INSTITUTIONAL STRENGTHENING OF CIVIL SOCIETY ORGANIZATIONS IN NIGERIA

To enhance community response to health and social services

The PEPFAR/USAID-funded Program to Build Leadership and Accountability in Nigeria’s Health System (PLAN-Health), managed by Management Sciences for Health (MSH) is a five year project (2010 – 2015) aimed to strengthen the institutional capacity, leadership, and management skills of public sector institutions and civil society organizations for better HIV/AIDS and other health services delivery to vulnerable groups in Nigeria.
THE CRITICAL ROLE OF CIVIL SOCIETY IN COMBATING HIV AND AIDS

Civil Society Organizations (CSOs) are fundamental to the effectiveness of public health interventions, particularly with regards to marginalized and vulnerable groups.\(^1\) The success of HIV/AIDS prevention - and other health interventions - is contingent upon strengthened and functioning CSOs with high levels of community engagement. Their capacity and influence through participatory approaches and integration within communities have strategically positioned them in the fight against HIV and AIDS and other health issues.

The contribution of Nigerian CSOs in tackling the HIV and AIDS epidemic in the country has been significant. Where CSOs are indigenous to their communities, they have the ability to provide platforms for change, ensure demand creation for interventions and services, as well as establish active engagement of community structures. Although CSOs have made their mark in the fight against HIV and AIDS, their response is still fragmented. Relationships are characterized by mistrust and competition with limited collaboration and partnerships.\(^2\) They also suffer from organizational weaknesses, as they are dependent on external funding, have high turnover of staff, are often founded by an individual who has limited experience leading an organization, and have difficulty managing donor funding and adhering to reporting requirements.

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2 Omokhudo I & Ogbolu I. The Role of Civil Society Organizations in HIV/AIDS Control. AIDS in Nigeria.
Since 2010, the PEPFAR/USAID-funded Program to Build Leadership and Accountability in Nigeria’s Health System (PLAN-Health), implemented by Management Sciences for Health (MSH), has focused its efforts on working with CSOs in the FCT, Gombe, and Akwa Ibom states to strengthen their organizational capacities to be able to provide better and more health services to the communities they support.

PLAN-Health interventions and activities with CSOs focused on strengthening their organizational systems, with specific emphasis on the following components:

- Board Governance - promoting sustainability and good governance
- Financial Management - ensuring efficient handling and control of funds
- Monitoring and Evaluation - enhancing the tracking and reporting of results
- Resource mobilization - enabling continued availability of resources to sustain services.
THE PLAN-HEALTH APPROACH TO CSO ENGAGEMENT AND CAPACITY BUILDING

The project commenced in 2010 with PLAN-Health soliciting expressions of interest from eligible CSOs to receive grants for service delivery while simultaneously enhancing their organizational capacity through technical assistance. This process was based on a theory of change that strengthening organizational capacity would lead to increased efficiency and effectiveness - resulting in the provision of additional and improved services.

To build strong, viable organizations, PLAN-Health focused on three elements:

1. Developing stronger leaders and more capable managers;
2. Creating more efficient, coordinated systems and processes; and
3. Continuing participating institutions’ commitment to positive change and ownership of the processes and the outcomes. The significance of building strong relationships with CSOs improves their confidence in proposed interventions and encourages them to be more receptive.

The process of implementing the three elements is captured in the PLAN-Health approach to CSO capacity development (see below).
The model summarizes the cycle of identifying and assessing institutions, carrying out interventions, and monitoring and evaluation. The iterations of this process will lead to improved governance and enhanced ownership, and, ultimately, better health outcomes.

**Identification of institutions:** PLAN-Health placed a call for an expression of interest by CSOs in the national dailies. CSOs that responded were screened based on defined criteria such as proof of registration with the appropriate bodies, physical office address in PLAN-Health focal states, proof of previous work done in the area of HIV and AIDS, and proof of employment of at least two staff.

**Assessment of institutions' capacity:** Once CSOs were identified, PLAN-Health conducted a baseline assessment using the National Harmonized Organizational Capacity Assessment Tool (NHOCAT) to identify gaps in their organizational capacity. The NHOCAT measures 9 different organizational dimensions: governance; experience, knowledge and skill in service delivery; working with networks and referral systems; resource mobilization; human resource management; provision of health service delivery; procurement and financial management systems; gender management systems; and monitoring and evaluation.

