



Nudging the Giant

The Story of the POLICY Project/Nigeria 1999-2004

April 2005



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The review team also wishes to express its gratitude to the numerous officials of government ministries, parastatal organizations, and the National Assembly; NGOs; and donor agencies for granting time for interviews and for materials and publications.

FOREWORD

When the POLICY Project asked me to go to Nigeria in the summer of 1999 to restart project activities that had been interrupted by the demise of democratic rule, I was reluctant. I had worked in the mid-1980s in Nigeria on a population and development planning project when the capital was still in Lagos and the country was at the beginning of the end of the oil-boom era. I had just returned to the United States after nearly eight years in Cairo, itself a large and challenging environment. And Lagos was not Cairo.

Our initial scope of work upon arrival in Nigeria was to engage the military in HIV/AIDS advocacy for program and policy support. However, as one of the first U.S. Agency for International Development (USAID) projects that had a mandate to work with the public sector, and especially the federal government, we soon found that the interest in the POLICY Project's technical assistance was enormous. The 1999 sero-prevalence surveillance survey had just been completed but there was little capacity in the Federal Ministry of Health to interpret and communicate the implications of the findings. We ran the numbers through one of our AIDS models and developed a PowerPoint presentation. The head of the National AIDS and STD Control Program (NASCP) showed it to President Olusegun Obasanjo, who was so shocked that he created the multisectoral National Action Committee on AIDS (NACA).

The POLICY Project started with less than half a million dollars, and by the time we started to transition to the bilateral ENHANSE Project, the project had received \$8.6 million in obligations. We recruited a dynamic young professional, Dr. Jerome Mafeni, as our country director. For six months before we found office space in Abuja, he literally worked out of the back of his car. We started to staff up as the program expanded and the project was in full take-off mode.

My original reticence to work in Nigeria was soon overtaken by the sheer enormity of problems facing the country and by the energy and dynamism of the Nigerians with whom we worked. There is never a dull moment in Nigeria. We accomplished a lot and I attribute that to a number of factors. First, we were the right project at the right time in Nigeria. Second, the results-based management structure of the central project imposed a discipline that demanded results. Third, the USAID mission was incredibly supportive and allowed us the flexibility to respond strategically to opportunities as they arose. The same can be said of the central management of the POLICY Project in Washington, D.C. and the project's USAID/Washington cognizant technical officers (CTOs). Fourth, the participatory nature of the project, combined with the dedicated local POLICY staff, created a spirit of trust and teamwork at the activity level that I have rarely seen. Lastly, the Nigerian POLICY staff, who were the backbone of the project, really deserve all the credit.

The giant of Africa has been awakened now and nudged closer into a new era of participatory development of which I am proud to have been a part.

Scott Moreland
Chapel Hill, North Carolina
February 2005

PREFACE

Before this report was commissioned, there was the assumption that the POLICY Project in Nigeria was a very successful project. Thus, in attempting to document whether this was indeed true, there was an expectation that those saddled with the task of evaluating and documenting such success would tend to be on the critical side in attempting to disprove the assumption. Reading through this report, which was prepared by two excellent personalities who served as consultants, has been a humbling experience for me. It is not often that one gets a chance to be told in such detail what one has achieved or not achieved in the performance of duties. Indeed, the evaluators not only captured the essence of the work carried out by POLICY in Nigeria, but they also succinctly highlighted most of the project's shortcomings.

Rather than being a chronological account of events of the POLICY Project in Nigeria between 1999 and 2004, the report focuses instead on what was achieved, how it was achieved, lessons learned, and missed opportunities. It also demonstrates how a small team of committed individuals can literally move mountains when they have the right framework within which to operate, and the motivation, trust, and flexibility to respond to issues as they arise.

The report highlights how the project commenced work with various arms of the public sector, passing through the initial phases of distrust, right through the phases of open collaboration to the true partnerships now in evidence. The report clearly describes changes that came about in policy dialogue. At first, the public sector dictated public policy. The climate changed to encourage multi-stakeholder participatory involvement, including members of the civil society. Although greater participation entails a longer period from policy conception to formal adoption and implementation, the benefits are substantial, especially in terms of greater ownership of resulting policies.

The real challenges posed by the work of the POLICY Project rest in the ability of governments and partners to translate these policies from the federal level to the state and local government levels where real implementation can take place. There is no question that the federal government of Nigeria has shown admirable levels of political commitment and support for HIV/AIDS, family planning, reproductive health, population and child survival programs since the advent of the POLICY Project. This may have occurred serendipitously since POLICY commenced work in Nigeria at the same time as the transition from military autocracy to civilian democracy. However, state and local governments have not made similar progress in their commitments and response to these issues within the same time period.

Now a new USAID/Nigeria bilateral program, ENHANSE, has taken over an expanded mandate of the POLICY Project. We hope that ENHANSE will be able to build upon our modest successes and use the lessons learned to move Nigeria toward a more sustainable democracy where social sector issues are firmly addressed and led by the government and peoples of the country. Development assistance should remain just what it says: to provide assistance for development desired and led by the people. I am indeed proud to have played a part in the story that is now unfolding. I am grateful for the opportunity to work with some of the very best minds that Nigeria has produced. The story would have been very different had it not been for their unalloyed support and dedication to the betterment of the lives of their compatriots. This project also achieved a lot because both the client (USAID) and the prime contractor, Futures Group, provided the enabling environment to achieve results. Indeed, Nigeria has a lot to learn from this experience.

Dr. Jerome O. Mafeni
Country Director, POLICY Project
Chief of Party, ENHANSE

ABBREVIATIONS AND ACRONYMS

AAN	AIDS Alliance of Nigeria
AFPAC	Armed Forces Program on AIDS Control
AHI	Action Health Incorporated
AIDS	acquired immuno-deficiency syndrome
AIM Model	AIDS Impact Model
ARH	adolescent reproductive health
ART	antiretroviral therapy
ARV	antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival
CBO	community-based organization
CD	compact disc
CDC	Centers for Disease Control and Prevention
CDPA	Community Development and Population Activities
CEDPA	Center for Development and Population Activities
CiSNHAN	Civil Society Network for HIV/AIDS in Nigeria
COMPASS	Community Participation and Action for the Social Sectors
CS	child survival
CSO	civil society organization
CTO	cognizant technical officer (USAID)
DFID	Department for International Development
DPT	diphtheria-pertussis-tetanus
FBO	faith-based organization
FCT	Federal Capital Territory
FHI	Family Health International
FMIA	Federal Ministry of Internal Affairs
FMOE	Federal Ministry of Education
FMLP	Federal Ministry of Labour and Productivity
FMOH	Federal Ministry of Health
FMWA	Federal Ministry of Women's Affairs (formerly Federal Ministry of Women's Affairs and Youth Development)
FP	family planning
GHAIN	Global HIV/AIDS Initiative in Nigeria
GON	Government of Nigeria
HEAP	HIV/AIDS Emergency Action Plan
HIV	human immunodeficiency virus
HWW	Hope World Wide
IMCI	integrated management of childhood illnesses
IP	implementing partner
IPT	intermittent preventive treatment
IR	intermediate result
ITN	insecticide-treated net
JAAIDS	Journalists Against AIDS
JHU/CCP	Johns Hopkins University Center for Communication Programs
LACA	local action committee on AIDS
LGA	local government authority
MAC	Malaria Action Coalition
M&E	monitoring and evaluation
NACA	National Action Committee on AIDS
NAPAHD	Nigerian Association for the Promotion of Adolescent Health and Development
NARHS	National AIDS and Reproductive Health Survey

NARN	Nigeria AIDS Research Network
NASCP	National AIDS and STIs Control Program
n.d.	no date
NDHS	Nigeria Demographic and Health Survey
NEPWHAN	Network of People with HIV and AIDS in Nigeria
NGO	nongovernmental organization
NIBUCA	Nigerian Business Coalition Against AIDS
NINPREH	Nigerian Network for Population and Reproductive Health
NIPSS	National Institute for Policy and Strategic Studies
NNRIMS	Nigerian National Response Information Management System
NPC	National Population Commission
NPC	National Planning Commission
OPP	Organization for Positive Productivity
OVC	orphans and vulnerable children
PABA	person affected by AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PES	policy environment score
PLHA	persons living with HIV or AIDS
PMTCT	prevention of mother-to-child transmission
PPFN	Planned Parenthood Federation of Nigeria
RAAAP	Rapid Assessment, Analysis, and Action Planning
RAPID	Resources for the Awareness of Population Impacts on Development
RBM	Roll Back Malaria
RH	reproductive health
SACA	State Action Committee on AIDS
SFH	Society for Family Health
SME	small and medium scale enterprises
SO	strategic objective
SOTA	state-of-the-art
SOW	scope of work
SPARHCS	Strategic Pathway for Reproductive Health Commodity Security
STI	sexually transmitted infection
STD	sexually transmitted disease
TA	technical assistance
TAG	technical advisory group
TB	tuberculosis
TOR	terms of reference
TOT	training-of-trainers
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHARC	Women's Health and Action Research Center
WHO	World Health Organization
YAARH	young adult and adolescent reproductive health

Note: This report follows the spelling convention in Nigeria for the words "Defence," "Labour," and "Organisation" when these words are in the name of an agency.

EXECUTIVE SUMMARY

Introduction

After the return to civilian rule and “re-certification” for USAID programs, the POLICY Project was among the first of USAID’s implementing partners to establish a program in Nigeria. The POLICY Project’s purpose was to strengthen the policy process in population, reproductive health, and HIV/AIDS as a basis for improved services. The project began working in Nigeria in late 1999, and set up an office with local staff by mid-2000. In 2002, the scope of the project was expanded from HIV/AIDS, population, and reproductive health to include child survival.

POLICY’s principal partners in government were federal line ministries, two national commissions (planning and population), and the National Action Committee on AIDS (NACA), a multisectoral committee that develops and coordinates the national response to HIV/AIDS. Outside government, POLICY engaged in policy development, advocacy, and targeted public information activities with several national and regional Christian and Islamic bodies and numerous nongovernmental organizations (NGOs) and community-based organizations (CBOs), including six NGO networks and one network of HIV/AIDS researchers. The project also worked at the state level by advocating for national policies in several states, developing an adolescent reproductive health policy and strategic plan in Edo State, and focusing on the northern states through activities with both federal ministry and NGO partners.

Collaboration with donor agencies included communication and attendance at each other’s meetings on shared concerns, and technical or financial input on specific tasks such as assessments for donor program planning and co-sponsorship of conferences and events. POLICY and some donors also participated as stakeholders in NACA and in activities such as advocacy visits to states.

Achievements

The project’s strengths were in policy formulation, advocacy, and the quality of information materials produced. Other organizations recognized the project as having a particular expertise to offer.

The POLICY Project played a significant role in changing the official position about HIV/AIDS. The country now has a national HIV/AIDS policy and coordinating organization for the multifaceted, complex responses required. The interim action plan, HIV/AIDS Emergency Action Plan (HEAP), provided the roadmap for the country to set initial activities in motion over a three-year period, including workplace policies (which POLICY also had a role in developing), and recognition of orphans and other vulnerable children (OVC) as an urgent aspect of the HIV/AIDS situation.

Previously, relevant stakeholders were not fully engaged in policy development. POLICY has changed that. In the ministries with which it worked, POLICY has succeeded in inculcating the use of a multisectoral participatory process for policy development. With a consensus approach, the final product is powerful because the parties have agreed on it.

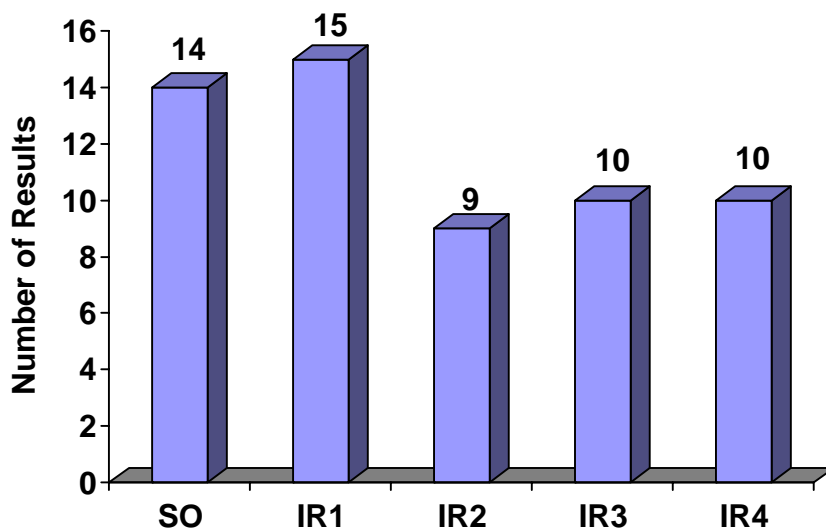
Organizational capacity has been developed in line ministries and some NGOs. Nevertheless, much more must be done so that the organizations are fully capable of carrying out the necessary supportive activities for policy development and managing the policy process effectively.

The project staff and the staff of organizations who participated in the working groups strengthened their capacity for policy formulation by going through the process. The POLICY Project also gave some training on health policy at the National Institute for Policy and Strategic Studies (NIPSS). The project gave attention to improving skills in these areas among partners by using models, making advocacy and research presentations, and analyzing and using data for policy development.

Results Achieved

The POLICY Project is a result-based project with a rigorous project monitoring plan (PMP) that has become an industry standard within USAID. Results are reported from the field quarterly. Figure 1 summarizes the Nigeria-level results attained through the end of 2004.

Figure 1: POLICY/Nigeria Results by Strategic Objective (SO) and Intermediate Result (IR)



The project's strategic objective (SO) is: *National policies and plans promote and sustain access to high-quality FP/RH/AIDS/CS services in Nigeria.*

Several of the policies that POLICY worked on can be claimed at the SO level. The project staff worked intensively in a combined supportive and participatory role with various policy working groups, which was an essential factor in completing these policies.

SO-level policies and strategies at the national government include:

- national population policy
- HIV/AIDS emergency action plan (HEAP)
- national HIV/AIDS policy

- Armed Forces HIV/AIDS policy
- RH strategic framework and plan of action
- national nutrition policy
- national plan of action on nutrition
- OVC plan of action
- RH commodity security strategic plan
- contraceptive logistics
- management system policy guidelines

Other SO-level results include:

- Catholic Church's HIV/AIDS policy and strategic plan
- Church of Nigeria's HIV/AIDS policy and strategic plan
- Enugu State's health institutions HIV/AIDS policy
- Edo State's young adult and adolescent RH strategic plan

The establishment of the National Council on Population Management, with the president of Nigeria as its chair, is a sign of the importance of the new population policy to the government.

Intermediate Results

The project had four intermediate results (IRs). In general, activities under IR3 and IR4 served as supports to achieve results under IR1 and IR2. The project focused much of its effort on IR2, due to the need for the country project to produce strong results to meet the global project's main objective of policy development.

IR1 Achievements: Political and popular support for FP/RH/AIDS/CS services broadened and strengthened

POLICY's own advocacy efforts, along with those of its partners, sometimes served to "plant seeds" in dialogue with the federal and state government officials. At other times, a clear result came about, such as the president's position on HIV/AIDS.

- USAID gained a stronger voice in child survival issues at the national level. POLICY's involvement in policy aspects of child survival expanded USAID's visibility and recognition as a significant donor in the eyes of the Nigerian government.
- The process for the development of the Edo State ARH strategic plan and the Young Adult and Adolescent Reproductive Health (YAARH) Network brought together numerous parties with interest in the issue. Results of research, supported by POLICY, on the adolescent health situation in Edo State increased awareness and the urgency to develop a meaningful approach. The network was adopted as a new way for concerned parties to work together.
- Training the military on advocacy, though hard to do, had great positive effects, culminating in the approval of the white paper on HIV/AIDS and the Armed Forces HIV/AIDS policy by the Minister of Defence. Also, AFPAC (the HIV/AIDS unit within the Federal Ministry of Defence [FMOD]) received funding as a result of advocacy to the minister.

- The Malaria Division in the Federal Ministry of Health (FMOH) has recognized the need to carry out advocacy in states about malaria policy and guidelines and should be starting such efforts soon. This realization was certainly influenced by its working relationship with POLICY.
- POLICY was able to offer a process to the Federal Ministry of Education (FMOE) to take into account the views of key public groups in the sexuality education curriculum for schools.
- POLICY pioneered the process of participatory policy and planning when it included stakeholders outside government in development of the HEAP and revision of the national HIV/AIDS policy. As a result of POLICY's promoting the inclusion of civil society, the public sector has shown increasing acceptance of including civil society in the policy process, and federal ministry departments have increasingly consulted with civil society. A related POLICY achievement was to create awareness among NGOs of their role in the policy process.
- The project also generated awareness at the grassroots level of the role that CBOs such as HIV/AIDS support groups can play in policy development and implementation.

The project used NGO networks as a strategy to garner public support for policies and to press for implementation, often with a local government authority (LGA) or state level focus. Through networks, NGOs have started to work together as advocates for health and population issues, policies, and programs.

The project established and nurtured six NGO networks to advocate for policies and their implementation. Setting up the Nigerian Network for Population and Reproductive Health (NINPREH) and the YAARH Network and training member NGOs on networks and advocacy were key accomplishments of the project. A few successes are known anecdotally, but since most of the training has been recent, the results of NGO advocacy training will appear more fully later. Nevertheless, the few results that are known do suggest the promise of advocacy.

IR2 Achievements: Planning and financing for FP/RH/AIDS/CS improved

This IR is where POLICY achieved the most. In addition to the SO-level results already mentioned, several other policies and plans are well underway, with drafts under revision or awaiting formal approval by ministers or others. Currently, these products can be claimed at the IR level. These policies and strategic plans include:

- HIV/AIDS policy of the Federal Ministry of Internal Affairs
- national and ministerial level workplace HIV/AIDS policies by the Federal Ministry of Labour and Productivity
- workplace HIV/AIDS policy of the FMOE

The project supported development of other guidelines, strategic plans, and action plans, including the HIV/AIDS strategic plan for Ondo State (developed with joint TA from POLICY and other donors). Guidelines for malaria and infant feeding are under review.

In addition, outside the government arena, POLICY helped two large Christian churches to develop HIV/AIDS policies and strategic plans. POLICY has been a key stakeholder and advisor to the NACA.

One significant consequence of the policies and plans was that the federal government decided to include a line item in its own budget for reproductive health (RH) as a result of adopting the RH strategic framework.

IR3 Achievements: Accurate, up-to-date, and relevant FP/RH/AIDS/CS information informs policy decisions

POLICY's achievements in advocacy, policy, and planning were based on the selective, strategic use of information and data. Where data existed, such as the HIV/AIDS sentinel surveillance surveys and the Nigeria Demographic and Health Survey (NDHS), POLICY used or facilitated use of those data. If data did not exist, POLICY supported research activities that would bring about policy dialogue and would be used in planning. Examples are the zonal NDHS reports, the OVC assessment, HIV/AIDS services assessment, the AFPAC and paramilitary surveys, sentinel surveillance studies for HIV/AIDS, the study on access to care for persons living with HIV or AIDS (PLHA), and the situation analysis of young adults and adolescents in Edo State. Data that POLICY helped to compile or collect were used in situation analyses on adolescent reproductive health (ARH), OVC, child survival (CS), and prevention of mother-to-child transmission of HIV (PMTCT).

- Data developed with POLICY were instrumental in policy decisions at the highest political levels. The data came from surveys and studies, models such as RAPID and the AIDS Impact Model (AIM), and situation analyses. Perhaps the best example is the convincing presentation on the HIV/AIDS situation in Nigeria, based on the AIM, that was made to the president. This was the impetus for a major shift in both the official and public national perspective on HIV/AIDS. Other things have followed as a consequence of the president's directive, such as the formation of NACA, programs for HIV/AIDS, and funding by donors for HIV/AIDS programs.
- Through strategic use of research results, POLICY raised the level of attention to orphans and vulnerable children in the national HIV/AIDS agenda.
- POLICY supported analysis and reporting of data collected by other organizations when a strategic opportunity arose to aid the policy process with the results.
- POLICY also provided training of ministry staff and others in computer models and use of these models in the policy process and advocacy.

IR4 Achievements: In-country/regional capacity to provide policy training enhanced

- Training and assistance in curriculum development was provided to NIPSS.
- POLICY Project staff gained experience in providing training related to policy, principally for advocacy by the nongovernmental sector.
- Some NGO representatives were trained as trainers in carrying out advocacy activities. Since this training was conducted recently, not much follow-on activity by those trained has happened yet.

Lessons Learned

- The capability of federal ministry staff to promote policies is weak.
- External factors beyond the control of the project can impede completion of policies.
- The role of a project that assists with policy formulation and strategic planning in subsequent program implementation could be more fully developed.
- The project could improve its tracking system for project activities and outcomes.

Future Opportunities

- Refine and make more explicit the attention to gender in situation analysis and policy development. Staff of the project and partners could benefit from training on gender mainstreaming. Gender aspects of HIV/AIDS need to be elucidated and taken into account in policies and programs.
- Increase collaboration with national-level NGOs, such as “umbrella” women’s organizations, including faith-based women’s organizations, to expand their awareness and widen the net of organizations speaking out on health policy concerns.
- Explore promotion of public-private partnerships as a strategy for policy development and implementation.
- Focus on leveraging project funds more as a strategy to multiply project impact.
- Enhance support of national policies and policy development at the state level, particularly through advocacy by federal ministry staff. During this project, such support was carried out only to a limited degree. State-level activities are critical because states allocate funds for services.

Recommendations

Continuation and expansion of stakeholder participation and advocacy. Participation and advocacy have been effective in creating policies and strategic plans and in promoting their adoption. These also strengthen democratic processes. Future activities should continue and expand to use these approaches.

Continuity between policy development and program implementation. There is a need to develop a process to transition from policy development to implementation. Several stakeholders and partners with POLICY expressed their desire to continue into this phase with POLICY. However, work in implementation was beyond the mandate of the project.

One issue in this transition is the capacity of partners to carry out the work. Guidelines and workplans are needed. Leadership capability is critical. Organizations have to function well and be managed well.

Building capacity of networks. Attention will need to be given to strengthening the networks and their member organizations. Doing so will enhance the credibility and recognition of the networks by government agencies and donors. Presently none of the networks is sustainable without donor funding, and there are significant needs for organizational development and management capability.

Increasing the voice of the people in the policy process. Both POLICY and its partners might consider trying to build on POLICY's experience with PLHA groups and other grassroots NGOs to further increase the voice of the people in policy development and implementation.

Reporting of effort. More efficient recordkeeping and reporting systems for project activities need to be installed.

Assistance to Journalists Against AIDS (JAAIDS) to find additional funding. POLICY's support to JAAIDS concentrated on print media and to a lesser extent on radio and the internet. POLICY may be in a position to help JAAIDS identify additional funding sources, so that the NGO can cover HIV/AIDS stories more effectively in the electronic media.

Assessment of the impact of the HIV/AIDS policies of the two churches, the Armed Forces, and the paramilitary. Even though the actual implementation of policies is governed by many factors that are outside the control of the project, it would be useful to come to some conclusion about the potential effect of policies.

Assessment of the impact of networks' advocacy. The effectiveness of networks to influence policy and program implementation is largely an assumption, which should be tested rigorously. POLICY has received only anecdotal reports of advocacy activities carried out after training. The principal questions are whether the follow-on activities of participants in these advocacy training efforts occur and whether the activities are effective.

In conclusion, the POLICY Project has had a strong impact in policy development related to HIV/AIDS, reproductive health, and child survival in Nigeria. POLICY's partners recognize that the processes the project introduced are a unique contribution that will have lasting value. With some of these policies now fully adopted, political leaders and others can now move on to the issues of providing the resources and programmatic support to ensure that the policies are followed.

I. INTRODUCTION

A. Background

Nigeria re-established civilian rule with national elections in 1999 after 15 years of military rule. As part of the U.S. government's political sanctions during that period, USAID did not allow any of its development projects to work with the government. After the elections, USAID re-certified the government of Nigeria (GON) to receive assistance. USAID developed an interim strategy, the goal of which was to "assist Nigeria's transition to economic, social and political stability." Among its initial programs, the mission added field support funds to the global POLICY Project to work with the GON on HIV/AIDS.

The project responded quickly and set up a country office with U.S.-based staff starting activities until local staff could be hired. The POLICY Project was the first USAID implementing partner (IP) to establish a field office and country program after the re-certification and to work directly with the GON's ministries and agencies. In short order, the mission did additional buy-in for FP/RH policy work, and then added CS policy work through the field support mechanism.

B. Purpose

The main purpose of this review is to document POLICY experience in Nigeria between September 1999 and August 2004, and to summarize lessons learned. The POLICY Project in Nigeria is completing its contract period. The USAID mission has recently awarded a follow-on bilateral grant, ENHANSE, which will build on the results of this project.

The POLICY Project decided to undertake a review to answer these questions:

- What were the main achievements of the project?
- What organizations and stakeholder groups benefited most from the project and who benefited least?
- What were the main challenges the project faced?
- How did the project deal with these challenges?
- Which challenges remain?
- What were the missed opportunities?
- What lessons can be learned from the project's experience?

C. Methodology

This review was intended primarily to document the POLICY Project's challenges and achievements and to identify lessons learned that would be helpful in the follow-on project, ENHANSE. Therefore the methodology was fairly straightforward. The team reviewed documents that the project and its partners produced and interviewed available representatives from the USAID mission who were knowledgeable about the project. In the two weeks the team was on site, it also interviewed donor agencies that had collaborated with POLICY, government officials, nongovernmental organizations (NGOs), and CBOs, and others who had been involved

with the project to obtain as broad a perspective as possible. Unfortunately, some organizations were not included because knowledgeable informants unavailable. The team interviewed most POLICY Project staff in person and asked them to provide some information about activities planned and carried out.

II. CONTEXT—HEALTH POLICY IN NIGERIA

A. Setting

Nigeria, with a population of more than 126 million in 2004, is the “giant of Africa.” Nigeria faces challenges in reproductive health and population, HIV/AIDS, and child survival. The population growth rate is estimated at 2.9 percent. Contraceptive use increased during the 1980s but suffered setbacks since then. Recently the rate of contraceptive use has shown an upward trend to 13 percent, approaching former levels.¹ The prevalence of HIV/AIDS hovers around 5.8 percent, according to estimates based on sero-prevalence studies. Nigeria is on the verge of an explosion in HIV prevalence, with the particularly troubling prospect of young adults being especially hard hit. Child survival statistics, such as infant and under-five mortality, and the causes of death remain disturbingly high. The levels of immunization coverage have declined from 65 percent for diphtheria-pertussis-tetanus (DPT) in 1990² to only 17 percent in 1999, and 13 percent in 2003.³ Maternal mortality is estimated to be between 700-1,000 per 100,000 births, and complications of pregnancy are common.

