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NETWORK OF PEOPLE LIVING WITH HIV AND AIDS IN NIGERIA (NEPWHAN)

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FINAL REPORTS OF GLOBAL FUND NFM COMMUNITY SYSTEM STRENGHTENING IMPLEMENTATION

Table of Contents

Acronyms 3

1.0 Executive Summary 6

2.0 Background 6

3.0 Project Goal 7

4.0 Objectives 7

5.0 Indicators: 7

6.0 PRE-PROJECT IMPLEMENTATION ACTIVITIES 8

7.0 PROJECT IMPLEMENTATION 9

8.0 ENGAGEMENT WITH FACILITIES AND STATE PARTNERS 11

9.0 MONTORING AND EVALUATION 12

10.0 KEY QUANTITATIVE ACHIEVEMENTS 19

11.0 PROJECT COORDINATION 23

12.0 CAPACITY BUILDING ACTIVITES 25

13.0 OVERALL KEY ACHIEVEMENTS ON THE PROJECT 53

14.0 SUCCESS STORIES 54

15.0 LESSON LEARNED 56

16.0 RISKS ENCOUNTERED & HOW THEY WERE MITIGATED 57

17.0 CHALLENGES 63

18.0 RECOMMENDATION FOR FUTURE INTERVENTIONS 64

19.0 CONCLUSION 65

20.0 PICTURES .... **Error! Bookmark not defined.**

21.0 APPENDIX 67

22.0 ACKNOWLEDGEMENTS 90

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association For Reproductive And Family Health
ART	Anti-Retroviral Therapy
ATM	AIDS, Tuberculosis and malaria
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CQI	Continuous Quality Assurance
CSS	Community Systems Strengthening
DHIS	District Health Information System
DQA	Data Quality Assurance
GF	Global Fund
GP	General Population
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
LACA	Local Government Agency for the Control of AID
LFA	Local Funding authority
LGA	Local Government Area
LGSC	Local Government Service Commission
M&E	Monitoring and Evaluation

MoU	Memorandum of Understanding
NEPWHAN	Network of People Living with HIV//AIDS in Nigeria
NFM	New Funding Model
OSDV	Onsite Data Validation
PHC	Primary Health Centre
PR	Principal Recipient
PW	Pregnant Women
RDQA	Routine Data Quality Assurance
SACA	State Agency for the Control of AID
SASCP	State AIDS and STI Control Program
SDA	Service Delivery Actor
SDP	Service Delivery Point
SMoH	State Ministry of Health
SMT	State Monitoring Team
SoP	Standard Operating Procedures
SPHCDA	State Primary Health Care Development Agency
SPO	State Program Office
SR	Sub-recipient
SSR	Sub-sub-recipient
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant

TWG	Technical Working Group
WDC	Ward Development Committee

1.0 Executive Summary

Network of People living with HIV/AIDS in Nigeria NEPWHAN, in collaboration with community based organizations CBOs, implemented the CSS NFM GF grant as a sub-recipient between January 2016 and December 2017 with the memorandum of understanding signed with Association for Reproductive and Family Health ARFH as the PR. Under the MoU signed with the PR, NEPWHAN implemented the grant successfully in four states of Akwa Ibom, Benue, Cross River and Nasarawa and in 35 Local Government Areas across the four states. The CSS grant was aimed at contributing to building public confidence in health care services in order to reverse the decline in the utilization of health related services being provided in various health facilities in Nigeria. In order to achieve this, mobilization and referral for health seeking behavior of individuals and community, increased access and utilization of HTS, effective care and support for PLHIV and provision of enabling environment through institutional and human capacity building were implemented across the four states. For effective implementation of the CSS project, there were planning and coordination meetings between the SR and the PR, advocacy visits to various stakeholders, start-up trainings for the SRs, SPOs, CBOs and the SDAs. The project was closely monitored for continuous quality improvement, On-Site Data Validation, Data Quality Assurance, and Supportive Supervision at all levels. The results of the project showed that the project implementation was very successful as NEPWHAN was able to meet its overall target.

2.0 Background

In 2016, Network of People Living with HIV/AIDS (NEPWHAN) signed a Sub-grant Agreement on the Global Fund (GF) New Funding Model (NFM) Community Systems Strengthening (CSS) HIV Grant with the Association for Reproductive and Family Health (ARFH) as Sub-Recipient (SR) for a single stream of funding from January 2016- July 2016. This was further scaled up from the six month initial grant period to another eighteen months to terminate by December 31st 2017. The Project goal was to contribute to the restoration of public confidence in health care services in Nigeria thereby reverse the decline in the utilization of health facilities.

This was specifically meant to improve the health seeking behavior of individual and community through health promotion, health education and awareness and to increase access and utilization of HCT by pregnant women and general population.

NEPWHAN successfully implemented this grant in four (4) states namely: Akwa-Ibom, Benue, Cross Rivers, and Nasarawa between January 1st 2016 and December 31st 2017.

3.0 **Project Goal**

To contribute to the restoration of public confidence in health care services in Nigeria thereby reverse the decline in the utilization of health facilities.

4.0 Objectives

4.1 To improve the health seeking behavior of individual and community through health promotion, health education and awareness.

4.2 To increase access and utilization of HCT by pregnant women and general population.

4.3 To provide effective support to patients in care, especially, HIV and TB/MDR-TB patients.

4.4 To contribute to enabling environment for the implementation of community level implementation of the Global Fund New Funding Model Grant

5.0 Indicators:

There are two indicators targeting demand generation for HIV services through HIV Counselling and Testing. The two indicators are:

- Number of pregnant women referred for HCT by community-based organizations (CBOs)

- Number of individuals from the general population referred for HCT by community-based organizations (CBOs)

6.0 **PRE- PROJECT IMPLEMENTATION ACTIVITIES**

6.1 Incremental Capacity Assessment of CBOs

To have credible and reliable implementation SSRs, there was an incremental capacity assessment for all the selected CBOs. This was to determine the capacity gaps of these CBOs with a view to planning for the enhancement of their capacity for better project delivery.

In achieving this, comprehensive checklist was used to assess the CBOs strength and needs for effective implementation. Involved in the assessment were staffs of ARFH, NEPWHAN, SMoH and other partners from national and state level who visited offices of partners to introduce the project before proceeding to CBO offices for the incremental capacity building. Health facilities were equally visited for further assessment and introduction.