The NHOCAT assessment process is participatory, with CSOs answering a series of questions to score their capacity in the different organizational dimensions while providing evidence for each score.

**PLAN-Health Interventions:** The results of the assessment shaped action plans for the CSOs and informed interventions and activities, which included training workshops, short-term technical assistance, and short-term internships for CSO staff.

“The PLAN-Health project has removed JCCI from a one man business to a public organization. Before, we did not know how to document our activities, now we can track them and write reports that line up with donor requirements.”

—Mrs. Talatu Shanwa, JCCI Community Mobilizer
Specific activities and interventions:

- **Board Governance Orientation and Development**: Training board members to understand and take-on their roles and responsibilities. Board members also developed and implemented board plans and calendars.

- **Resource Mobilization and Proposal Writing Workshops**: CSOs responded to requests for proposals in real-time during the workshops and were provided technical assistance after the workshops to enable them to submit their proposals for funding.

- **Leadership Development Program (LDP)**: This team-based activity aimed to strengthen and entrench leading and managing practices (Scan, Focus, Align & Mobilize, Inspire, Plan, Organize, Implement, and Monitor & Evaluate). During the program, the CSOs developed and implemented actions plans to improve their internal work climate and to achieve service delivery results.

- **Financial Systems Strengthening**: Implemented via financial management technical sessions, as well as by briefly embedding PLAN-Health financial experts within the organization for short periods to provide technical assistance to enable CSOs to track and monitor their finances and produce the necessary financial reports with accuracy and timeliness.

- **Gender Mainstreaming**: PLAN-Health supported CSOs to develop gender-sensitive policies and mainstream gender into their activities.

- **Monitoring & Evaluation (M&E) Systems Strengthening and Technical Assistance (TA)**: PLAN-Health organized ongoing TA visits to review, develop, and revise policy manuals, service delivery, and program outcomes. This also included quarterly data quality audits and evaluations (DQAs/DVEs) to determine gaps in organizational capacity and areas of continuing mentorship and TA.

- **Provision of prevention services and PMTCT demand creation** utilizing small grants that were provided by the PLAN-Health Project.
Outcomes and Results: June 2010 – March 2015:

The project periodically monitored and evaluated CSO performance and over the life of the project, the following results were achieved:

- **386** Managers were trained on leading and managing practices.
- **203** Individuals from CSOs were trained on organizational system areas, such as monitoring and evaluation, financial management, and human resources for health.
- **12 CSOs** passed the USAID pre-award assessment and are now eligible to receive direct funding from the US government.
- **15 CSOs** showed improved organizational capacity based on the Nigerian National Harmonized Organizational and Capacity Assessment Tool (NHOCAT).
- **15 CSOs** wrote **45** proposals that were successfully funded by the government of Nigeria and international donors.
- **2.6 billion naira** in additional funding was raised by CSOs from a variety of donors.
- **19 CSOs** successfully implemented small grants on in-school youth HIV prevention and demanded creation for Prevention of Mother to Child Transmission (PMTCT) services with the following results:
  - **14,806** students received HIV prevention messages
  - **28** health clubs were established and strengthened in **28** secondary schools
  - **883** pregnant women were HIV counseled, tested, and received their results
  - **1409** pregnant women completed a minimum of four antenatal care visits
  - **1514** pregnant women completed PMTCT referrals by Traditional Birth Attendants (TBA)
  - **550** male partners of pregnant women attended at least one ANC visit with their partner
  - **309** meetings conducted for stakeholders to create an enabling environment for pregnant women to access PMTCT services in health facilities
BARRIERS TO PROGRAM IMPLEMENTATION WITH CSOS

Many CSOs were more focused on program and project implementation than capacity development; hence they could not appreciate and/or dedicate time and resources to the technical assistance provided by the project. Limited documentation among CSOs also posed some challenges to program implementation. Where organizations lacked the skills to effectively monitor and document past program lessons, experiences, and successes, the project was limited in their ability to build upon failures and successes. In some cases, there were duplication of services and wastage of resources.³

One major challenge of many CSOs is the high turnover of key staff. In such situations, PLAN-Health helped CSOs to identify alternative sources to obtain the needed staff at lower costs, such as the utilization of volunteers (for example, the National Youth Service Corps (NYSC)). PLAN-Health also helped ensure that there were systems (tools, processes, procedures) in place to guarantee a smooth transition from departing staff members to their replacements.

