Technical Brief 2

Strengthening State and Non-State Institutional Capacity for Improved Service Delivery in the HIV&AIDS Sector

Experiences and Learning from the Enhancing Nigeria's Response to HIV&AIDS (ENR) Programme Jan 2009–Dec 2014

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Contents

Acronyms

AIDS	**Acquired Immune Deficiency Syndrome**
ANC	Antenatal Care
ART	**Antiretroviral therapy**
BBC-MA	BBC Media Action
CSO	**Civil Society Organisation**
DFID	Department for International Development
DHIS	**District Health Information System**
ENR	Enhancing Nigeria's Response to HIV&AIDS Programme
ERPS	**Epidemiology and Response Policy Synthesis**
FLHE	Family Life Health Education
GoN	**Government of Nigeria**
HAF	HIV&AIDS Fund
HCT	**HIV Counselling and Testing**
HIV	Human Immunodeficiency Virus
HPDP	**HIV&AIDS Project Development Programme**
HRC	Human Right Commission
IEC	**Information Education and Communication**
IPC	Interpersonal Communication conductor (Agent)
IPs	**Implementing Partners**
JFA	Joint Financing Arrangement
LACA	**Local Action Committee for HIV and AIDS**
IBBSS	Integrated Bio-Behavioural Surveillance Survey
FIDA	**International Federation of Female Lawyers**
JAR	Joint Annual Review
LOP	**Life of Project**
LGA	Local Government Area
LF	**Log Frame**
MAP	Measuring Access and Performance
MARPS	**Most At Risk Population**
MDA	Ministry Departments and Agencies
MoE	**Ministry of Education**
MoH	Ministry of Health
MoLG	**Ministry of Local Government**
MoWA	Ministries of Women's Affairs
MOT	**Mode of Transmission**
M& E	Monitoring and Evaluation
MTSS	**Medium term Sector strategy**
NACA	National Agency for the Control of AIDS
NHOCAT	**National Harmonised Organisational Capacity Assessment Tool**

Acronyms

NARHS	**National HIV&AIDS and Reproductive Health Survey**
NHRC	National HIV&AIDS Resource Centre
NNRIMS	**National Nigeria Response Information System**
NSP	National Strategic Plan
NEPWHAN	**Network of Persons Living with HIV&AIDS in Nigeria**
OCAT	Organisation Capacity Assessment Tool
PADEF	**Partnership Assessment and Development Framework**
PLHIV	Person Living with HIV
PCRP	**Presidential Comprehensive Response Plan**
PMTCT	Prevention of Mother To Child Transmission
PHC	**Primary Health Care**
PLACE	Priority for Local AIDS Control Efforts
PSRHH	**Promoting Sexual Reproductive Health and HIV**
STI	Sexually Transmitted Disease
STTA	**Short Term Technical Assistance**
SFH	Society for Family Health
STAR	**Society Tackling AIDs through Right**
SOP	Standard Operating Procedure
SACA	**State Agency for The Control of Aids**
SASCP	State AIDS and STI Control Programme
SASA	**State AIDS Spending Assessment**
SHARHS	State HIV&AIDS and Reproductive Health Survey
SMOH	**State Ministry of Education**
SMoA	State Ministry of Health
SSP	**State Strategic Plan**
SUOP	State Unified Operation Plan
SNR	**Strengthening Nigeria's Programme**
TOC	Theory of Change
TWG	**Technical Working Group**
TOR	Term of Reference
UNAIDS	**United Nations Joint programme on HIV&AIDS**
UNICEF	United Nations Children 's Fund
USAIDS	**United States Agency For International Development**
UAFC	Universal Access to Female Condoms
VFM	**Value for Money**
WB	World Bank

1. Overview of the Technical Brief series

This technical brief series presents select learning and reflection from implementing the Enhancing Nigeria's Response to HIV&AIDS (ENR) programme between January 2009 and December 2014. There are four volumes in the series, each volume uses two case studies to highlight an aspect of the programme. These volumes are:

- **Technical Brief 1** focuses on highlighting lessons learnt in working with the Government of Nigeria (GoN) at national and eight states to improve their stewardship oversight of Nigeria HIV&AIDs operating environment. The two selected case studies (1) Enacting HIV&AIDS Anti-Stigma and Discrimination Law at states level and financing the HIV&AIDS Response to Community level talks to the importance of improving legal/policy and financing elements of government stewardship.

- **Technical Brief 2** – Strengthening state and non-state institutional capacity for effective HIV&AIDS intervention uses two case studies, the NHOCAT System for tracking Public Institution and partnership system for Mass Media Capacity strengthening to highlight the ENR programme approach to capacity building.

- **Technical Brief 3** – on HIV and Health communication at community level presents the design and implementation experiences of the HIV interpersonal communication (HIPC) and its subsequent integration into existing state government system for sustainability and modified House to House health communication campaign with its powerful impact on increasing recipient knowledge of subject matter and reaching the hard to reach.

- **Technical Brief 4** – covers the unique system, mechanisms and structural arrangements used by ENR's 8-member ENR consortium for internal management; how it worked, reduced friction, increased efficiency, and etc in the delivery of programme results.

These briefs combine elements of a "how to do" guide with those of a lessons learnt series. Each case study can be used on its own or each volume together depending on the particular area of interest for the reader. It is envisaged that the user will find these guide useful when designing and/ or reviewing similar elements of work. The series would also be valuable in a non-HIV setting considering that the issues they focus on also apply to other health areas. They reflect, to a large extent, the unique operational theatre the three tiers of government represent in the design and deployment of developmental interventions in Nigeria.
Finally a number of resource materials that complement and actually support implementation of some of the interventions mentioned in these briefs are available at the National HIV&AIDS Resource Centre. The Centre has both a physical library and an online portal. Readers are encouraged to avail to these resources.

2. The ENR Programme

Enhancing Nigeria's Response to HIV & AIDS (ENR) an innovative six year, integrated HIV prevention and institutional strengthening programme was implemented nationally (commodity social marketing), at the federal level and across eight states. Designed in 2007/2008, the programme, which started in January 2009, builds on two previous United Kingdom's Department for International Development (DFID) programmes - Promoting Sexual Reproductive Health and HIV Reduction (PSRHH); and the Strengthening Nigeria's Response to HIV & AIDS (SNR) programmes.

The goal of the programme, which ended in December 2014, was to contribute to Nigeria's achievement of Millennium Development Goal 6 by reducing the spread of the HIV epidemic and mitigating the impact of AIDS. The expected outcome of the programme was to improve access to effective HIV & AIDS prevention, treatment, care and support information and services for those most vulnerable to infection.

To achieve this outcome, the programme delivers three outputs at the federal level (working with National Agency for Control of AIDS (NACA), three Federal Line Ministries (health, education and women's affairs) and Civil Society Networks) and with State Agencies for Control of AIDS (SACAs), line ministries (Health, Education, Agriculture, Women Affairs and Youth & Sports) and civil society networks and organisations in eight states representing more than 25% of the Nigerian population; These three outputs were:

1. Strengthening stewardship for sustainable and effective multi-sectoral and evidence - informed HIV prevention response by federal and state government;
2. Improving the institutional and technical capacity of civil society to engage in HIV & AIDS prevention, care and support interventions;
3. Improving knowledge, changing attitudes and availability of commodities conducive for safer practices for effective HIV/ADS prevention.

ENR was implemented by a consortium comprising Society for Family Health (SFH) as Managing Agent; ActionAid Nigeria, BBC WST, Population Services International (PSI), Options Consultancy Services, Benguela Health Pty, Population Council and Crown Agents.

The programme contributed to Nigeria's AIDS control efforts in the last six years, increasing access for vulnerable persons to HIV prevention treatment and care interventions by achieving outcome targets for life of project and improving service delivery to Nigerians. The programme made significant impact across the strategic themes of: Institutional capacity of government for planning, coordination, reporting, resource mobilisation and using evidence to track the epidemic as well as in programmatic and allocative decision making. Other strategic themes where the programme made significant impact include strengthening civil society organisations as service providers and as advocates, HIV&AIDS and health promotion and ensuring expanded access to services across HIV counselling and testing, PMTCT and condom supply.

Select achievements at the end of programme include:

1. Comprehensive HIV knowledge increased from 35% for male and 23% for females in ENR states as at 2007 to 45% for males and 38% for females in 2014. This translates to a 28% point increase for men and 64% for women over the life of the programme.

2. The proportion of people who received HIV counselling and testing and received results in ENR States increased from 13% (f) and 15% (m) in 2007 to 50% (f) and 44% (m) in 2014 far exceeding the 2014 target of 18% (f) and 20% (m) respectively.