The Nigerian governmental system has three levels of power: federal, state, and local. In general, particularly in the area of health, the federal level primarily delineates policy. The states and LGAs implement most of the actual service delivery and other programming to carry out the policies set by the federal level, which are often mirrored at the state level. Both states and LGAs receive allocations of funds from the federal government, which they then budget for programs. Thus, enabling legislation is essential for the implementation of policies developed at the federal level. In order for state budgets to include programs to carry out the policies, federal officials and technical staff need to discuss such policies with state legislators, officials, and line ministry staff.

¹ National Population Commission [Nigeria]. 2004. *The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action, South-east Zone.*

² Integrated Child Survival: Strategic Framework and Plan of Action, 2004-2008.

³ National Population Commission [Nigeria]. 2001. *The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications, Southeast Zone*; National Population Commission [Nigeria]. 2004. *The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action, South-east Zone.*

B. Goals and Strategic Objectives

The POLICY Project addresses the need to have coherent government policies as the basis for development and improving the health status of Nigerians. Policies establish the government's commitment and direction by identifying the main dimensions of the area of concern and the government's priorities, and reflecting the current state of technical knowledge. They help to bring different programs into harmony and indicate preferred approaches for government and non-public sector programs. Both the policies and the strategic plans based upon them provide guidance in dialogues with international donor agencies and in making budget requests by government agencies for the programs to implement them. Financial resources through legislative appropriations and executive directives are essential to turn the policies and plans into reality.

The POLICY Project used seven main strategies to further policy development and adoption:

- provision of technical expertise
- promotion of participatory processes for policy development with stakeholder groups
- use of projection models to demonstrate current and future dynamics of health and population status
- selective collection and analysis of data needed for policy formulation
- active support to groups developing policies
- dissemination of policies and
- advocacy to support policies and plans, increase awareness, and demand implementation

1. Role of the POLICY Project in the USAID/Nigeria Mission Program

The POLICY Project fits under Strategic Objective (SO) 4 in the mission's four-year interim strategy. The mission's SO4 is "increased use of sustainable and effective family planning, HIV/AIDS, and child survival services with a supportive policy environment."

The IRs for SO4 identify five critical aspects needed to achieve that SO: demand for services, accessibility and availability, quality of services, capacity to deliver services, and a conducive policy environment. The IR for this last area is: "improved policy environment for delivery of FP/RH/AIDS/CS services." POLICY's efforts relate directly to this IR. Without supportive policies, achieving the other IRs will be more difficult. The results related to this IR affect each of the other four IRs.

The project specifically aims to address the development of and increased collaborative attention to policy within parts of the federal government and between the federal government and other governmental levels and nongovernmental organizations.

2. POLICY/Nigeria Project SOs and IRs

The Nigeria POLICY Project has its own strategic objective and intermediate results, which mirror the results framework of the global POLICY Project. The strategic objective is: national

policies and plans promote and sustain access to high-quality FP/RH/AIDS/CS services in Nigeria.

The SO is supported by four intermediate results (see Table 1). The IRs define four main focus areas:

- policy development and strategic planning
- information and research for decisionmaking and public awareness
- political and popular support for policies, plans, and programs
- capacity building for training in advocacy and other skills that support policy and plan development

The SO and IRs for the Nigeria country project are essentially the same as those of the global project, but with the addition of child survival, and with no explicit identification of maternal health (see Section II D). It is logical that the components of the POLICY/Nigeria results framework are identical because the project is one of the countries in which the global project is being carried out. Results at the country level can be related directly to the global project's SO and IRs for reporting purposes. Table 1 shows the SOs and IRs for both the global and Nigeria projects.

Table 1
Results Frameworks of the Global POLICY Project and POLICY/Nigeria

Results Item	Global Project	Nigeria Project
<i>SO</i>	<i>Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS</i>	<i>National policies and plans promote and sustain access to high-quality FP/RH/AIDS/CS services in Nigeria</i>
IR1	Political and popular support broadened and strengthened	Political and popular support for FP/RH/AIDS/CS services broadened and strengthened
IR2	Planning and finance for FP/RH improved	Planning and financing for FP/RH/AIDS/CS improved
IR3	Relevant information informs policy decisions	Accurate, up-to-date, and relevant FP/RH/AIDS/CS information informs policy decisions
IR4	In-country/regional capacity to provide policy training enhanced	In-country/regional capacity to provide policy training enhanced

The global project, POLICY II, is a follow-on to the POLICY Project from 1995-2000. Two features of that project that are prominent in POLICY/Nigeria are the expansion of participants in policy development from only public-sector officials to include NGOs, and the development of NGO networks and coalitions as a mechanism to strengthen their voice in the policy arena.

C. USAID Support of POLICY/Nigeria

1. Core Funding

The global POLICY Project has provided \$420,000 in core funds to its work in Nigeria. These funds have supported POLICY's presence in Nigeria, including the office and staff. Core funds

also have been used for the application, dissemination, and use of models developed by the global project to the Nigerian situation for policy discussion and decisionmaking. Global project funds also have covered targeted research to produce information useful in the policy process; and technical assistance from TFGI and its partners (RTI, CEDPA) to enhance POLICY's efforts in the country. Core funding also supported development of the adolescent and young adult RH plan in Edo State as a "core package," as well as other activities in FP/RH.

2. Field Support

The mission has provided significant buy-in to the project to promote policy development and dissemination in reproductive health, HIV/AIDS, and child survival. Initial obligated field support funds for 1999 totaled \$445. In 2000, an additional \$995,000 was provided for HIV/AIDS and \$198,000 for reproductive health. Thereafter, funding grew rapidly with infusions of funds from the Economic Support Fund (ESF), safe motherhood/child survival, and AIDS/MTCT. Cumulative funding through FY 2003 amounted to \$8.628 million. No obligations were made after 2003 since the program was converted to a bilateral.

Table 2
Annual Funding by Source for the POLICY/Nigeria Project

(Thousands of Dollars)

	1999	2000	2001	2002	2003	Total
Core	0	160	0	0	0	160
Core Package	0	0	260	0	0	260
FS HIV/AIDS	0	995	1000	1700	2000	5695
FS Pop	0	198	500	505	560	1763
ESF	0	0	200	0	0	200
Safe Motherhood	445	0	0	100	300	845
AIDS/MTCT	0	0	0	0	250	250
Total	445	1353	1960	2305	3110	9173

3. Leveraging of Project Funds

The POLICY Project did not set out explicitly to seek ways to bring in other sources of funding for its activities, but such additions occurred. In some cases, there was agreement with another donor to share certain costs of an activity. In other cases, POLICY assisted some of its partners to develop proposals that were eventually funded by other donors. By doing so, the value of the funds provided to the project was multiplied. POLICY did not provide the team with any data to determine the extent to which leveraging occurred, although some instances were identified during the visit and from document review.

These examples can be noted:

- As a result of the policy work, the KAP and prevalence study in the prison system and other paramilitary and police employees, the Department of Prisons anticipates that the Department for International Development (DFID) will provide support for a pilot program on HIV and tuberculosis (TB) control in prisons.

- The Organisation for Positive Productivity (OPP) received a grant from the World Bank HIV/AIDS project after initial support from POLICY to establish the organization and write the grant proposal.
- UNICEF contributed to work on OVC with the Federal Ministry of Women's Affairs (FMWA) and to the development of the Infant and Young Child Feeding Guidelines in HIV/AIDS.
- Joint funding of some activities (such as DFID in Benue, Packard Foundation in Borno, UNAIDS, and UNFPA).

D. Scope of the Policy Arena of the Project

In terms of substantive areas and significant levels of input, the scope of the project has been rather broad, covering population, FP and RH, HIV/AIDS, nutrition, malaria, and child survival. Aspects of maternal health have been subsumed under RH, HIV/AIDS, malaria, and nutrition. For example, reducing maternal mortality was covered under RH, malaria in pregnancy under the malaria policy, and maternal nutrition under the nutrition policy.

1. Existing Policy Situation and Priorities Identified for Project's Attention

At the beginning of the project, the policy situation in Nigeria was mixed. Several policies in the health and population areas already existed, but some of these were up to 10 years old. Since then, circumstances in the country had changed, along with new technologies, intervention approaches, and emerging issues. The policies needed to address these factors. In addition, the country's political situation had changed significantly, going from a military government to a democratic system with an elected president. Under these conditions many government policies would be reviewed and modified to adjust to the different system of government and the concomitant shifts in public discourse and responsibility. Examples of such policies, which became the focus of the project, are the nutrition and population policies.

Some policies were quite fragmented, which reduced their effectiveness and impact. These policies needed to be completely revamped, updated, and integrated with each other in a single comprehensive policy. Perhaps the best example of this situation is malaria. There were separate policies on case management, drugs for prevention and treatment, and insecticide treated nets (ITN).

Finally, new health and health-related social issues had emerged for which no policy had been formulated. The most critical of these issues is HIV/AIDS.

The global project had originally been intended to focus on population, RH, and maternal health. However, both the situation in Nigeria and the rapid emergence of commitment and funds from the U.S. government to assist countries to respond to HIV/AIDS led to a significant augmentation of the project's substantive focus. Furthermore, the mission in Nigeria asked the POLICY Project to apply its expertise to policy and planning for CS as one way to strengthen government commitment to improving delivery of services. National CS programs, particularly immunization, had declined in impact and resolve for some years and needed to be reinvigorated.

Thus, the surge in resources made available for HIV/AIDS activities and mission interests altered the project's original emphasis.

2. Cross-cutting Issues (gender, human rights, adolescent health, orphaned and vulnerable children)

Selective attention has been paid to most of the cross-cutting issues mentioned above. In some cases these issues were incorporated into policy development, while in others, an issue was given specific focus—for example, OVC—as well as being included in formulation of the HIV/AIDS policy.

Adolescent health received particular attention in cross-sector efforts with the Federal Ministry of Education to remove barriers to the public acceptance of a new curriculum about sexuality and HIV/AIDS education. ARH was the specific focus of the strategic framework and plan of action in Edo State. POLICY is assisting Borno State to carry out a similar process with data collection, strategy development, and advocacy for adoption.

Human rights aspects exist in the adolescent framework, as well as in the various HIV/AIDS policies that were developed with POLICY assistance, and POLICY's technical assistance (TA) to PLHA support groups. A study commissioned by POLICY/Nigeria examined the rights of persons living with HIV/AIDS in relation to access to health services. POLICY presented a paper on human rights aspects of HIV/AIDS policy at a workshop with a lawyers group involved with development of Benue State's HIV/AIDS policy.

Gender and human rights considerations were dealt with explicitly in formulating HIV/AIDS guidelines for health institutions in Enugu State, an activity done with UNIFEM. POLICY also participated in a seminar on gender assessment that FMWA conducted.

3. Key Partners in the Project: Stakeholder Groups, Target Audiences

The main partners with the project have included the global project partners (Research Triangle Institute and CEDPA in the United States) and GON line ministries, federal legislative bodies, national commissions, and state government offices. Other partners have included donor agencies (WHO, UNICEF, UNIFEM, UNFPA, DFID, World Bank) and many NGO partners—large and small, international and local—as well as Muslim and Christian organizations. Tables later in the report list all of the partner organizations and agencies.

Naturally much of the effort has been with government bodies, but the project has consistently promoted involvement of NGOs as stakeholders in each of the policy processes it undertook. POLICY fully recognizes the importance of NGOs as key players in health, economic, and social matters, and has tried to strengthen their capacity to influence government decisionmaking through advocacy training and establishment of NGO networks.

A benefit of the project for donor agencies is that government positions on each sector are evolving with better coherence. This makes it easier for donors to identify ways to assist the country in congruence with government plans. For example, HEAP provided a framework for

the World Bank's \$90+ million loan to Nigeria for HIV/AIDS. Also, networks are a key mechanism to identify and vet NGOs for possible funding.

Apart from the specific individuals in the organizations with which the project worked, it is difficult to assess the extent to which the "general population" benefited from a non-service delivery project of this type. One assumes that the various public policies and program strategies as well as civil society groups that do provide services will affect people's health and well-being.

In the short term, there may have been little or no impact on them or on health conditions in the country. Nevertheless, the public has been reached through activities of the mass media and by the ripple effect of working with NGOs and CBOs. Some PLHAs and persons affected by AIDS (PABAs) were reached directly through two support group organizations, AAN and OPP. The project's activities set the stage for developments that would have more direct impact on the people at large and particular at-risk sub-groups, especially OVC and PLHAs.

III. FINDINGS

A. Introduction to Accomplishments

1. What Has Changed as a Result of the Project?

Policy environment improved. The POLICY Project succeeded in laying the foundation for an enabling environment in the health areas in which it worked. Not only were the policies developed, written, approved, and disseminated, but a process for policy development also was used, which government and non-government institutions can follow in the future. The stage has been set for applying current best practices in the areas of reproductive health, HIV/AIDS, and child survival.

Critical policies developed and adopted. One of the project's major achievements was its effort to help the government put in place a national policy on HIV/AIDS. This work started in 2000 and was completed with the approval of the policy in 2002 and its formal launch in 2003. This policy marked a shift to a multisectoral response beyond the health arena.

In addition, POLICY's involvement with the NACA helped to create conditions for a rapidly expanding array of programs. In collaboration with government, donor, and NGO representatives, POLICY contributed to the interim strategic plan for action—HEAP—that defined the parameters for a national response to the HIV/AIDS epidemic, and established a structure. POLICY's participation in development of the HEAP was crucial to its completion. As NACA has shifted its conception of its role and what kind of an organization it should be, POLICY has been available as a resource and sounding board.

Two other major policy achievements were the national policy on population and the RH strategic plan. As a consequence of the reproductive health strategic plan and other policy efforts, the National Assembly in Nigeria—for the first time—has put a line item in the national budget for implementation of the RH policy. This signals a significant change in the

government's commitment to population matters. In the past, attention to RH had been driven mainly by donors and funded exclusively with donors' contributions to the development budget.

The POLICY Project considers its work with the Armed Forces to be one of its major accomplishments. This sector was difficult to penetrate initially, and to get people on board, the project had to first overcome resistance to recognition of the problem in some quarters. Several major activities were carried out: development of the Armed Forces policy on HIV/AIDS, preparation and dissemination of guidelines for implementation of the policy, and a knowledge-attitudes-practices (KAP) study.

Policy formulation process opened up. The POLICY Project used several strategies to make the policy development process successful. The project promoted open dialogue with policymakers. It engaged civil society organizations in the policy process. Multisectoral composition of policy development working groups, and inclusion of stakeholders from the three levels of government further strengthened the process.

Both POLICY Project staff and several partner organizations cited a change in thinking and approach as a result of working with POLICY Project on development and revision of policies and sectoral strategic plans. For example, according to staff and project documents, leaders in the Armed Forces and paramilitary changed their attitudes and perspective on the HIV/AIDS problem as a result of the process for policy development and the resulting policy.

Participatory processes and the inclusion of stakeholders are now seen as valuable and routine parts of the policy formulation process. Participants felt empowered by these approaches. Before this round of policy development, people didn't conceive of inviting groups that are stakeholders to join in policy development; now they wouldn't conceive of working on a policy *without* calling them into the process.

The approaches taken by POLICY drew the attention of a broad swath of society to the need for policy. Groups outside the government, from the grassroots up, came to see that they had a role to play in developing policy. Before their involvement, they didn't know that they could be part of the policy development process.

Representatives of Christians and Muslims provided essential, specific suggestions for revision of the curriculum for sexuality and HIV/AIDS education to make it acceptable to some important groups in the country. In addition, the government representatives who participated gained greater understanding of the ideas and concerns of these groups, which should help to develop culture-sensitive programs in the future.

Civil society organizations valued. Government partners are beginning to view civil society coalitions as important partners to support their activities. This change in opinion has come about from their work with the networks that POLICY has been so instrumental in creating or supporting. A shift from inviting individual active NGOs to inviting networks is beginning to occur.

Framework for implementation set. Numerous participants saw these processes as providing a framework for next steps. There is now a sense of wanting to move forward beyond policies or plans to implementation, and not to have policies or plans sit on a shelf. At times, taking the completion of a policy or strategic plan as a stopping point for collaboration with POLICY seemed unnatural for some partners. They would have liked continued assistance from the POLICY Project while transitioning into actual implementation of programs. POLICY tried to have a strategic plan done after a policy as one way to bridge between policy and programs.

Advocacy for policy implementation promoted. Both within and outside government, people more fully appreciate the need for advocacy to get policies approved. The project took steps to develop advocacy skills among several groups outside of government and, to a much more limited extent, in a few federal ministries.

Networks of organizations formed or strengthened. Another major accomplishment of the POLICY Project was the establishment of the network of organizations working in reproductive health, NINPREH, to strengthen their capability and press for improvement in government support for and provision of reproductive health services. Six zonal networks have met and set workplans for themselves. POLICY has provided some training to these groups in advocacy and development of networks.

POLICY also formed a network on adolescent RH in Edo State, which produced the ARH strategic plan. POLICY also helped some existing networks (AAN, NEPWHAN) to become stronger and offered them advocacy training as well.

Adolescent reproductive health strategy formulated and adopted. The project worked with a broad stakeholder group in Edo State to develop a policy on adolescent RH and then moved into creating a strategic plan and state-level network of interested organizations to bring the plan to fruition. The policy and strategic plan were formally launched after the governor signed the policy on September 28, 2004. The process and resulting documents are being used as models for a similar effort in Borno State, but the process has not yet been completed there.

Effective work style developed. Another achievement of the POLICY Project was creating a niche for itself in the development of Nigeria. Partners, donors, and project staff all pointed to the emergence of the POLICY Project as a “viable, committed organization,” “persistently pursuing its agenda”⁴ and influential and plugged in to the dynamics of government decisionmaking. Although POLICY’s role is as a facilitator of the policy process, sometimes members of the working groups might have perceived POLICY to be more like another stakeholder.⁵ Such a view is really a compliment on how POLICY participated. It is also a credit to the talent of the staff that, even though some came to the project with little or no policy development experience, they were able to do the job so well.

2. What Processes for Future Policy Development and Change Have Been Set in Motion?

⁴ POLICY Project/Nigeria staff interview, August 2004.

⁵ Ibid.

According to most informants, the POLICY Project has provided highly useful services. They praise the staff for how they have gone about their work, so that the project name immediately comes to mind when government and donor staff think about getting assistance with work on policies and strategic plans.

The project followed two key strategies for the policy process and those have been institutionalized in some of the ministries. These are:

- including all stakeholders in the policy formulation and dissemination process, particularly civil society organizations and other relevant sectors
- encouraging a participatory, consensus-building approach

As it worked on policy development, POLICY also followed the principle of open dialogue with policymakers

Certainly these experiences have set the stage to move forward to laying down the necessary programming to implement these policies and advocate for budget funds to carry out the programs.

B. Main Accomplishments: Overview by Sub-sector

The POLICY Project has achieved remarkable success in achieving its objectives. Here is an overview of project activities by substantive sub-sector, followed by a discussion of the main accomplishments of the project in relation to the project's SO and IRs.

1. Population and Reproductive Health

POLICY has supported policy and planning processes at the federal and state government levels. The policy cycle for the National Population Policy was particularly protracted. At the start of the POLICY Project (2001) there was already a draft policy, but it was not until 2004 that the president formally endorsed the policy. In the interim, some fundamental structural questions had to be resolved. POLICY played a role in those negotiations and financially supported and participated in the eventual formal launching of the policy.

In the meantime, POLICY was an instrumental player in the development of three plans for RH services to implement the anticipated policy—the RH strategic framework and plan, the contraceptive commodity security strategic plan, and the contraceptive logistics management system policy guidelines. The POLICY Project also contributed to deliberations about the roles of the National Population Commission and the National Council on Population Management—newly formed in the population policy—which had to be resolved before the final endorsement.

At the state level, POLICY stimulated the establishment of a network on adolescent RH in Edo State. This public-private network developed a state-level strategic plan based on a situation analysis, funded by POLICY. After the successful completion of this activity, POLICY began a similar process in Borno State.

POLICY's work on policies and plans was not confined to completing those official documents. It helped stakeholders lobby for the creation and option of such policies by the government and also helped stimulate popular support to press for their adoption and effective implementation. POLICY provided tools such as Resources for the Awareness of Population Impacts on Development (the RAPID model), critical information in usable forms for both policy formulation and advocacy. The project also brought into being or supported existing national, zonal, and state-level networks of organizations to become popular voices for improved RH services (NINPREH, NAPAHD, and the Young Adults and Adolescents Reproductive Health network [YAARH]). The expectation was that such groups could generate a more energetic effort by governments.

The project also worked selectively to break down barriers to population and RH programs in the predominantly Muslim northern states, and specifically to RH education and services for youth through partnerships with international and local NGOs and other interested parties.

Another emphasis in POLICY's work in population and RH was capacity building, both in the government and outside it. Besides learning about policy through participation in stakeholder groups, individuals also were trained in the RAPID model and advocacy skills. They enhanced their skills in research and preparing information for dissemination. Two study tours broadened the vision of a select group of policymakers, program managers, and community leader about effective programs.

2. Child Survival

In developing the *National Strategic Framework and Plan of Action for Child Survival, Protection and Development of the Child*, the FMOH focused on integrated CS, including not only the traditional components—immunization, diarrheal disease, acute respiratory infections, nutrition, and breastfeeding—but also other diseases and conditions that take a toll on children. For example, malaria was added because it is the top cause of infant and child morbidity and mortality in Nigeria. Tuberculosis and mother-to-child transmission of HIV/AIDS are also covered. The draft framework and plan of action are awaiting further government action.

POLICY's work on the policy, strategic framework, and model have demonstrated USAID's expertise in child survival to be more than in service delivery alone, for which the Basic Support for Institutionalizing Child Survival project (BASICS) has been responsible. This change in perception has helped USAID regain a significant position as a child survival donor in Nigeria. The project's policy brief on the child survival situation in Nigeria was instrumental in establishing this position and led the Federal Minister of Health to express the government's commitment to reduce child morbidity and mortality.

The national nutrition policy, which had been promulgated in 1988, became the focus of a revision with the impetus of UNICEF and USAID. The POLICY Project worked with the National Commission on Food and Nutrition, part of the National Planning Commission, to organize a participatory multisectoral process with all stakeholders involved. Certain topics that had not been apparent in the earlier policy, particularly nutrition and HIV/AIDS, and Vitamin A and other micro-nutrients, were added. The review of the Nutrition Policy was completed by

2001 but was not formally launched until 2002 with POLICY assistance in collaboration with UNICEF. Policy supported the development printing and launch of the Nutrition Plan of Action for the implementation of the Food and Nutrition Policy. In addition, infant and child feeding guidelines have been developed and are still under consideration.

POLICY's work in CS has been hampered by institutional structural constraints and power struggles among some of the principal players. These factors have made it difficult to move forward, and as a result the POLICY Project has given less attention to CS than to other intervention areas. Situational factors—such as the standoff in the northern part of the country about the immunization program, and the lack of receptivity of the concerned federal office to an open, participatory process—led to a decision to postpone working on immunization policy *per se*, even though immunization is a critical component of child survival. This area likely will receive attention in the upcoming bilateral project.

3. HIV/AIDS

POLICY has been involved with the formation of NACA and its activities ever since the president created it. NACA considers the project to be a key stakeholder and resource, a group whose advice and assistance they seek out because of its value. POLICY played a key role in the development of NACA's interim three-year strategy, HEAP. This strategy provided a conceptual structure and priorities to the national response, identified specific activity areas and agencies to carry them out, and created a time frame for the initial period of coordinated effort. POLICY has provided financial support for NACA's meetings and events related to the strategy. The POLICY Project has also served as a conduit for USAID funds to support the salary of one of the NACA secretariat's directors.

From this involvement, POLICY has also identified other ways that it can further Nigeria's response to the increasing prevalence of HIV/AIDS. One of those was to help NACA develop a management information system with key indicators. Others are described below.

Almost all of POLICY's work with NACA has been at the national level. Although state action committees (SACA) were formed in most states, POLICY has worked with only Oyo State's SACA on their HIV/AIDS strategic plan development. The project has participated in HIV/AIDS policy development in Ondo and Enugu states; in a number of other states, it has contributed to various short-term activities such as workshops and donor advocacy to state governments.

Workplace policies. The NACA HEAP includes development of workplace policies. FMLP developed a national workplace policy that will set standards for industries and companies in Nigeria. The concerned ministry staff worked with both NACA and the project on this. POLICY offered guidance on what constitutes good policy and ongoing advice. The project also sponsored some of the meetings. Global POLICY Project staff offered a five-day advocacy training course as a preliminary step to the dissemination workshops that are planned in different parts of the country and as preparation for NACA's business coalition initiative. The FMLP also developed its own internal workplace policy.

Besides the military policy mentioned earlier—in part a workplace policy—POLICY Project worked with the Federal Ministry of Immigration and Internal Affairs, which has jurisdiction over immigration and customs officers, police, and prisons. The draft policy for the Federal Ministry of Internal Affairs, Paramilitary Section, is almost finished. This policy covers workplace aspects for ministry employees and conditions for and treatment of inmates and detainees. Related research support is described later in this report.

Orphans and Vulnerable Children. POLICY’s experience with FMWA⁶ is a good example of the project’s supportive, targeted assistance and the activities that evolve as a result. This support has increased institutional awareness of the problem and some skill development, availability of essential information for design of the agency’s response, and facilitation of the processes. POLICY has assisted this ministry to develop a strategy about OVC due to AIDS.

At this point the minister has approved establishment of an interdepartmental OVC unit in FMWA, and three sections of the ministry (Child Development; Planning, Research, and Statistics; and Women’s Affairs) are involved. The ministry has discussed capacity building for this new unit with POLICY.

Prevention of Mother-to-Child Transmission. POLICY has been supporting NASCP’s coordinating role for the national PMTCT program, which is evolving from a pilot stage to a scaled-up program. POLICY’s facilitation and persistence have been critical to keep the program moving forward.

The project has helped with strategy and workplan development in collaboration with partners in the program. POLICY also has contributed to the definition of indicators for the PMTCT program, a part of the development of the program organized by CEDPA and the MEASURE Project. Along with Johns Hopkins University Center for Communication Programs (JHU/CCP), POLICY has worked with the FMOH to develop a communication strategy related to PMTCT. In particular, POLICY contributed to an advocacy package to ensure the acceptance of the program on a large scale.

C. Accomplishments Related to the Project SO

SO: National policies and plans promote and sustain access to high quality FP/RH/HIV/AIDS/CS services in Nigeria.

The four IRs are like pillars that hold up the edifice of the SO. Among the four, IR2 has primary importance, while the other IRs generally support the development, adoption, and application of the policies, plans, and guidelines. For many of the policies and plans, political and popular support has been cultivated. Knowledge and information have been brought into the process strategically, to formulate sound policies that are responsive to the existing and projected situation in Nigeria.

