptions**

- Timely disbursement of obligated funds by USAID
- The Government of Nigeria and NACA continue to identify with and support the C-Change, Nigeria Project
- The technical capacity of C-Change to implement the project continues to be sustained.
- Implementation of the strategies outlined in the PMTCT demand creation document
- Stable political and economic environment in Nigeria
- Continuous political will by the present administration in Nigeria to support HIV/AIDS and other related public health programs

# C-Change's Results Framework

Goal: Improved effectiveness and sustainability of country-driven communication for social and behavior change for HIV prevention



## PMP for C-Change Nigeria

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
<b>Objective 1:</b>							
<b>Enhance coordination of social and behavior change communication and align SBCC programming to National prevention priorities</b>							
% of National SBCC TWG members attending 75% or more of scheduled annual TWG meetings	<b>Numerator:</b> Number of national SBCC TWG members attending 75% or more of scheduled meetings per year <b>Denominator:</b> Total number of national SBCC TWG. (members expected to attend each scheduled meeting)	Participants' register	Program report	Quarterly	C-Change	-	100%
Number of SBCC TWG meetings held	Count of SBCC TWG meetings held	Participants' register	Program report	Quarterly	C-Change	-	15
Number of SBCC TWG members trained in the use of guidelines (manuals, coordination mechanisms and standards)	Count of SBCC TWG members trained in the use of guidelines (manuals, coordination mechanisms and standards)	Activity record of the TWG; program documents	Program reports	Quarterly	C-Change	-	23
Number of USG IP whose SBCC strategies align with national prevention priorities	Number of IP whose SBCC strategies align with national prevention priorities Count of	Activity record of the TWG; program documents	Program reports	Annually	C-Change TWG	-	4 plus CDC & USAID
Percentage of SBCC implementing partners reporting required BCC indicators to NNRIMS on a regular basis	<b>Numerator:</b> Number of SBCC implementing partners reporting required BCC indicators to NNRIMS on a regular basis <b>Denominator:</b> Total number of SBCC implementing partners	NNRIMS reporting form	Program reports	Quarterly (or as determined by NNRIMS)	C-Change TWG	-	100%

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
<b>Objective 2: Improve technical capacity of USG partners, NGOs/CBOs and health workers to design and implement evidence-based, community-informed SBCC</b>							
Number of US IPs, NGOs/CBOs in focal states <i>trained</i> to design and implement evidence-based community-informed SBCC interventions in line with national prevention priorities	Count of US IPs, NGOs/CBOs in focal states <i>trained</i> to design and implement evidence-based community-informed SBCC interventions in line with national prevention priorities	Training register	Program Reports	Quarterly	C-Change		110
Number of frontline health care workers in focal states trained in IPC/SBCC	Count of frontline health workers in focal states trained in IPC/SBCC	Training register	Program Reports	Quarterly	C-Change		40
Number of US IPs, NGOs/CBOs in focal states <i>provided TA</i> to design and implement evidence-based community-informed SBCC interventions in line with national prevention priorities	Count of US IPs, NGOs/CBOs in focal states <i>provided TA</i> to design and implement evidence-based community-informed SBCC interventions in line with national prevention priorities	Program reports	Program reports	Quarterly	C-Change	-	10
Number of existing tertiary institutions in focal states used to strengthen SBCC activities	Count of existing tertiary institutions in focal states used to strengthen SBCC activities	Program reports	Program reports	Quarterly	C-Change	-	4

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
<b>Objective 3: Expand utilization of mass media channels by BCC implementing agencies and improve mass media coverage of topics related to HIV</b>							
Number of media practitioners trained to develop programs and media products aimed at increasing HIV prevention	Count of persons trained to develop programs and media products aimed at increasing HIV prevention	Training Register	Training Reports	Quarterly	C-Change	-	30
Number of NGOs trained on how to engage the media for effective coverage of HIV prevention interventions.	Count of NGOs trained on how to engage the media for effective coverage of HIV prevention interventions.	Training Register	Training Reports	Quarterly	C-Change	-	94
Number of 'Meet-the-Media' events conducted	Count of 'Meet-the-Media' events conducted	Training Reports	Training Reports	Quarterly	C-Change	-	4
Number of media practitioners who participated in the quarterly Meet-the-Media events	Count of media practitioners who participated in the quarterly Meet-the-Media events	Training Register	Program reports	Quarterly	C-Change	-	36
Number of NGOs and IPs who participated at the Meet-the-Media events	Count of NGOs and IPs who participated at the Meet-the-Media events	Training Register	Program reports	Quarterly	C-Change	-	70
Number of media HIV features that are supportive of prevention and behavior change	Count of media HIV features that are supportive of prevention and behavior change	Program reports	Program reports	Quarterly	C-Change/ INTERNEWS	-	120
Number of media houses broadcasting/ publishing HIV prevention programs/stories	Count of media houses broadcasting/ publishing HIV prevention programs/stories	Program reports	Program reports	Quarterly	C-Change/ INTERNEWS	-	15