3. The programme distributed 1.23 billion male and 4.0 million female condoms between 2009 and 2014. Access to condoms in rural areas also increased from 50% in 2007 to 90% as at end of 2014. Condom use also increased where 69% of men and 56% of women used a condom in their last risk sex in ENR states in 2014 compared with 56% for male and 40% for female in 2007

4. Distributed condoms, associated health promotion and increased use have prevented an estimated 109,364 new HIV infections, provided 8,400,000 couple years of contraceptive protection, and averted 2,500,000 unintended pregnancies, preventing 10,000 maternal deaths and generating 10 million disability adjusted life years (DALYs)

5. In addition the anti-stigma and discrimination law was passed in Benue and Ogun states with ENR support. This means that at the end of ENR in Dec 2014 all the 7 states with anti-stigma and discrimination laws were ENR states.

3. Strengthening State and non-state actors Institutional Capacity for HIV&AIDS Service delivery

One of the key planks of the ENR programme was to strengthen the institutional capacity of government, media and civil society with a strong focus on service delivery. This technical brief explores the unique work carried out by the programme in partnership with NACA to streamline and harmonise multiple approaches to capacity building. The approaches were presented by different development partners at the programme's start off.
The case study on the National Harmonised Organisational and Capacity Assessment Tool (NHOCAT) outlines the process, learning and ultimate product of a piece of the intervention carried out by ENR. This study will show how to develop a coordinated and coherent view of government and CSO capacity and how to rate, strengthen and track this capacity on an ongoing basis. This allows for better input design and accurate measurement of the outputs of SACAs and line ministries. Wide acceptance of the NHOCAT represents one of the key successes of the programme.

The second case study explores the design of a unique partnership between media organisations and the ENR programme with end results of better mass media offerings to consumers in the area of Health and HIV&AIDS information and knowledge. Media stations received extensive skills transfers for reporting, programme/material development and expanding their corporate social responsibilities. Thus the general public received better and increased programming on HIV and health information.

We do hope that readers will find some inspiration and ideas from this technical brief.

Case study 1- Using a Normative System for tracking Public Institution Capacity - Experiences and Learning from the National Harmonized Organisational and Capacity Assessment Tool (NHOCAT)

4.1. Introduction

From inception to 2011, the ENR programme rationalised its approach to building the capacity of government counterparts through a formal organisational capacity assessment (OCA) mechanism, which employs the organisational capacity assessment tool (OCAT). The tool was developed by Strengthening Nigeria's Response to HIV/AIDS (SNR) in 2006 and modified by ENR in 2009. ENR used the OCAT to assess capacity and develop plans to address the capacity gaps of partner organisations.

The OCAT is composed of comprehensive lists of elements relating to organisational structures, functions and results. It is therefore a checklist of all aspects of organisational function and is a method to assess key areas of organisational and institutional effectiveness. In the old OCAT, scores were obtained through discussion and negotiation, with a broad range of stakeholders, around 10 -18 domains resulting in individual scores for each domain which helped to identify areas needing increased support. The individual scores are then aggregated to represent the status of the institution compared to the "model" institution - the higher the score, the stronger the institution. An external expert facilitated the participatory assessment process.

The OCA scores were used to create the capacity development plans (CDPs) used by ENR for strengthening institutions. The aim was to increase state and federal institution scores until they could be considered 'model' institutions. The old OCAT gave 'equal' weight to all elements without distinguishing between aspects, which are significant or less important in terms of organisational development. This reduced the practical value of the OCAT since issues that needed greater attention may have remained obscure.

There was also the risk that by not distinguishing between cause and effect, any resulting organisational development efforts might fail to address actual and critical needs. There is also an inherent risk in a design that uses scores that are based on perceptions and are negotiated. Thus during the 2011 Annual Programme Review (APR) by DFID the consultant made the following recommendation: "The OCAT should be revised: more critical elements in OCAT should be given more weight; unimportant elements should be removed; reporting of scores should be on selected priority domains not as an aggregate, with scores based on thresholds from 1 to 4; the aim should be to design and deliver capacity development activities to produce 'effective' institutions (as assessed by the revised OCAT)."

4.2. The NHOCAT Tool

Before ENR, different implementing partners developed and used their own tools to assess the capacity of organisations they worked with. Because of this, too many unstandardised capacity assessment tools were employed in the field. Sometimes these different tools were applied to the same organisations by different partners, leading to repeated assessments and the development of different capacity building plans. This resulted in wastage of staff and organisational resources, especially time. NACA therefore initiated a process of harmonising assessment tools to encourage standardisation, avoid duplication of efforts and enable comparability.

In 2012, responding to DFID's 2011 APR recommendations and the perceived need at NACA, ENR worked with other partners to support the harmonisation of OCA tools. The new harmonised tool, National Harmonised Organisational and Capacity Assessment Tool (NHOCAT), is a product of the different tools used by the different organisations.

The principles that informed the NHOCAT include:

- Subjectivity should be minimised
- Domains in the tool should be minimised and streamlined
- Weightings should be applied to the domains to give a more 'balanced' view of organisational capacity
- A threshold should be set to measure progress in capacity development
- Comparison between and within States of the various organisations should be easy

The tool is provided in Excel files (each with a stated version in the Excel file name and at the top right of every page): Because the tool is in MS Excel it is very easy to use. All calculations that rely on weightings are made automatically and the dashboard is populated automatically. The cells that contain formulae are password protected so that users do not damage the automation. Page breaks are pre-set for ease of printing and there are page headings and page numberings for ease in collating printed copies. All that the assessor has to do is to ask for evidence related to the (objective) standards and enter the scores. The result is available immediately. No real Excel skills are required.

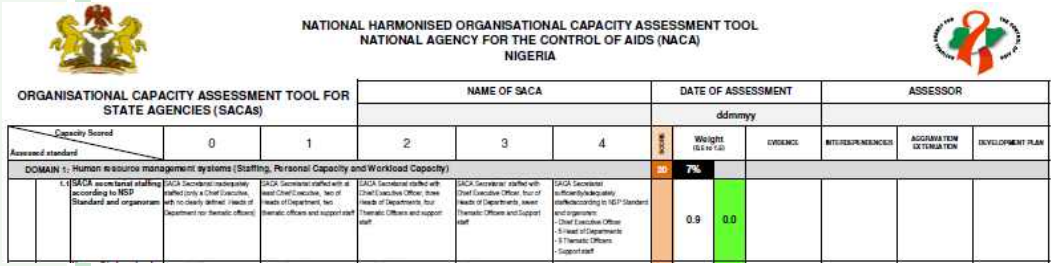
It is difficult to develop a single tool that can be used for every kind of organisation. There are some domains and core standards that should be assessed for every organisation but many are specific to different kinds of organisations such as: government line ministries (LM); faith-based organisations (FBO); civil society organisations (CSO); networks of organisations (NET); etc. As such, NHOCAT has separate modules for use in assessing the different categories:

- NACA — National Agency for the Control of AIDS
- SACA — State Agency for Control of AIDS
- LACA — Local AIDS Coordinating Authority
- LM — Line Ministries
- FBO — Faith based Organisations
- CSO — Civil Society Organisations
- NET — Networks of Organisations (includes private)

A separate dashboard is provided for a SACA to capture the SACA's capacity assessment, and all LACAs, LMs, CSOs, FBOs and NETs in the State. NACA has been provided with a national dashboard to capture it's capacity assessment and all (Federal) LMs, SACAs, and national NETs. If all assessments are conducted using the same tool, same domains and same standards, the outcome would be comparable between similar organisations and for the same organisation over time and across board. The layout of modules in the National and State files is also identical. The structures are briefly described below.

a) Domains

A 'Domain' is purely a 'principle area' of organisational capacity required to fulfil the mandate and is used to focus strengthening efforts. The basic template provides space for 10 domains. NACA and SACA templates have 10 domains while the other organisation assessment tools have varying numbers of domains.