POLICY has reported policies as SO achievements when the president, relevant minister, or state governor signs a policy or plan, and it is formally promulgated, or launched. From the time a

⁶ Until 2004, this ministry was called the Ministry of Women’s Affairs and Youth Development.

revised policy or plan is completed until the formal signing, the project counts it as an IR-level result. (See Annex G for the project's implementation plan, which shows SO and IR activities undertaken.) Table 3 shows the nine policies and nine plans completed, as well as several others nearing completion. Completion of policies and plans gained momentum in 2003-04.

D. Accomplishments Related to IR1

IR1: Political and popular support for FP/RH/AIDS/CS services broadened and strengthened

The activities of the POLICY Project have helped to increase political and popular support for HIV/AIDS, RH, and CS issues. Although Nigeria was previously in a denial stage about the existence of HIV/AIDS, awareness of HIV/AIDS has increased remarkably. Official and NGO support of HIV/AIDS, FP/RH, and CS activities and programs has broadened. The numbers of agencies and NGOs supporting and advocating on these issues have increased. New networks have been formed to engage in advocacy, and POLICY also has helped to strengthen some existing networks that were dormant, especially since 1999. The project addressed popular support for these health issues by supporting a few PLHA CBOs and establishing or advising and supporting networks of NGOs and selected other nongovernmental groups with roles in responses to the HIV/AIDS epidemic.

1. Reaching Legislators and Other Elected Officials

The POLICY Project has directed some efforts toward sensitizing and engaging members of the National Assembly and state governors and legislators on population and health policies and programs. Both federal and state legislators were among stakeholders in the zonal reviews of the population policy and a reproductive health summit. POLICY has given RAPID presentations to leaders of the Senate and House in the National Assembly. The project sponsored five to seven members of the House health committee to attend the 13th International Conference on AIDS/STIs in Africa (ICASA), held in Kenya in 2003. The project also worked with the previous legislature to draw up the bill that will establish NACA as a standing government agency, not just a special committee. POLICY organized a study tour to Egypt for two legislators, along with members of the National Planning Commission (NPC), to broaden their vision.

It is challenging to get politicians to make time for an activity that doesn't have a quick benefit. They don't tend to focus on specific issues they want to follow. Nevertheless some legislators are pressing ahead to increase their colleagues' attention to these issues. For example, exposure to RH policy has led to the formation of a caucus from three committees (education, health, and women's affairs). The caucus will discuss how to get parliamentarians involved on OVC and RH, pursue increased funding for health programs (including RH and HIV/AIDS), and draft legislation on rights related to reproduction and HIV/AIDS. The health committee is dealing specifically with discrimination and abandonment related to HIV/AIDS. The legislator interviewed by the team cited POLICY as being responsible for generating interest on OVC among assembly members.

Table 3
Policies and Plans with POLICY Project Assistance by Year *

Policies and Plans Completed, Adopted, or Launched	2001	2002	2003	2004
Population				
Policy				• National Population Policy
Reproductive Health				
Plans and Guidelines		• Reproductive Health Strategic Framework and Plan	• National Guideline on Contraceptive Logistics Management System • National Strategic Plan for Reproductive Health Commodity Security	• Strategic Plan for Young Adult and Adolescent Reproductive Health in Edo State
HIV/Aids				
Policy	• HIV/AIDS Emergency Action Plan	• Nigerian Catholic Church HIV/AIDS Policy	• National Policy on HIV/AIDS • Armed Forces HIV/AIDS Control Policy Guidelines • Enugu State Health Institutions HIV/AIDS Policy	• Church of Nigeria (Anglican Communion) National HIV/AIDS Policy • <i>FMIA HIV/AIDS Policy</i> • <i>National HIV/AIDS Workplace Policy</i> • <i>MOE HIV/AIDS Workplace Policy</i> • <i>MOLP HIV/AIDS Workplace Policy</i>
Plans and Guidelines			• Strategic Plan for Implementation of Nigerian Catholic HIV/AIDS Policy	• Church of Nigeria (Anglican Communion) National HIV/AIDS Strategic Plan • Action Plan for OVC • PMTCT Task Team Workplan
Child Survival				
Policy		• National Policy on Food and Nutrition		• National Policy on Food and Nutrition
Plans and Guidelines		• Short-term National Plan of Action for OVC	• <i>Infant and Young Child Feeding Guidelines</i>	• <i>IMCI Strategic Plan</i> • Integrated Child Survival Strategic Framework and Plan of Action • National Plan of Action on Nutrition • Rapid Assessment, Analysis, and Action Planning (RAAAP) for OVC
Malaria**				
Policy				• <i>Policy on Implementation of Insecticide-Treated Mosquito Nets (ITNs)</i> • Policy for Prevention and Control of Malaria in Pregnancy
Plans and Guidelines			• <i>MAC Workplan</i>	• <i>National Guidelines on IPT of Malaria in Pregnancy</i> • <i>Guidelines for Implementation of ITNs</i>
*Includes federal and state government policies and plans and nongovernmental policies and plans			** Most malaria documents are undated <i>Note: Italics indicate draft status, waiting for approval, or formal adoption</i>	

The POLICY Project also has had contact with three committees in the House to give awareness-raising presentations, but there have been difficulties in availability of the audience. Two events for all members of the National Assembly had mixed results. Although many members came for the initial formal opening, most did not attend the substantive presentations. One senator who did participate expressed his interest. At his request, POLICY held an event combining awareness-raising—with traditional and other community leaders invited—and a health fair in his area. That type of high-profile event piqued the interest of other legislators.

At the state level, different approaches have been used to engage political leaders. Efforts to engage governors' spouses failed to materialize because of the departure of a key person in the First Lady's office who was helping POLICY plan the event. Governors and commissioners, or their representatives, often attend events like the Reproductive Health Summit, the launching of major policies, and the zonal NDHS dissemination meetings.

2. Advocacy by Federal Ministry Representatives to State Governments

POLICY also has encouraged the federal malaria division to advocate with state governors, commissioners, and divisions of public health for increased resources to implement the anticipated new policies. The first such advocacy visit is planned for Niger State soon.

3. Building Popular Support

POLICY participated in various ways in several nationwide issue recognition days, such as Africa Malaria Day, World Population Day, Armed Forces HIV/AIDS Day, and World HIV/AIDS Day. The project also has participated in radio talk shows associated with those events or public launches of policies to increase awareness and stimulate public dialogue and demand for services. POLICY's assistance in organizing the Africa AIDS Summit affected both the political and popular spheres.

Another way that the POLICY Project increased the national response to the HIV/AIDS challenge was to assist two major religious bodies in adopting their own HIV/AIDS policies, based on elements of their faiths. These policies raise the awareness of HIV/AIDS and provide guidance to each church's leaders, priests and ministers, and congregations. This is a potentially powerful means to increase popular support for HIV/AIDS services and better care and interaction with PLHAs and PABAs.

POLICY suggested and facilitated a consensus-building process to address resistance to the sexuality and HIV/AIDS education curriculum. POLICY made an agreement with Action Health International to organize two forums for dialogue between religious leaders and the Federal Ministry of Education (FMOE). As a result, what had been a barrier was turned into a support, and there may be a more accepting environment for sexuality information and FP. The MOE modified the curriculum to address concerns raised in these forums. Mutual understanding also grew among all parties. Participants identified specific suggestions for ways the MOE could modify the curriculum to include religious perspectives.

4. Advocacy and Network Formation

Network formation and purpose. Coalitions of civil society organizations with a stake in a given topic can influence the direction of government policies and programs. Networks bring together groups of such NGOs so that they can function better and express their common concerns to the public and the government. The POLICY Project thought that forming and strengthening NGO networks would be a valuable strategy to encourage popular support for policies and influence government legislatures and leaders to provide more funds for programs.

Both the creation and continuation of NGO networks are gradual, evolutionary processes. Some of the member NGOs are very small, completely local, and not well organized or managed. The network is a new form of civil society organization in Nigeria as well, so people are not familiar with this mechanism. There is a learning curve for the members to work together and make the networks function effectively. To contribute effectively to the activities of NGO networks, the capability of individual NGOs needs to be developed. For networks to grow and continue over time, all parties—the member organizations, government agencies, and donors—need to see them as useful and necessary.

For the networks to continue, their ability to generate funds from member organizations, donors, and other sources for their advocacy and organizational development activities is essential. In interviews with members of NINPREH in the northern zone, it was clear that the costs (mainly travel, accommodations, and materials) of carrying out advocacy are an issue for the member organizations.

Networks established and supported. The project helped to establish two RH networks, NINPREH and YAARH. It supported the activities of an existing network that was already focusing on HIV/AIDS, the Civil Society Network for HIV/AIDS in Nigeria (CiSNHAN). Besides its extensive involvement with these three networks, POLICY also gave more limited support to the Nigeria AIDS Research Network (NARN) and NAPAHD.

NINPREH. Building networks of NGOs and civil society organizations (CSOs) at the zonal level was deemed to be more effective than trying to establish them at the state or national level. Local, state, and regional organizations with an interest in advocacy and building capacity were brought together to form six zonal networks. In 2002-2003, a training-of-trainers (TOT) approach was used to introduce and spread advocacy skills to network members.

Several zonal NINPREH have identified issues to focus on initially, based on prevailing conditions and needs in the specific region. The POLICY Project has provided small grants to some of the networks to develop their advocacy plans.

Gradually, government partners are realizing that civil society coalitions could support population and RH activities, based on the contributions such organizations have made to policy and strategic plan development. A noticeable shift has been reported in the customary pattern of inviting individual NGOs into program deliberations. Now networks are being invited. As the zonal NINPREH organizations gain more experience, they should become stronger and more skilled in advocacy and program design and implementation.

CiSNHAN (formerly CiSCGHAN). As Nigeria was beginning to develop its response to the HIV/AIDS challenge, ActionAid and others came up with the idea of a network of NGOs working on different aspects of the situation. The network would enable them to come together and have a voice and would help donors identify qualified organizations to receive funding for HIV/AIDS activities. Another aim of such a network was to strengthen the capability of these local NGOs. Many need to improve basic organizational management.

The POLICY Project became involved with CiSNHAN early in its development. In 2004, POLICY provided advocacy training to 25 representatives of CiSNHAN's member organizations. POLICY also has sought to strengthen the network's human resource capacity by advising on new positions.

YAARH Network. This network was formed in Edo State to pursue the development, promotion, and implementation of the YAARH strategic plan. Members included NGOs, local governing bodies and agencies, religious and traditional organizations, youth, and other interested individuals. POLICY helped the members set up the new organization and also gave them advocacy training. After completing the strategic plan, the network engaged in dialogue with state health officials and the governor. As a result, the governor approved the plan and activated it in a formal launch in late 2004.

5. Advocacy Training

From 2001 through 2004, POLICY Project staff conducted 13 advocacy training workshops. Three covered HIV/AIDS, three were on adolescent and young adult reproductive health, and seven were on reproductive health. Audiences for these workshops were drawn mainly from the private sector (80 percent), more specifically, NGOs (see Table 4). However, some participants were from the public sector and the military, and a few represented the media and international NGOs operating in Nigeria. Typically one person from an organization participated.

More recently POLICY Project has used a TOT approach to extend the reach of the training and help more people and organizations become active health advocates to improve the chances of impact.

The thrust of advocacy training has been primarily to develop local capability of NGOs and community leaders to engage in dialogue with state and local governments. Limited attention has been given to developing advocacy skills of federal ministry staff, yet they are the people who worked hard to develop the policies and could influence the government to take steps, such as allocating resources, to put the policies into action. To some extent this situation could be a reflection of the legacy of the top-down approach to government decisionmaking under military rule in the past.

The country is still in transition to institutionalized democracy. The purpose of advocacy is to voice the people's demand for implementation of policies and provision of services, and to stimulate local government response to local health concerns. Advocacy is a key element of democratic civil society. It is how people communicate their concerns to their government and lobby for legislation, budget allocations, and reforms.

The conversion of the training into advocacy activities is just beginning, and is not well known at the POLICY Project level, since many of these occur locally. POLICY Project has received some anecdotal reports of advocacy steps taken after the training (see Table 4). In one state, participants visited top officials several times to discuss implementing the youth reproductive health strategy. Members of zonal NINPREHs have identified local issues to focus on in advocacy activities and are beginning to carry out their plans. There has also been some step-down training by those who came to TOT workshops.⁷

Table 4
Advocacy Training

Topic	Number of trainings	Number of participants			Post-training advocacy events	Results of advocacy
		Public sector	Private sector	Other		
HIV/AIDS	3	28	25	28*	Advocacy visits to commissioners for health and head of health facilities in two states**	Commissioners made commitment to get the governor to address lack of PMTCT services in tertiary hospital in one state
Reproductive health	7	0	163	0	Advocacy efforts have commenced	
Youth reproductive health	3	0	59	6	Several visits to commissioners for health and secretary to the governor; advocacy for implementation of family life and HIV/AIDS in schools	Governor signed foreword of strategic plan for ARH, which will be launched officially
TOTAL	13	28 (9%)	247 (80%)	34 (11%)		

* Military personnel and civilians
** Cross River and Akwa Ibon

⁷ See Annex E for a description of the northern zone NINPREH visit.

E. Accomplishments Related to IR2

IR2: Planning and financing for FP/RH/HIV/AIDS improved

By providing financial and technical assistance to public sector agencies and faith-based organizations (FBOs), POLICY has facilitated the development, revision, and adoption of policies and strategic plans relating to HIV/AIDS, reproductive health, family planning, and child survival in Nigeria. Public sector agencies assisted by the POLICY Project include federal-level line ministries such as Health, Defence, Internal Affairs, Women's Affairs, Education, Labour and Productivity, and agencies such as NACA and NPC. The project's contributions to activities with some of the ministries were more intensive and demanding of its financial and human resources than with other ministries. POLICY worked with FBOs such as the Catholic Church and the Church of Nigeria (Anglican Communion).

The POLICY Project helped to bring about four main types of policies and planning documents: overarching national policies at the ministerial level and above; plans of action, strategic plans and frameworks, and guidelines; state-level policies and plans; and operational policies for program implementation. The overarching policies are thematic, defining the nature of the issue, the main approaches the government intends to take over a medium-term period, and its vision for the desired outcome. Operational policies cover the practical side, including regulations, guidelines for program approach, and specific plans for implementation. Table 3 shows the various policies, plans, and guidelines that POLICY helped to develop.

The POLICY Project initiated activities in the area of child survival in 2002. It has since made considerable progress in facilitating the development of policies and guidelines for child survival and malaria control. Most of the policies and guidelines in these two areas are still drafts. Some are final drafts, while others are awaiting final stakeholder review meetings before they can be adopted and launched. Drafts are circulating for the child survival strategic framework and plan, and for the infant and young child feeding guidelines.

In addition, POLICY participated in the development of a new comprehensive malaria policy under the leadership of the Malaria Action Coalition (MAC).⁸ This policy is intended to bring together under one roof the separate policies and guidelines about ITNs, drug management of cases, intermittent preventive treatment (IPT) of malaria during pregnancy, and malaria treatment in pregnancy.⁹ Work on this policy is in progress.

At the beginning of the POLICY Project, a few policies had already been formulated but had not been completed or awaited a formal launch. The food and nutrition policy, for instance, was finished before the project commenced activities, but had not been formally launched. POLICY was able to help the government complete that process. POLICY also helped with completing the RH policy, which also had been written before the project started and was launched in 2002. This policy was launched at the same time as the RH strategic framework and plan, on which POLICY focused significant effort.

⁸ The lead USAID agency on the MAC is the CDC.

⁹ Component parts are under review.

With some of the ministries and relevant stakeholder groups that developed policies, POLICY followed through to move into planning for implementation, with guidelines, workplans, or action plans. In some of these activities, POLICY's models and data analysis capabilities were critical to development of these program plans. These are described under IR3 in this section.

Some work also was done on ensuring that federal and state governments funded programming. Although the project helped to advocate for resource allocations, the workplan for POLICY/Nigeria makes it clear that only limited effort was to be made directly toward ensuring funds for implementation. However, the Edo State ARH strategic plan included an implementation plan with specification of resource needs.

The POLICY Project did not undertake extensive efforts to promote financing of RH health services for two reasons. First, it is difficult to track allocation data, since the government does not easily release this information. Second, after an economist on staff left, the project managers decided to direct funds to other staffing needs.

1. Edo State ARH Activity

The multiple components of this activity were a core package, supported with resources from the global POLICY Project. The components included:

- survey of youth that fed into the situation analysis and strategic plan
- situation analysis that compiled information from various sources and analyzed the status of ARH and services in the state
- formulation of the strategic plan
- formation of the YAARH network
- advocacy for adoption of the plan

Under a subcontract, a local group, Women's Health Action Research Center (WHARC), organized and managed the process, carried out the survey, and prepared reports. POLICY provided guidance and TA for the survey and writing of the situation analysis, development of the strategic plan, and other backstopping needs of WHARC. The NewGen model was used in developing the Edo State ARH strategic plan.

The YAARH network is described in the Advocacy and Network Formation section in III.D.4. The process brought together a broad range of stakeholders: leaders of youth organizations and NGOs serving youth, school staff, community leaders, and representatives from local and state governments, academia, and the media.

As a result of the activity, the governor of Edo State approved the strategic plan and launched it in late 2004. Edo is the first state to set out a detailed path to implement the ARH planks in the national RH policy and strategic plan. A second important outcome was that organizations and individuals with an interest in ARH came together to address the problem in specific terms, and mobilized to continue working on this issue. Public and private-sector service providers were among those who joined the network. The results demonstrate the effectiveness of NGO/CSO participation in the planning process at the decentralized level. Third, managing the project and carrying out the research strengthened WHARC's capacity. The data collected were used directly

in developing the strategic plan. Finally, a structure was established to stimulate popular demand for RH services. The process established the value of youth participation in the policy and planning process.

F. Accomplishments Related to IR3

IR3: Accurate, up-to-date, relevant information informs decisions

1. Information for Decisionmaking

a. Research

One of the intermediate results of the project's activities is that accurate, up-to-date, and relevant information has been made more available through:

- dissemination of data from other sources
- use of models
- research studies targeted to specific policy-relevant topics and data needs

The POLICY Project initiated or supported ongoing research activities to provide data for policymaking and dialogue. Incorporating data into the process for plans and policies made them more robust. Most of the studies were to obtain information related to HIV/AIDS awareness and prevalence, access to health care by people living with HIV/AIDS (PLHA), and provision of HIV/AIDS services in health facilities in Nigeria.

POLICY is using its local and international experts to provide technical assistance to support research activities. Since POLICY is not a research-granting body as such, it has initiated only a few key studies to generate information required to fulfill its mandate where this was not being done by local and development partners, for example in the area of youth reproductive health.

From POLICY's quarterly reports, the following research activities were identified as supported or initiated by the POLICY Project. Table 5 provides detailed information.

Surveys and Sero-prevalence Studies. The POLICY Project has collaborated with partners to provide technical assistance to the FMOH and NACA to design and execute the National HIV/AIDS and Reproductive Health Survey and the sentinel survey of pregnant women attending antenatal clinics. Based on these studies, POLICY also helped to develop PowerPoint presentations for advocacy purposes.

AFPAC (MOD) and the Prisons Department in the Federal Ministry of Internal Affairs (FMIA) had both conducted KAP surveys relating to HIV/AIDS among their populations. POLICY supported the entire AFPAC survey, but the FMIA survey was conducted without POLICY assistance. However, POLICY supported a re-analysis of the prisons' KAP survey, which had included a sero-prevalence survey of prison inmates and staff. The POLICY Project provided technical assistance to improve their data analysis and the reports. As a result, the research results could be used in formulating the policies and advocating for them. POLICY assisted with

production of PowerPoint presentations on the findings, which were used for advocacy purposes with the hierarchies of each prison force.

The POLICY Project initiated two studies of ARH among youth and adolescents, and one among PLHAs. In Edo State, a survey of youth ascertained risk factors for unprotected sex as well as knowledge and use of contraceptives. The results were essential in the situation analysis. Seeing the findings strengthened resolve of the YAARH network to tackle the issue. (See section III.E.1 for more information about the Edo State package.) POLICY sponsored a similar ARH survey in Borno State, which is being used to develop advocacy messages for ARH policy and program support there.

POLICY commissioned a study on access to health services and care for PLHAs to provide information that could lead to improved health care. This study filled an information gap by documenting the role of discrimination and stigma in access to care, and the challenges for health care professionals to provide care adequately for persons living with HIV/AIDS.

The project participated in a study planning meeting and helped with funds for a pilot study on drug therapy effectiveness before the main drug therapeutic and efficacy testing trials were carried out. These studies will be used to revise the guidelines for malaria case management.

A 2002 POLICY-sponsored study, “Access to Drugs for HIV/AIDS and Related Opportunistic Infections in Nigeria,” was a path-breaking documentation of the sociopolitical, economic, and policy climate on drug availability for PLHA. It included recommendations for future access.

The FMOH undertook a behavioral survey among people considered most at risk for HIV infection (MARPS). As a member of the technical committee, POLICY provided TA to design the survey protocol. A final draft of the protocol was submitted to the survey management committee for approval. The survey data will be used to improve the MARP database and inform program planning.

POLICY provided technical support to conduct a rapid assessment, analysis, and action planning (RAAAP) exercise on OVC in Nigeria. POLICY supported validation of externally conducted literature reviews, a community response assessment, action planning, and RAAAP report writing. Stakeholders adopted the product of this exercise (an OVC RAAAP report and two-year action plan) at a UNICEF-supported meeting in Minna, Niger State, on August 26–28, 2004. The adopted plan was presented at an OVC donors meeting in Cape Town, South Africa on September 22–24, 2004.

POLICY cooperated with the British DFID, the Royal Tropical Institute (KIT), Cooperative Extension Center (CEC), and the Benue State Agriculture and Rural Development Authority (BNARDA) in a study of “Impact of HIV/AIDS on Rural Livelihoods in Benue State, Nigeria.” POLICY’s role was to assist in design and execution of the field work as well as to prepare dissemination materials in the form of thematic policy briefs. POLICY also sponsored the final dissemination events for the study.

Policy Environment Score. The POLICY staff has carried out two assessments of the policy environment to ascertain how conducive the policy environment is for effective programs to be

implemented. Data to gauge the policy situation for reproductive health and HIV/AIDS were collected in 2000 and again in 2002. The tool's utility is in making international comparisons. The global POLICY Project has carried out this assessment in a number of countries for its own use.

Although the score might also be of value as a tracking indicator of the general environment in Nigeria over time as well, POLICY did not invest in capacity building to collect the required data or to use them locally. However, the FMOH participated in the data collection. Although POLICY distributed more than 500 copies of the report to survey respondents and attendees at three conferences in Nigeria, the team did not discover much awareness or use of the results by donors and ministry staff who were interviewed.

Zonal analysis of NDHS results. POLICY saw that analysis of the 1999 and the 2003 Nigeria demographic and health surveys at a lower level of aggregation could further policy dialogue and lead to improved service delivery, particularly at the state level. The POLICY Project assisted the NPC to prepare the zonal data analysis, which was then used in the zonal-level dissemination seminars, which POLICY funded. Out of these seminars came communiqués focused on policy and program implications for each zone. POLICY published zonal reports including key survey results and the implications from the seminar discussions.

Table 5
Research Activities of the POLICY Project in Nigeria, 2000-2005

Activity Area	Beneficiary or Partner Agency	Research Theme	Year/ Status of Study	Nature of Support by POLICY Project		Use of Findings
				Financial	Technical	
HIV/AIDS	NACA	World Bank HIV/AIDS Project			TA to review proposals and to develop guidelines for selection of successful applicants for research grants	
HIV/AIDS and RH	FMOH; SFH carried out survey	National HIV/AIDS and Reproductive Health Survey (NARHS)	2003		Collaborated with other partners, contributed to development of survey protocol	Data provided for advocacy presentations and policymaking
HIV/AIDS	Armed Forces AIDS Control Program, Ministry of Defence	Knowledge, Attitudes, and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs	Completed 2002	Funded data collection and analysis	TA to finalize report and prepare advocacy presentation	Data used for advocacy to military hierarchy to support the revision of the Armed Forces HIV/AIDS policy
HIV/AIDS	Federal Ministry of Internal Affairs	Rapid Assessment Report on HIV/AIDS Knowledge, Attitudes, Practices, and Sero-prevalence among Staff of the Paramilitary Services	Completed 2003	Funded data analysis	TA to analyze data, edit, and revise technical report to improve the document and make it more useful for informing policy development	The improved technical report provided information that facilitated development of the HIV/AIDS policy for the paramilitary in Nigeria.
HIV/AIDS	POLICY/DELIVER/ NASCP/National Institute for Medical Research, at request of FMOH and USAID	Rapid assessment of provision of HIV/AIDS services in public and private sector facilities in eight states in Nigeria	2004		Collaborated with other partners, provided TA for the workshop to finalize research instruments	To assess commodity logistics and institutional, policy, and environmental capacity
HIV/AIDS	FMOH	2003 National HIV/AIDS Syphilis Sentinel Survey among pregnant women attending antenatal clinics	Completed 2004		Participated in writing technical report, supported printing of technical report, provided TA to produce advocacy presentation	To influence policy development on PMTCT

Activity Area	Beneficiary or Partner Agency	Research Theme	Year/ Status of Study	Nature of Support by POLICY Project		Use of Findings
				Financial	Technical	
HIV/AIDS	FMOH/Physicians for Human Rights and Center for Right to Health	Human rights and access to health care of people living with HIV/AIDS in Nigeria	2002	Financial support to conduct study	TA to develop research instruments and data analysis	Provided information on access of PLHAs to health care
HIV/AIDS	DFID/BNARDA/KIT	Impact of HIV/AIDS on Livelihood in Benue State	2002-2204	Workshop dissemination	TA for field work and for policy briefs	Provided Benue state authorities ad FMOH with information for better targeting of resources
HIV/AIDS	UNICEF/FMWA	OVCs	2004	Consultants	TA to conduct rapid assessment of OVCs	Improved OVC programs
HIV/AIDS	POLICY	Drug distribution system, especially of ARVs	2002	Consultants		ARV program strategy and policy
Youth RH	USAID/POLICY/ Women's Health and Action Research Center (WHARC)	Profile of the sexual and reproductive health of adolescents and young adults in Edo State	Completed 2003	Sub-contract to WHARC, Benin City to conduct survey	TA to finalize research instruments, study design, execution, and data analysis	Data used to produce strategic plan for youth and adolescent RH in Edo State, Nigeria
Youth RH	POLICY/Community Health and Youth Friendly Association	Profile of RH of Borno State Youth	Ongoing	Support to NGO in Borno State to conduct study	TA to develop survey instruments and train field staff	To inform development of a strategic plan for RH of youth similar to the one in Edo State
RH	NPC	Analysis of 1999 and 2003 NDHS data at zonal level	2000, 2004	Funded analysis and publication	TA for data analysis and report	<ul style="list-style-type: none"> • Data presented at zonal dissemination seminars • Reports used by other organizations to design programs
RH, CS, HIV/AIDS	Global POLICY Project	Policy Environment Score	2000, 2002	Global POLICY Project funded	POLICY staff collected and analyzed data, wrote report; report distributed in Nigeria	International comparison of enabling environment by health sub-sector

b. Models Produced and Disseminated

The POLICY staff has worked on several models since 1999. The RAPID model,¹⁰ the most widely disseminated of these, was updated twice by the POLICY Project during the project. It is frequently used for advocacy. The POLICY Project refers to the collection of the various models they have developed and applied as the SPECTRUM package. (See Table 6 for the models developed or mentioned in the POLICY reports.)