6.2 Mapping of Communities and TBAs

Mapping of TBAs and communities was done by consultants engaged by the PR in October, 2015. The exercise lasted for a period of 5 days during which the engaged consultants visited the various states and GF supported LGAs where the Community Systems Strengthening Project was marked to be implemented to gather the necessary information via the help of LACA and other recognized community structures in the different LGAs.

6.2.1 Training of TBAs/SDAs

Service Delivery Actors (SDAs) are community based health workers who are either retired nurses or Traditional Birth Attendants (TBAs) who have inflow of pregnant women in their domains. The fact that the project had emphasized the eradication of new HIV/AIDs cases by awareness creation and referral of clients for HTS at the community level, PMTCT was realized to be a good way of achieving this. As mapping was done and those Service Delivery Actors were identified and engaged by the CBOs, their capacity was also built by inviting them for training were their roles and responsibilities were clearly defined before mobilizing them with all needed tools to kick start their work in their various places of assignments.

6.3 Signing of MoU

In order to formally engage the SR and the SSR on the grant, Signing of MoU between ARFH (PR) and NEPWHAN (SR) was done. On the other hand, there was formal signing of MoU between NEPWHAN and all the CBOs (SSRs) in the four states of implementation. This was done in January, 2016 for a period of 6 months and subsequently renewed in July 2016 for an additional period of eighteen (18) months to end in December 2017. The signing of the MoU was a prerequisite and a symbol of legal authenticity for the formal commencement of the project

6.4 Opening of Dedicated Project Accounts

Opening of a dedicated project account is one of the criteria for the engagement of CBO during the assessment of CBOs. All CBOs engaged for the CSS project had a dedicated project account which was a current account with more than one signatory. This was imperative as it was to promote transparency and accountability among the implementing CBOs.

7.0 Project Implementation

The Community System Strengthening (CSS) is one of the Global Fund supported projects for the New Funding Model (NFM) under the coordination of Association for Reproductive and Family Health (ARFH); the Principal Recipient, and Network of People Living with HIV/AIDS in Nigeria (NEPWHAN); the Sub Recipient in the implementation states of Akwa Ibom, Benue, cd\ross River and Nasarawa. The project was implemented in 10 GF supported LGAs in Akwa Ibom, 10 in Benue, 9 in Cross River and 6 in Nasarawa state. There was active involvement of key community stakeholders/structures like TBAs, WDC, community gatekeepers; and other stakeholders within the LGAs such as PHC Directors and heads of GF supported facilities. State Partners were also carried along in the course of the project implementation via regular monthly meeting with the CSS team which promoted the sharing of best practices. Report sharing with State Partners was monthly with the purpose of updating State Partners on CSS activities in the states.

The contribution of the GF NFM CSS project to the state HIV and AIDS response cannot be underestimated. Within the implementation period, it was observed that the number of clients who visit the GF health facilities was boosted by the mobilization and referral effort of CBOs.

7.1 Start-Up Advocacy

With a view to enlisting stakeholders' support and enabling environment for the implementation of the GF CSS grant, start-up advocacies were conducted by the CSS Team to relevant gatekeepers such as the State Ministries of Health (SMoH), State Agencies for the Control of AIDs (SACAs), Local Government Service Commission (LGSC) at the State levels and PHC/LACA Directors at the LGA levels.

Submission of Letters of Introduction

Before the commencement of the business of referring clients to aligned facilities CBOs were given letters of introduction to present to all the GF supported facilities in their LGAs of implementation. The project spelt out the name of the CBO and their address and the name of the facility telling them clearly that the project is recognized and funded by Global fund hence the facility should give their maximum cooperation as the work of the CBO is just to assist them meet up with their targets and not a competition with the facilities. The letter also spelt out in full the task of all entity in the project implementation and the benefit each person will receive in the course of implementing the project.

7.2 Star-Up Training Across Project States

In preparation for project implementation and to build the capacity of selected CBOs, a 3 day Start-Up training was conducted for CBOs from 9th – 13th March, 2016. The training was residential at various hotels across the various states. The Start-Up training was jointly facilitated by ARFH and NEPWHAN and CBOs were trained on the financial, M&E and programmatic components of the project.

Invited for the training were the Executive Directors, Program/M&E Officers and finance officers. The training was aimed at building their capacity and getting them ready for the task ahead of them. The training covered extensively, issues that have to do with finance and methods of retiring all financial advances received and spent. The roles and responsibilities of each staff on the project,

timelines of reporting, data capturing and usage of all MIS tools and also retrievals of forms from facilities after demand creations and referrals were also covered.

Besides the training for CBOs organized by the PR and SR, at the beginning of the NFM CSS grant, some of the SPOs, following the assessment of a new CBOs such as Dream Boat in Calabar Municipal LGA in replacement for Enica Health conducted a 3-day training for the staff of the new CBO.

7.3 Community Mobilization, Education and Referral Activities

Monthly community outreaches were conducted across the four states within the various in many communities in the various LGAs where CSS was implemented. Two CBO staff and one facility staff were mostly used in the conduct of the outreaches.

The strategy used by the implementing CBOs was to align their work plans for the month with those of GF supported facilities in their various LGAs. The CBOs, in collaboration with staff of facilities, took services to the people during community outreaches where on-the-spot testing was carried out by the facility staff. The presence of the facility staff made the provision of on-the-spot testing for clients who indicated interest for the uptake of HTS possible. Integrated services were provided at outreaches conducted by the CBO; a strategy that increased service uptake by the community people.

SD-Actors played their own role as influential persons bringing pregnant women together at various fora such as religious functions, women community meetings etc. for sensitization and uptake of HTS. They also referred pregnant women to GF support facilities within their various LGAs.

8.0 Engagement with Facilities and State Partners

The CSS project served as a link between GF supported facilities and the communities. Facility staffs were actively involved in the outreaches conducted by CBOs and clients were referred from communities to the facilities for uptake of other services not rendered/provided in the course of the outreaches conducted at the various communities. In case of HIV positive cases, the clients were referred to the facilities for the necessary treatment, care and support services being rendered at the facilities.

In the same vain, State Partners were also carried along in the course of project implementation via regular monthly meeting with the CSS team which promoted the sharing of best practices. Report sharing with State Partners was monthly with the purpose of updating them about the CSS activities in the states.