NATIONAL HARMONISED ORGANISATIONAL CAPACITY ASSESSMENT TOOL
NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)
NIGERIA

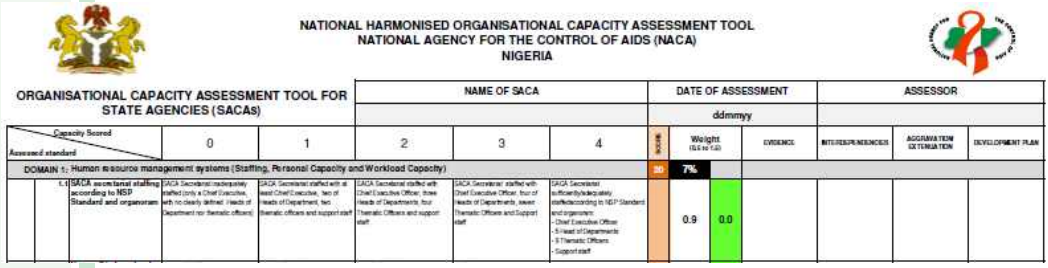
ORGANISATIONAL CAPACITY ASSESSMENT TOOL FOR STATE AGENCIES (SACAs)

	NAME OF SACA	DATE OF ASSESSMENT	ASSESSOR
		ddmmyy	

Capacity Scored / Assessed standard	0	1	2	3	4	SCORE	Weight (0.0 to 1.0)	EVIDENCE	INTERDEPENDENCIES	AGGRAVATION /ATENUATION	DEVELOPMENT PLAN
DOMAIN 1: Human resource management systems (Staffing, Personal Capacity and Workload Capacity)						20	7%				
1.1 SACA secretariat staffing according to NSP Standard and organogram	SACA Secretariat inadequately staffed (only a Chief Executive, with no clearly defined Heads of Department nor thematic officers)	SACA Secretariat staffed with at least Chief Executive, two of Heads of Department, two thematic officers and support staff	SACA Secretariat staffed with Chief Executive Officer, three Heads of Departments, four Thematic Officers and support staff	SACA Secretariat staffed with Chief Executive Officer, four of Heads of Departments, seven Thematic Officers and Support staff	SACA Secretariat sufficiently/adequately staffed according to NSP Standard and organogram: - Chief Executive Officer - 5 Head of Departments - 5 Thematic Officers - Support staff		0.9	0.0			

b) Assessed Standards

In each domain a number of critical issues are identified as standard elements of "capacity". Under each domain, space was provided for 10 assessed standards. Most domains have less than 10 standards identified for assessment.



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NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)
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c) Capacity Measurement Categories

In order to reduce subjectivity in scoring assessed standards under each domain each have five clearly stated "capacity measurement categories" (Capacity Scored); namely:

0 - very poor capacity; needs overhaul and review
1 - poor capacity; needs significant support
2 - acceptable capacity; but in danger of sliding backwards
3 - good capacity; appears to be sustainable
4 - excellent capacity; does not require support

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NIGERIA

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d) Score

The tool is designed so that assessors may allocate only ONE score for each Assessed Standard (0-4). Fractions are not accepted, only whole numbers from 0 - 4. The maximum score for a domain depends on the number of Assessed Standards for which capacity is being measured. If there are 10 and the maximum score per standard is 4 then the domain maximum score is 40.

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The score of a Domain is therefore a pure maths equation. For example:

- If there are 4 questions and each can score 0-4 then the maximum possible score is 16
- If there are 2 questions and each can score 0-4 then the maximum possible score is 8

e) Domain Weighting

This is clearly not a fair way to compare the capacity of the organisation so the scores are weighted to reflect the real priorities:

- The collective weight of all domains has been set at 100%
- If there are 5 domains and all have the same weight (equal importance and priority) then each is weighted 20% (5 x 20 = 100)
- If there are 10 domains and all have the same weight (equal importance and priority) then each is weighted 10% (10 x 10 = 100)

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The programming in the model converts the score to the percentage so that the comparison is fair and reflects the real priorities:

ð If there are 4 questions and each scores 3 then the score is 12, and

o If there are 5 domains and this domain is weighted 20% then the weighted score will be 12/16 x 20 = 15 (contributes 15% to the 100% total possible score)

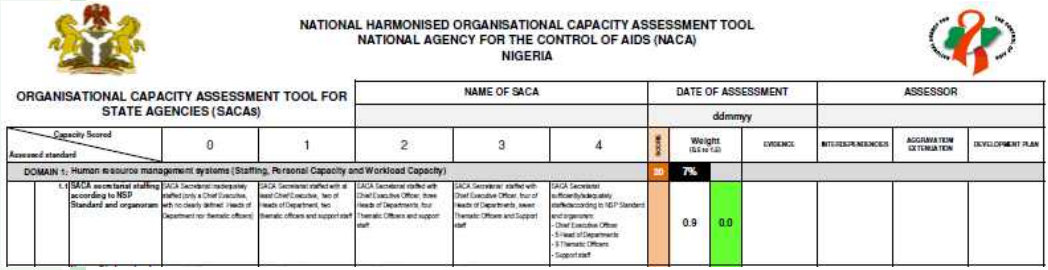
o But, if there are 10 domains and this domain is weighted 10% then the weighted score will be 12/16 x 10 = 7.5 (contributes 7.5% to the 100% total possible score)

f) Assessed Standards Weighting

Finally, each question can be weighted if all questions are deemed to be important but some more important than others.

Each standard that is assessed has been separately weighted depending on the priority attributed by the Government of Nigeria (GON) role-players and partners. Each standard's weighting can be changed by NACA as the priorities change, as long as the collective weight within the domain does not exceed the number of questions x 1. This weighting is very sensitive and care should be taken not to use too wide a range. It is suggested that a range of 0.8 to 1.2 is more than wide enough to promote the priorities.

The present tool is set so that there are a few weighted questions too. They show question scores of 1.1 while others in their domain are down-rated to 0.9.



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In this NHOCAT, it is important to concentrate on the percentage weighting per domain. The scores are not of themselves of any consequence.

In summary, each domain is weighted differently but the total weighting of domains adds up to 100% whether there are 10 domains or less. The aim is to ensure that the priority areas are highlighted but the full range of organisational capacity domains is still scored.

g) Evidence

A column is provided for the person doing the assessment to record evidence supplied to support the score given. This may be a reference to a document that should be annexed to the report or a note entered in the column.

It is important to collect these references so that the result remains objective eliminating the organisation's chance of influencing the assessment.

NATIONAL HARMONISED ORGANISATIONAL CAPACITY ASSESSMENT TOOL
NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)
NIGERIA

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Evidence may be defined as fact or concrete observation that supports the identified stage of development that answers the question, what can we see, hear or what do we know, that affirms something is true .

Examples of 'evidence' include: minutes of meetings; published policy documents; record of registration; human resource, procurement and financial policy documents of the organisation; operational and other work-plans; budgets; financial statements; training programmes; asset registers; formally adopted operational guidelines; statements of mandate (law, CAC, etc. where relevant); information systems and M&E systems information sheets; reports of various descriptions

[1] Quoted from MSH's "MOST".

h) Interdependencies

There is also a column to write in any obvious interdependencies that may influence a score. The assessed standard reference numbers may be entered there including any notes. This helps with planning capacity development and technical assistance after the assessment.

For instance:

- If there is no IT system, it would be difficult for the organisation to perform on data management and M&E.
- if there is no approved budget then all staffing and activity will be affected.

It is not essential to enter information in this column, except there are issues of significance.

NATIONAL HARMONISED ORGANISATIONAL CAPACITY ASSESSMENT TOOL
NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)
NIGERIA

ORGANISATIONAL CAPACITY ASSESSMENT TOOL FOR STATE AGENCIES (SACAs)	NAME OF SACA	DATE OF ASSESSMENT	ASSESSOR
		ddmmyy	

Capacity Scored / Assessed standard	0	1	2	3	4	SCORE	Weight (0.5 or 1.0)	EVIDENCE	INTERDEPENDENCIES	AGGRAVATION EXTENUATION	DEVELOPMENT PLAN
DOMAIN 1: Human resource management systems (Staffing, Personal Capacity and Workload Capacity)						20	7%				
1.1 SACA ascertanal staffing according to NSP Standard and organogram	SACA Secretariat inadequately staffed (only a Chief Executive, with no clearly defined Heads of Department nor thematic officers)	SACA Secretariat staffed with at least Chief Executive, two of Heads of Department, two thematic officers and support staff	SACA Secretariat staffed with Chief Executive Officer, three Heads of Departments, four Thematic Officers and support staff	SACA Secretariat staffed with Chief Executive Officer, four of Heads of Departments, seven Thematic Officers and Support staff	SACA Secretariat sufficiently/adequately staffed according to NSP Standard and organogram: - Chief Executive Officer - 5 Head of Departments - 5 Thematic Officers - Support staff		0.9	0.0			

I Aggravation/Extenuating Circumstances

There is also a column to write in any specific circumstances that have resulted in a poor score. There may be clear reasons for poor capacity, and especially deterioration from a previous score. It is important to know this in order to plan to replace lost capacity or avoid focusing on temporary challenges that can be resolved without intervention.