POLICY staff worked with officials of the FMOH (Department of Community Development and Population Activities and the national AIDS and STIs control program), and the NPC to apply several models, such as AIM, RAPID, Strategic Pathway for Reproductive Health Commodity Security (SPARHCS), FamPlan, and DemProj. During the development process, technical advisory groups (TAGs) were set up to review progress and give input for RAPID, AIM, and FamPlan models. The models were tested with data from Nigeria, and were reviewed by the relevant TAG.

In addition to applying models to the policy and strategic planning processes, the project has tried to maximize the utility of the models by using them as the basis for multiple vehicles for providing information. Thus, key points have been highlighted in presentations, radio programs, booklets, and reports for a variety of audiences. Since the project produced a low-tech version, the RAPID results have been more accessible and useable in general settings that have only conventional presentation equipment. The models have been used in training of current and future decisionmakers at NIPSS in Jos. Presentations and documents based on the models have been effective in convincing policymakers to act on the issues.

RAPID. The TAG for RAPID was inaugurated in 2001. Trained participants received copies of low-tech (color transparencies and speaker notes) and high-tech (CD-ROM) versions of RAPID to use in their presentations for policy dialogue and advocacy on population and FP/RH issues.

The RAPID model was the most widely disseminated of all the ones developed. The model received official recognition and endorsement by high-level political officials. The Minister of State for Health officially launched it as part of World Population Day celebrations. The vice president and chairman of the National Population Commission endorsed a final report on the model.¹¹ POLICY produced the document in collaboration with the NPC and the FMOH.

To increase public awareness of population concerns, a two-hour radio panel phone-in discussion aired on population issues generated by the RAPID model. Excerpts of the launching also were shown on the national television network.

POLICY, in partnership with CDPA/FMOH, presented the RAPID model to the chairman of the House of Representatives Committee on Population Matters and to other members of the National Assembly to increase awareness of population issues among legislators.

¹⁰ UNFPA introduced the RAPID model to staff of the Division for Community Development and Population Activities of the Federal Ministry of Health when the 1988 National Population Policy was developed.

¹¹ "Population Growth and Quality of Life in Nigeria"

NGOs have used the model to present population issues to various audiences. One example is Pathfinder, which included RAPID in a presentation to the consultative network of Ulamas. Another example is NINPREH, which has used it repeatedly as part of the zonal inauguration meetings and training on advocacy presentation skills. POLICY also developed modified versions suitable to the audience for presentations by the zonal branches of NINPREH on World Population Day.

UNFPA has used the updated RAPID model to train its core project staff as well as FP/RH service providers in states where it works. POLICY supplied UNFPA with low- and high-tech versions.

As RAPID has been disseminated, it has become apparent that to use it effectively, trained staff and NGOs require laptop computers and projectors for both the high- and low-tech variants. In discussions with the review team, those who had been trained in RAPID noted this constraint. Thus, RAPID has become fairly well known in the relevant departments of the federal ministries and political leaders have been exposed to it as well. A limited number of donor agencies and NGOs have taken it up.

Other models. POLICY worked with NASCP to reach consensus on the assumptions and scenarios for inclusion in the AIM model, using the antenatal care sentinel surveillance survey and other surveillance data. The model was used to make revisions to OVC projections. A booklet on the HIV/AIDS situation in Nigeria containing information from the AIM model also has been produced. A report for advocacy and public information directed at policymakers and stakeholders was produced based on the results from the model. The model also provided content for presentations about the national HIV/AIDS situation that were made at high-profile events like World AIDS Day. Although this model has been introduced to FMOH staff, there is no evidence that they have been trained to apply this model by themselves, as they were with the RAPID model.

The model was used to inform the president of Nigeria about the HIV/AIDS situation. This presentation and other inputs from POLICY, noted elsewhere, apparently contributed to the president's public position acknowledging the presence of AIDS in Nigeria and directing the government and all of Nigerian society to respond effectively and sensibly. From this proclamation, much important activity has followed.

The FamPlan model and the SPARHCS methodology were essential inputs to the RH commodity security plan. FamPlan estimates the quantities and costs of various contraceptive items in scenarios with different population goals, assumptions, and circumstances. It can make long-term projections of commodity requirements.

Table 6
Computer Simulation Models Disseminated by POLICY/Nigeria

Model	Use of Model	Disseminated to		Post training use of model
		Public sector	Private sector	
RAPID	Examine the socioeconomic impacts of population growth; intended to stimulate policy dialogue to support the National Population Policy	NPC, CDPA, NASCP, NASS; legislators	Presented at inauguration meetings of zonal NINPREH groups, the consultative network of Ulama, CEDPA, Pathfinder, EngenderHealth, and UNFPA	Used during World Population Day celebrations by some NINPREH zonal networks
DemProj (Demographic Projection Model)	Make demographic projections of population growth as part of the RAPID model	CDPA NPC		To be used to develop results from the NDHS
AIDS Impact Model (AIM)	Projections of the growth of the HIV/AIDS epidemic and its consequences	NASCP		Used for advocacy presentations, strategic plans, and OVC situation analysis
Child Survival Model	Demonstrate health outcomes of alternative child health service packages, and calculate resource requirements and cost effectiveness of such services	Work in progress on this model		Advocacy, planning, policy analysis in child survival
FamPlan*	Make projections for contraceptives and other FP components	CDPA		Used in SPARHCS for commodity requirements
NewGen	Model about adolescent and young adult population; model under development	State government members of YAARH network used for Edo ARH strategic plan	<ul style="list-style-type: none"> • Introduced to participants at SOTA workshop in 2001 • WHARC and YAARH network used for Edo ARH strategic plan 	Used in developing Edo State ARH strategic plan
GOALS	Estimate impacts of resource allocation decisions for HIV/AIDS interventions**	Presented to top civil servants at workshop on cost-effectiveness analysis		HIV/AIDS strategic planning

* Jointly developed by FOCUS and POLICY ** Model was not fully developed for Nigeria.

NPC National Population Commission

NASCP National AIDS and STIs Control Program

CDPA Community Development and Population Activities

NASS National Assembly Members of House Committees

The Child Survival Model for Nigeria was a new model that POLICY developed under the project. Its purpose is to show the impact of alternative strategies for program interventions on child morbidity and mortality. Due to the paucity of Nigerian data and the necessity to develop the model from scratch, the model has taken longer to complete than planned. As of this writing, the basic model and its parameters have been developed, a TAG has reviewed it twice, and a final dissemination and review are slated for the first quarter of 2005.

Two key staff of the National Population Commission were trained in the use of the Demographic Projection Model (DemProj). The NewGen model for ARH was used in the situation analysis and development of the Edo State strategic plan, and it also will be applied to the Borno State ARH plan. NewGen was also presented during the ARH state-of-the-art (SOTA) course in 2003.

2. Information for the Public

a. Journalists

To foster increased press coverage of HIV/AIDS, POLICY negotiated a subcontract with Journalists Against AIDS (JAAIDS), an NGO. With POLICY support, JAAIDS has set up and launched an HIV/AIDS media resource center in Lagos, where media personnel can learn about HIV/AIDS and improve their reporting of HIV/AIDS issues. JAAIDS has also produced several brochures on HIV/AIDS for dissemination to the public. POLICY has also supported JAAIDS in setting up a website.

POLICY trained JAAIDS staff to develop their capacity to maximize the use of information technology in their work. Since then, JAAIDS has run several workshops for editors, media gatekeepers, health features editors, and so on. POLICY has provided TA at some of these workshops by making presentations. (See Annex D for additional information about JAAIDS.)

Furthermore, POLICY helped to develop materials on prevention of mother-to-child transmission (PMTCT). The materials were used at a workshop on communication strategy and prevention of PMTCT, which was organized by the Nigerian AIDS and STDs control program (NASCP) in Kaduna.

b. Presentations at Public Forums

The POLICY Project has reached the public by making presentations at conferences, workshops, meetings, and events. Most of the PowerPoint presentations were targeted at HIV/AIDS sensitization, while others promoted child survival and reproductive health issues (see Table 7).

c. Publications

The project disseminated several reports, posters, and brochures on a strategic basis. As with the simulation models, the strategic purposes included advocacy, consideration of specific problems

by policymakers and political leaders, or providing information for planning. In some cases these reports were critical to the development of a response to HIV/AIDS.

Publications included policy documents, strategic plans and frameworks, and research results (see list of documents in Annex). At occasions such as official launches of policies and conferences, the POLICY Project distributed copies of the featured documents. POLICY paid for limited print runs of completed policies and plans to meet the immediate need and provide a small supply, which was all the project could afford.

Table 7
Public Presentations by POLICY

Presentation	Target Audience
Nigeria's National Response and Management Information Systems	Dakar workshop on monitoring and evaluation
Socioeconomic impact of HIV/AIDS and role of editors in ensuring adequate content and prominence for HIV/AIDS	JAAIDS workshop for media gatekeepers
HIV/AIDS	Workshop on HIV/AIDS for Nigeria Medical Students Association
HIV/AIDS	HIV/AIDS day for the military
HEAP and HIV/AIDS situation in Nigeria	Advocacy visits to selected states to advocate for SACAs and LACAs
Use of surveillance data	Ministerial press briefing
Zonal DHS Data (with MEASURE)	Zonal dissemination workshops
Population and quality of life	Presented officially to federal Minister of Health and top managers of the ministry
Legal and ethical issues in relation to PLHA	Workshop on mainstreaming HIV/AIDS issues in Benue State
Child survival situation in Nigeria	Annual conference of the Paediatric Association of Nigeria
Nigeria national AIDS policy: implications for various sectors	Five workshops for HIV/AIDS sensitization by NACA, targeting top civil servants
HIV and infant breastfeeding	PMTCT training for counselors from PMTCT centers of excellence in the northern states
Incidence of MTCT of HIV/AIDS, Feeding Practices and Survival of HIV-infected or AIDS children	34 th National Nutrition Society Conference at Umuadike Abia State

NGOs and projects have used the zonal NDHS reports to develop plans for programs that address some of the findings. For example, the VISION project used the 1999 zonal NDHS reports to help with its choice of three states for its work and priority reproductive health problems on which to focus. Similarly, the 2003 zonal reports may help staff design the activities of the new bilateral project, Community Participation and Action for the Social Sectors (COMPASS), and provide lists of stakeholders for future work.

In addition to published policies and plans, POLICY also produced several brochures, pamphlets, and policy briefs. These included brochures or booklets on HIV/AIDS, malaria, child survival in Nigeria, RH, the OVC situation in Nigeria, female genital mutilation, and other topics. A wall chart on RH was produced for handy reference and information dissemination.

Publications, brochures, and newsletters from agencies supported by POLICY complement POLICY’s publications. For example, the Armed Forces AIDS control project, NACA, and AIDS Alliance of Nigeria (AAN) publish newsletters on HIV/AIDS. AAN, a support group for PLHAs that has received financial support from POLICY, has produced many information leaflets to promote awareness of HIV/AIDS, as has JAAIDS. Other POLICY partners such as Action Health Incorporated (AHI) and Planned Parenthood Federation of Nigeria have several publications and brochures on RH issues.

d. Media Coverage

In addition to written communication and PowerPoint presentations, POLICY has also reached the public through sponsored radio programs (see Table 8). Apart from the roundtable discussion on HIV/AIDS, most of the radio discussions were on population and reproductive health issues.

**Table 8
POLICY Participation in Mass Media Events**

Activity	Occasion
Roundtable discussion on HIV/AIDS	African Heads of State Summit on HIV/AIDS
Interactive radio discussion on ITNs	Advocacy for Roll Back Malaria program
National radio discussion on sexual and adolescent reproductive health and rights (with Action Health Incorporated, Adolescent Health Information Project, FMOH, and NPC)	To mark World Population Day
Radio discussions and seminars	NINPREH activities at zonal levels to mark World Population Day
Radio panel discussion on “Know Your Rights”	Public awareness education program
Two-hour radio phone-in discussion on population issues generated by RAPID launching, plus radio news and television broadcast	To mark World Population Day and launching of updated RAPID model

G. Accomplishments Related to IR4

IR4: In-country/regional capacity to provide policy training enhanced

According to the POLICY II results framework, illustrative activities would include provision of TA through its local staff and/or training in the policy process to policy analysts and policymakers, and step-down training about policy (dialogue, analysis, planning, advocacy) by those trained by POLICY. Enhancing policy training also could be accomplished through establishing policy as a subject of study in national training institutions, and contributing instructors and curricula on policy to other training programs. POLICY/ Nigeria’s program included some of these activities.

In general, this IR received relatively less attention than the other IRs, mainly because developing policies and plans and getting them approved was central to achieving the project’s SO. It was through this IR that IR1’s popular support component was cultivated through advocacy training. However, POLICY did not particularly emphasize developing a cadre of

people who could give training about policy at all levels of government, as envisioned in the global project.

First, most of the policy training that occurred under the project was for POLICY staff. They learned by doing in their jobs and with some limited training input from the global POLICY Project and external courses and workshops. The staff's top priority focused on producing policies, strategies, and plans. Indirectly, by going through the process, those from other organizations in the policy working groups probably increased their capacity in policy development, although this point was not investigated in detail during the team's interviews with partners in the policy process. It was evident in several interviews, however, that the TA had had some impact; people saw the value of the participatory, multiple-stakeholder approach.

The second main way that POLICY Project addressed this IR was training NGOs about advocacy. POLICY/Nigeria staff gained policy training experience from this activity also. (Refer to Section III.D.5.) Recent training-of-trainers (TOT) in NGOs and CBOs for advocacy activities extends the reach of the project further toward the grassroots. (Table 4 shows all advocacy training.) The new local trainers are supposed to train others in their own organizations. Since this training is recent and for local NGOs' staff and volunteers, there will be considerable need for follow-up and TA to firm up those skills for advocacy activities, and to train more people in advocacy.

The training focused on how to advocate around these issues and was intended to develop voices of the grassroots. As such, this activity was really more of a civil society mobilization activity than training in the policymaking process. Nevertheless, the follow-on project might want to emphasize this type of activity more, given its potential impact.

Third, POLICY/Nigeria's work with NIPSS in Jos, which trains future governmental officers and leaders, is another avenue to train Nigerians in policy formulation, adoption, dissemination, and application to socioeconomic development programming. POLICY provided technical support to NIPSS to hold a policy dialogue workshop on vaccination and child survival. This dialogue resulted in a better understanding of the various points of view and consensus on various issues, including the need to decentralize the immunization program.

POLICY also provided technical support to NIPSS to hold an August 2004 conference on population and development in Nigeria. The conference involved NIPSS staff and senior executive course participants, representatives of religious faiths, academia, traditional rulers, UNFPA, NPC, Planned Parenthood Federation of Nigeria (PPFN), the Christian Association of Nigeria, and Jama'atu Nasril Islam. Discussions led to a better understanding of viewpoints on population growth vis-à-vis development and consensus that the problem can be addressed through implementation of the National Population Policy.

Fourth, the project occasionally conducted policy and planning training for organizations. At a workshop for the Catholic Secretariat, POLICY staff facilitated the policy part of the workshop. POLICY also introduced policy concerns into other kinds of workshops of other organizations, such as a session on policy aspects of PMTCT for a training of HIV/AIDS counselors.

IV. TECHNICAL ASSISTANCE, CAPACITY BUILDING, AND COLLABORATION

A. Technical Assistance (TA)

POLICY Project staff and their international consultants provided TA to various government agencies and NGOs (see Table 9). For some agencies, technical assistance for policy development or network building was a continuous process until the policy or research was completed. Thus there may be some cases of double counting, although effort was made to avoid this, and the numbers in the table should be seen as approximate. The row totals suggest that most activities were in the area of HIV/AIDS, and then in reproductive health. The table also shows that TA was directed principally toward development of policies. Workshops and meetings were either directly related to a policy or plan, or were sponsored attendance at relevant conferences.

Table 9
Types of TA the POLICY Project Provided by Activity Area

Activity area	Policy and Strategic Plan Development	Network Building	Research	Policy Workshops and Meetings	Presentations	Facilitator at Workshop	Proposal Development	TOTAL
HIV/AIDS	9	4	6	9	4	2	2	36
OVC	2			4		1		7
RH	5	3	3	3		1		15
Population and FP	1	1	1	1	1			5
CS	2			1	1			4
Malaria				1				1
TOTAL	19	8	10	19	6	4	2	67

1. Types and Nature of Activities and Outcomes

TA was provided mainly to further policy development directly or indirectly. This work supported the drafting process, stakeholders' workshops, or theme group meetings to review drafts of policy and strategic plan documents and launches of policies after adoption. POLICY also provided TA for network building. Some of this TA was critical to develop commitment to HIV/AIDS policy development and adoption.

TA often was intended to directly increase capacity, such as the collaborative participation in policy development, training in models and advocacy, attendance at conferences and workshops, and study tours. Working closely with POLICY staff and consultants on tasks such as organizing workshops and analyzing data also showed partners how to perform these activities successfully. Yet other TA produced critical tools, such as PowerPoint presentations, which organizations could use on their own for activities related to this project's objectives.

Not all TA was intended to build capacity. TA filled in gaps in funding or expertise at critical junctures to move forward policy development, advocacy, and dissemination. Some TA was provided to complete unfinished projects due to lack of capacity. TA also was used to spur activity, create momentum, or bring an issue to prominence.

The major outcomes of TA were:

- development of policy and strategic plan documents in the project's topic areas
- successful conferences, workshops, and follow-on activities, which facilitated the process of drafting policies and plans
- establishment or strengthening of networks of advocates

The POLICY Project provided these kinds of TA activities:

- network building activities
- research design, development of field instruments, survey execution, data entry and analysis, report writing
- re-analysis of data from other sources (e.g., NDHS)
- training in the use of the computer models
- PowerPoint presentations for advocacy or information purposes
- facilitation of sessions at various workshops
- recruitment of experts or consultants to assist agencies/NGOs to prepare reports
- proposal writing
- preparations for conferences/summits, etc.
- development of advocacy plans or making advocacy visits for HIV/AIDS
- preparation for a public hearing on the creation of a new agency—the National Agency for the Prevention and Control of AIDS
- study tour to Egypt for 10 Nigerian leaders to learn about Egypt's management of its population and RH program and related legislative processes
- sponsorship of representatives of partner organizations to attend workshops and conferences in other countries, mostly in Africa

Specific examples of the variety of TA are given in Tables 10 and 11, one for NGOs and one for government organizations, which follow this section.

2. Duration of Technical Assistance

The duration of TA varied with the task. Facilitation of sessions at workshops and conferences usually needed short-term effort. However, where POLICY was part of the organizing committee, assistance lasted for the duration of preparation, which could be up to one year.

TA for policy development was often two or more years. Sometimes the process became bogged down and required special attention. The development of the Armed Forces HIV/AIDS policy was stalled for nearly two years because of disagreement over institutional responsibility for oversight of policy implementation. The POLICY Project had to make some advocacy visits to the military hierarchy and the minister to resolve the issue and revive their interest so that the policy was eventually finalized and launched.

The same was true of the AIDS policy for the paramilitary. POLICY had to pay advocacy visits to the Permanent Secretary of the Federal Ministry of Internal Affairs, which has jurisdiction over the paramilitary services, to get commitment to support the policy formulation process. That policy is still at the draft stage.

Long periods of time between completion of document and official promulgation are common. The draft of the population policy—disseminated in 2004—had been ready since 2002, but had to be amended because of a presidential directive transferring all population matters from the CDPA in the FMOH to the NPC.

3. Decision to Provide Assistance

Decisions to give TA appeared to be based mainly on the project's identification of a need for it. In some instances, it was by the invitation of the local partner, or USAID or another donor. Most of the TA was clearly related to policy development and dissemination. Although POLICY funds did not typically cover general organizational support, some of its financial and TA support to OPP, a PLHA group, was used in this way. However, the amount involved was small; the objective of this support was to build a public response to HIV/AIDS. POLICY also used this relationship as an entrée to develop advocacy skills among PLHAs, so they could potentially become a force to influence policy.

Some of the main situations that led to providing TA included:

- POLICY identified existing policies that needed to be reviewed (examples: the 1988 National Population Policy, the 1997 HIV/AIDS policy, and the existing Armed Forces HIV/AIDS policy, which was not working well)
- Lack of capacity to complete research projects (examples: the KAP studies by the Armed Forces AIDS control program, and the KAP study among the paramilitary forces)
- Donor requested assistance (example: UNICEF sought POLICY assistance to update nutrition policy)
- Need for stakeholders' workshops to review drafts of policies and incorporate views of stakeholders
- Lack of human or financial capacity by major partners to achieve the desired results

(example: assistance to the FMWA to develop a plan for OVC in Nigeria)

- Invitation from organization to assist in its HIV/AIDS policy development
(example: the POLICY Project provided TA to the Church of Nigeria [Anglican Communion] part way through their process for the final draft to incorporate the views from the stakeholders' workshop that reviewed the draft policy)

B. Capacity and Institution Building

Building capacity enables organizations to carry out multiple functions independently, to operate efficiently, and to obtain the funding they need to carry out their programs. The POLICY Project provided TA for capacity building to government agencies, departments, and line ministries for policy development and planning; networks of NGOs to advocate about HIV/AIDS and RH issues; and support groups of PLHAs. Since POLICY was such a critical participant in the history of NACA, a key organization in the development of Nigeria's national response to HIV/AIDS, this case is presented in detail.

1. Formation and Development of NACA

POLICY has been intricately involved with the evolution of NACA since its founding. NACA was established in January 2000 as a major part of the national response to HIV/AIDS in Nigeria. Until then, HIV/AIDS activities had been coordinated by NASCP, the national AIDS and STIs control program, where the problem had been viewed primarily as a health concern. The scope of the response was broadened to include all areas of society and became multisectoral once NACA started. A presentation to the president using the AIM model, a data-based tool developed by POLICY, was a critical factor in his decision to establish NACA. NACA formulated HEAP in part due to the requirements of donors for the government to have a detailed program plan, and the huge World Bank grant in particular.

Creation of NACA led to conflicts among NACA, FMOH, and other line ministries as a result of overlapping functions, which over time have been sorted out. In addition, state action committees for AIDS (SACAs) also had to be created to make the national response effective. DFID led an initiative to review NACA's overall approach and develop an institutional framework for its operation. The purpose of this review was to make NACA more efficient and responsive to the increasing demands imposed by the rapidly growing national response to HIV/AIDS, and to bring all the various structures created in response to the new bilateral and multilateral funds under the same umbrella. Other partners included POLICY, UNAIDS, USAID, the World Bank, and CIDA. National and international consultants were used in this initiative. The review gave two recommendations:

- Four new directorates should be created—policy, coordination, management, and monitoring and evaluation (M&E)—to organize NACA's work better.
- NACA should play more of a coordinating, and less of an implementing, role.

POLICY participated in the recruitment of four new directors to execute NACA's new multisectoral coordinating role. POLICY is providing the salary of the director responsible for coordinating public-private sector partnerships in the national response, and the Nigerian Business Coalition Against AIDS (NIBUCA).

Although POLICY has worked mainly at the national level with NACA, it has also facilitated workshops by NACA to explore ways to improve the relationship between NACA and the SACAs and local action committees on AIDS (LACAs). POLICY participated in the advocacy teams to states to encourage them to establish SACAs and LACAs.

Other TA from POLICY to NACA has been directed to:

- preparation of a brochure on HIV/AIDS in Nigeria
- preparation of position papers and presentation for African heads of state summit on HIV/AIDS and other infectious diseases
- preparation of presentations on HEAP and on the HIV/AIDS situation in Nigeria
- development of a proposal on quality of life for OVC submitted to the Global Fund (collaboration with Family Health International [FHI], Center for Development and Population Activities [CEDPA], DFID, and Pathfinder)
- strategic planning, advocacy, and data collection and analysis for PMTCT and antiretroviral (ARV) programs
- preparation of Nigeria's country coordinating mechanism proposal to the Global Fund for HIV/AIDS, malaria, and infectious diseases

2. Capacity Building in Line Ministries and Agencies

Several line ministries and agencies benefited from capacity building for policy development and planning by POLICY. Going through the policy development process using the approaches promoted by POLICY certainly had beneficial effects on government staff. A few mentioned that they felt they could now work on another policy process on their own, which is a measure of the absorption of the approach. (Table 10 presents the agencies and specific types of capacity building TA provided.) The Annex provides brief descriptions of the agencies and more details on the history of POLICY's experience with several of these government bodies.

These government entities experienced the participatory, collaborative policy process promoted by POLICY, from problem definition and analysis to developing a response in the form of an approved document. They learned the fundamental components of a quality policy. They also absorbed the value of involving all stakeholders, rather than working in relative isolation with an individual donor or interested outside organization. In a few cases, the TA also helped an agency resolve an intra-organizational conflict.

They improved their use of data for problem analysis, policy justification, public education, and advocacy. A strong example of this outcome is the zonal analysis of the Nigeria demographic and health survey. This analysis—and its presentation at zonal workshops—made the survey results more salient to the states, which make decisions on actual program implementation. It was a valuable learning experience for federal-level staff as well, both in the analysis skills and in hearing from representatives of the states.

POLICY sponsored line ministry staff to present the results of their work at international conferences as a way to strengthen their professional skills. For example, POLICY sponsored the attendance of the assistant deputy controller general of the Department of Prisons, who had

headed up the FMIA studies, at two international HIV/AIDS conferences, including one to present results of the HIV/AIDS sero-prevalence and KAP study.

As described in section III.F.1.b, the government staff also acquired the skill of using computer models for planning and advocacy and used the models in their work.

In September 2002 and again in 2003, POLICY organized an orientation workshop on population dynamics for the National Population Commission. The 2002 workshop was for the 36 state population commissioners and members of the NPC board. The purpose of the workshop was to provide these officials with a layperson's overview of factors that affect population growth and momentum in Nigeria. The workshop aimed to improve their understanding of the interactions of population on health, household, and socioeconomic development. All participants at this event testified to their improved understanding of the multisectoral nature and dimensions to population activities and management. POLICY then held a requested follow-on training for lower-tier NPC staff in September 2003.

3. Organizational Development for NGOs, Support Groups, and Networks

The POLICY Project also has supported the development of NGOs, support groups, and networks of NGOs for advocacy of HIV/AIDS and RH/FP issues. Table 11 lists the main organizations, their area of activity, and how POLICY helped them to become stronger organizations and to work on RH and HIV/AIDS issues.