9.0 MONTORING AND EVALUATION

The following M&E activities were vital for improving the quality of data across the states:

- Participation in State CSS monthly Coordination meeting were M&E reports were reviewed.
- Monthly Review meetings with service delivery actors for Mentorship on data issues.
- Quarterly support to WDC & LACA/PHC Coordinator to monitor access and quality of service delivery actors.
- Monthly mentoring/Supervision/ Monitoring visits to CSS CBOs by State Programme Officer
- Semester On-site Data Validation (OSDV) by the National Office
- Quarterly Monitoring and supervision of project activities by the SR.

Bearing in mind the strategic positions of NEPWHAN/CBOs in the selected states, the roles and responsibilities for M&E were equally segmented accordingly as shown below:

NEPWHAN M&E National Office

Over sighted day to day implementation of M&E activities in the four states of implementation by:

- Ensuring appropriate data collection and reporting tools are available and are in use at service delivery points.
- Training, supervising & mentoring service providers to assure data quality.
- Collating data reported by service delivery providers/implementing partners.
- Reporting collated data to Principal Recipients (PR)
- Preparing analytical reports to support decision making to continuously improve grant implementation.

- Participating in quarterly meetings between individual PRs and their SRs which will include discussion of M&E issues.

SPO's responsibilities

In over-sighting day to day implementation of M&E activities at the state and LGA levels, the SPOs ensured:

- Appropriate data collection and reporting tools were available and in use at all the CBOs.
- Day to day supervision & mentorship of CBOs to assure data quality.
- Conduct of DQA at the CBOs and facilities levels
- Collaboration with other state SRs and partners on M&E initiatives
- Collection, Collation and summary of data reported by CBOs are available and sent to the next reporting level
- Summarized data are reported or submitted to SRs National M&E unit.
- Preparation and submission of monthly M&E reports to support decision making to continuously improve grant implementation.
- Participation at state level M&E meetings (TWG, Non-health sector data validation meeting, SMT)
- Support to CBOs in uploading CSS data on the DHIS on a monthly data.

CSS CBO's responsibilities

- Implemented CSS related activities at the LGA level
- Facilitated LGA Community Based Organizations/actors partners coordination meeting
- Supported implementing CBOs/Community Volunteers/Treatment supporters reporting on DHIS

- Participation at facility level cluster meeting
- Recorded data in standardized data collection tools as referrals are provided.
- Prepared and submitted reports on CSS indicators data to the LGA M&E officer for incorporation into DHIS
- Submitted to the SR (paper-based and electronic) reports through the SPOs
- Stored primary data sources to enable future data quality assessments by SR, PR, CCM, LFA or other relevant stakholders.

9.1 M & E Structure and System

There is a national structure in place that facilitated the sharing of roles and responsibilities at various levels of the organization. Three levels of tracking tools were involved in the collection of M&E data from the service delivery point to NEPWHAN national office.

- **Frontline Community-Based Service Records**

  There are the frontline community-based service records which individual service providers or their organization keep on the services provided and make available in the course of project implementation.

- **Summary, and Programme Reports prepared by State NEPWHAN**

  The quality of the service statistics prepared by CBOs will inform the summary of report to be provided by the state NEPWHAN. It will also depend on the quality of the information provided by the frontline community based organizations.

- **Summary and M&E narrative Reports prepared by National NEPWHAN**

  On the basis of the programme reports from the CBOs the NEPWHAN National will in their turn prepare Reports and conduct further analysis of collated data from various CBOs.

9.2 Routine Monitoring and Supervision Activities

The overall responsibility for managing NEPWHAN M&E is vested on the organization's M&E Officers.

At the SSR level, M&E capacity has been assessed and trainable CBOs were selected for performance of M&E tasks. NEPWHAN ensured that all the SSRs have designated M&E personnel and have operational arrangement for facilitating the flow of information/data from service delivery points (SDPs) to the state/national level. The SSR M&E officers were directly responsible for ensuring timely and accurate data retrieval from the SDPs. The competences of these officers, however, varied depending on the level and experiences of the SSRs; consequently, the provision of technical assistance and onsite supportive supervision to such officers was planned and carried out by NEPWHAN during M&E/ supportive supervision visits.

The frequency of monitoring trips to SSRs was a strategy for enhancing the performance of the service providers in ensuring quality data generation and submission.

9.3 Various data Capturing Tools

- CBOs monthly summary forms
- State Monthly summary forms
- National Summary forms
- Electronic database for facility breakdown
- Electronic database for Monthly CBOs summary forms

9.4 Data Elements Captured

- Number of Pregnant Women Mobilized for HCT Services
- Number of Persons (General Population) Mobilized for HCT Services
- Total Number of People Mobilized for HCT Services
- Number of Pregnant Women who Arrived for HCT Services
- Number of Persons (General Population) who Arrived for HCT Services

- Total Number People who Arrived for HCT Services
- Number of Pregnant Women Provided with HCT Services
- Number of Persons (General Population) Provided with HCT Services
- Total Number People Provided with HCT Services

9.5 Data Quality Control

To ensure the quality of data, for an individual to be counted as being provided referral for HCT, he/she must have received referral form from the CBOs and **presented** the referral slip at the facility for service uptake. A duly signed duplicate of the slip must also be domiciled at the facility.

Accuracy and consistency of data were ensured from 4 way referral forms to the monthly referral register, to the CBO monthly summary forms, to the state summary forms, to the National Summary forms.

Monthly desk review of reported data was done to minimize summation and other errors. A higher authority at the CBO's level reviewed the M&E officer's data before submission to SPO who in turn reviewed the data to make corrections where necessary and submit to the National M&E officer who made desk review and reverted every finding to the SPOs for necessary action. There were monthly data validations by State Program Officers. Semester data validations were carried out by National Officers of NEPWHAN. This entailed regular On-Site Data Verification (OSDV) exercises conducted on biannual basis to selected states, organizations, and health facilities to ascertain the correctness, completeness and accuracy of reported data. On a bi-annual basis, a comprehensive data quality assurance exercise was conducted to evaluate the availability, consistency and validity of data and the capacity of M&E system in the states level and service delivery areas.