For instance:

- if there has been storm damage to the office there may be temporary service deterioration
- if a key staff member has gone on maternity leave or resigned then there may be a negative impact on the job that s/he was performing
- if a vehicle has been damaged or written off then outreach may be temporarily impossible
- if commodities are not available in the market, this may impact on service delivery, etc.

It is not essential to enter information in this column, except there are issues of significance.

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		ddmmyy	

Capacity Scored / Assessed standard	0	1	2	3	4	SCORE	Weight (0.0 to 1.0)	EVIDENCE	INTERDEPENDENCIES	AGGRAVATION EXTENUATION	DEVELOPMENT PLAN
DOMAIN 1: Human resource management systems (Staffing, Personal Capacity and Workload Capacity)						20	7%				
1.1 SACA secretarial staffing according to NSP Standard and organogram	SACA Secretariat inadequately staffed (only a Chief Executive, with no clearly defined Heads of Department nor thematic officers)	SACA Secretariat staffed with at least Chief Executive, two of Heads of Department, two thematic officers and support staff	SACA Secretariat staffed with Chief Executive Officer, three Heads of Departments, four Thematic Officers and support staff	SACA Secretariat staffed with Chief Executive Officer, four of Heads of Departments, seven Thematic Officers and Support staff	SACA Secretariat sufficiently/adequately staffed according to NSP Standard and organogram: - Chief Executive Officer - 5 Head of Departments - 9 Thematic Officers - Support staff		0.9	0.0			

j) Development Plan

Finally, there is a column in which the assessor should indicate if any development plans exist or whether new support should be sought to address the missing capacity. It is important that institutions develop sustainable capacity from within, designed to be independent of the government or donors. Therefore institutions' capacity development plans (CDPs) should be built on sustainability, if none exists more extensive plans should be drafted separately. The scores will highlight priorities that should be focused on in the CDPs. It is not helpful to create a long list of unattainable external assistance.

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ORGANISATIONAL CAPACITY ASSESSMENT TOOL FOR STATE AGENCIES (SACAs)	NAME OF SACA	DATE OF ASSESSMENT	ASSESSOR
		ddmmyy	

Capacity Scored / Assessed standard	0	1	2	3	4	SCORE	Weight (0.0 to 1.0)	EVIDENCE	INTERDEPENDENCIES	AGGRAVATION EXTENUATION	DEVELOPMENT PLAN
DOMAIN 1: Human resource management systems (Staffing, Personal Capacity and Workload Capacity)						20	7%				
1.1 SACA secretarial staffing according to NSP Standard and organogram	SACA Secretariat inadequately staffed (only a Chief Executive, with no clearly defined Heads of Department nor thematic officers)	SACA Secretariat staffed with at least Chief Executive, two of Heads of Department, two thematic officers and support staff	SACA Secretariat staffed with Chief Executive Officer, three Heads of Departments, four Thematic Officers and support staff	SACA Secretariat staffed with Chief Executive Officer, four of Heads of Departments, seven Thematic Officers and Support staff	SACA Secretariat sufficiently/adequately staffed according to NSP Standard and organogram: - Chief Executive Officer - 5 Head of Departments - 9 Thematic Officers - Support staff		0.9	0.0			

k) OCA 'Dashboard'

At the end of the assessment is a summary page called a "dashboard". This is provided as a high level summary of the results for each OCA. It is automated so that as scoring is entered or any weighting changed, it automatically recalculates and changes the indicator.

The scores for each domain and the weighted scores are recorded on the dashboard. It is the weighted scores that are aggregated to provide an average percentage score of organisational capacity. This aggregate score provides an indicator to help identify progress. None of these scores is an absolute measure. They are easy to understand 'indicators' of organisational capacity in the various domains and overall.

These percentages can be read objectively if the scoring has been supported by evidence.

ORGANISATIONAL CAPACITY ASSESSMENT TOOL FOR STATE AGENCIES (SACAs)	NAME OF SACA	DATE OF ASSESSMENT	ASSESSOR
	KANSACA		

SACA ORGANISATIONAL CAPACITY ASSESSMENT DASHBOARD

ORGANISATION	KANSACA	Maximum score possible	Performance scored (0-4)	Weighted score for domain	Domain weighing	Contribution to overall score
DATE:	00 JANUARY 1900					
ASSESSOR	0					
Domain 1	Human resources management systems (Starting, Personal Capacity and Workload Capacity)	20	9	9.1	10%	4.6%
Domain 2	Budget & Financial management system	32	8	8.0	10%	2.5%
Domain 3	Procurement and inventory management	8	4	4.0	7%	3.5%
Domain 4	Planning	20	10	10.0	10%	5.0%
Domain 5	Physical infrastructure management system	16	10	10.0	7%	4.4%
Domain 6	Supervision and oversight of standards	8	8	8.0	10%	10.0%
Domain 7	Multi-sectorial coordination and facilitation (technical networking and partnering community involvement and outreach)	16	7	6.9	14%	6.0%
Domain 8	Governance and leadership	20	13	12.9	10%	6.5%
Domain 9	Monitoring and evaluation data management system	28	16	15.7	11%	6.2%
Domain 10	Resource mobilization and accountability	20	11	11.0	11%	6.1%
		188	96	95.6		54.6%

The colour code will show one of four 'lights' for each domain weighted score and for the total assessed capacity:

●	Black	- not assessed or score was '0'
●	Red	- weighted score >0 but <40%
●	Amber	- weighted score ⩾40% but <75%
●	Green	- weighted score ⩾75% but ⩽100%

It is therefore easy to see domains where there is excellent organisational capacity and where there is poor capacity.

The implication is that there should be serious concern for and investment in organisations scoring in the red. They have no real capacity to manage the HIV&AIDS epidemic. Those that score in the green are well managed and have the capacity to manage their mandates in respect to the HIV&AIDS epidemic. Organisations that score in the amber range are 'off the mark' and have some capacity but there is need to invest in their capacity, to assist them to manage their mandates.

4.3. Use of the Tool

Because the NHOCAT is in Microsoft Excel it is very easy to use. For users who are unable to make real-time use of computers, the tool may be printed and results entered manually. Page breaks are pre-set for ease of printing and there are page headings and page numbering for ease of collation of printed copies. The assessor is only tasked with asking for evidence related to the (objective) standards and entering the scores. The result is available immediately. No real Excel skills are required at all.

Of course the challenge is not principally in using the tool but in engaging the many interested parties who have to provide evidence to justify a score.

NHOCAT developed under NACA's leadership and direction has now received approval to serve as the capacity assessment tool for HIV and AIDS interventions in Nigeria. From June 2012, ENR pioneered use of the new tool at the Federal level and in eight states of Nigeria. In each constituency, the MDAs assessed were: SACA (NACA at the Federal level); MoH; and MoE. The states were: Akwa Ibom, Benue, Cross River, Enugu, Kaduna, Lagos, Nasarawa, and Ogun. Box 1 below highlights the processes ENR follows in conducting an OCA.

4.4. The result

The advent of the NHOCAT in 2012 and its wide acceptance has led to better assessment of organisational capacity, effective management of available and limited resources. Furthermore capacity assessment can be done with greater degree of comparability. According to users, the NHOCAT has been successfully used to identify and solve problems, improve organisational efficiency, monitor and evaluate progress, and improve partnership engagement.

Box 1: Conducting OCA in the field

ENR uses the NHOCAT to conduct Organisational and Capacity Assessment (OCA) of national and state-level MDAs. The OCA helps ENR to determine the institutional and technical capacity of states to manage, coordinate and deliver an effective multi-sectoral HIV prevention, treatment, care and support response. The OCA is conducted by a participatory process, which includes the following five key steps:

1. Stakeholders' Advocacy and Orientation

The full commitment of the organisation's leadership, directors and senior managers is absolutely paramount to the process because no meaningful change (improvement) will happen without deliberate and sincere support of this cadre of personnel.

Typically, the SACA with support from the ENR programme organises a half-day stakeholder advocacy meeting targeting key leaders from various MDAs of the multi-sectoral response. Civil society organisations' leaders are also involved. An overview of the state's OCA implementation process is provided during this meeting. This advocacy effort seeks leader's commitment and support to their team members who will be trained as NHOCAT Facilitators in the state and who will train others as well as lead the organisational capacity assessment process in their organisations/institutions. The key message of this meeting is the need for leaders to understand their roles before, during and after implementation of the assessment. A brief demonstration of the NHOCAT is also made with the opportunity for participants to ask questions.