Another challenge with CSOs is their dependence on one donor or one funding source. PLAN-Health trained CSOs in proposal writing and other resource mobilization activities - such as fund-raising - to enable them to diversify their funding sources.

³ Omokhudu I & Ogbobu I. The Role of Civil Society Organizations in HIV/AIDS Control. AIDS in Nigeria.
Among some CSOs, there was the so-called ‘Founder’s Syndrome’ in which the founder was reluctant to let go of control of the CSO. PLAN-Health worked with boards of governance to strengthen their oversight and promote sustainability of the CSO in the absence of the founder.

PLAN-Health initially planned to engage with CSO networks at the state level. However, this proved impossible because of their lack of structure (no staff and sometimes no physical location). Thus, PLAN-Health ended up engaging with individual CSOs instead of with CSO networks.

The ongoing security situation, particularly in the north-east part of Nigeria, also hampered implementation of activities in 2014 and 2015. There were reported delays in some scheduled activities in Gombe, where security breaches made implementation difficult. The project adopted measures to mitigate the effects by changing location of activities, and increased use of electronic means of communication to provide technical assistance and capacity building.
LESSONS LEARNED

Developing the organizational capacity of CSOs and placing more focus on certain areas has a ripple effect on other systems within the organization. These focal areas are financial management, monitoring & evaluation, board governance and resource mobilization.

Different CSOs are at different levels in terms of capacity. They also usually have very few staff who conduct multiple activities. One solution does not always fit all. Thus, technical assistance has to be adapted for each organization to enable individuals within the organization to absorb and apply what they have learned.

To be effective, capacity building must be implemented using multiple approaches. PLAN-Health utilized training workshops, technical sessions, virtual and on-site technical assistance, and short-term internships for CSO personnel within PLAN-Health.

Capacity building programs must also focus on building CSO understanding of the importance of networking and collaborative programming, and how these skills contribute to their capacity for influencing policy development and analysis. Strengthening their institutional capacity and not only their technical capacity enables them to be actively involved in policy development, independent of government support and/or assistance.4

Capacity building is an improvement process, and improvement processes are change processes. Therefore, it is essential for CSOs to own the capacity building process and the changes involved. This increases the chances of achieving the expected capacity building results and sustaining the results over time.

4 Omokhudu I & Ogbobu I. The Role of Civil Society Organizations in HIV/AIDS Control. AIDS in Nigeria.
From 2010 to 2015, PLAN-Health engaged a total of 33 CSOs from the FCT, Gombe, Akwa Ibom states.

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<tr>
<th>FCT</th>
<th>GOMBE</th>
<th>AKWA IBOM</th>
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<td>African Health Project (AHP)</td>
<td>Advancement For Women And Youth Initiative (JOWYO)</td>
<td>Africa Human Development Center (AHDC)</td>
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<td>Association of Positive Youth Living with HIV/AIDS in Nigeria (APYIN)</td>
<td>Community Oriented Health Providers Association (COPHA)</td>
<td>Aids Care Managers (ACM)</td>
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<td>Association of Women Living with HIV and AIDS in Nigeria (ASWHAN)</td>
<td>Federation of Moslem Women Association (FOMWAN)</td>
<td>Antof Rural Resource Development Center (ARRDEC)</td>
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<td>Center for the Right to Health (CRH)</td>
<td>Guidance And Counseling Development Association (GCDA)</td>
<td>Community Partners for Development (CPD)</td>
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<td>Centre For Health, Education, Economic, Rehabilitation and Social Security (CHEERS)</td>
<td>Lawanti Educational Development Association</td>
<td>Heal the land Initiative in Nigeria (HELIN)</td>
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<td>Civil Society for HIV/AIDS in Nigeria (CiSHAN)</td>
<td>Teenagers Empowerment Initiative (TENIM)</td>
<td>Integrated Aid Initiative (IAI)</td>
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<td>Redox Carisa Development Initiative</td>
<td>Women Initiative for self-Actualization (WISA)</td>
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<td>Nigeria Youth Network on HIV/AIDS (NYNET)</td>
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<td>Positive Action for Access Treatment (PATA) – Lagos &amp; FCT</td>
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<td>Redeemed AIDS Programme Action Committee (RAPAC)</td>
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<td>Sustainable Health Initiative (SHI)</td>
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