In addition, strategies to improve data quality and analysis included the participation of relevant stakeholders at all levels beginning with the service delivery points (communities/CBOs), through the state actors to the national actors the SR as shown below:

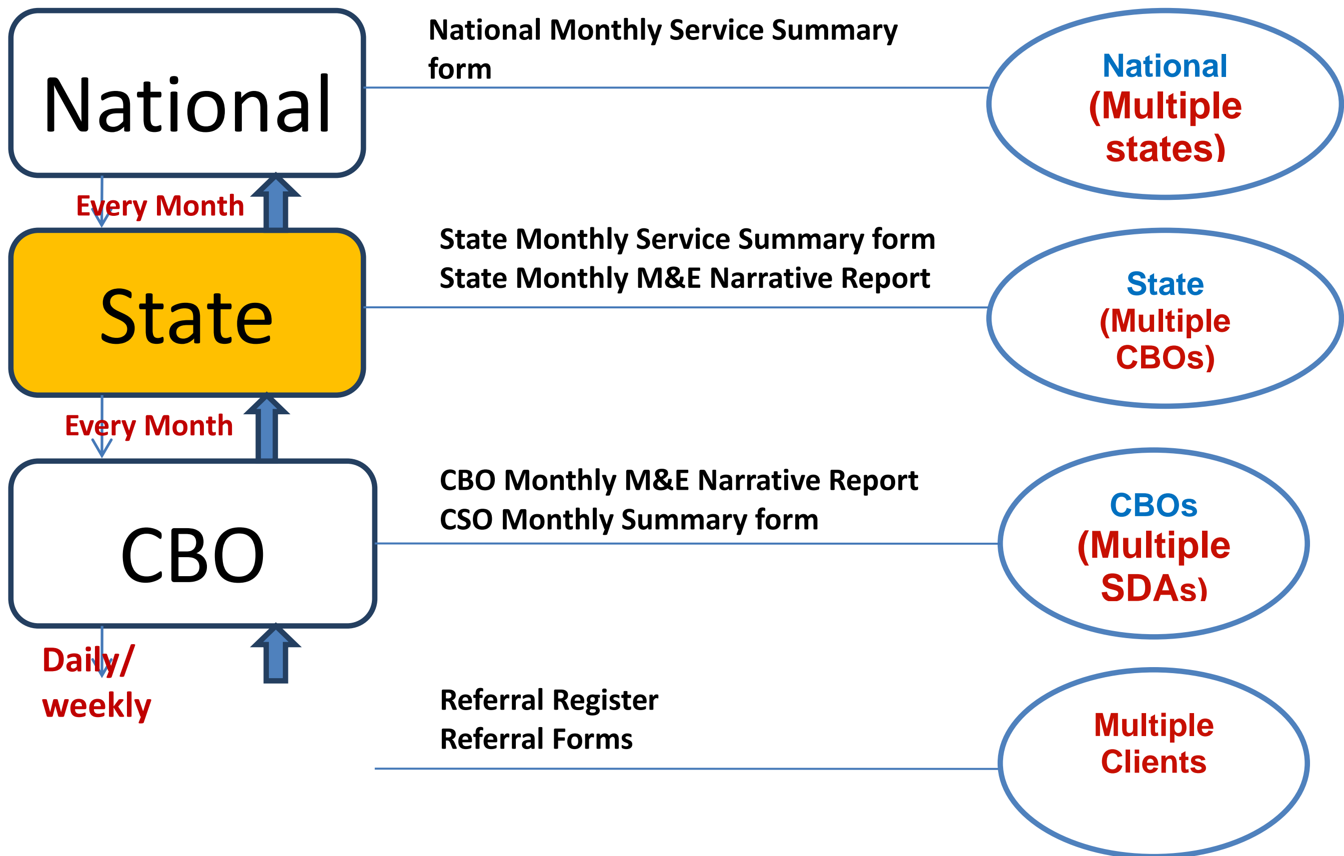
CBOs –SSRs Level

- The CBOs focal person will ensure complete and accurate documentation of data elements in the appropriate MIS forms,
- Ensuring complete and accurate documentation of all relevant data collection and summary forms including data on CBO/SPOs monthly summary forms.
- Documenting quantity and type of materials and supplies given to ART clients in the Acknowledgment forms which should were duly signed by the care providers.
- Preparing and submitting timely summary data reports.
- Documenting activities and referral services provided

State/National Level:

- On a regular basis, the state team conducted regular supervisory visit to the CBOs.
- Queried any identified data discrepancies in the reporting tools
- Made appropriate correction(s) in the data and submit corrected versions.
- Provided feedback and on-the-job mentoring to the CBOs staffs
- Ensured availability of MIS tools, guidelines, job aids and SoPs
- Performed thorough review and analysis of CBOs' data with reference to source documents
- Ensured completion and timely submission of all CBOs and state summary data to the national (NEPWHAN following review at the state review/coordination meeting
- Validated and collated all summary data submitted by the CBOs staffs during the review meetings
- Forwarded validated state summary report to the National (NEPWHAN) and PR (ARFH)

9.6 Data flow Charts



The data flow chart above shows the roles and responsibilities of persons responsible for the various reporting levels. The service delivery actors submitted data on number of clients reached by the program to the CBO's M&E officer. The CBO in turn reports to NEPWHAN State Program officer who finally reports to NEPWHAN National M&E Officer. This circle happened every month in 4 states and for the entire life span of the grant. While the national M&E officers of NEPWHAN played a supervisory/coordinating role on the SPOs, the SPOs also supervised and coordinated the activities of the CBOs. Feedback was two ways – top to bottom and bottom to top.

10.0 KEY QUANTITATIVE ACHIEVEMENTS (JANUARY 2016 – DECEMBER 2017)

10.1 Number of People Mobilized for HCT Services

	Male	Female	Total
Number of Pregnant women mobilized for HCT services		142,707	142,707
Number of persons (General Population) mobilized for HCT services	38,243	35,549	73,792
Total Number Of People Mobilized for HCT services	**38,243**	**178,256**	**216,499**

10.2 Number of People Who Arrived at The Facility For HCT Services

	Male	Female	Total
Number of Pregnant women who arrived at the facility for HCT services		139,883	139,883
Number of persons (General Population) who arrived at the facility for HCT services	37,869	35,014	72,883
Total Number Of People who arrived at the facility for HCT services	**37,869**	**174,897**	**212,766**