2. Pre-Training Meeting & Training of State OCA Facilitators

A lead trainer (this could be an external consultant, a programme staff or the staff of SACA) conducts the NHOCAT training of facilitators with support from ENR programme staff and/or SACA staff, all of whom have previously received training at the national level. The benefitting participants are drawn from organisations to be assessed by the State or the ENR programme. For instance, for Akwa Ibom in 2012 the ENR programme expressed interest in conducting the OCA for:

- Akwa Ibom SACA (AKSACA)
- Ministry of Health
- Ministry of Education

Also included by AKSACA, were those ministries slated to benefit from World Bank funding (HPDP 2):

- Ministry of Women Affairs and Social Development
- Ministry of Agriculture
- Ministry of Youth and Sport
- Ministry of Local Government and Chieftaincy Affairs
- Ministry of Information

Training usually follows the nationally agreed format and is conducted over one and a half or two days (depending on the general level of computer literacy of participants).

3. Completing the Organisational Capacity Assessments

The NHOCAT trained facilitators in the state in train others in their organisation as well as lead the organisational capacity assessment in their organisations/institutions. All state level organisations of interest assess their institutions and submit the populated NHOCAT to, usually, the SACA M&E department where the dashboard will be housed. Each organisation has a box/filing cabinet or safe place for keeping evidence highlighted in the assessment. These evidences should be available at short notice for inspection by an interested party.

Guidelines for OCA data management are developed to support various State constituent groups i.e. Ministries, Departments and Agencies (MDAs), civil society organisations including faith based organisations and other partners in the OCA data collection, data storage and data sharing processes.

4. Verification and Consensus on the OCA Scores

Verification of OCA scores and validation of results is conducted in a verification/validation meeting with key constituents of the multi-sectoral response, trained facilitators and other critical mass members in attendance. Organisations are asked to justify their scoring and to review the scores against available evidence to promote objectivity. The facilitator goes through the NHOCAT domain and assessed standards one after the other to ask that the organisations justify their scores and show the evidence base of their scores. The facilitator also looks out to ensure that scores were arrived at through consensus as well as that other columns have been completed e.g. interdependencies, extenuating and development plans.

5. Development of capacity building plans

The capacity needs of assessed organisations are identified based on the domain and assessed standards scores during the OCA implementation process. Domains showing red on the dashboard are priority areas for capacity building. An assessed standard with a score less than 3 indicates clear opportunities for capacity building interventions. These interventions are initially noted on the NHOCAT column labelled "Development Plan". Additional templates may also be used to further analyse and categorise these capacity building plans (CBPs) before they are finally integrated into the larger State Unified Operational Plans (SUOPs).

The ENR Programme has used the NHOCAT to strengthen the capacity of key partners in supported states, including line ministries, departments and agencies, with noticeable increased organisational effectiveness. The specific capacity building effects of conducting an OCA with the NHOCAT are related by the following illustrative experiences.

Experience 1: The OCA process is itself part of capacity development, as the beneficiary is often confronted for the first time with a holistic picture of their expected competencies (and functions by implication).

Box 2: OCA as a learning process in Ogun State Ministry of Agriculture

The Ogun State Agricultural Development Programme (OGADEP) is a unit in one of the key line ministries being supported by Ogun SACA through the World Bank 'HPDP2' fund. OGADEP benefited from the ENR-supported OCA that took place in June, 2012. The outcome of the assessment conducted on OGADEP revealed grave institutional weaknesses and capacity gaps in terms of the composition and representation of various departments on the Critical Mass Committee (CMC), the functionality of the CMC at top policy level, existence of clear budget line for HIV&AIDS activities in the Agric sector, to mention a few.

As a result, a robust 'Capacity Building Plan' was developed in order to bridge some of the identified gaps from the OCA assessment. It is worthy of note to mention that the second critical mass committee meeting which took place in the month of October, 2012 was chaired by the Honourable Commissioner with the Permanent Secretary of the Ministry in attendance. During the meeting, It was concluded that the size of the critical mass be expanded from seven to ten to accommodate other agencies and Departments of the Ministry. It was also resolved with a directive by the Honourable Commissioner that a budget line should be created for HIV&AIDS intervention to the tune of Ten Million Naira and this has since been done.

Thus, remarkable improvements have been recorded in the activities of the agency as exemplified in the words of the HIV Desk Officer: " All these were achieved as a result of ENR interventions, the organisational performance has improved and I also believe that addressing other technical and institutional challenges highlighted in the capacity development plan will go a long way in ensuring a robust and effective response to the HIV&AIDS pandemic" - OGADEP HIV Desk Officer, Mrs. Osiyoye.

Experience 2: The vast majority of users have related that there has been significant improvement in personnel number, skills and organisational equipment in HIV&AIDS organisations assessed using NHOCAT.

Box 3: Staffing Nasarawa SMoH M&E unit

ENR has been working with the Nasarawa State Ministry of Health (SMOH) to optimise the health sector response to HIV&AIDS since 2009. In August 2012 ENR organised an OCA using the new NHOCAT. The assessment revealed that the M&E capacity in the ministry was virtually non-existent.
The Director of Primary Health Care and Disease Control in the SMOH, Dr. Abe Usman indicated his determination to see that the capacity of the ministry improves. Even in the absence of the ministry's top leadership (a brand new permanent secretary; the position of Health Commissioner yet to be filled by the governor), Dr. Usman convinced the Director Administration and Finance in the ministry to send two staff skilled in Information Technology to support the M&E unit of SACSP.

He also leveraged on funds from the World Bank domiciled at NASACA to buy a desktop computer for the M&E unit of SASCP and had the DHIS software installed on it for collecting, analysing and reporting of data. Presently, due to Dr. Usman's determination SASCP has an M&E unit with skilled staff. In 2012 the Nasarawa SMOH had an OCA score of 29.6%. In 2014, the OCA score for the Ministry stood at 83.9% with the SASCP M&E unit making the highest contribution of 18.6% to that score.

Experience 3: The graphic scoring system and comparability of the NHOCAT has made it a handy tool in the procurement process of some government agencies.

Box 4: Benue State uses OCA to rank CSOs for World Bank HAF grant

In 2013, at the commencement of the HAF II in Benue State, 76 civil society organisations responded to the Expression of Interest. Out of this number, 48 submitted proposals. Proposals were critically assessed based on pre-established criteria. Organisational capacity assessments were conducted for 21 CSOs whose proposals were successful. NHOCAT was used as a tool to guide the process. This process was conducted in 5 days at their offices where evidence were verified and assented. A benchmark score of 50% was agreed on by the team of assessors and used to rank CSOs for final selection. CSOs OCA scores were ranked and those above the benchmark score were selected for contract negotiation. A total number of 19 CSOs scored above the benchmark.

In general, use of the OCA methodology introduced with the NHOCAT has helped SACAs to discover their system deficiencies and improve significantly in their governance and accountability roles. For example, the NHOCAT assessment has helped SACA in all the supported states to create thematic units and departments and to clarify the roles and responsibilities of their staff. SACA board members now understand their roles and have become more involved in HIV and AIDS programming. Documentation and reporting by SACAs have improved; for instance, in 2013 Lagos SACA successfully developed and produced their first annual reports (producing reports for 2011 and 2012 at the same time).

4.5. The Impact of the NHOCAT

In ENR's experience, the NHOCAT has proved to be an effective tool for organisational capacity assessment as it provides useful information for holistic strengthening of organisational competencies and confidence.

Table 1 below uses budget figures for Cross River and Lagos States to show that the NHOCAT has led to a significant reduction of cost for conducting organisational capacity assessments by ENR, and possibly for other organisations.