Since the needs for organizational development of many of the NGOs and CBOs with whom it has worked are so great, POLICY could not possibly meet them all. Many of these organizations need help to improve the basic viability of the organizations and to become sustainable, with less reliance on financial assistance from donors. To be accepted by policymakers as recognized voices of the people and service providers and to be successful in their advocacy endeavors, the NGOs need a high degree of credibility. Thus on a selective basis, the project has offered some TA and training.

The outcomes of TA for capacity building were similar to those mentioned earlier for government agencies, although the emphasis with NGOs was weighted more toward capacity to carry out advocacy around policy concerns. For example, POLICY offered training to NEPWHAN's groups of PLHA on human rights, gender, and advocacy.

One of the small but interesting success stories in NGO support is that of OPP. Early on, POLICY provided meeting space for this support group of PLHAs and later on, provided a grant. OPP now has an office, staff, and funding from other donors. POLICY contracted OPP to implement a project aimed at empowering PLHA to respond to the AIDS epidemic in the Federal Capital Territory (FCT). Through the subgrant to OPP, POLICY supported the strengthening of the support group to enable them to carry out their mission, and to advocate effectively for increased care and support for persons affected by HIV/AIDS. This has included support to OPP to conduct a situational analysis of the support groups in Abuja. POLICY provided TA to develop the study design and instruments, to carry out fieldwork, and for data management and analysis. It is fair to say that without POLICY's assistance, OPP would still be a fledgling organization.

4. Capacity Building for Faith-based Organizations' Health and HIV/AIDS Units

Capacity building for FBOs was mainly to the Catholic Secretariat. The POLICY Project helped to develop the capabilities of the Catholic Secretariat HIV/AIDS unit to develop policies. POLICY supported the secretariat from 2001 through 2003 to develop its health policy, HIV/AIDS policy, and strategic plan for the HIV/AIDS policy. This included TA for policy preparation as well as review workshops and printing of the policy documents.

In addition, POLICY supported a capacity-building workshop in Makurdi for HIV/AIDS desk officers in Catholic parishes in Nigeria; 50 participants from all states benefited. The workshop covered program planning and implementation, advocacy, and monitoring and evaluation. Furthermore, POLICY provided TA to the Abuja parish of the Catholic Church to develop and implement an HIV/AIDS sensitization and awareness campaign.

POLICY participated in the steering committee that launched the National HIV/AIDS Inter-Faith Council under the aegis of NACA. It brought together the top hierarchies of Christian and Muslim religious leaders. However, the committee does not appear to be very active. (The consultants could not reach the officials of the council during the field work).

5. Capacity Building for Private Sector Response

POLICY collaborated with NACA, UNAIDS, USAID, and DFID to put together activities leading to the launch of the Nigeria HIV/AIDS private sector initiative (NIBUCA) by President Obasanjo in February 2003 (See Annex C for NIBUCA's mission and strategy statement). POLICY was expected to be a key partner in the development of the initiative, which aims to make the private sector a stronger participant in the HIV/AIDS national response. The initiative strives to ensure that private sector companies adopt more proactive workplace policies.

POLICY participated in some of the post-launch meetings of NIBUCA. It provided some guidance on operational issues and possible players who can contribute to meaningful public-private partnership on HIV/AIDS. Present support by POLICY for the coalition is limited to supporting the NACA director who is responsible for public-private sector partnership in the national response to HIV/AIDS. He is to be the bridge between the public and private sector.

Preliminary work to set up NIBUCA started in October 2002. It does not yet have a fully staffed office, but a coordinating consultant funded by USAID is managing the NIBUCA office donated by Julius Berger PLC (The consultant's term expired the day she was interviewed by the team). NIBUCA is still evolving. Some of the companies in NIBUCA, particularly multinationals, are strong, independent entities and are already setting their own direction in which to respond. They have chosen the partners with whom they want to work, such as PPFN, FHI, and the International Red Cross. Several also have company-wide HIV/AIDS policies from their headquarters. However, these have to be adapted to fit into Nigeria's national workplace policy, which is yet to be finalized.

6. Capacity Building for Project Staff—POLICY Project Staff Training Needs

POLICY's success can be attributed in part to the quality of staff on the project. Their leadership qualities, skills in human relations, commitment, knowledge of how to work with the public sector, and teamwork were all factors in producing results. They were able to develop a sense of ownership of the process and products in the stakeholders' groups. They, along with the stakeholder representatives with whom they worked, represent achievement toward the POLICY Project's objective to build national capacity in planning and policy.

The professional development of POLICY's staff is one way to build capacity in Nigeria to carry out policy work. Most of the POLICY Project staff mentioned some professional development experiences during their employment with the project. Some of this training was through global POLICY Project gatherings of staff from all countries in the project. In addition, global POLICY Project staff gave occasional training to POLICY staff on sector-specific computer models and advocacy. Other training experiences were workshops and courses in Nigeria, other countries in Africa, or in the United States. Most training covered a specific area, such as RH or HIV/AIDS. These experiences helped staff to:

- broaden their perspective about policy issues and policy work beyond the borders of their own country, and identify potential applications in Nigeria based on what they learned
- increase their knowledge in specific substantive areas
- deepen their skills in group processes, training on advocacy, and capacity building
- gain personal confidence in their ability and appreciation of the value of their work
- “contribute meaningfully” to “setting the national agenda for the President's Emergency Plan for Aids Relief (PEPFAR)”¹²

Staff could provide more effective TA in the future if they had more training on how to include gender analysis and consideration in policy development and make it a practical component in program design. Several staff mentioned this need.

¹² POLICY Project staff interview.

Table 10
Technical Assistance for Capacity Building in Government Ministries and Agencies

Line Ministry	Divisions/Agencies Assisted	Capacity Building Activity by POLICY
Ministry of Health	NASCP CDPA RBM Child Survival (IMCI) Nutrition	<ul style="list-style-type: none"> • Policy development process: drafting of policy and strategic plan/framework documents and participation at policy review workshops • One advocacy training workshop for NASCP unit • Training in use of RAPID model by CDPA division • Training in report writing for NASCP, CDPA units • Translation of data into advocacy leaflets for CDPA (population and RH data)
Ministry of Defence	AFPAC	<ul style="list-style-type: none"> • Writing technical reports • Advocacy training and strategy workshop • PowerPoint presentation, which was used for advocacy among the military hierarchy • Advocacy experience—drafting advocacy plan; advocacy team engaged in dialogue with Minister of Defence and top military to advocate for revision of the Armed Forces HIV/AIDS policy (POLICY member of team) • Participation in Armed Forces HIV/AIDS Day • Policy development (drafting plans and participation at policy review workshops)
Ministry of Internal Affairs	Prisons Department	<ul style="list-style-type: none"> • Writing technical reports • Policy development • Advocacy experience—dialogue with top hierarchy of FMIA to move HIV/AIDS policy formulation forward (with POLICY participation) • Developing presentation of survey findings for 4th National Conference on HIV/AIDS in Nigeria • Staff attended two international HIV/AIDS conferences, which included giving presentation, with POLICY sponsorship • HIV/AIDS counselors attended session on policy implications of HIV/AIDS, facilitated by POLICY, at workshop
Ministry of Women's Affairs	Child Development Division	<ul style="list-style-type: none"> • Policy development (drafting of plan for OVC and participation at review workshops) • Organizing first National Conference on OVC in Nigeria; consultant provided to help with documentation; supported production and distribution of final conference report (POLICY assisted with organizing conference; POLICY facilitated session and gave presentation) • Consultants provided to help with final version of assessment, drawing up interim action plan, and conference documentation • One-day sensitization meeting for senior staff to strengthen leadership and coordination capability for OVC issues • Support to develop national action plan at regional meeting on OVC in Cotê d'Ivoire • Sponsored stakeholders' forum on OVC and meetings of national stakeholders' committee
Ministry of	HIV/AIDS Division	<ul style="list-style-type: none"> • Policy development (HIV/AIDS workplace policy)

Line Ministry	Divisions/Agencies Assisted	Capacity Building Activity by POLICY
Education		<ul style="list-style-type: none"> • Participation in international conference on HIV/AIDS in Africa • Participation in advocacy workshop on adolescent RH and rights • Consensus-building workshop with religious leaders and follow-on activities related to the sexuality and HIV/AIDS curriculum for the schools
Ministry of Labour and Productivity		<ul style="list-style-type: none"> • Policy development (national and ministry HIV/AIDS workplace policies) • MOLP staff attended training workshop on advocacy • Supported meetings of group drafting workplace policy
National Planning Commission	National Committee on Food and Nutrition (NCFN) in the Secretariat	<ul style="list-style-type: none"> • Supporting Nutritionist's position at NCFN Secretariat • Telephone and internet service to improve communications and networking with other partners • TA to launch National Food and Nutrition Policy and develop plan of action • Sponsored meetings of stakeholders' group to develop plan of action • Support to chairman and nutritionist to attend ECOWAS Forum on Nutrition in Conakry • Sponsored participation of nutritionist at workshop on cost-effectiveness of HIV/AIDS interventions, and writing paper on priorities in HIV/AIDS (through NISER)
National Population Commission		<ul style="list-style-type: none"> • Population dynamics course for 61 state and zonal directors to equip them with skills to enable them support NPC's population coordination roles at state levels • Five-day population dynamics workshop for the 36 commissioners of the State Population Commission and members of NPC board to improve their understanding of the relationships between population and health, and socioeconomic development • Study tour to Egypt for six federal commissioners of NPC to observe how to manage a successful population program • Training in use of RAPID and DemProj Models • POLICY provided consultant to assist with disaggregation of NDHS by zone
House of Representatives	House Committee on Health House Committee on HIV/AIDS Women's Committee Population Committee	<ul style="list-style-type: none"> • Sponsored participation of some legislators in International Conference on HIV/AIDS in Nairobi • Two members of Population Committee were part of the study tour to Egypt • POLICY assisted to convene public hearing on changing NACA from temporary committee to permanent agency
---	NACA	<ul style="list-style-type: none"> • Development of strategic plan • Advocacy to have plan adopted • Skills developed in report writing, proposal and presentation preparation • Staff developed with POLICY/USAID funding of one director position • Advocacy experience—POLICY was member of advocacy teams to selected states to promote establishing and strengthening SACAs and LACAs

Table 11
Technical Assistance for Capacity Building of NGOs, Support Groups, and Networks

Network or Agency	Year Established or Formed	Coverage	Activity or Role of POLICY
AAN	Established in 1999 by PLHAs	Based in Lagos, member of NEPWHAN	<ul style="list-style-type: none"> • Attended advocacy skills workshop for NEPWHAN members • Grant from POLICY to carry out HIV/AIDS sensitization programs in Lagos State
CISNHAN	August 2000 (with support of ActionAid and Pathfinder International)	National body with 17-member executive committee	<ul style="list-style-type: none"> • Participated in network building workshop • TOT advocacy workshop for members from all zones • Supported one member to attend international conference on HIV/AIDS in Nairobi • Advised on developing job description of new policy staff position
JAAIDS	Set up in 1997, became full fledged NGO in 2000	Based in Lagos, activities cover all media practitioners in the country	<ul style="list-style-type: none"> • Trained staff of JAAIDS • Support to set up media information and resource center on HIV/AIDS • Support to design website for HIV/AIDS in Nigeria • JAAIDS educated about 300 people in its workshops
NAPAHD	Set up after SOTA workshop in 2002	National	<ul style="list-style-type: none"> • Three-day advocacy workshop for those working on young adult RH issues • Training in network building • Training workshop to develop five-year strategic plan
NARN	Started in 2001, facilitated by POLICY and FMOH	National	<ul style="list-style-type: none"> • Workshop to organize NARN to promote research on HIV/AIDS • Logistic support for executive meeting to develop strategic plan • Capacity building to host fourth national conference on HIV/AIDS in Nigeria
NEPWHAN	1998	National network, with six zonal offices and zonal coordinators	<ul style="list-style-type: none"> • POLICY revived the dormant network in 2001, helped to draw up workplan and review the constitution • Workshop on network building • Supported member to attend international conferences on HIV/AIDS in Barcelona and Nairobi • Support to president and one executive member to participate at Conference of Network of African People Living with HIV/AIDS in Johannesburg

Network or Agency	Year Established or Formed	Coverage	Activity or Role of POLICY
NINPREH	2001	Organized as six regional networks under a national umbrella	<ul style="list-style-type: none"> • Network formation workshops for regional networks • Small grants support to organize regional network meetings • POLICY made second round of small grants for zonal networks that developed advocacy program • Training in use of RAPID to disseminate population issues • RAPID adapted for some zones to use for World Population Day activities • Support to six zonal coordinators to participate at Africa Regional TOT • Workshop on Advocacy for FP/RH in Accra
OPP		Based in Abuja	<ul style="list-style-type: none"> • Supported network building to build capacity to promote HIV/AIDS issues • Technical assistance in proposal writing, study design • Supported members to attend international conference in Nairobi and Johannesburg
YAARH	2002, established by POLICY	Operational in Edo State only	<ul style="list-style-type: none"> • Assisted WHARC to establish network • Set up management team and organizational structure • Conducted network building training • Conducted advocacy training • POLICY recruited consultants to analyze results of survey on sexuality among adolescent youth in Edo State

Further training of staff remains for the follow-on bilateral project. Staff themselves identified these areas for more training:

- policy analysis
- technical aspects of research
 - ◆ how to plan research to be able to get desired information
 - ◆ how to use research
 - ◆ how to support researchers when they carry out a commissioned piece of research
 - ◆ refresher on statistical analysis packages
- modeling—development and use of these tools
- monitoring and evaluation
- institution building, organizational development
- annual technical updates on substantive topics covered by the project
- adolescent reproductive health
- policy development related to antiretroviral therapy (ART) and palliative care for HIV/AIDS

C. POLICY Project Collaboration with Major Donor Agencies

1. Nature of Collaboration

In most of its policy development activities, the POLICY Project engaged with donor agencies as stakeholder participants. In addition, the POLICY Project cooperated with donors to fund parts of specific projects. Donor agencies in the health sector in Nigeria with whom POLICY has collaborated are described in Table 12. Along with POLICY, several donors have been critical partners with NACA in the development of the HEAP—DFID, UNDP, UNAIDS, and WHO.

The World Bank has made a sizeable grant and loan package to Nigeria through NACA. In this work the World Bank came to know of POLICY's involvement with the formation of NACA and its work with NACA to develop its interim strategy and workplan.

UNICEF worked with the POLICY Project on child survival and nutrition policy development, and on government responses on orphans and vulnerable children (OVC). POLICY provided technical input for a workshop to develop OVC programming skills and for a rapid appraisal assessment for UNICEF planning. The two organizations also collaborated in conducting a sensitization meeting for the main government agencies relevant to OVC.

Table 12
Donor Agencies With Whom POLICY Collaborated

Donor	Sector	Activity	Nature of Collaboration or Contribution
World Bank	HIV/AIDS	<ul style="list-style-type: none"> • NACA strategy and workplan • NACA organizational development 	<ul style="list-style-type: none"> • Joint funding, planned activities together, participated in planning groups
UNICEF	HIV/AIDS – OVC	<ul style="list-style-type: none"> • Rapid assessment on OVC 	<ul style="list-style-type: none"> • Joint funding and planning (plus other partners—USAID, UNAIDS) • POLICY provided technical consultants • UNICEF covered costs of meetings and assessment process, provided coordination, report writing and production
		<ul style="list-style-type: none"> • OVC programming skills building workshop 	<ul style="list-style-type: none"> • Both organizations were on technical committee that planned conference • POLICY staff member was a workshop participant • Collaborating on a national response to OVC
		<ul style="list-style-type: none"> • Sensitization meeting for government agencies 	<ul style="list-style-type: none"> • POLICY set up and held meeting • POLICY and UNICEF collaborated on planning the meeting
		<ul style="list-style-type: none"> • Planning UNICEF assistance to Nigeria on OVC 	<ul style="list-style-type: none"> • POLICY provided consultant to participate in planning group
	Nutrition	<ul style="list-style-type: none"> • Policy development • Nutrition surveys 	<ul style="list-style-type: none"> • Collaborated on launch of nutrition policy and plan of action for nutrition policy • Work together on Nutrition Partners Forum
WHO	HIV/AIDS RBM	<ul style="list-style-type: none"> • HIV surveillance study • Use of AIM to project HIV prevalence rates 	<ul style="list-style-type: none"> • Training of field officers • Collaborated in formulating HEAP • Both members of expanded theme group • Both on antiretroviral committee
	RBM	<ul style="list-style-type: none"> • Malaria policy review • Africa Malaria Day 	<ul style="list-style-type: none"> • WHO supplied data, POLICY identified gaps in existing policies that need review • POLICY sends staff to important meetings
	Health Sector Reform	<ul style="list-style-type: none"> • Formulation of health sector plan 	<ul style="list-style-type: none"> • POLICY provided consultant for health sector reform plan
DFID	HIV/AIDS	<ul style="list-style-type: none"> • Formulation of HEAP • Restructuring of NACA 	<ul style="list-style-type: none"> • Both collaborated with others to develop terms of reference for institutional reappraisal of NACA • Advocacy visits to six states
	HIV/AIDS	<ul style="list-style-type: none"> • Study on impact of HIV/AIDS on livelihoods in Benue State 	<ul style="list-style-type: none"> • With Royal Tropical Institute (KIT), Netherlands, POLICY provide technical input on research methodology, data collection, and analysis
UNFPA	Population Policy	<ul style="list-style-type: none"> • Revision of 1988 National Population Policy • Celebration of World Population Day 	<ul style="list-style-type: none"> • UNFPA started revision, POLICY completed revision • Both collaborating to assist NPC with 2005 census • Also collaborated on the NDHS
	RH	<ul style="list-style-type: none"> • Preparation of RH strategic framework, RH policy in existence before POLICY 	<ul style="list-style-type: none"> • Collaborated on development of strategic framework for RH • Collaborated on revision of contraceptive logistics management system

Donor	Sector	Activity	Nature of Collaboration or Contribution
			<ul style="list-style-type: none"> • Do cost-sharing or co-financing of activities
UNAIDS	HIV/AIDS	<ul style="list-style-type: none"> • Collaborated on various initiatives • Development of M&E framework (NNRIMS) 	<ul style="list-style-type: none"> • Working together with FBOs • Jointly supporting NACA • Collaborate in policy development activities
UNDP	HIV/AIDS	<ul style="list-style-type: none"> • 2001 sentinel surveillance study • Formation of state agencies (SACAs) • Policy development • Stakeholders' meetings • Advocacy training 	<ul style="list-style-type: none"> • Training of field workers for survey • Sensitization of states to set up multisectoral HIV/AIDS agencies in the six zones • Collaborated in development of HEAP • UNDP present when POLICY sponsored labor response to HIV/AIDS • Present in stakeholders meetings for labor and education sectors; response to HIV/AIDS. • POLICY provided technical assistance at workshop for permanent secretaries and directors on mainstreaming HIV/AIDS into budgets for line and non-line ministries
UNIFEM	HIV/AIDS	<ul style="list-style-type: none"> • Enugu State HIV policy 	<ul style="list-style-type: none"> • Joint activity with UNAIDS and POLICY • Development of operational policy for health institutions • POLICY was resource on HEAP and policy questions

WHO collaborated with POLICY on developing policy in CS, HIV/AIDS, and Roll Back Malaria; and co-facilitating the sentinel surveys. WHO provided data that enabled POLICY to identify gaps in existing policies or the need for new policies where none existed. At present, they are partners with others in Nigeria's health sector reform.

DFID has collaborated with POLICY in the development of HEAP. They participated in the advocacy visits to states to encourage them to establish SACAs, the state-level multisectoral agencies to address HIV/AIDS. Both are involved in the re-organization of NACA to be able to work more effectively on the national response to HIV/AIDS.

UNFPA collaborates with POLICY on population and RH/FP issues. Before POLICY, UNFPA was the major donor agency supporting population issues in Nigeria. UNFPA had been working with CDPA before POLICY arrived on the scene. Thereafter, they collaborated to address population issues. POLICY revised RAPID, a model developed by POLICY and initially introduced in Nigeria by UNFPA. UNFPA has also collaborated on policy development, including co-sponsoring policy review workshops, and planning and celebration of World Population Day.

UNAIDS has collaborated with POLICY on AIDS issues. They collaborate in supporting NACA on policy development. They have also worked together with faith-based organizations.

UNDP has collaborated extensively with POLICY in policy development and other AIDS-related issues. They both participated in stakeholders' meetings relating to AIDS, policy

development, and AIDS surveillance surveys. UNDP was part of advocacy teams, along with DFID and POLICY, to states for the establishment of SACAs.

2. Effectiveness of Cooperation

According to many respondents, the POLICY Project is the “engine room” of the national response to HIV/AIDS in Nigeria. During the official denial stage of HIV/AIDS, the problem was treated as a health issue. POLICY appeared on the scene with data and an approach that acted as a catalyst to formulate an official national response to HIV/AIDS in Nigeria. The essence of POLICY’s approach was collaboration by partners to address issues—instead of working independently, sometimes duplicating each other’s activities. Independent efforts also promoted execution of donor-driven projects with little ownership by implementing government agencies. The POLICY approach, which brought partners together and involved national and international stakeholders in policy review meetings, encouraged a sense of ownership and commitment by policymakers whose capacity was also built up in the process of policy development.

Although policymakers and partners alike were initially hesitant about this approach, they soon realized that collaboration yielded better results than working independently. Each donor came with its core competencies and interests. By collaborating, they were able to fill gaps in each others’ mandates to achieve results.

Collaboration by partners also helped to create advocacy around issues. Issues about HIV/AIDS, RH/FP, and CS have now gone beyond mere discussion and have been translated into policy and action plan documents. The large number of policies, strategic frameworks, guidelines, and plans for implementation produced within the project period are the fruit of these efforts.

Several donors considered POLICY a trustworthy and reliable partner in the national response to HIV/AIDS. They also mentioned their appreciation of POLICY’s ability to respond quickly and help to move things along. In particular, they noted POLICY’s flexible mechanisms to provide funds in a pinch for things like meeting costs of obtaining consultants. The POLICY Project was also valued as a good source of information and feedback about the status of activities with the government. Many of them turn to POLICY for ideas and support. Donors thought that POLICY staff collaborated well and exhibited high degrees of commitment and expertise in a variety of activities.

D. Collaboration with Project Partners

This section summarizes the main collaborative activities (see Table 13 and Annex for details).

1. USAID Implementing Partners

BASICS II. Since the main area of operation for BASICS was CS service delivery, its involvement with POLICY was limited. BASICS staff attended several meetings on nutrition and malaria with POLICY. Like POLICY, they participated in stakeholder groups for the

development of guidelines for malaria in pregnancy, integrated management of childhood illnesses (IMCI), and the plan of action for nutrition.

Center for Population and Development Activities. CEDPA's country office collaborated with POLICY to organize the first National Conference on OVC in Nigeria and to prepare the issues paper on the OVC situation in Nigeria. Its country director was one of the facilitators at the population dynamics workshops for federal and state population commissioners.

EngenderHealth. EngenderHealth's involvement with POLICY activities was relatively limited, and its project in Nigeria has now ended. However, they participated in some of the stakeholder review workshops and a partners' forum on RH issues. With input from POLICY, their VISION Project worked with three states (Bauchi, Oyo, and Lagos) to translate the national RH policy and plan into guidelines and operational manuals.

Family Health International. FHI and POLICY collaborated on the AFPAC Project, especially the HIV/AIDS policy. (See Annex D for details.) POLICY gave technical assistance for an advocacy workshop for AFPAC project managers, and FHI developed the training package. FHI also co-sponsored participation of an AFPAC member at the International Conference on HIV/AIDS in Nairobi.

FHI was also a partner in developing Nigeria's PMTCT program with support from the U.S. presidential initiative. Along with POLICY and others, FHI was a co-sponsor and source of TA to FMWA for the OVC conference and other OVC activities.

JHU/CCP. JHU was the lead IP for national communication strategies on health and behavior change. POLICY participated in the process and contributed an advocacy package for the behavior change communication strategy related to HIV/AIDS.

DELIVER. POLICY cooperated with DELIVER on the application of the SPARHCS process for developing a strategic plan for contraceptive security in Nigeria. POLICY provided not only TA and funding, but also logistical and organizational support for the one-week workshop. In addition, POLICY and DELIVER worked together on an ARV assessment (see next entry).

PHR+. POLICY, with WHO, PHR+, and DELIVER, conducted an ARV assessment with NASCP. The assessment identified significant gaps in the national ARV program, including inadequate human and infrastructure capacity, an irregular supply of ARVs, and the lack of appropriate mechanisms for forecasting and commodities management.

Pathfinder. Pathfinder's RH program focuses on the northern states, which are predominantly Muslim. POLICY contributed staff time to activities about cultural and religious values and attitudes that need to be taken into account to implement culturally acceptable RH services in this region. A seminal document, written by health, religious, and community leaders in the region, is at the final level of review in the Islamic hierarchy. It will be an essential input to both policy and program design. (See Annex D for more detail.)

2. Other Local Partners (Non-USAID IP)

POLICY has significant working relationships with Action Health Incorporated, Planned Parenthood Federation of Nigeria, Hope World Wide (HWW), WHARC, and Gede Foundation. Action Health and WHARC contributed significantly to the Edo State ARH initiative. With these partners POLICY focused on four main areas:

- northern states' environment related to RH and HIV/AIDS
- young adult and adolescent RH
- advocacy for RH and HIV/AIDS
- information exchange and participation in activities of common interest

Along with Pathfinder, Action Health and PPFN have worked with POLICY to sensitize northern political and community leaders on RH, ARH, sexuality education, and HIV/AIDS through workshops and advocacy. POLICY has provided advocacy training to Action Health and the Gede Foundation. PPFN and HWW often participate in the same working groups and invite POLICY to meetings on topics of mutual interest. POLICY also invites them to its meetings of topics of concern to them (See Annex for more detail).

3. Effectiveness of Collaboration with Implementing and Local Partners

As with donor agencies, the collaboration of USAID implementing partners with POLICY has been very effective. Partners complemented each other and worked with donors to achieve their objectives. The POLICY Project has played a leading role in many of the activities in which it collaborated with IPs.

In the case of local partners, POLICY has played more of a donor role, since it has “contracted” them to perform various roles, such as conducting workshops funded by POLICY for various groups, carrying out studies, or providing technical inputs at workshops. It has also invited them to stakeholders' review workshops. Some of these NGOs also benefited from POLICY's advocacy training, which they are applying in their programs.