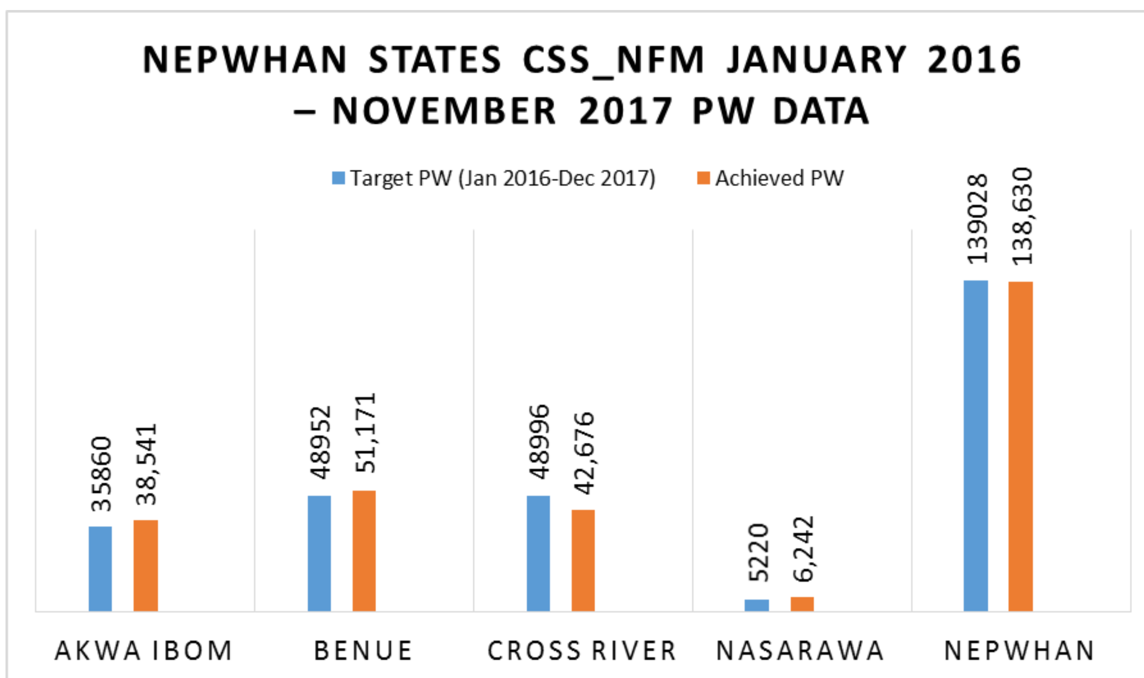
10.3 Number Of People Who Were Provided With Services At The Health Facility

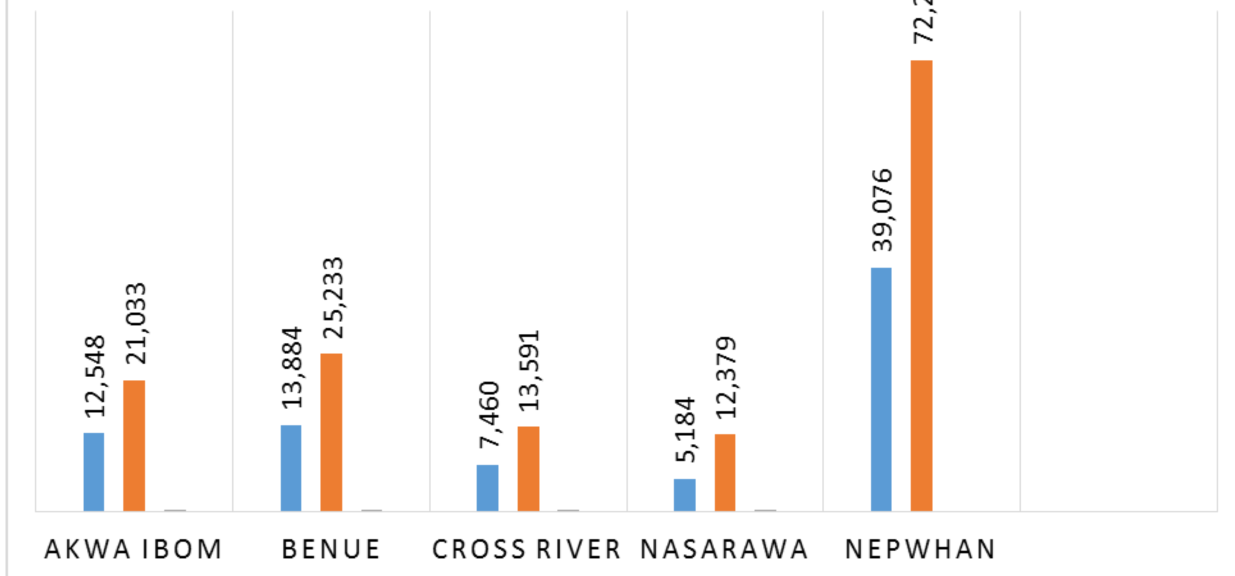
	Male	Female	Total
Number of Pregnant Women who were Provided with Services at the Health Facility		138,630	138,630
Number of Pregnant Women who tested POSITIVE		428	428