	Item	OCAT	NHOCAT 2012	NHOCAT 2014	Savings on OCAT by 2012 NHOCAT	Savings on OCAT by 2014 NHOCAT	Savings on 2012 NHOCAT by 2014 NHOCAT
Lagos	Programme Support Budget (=N=):	2,028,250.00	598,250.00	493,830.00	1,430,000.00	1,534,420.00	104,420.00
	Travel Budget (=N=):	852,000.00	0.00	90,000.00	852,000.00	762,000.00	-90,000.00
	Consultancy Fees (if consultants were used) (=N=):	4,455,500.00	1,407,000.00	0.00	3,048,500.00	4,455,500.00	1,407,000.00
	Sub-Total, Lagos:	**7,335,750.00**	**2,005,250.00**	**583,830.00**	**5,330,500.00**	**6,751,920.00**	**1,421,420.00**
Cross River	Programme Support Budget (=N=):	1,655,425.00	396,460.00	141,850.00	1,258,965.00	1,513,575.00	254,610.00
	Travel Budget (=N=):	512,000.00	306,000.00	113,085.00	206,000.00	398,915.00	192,915.00
	Consultancy Fees (if consultants were used) (=N=):	3,752,000.00	1,407,000.00	0.00	2,345,000.00	3,752,000.00	1,407,000.00
	Sub-Total, CRS:	**5,919,425.00**	**2,109,460.00**	**254,935.00**	**3,809,965.00**	**5,664,490.00**	**1,854,525.00**
	Total for 2 States	13,255,175.00	4,114,710.00	838,765.00	9,140,465.00	12,416,410.00	3,275,945.00
	Average for 2 States	6,627,587.50	2,057,355.00	419,382.50	4,570,232.50	6,208,205.00	1,637,972.50
	Projection for 8 States (=N=)	53,020,700.00	16,458,840.00	3,355,060.00	36,561,860.00	49,665,640.00	13,103,780.00
	Projection for 8 States (£)*	**207,924.31**	**64,544.47**	**13,157.10**	**143,379.84**	**194,767.22**	**51,387.37**

* £1 = N255

It is important to note that the calculations in table 1 were done based on available budget figures. To get accurate calculations of cost saved, ENR will have to compare actual cost. In addition to cost, the measure of time devouted to the OCA by ENR programme staff has not been taken into account. However, based on these estimates, it is fair to conclude that NHOCAT has increased Value for Money in the following ways:

Economy

- Costs were significantly reduced. Main cost reduction lies in the area of the streamlined processes of the NHOCAT. As less consultancy days were spent, this significantly reduced consultancy fees paid to national consultants (STTA). The OCAT required the following total number of STTA days: 38 in Lagos and 30 in other States. The NHOCAT required 12 STTA days per State. ENR believes the new OCA methodology enabled by NHOCAT has saved the programme about £340,000 over the period 2012 – 2014.

Efficiency

- Although less STTA and programme staff days were invested, more output was achieved. For example;
    - o The NHOCAT was not only used by agencies that are supported by ENR, but also by other agencies (see table 2 below).
    - o The NHOCAT was implemented beyond the States that are supported by ENR (see table 3 below).

Effectiveness

- Since the NHOCAT is easier to complete and measurements can be performed in a way that ensures increased objectivity, agencies should be able to perform the assessment by themselves (ensuring sustainability). The process adopted in 2014 largely demonstrated this.

- As the NHOCAT ensures a more objective assessment of capacity, it increases the accuracy of scores. More accurate assessment of organisational capacity enables agencies and partners to get a better idea of where organisations need to improve. Hence, efforts to strengthen the organisation can be channelled more effectively. This has been largely demonstrated in the individual organisational experiences illustrated in boxes 2 & 3 in section 4.4 above.

Table 2 shows 'beyond ENR assessments' as of 2012, evidence that the NHOCAT has been further leveraged in ENR focal states.

ENR State	ENR Partner	Additional Assessments done by ENR partners
Akwa Ibom	AKSACA	MoWA, MoYS, MoLG and Chieftaincy Affairs CA, MoA, and Ministry of Labour
	MSH	Several CSOs
Benue	BENSACA	MoWA ; 8 CSOs 5 LACAs,
Cross River	-	
Kaduna	KADSACA	1 CSO network (CiSHAN)
Lagos	LSACA	MoWPA, MoAgric,MoYS, MoInf ; 5 CSOs
Nasarawa	NASACA	5 CSO networks
Ogun	OGSACA	MoA, MoLGA & Chieftaincy Affairs, MoY&S, MoWASD and MoInfo. 7 Networks – Nynetha, Gender Network, Cishan, Nephwan, Aswhan, Coaliation of NGOs (CONGOS) and Interfaith coalition. 1 LACA – Abeokuta South.

Table 3 The use of the NHOCAT premiered by ENR in ENR-focal states is being replicated in other states of Nigeria (2012).

Non-ENR State	Implementing Partner	Assessments done outside ENR states
Abia	USAID SHIPs for MARPs Project	Lms - Health, education, Youth & Sport & Women Affairs
Delta	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Edo	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
FCT	MSH	Some CSOs
	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Gombe	MSH	Some CSOs
	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Imo	IMOSACA	SACA, 5 Lms, Some CSOs
	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Kano	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Kogi	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Oyo	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Rivers	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Sokoto	USAID SHIPs for MARPs Project	LMs - Health, education, Youth & Sport & Women Affairs
Taraba	FHI 360	SACA, Some Lms, 5 LACAs

In 2013, NACA deployed the NHOCAT in other states of Nigeria not covered by ENR or the SHIPs for MARPs project. In 2014, a new DFID-funded programme adopted lessons learnt from NHOCAT to develop an OCA tool that guides capacity building at the Local Government level. MSH staff in Nigeria have also shared that their parent company has made the NHOCAT available to projects being executed in other countries.

4.6. Conclusion

I NHOCAT is user-friendly and with proper orientation can be self-administered by organisations to measure their capabilities and provide evidence-based qualitative and quantitative data on specific areas that require improvement. This makes the NHOCAT a sustainable tool that can be easily replicated for wider use by CSOs and partners to increase the effectiveness and efficiency of HIV&AIDS and other health programming in Nigeria.

ii. Organisational capacity assessments need to be conducted on site and not in large workshop environments (where there will be no access to the evidence). This approach was successfully demonstrated by ENR during the 2014 OCA, where an estimated £51,000 was saved over the 2012 OCA methodology employing external facilitators.

iii. ENR has witnessed in many states that in addition to enabling a harmonisation of capacity development, the OCA process also offers effective avenues for building partnership across sectors. As such, it is important that this self-administered tool continues to be applied and used collectively to optimise synergies across the sector.

iv. As much as possible, development partners should allow governmental agencies to take the lead in the application and sharing of OCA tools and information. This tends to lead to better ownership and change process.

v. "Keep-it-simple!" ENR witnessed that the new NHOCAT motivated wider, faster change than the old cumbersome OCAT. The new NHOCAT appears to be better in promoting learning and information use: it clarifies organisational roles; provides clear directions for capacity development; and offers a simple way of benchmarking.

vi. The simpler NHOCAT does however pre-determine capacity building initiatives, which once executed may make the tool obsolete. As such, the tool needs to upgraded, with the generation of new domains and assessed standards, at regular intervals.

Case study 2- Enhancing Mass Media Capacity for Health and HIV and AIDS Communication

5.1. Introduction

Recognising that media and communication can provide populations with important health information and the opportunity to explore social and cultural norms that prevent good health, the ENR project set out to strengthen the capacity of Nigeria's media. Empowering them to help increase people's knowledge, improve risk perception, encourage people to make healthier choices (such as changing sexual behaviours), and challenge and reduce stigmatising attitudes towards people living with HIV.

The use of mass media was one of the strategies recommended by the national Minimum Prevention Package Intervention (MPPI) for behavioural interventions. The strategy achieves behaviour change recognising that interventions are required at multiple levels. However there have been many limitations in the Nigerian media's ability to effectively capitalise on the power of mass media to reach large numbers of people with life-saving and accurate information. For example, conventional use of mass media has largely adopted a model in which health sector players produce media content that they then pay radio or television stations to broadcast. While this can be effective in ensuring that health issues reach the airwaves, in the long term, the ENR project recognised that this is not a sustainable approach. It discourages media organisations from covering HIV and AIDS issues as part of their regular programming, and from following up on HIV and AIDS issues beyond the lifespan of a particular donor-funded project. To resolve this, ENR worked with Nigerian media organisations in eight focal states to improve their own health productions, and strengthen their capacity to produce future health programmes. This strategy has empowered media practitioners with the knowledge of HIV and AIDS to enable them provide accurate information to the public.

Alongside providing extensive capacity strengthening support, BBC Media Action, ENR consortium member, produced some HIV and AIDS programmes, including radio magazine programmes, TV and radio PSAs, and short films, which were broadcast across Nigeria. This was in recognition of the fact that media coverage of HIV and AIDS in Nigeria remains generally insufficient, and coverage typically involves general news on HIV and AIDS and does not help to increase knowledge or reduce stigma. Reporters often have difficulty in explaining complex issues to their audience because they do not have adequate knowledge of those issues themselves. As a result, incorrect words and languages are often used, while stigma and prevailing myths are not effectively combated. Therefore, in the absence of other pre-existing high-quality programming, it was necessary to produce flagship ENR HIV and AIDS programmes which acted as 'best practice' examples for project partners. These outputs were referenced and role modelled within training activities.

5.2. Media capacity strengthening activities and broadcast outputs

Capacity strengthening – partner selection and training approach

To ensure that appropriate programmes were developed for the project target audiences, ENR conducted a situational analysis of available media in the eight supported states. This baseline analysis provided information on pre-existing media activities, the peculiarities, cultural and lifestyle differences between states and stations. The analysis helped in selecting media organisations ENR could partner with. In order to reach the greatest audience, one private and one public station for both radio and television were selected from each of the eight ENR states. These partners received capacity strengthening support to improve and/or create their own health content; they also broadcasted ENR-produced programmes.