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
<b>Youth Program Related Indicators</b>							
<b>Objective 4: To contribute to reduction in HIV prevalence by promoting prevention behaviors including abstinence, being faithful &amp; condom use among youth 10-24 in Cross River and Kogi states.</b>							
Number of (persons in) the target population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	Count of individuals exposed to 3 interventions from 3 strategies according to MPPI.	Hard copy of Prevention Intervention Tracking Tool (PITT).	Electronic PITT & DHIS 2.0 USG Instance	Monthly	C-Change and Partners	-	15, 000
Number of individuals reached with individual/small group interventions primarily focused on abstinence and /or being faithful	Count of individuals exposed to 3 interventions from 3 strategies according to MPPI.	Hard copy of Prevention Intervention Tracking Tool (PITT).	Electronic PITT & DHIS 2.0 USG Instance	Monthly	C-Change and Partners	-	7, 311
Number of individuals trained to promote HIV/AIDS prevention programs	Count of individuals trained to promote HIV/AIDS prevention	Program/training reports	Program/ Training reports	Quarterly	C-Change and Partners	-	1, 827
Percentage of youths having multiple concurrent partners	<b>Numerator:</b> Number of respondents who reported to have multiple concurrent sexual partners in the 12 months preceding the survey by age and gender <b>Denominator:</b> Total number of young people 10-24 who reported to have sex in the 12 months preceding the survey by age and gender	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	18.7% (Kogi state)	8%

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
Percentage of young women aged 10-24 years practicing intergenerational sex	<p><b>Numerator:</b> Number of female respondents 10-24 who reported to engage in inter-generational sex in the 12 months preceding the survey by age</p> <p><b>Denominator:</b> Total number of female respondents 10-24 who reported to have sex in the 12 months preceding the survey by age</p>	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	43%	30%
Percentage of young women who engaged in transactional sex	<p><b>Numerator:</b> Number of female respondents 10-24 who reported to have had transactional sex in the 12 months preceding the survey by age</p> <p><b>Denominator:</b> Total number of female respondents 10-24 who reported to have sex in the 12 months preceding the survey by age</p>	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	11.4%	5%
Percentage of young people (10-24) using condom during last sex	<p><b>Numerator:</b> Number of respondents 10-24 who reported use of condom during last sex by age and gender</p> <p><b>Denominator:</b> Total number of respondents 10-24 who have ever had sex by age and gender</p>	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	49.7%	60%
Percentage recalling any two HIV/AIDS messages targeted at youth in their states in the year preceding the survey	<p><b>Numerator:</b> Number of respondents 10-24 who reported to use condom during first sex by age and gender</p> <p><b>Denominator:</b> Total number of respondents 10-24 who have</p>	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	69.3%	80%

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
	ever had sex by age and gender						
Percentage who identified unprotected sex as source of transmission of HIV	<b>Numerator:</b> Number of respondents 10-24 who reported to use condom during last sex by age and gender <b>Denominator:</b> Total number of respondents 10-24 who have ever had sex by age and gender	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	89.5%	95%
Percentage of young people delaying first sex.	<b>Numerator:</b> Number of respondents 20-24 who reported to have never had sex by gender <b>Denominator:</b> Total number of young people 20-24 interviewed by gender	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	48%	55%
Percentage of youth who have had sex before age 20 years	<b>Numerator:</b> Number of respondents who reported to have had sex before age 20 by gender <b>Denominator:</b> Total number of young people interviewed by gender	Survey of young people; Questionnaire	Survey Reports	Every two years; As often as surveys are conducted	C- CHANGE	42	30%
<b>Objective 5: To support the development of national demand creation strategy for increased access and uptake of PMTCT services.</b>							
Hold combined BCC/TWG meetings held.	<b>Numerator:</b> No. of 2-day combined BCC/TWG and NPTWG meetings held: <b>Denominator:</b> One meeting expected to hold	Attendance sheet	Minute of meeting	Once	C- CHANGE	-	
Convene national PMTCT demand creation sub-committees	No. of PMTCT demand creation committee convened	Attendance sheet	<b>Names of committee members</b>	Once	C- CHANGE		
Conduct quarterly PMTCT SBCC sub-committee meetings	<b>Numerator:</b> No. of quarterly PMTCT sub-committee meetings held.	Attendance sheet	Minute of meetings	Quarterly	C- CHANGE		

Indicator	How measured/ tracked	Data source/ Methodology/Information Recording tool	Data Reporting Tool	Frequency of Reporting	Responsible Party	Baseline value	Target
	<b>Denominator:</b> 4						
Facilitate the development of a National PMTCT communication (Demand Creation) strategy	<b>Numerator:</b> No. of facilitation meetings held. <b>Denominator:</b> 1	Workshop, attendance sheet	Draft of strategy document	Once	C- CHANGE		
Distribute draft strategy document	Draft strategy document distributed	Communications and meetings	Mails and minutes of meetings	Once	NACA		
<b>Build the capacity of PEPFAR-funded IPs to carry out community and media-based activities for increased utilization of PMTCT services</b>							
Conduct a 6-day PMTCT SBCC training for USG and other PMTCT IPs	No. of days training was conducted. <b>Denominator:</b> 6	Training Attendance sheet	Training report	Once	C- CHANGE		
Conduct a 10-day PMTCT SBCC and media materials development workshop.	No. of media materials developed	Attendance sheet of workshop	Samples of materials developed	Once	C- CHANGE		
Pre-test PMTCT message concepts and materials	No. of PMTCT messages pre-tested.	Pre-test report	Field report	Once	C- CHANGE		
<b>Coordinate and support USG partners' implementation of Demand Creation efforts targeted at uptake of PMTCT services</b>							
Conduct a one-day national PMTCT advocacy and social mobilization event	No. of national advocacy and social mobilization event coordinated	Event Report, pictures and documentaries	Event Report	Once	NACA		
<b>Project Objective: Monitor progress of strategic SBCC and demand creation activities for PMTCT services</b>							
No. of participants from USG IPs that participated in the tools and indicators development workshop.	<b>Numerator:</b> Number of USG IP represented at the workshop <b>Denominator:</b> Total no. of USG IP invited	Workshop attendance sheet	Training Report	Once	C- CHANGE	-	100%



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