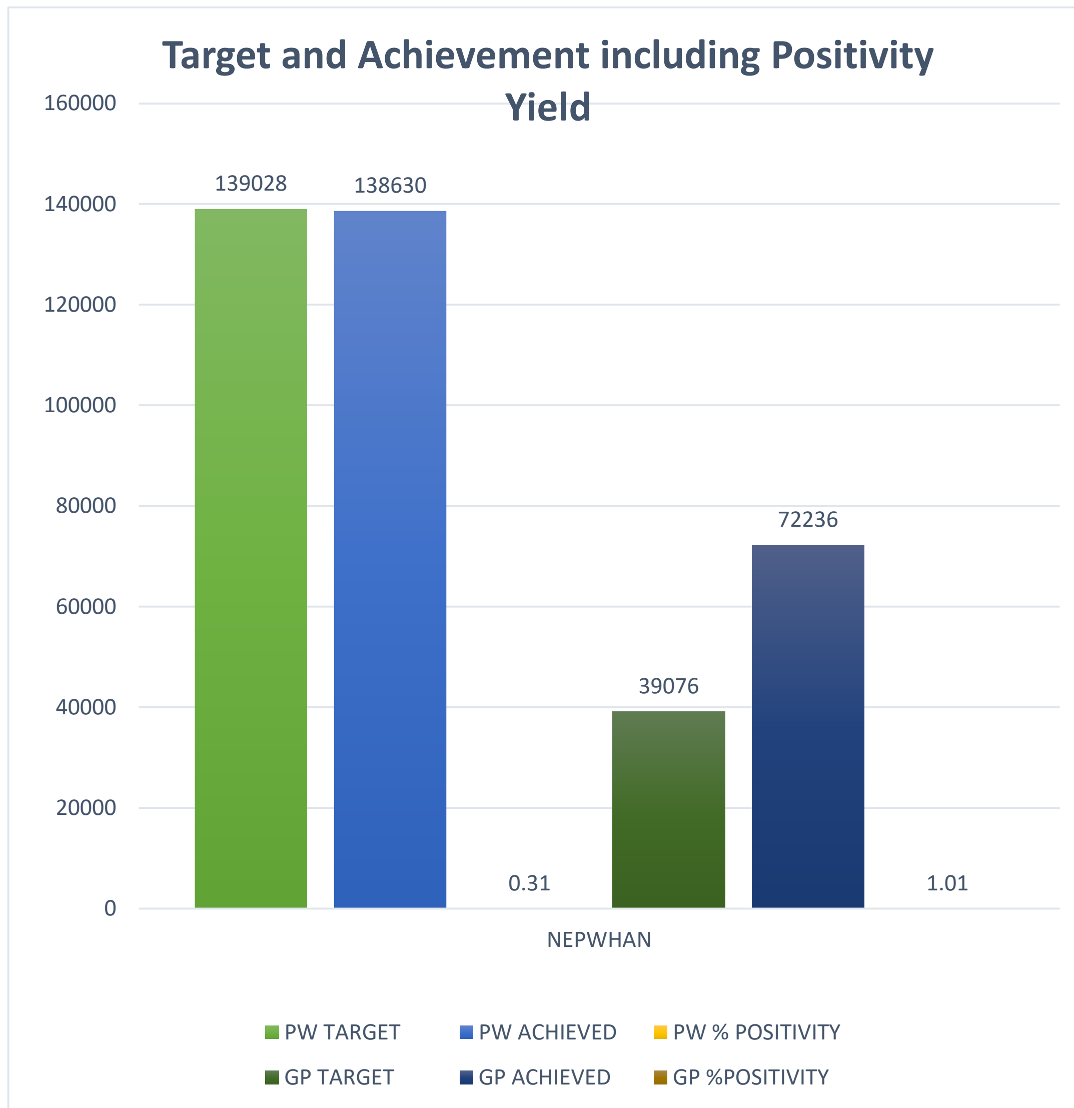
Number of Persons (General Population) who were Provided with Services at the Health Facility	37,611	34,625	72,236
Number of Persons (General Population) who tested POSITIVE	**242**	**485**	**727**
Total Number People who were Provided with Services at the Health Facility	**37,611**	**173,255**	**210,866**
Total number of persons tested POSITIVE	**242**	**913**	**1212**

10.4 Chart on Target and Achievement including Positivity Yield

Bar Charts, Pie Charts, and Histogram etc.




NEPWHAN STATES CSS_NFM JANUARY 2016 – NOVEMBER 2017 GP DATA
Target GP (Jan 2016-Dec 2017)
Achievement GP
12,548
21,033
13,884
25,233
7,460
13,591
5,184
12,379
39,076
72,236
AKWA IBOM
BENUE
CROSS RIVER
NASARAWA
NEPWHAN


Target and Achievement including Positivity Yield
160000
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139028
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GP ACHIEVED
GP %POSITIVITY

11.0 PROJECT COORDINATION

11.1 Supportive Supervision and Mentorship by SPOs

Supervision, mentoring and provision of technical assistance to CBOs during the visit of SPO to CBOs is important in that it helps build the capacity of CBO staff as well as ensure that CBOs keep to their mandates. To this end, the SPOs had to follow-up on CBOs based on identified gaps and provided technical assistance TA, where necessary, to resolve some of the challenges encountered in the course of project implementation.

Monthly supervisory visits to CBOs were carried out by the SPOs who ensured there was enhanced quality of program intervention by CBOs. In the same vein, the SPOs ensured that the quality of program/project activities conducted by CBOs adhered to the SOP. The SPOs also conducted routine supervisory visits to GF supported facilities where the CBOs were aligned for data verification, validation and DQA using standard checklist. Regular feedback to CBOs and facilities were provided by the SPOs on key findings from supervisory visits using the CQI forms.

The SPOs also participated in Community outreaches organized by the CBOs in order to ensure further quality assurance in project implementation and dada capturing and reporting.

11.2 Supportive Supervision and Technical Support from SR

To ensure quality project implementation and data reporting, the SR ensured there was regular supportive supervision through the social media and quarterly visits to the states. Regular feedback was provided at every point in time with time lines for implementing all recommendations for further improvement on the CSS project. In a nutshell, Quarterly or bi-annual supportive supervision/ OSDV and technical support from the SR to the SPO, CBOs and GF health facilities was enlisted in the course of the project. Gaps were identified and mitigation strategies provided appropriately.

11.3 Monthly Coordination Meeting

Monthly Coordination Meeting with CBOs and State Partners was conducted where CBOs gave presentations on CSS activities in each reporting month. The meeting did not only update State Partners on CSS activities, it promoted experience sharing among participants and addressed

challenges encountered in the course of project implementation. This activity provided opportunity to bring relevant stakeholders together to discuss community intervention, address gaps and harmonize reports. Stakeholders invited and represented at the meetings were state SACA, SASCP, SPHCDA and treatment partners in the states.

11.4 Monitoring of Access by PHC/LACA Coordinator and WDC

Monitoring of activities is a proven to makes a Programme work towards achievement of quality service delivery. Ward Development Committees, LACA /PHC Coordinators alongside the implementing CBOs were supported quarterly to monitor activities of the SD Actors and CSS Focal Facilities Staff. The LACA/PHC Coordinator led this activity in the various LGAs of implementation.

Monitoring of access by PHC/LACA Coordinator and WDC was conducted in all the GF supported facilities to address issues affecting smooth referral and quality service delivery. Issues that were beyond the scope of the CSS project were flagged up by LACA and WDC before the entities that were responsible.

11.5 Continuous Quality Improvement

In the course of the project implementation in the four states, series of continuous quality improvement activities and oversight visits were carried out by various stakeholders such as the PR, CCM and NACA. Key objectives of the visits include: Identification of gaps that needed to be strengthened, provision of technical assistance to SPOs and CBOs on various aspects of project implementation, follow up on the issues flagged up by OIG during her visit to the states; improving grant performance; monitoring value for money; monitoring quality of services towards impact; assure transparency and accountability; and resolve problems and bottlenecks attached to implementations.