Once media partners were selected, needs assessments was conducted for the selected organisations and practitioners, and the results were used to develop an appropriate strategy for capacity strengthening activities. This training helped increase their understanding and knowledge of HIV and AIDS; it brought to light the crucial role media can play in HIV prevention. It also buttressed the importance of improved technical capacity of these media partners to produce and air content. ENR convened a forum of partner media organisations and key stakeholders working on HIV and AIDS issues in each of the states, who reviewed and agreed on the training curricula.

The project's capacity strengthening approach involved multiple methods over the life of the project:

- Station managers and CEOs participated in a series of **'masterclass' workshops** where they received training on the operational side of running media organisations, including evolving models for revenue generation, the role and importance of audience and market research, and the integration of new digital platforms to their media strategies.
- A series of **classroom based training sessions** for radio and television producers covered both the technical side of production and the 'thematic' area of HIV and AIDS. Issues addressed in the training included facts on transmission and treatment of HIV and AIDS, use of correct terminology in programmes, editorial values and journalistic principles, interviewing skills, production cycles, and design of content for different formats – public service announcements (PSAs or 'spots'), discussion programmes, or drama. Production training manuals were provided to partner organisations.
- **In-house co-production**, where trainers from BBC Media Action spent time embedded in partner stations working alongside trained producers. The ENR consortium member helped trained producers to produce their own health programmes outside the classroom environment, using their own equipment and facilities. This approach allowed ENR to meet the most critical needs of each partner station, by conducting targeted station-specific training based on particular needs identified by the management of the stations. For example the focus for some stations was mainly on scriptwriting and editing, whereas at other stations there was an emphasis on audience research. In some instances, trainees from ENR partner stations were identified as having potential to be successful trainers themselves, and were provided with additional 'training of trainers' training. These individuals became 'co-trainers', accompanying BBC Media Action trainers to assist with in-station co-production training.

- Attachments for media practitioners, occurred during which a number of trainees were embedded in BBC Media Action's office for up to a month. Trainees shadowed production teams and witnessed first-hand how programmes such as the radio discussion programme Flava are produced.
- Provision of specialised equipment needed to produce and broadcast health content.
- Networking and exchange of ideas: ENR organised a series of CSO–Media Forums in all focal states that brought together media practitioners and civil society organisations working on HIV and AIDS to forge stronger relationships between the two sets of actors. This helped CSO actors to better understand how they could work with media to accomplish their objectives, and it helped media actors to have a wider network of contacts to whom they can go for information on HIV and AIDS issues. Similarly SACA staffs were invited to thematic and technical training workshops. ENR staff and project partners also featured as guests on health related radio and television programmes, in the form of talk shows or phone-in programmes, sharing their expertise on HIV and AIDS.

ENR monitored and mentored the trained media practitioners to facilitate improvements in the quality of mass media HIV productions. The project established an annual media competition and award to create enthusiasm and encourage continuous quality production of HIV programmes by media practitioners in partner stations. Trainees submitted entries for different categories of awards, and winners received cash prizes that they could use to further improve their programmes.

5.3. ENR-produced broadcast outputs

Alongside capacity strengthening activities, ENR implemented a mass media intervention that involved production and broadcast of mutually reinforcing television and radio discussion programmes, spots, and short films. BBC Media Action, ENR consortium member, leveraged on its relationships and network of media partners across Nigeria to secure agreements with multiple organisations to broadcast this content at no cost. Content was produced and aired in English, Pidgin English and local languages (Efik, Hausa, Ibibio, Igbo, and Yoruba). The outputs focused on multiple partnering, the need for HIV counselling and testing, condom use, stigma reduction, and abstinence.

They helped reinforce behaviour change, increase knowledge of HIV&AIDS and service provision outlets, and increase awareness around stigma and discrimination. Different outputs focused on different target audiences: for example, the Public Service Announcement **(PSA)** Zip Up targeted in-school youth, while other PSAs that focused on condom usage such as **Fresh Guy** targeted sexually active adults. Outputs were pre-tested among sample target audiences before being aired, to ensure that they were culturally acceptable, appropriate, and easy to understand. CSOs monitored ENR-supported radio and television programmes and provided feedback to ENR and SACA. Feedback was used as basis to modify and improve quality and reach of the programmes.

Radio Discussion Programmes

Flava (English) and ***Ya Take Ne*** (What's Happening? – Hausa) are youth lifestyle and sexual reproductive health radio magazine programmes where HIV issues are addressed; they were broadcast in the first four years of the project. The target audience was young people of reproductive age, aged 16-25. **The programmes were broadcast on 85 and approximately 30 stations weekly respectively,** with free airtime donated by BBC Media Action partner stations nationwide. The magazine format featured various different components, including interviews with experts, phone-in elements, discussion and drama. ***Flava*** was considered a programme which creates a 'safe place' for discussing issues of sexual health, and grew to be become one of the most popular radio programmes in the West Africa region. ***Flava*** evolved into ***Flava Plus***, a modification of the programme targeted at an older audience (25-49 years) in committed relationships. The Hausa magazine programme ***Ya Take Ne*** focused on educating and entertaining northern viewers on HIV and reproductive health.

Public Service Announcements ('Spots')

17 radio and 8 television public service announcements (spots) were produced over the life of the project, in various languages (Pidgin, Yoruba, Igbo & Hausa). Many spots focused on misconceptions about HIV, particularly on modes of transmission and how a healthy-looking person may still have HIV.

For example, ***Whispers*** (English) addresses misconceptions about HIV transmission, featuring workers at an office gossiping about an HIV-positive colleague and worrying about the transmission of HIV in their office setting. When their boss overhears them, he clarifies the ways that HIV is and is not transmitted. ***Gulma*** (***Whispers*** – Hausa) is a version of Whispers in the Hausa language. In ***Amarya*** (Bride – Hausa), a woman discusses her up-coming wedding with her makeup artist. When the makeup artist asks if she and her fiancé have taken HIV tests, the bride-to-be initially says there is no need, because her fiancé appears to look healthy. The makeup artist convinces her otherwise. ***Juju and Winch*** (Witch and Wizard – Pidgin) addresses the misconception that witches can give HIV. In this radio PSA, a man attributes his life's challenges, including his fear that he is HIV positive, to witchcraft. But his medicine man assures him that HIV cannot be transmitted by witchcraft.

Short Films

Four short films (each less than fifteen minutes) in four different Nigerian languages were produced towards the end of the project focusing on: the negative effects of HIV stigma and discrimination; how people living with HIV can live productive and normal lives; and the importance of HIV counselling and testing for targeted audiences. These films have been shared with media partners, with further plans for distribution amongst CSOs, private and government partners for use during advocacy, training, sensitisation and awareness creation purposes.

The Premonition (Igbo) is based in southeastern Nigeria around the character, Nnenna who fears for the safety of her partner Teejay, and the health of their unborn child. Whilst pregnant she discovers she is HIV positive, however after a doctor confirms that it is possible for her to

they get married and she delivers a healthy HIV negative baby. ***The Mirror*** (Pidgin) is the story of **Cynthia**; she is HIV positive and finds it difficult to reveal her status to her boyfriend. However when she does, despite initial struggles the couple end up married, and have healthy, HIV negative children. Both were produced by **Teco Benson**, an edge producer in the Nollywood industry, discovered as a result of our partnership with the industry.

Makauniyar Hanya (In the Dark, Hausa) is directed by the Nollywood director **Ali Mustapha**, set in northern Nigeria. It features **Halima**, a young woman who was forced into marriage by her father. Her world is turned upside-down when she discovers that she is HIV positive and pregnant. In her darkest hour, a young and knowledgeable teacher saves her from the stigma and isolation of HIV. **Nimi** (Yoruba) is set in south-western Nigeria, and directed by **Wale Adesanya**. When visiting her wealthy relatives, a male relative suspects that **Nimi** is HIV positive due to her low social status and the fact that she is skinny. After facing harsh treatment and suspicion from her family, **Nimi's** HIV test is negative, demonstrating to her family that you cannot tell someone's HIV status from their appearance.