Table 13
Collaboration with USAID Partners and Local Organizations
(other than government bodies) *

Organization	Topic Area	Nature of Collaboration	Outcome	Funding of Activity
BASICS II	CS	<ul style="list-style-type: none"> • Worked together on development of guidelines on malaria in pregnancy • Plan of action for nutrition • Nutrition interventions 	<ul style="list-style-type: none"> • Draft policies for malaria in pregnancy • Production of nutrition guidelines 	<ul style="list-style-type: none"> • POLICY supported review workshops
CEDPA	OVC	<ul style="list-style-type: none"> • Member of Task Force on OVC Conference 	<ul style="list-style-type: none"> • Conference successfully hosted, joint paper by partners at conference 	<ul style="list-style-type: none"> • FGN, POLICY, UNICEF, and other partners
	Population	<ul style="list-style-type: none"> • Co-facilitated workshops on population dynamics for NPC Commissioners 	<ul style="list-style-type: none"> • Management of National Population Commission enlightened on population issues 	<ul style="list-style-type: none"> • CEDPA provided technical assistance
EngenderHealth	RH	<ul style="list-style-type: none"> • Participated in review of RH policy 	<ul style="list-style-type: none"> • RH policy completed 	<ul style="list-style-type: none"> • EngenderHealth did not fund review
Family Health International	HIV/AIDS	<ul style="list-style-type: none"> • Worked with POLICY on Armed Forces HIV/AIDS project • Co-sponsored participants to ICASA Conference in Nairobi • Partner on U.S. Presidential Initiative on PMTCT 	<ul style="list-style-type: none"> • Review of existing Armed Forces HIV/AIDS policy • Revised policy adopted • Advocacy training for AFPAC project managers on HIV/AIDS advocacy • Workplan for PMTCT program • Pilot PMTCT program in operation 	<ul style="list-style-type: none"> • POLICY provided technical assistance, FHI prepared training package • Both FHI and POLICY funded some activities (with other IPs-- Pathfinder, EngenderHealth) • Funding for PMTCT activities largely UNICEF and CDC
JHU/CCP	HIV/AIDS	<ul style="list-style-type: none"> • POLICY provided advocacy package for HIV/AIDS communication strategy 	<ul style="list-style-type: none"> • Strategy is being put together 	<ul style="list-style-type: none"> • JHU/CCP
	RH	<ul style="list-style-type: none"> • JHU/CCP identified NGOs to host zonal stakeholder reviews of draft population policy 	<ul style="list-style-type: none"> • Zonal review meetings held with federal and state government representatives able to get feedback on the draft 	<ul style="list-style-type: none"> • POLICY funded meetings

Organization	Topic Area	Nature of Collaboration	Outcome	Funding of Activity
Pathfinder	RH	<ul style="list-style-type: none"> • Ideas about RH in the north 	<ul style="list-style-type: none"> • Development of idea to approach this issue • Discussion of sexuality and HIV/AIDS education in schools • Participation by POLICY in meetings 	<ul style="list-style-type: none"> • POLICY funded production of document about views on RH in the north • Pathfinder covered other activities
	HIV/AIDS	<ul style="list-style-type: none"> • Increase awareness of National Assembly members and legislators in four states about HIV/AIDS, OVC, and PMTCT • Workshop on PMTCT for FBOs 	<ul style="list-style-type: none"> • Ongoing dialogue, a few events held with legislators • PMTCT workshop held 	Pathfinder, POLICY, NDI
Action Health Incorporated	Youth RH	<ul style="list-style-type: none"> • Youth advocacy in Borno state • Collaborated with POLICY and FMOE to organize RH workshop for FBOs in Kaduna on integration RH issues into curriculum 	<ul style="list-style-type: none"> • Identified 25 policy champions who were given advocacy training to champion youth RH issues • Consensus statement created, agreement by FBOs to integrate RH issues into primary and secondary school curriculum 	<ul style="list-style-type: none"> • Technical presentation by Action Health Incorporated and POLICY • POLICY funded while Action Health gave technical presentation • Support of advocacy workshop for policy champions
Hope World Wide	HIV/AIDS	<ul style="list-style-type: none"> • Participated in development of action plan for OVC • Invited to faith-based workshop in Lokoja 	<ul style="list-style-type: none"> • Willing to be a partner in POLICY activities • Use POLICY documents as reference • Did not implement any project with POLICY 	
Planned Parenthood Federation of Nigeria	RH/FP	<ul style="list-style-type: none"> • Worked with POLICY on review of National Population Policy 	<ul style="list-style-type: none"> • PPFN participated at all zonal workshops for disseminating NDHS reports • POLICY invited PPFN to one-day conference on population and development at NIPSS 	<ul style="list-style-type: none"> • POLICY funded dissemination workshops
Gede Foundation	HIV/AIDS/OVC	<ul style="list-style-type: none"> • Advocacy training for its staff to dialogue with state governments about PMTCT • Participated in advocacy training to states by POLICY 	<ul style="list-style-type: none"> • Two-day advocacy training provided in May 2004 	POLICY and Gede Foundation shared costs

Organization	Topic Area	Nature of Collaboration	Outcome	Funding of Activity
Women's Health and Action Research Center (WHARC)	Youth RH	<ul style="list-style-type: none"> • Carried out ARH survey used to inform plan formulation • Managed process of developing strategic plan, organized formation of YAARH network • Managed advocacy by network 	<ul style="list-style-type: none"> • YAARH strategic plan completed • Edo State governor signed and launched the plan • YAARH network established and will continue activities to ensure state funding and implementation 	<ul style="list-style-type: none"> • POLICY provided funds for all of the activities through a sub-agreement with WHARC
* SFH and LLO were not included because the team was unable to meet with them to discuss their collaboration with POLICY.				

V. *FEDERAL, STATE, AND LOCAL LEVEL ASPECTS*

POLICY sought results at national, regional, and state levels. At the national level in the public sector, POLICY was to work with the federal government, private commercial sector, and national NGO networks and coalitions, including FBOs. At the regional level, POLICY was to work with regional networks; at the state level, POLICY was to work with SACAs, state-level population commissions, and NGOs. Because of the size of the country, POLICY did not expect to work in every state, but was to select opportunities based on:

- program urgency,
- presence of complementary programs sponsored by USAID and other donors—such as UNFPA and DFID, and
- ability of the state-level organizations to work effectively.

National level. In the public sector, POLICY has interacted with NACA, the National Planning Commission, the National Population Commission, and line ministries such as the Ministries of Defence, Health, Education, Internal Affairs, and Women’s Affairs. POLICY has sought to sensitize members of the National Assembly about RH, HIV/AIDS, and CS issues, policy, programming, and funding.

In the private sector, POLICY has focused on companies, businesses, and religious institutions. Its work with the commercial sector has been indirect through its funding of NACA’s director for public-private sector activities. POLICY is working with FBOs at the national level, especially the Catholic Secretariat, and the Anglican Communion to a lesser extent. It has some limited interaction with the Interfaith Council, which it helped to establish.

It has built up national networks to advocate on FP/RH and HIV/AIDS issues: NEPWHAN, CiSNHAN, and NARN. It has collaborated with these nationwide NGOs: PPFN, Action Health Incorporated, and Gede Foundation.

Regional level. POLICY has interacted with the Council of Ulama (Muslim) in the north. NINPREH was created at the zonal level by POLICY for manageability but with an intention to reach the states.

State level. POLICY interacted with state population commissions through the workshops on population dynamics that it organized to enlighten them on population issues after they were appointed. In Edo State, the YAARH network interacted with the Ministry of Youth and Sports during its advocacy campaign to get the strategic plan for youth and adolescent RH passed by the executive council. In Enugu State, POLICY and UNAIDS assisted UNIFEM to develop an operational policy on HIV/AIDS for health institutions during workshops organized for this purpose. Project staff also participated in developing Ondo State’s HIV/AIDS strategic plan, but the POLICY Project did not financially support development of the plan. POLICY Project gave advocacy training to PMTCT coordinators for two states in the South-South zone. Those trained have made presentations to state government officials. (The South-South zone, situated at the southernmost part of the country, consists of Akwa Ibom, Bayelsa, Cross River, Delta, Edo, and Rivers states.)

Although the analysis and dissemination of NDHS were done at the zonal level, states were the principal audience, and the intention was to provide information to states that they could use for programs.

POLICY has collaborated with a number of state-based NGOs. These include JAAIDS, AAN, and OPP. WHARC carried out the situation analysis study of ARH in Edo State.

POLICY participated in advocacy visits with other partners to present HEAP and advocate establishing SACAs and LACAs in some states—Akwa Ibom, Benue, Ebonyi, Kaduna, Lagos, and Taraba. POLICY also participated in a workshop for mainstreaming HIV/AIDS issues in Benue State, funded by DFID.

Thus POLICY has followed its mandate in distributing its activities across the national, regional, and state levels. Most of its policy development activities have been targeted at the national level. Some of these processes involved representatives from the state level as stakeholders.

However, the degree of emphasis on the state level in the project workplan is stronger than what actually occurred. In part, this is due to the demands on POLICY's small staff for federal-level efforts, the interest shown by states, and the capacity of states to participate effectively. The current reform of the public health sector also affects the pace at which these steps could occur, as well as the direction POLICY's assistance could take.

The project had limited involvement with state-level governmental bodies responsible for program implementation. The workplan called for two policies at the state level to be completed. One such effort, the ARH strategic plan in Edo State, was completed, and a similar policy is under development in Borno State. Although POLICY had not explicitly defined its role to include developing advocacy for policies and plans of action at the state level, it moved in this direction over the course of the project.

Both POLICY staff and their government partners appreciate the fact that while policy is made largely at the national level, the state and local government levels are where resources are allocated for service delivery and services are programmed and managed. It will therefore be necessary to build up capacities at these levels if the policies and plans produced at the federal level are to be mirrored and implemented by state and local governments. Now that the national policies are in place, future activities could give more emphasis to the other levels. POLICY's store of experience could prove beneficial to develop plans of action in more states and set in motion processes to influence political commitment to funding and implementation. As the new bilateral project, ENHANSE will focus on national and central multiplier organizations. Since many key national policies have now been adopted, the project may be able to give more intensive attention to the state and LGA levels through collaboration with the other bilateral programs, the Global HIV/AIDS Initiative in Nigeria (GHAIN) and COMPASS, whose activities will be centered largely at the state levels.

Table 14A
POLICY Project—Focus of Activities at Federal, Regional, and State Levels

Level of operation	Agency	Line Ministries	FBOs	NGO Networks	Private sector	NGOs
National	<ul style="list-style-type: none"> • NACA • NPC • National Planning Commission 	<ul style="list-style-type: none"> • Health • Defence and AFPAC • Internal Affairs • Women’s Affairs • Labour and Productivity 	<ul style="list-style-type: none"> • Catholic Secretariat • Anglican Communion • Interfaith Council 	<ul style="list-style-type: none"> • NAPAHD • NEPWHAN • CiSNHAN • NARN 	<ul style="list-style-type: none"> • NIBUCA (through public-private sector director at NACA) 	<ul style="list-style-type: none"> • Action Health • PPFN • JAAIDS
Regional			<ul style="list-style-type: none"> • Council of Ulama 	<ul style="list-style-type: none"> • NINPREH 		<ul style="list-style-type: none"> • Action Health • Pathfinder
State	<ul style="list-style-type: none"> • SACAs (Oyo and Ondo States) • State Population Commissions 	<ul style="list-style-type: none"> • Youth and Sports (Edo State) • Health (Enugu) • Borno • Cross River • Akwa-Ibon 		<ul style="list-style-type: none"> • YAARH 		<ul style="list-style-type: none"> • Action Health • GEDE • AAN • WHARC • OPP

Table 14B
POLICY Activities at the State and Regional Levels

Geographic Area	Activity
Akwa Ibon	• PMTCT advocacy, POLICY on multi-donor HIV/AIDS advocacy team
Bauchi State	• Advocacy training for 25 NGOs about the population policy
Benue State	• Workshop to mainstream HIV/AIDS issues • POLICY participated in advocacy team with other donors
Borno State	• ARH activities similar to Edo
Cross River	• PMTCT advocacy
Ebonyi	• POLICY participated in multi-donor HIV/AIDS advocacy team
Edo State	• Adolescent reproductive health plan (completed) • Youth and adolescent network formed
Enugu State	• HIV/AIDS operational policy for health institutions
Federal Capital Territory (Abuja)	• Support for PLHA groups
Kaduna	• POLICY on HIV/AIDS advocacy team
Lagos State	• Support for PLHA groups • POLICY on multi-donor HIV/AIDS advocacy team
Ondo State	• State HIV/AIDS strategic plan
Oyo State	• SACA
Taraba	• POLICY on multi-donor HIV/AIDS advocacy team
Northern states	• Sexuality and HIV/AIDS education consensus building • Social, cultural, and religious aspects of RH issues
Six zones	• NDHS dissemination workshops • NINPREH formation, capacity building, and advocacy training

VI. DISCUSSION AND RECOMMENDATIONS

A. Challenges and Solutions

Activities at the state level. One challenge was to find ways—within the scope of the project—to carry out activities at the state level in such a large country. The project’s two main approaches to this dilemma were reasonable—very limited, targeted activities in a few states, and a zonal focus for dissemination and advocacy training. In general, it seems that there could have been stronger effort linking the federal policy and the state implementation responsibilities. The planned work with SACAs occurred only rarely, in part because SACAs were not functional in all states, but this also reflects project management decisions to concentrate on the federal level.

Child survival. Adding CS to this project, which had substantive focus and expertise mainly in RH, presented another challenge, particularly when the staff was also expanding to meet the increased demand for effort in the HIV/AIDS area. Process and “turf” issues, discussed elsewhere, also slowed activities in CS. The project has been persistent in its CS efforts, focusing on areas where there was ready interest, while keeping the door open to work with parts of FMOH not yet ready to collaborate with POLICY.

Workload of staff. Both informants and the team observed that the project staff had heavy workloads. The project’s heavy load may have constrained POLICY’s advocacy and policy formulation activities at the state level. In the follow-on project, either greater selectivity should be exercised in choosing activities or staff should be expanded to handle the workload. One of the challenges of this type of project is that staff are called on to attend many meetings that are complementary to their technical duties. These meetings, which can be time consuming, are often peripheral to the project’s workplan but politically difficult to ignore or miss.

Requests for expansion present a dilemma for an ongoing project. The requests come because the project is doing a good job. It is difficult to refuse such requests to apply the project’s talents to new areas or increase its level of effort several-fold, even though a project may have limited capacity to respond. The POLICY Project in Nigeria did hire additional staff for HIV/AIDS and CS, but perhaps even more staff were needed. It also relied increasingly on consultants for shorter term work (e.g. OVC RAAAP) The POLICY Project experience should help Futures Group to better define positions in the new project. We observed that the project manager was extremely overextended. As a beginning, the addition of a deputy director in the new project should help to spread management functions over two positions.

Dissemination of documents. The project incorporated a reasonable level of printing and distribution of documents produced with project assistance. The project had procedures to distribute the limited number of copies it produced. Although the project could not be expected to become the government’s printing office, dialogue with the government about ways to make its documents easily available might ultimately increase public awareness and participation and promote program implementation. It is unfortunate that the government does not have the website capacity to promote and provide documents electronically.

B. Lessons Learned

The capability of federal ministry staff, in particular, to promote policies was weak. Ministry staff need to be able to advocate for legislative support through allocation of resources and to promote the implementation of policies and plans of action both within and beyond their ministries. Since pushing to get the policy fully implemented is a natural follow-on to the development of the policy, it would be beneficial to plan to provide exposure to advocacy skills to the designers of the policy within the government.

Government ministry staff continue to need strengthening of their capacity and maintenance of commitment to involve partners and stakeholders in both the substance and the process of policy development, and to promote a policy into budgeted programs.

External factors beyond the control of the project can impede completion of policies.

The government's pace of work, protocol, and procedures determined the speed with which activities could move forward and be completed. Politics, inter-departmental and inter-agency turf battles, regulations, structural considerations (e.g., three-tier government system), and so on sometimes created bottlenecks and delays in steady progress in the policy process. It was important for acceptance and success that the project staff respected these constraints, while at the same time offering solutions that could facilitate the work. At times, things might have moved faster were it not for the need to honor or follow those considerations.

Maintaining stakeholder commitment and follow-through was essential. These relationships had to be nurtured continuously. In part, this effort was a function of the degree of the participants' capability. When commitment to an activity was not uniformly high among all participants, then progress slowed.

The role of a project that assists with policy formulation in program implementation was unclear. Once a policy has been adopted, current programs have to be brought into conformity with policy, and new programs need to be designed to realize the policy objectives. Another essential step is to get government funds allocated for service delivery and other program activities. These concerns are reflected in the project's IR2. Several strategic plans, plans of action, and guidelines were developed toward this end with POLICY input. The short time between official adoption of some of the policies and the end of the project meant that there was little opportunity to pursue allocation planning.

Implementation of policy was essentially beyond the purview of the project, as carried out. Implementing agencies and partners were engaged in the policy process. However, there was a sense that some partners desired to have POLICY involved somehow in the subsequent stages, particularly when there was a positive working relationship. The project might consider further how to give more attention to this transition from policy development to policy implementation with partners in the future.

C. Remaining Opportunities

1. Advocacy Training at the Ministry Level and Other Levels

One thing that has emerged from this work is the need for advocacy skills for government department staff to make the case to legislators, federal and state line ministers, and other high-ranking officials for programs and policies. Most of the policies that have been adopted now await funding to be proposed by the federal, state, and LGA governments.

It is part of the political process for top administrative staff to influence governmental resource allocation. The ministries have a role to advise the legislature of what programs the country needs and how much they will cost. States (governors, commissioners, division and department heads within state line ministries) also need information and convincing to fund programs to carry out the policies in RH, population, CS, and HIV/AIDS.

POLICY directed its advocacy training principally toward NGO staff rather than government staff with whom the project had worked to develop the policies. Advocating for the policies to be funded and implemented at the state level seems like a natural progression from the government staff's efforts to create the policies and plans.

If in the future, POLICY promotes advocacy by federal staff to the states, then provision should be made to assist the government to cover expenses of carrying out advocacy visits outside the capital.

2. Attention to Gender in Situation Analysis and Policy Development

Staff mentioned their need for more explicit consideration of gender dynamics in the HIV/AIDS epidemic and other health areas. Carrying out gender analysis of social roles, communication norms, decisionmaking by couples, and provision of health and related social services would certainly further contextualize strategic and action plans, and could affect the direction of some policies.

The POLICY Project had developed a project with UNIFEM that was to take a comprehensive approach to gender issues in HIV/AIDS. Its scope was nationwide and was to be jointly funded. Research was planned into cultural issues and women's vulnerability to HIV. The results were intended to be used to produce policy briefs and provide information for advocacy. One component would have trained policymakers on gender mainstreaming. The project stalled when the UNIFEM staff person left. POLICY Project hopes to revisit the proposal under the new project, since not enough time is left under the current project agreement to start such a complex project.

3. Additional Collaboration with National NGOs

Additional collaboration with national NGOs, such as "umbrella" women's organizations, including faith-based women's organizations, would help to further the reproductive health agenda. Such organizations are part of NINPREH. Examples are the Coalition of Faith-based

Women's Groups, the National Council of Women's Societies, and the Federation of Muslim Women's Associations of Nigeria. The new project potentially could stimulate development of their capacity in this area and their potential to advocate for reproductive health.

4. Promotion of Public-Private Partnerships

POLICY assisted NACA to initiate the business coalition on AIDS, and was instrumental in increasing the role of NGOs as stakeholders in the policy process. Suppliers of net materials were brought in to the malaria policy development process. However, in a country with many private health practitioners and a vibrant private commercial sector, there are likely to be many more opportunities to encourage health practitioners and companies to offer RH, CS, and HIV/AIDS information; increase availability of services; and institute alternative health financing mechanisms.

5. Leveraging of Project Funds

Since other donors occasionally boosted the funds for an activity or funded continuation or expansion of partner NGOs, it would help to demonstrate the value added in monetary terms and in a descriptive manner. In the future, tracking "value added" in supplemental funding and new activities funded as a result of the project would help to show the reach and recognition of POLICY Project's efforts. It also would demonstrate how the project's impact was amplified.

6. Support of National Policies and Policy Development at the State Level

The project had to make a trade-off between working on policy at the national level in a number of substantive areas, and taking a few national policies from the national to the state level. By choosing policy development in a range of substantive health areas, POLICY focused on getting national policies out, rather than taking one national policy from the national to the state level. The state level (and the LGA level) is "where the rubber hits the road," where resource allocation decisions for service delivery are made. To have focused more work on the state level may have enhanced the possibility of actualization of the policies.

For example, even though POLICY arranged presentations for state commissioners for population, there does not seem to have been follow-up to help states craft their own policies and programs that would achieve the population policy's objectives. The zonal DHS workshops were an opportunity to engage state-level stakeholders in further collaboration. Links between population and reproductive health policies at the state level might have been explored.

The POLICY Project was beginning to take this approach with the adolescent RH framework and plan of action for Edo State. Some effort was also made to apply that approach in a second state. But all in all, this was a limited effort, both in the realm of state-level policy, and especially relative to the project's other activities.

7. Appropriate Assistance to Support Group Organizations

The significant effort required to support fledgling CBOs needs to be considered carefully in relation to other project demands. POLICY Project worked with several PLHA groups, mainly providing operational support to these young organizations. Work with these groups required an intensive level of staff involvement.

A case could be made for such involvement, since it was another way to develop popular support for policies and to inform the public. This assistance helped a critical stakeholder group in the HIV/AIDS situation to have a voice. Policymakers need to hear from this group to design appropriate policies and programs that are respectful of the rights and needs of PLHAs. From a humanitarian perspective, this work also made sense. For a small amount of money from the project, it was able to help PLHAs.

Nevertheless it seems that this work was tangentially connected with the project's principal tasks and mandate. Most of the support, in both funds and TA, went to sustain operations and some programmatic support. These groups need skill development in organizational management and program design, methods to improve outreach to their constituencies and formation of support groups, and so on. It might be more appropriate for NGOs or programmatically focused projects to provide such support, since POLICY's mandate and expertise are not in the area of service delivery.

D. Recommendations for the Future

Continuation and expansion of advocacy activities. A unique aspect of the POLICY Project's contributions has been its emphasis on stakeholder participation and advocacy in policy formulation and implementation. These strategies are particularly important in Nigeria's new democratic environment. Continuing and expanding promotion of such processes will strengthen democratic dynamics in the country.

Reporting of effort. Using reporting systems for project activities and more efficient record-keeping would enhance project monitoring and management. Even though this contract did not require collection and reporting of certain information, it would be useful—from a project management point of view—to be able to track some of the project activities and outputs in a straightforward tabular format. The team spent many hours poring over text reporting documents to glean the needed information. It also had to make special requests to staff for some of the information that has been presented in tables and annexes in this report. Examples include information on advocacy, completion of IR activities in the workplan, partners and collaboration; and classifying and counting the numbers of policies and TA activities.

Continuity between policy development and program implementation. There is need to develop a process to transition from policy development to implementation in the form of services and actions. Several stakeholders and partners with POLICY expressed a desire to continue into this phase with POLICY. However, work in implementation was beyond the mandate of the project. It seemed like an arbitrary end to the working relationship.

Building capacity of networks. Attention will need to be given to strengthening the networks that the project has helped to establish. Their capacity needs to be developed, both as networks and as

individual organizations, to improve clarity about objectives, planning how to achieve them, and management capability. Doing so will enhance the credibility and recognition of the networks by government agencies and donors. Ultimately, members should be able to support their advocacy activities from their own funds, or the networks should obtain funding for this purpose. Otherwise, this kind of work will not continue. Presently none of the networks is sustainable without donor funding.

Increasing the voice of the people in the policy process. Both POLICY and its partners should try to build on POLICY's experience with PLHA groups and other grassroots NGOs to further increase the voice of the people in policy development and implementation.

Assistance to JAAIDS to find additional funding. POLICY's support to JAAIDS concentrated on print media and to a lesser extent on radio and the internet. JAAIDS sees the possibility to expand its efforts to cover HIV/AIDS stories more effectively on TV and streaming on the web. To do so would require additional equipment. While providing such equipment is not POLICY's role, it may be in a position to identify funding sources or to advise JAAIDS on approaches.

Assessment of impact of church HIV/AIDS policies. An assessment of the impact of the church policies on their constituencies would be valuable. Have ministers preached more often on the HIV/AIDS situation? Have parishes or individuals taken action to provide counseling, support, and care for PABAs and PLHAs? Have churches established any facilities or programs for HIV/AIDS related services?

Assessment of impact of Armed Forces and paramilitary HIV/AIDS policies. An assessment of the implementation of the Armed Forces policy and paramilitary policies would be revealing as well. Even though many factors outside the project's control govern the actual policy implementation, it would be useful to come to some conclusion about the potential effect of these policies.

Assessment of the impact of advocacy by networks. Presently POLICY has received only anecdotal reports of advocacy activities carried out after training and the results of such advocacy.

Since the follow-on activities of participants in these advocacy training efforts can demonstrate effectiveness, it would help if POLICY Project could track this outcome somehow in the future. This could be accomplished by systematically gathering information from networks or through case studies of situations that evolve from the training to advocacy and then to action by those who are the target audiences. A detailed case study could help other organizations learn about a successful campaign. A few items to track might be:

- What was the objective of an advocacy campaign?
- What were the target audiences?
- How many times has an organization had advocacy events (could be as simple as an office visit) for a given target audience or concern?
- Were advocacy events one-shot events or ongoing dialogue?
- What kind of advocacy event was done?
- Were advocacy products developed by the POLICY Project used in these activities?

- What were the results of the advocacy effort (changes, plans, regulation modifications, allocation of resources)?
- Has advocacy led to improvements in service delivery and increased programming in the area of interest?

The effectiveness of networks to influence policy and program implementation is largely an assumption, which should be tested rigorously. With several young networks, the Nigerian context might present a good opportunity to study this issue. Some of the study questions include:

- How effective are networks to influence policy and program implementation?
- How active are these networks after formation and advocacy training workshops?
- What is the pattern of their growth in numbers of member organizations?
- Do they commit their own funds to advocacy?
- What steps have the networks taken to become sustainable financially?

In conclusion, the POLICY Project has had a strong impact in the area of policy development related to HIV/AIDS, reproductive health, and child survival in Nigeria. Partners recognize the processes introduced by POLICY as a unique contribution that will have lasting value. With some of these policies now fully adopted, political leaders and others can now move on to the issues of providing the resources and programmatic support to ensure that the policies are followed.

ANNEXES

A. Scope of Work

-DRAFT-

Documenting the POLICY Project Experience in Nigeria, 1999-2004

Background

With the return of civilian rule to Nigeria in the spring of 1999 and the subsequent re-certification of the GON for USAID support, the POLICY Project was allocated some \$460,000 in field support to work with the GON in the area of HIV/AIDS. The project had no office or local personnel other than a part-time consultant and rapidly responded to the emerging needs of Nigeria to initiate activities. Subsequently, the project established an office in Abuja (the first by any USAID-supported IP), hired staff, and received further field support allocations that eventually extended the project's scope to include FP/RH and child survival. By FY 2004 the project was receiving more than \$3 million annually. It was the first USAID-supported project in the health area to work directly with the GON after re-certification.

The overall aim of the POLICY Project in Nigeria is to improve the policy environment for HIV/AIDS, FP/RH, and child survival programs. POLICY/Nigeria's main objective is reflected in its own SO: National policies and plans promote and sustain access to high-quality FP/RH/AIDS/CS services in Nigeria. Results at the SO level will be accomplished by the development of policies and plans that allow for improved and strengthened policies and strategies to implement programs. Policy development will not be limited to the public sector but will also include selected faith-based organizations.