The visits were also to assess technical and infrastructural capacity of Service Delivery Points (SDPs) in terms of data management to deliver quality services; verify and validate reported data and to ascertain that source documents are available and appropriately completed; assess the compliant

status of the use of nationally approved data collection and reporting tools at service delivery point; provide on-the-spot technical assistance where needed to improve the system of data collection, management and reporting; generate action points for addressing data and programme management gaps that may arise in the course of project implementation; and train a critical mass of M&E persons at the state level on DQA process, methodology and the RDQA tool.

12.0 CAPACITY BUILDING ACTIVITES

The importance of capacity building of CBOs, health facilities and other community actors in the context of community HIV intervention cannot be overemphasized. To this end, the capacity of CBOs was built in several areas including institutional and technical areas. Institutional capacity building is one of the core CSS strategic interventions. Capacity of CBOs was built to enable CBOs effectively generate demand for ATM services at GF supported facilities. CBOs had their capacity built in financial retirements, program and M&E reporting, data validation, proper documentation and filing system, referral and linkages, partnership, coordination of HIV community intervention.

Supervisory visits to CBOs provided the platform for policy documents of CSS implementing CBOs to be reviewed and recommendations made for CBOs to capture relevant provisions relating to their respective organizations. Relevant policy documents like Conflict of Interest Policy etc were shared to CBOs for their review and adoption.

Also, monthly provision was made for institutional support for CBOs and guidelines given to CBOs to guide them on the proper utilization of the funds meant for institutional support.

12.1 Training of Project Staff

Besides the start-up training for project staffs at the national and state levels, there were continuous re-training of project staff based on identified gaps on the project and following modifications of guidelines and other implementation documents. The SPO provided technical support to CBOs with staff attrition where step down trainings were conducted for the newly engaged staff of the CBOs. The training covered the financial, M&E and programmatic components of the grant.

12.2 Provision of Institutional Support to CBOs

The capacity assessment conducted on CBOs reveals that various gaps were found which could hinder effective performance. Institutional support has, therefore, been provided for CBOs to address those gaps to strengthen the organizations. With the aim of leaving implementing CBOs better equipped and sustained institutionally at the close out of the GF NFM CSS grant, monthly provision of institutional support was provisionally made for CBOs to acquire or procure useful assets. Some of the assets acquired are projector, iron filing cabinet, generator, ceiling fan, office furniture, printers, computer system amongst others. A CBO has even gone as far as having a website courtesy of the monthly institutional support provided by the grant.

STATUS OF CBOs BEFORE AND AFTER THE CSS GRANT

Akwa Ibom State

S/N	NAME OF CBO	STATUS BEFORE GRANT	STATUS AFTER GRANT
1.	Ukeme Community Development Foundation	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, generator,	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, generator printer, Public Address System, and

		printer, Public Address System, and white board • Flash drive used as external back up device	white board • Presence of external hard drive as external back up device
2.	Inyeneabasi Women Association	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, generator, notice board, printer and photocopier • Flash drive used as external back up device • Had only one iron filing cabinet and desktop and no fan	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, generator, notice board, printer and photocopier • Presence of external hard drive as external back up device • Has additional iron filing cabinet, laptop and a fan etc

3.	Angels Home for Babies	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings are held	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings

		but not regular • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe • Flash drive used as external back up device • Had only one iron filing cabinet, desktop and a laptop.	• Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe • Presence of external hard drive as external back up device • Has additional iron filing cabinet and laptop.
4.	Women and Community Livelihood Foundation	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, printer,	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, printer, desktop, generator, laptop and fan Presence of

		desktop, generator, laptop and fan • Email used as external back up device • Had only one iron filing cabinet	external hard drive as external back up device • Has additional wooden shelve.
5.	Rare Talent Support Centre	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, no printer, photocopier, UPS • Email used as external back up device • Had only one iron filing cabinet and	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, printer, photocopier, UPS Presence of external hard drive as external back up device • Has additional iron filing cabinet and laptop

		desktop.	
6.	Global Life Care for Orphans and Youths Initiative	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, PAS, and photocopier. • Email used as external back up device • Had only one iron filing cabinet and laptop.	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, PAS, and photocopier. • Presence of external hard drive as external back up device • Has additional iron filing cabinet and laptop
7.	Youth Friendly	1. CAPACITY BUILDING:	1. CAPACITY BUILDING: • Presence of staff training

	Foundation	• No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, desktop, printer, notice board and white magnetic board. • Email and flash drive used as external back up device • Had only one iron filing cabinet, and UPS	plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, desktop, printer, notice board and white magnetic board. • Presence of external hard drive as external back up device • Has additional iron filing cabinet, wooden shelve and UPS.
8.	Iniefiok Foundation	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure

		procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, desktop, PAS, laptop, and notice board. • Email and flash drive used as external back up device • Had only one iron filing cabinet	followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, desktop, PAS, laptop, and notice board • Presence of external hard drive as external back up device • Has additional wooden shelve.
9.	Impact on Reproductive Health Initiative	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe and PAS

		• No safe and PAS • Email and flash drive used as external back up device • Had only one wooden shelve and generator.	• Presence of external hard drive as external back up device • Has additional iron filing cabinet and generator.
10.	Hope for family Development Initiative	1. CAPACITY BUILDING: • No staff training plan • No back up policy • Staff time book not updated • Staff meetings not held • No procurement procedure when procuring assets. • No staff appraisal system 2. INSTITUTIONAL SUPPORT • No safe, PAS, notice board, printer and fan • Email and flash drive used as external back up device • Had only two workstations and an iron filing cabinet	1. CAPACITY BUILDING: • Presence of staff training plan • Presence of back up policy • Updated staff time book • Regular staff meetings • Procurement procedure followed when procuring assets. • Presence of functional staff appraisal system 2. INSTITUTIONAL SUPPORT • Presence of safe, PAS, notice board, printer and fan • Presence of external hard drive as external back up device • Has an additional workstation and wooden shelve.