5.4. Achievements and impact – media contribution to Health and HIV&AIDS

ENR trained approximately **846 media practitioners from 16 radio and 15 television stations** (both public and private) in the eight ENR focal states. The capacity of these media practitioners has been built to produce evidence informed health radio and television programmes. ENR encouraged accurate reporting of HIV and AIDS issues among media practitioners and helped them learn and use appropriate language and material for reporting. The quality of output produced by partners also increased following technical production training. For example, **Suzan Sanda** who is the Controller Programmes and ENR Co-Trainer of KSMC Kaduna identified the ENR training as motivation for insisting on standards for programmes that go on air: ***"I have told producers that if the sound is not good it is better you don't air it."*** Some partner stations have created new programmes to handle issues relating to HIV after attending our training – **at least 22 new programmes specifically focused on HIV and AIDS have been created.** Additionally, regular and dedicated HIV and AIDS elements have been introduced to pre-existing programmes. Other local radio and television broadcast channels that are not part of ENR are now opening up spaces for people to talk frankly and fairly about HIV and AIDS. For example, the recipient of the 2014 ENR Special Innovation Award was the programme Health Matters from Liberty FM Kaduna, a station that was not an ENR capacity strengthening partner.

Alongside capacity strengthening activities, each of the partner stations regularly broadcast ENR produced PSAs (17 radio and 8 television PSAs). Weekly radio programmes in both Pidgin and Hausa also helped to reach millions of Nigerians with important health information. ***Flava and Ya Take Ne, for example, attracted over 19 million and 5.7 million listeners respectively.*** Training and the donation of media equipment to partners helped to secure free airtime slots for HIV prevention spots and longer-format programmes valued at over 115 million naira through their channels. In Akwa Ibom State, for example, ENR gave equipment worth four million naira each to the Nigeria Television Authority, Uyo Station and Akwa Ibom State Broadcasting Corporation, and received free broadcasting slots worth over nine million naira. In Lagos State, NN24 granted ENR one year's free subscription worth over 30 million naira on their television channel.

The mass media outputs, both ENR and partners produced, have contributed to increasing knowledge of HIV and AIDS, reducing misunderstanding and changing attitudes and behaviours, as well as increasing availability of commodities conducive for safer practices for effective HIV&AIDS prevention. A post-broadcast assessment study in 2011 showed that the target audience had learned important lessons from the radio and television programmes. Especially concerning use of condoms and the value of not having multiple sexual partners. Approximately three-quarters (77%) of ***Flava*** listeners claimed to have learnt something from listening to the show, and more than three out of every ten listeners reported to have done something differently as a result of listening to these programmes, including using condoms and going for HIV testing to know their HIV status.

5.5. Lessons learned

Radio and television play a very important role in the information consumption pattern of most Nigerians, given their widespread coverage in the country. [2,3]As at 2014, Nigeria had more than 120 radio stations and over 160 television stations[4]. When delivered as a partnership effort with the public, private and non-government sectors, media interventions, specifically on radio and television offer a powerful opportunity to increase awareness of HIV and AIDS and help a large and diverse audience gain further information and access available services. Interactive programmes, such as live phone-in programmes serve as an important forum to elicit real time reactions and comments from listeners and to answer their questions.

ENR's support for radio and television interventions transcended just airing HIV prevention messages; it provided holistic support to the Nigerian media, including strengthening the capacity of media practitioners to produce quality programmes, and providing equipment support for media outlets. This approach was an innovation. **ENR was the first HIV and AIDS programme in Nigeria to provide such holistic support to the media** to enable them provide critical HIV information to audiences. Our initial plan was to use ENR-produced quality health programmes *Flava and Ya take ne* as vehicles for capacity strengthening; where partner stations would eventually emulate these programmes and develop their own similar youth-focused content. We hoped that this would continue outside the remit and funding of the project. However this aim was over-ambitious: the levels of existing capacity of partner organisations was overestimated, and it was observed that longer-term and more intense support is generally required before media organisations can produce such complex dedicated health programming in the absence of financial support or training.

Providing holistic support for the media to integrate HIV and AIDS information into pre-existing radio and television programmes can make media engagement cheaper and more sustainable. In a country where media organisations are typically poorly resourced and poorly equipped, this innovation has helped transform the operational capacity of the selected media outlets and is capable of effecting long-term impact on HIV prevention efforts in Nigeria. More support is required to expand this innovation across the states of Nigeria and across different media outfits. Continuous engagement with and support to media organisations and practitioners will help increase their effectiveness to play a major role in HIV prevention in the long-term.

[2]UNICEF. Journalists Initiative on Immunization against Polio in Nigeria, available at http://reliefweb.int/report/nigeria/journalists-initiative-immunization-against-polio-nigeria.
[3]Nigeria Extractive Industries Transparency Initiative (NEITI), Communications Strategy, 28 April 2005, Pp16.
[4]Nigeria Vision 2020 Program, Report of the Vision 2020 National Technical Working Group On Media and Communications.

5.6. Conclusion

Mass media is vital in the world's fight against HIV and AIDS. This was emphasised by the former UN secretary General, **Mr Kofi Annan** in the book "*The media and HIV and AIDS: Making a difference*":

'*When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. Broadcast media have tremendous reach and influence particularly with young people who represent the future and who are the key to any successful fight against HIV and AIDS. We must seek to engage these powerful organisations as full partners in the fight to halt HIV and AIDS through awareness prevention and education that is backed by demonstrable commitment and enabling environment from policy makers*'[5].

Many broadcasters are already doing impressive work on HIV, but there is much more that can be done. The media can make accurate and reliable programming that addresses HIV and AIDS a key part of their regular output. This can include the following:

- Giving the epidemic more consistent or prominent news coverage
- Dedicating airtime to HIV and AIDS public service announcements
- Supporting the broadcast of HIV and AIDS focused programming
- Supporting the development of AIDS storylines in existing programming
- Sharing public service announcements and original programming with other outlets on a rights-free basis

The task at hand requires vision, dedication and above all, creative programming that truly engages audience. Broadcasters can talk to listeners and viewers about HIV in a language they understand, appreciate and find entertaining. They can build partnerships and alliances. They can put pressure on those in power to take the disease seriously and give people the information they need to protect themselves and those they love. In short, the media have an essential role to play in reversing the progression of HIV.

5.7. Conclusion

Importantly, present funding and investment levels for HIV and AIDS interventions must be sustained and increased if access to HIV testing and treatment is to reach all Nigerians. Moreover, HIV education and knowledge must be expanded and gender inequality issues addressed to reduce current levels of new HIV infections, particularly among young women and children. Media has a key role to play in this. The media can play a crucial role in creating an enabling and supportive environment where some of the obstacles against greater public awareness of HIV and AIDS can be removed. It is necessary for individuals to have access to reliable and accurate information about HIV and AIDS so that they can make informed decisions to prevent infections, protect themselves, and to ensure proper treatment of people living with HIV and AIDS (PLWHA).

[5]UNAIDS (2004) The media and HIV/AIDS: Making a difference, p. 4. Accessed at: http://data.unaids.org/Publications/IRC-pub06/jc1000-media_en.pdf

News coverage reinforces information that people receive about the epidemic from other sources, such as their friends, health care workers, and billboards. Unfortunately, media practitioners typically do not have adequate skills to report on HIV and AIDS convincingly and effectively. Myths and misconceptions are portrayed by the media, compounded by a lack of understanding of the epidemic's terminologies. Media practitioners do not have skills to approach PLWHA so as to minimize stigma and discrimination, which tends to drive the disease underground. In some cases, reporters actively use stigmatising language in reference to PLWHA. This is however predominantly out of ignorance rather than a desire by practitioners to stigmatise PLWHA. There are limited HIV and AIDS resource centres in Nigeria, this makes access to accurate, relevant and up-to-date information on the epidemic difficult for journalists and it impedes their ability to produce informative media reports on HIV and AIDS.

Strengthening the media's capacity to report on HIV and AIDS should therefore be a priority. Some progress has been made through the efforts of civil society organisations and media organisations to address the gaps in effective reporting on HIV and AIDS; but more needs to be done in existing and future programmes. The Nigerian Broadcasting Commission should do more to improve their code of ethics as well as conduct regular sensitisation among practitioners. More training opportunities should be provided to media practitioners by health and planning ministries around HIV and AIDS. The National Agency for the Control of AIDS can also increase efforts by convening regular forums with local media both at the state and national level. At these meetings, materials produced by NACA should be widely shared with local media practitioners to ensure that they are well informed and up-to-date with HIV issues.

Training of C-HIPC agents in Nasarawa state

Gold Circle packaging

Enhancing Nigeria's Response to HIV&AIDS (ENR) Programme
4th Floor, SFH Headquarters
8 Port Harcourt Crescent
Off Gimbiya Street, Area 11, Garki, Abuja
Tel: +234 (0) 709 822 1440, 709 822 1445, 709 822 1447