POLICY/Nigeria's SO is supported by four intermediate results:

- IR1: Political and popular support for FP/RH/AIDS/CS services broadened and strengthened
- IR2: Planning and financing for FP/RH/AIDS/CS services improved
- IR3: Accurate, up-to-date, and relevant FP/RH/AIDS/CS information informs policy decisions
- IR4: In-country/regional capacity to provide FP/RH/AIDS/CS policy training enhanced

Results at both the SO and IR levels are sought at national, regional, and state levels. At the national level in the public sector, POLICY works with the federal government and with national NGO networks and coalitions, including faith-based organizations, and with the private commercial sector. At the regional level, POLICY works with regional NGO networks. At the state level, POLICY will work with state-level line ministries, with state-level action committees on AIDS, with state-level National Population Commissions, and with NGOs. Because of the size of the country, POLICY is unable to work in every state, but selects opportunities based on policy urgency, presence of complementary programs sponsored by USAID and other donors such as UNFPA and DFID, and ability of the state-level organizations to work effectively.

Starting around June/July 2004, the mission will begin a new phase of bilateral assistance to Nigeria and all field support for projects such as POLICY will stop. While a new project will

continue and expand upon the base of work started by POLICY, it is useful to conduct a stock-taking exercise and draw lessons learned from the experience of the POLICY Project.

Purpose

The purpose of the exercise will be to document the POLICY Project experience in Nigeria between September 1999 and August 2004 and to summarize the lessons learned. Specifically, these questions will be answered:

- What were the main achievements of the project?
- Which organizations and/or stakeholder groups benefited the most from the project?
The least?
- What were the main challenges faced by the project?
- How did the project deal with these challenges and what challenges remain?
- What were the missed opportunities?
- What lessons can be learned from the project's experience?

Method

Two consultants—one Nigerian, one international—will be hired to prepare the report. USAID will approve the selection of the two consultants. They will conduct key informant interviews in the United States and in Nigeria of key stakeholders from USAID, the GON, NGOs, PLHAs, universities, the media, and the private commercial sector. Respondents will be selected so as to provide sufficient information on the project's activities in HIV/AIDS, FP/RH, and child survival. The consultants will produce a report that provides answers to the above questions by program area and by project SO and IRs as appropriate.

Timeframe

June–August 2004.

B. List of Persons Contacted

POLICY Project

United States

Nancy Cecatiello, Health Policy Specialist
Henry Cole, President
Harry Cross, Project Director
Nancy McGirr, Quality Assurance and M&E Advisor
Scott Moreland, Country Manager

POLICY/Nigeria- Management and Technical Staff

Godwin E. Asuquo, Senior Program Officer (HIV/AIDS)
Theresa Effa, NGO and Advocacy Advisor
Dr. Ochiawunma Ibe, Senior Advisor (RH and Child Survival)

POLICY/Nigeria- Support Staff

Charity Ibeawuchi, Senior Program Officer (RH)
Dr. Jerome Mafeni, Country Director
Theresa Ochu, Accounts and Documentation Officer
Ejiro J. Otiye-Igbuzor, Senior Program Officer (HIV/AIDS)
Ogaba Agbo, Office Assistant
Babatunde Afuwape, Senior Administrative Officer
Mercy Aigbokhai, Junior Office Assistant
Nura Madawaki, Driver
Jonathan Sadhere, Administrative Assistant

IPs, NGOs, and CBOs

Action Health Incorporated, Yaba, Lagos
AIDS Alliance of Nigeria, Lagos
BASICS II, Ikoyi, Lagos
Center for Development and Population Activities
(CEDPA), Ikeja, Lagos

CiSHNAN
EngenderHealth, Vision Project, Ikeja, Lagos
Family Health International, Lagos

Gede Foundation, Abuja

Hope World Wide, Lagos
Journalists Against AIDS, Ogba, Lagos
NEPWHAN
Nigerian Business Coalition Against AIDS, Ijora,
Lagos
NINPREH (Northern Zone), NGO Member
Organizations, Kaduna

Organisation for Positive Productivity

Chieme Ndukwe, Program Officer
Mohammed Farouk, Executive Director
Dr. Olawunmi Ashiru, Child Survival Program Manager
Professor P.K. Makinwa-Adebusoye, Country Director

Gidado M. Yolde, Program Administrator
Dr. Babatunde Keshinro, Program Advisor
Femi Adeniyi, Senior Program Officer
Jacquelyne Conley, Deputy Country Director
Aliyu A. Ahmed, Program Officer, Programs Dept.
Claire K. Ebebare, Program Officer, Programs Dept.
Dr. H.G. Khamofu, Head of Clinical Research
Dr. Chika Nwosu, Program Coordinator (OVC-PMTCT)
Kingsley Obom-Egbulam, Information Resource Officer
Dr. Pat O. Matemilola, National Coordinator, NEPWHAN
Dada Alamutu, Coordinating Consultant

Mariam J. Ahmad, President, Mother Care Forum
John Akpomoshi Akpus, Project Coordinator, Media and
Development Project
Dorothy Gankon-Habu, Executive Director, Skills
Acquisition and Training Centre (SATC), NINPREH
Coordinator (Northern Zone)
Muhammad Nourayn Ibn-Ahmad, Mother Care Forum
Idris A. Musa, President—Kaduna Branch, Mother and Child
Care Organization of Nigeria
Linda C. Ahor

Pathfinder International	Mike Egboh, Country Representative Dr. Kashim, Senior Program Officer, AIDS and STDs Fatima Shagari, Advocacy Office
Planned Parenthood Federation of Nigeria, Lagos	Dr. I.M. Ibrahim, Executive Director Jonah Lah, Director of Operations
<i>Federal Government of Nigeria</i>	
Defence Headquarters Annex, Lagos	Colonel (Dr.) Wale Egbewunmi, Coordinator Armed Forces Program on AIDS Control
Federal Ministry of Education-HIV/AIDS Unit	H.O. Ogunsina, Chief Executive Officer (Desk Officer for Policy Project)
Federal Ministry of Health-Child Survival, Onikan, Lagos	Dr. N. Onuekwusi, Director
Federal Ministry of Health-National Tuberculosis and Leprosy Control Program	Dr. M. Sani-Gwarzo, National Coordinator (formerly, Director, National AIDS/STI Control Program)
Federal Ministry of Health-Roll Back Malaria Initiative, Department of Public Health	Dr. Ernest Nwokolo
Federal Ministry of Health-Department for Community Development and Population Activities	Dr. T.O. Sofola, National Coordinator Dr. Nike Adeyemi, Director Dr. Taiwo Avbayeru, Chief Program Officer
National Primary Health Care Development Agency	Dr. M. J. Abdulahi, Assistant Director T.I. Koleosho Adelekan, Director, Health System Development A.S. Lawal, Assistant Director Y.F. Tarfa, Deputy Director
Federal Ministry of Internal Affairs	O.U. Kalu, Deputy Controller-General, Nigeria Prisons Service Dr. H. S. Labo, Assistant Controller General-Health Services, Nigeria Prisons Service
Federal Ministry of Labour and Productivity	M. I. Adeyeye-Olukoya, Director PRS/Coordinator HIV/AIDS Dr. E.C. Meribole, Assistant Director
Federal Ministry of Women's Affairs	Aminu Farouk, Social Development Officer O. Imiavan, Director, Child Development Dept. Usman J. Sunlati, Assistant Director
National Action Committee on AIDS, The Presidency	Dr. Ibrahim A. Atta, Program Implementation Specialist, HIV/AIDS Program Development Project Hajia Maimuna Mohammed, Director, Coordination and Support Program
National Planning Commission, The Presidency	Alex Ogundipe, Director, Policy and Strategy Dr. B.D. Omotola, Secretary, National Committee for Food and Nutrition
National Population Commission House of Representatives, National Assembly	Wetkos Mutahir, Director, Planning and Research Hon. Saudatu Sani, Chairperson, House Committee on Women Affairs and Youth Development Hon. Dr. Aminu S. Safana, Chairman, House Committee on Health Dr. Harry Oranezi, Deputy Chairman, House Committee on Health

Donor Agencies

UNAIDS
UNDP
UNFPA
UNICEF

The World Bank Country Office
World Health Organization Office

Dr. Alti Zwandor
Dr. Olukemi Oyegbile, Program Analyst (HIV/AIDS)
Dr. Lucy Idoko, National Program Officer
Joshua A. Emmanuel, Program Officer HIV/AIDS
Professor Frank Onyezili, Head, Nutrition Unit
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Dr. Niyi Ogundiran, National Professional Officer
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USAID/Nigeria

Liane Adams, Child Survival Specialist
Dr. Olubunmi Dosumu, Senior Program Management
Specialist, Reproductive Health
Anne Fleuret, Programs Office
Shelagh O'Rourke, Senior Advisor for HIV/AIDS

Other

Ahmadu Bello University, Zaria

Catholic Archdiocese of Abuja

Church of Nigeria (Anglican Communion),
Episcopal House
Nigerian AIDS Research Network (NARN)
University of Benin, Benin City

Dr. Ibrahim Na'iyā Sada, Director, Centre for Islamic Legal
Studies
Rev. Sr. Cecilia N. Azuh, Health Coordinator
Emmanuel Udo, HIV/AIDS Coordinator
Dr. Olatunji Emmanuel, National HIV/AIDS Coordinator

Professor Idoko, Coordinator
Professor P.O. Abiodun, Dean, Faculty of Medicine
(Consultant on Nutrition Guidelines)
Professor Friday Okonofua, Women's Health and Action
Research Centre and Provost, College of Medicine

C. Mission and Strategies of Nigerian Business Coalition Against AIDS (NIBUCA)

NIBUCA's mission statement is "To significantly increase the number of companies committed to tackling HIV/AIDS through the institution of comprehensive workplace programs, and to make business a valued partner in Nigeria's effort against the pandemic."

The strategies include:

- Expand membership, targeting particularly small and medium enterprises (SMEs).
- Support the development of HIV/AIDS strategies by individual companies.
- Increase the range and quality of business sector HIV/AIDS programs, both in the workplace and broader community.
- Partner with the international community, NGOs, and government in HIV/AIDS intervention programs.
- Provide and disseminate current research information on HIV/AIDS.
- Institute Awards for Business Excellence with a view to identifying and promoting the work of companies around the country in response to HIV/AIDS.
- Develop formal partnership with the Global Business Coalition (GBC).

D. Organizations POLICY Worked With and TA POLICY Provided

Government

Federal Ministry of Defence

The Federal Ministry of Defence (FMOD) was one of POLICY's early partners in Nigeria. A high level of bureaucracy and secretiveness characterized the ministry at the beginning. It took some time to convince them to work in a collaborative manner with partners and to adopt a more open approach to policymaking.

The ministry already had an Armed Forces HIV/AIDS control program (AFPAC) and an HIV/AIDS policy in place. The policy was not effective because it had a punitive aspect for HIV-positive soldiers.

As an entry point, POLICY supported the Armed Forces HIV/AIDS Day. The POLICY Project assisted AFPAC to prepare a PowerPoint presentation from the KAP study, which was used on this day. The presentation was also later used for advocacy visits to various formations of the Armed Forces. In 2001 the POLICY Project started to work on revision of the existing policy in collaboration with FHI, which was already involved with AFPAC. POLICY provided technical assistance to finish a report on the KAP study among the military, a key input to policy formulation.

After several review workshops for AFPAC, the Minister of Defence adopted the final draft of the HIV/AIDS policy in November 2003. The attendance of the chief of defence staff and all service chiefs from all branches of the military at this meeting showed that the earlier internal conflict had been resolved. The minister also later launched the policy in May 2004.

During this long process, the capability of the AFPAC unit was built up in various ways:

- They acquired skills in data analysis and report writing.
- They learned how to use data for advocacy purposes.
- They received advocacy training in a workshop organized for them by POLICY through JAAIDS.
- They learned how to incorporate stakeholders' views into policymaking during review workshops, instead of adopting an authoritarian military approach.

Federal Ministry of Education (FMOE)

POLICY became involved with the FMOE in two areas:

- assistance in collaboration with other partners to organize faith-based organizations to accept the inclusion of RH issues in the curricula for secondary and primary schools, and
- development of a workplace HIV/AIDS policy for the education sector.

The capacity of staff of the HIV/AIDS division was enhanced through their participation in advocacy workshops on RH and HIV/AIDS and the international conference on HIV/AIDS, which broadened their understanding of the scope of the problem and approaches taken elsewhere. Through participation in workshops for faith-based organizations, they learned how to incorporate the views of diverse stakeholders into their policies.

Federal Ministry of Health (FMOH)

The FMOH was a major beneficiary of the POLICY Project's policy development activities. Several departments were involved in policy development activities and the capacity of officers was built up through participation in meetings to draft policies and review workshops to incorporate the views of stakeholders. Ministry staff learned to work collaboratively with all partners involved in their respective programs instead of working with individual donors and duplicating efforts.

Officials also learned the need to incorporate stakeholders' views into policies to give a sense of ownership, instead of in-house preparation of policies by a few technocrats, which was the pattern before the advent of POLICY. POLICY promoted collaborative work by all partners involved in an area of activity.

Staff in the ministry gained new skills from POLICY input. Officials in some departments, especially CDPA, received training in the use of RAPID for dissemination purposes. Their use of the model in presentations during the launching of NINPREH at the zonal level demonstrated that they had acquired this skill.

Furthermore, they learned better how to manipulate data for dissemination and advocacy purposes. They worked with POLICY to re-analyze the NDHS data by zone for more relevant information for program planning and to select data for wall charts, making the survey results more accessible to a wider audience. The zonal NDHS workshops, with a broad range of participants, widened the policymakers' scope of thinking.

Federal Ministry of Internal Affairs (FMIA)

The FMIA's HIV/AIDS policy development was similar to that of the MOD. POLICY initially offered technical assistance to edit a report of the KAP study among prison staff, officers, and inmates (Immigration and Prisons). The POLICY Project led advocacy visits to the Permanent Secretary and other top officials of the ministry to rekindle interest in the policy development process. POLICY supported the presentation of the findings of the KAP study during the 4th National Conference on HIV/AIDS in Nigeria, which took place in Abuja in May 2004. The draft of the paramilitary HIV/AIDS policy has now been completed.

By participating in the process of policy development, staff of the HIV/AIDS unit acquired skills in report writing and policy drafting and review. They also acquired advocacy skills.

Federal Ministry of Labour and Productivity (FMLP)

POLICY worked side by side with FMOLP staff as they developed both the national policy and the ministry's own policies about HIV/AIDS in the workplace. POLICY offered ongoing advice and guidance on what constitutes good policy. The project also sponsored some of the meetings. Global POLICY Project staff offered a five-day advocacy training course as a preliminary step to the dissemination workshops that are planned in different parts of the country and as preparation for NACA's business coalition initiative.

Federal Ministry of Women's Affairs¹³ (FMWA)

The government of Nigeria's interest in the issue of OVC burgeoned after FMWA participated in a regional meeting on OVC. The Nigerian delegation, which included a POLICY staff person, learned what other African countries are doing about OVC and drew up an action plan. POLICY sponsored the ministry's representatives.

Thereafter, FMWA convened a stakeholders' forum, after which the ministry produced a report estimating the size of OVC in Nigeria using data from the 2001 sentinel survey. This situation analysis of OVC in six states, released as an issues paper, highlighted the growing problem of OVC in Nigeria. Since many OVC are AIDS orphans, the need to make the OVC issue part of the national response to HIV/AIDS became urgent.

POLICY provided limited funds to cover some costs associated with these steps and sponsored several meetings. POLICY also provided for a consultant to develop an interim plan. From these efforts a national conference, which POLICY funded, gathered to develop an action plan. POLICY also paid for production of an OVC information kit and provided TA with consultants and its own staff for specific tasks.

As the ministry responsible for youth and children in Nigeria, it needed to strengthen its capacity to address the problem. POLICY took steps to enhance the capabilities of the Child Development Department for this purpose through:

- participation in workshops and capacity training to organize the 1st National Conference on OVCs in Nigeria
- involvement in the development of the national plan of action for OVC in Nigeria, which strengthened staff's skills in policy development.

National Planning Commission/National Committee for Food and Nutrition

The POLICY Project was one of the partners in the development of the national plan of action on food and nutrition in Nigeria. This plan of action was drawn up to implement the national policy on food and nutrition, which was approved in 2001. The unit acquired skills in policy development. The nutritionist attached to the unit also benefited from participation in two technical workshops.

National Population Commission (NPC)

The POLICY Project started to work directly with the NPC when a presidential directive gave NPC the mandate to be responsible for population issues in Nigeria. Until then, POLICY had been working with DCDPA, which was established to implement the 1988 National Population Policy. Through its work with NPC on the revised policy, the project was able to shape the NPC's understanding of the appropriate process for policy development.

In an era where appointments are based on party patronage, POLICY decided to build up the management capacity of political appointees to the NPC. POLICY organized population dynamics workshops for federal and state commissioners and management staff of NPC, in collaboration with other partners (including CEDPA), to enhance their appreciation of the relationship between population and socioeconomic development. A study tour to Egypt for some of the commissioners, staff, and legislators

¹³ Until June 2004 it was called the Federal Ministry of Women's Affairs and Youth Development.

(members of the House Committee on Population) increased their understanding of their role and the functions of a national commission.

NPC staff also acquired skills in the use of computer models (RAPID and DemProj) for analysis and presentation of demographic issues. They also learned from POLICY-sponsored zonal dissemination workshops of NDHS data.

Legislators

Some legislators in the National Assembly also benefited from POLICY's capacity-building activities. These activities focused on awareness raising and creating a receptive environment for population, reproductive health, and other health issues, so that legislators could act in their legislative capacity to support policies and programs. POLICY and other partners sponsored members of the four committees on health to participate in international conferences and a study tour to Egypt to observe the management of their population program. The POLICY Project has participated in some of their public hearings, such as the public hearing on the oral polio controversy, and the hearing for the establishment of NACA as an agency.

Nongovernmental Organizations

Action Health Incorporated (AHI)

AHI is a well-established NGO that is working on youth RH issues. It has been in existence since 1989. Given the success AHI was achieving with the YAARH initiative in Edo State, POLICY was interested in doing youth advocacy in the northern states. It identified AHI, which had ongoing projects in some states in the north funded by the Packard Foundation. AHI had already done a focus group discussion study with youth in Borno State using an NGO and a consultant from the University of Maiduguri. A three-day advocacy training workshop was organized. At its conclusion, 25 policy champions were identified and an action plan was developed. An advocacy package was to be developed for the state, but this is on hold.

AHI also collaborated with POLICY and the Federal Ministry of Education (FMOE) to organize a dialogue for FBOs in Kaduna in 2003. The purpose was to advocate the inclusion of family health and HIV/AIDS education (formerly sexuality education) into the school curriculum. A consensus statement was issued at the end of the dialogue.

AIDS Alliance of Nigeria (AAN)

Six PLHAs established AAN in December 1999. It is one of the members of NEPWHAN, the umbrella for AIDS support groups in Nigeria. It receives funding support from Ford Foundation, FHI, POLICY, and the World Bank. AAN submitted a proposal to POLICY to carry out treatment advocacy in six states in Nigeria, but POLICY could only support the advocacy activities in one state. Lagos State, the base area of the support group, is the target state.

Outcomes: AAN has organized annual awareness workshops on HIV issues for 47 legislators in the Lagos State House of Assembly, and for nurses and midwives in various hospitals in the state. It works in collaboration with the Nurses and Midwives Association in Lagos State. It plans to go down to the community level. AAN publishes a newsletter (Positive News), and it also has published several informative pamphlets on HIV/AIDS.

Gede Foundation

The Gede Foundation is a young NGO based in Abuja. Its interests include HIV/AIDS, OVC, infectious diseases, and malnutrition. POLICY conducted an in-house advocacy training workshop for staff of the foundation. Thereafter, POLICY invited them to participate in an advocacy training and tour of some states in the South-South zone of Nigeria.

Hope World Wide (HWW)

Hope World Wide, established in 1996, works in the areas of HIV/AIDS, poverty, children (OVC), and education. It covers three areas in its HIV/AIDS activities—prevention, care and support, and OVC-PMTCT. It is presently implementing a USAID-funded project. HWW has not collaborated with POLICY as such, but POLICY invited HWW to the review workshops for the OVC plan of action. They have also invited POLICY to some of their activities.

Journalists Against AIDS

Based on their recognition that the media did not properly address HIV issues, journalists interested in AIDS issues established JAAIDS in 1997. It became a full-fledged NGO in 2000. At the time of its founding, it received a grant from the Elton John AIDS Foundation. POLICY identified JAAIDS as an NGO that it could use to promote informed coverage of HIV/AIDS issues by the media. POLICY gave JAAIDS a grant in 2001 to set up a media resource center to promote policy changes in areas of interest to the POLICY Project. In fulfilling its agreement with POLICY, JAAIDS has run about eight workshops for NGOs, health correspondents, line editors, news/features editors, media managers (editors-in-chief), media “gatekeepers,” and AFPAC personnel. About 300 participants have attended these workshops. POLICY staff have been facilitators at some of the workshops.

POLICY also assisted JAAIDS to set up a website to cover RH and AIDS issues in Nigeria. The Futures Group provided the software for JAAIDS’ e-forum to discuss HIV/AIDS issues. JAAIDS has produced several pamphlets on HIV/AIDS and related issues.

Outcomes: An important outcome is that the media has moved from merely being reporters of HIV/AIDS issues to becoming a co-advocate for HIV/AIDS issues. For example, members of the media joined PLHA support groups to demonstrate in support of a PLHA whose admission to an institution was withdrawn after he told the authorities that he was HIV-positive (although authorities concerned gave other reasons for this).

Organization for Positive Productivity (OPP)

Based in Abuja, OPP is a support group for PLHAs.

Through a network-building workshop, POLICY strengthened the skills of members to promote and advocate for implementation of HIV/AIDS policies and programs, including increased support for PLHAs. POLICY assisted OPP to carry out a situation analysis of PLHAs in the Federal Capital Territory. POLICY provided technical support to OPP to develop a subgrant proposal, which includes a survey for the situation analysis. POLICY provided TA to develop the survey design and instruments and to manage and analyze the data. The project also has sponsored members to attend international AIDS conferences, given technical advice on program implementation and assistance with report writing, and given OPP access to office equipment and space for meetings. With POLICY's help, OPP was able to submit a grant proposal to the World Bank, which was funded. This grant will enable OPP to continue

and expand its activities; among other things, it covers basic institutional support such as rent. Due to the limited capability of the members, the TA has been quite intensive.

Outcome: An important outcome is that OPP has become more visible and has received assistance from other partners and donors.

Pathfinder International

The country office of Pathfinder carried out a range of education and service delivery activities in reproductive health and HIV/AIDS. POLICY contributed to several Pathfinder activities, focusing on the cultural and religious basis for attitudes toward reproductive health in the northern part of the country, which is predominantly Muslim. By understanding the ideas that influence people's thinking about family, social roles and responsibilities, and human reproduction, it should be possible to provide reproductive health services in a culturally acceptable manner.

Religious scholars and leaders have discussed relevant issues at length and prepared a policy-type document. People in several levels in the religious hierarchy have reviewed this document and it has been revised based on their comments. The revised document is under final review by the highest Islamic religious body, the Supreme Council for Islamic Affairs. This has been an important process because it has sincerely engaged religious leaders and revealed that there is a religious (scriptural) basis for concepts such as responsible parenthood and positive value of women. One of the document's achievements is that it provides the scriptural material and consensus interpretations of them. The document charts an approach to providing reproductive health services that would be culturally acceptable.

POLICY contributed staff time and energy, and Pathfinder's funds supported the activities, which included conferences and dialogue with political, community, and religious leaders. POLICY also contributed some of the costs of some documents and meetings, and expert presenters and trainers on advocacy skills for a Pathfinder workshop on PMTCT.

Planned Parenthood Federation of Nigeria (PPFN)

PPFN has collaborated with POLICY to work for change in attitudes and policy toward RH issues in northern Nigeria. They have attended stakeholders' meetings with POLICY at the FMOH to develop strategies for commodity security and to develop a contraceptive logistics system for Nigeria. POLICY funded PPFN and other NGOs to conduct a sensitization workshop for community leaders on RH issues in northern Nigeria in 2001-02.

Networks

Civil Society Network on HIV/AIDS in Nigeria (CISNHAN)

CISNHAN is a network of NGOs working on HIV/AIDS issues. Its mission is to advocate, facilitate, and coordinate activities related to HIV/AIDS. ActionAid, Pathfinder International, and POLICY provided the impetus for its formation. Initially, ActionAid brought together about 74 NGOs, but membership has increased to more than 700 member organizations throughout the country. It is managed by a 17-member executive committee with members from each zone and representatives of PLHAs, youth, and the Federal Capital Territory. It is active at the state, zonal, and national levels. CISNHAN is a member of NACA and the expanded theme group. It has received funding from UNAIDS, the MacArthur Foundation, the Global Fund for AIDS, and ActionAid.

POLICY's efforts at capacity building with this organization were mainly supportive advice and guidance with selected input to develop capacity. To enhance the capacity of CISNHAN for advocacy, the management structure was reorganized as part of a grant from the MacArthur Foundation, and six new staff are being recruited to fulfill the management plan. The POLICY Project helped CISNHAN to develop a position description for the NGO's new policy and advocacy advisor and served on the recruitment panel for the new staff.

Members have participated in advocacy training workshops organized by POLICY. POLICY organized a TOT advocacy workshop for 26 CISNHAN members, including at least four from each zone. POLICY also sponsored one member to participate in the international conference on HIV/AIDS in Kenya in 2003.

Outcomes: CISNHAN has had an impact at the national level through its membership in national AIDS bodies. Although it has expanded its membership at the state level, it is yet to be recognized by SACAs at the state level, however. It enjoys recognition and trust from donors, who seek its advice about local organizations that submit proposals to them for support.

Network of People Living With HIV/AIDS (NEPWHAN)

NEPWHAN is a network of support groups for PLHAs that choose to register with the body throughout the country. It does not execute programs, but assists member groups to carry out their missions. It is actively involved in mobilizing PLHAs throughout the country and organizing them into new or existing support groups.

The earliest support groups formed around 1997-98. The idea of a national network for PLHAs was first proposed by faith-based organizations, which had been caring for PLHAs while the government officially denied the presence of HIV/AIDS. A few NGOs and members of known support groups formed a network in late 1998. Lack of capacity, funding, and basic infrastructure, as well as internal disagreements, have limited NEPWHAN's progress as a viable organization. NEPWHAN remained dormant until POLICY intervened in 2001 to revive the network.

POLICY initiated a meeting and helped NEPWHAN draw up a workplan and revise its constitution. Although NEPWHAN has not yet overcome its internal problems, members have benefited from participation in workshops. POLICY supported NEPWHAN in organizing a workshop on "Basic Facts about HIV/AIDS Counseling for New PLHAs." POLICY supported attendance of several members at two international HIV/AIDS conferences.

Network on AIDS Research in Nigeria (NARN)

NARN was established in 2001 with the support of FMOH and POLICY. Nigerians who attended an international AIDS conference in South Africa identified the need for evidence-based policymaking on HIV issues and called for a national research network to fill the gap.

POLICY supported meetings of the network for the first two years. It assisted the network to organize elections and to produce a strategic plan. Lack of funds has been a major constraint. POLICY, along with UNAIDS, FHI, and USAID, agreed to support NARN to organize the 4th National Conference on HIV/AIDS in Nigeria. The conference is intended to share information, experiences, and best practices.

NARN is in the process of reviewing its strategic plan, and needs assistance in network building to develop into an active and viable network. They also need technical assistance for proposal development for members, so that they can raise funds for research.

Nigeria Association for the Promotion of Adolescent Health and Development (NAPAHD)

NAPAHD is a national network for adolescent health issues. POLICY decided to build up its capacity to address youth and adolescent health issues. POLICY organized a three-day training workshop on advocacy skills for those working on RH issues for young adults. POLICY also organized a training workshop for NAPAHD to develop its five-year strategic plan. POLICY regards NAPAHD as a key mechanism for improved NGO support for adolescent RH programs.

Nigerian Network for Population and Reproductive Health (NINPREH)

NINPREH is one of the networks established by POLICY to advocate on RH issues in Nigeria. It is organized as six zonal networks under the umbrella name of NINPREH. POLICY has continued to work with the zonal groups to build up their networking and advocacy skills through participation in network building and advocacy workshops.

YAARH (Young Adult and Adolescent Reproductive Health)

POLICY set up the YAARH network in Edo State of Nigeria as a network of stakeholders to carry out analysis, strategic planning, and advocacy to improve the enabling environment for better delivery and use of adolescent reproductive health services. The initial meeting was in January 2002. POLICY carried out network-building activities, which included recruitment of members, and a network-building workshop for members. An advocacy training workshop was also organized for members to prepare them for advocacy activities. An advocacy action plan was developed.

Outcomes: The network has produced a draft strategic plan for improving the reproductive health of young adults and adolescents in Edo State. Through the network's advocacy activities, especially with the Federal Ministry of Youth and Sports, the Edo State executive council adopted the draft plan. The executive governor of the state is slated to launch it. POLICY is trying to replicate the Edo State model in Borno State.

E. Participation of POLICY Project/Nigeria on Partner Committees

Institution	Name of Committee	Representing Staff	Date
NACA	M&E Technical Working Group and Framework Drafting Team for NACA	Dr. Jerome Mafeni	Mar 02
NACA	Technical Advisory Committee to Oyo State Action Committee on AIDS	Dr. Jerome Mafeni	Mar 02
FMOH (RBM)	Roll Back Malaria Partners	Dr. Ochiawunma Ibe	Feb 03
NCFN	Nutrition Partners	Dr. Ochiawunma Ibe	Aug 02
FMWA	Orphans and Vulnerable Children Stakeholders Forum	Dr. Ochiawunma Ibe	Feb 03
	National Advisory Committee on Vision Project	Theresa Kaka Effa, Dr. Jerome Mafeni	Jan 02
NASCP	Central Management Committee 2002 on National Behaviour Surveillance Survey among Youth	Dr. Jerome Mafeni, Theresa Effa	Oct 02
FMOH	Technical Advisory Group on RAPID	Charity Ibeawuchi	Feb 02
FMOH	Management Committee on National HIV/AIDS and Reproductive Health Survey	Theresa Effa, Dr. Wole Fajemisin	Dec 02
NACA	HIV/AIDS UN Expanded Theme Group	Dr. Jerome Mafeni	2001
NASCP	PMTCT Task Force	Godwin Asuquo	Aug 02
NACA	World AIDS Day Organising Committee	Dr. Jerome Mafeni	Nov 02
PATHS	Communication Focal Points (UN, INGOs, and Bilateral Agencies)	Dr. Jerome Mafeni, Theresa Effa	Nov 02
NACA/JH/SFH	BCC Strategy (JHU/NACA)	Dr. Jerome Mafeni and Theresa Effa	Feb 03
NASCP	Member, Core Group for Review of HIV/AIDS/STI Policy Framework	Dr. Jerome Mafeni	May 02
NACA	Member – Research Committee	Dr. Jerome Mafeni	Sept 02
NPT	Member – HIV/AIDS Fund (HAF) Technical Review Committee	Dr. Jerome Mafeni	Dec 02
NACA	Member – NACA Private Sector Initiative: Local Organising Committee	Dr. Jerome Mafeni	Jan 03
FMWA	Member – OVC Sub Committee for planning of OVC Conference	Dr. Ochiawunma Ibe	Jan 03
Ashoka		Dr. Jerome Mafeni	
FMOH/CDPA	SPARHCS Process (Committee/Core Group)	Dr. Jerome Mafeni, Charity Ibeawuchi, Dr. Wole Fajemisin	Jul 02
Paediatric Assoc. of Nig.	CHILD WATCH	Dr. Ochiawunma Ibe	Nov 02
FMOH/CDPA	Technical Advisory Group for FAMPLAN Projections	Charity Ibeawuchi, Dr. Wole Fajemisin	Feb 03
	Anti Retroviral Drugs Committee	Godwin Asuquo	Aug 02
FMOH (Nut Div)	National Fortification Alliance	Dr. Ochiawunma Ibe	Nov 02
FMOH/CDPA	National Reproductive Health Partners	Charity Ibeawuchi	Jun 02
	CCM Technical Sub Committee	Dr. Ochiawunma Ibe, Dr. Wole Fajemisin	Sept 02
NACA	Faith Based Initiative – (LOC)	Dr. Jerome Mafeni	Mar 03
PPFN	Media, Advocacy and Documentation Sub-Committee on RH Consultative Summit	Dr. Jerome Mafeni, Charity Ibeawuchi, Theresa Ochu, Theresa Effa	Sept 03

Institution	Name of Committee	Representing Staff	Date
	PPFN Technical Sub-Committee on RH Consultative Summit	Dr. Jerome Mafeni	Sept 03
NARN	LOC Member on Proposed National Conference on HIV/AIDS	Dr. Jerome Mafeni, Dr. Wole Fajemisin, Theresa Effa	Sept 03
Gede Foundation	Member of Gede AIDS and Infectious Diseases Research Institute's Review Board/Technical Committee (GAIDRI)	Dr. Jerome Mafeni	Oct 03

G. POLICY Project Activities Undertaken and Completed

ACTIVITY	SECTOR	RESULT	Completion Date	Expected Completion Date	Comments on Status
SO:					
SO.1	HIV	Completion, adoption and dissemination of National HIV/AIDS policy	June 05		Started in 2001, policy adopted in 2004
SO.2	HIV	Assistance with finalization and adoption of MOD/Armed Forces Policy on HIV/AIDS	2004		Started in 2001, launched in 2004
SO.3	HIV	Assistance with development and adoption of HIV/AIDS policy for the Para-Military Sector (Prisons and Immigration)		Early 2005	Draft policy under review
SO.4	RH	Adoption of a state-level strategic plan for adolescent reproductive health.	May 04		Edo State
SO.5	RH	TA for development of National FP/RH Strategic Framework and Plan	June 02		
SO.6	CS	TA to Nutrition Division of FMOH for development and adoption of an Infant and Child Feeding Policy	Dec. 04		Now guidelines rather than policy (in draft)
SO.7	CS Mat. Health	TA to review and adopt the National Malaria Policy		Late 2004	Draft policy adopted by RBM ready for ratification by National Council on Health
IR1:					
IR1.1	RH HIV	TA and training to NGOs on advocacy for human rights		Unknown	CBOs of PLHAs (OPP completed), faith-based groups (Catholic Secretariat)
IR1.3	HIV	TA and training to the armed forces for development of advocacy presentations and materials	2003		
IR1.4	HIV	NACA "Business Sector Initiative"	unknown		Launch of NIBUCA, financial support of position in NACA, backstopping for plan development
IR1.5	HIV	TA to FMOH for development of advocacy component of PMTCT communication strategy and workplan	2003		
IR1.8	POP	TA to launch and disseminate the Revised National Population Policy for Sustainable Development (2001)		Last quarter 2004	Policy adopted; awaiting confirmation of launch date by the President
IR1.9	RH	TA for advocacy training and launch of national NINPREH (popular support)	2003		Zonal NINPREH organizations established (not national-level organization)
IR1.10	POP RH	TA to increase awareness and sensitization on Population/ FP/RH issues on the World Population Day (popular support)	July 04		Supported as an annual event
IR1.11	RH	Study tour for religious, traditional leaders and key political office holders in the Northern Zone (popular support)	May 04		Political leaders

ACTIVITY	SECTOR	RESULT	Completion Date	Expected Completion Date	Comments on Status
IR1.12	RH	Collaboration with other agencies to remove cultural and religious barriers to FP/RH in the North (popular support)		Ongoing	Islamic handbook being prepared, forums, study tour to other Islamic countries
IR1.13	RH	TA for continued dissemination of RAPID at national, state and LGA levels	Launched in 2002		Full dissemination is awaiting launch of the National Population Policy; will be carried over into the ENHANSE Project
IR1.14	CS	TA to launch and disseminate the Food and Nutrition Policy of Nigeria	Nov. 02	Dec. 04	Dissemination will be completed later due to insufficient funds
IR1.17	HIV RH CS	TA to the National Assembly on relevant HIV/AIDS, FP/RH and child survival legislation		Ongoing	To be continued under ENHANSE
IR1.18	HIV RH CS	TA to Journalists and Broadcasters for improved information dissemination of HIV/AIDS, FP/RH, and child survival issues (popular support)	2001		Main area of effort was HIV/AIDS. FP/RH being considered under ENHANSE Project
IR1.19	HIV RH CS	TA to conduct advocacy training for public sector partners on HIV/AIDS, FP/RH and child survival issues		Unknown	Training for HIV/AIDS only took place; FP/RH being considered under ENHANSE Project
IR1.20	HIV	Development of advocacy materials for PMTCT (popular support)	2004		Additional activity will take place under ENHANSE
IR2:					
IR2.1	HIV	Training and TA to SACAs to develop and adopt State HIV/AIDS strategic action plans	2003		Supported NACA for zonal training; worked with Oyo State to finalize plans
IR2.2	HIV	TA to FMOH on review and development of relevant operational policies and guidelines for HIV/AIDS/STI interventions		Ongoing	Worked with FMOH on PMTCT, ART guidelines; still ongoing
IR2.3	HIV	TA to the police and paramilitary sector for strategic planning		Unknown	Awaiting policy development and ratification first; limited work with police
IR2.4	HIV	TA to Faith Based Organizations (FBOs) for development of HIV/AIDS strategic plans	2003-2004		Two churches (Catholic Secretariat and Anglican Church)
IR2.5	HIV	TA and training to NGOs, CSOs, FBOs on proposal development including fund raising	Unknown		OPP and one other organization
IR2.6	HIV	TA to CCM for improved country coordination of GFATM proposals	2004		Ongoing activity
IR2.7	HIV	Develop the OVC 5 year strategic plan		Unknown	Two-year interim action plan developed in Aug. 04
IR2.8	HIV	TA for the development and adoption of orphans and vulnerable children (OVC) guidelines		Unknown	Strengthening coordinating mechanism is underway so partner will be able to do activity
IR2.9	HIV	TA to an additional Christian Organization for development of HIV/AIDS policy	2004		Anglican Church
IR2.12	RH	Development of FAMPLAN model for Nigeria, and dissemination of results	October 03		

ACTIVITY	SECTOR	RESULT	Completion Date	Expected Completion Date	Comments on Status
IR2.14	RH	TA to review and update existing policies and guidelines contraceptive security	October 03		
IR2.15	CS	TA to revise/update the National Program of Action (NPOA) for Survival, Protection and Development of the Nigerian Child		Dec. 04	Process slowed by partner. Segment on child survival component completed with POLICY TA
IR2.16	CS	TA to NCFN for institutional appraisal of Nutrition coordination in Nigeria	June 04		
IR2.17	CS	TA to National Committee for Food and Nutrition (NCFN) for review and update of the Food and Nutrition Policy of Nigeria	2004		Nutrition policy guidelines being developed on issues needing revision in the policy (in govt. approval process)
IR2.18	CS	Develop and disseminate the National Plan of Action for Nutrition	May 04		Launching and dissemination to be completed by Dec. 04, insufficient funds for full dissemination
IR2.19	CS	TA to review and update the National Immunization strategic plan		Unknown	TOR for partnering with POLICY under discussion
IR3:					
IR3.1	HIV	Completion and dissemination of AIDS Impact Model (AIM) model	2002		Used for advocacy to President and for HEAP
IR3.4	HIV	TA for the implementation of GOALS model		Early '05	Planned to support new national strategic plan for HIV/AIDS
IR3.5	HIV	Finalization and dissemination of "Access to Drugs for HIV/AIDS" report	2004		
IR3.6	HIV	Conduct study on access to health care for PLHAs in Nigeria	2004		Final report awaiting signature of Minister of Health
IR3.8	HIV	TA to JAAIDS for publication and dissemination of results of "Open Forum on HIV/AIDS"		Unknown	Final report being edited
IR3.10	HIV	TA to NACA for an improved M&E system for monitoring the implementation of HEAP	Sept. 03		NNRIMS
IR3.11	HIV	TA to FMOH for monitoring of the HIV/AIDS epidemic in Nigeria	2003		Support for national HIV/AIDS sero-prevalence survey
IR3.14	POP	TA to NPC for the development and dissemination of the policy implications of 2003 NDHS	Aug./Sept. 04		
IR3.15	POP	Continuing education on population dynamics	Oct. 02 and July 03		
IR3.16	RH	Completion of NEWGEN model and development of ARH presentations for advocacy		Unknown	Still under development
IR3.17	POP RH	Development and use of "low-tech" RAPID advocacy presentation materials	June/July 2003		
IR3.18	POP RH	Completion of RAPID report and booklet		Last quarter 2004	
IR3.20	CS	Development and dissemination of child survival advocacy presentations	2004		Burden of Malaria developed and launched at the 2004

ACTIVITY	SECTOR	RESULT	Completion Date	Expected Completion Date	Comments on Status
		and packages			Africa Malaria and disseminated
IR3.21	CS	Development and dissemination of a child survival model		Early 2005	Under development
IR3.23	HIV RH CS	Development of annual policy briefs on HIV/AIDS, FP/RH and Child Survival issues	Aug. 03 (CS) Nov. 03 (HIV)	Last quarter 2004 (FP/RH)	Ongoing
IR3.24	HIV RH CS	Training for media gatekeepers and reporters on FP/RH, HIV/AIDS and child survival issues	2004 (HIV)		FP/RH— Not feasible; not enough funds; may be done under ENHANSE project
IR3.25	HIV RH	Completion and dissemination of updated Policy Environment Score (PES) survey for HIV/AIDS and FP/RH	Nov. 03		
IR4:					
IR4.1	HIV	TA to NACA for development of institutional framework	2004		Now being implemented
IR4.2	POP RH	Training of RAPID presenters	June-03		
IR4.3	HIV	Capacity development of the FMWA in coordination of OVC activities	May-04		Also ongoing, first commitments have been made
IR4.4	POP RH HIV	TA for the development and introduction of HIV/AIDS training modules, and population dynamics into the NIPSS curricula	August-04		
IR4.5	RH	Training of Trainers in advocacy	2004		Ongoing
IR4.6	ALL	Training in communication of data for decision-making		unknown	Some work done but to be completed under ENHANSE
IR4.7	ALL	SPECTRUM training for partners and stakeholders	March-01		Phase 1 (population-RAPID)

Note: Activities that were in the project's three-year workplan but were not undertaken have been deleted from this table.

H. Documents Consulted

Population

Amaeshi, M. S. The Revised National Population Policy for Sustainable Development: Request for Consideration and Directive on Further Action, February 18, 2003 (memorandum).

Fowler, Christina. Nigeria POLICY II Activities (SO1: Review and Revision of the Nigeria National Population Policy, April 10, 2001 (memorandum with attachments).

National Population Commission. National Policy on Population for Sustainable Development, January 2004.

National Population Commission. The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications (Northwest Zone), 2001.

National Population Commission. The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications (Central Zone), 2001.

National Population Commission. The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications (Southwest Zone), 2001.

National Population Commission. The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications (Northeast Zone), 2001.

National Population Commission. The 1999 Nigeria Demographic and Health Survey: Policy and Programme Implications (Southeast Zone), 2001.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (North West Zone), 2004.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (North East Zone), 2004.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (South-South Zone), 2004.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (South-East Zone), 2004.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (South-West Zone), 2004.

National Population Commission. The 2003 Nigeria Demographic and Health Survey: Findings and Implications for Action (North Central Zone), 2004.

Report of the Meeting of the Informed National Stakeholders to Review the Draft National Population Policy, 6-8 August 2001.

Reproductive Health

Federal Ministry of Education, Policy Project, and Action Health Incorporated. Building Consensus for Family Life and HIV/AIDS Education in Schools, Faith-based Dialogue, Report of the National Consultative Forum with Religious Leaders on Education Sector Response to Adolescent Sexual and Reproductive Health and Rights, 9th-10th March, 2004, Kaduna, Nigeria. n.d.

Cecatiello, Nancy R. and Theresa Effa. Development of and Advocacy for a Young Adult Reproductive Health Strategy in Edo State, Nigeria, March 2004.

Effa, Theresa. Report of the Strategic Planning Meeting for the Nigeria Association for the Promotion of Adolescent Health and Development, 18-19 February, 2002, March 2002.

FMOH. National Guideline on Contraceptive Logistics Management System (CLMS), December 2003.

FMOH. National Reproductive Health Strategic Framework and Plan 2002-2006, June 2002.

Federal Ministry of Health (FMOH). National Strategic Plan for Reproductive Health Commodity Security (Contraceptives and Condoms for HIV/AIDS), October 2003.

Planned Parenthood Federation of Nigeria. End of Activity Report: Formation/Inauguration of Network of NGOs/CBOs/CSOs for Population and Reproductive Health (NINPREH), Northwest Zone, n.d.

POLICY Project. Core Package Final Report: Development of a Young Adult Reproductive Health Strategy in Edo State, Nigeria, March 2004.

Report of the Study Tour to Egypt 10th-17th May 2004, n.d.

HIV/AIDS

Adebajo, Sylvia B., Mafeni, Jerome, Moreland, Scott, Murray, Nancy. Knowledge, Attitudes, and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs, Armed Forces Programme on AIDS Control (AFPAC), September 2002.

Catholic Secretariat of Nigeria. Strategic Plan for the Implementation of the Nigerian Catholic HIV/AIDS Policy, 2003.

Catholic Secretariat of Nigeria. Nigerian Catholic HIV/AIDS Policy, 2002.

Catholic Secretariat of Nigeria. Nigerian Catholic Health Policy, 2002.

Church of Nigeria (Anglican Communion). Draft HIV/AIDS Policy, n.d.

Church of Nigeria (Anglican Communion). National HIV/AIDS Policy, June 2004.

Church of Nigeria (Anglican Communion). National HIV/AIDS 4 Year Strategic Plan 2004-2008, June 2004.

Effa, Theresa. Report of Police Program Management Team Advocacy and Orientation Meeting, December 15-17, 2003, January 2004.

Fajemisin, W. HIV/AIDS Policy in the Workplace, PowerPoint Presentation, November 27-28, 2003.

Federal Government of Nigeria. National Policy on HIV/AIDS, 2003.

Federal Ministry of Internal Affairs (FMIA). Rapid Assessment Report on HIV/AIDS Knowledge, Attitudes, Practices and Sero-prevalence among Staff of the Paramilitary Services (Nigerian Prisons and Immigration) and Prison Inmates, July 2003.

FMIA/Paramilitary HIV/AIDS Critical Mass Sector Guideline for Monitoring and Evaluation, n.d. (logical framework chart)

FMIA. Federal Ministry of Internal Affairs/Paramilitary Sector HIV/AIDS Policy, Draft, January 2004.

FMIA. Questionnaire on Knowledge, Attitude and Practice on HIV/AIDS among Inmates of Nigerian Prisons and Personnel of the FMIA, Prisons and of Immigration Services, n.d.

FMOH. 2003 National HIV Sero-Prevalence Sentinel Survey, April 2004.

FMOH Department of Public Health, National AIDS/STDS Control Programme, Technical Report.

First National Conference on Orphans and Vulnerable Children (OVC), Draft Report, n.d.

HIV/AIDS Emergency Action Plan (HEAP), February 2001.

Ibe, O. E. Incidence of Mother to Child Transmission (MTCT) of HIV/AIDS, Feeding Practices and Survival of HIV Infected or AIDS Children, paper presented at 34th Annual Meeting of the Nutrition Society of Nigeria, November 28, 2003.

Ibe, O. Report of the One-Day Sensitization Meeting for the Senior Officials of the Federal Ministry of Women's Affairs and Youth Development on Orphans and Vulnerable Children (OVC), June 3, 2004.

Labo, H. S. HIV/AIDS in Nigerian Prisons: Issues and Response Options, paper presented at The 4th National Conference on HIV/AIDS in Nigeria, 3rd May, 2004 (PowerPoint presentation).

Federal Ministry of Defence. Armed Forces HIV/AIDS Control Policy Guidelines, October 2003.

National Action Committee on AIDS (NACA). HIV/AIDS Emergency Action Plan: A 3-Year Strategy to Deal with HIV/AIDS in Nigeria, n.d.

NACA. Nigeria National Response Information Management System for HIV/AIDS (NNRIMS), Guidelines and Indicators, April, 2004.

PMTCT Indicators: Presidential Initiative, n.d.

Workshop on Military HIV/AIDS Policy Review: Meeting of White Paper Drafting Committee held at Command Guest House, Asokoro District Abuja between 29th November and 1st December, 2000, n.d.

Child Survival

Advocating for Sustainable Women and Children's Health Programming in the Niger Delta: The 'What Works' Package, Issues Paper, n.d.

Fajemisin, W, 2004, Report of the Technical Advisory Group Meeting for the Child Survival Model for Nigeria., 29th June 2004. Policy Project.

FMOH, 2004, Guidelines on Infant and Young Child Feeding in Nigeria.

FMOH, Integrated Child Survival: Strategic Framework and Plan of Action, 2004-2008.

FMOH. Integrated Management of Childhood Illness, Strategic Plan for Nigeria 2004-2008, n.d.

FMOH, Integrated Management of Childhood Illness for Child Survival, Strategic Plan for Nigeria, 2004-2008 (IMCI).

FMOH, A Report of the One-Day Sensitization Workshop on child Survival in Nigeria, 5th August, 2003, (IMCI Unit)

Ibe, O. Child Survival in Nigeria: Situation, Response and Prospects, Key Issues. Policy Project Nigeria, October 2002. (The Futures Group International in collaboration with Research Triangle, the Centre for Development and Population Activities (CEDPA)

National Planning Commission, National Plan of Action on Food and Nutrition in Nigeria, May 2004.

National Planning Commission, National Policy on Food and Nutrition in Nigeria, 2001.

Malaria

FMOH. Guidelines for the Implementation of Insecticide Treated Mosquito Nets in Nigeria (Final Draft), n.d.

FMOH. National Guidelines on Intermittent Preventive Treatment (IPT) of Malaria in Pregnancy in Nigeria, draft, February 20, 2004.

FMOH. National Policy for Prevention and Control of Malaria in Pregnancy, May 2004.

FMOH. Policy for the Implementation of Insecticides [sic] Treated Mosquito Nets (ITNs) in Nigeria, draft, n.d.

Malaria Action Coalition. Draft Nigeria Workplan, November 18, 2003.

Report of the Roll Back Malaria Advocacy Lunch, during the National Council on Health Meeting at Yenagoa, Bayelsa State on December 16, 2003, n.d.

RBM Partnership. Join Hands to Roll Back Malaria from Nigeria, presentation, n.d.

OVC

An Overview of Orphans and Vulnerable Children in Nigeria (Policy Project in collaboration with Research Triangle Institute and CEDPA).

Federal Ministry of Women's Affairs and Youth Development, First National Conference on Orphans and Vulnerable Children (OVC), Department of Child Development., n.d.

Federal Ministry of Women's Affairs and Youth Development, Nigeria Country Action Plan for Orphans and Vulnerable Children (Adoption of Plan – letter.), n.d.

Report of the One-Day Sensitization Meeting for the Senior Officials of the Federal Ministry of Women's Affairs and Youth Development on Orphans and Vulnerable Children (OVC), Rockview Hotel, Abuja, 3rd June 2004.

Network Reports

NINPREH South-South End of Activity Report

NINPREH South East Zone End of Activity Report

NINPREH North East Zone End of Activity Report

NINPREH South West Zone End of Activity Report

NINPREH North Central End of Activity Report

NINPREH North West End of Activity Report

Advocacy brochures

FMOH, Burden of Malaria in Nigeria – an Advocacy Brochure. Produced with support from Policy Project of Nigeria with Funds from USAID.

FMOH. Eliminating Stigma and Discrimination, n.d.

FMOH/POLICY/SFH. Harming the Nigerian Girl (Female Genital Mutilation), n.d.

FMOH/POLICY. Our Mothers Need not Die, n.d.

FMOH/POLICY. Our Mothers Need not Die – Protecting Nigeria's Youth, 2002 (advocacy brochure)

FMOH/POLICY/SFH. Protecting the Mother and Child from HIV/AIDS, n.d.

Responding to Sexual and Reproductive Health Rights, n.d.

Other

FMOH. Population and the Quality of Life in Nigeria, RAPID (Resources for the Awareness of Population in Development), 2002.

FMOH, Report of the Malaria Situation Analysis Survey Conducted in the Six Zones of Nigeria – Roll Back Malaria, FMOH Abuja, November 2000.

FMOH and The POLICY Project. The Policy Environment Score: Measuring the Degree to Which the Policy Environment in Nigeria Supports Effective Policies and Program for Family Planning, Adolescent Reproductive Health and HIV/AIDS/STI 2002, February 2003.

Labo, H. S. The Nigerian Prison System: Present Situation and Prospect for Reform, 2004.

POLICY Project, unpublished and undated internal documents:

1. report to USAID on global project results framework SO and IR results (reporting on Nigeria)
2. global project workplan sections on Nigeria, years 1-5
3. global project workplan on HIV/AIDS sections on Nigeria, October 2001-September 2003

POLICY Project. Quarterly Country Reports covering the period July 2000 through June 2004.

POLICY Project. Strategy and Workplan Nigeria, July 2002-July 2005 Update, July 2003.

POLICY II Results Framework and Explanatory Notes, April 1, 2002.

USAID. RFP, Section C, Description/Specifications/Work Statement, New Policy Results (NPR) Contract, Statement of Work, n.d.