Benue State

S/N	NAME OF CBO	STATUS BEFORE GRANT	STATUS AFTER GRANT
1.	First Step Action for Children Initiative	1. CAPACITY BUILDING: No program management, reporting procedure in place. No financial management procedure in place. 2. INSTITUTIONAL SUPPORT No institutional support for CBO before grant was implemented. Chairs, tables, office stapler, etc No office shelve	1. CAPACITY BUILDING: there is procedure for reporting, data management, archive management Financial procedure in place. Improved record keeping of all financial procedures and transactions. 2. INSTIYUTIONAL SUPPORT fund provided for CBO for purchase of assets printers, tables, chairs, shelve purchased for CBO

2.	Positive Health Media Initiative	1. CAPACITY BUILDING Th CBO had no strong programmatic, Financial management, and administrative procedure in place 2. INSTITUTIONAL SUPPORT CBO had no provision for institutional suport	CAPACITY BUILDING The capacity of the CBO has been built programmatically, in the area of financial management, data reporting, etc 2. INSTITUTIONAL SUPPORT The CBO was able to acquire assets like furniture, printer, laptop computers, office shelve, and general stationaries in the course of project implementation.
3.	Society for Life and Human Development Initiative	CACAPACITY BUILDING The capacity of the CBO staff was low at start of project implementation. The need for strict financial management procedures was not emphasized. 2. INSTITUTIONAL SUPPORT CBO had an office space but no furniture or basic office equipments	CAPACITY BUILDING Mentorship session by SR and PR has really built capacity of all CBO Staff. 2. INSTITUTIONAL SUPPORT CBO was able to procure photocopier, electricity generator , printer, office furniture from institutional support provided by the SR.
4.	OHAHA S.G	CAPACITY BUILDING The CBO staff didn't know	The supportive supervision and. Mentorship sessions by SR has

		anything about program reporting, data entry or analysis. 2. INSTITUTIONAL SUPPORT The CBO had an office space but no office shelve, notice board, office equipment to work with.	helped CBO staff acquire skills on program reporting, data entry, data analysis. 2.INSTITUTIONAL SUPPORT CBO was able to acquire office shelve, office equipment like laptops, printers, stationaries etc
5	OSA Foundation	CAPACITY BUILDING The CBO had staff but most of them didn't know about program reporting using standard templates, data capture, follow up procedure, etc 2.INSTITUTIONAL SUPPORT The CBO didn't have office shelve, printers, computers, etc	CAPACITY BUILDING CBO was given templates for program reporting, data capture, analysis and reporting. 2.INSTITUTIONAL SUPPORT CBO acquired printers , computers , photocopiers, office furniture, etc
6	Centre for Parental Care of the Old and Vulnerable	1.CAPACITY BUILDING The CBO staff had little experience on program management, proper archiving procedures, data reporting, etc 2. INSTITUTIONAL	1 CAPACITY BUILDING The CBO have been adequately mentored by the SR. With regular visit by the SPO, capacity of CBO staff has greatly improved.

		SUPPORT CBO had non-functional physical office as basic office equipments and furniture was lacking	2.INSTITUTIONAL SUPPORT CBO was able to procure laptop, office shelves, tables ,chairs, basic office stationaries, printer, etc
7	Community Links and Human Empowerment Initiative	1CAPACITY BUILDING CBO implements other project but not GF supported. As such, standard procedures and best practices were not known or followed l. 2. INSTITUTIONAL SUPPORT CBO had an office but lack basic office equipment like printers, laptops, photocopiers, etc	1CAPACITY BUILDING CBO staff acquired hands on training on community entry, community mobilization, program reporting, archive management, etc 2.INSTITUTIONAL SUPPORT Basic office equipments were procured by the CBO , e.g office furniture, printers , etc
8	Advocates for Community Vision and Development	CAPACITY BUILDING Though CBO staff had implemented some projects before by other funders, there were still identified gaps in Capacity of CBO Staff 2. INSTITUTIONAL SUPPORT CBO had functional office in buruku LGA but basic office	1.CAPACITY BUILDING Mentorship and training giving by the SPO, SR in line with gaps identified in CBO Staff 2. INSTITIONAL SUPPORT The CBO acquires lots of assets like laptops, printers , furniture, in the course of project implementation.

		furniture like office shelve, office equipment like laptops, printers was lacking.	
9	Federation of Female Nurses and Midwives	1.CAPACITY BUILDING The CBO capacity was low at the beginning of the grant as basic program, financial reporting procedures were not used by CBO. 2. INSTITUTIONAL SUPPORT The CBO was not receiving institutional support before project implementation began	1.CAPACITY BUILDING The capacity of CBO was built and there has been great improvement in the quality of job delivery by CBO staff. 2.INSTITUTIONAL SUPPORT The CBO acquired the following assets in the course of implementation: printers, office shelves, office stationaries, office furniture like chairs, tables etc
10	Global Health and Development Initiative	1.CAPACITY BUILDING The capacity of CBO staff was very low. 2.INSTITUTIONAL SUPPORT There was no provision of institutional support for CBO at beginning of grant	1.CAPACITY BUILDING The CBO Staff were trained in area of data reporting, program management, financial management, 2.INSTITUTIONAL SUPPORT Fund was provided by SR to CBO on monthly basis for procurement of assets on the project. Basic office equipment and stationaries were acquired by the CBO.

Cross River State

S/N	NAME OF CBO	STATUS BEFORE GRANT	STATUS AFTER GRANT
1.	Social Health Development Foundation (SHEDFUN)	3. CAPACITY BUILDING: • Irregular staff meetings • Specific staff job description not available • No staff appraisal system • No staff training plan • Absence of standard procurement process 4. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No generator and Public Address System • Office shelve not available • No flash drive	3. CAPACITY BUILDING: • Regular staff meetings • Availability of specific staff job description • Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 4. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) • Availability of generator and Public Address System • Office shelve available • Presence of flash drive
2.	Rural Women and Youth Development Initiative (RWAYDI	1. CAPACITY BUILDING: • Specific staff job description not available	1. CAPACITY BUILDING: • Availability of specific staff job description

		• No standard staff appraisal system • No staff training plan • Absence of standard procurement process 2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No Public Address System • Absence of projector and a bigger generator • Absence of flip chart stand • No standing fan • Absence of modem	• Standard Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 2. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) including executive table and chair • Availability of Public Address System • Presence of projector and a bigger generator • Presence of flip chart stand • Presence of standing fan • Presence of modem
3.	Positive Development Foundation (PDF	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff appraisal system • No staff training plan	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff appraisal system in place and functional • Presence of staff

		2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No Public Address System • Absence of generator • No filing cabinet	training plan 2. INSTITUTIONAL SUPPORT • office furniture (chairs and tables) available • Availability of Public Address System • Presence of generator • Presence of filing cabinet
4.	Kejie Health Foundation (KHF)	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff appraisal system • No staff training plan • Absence of standard procurement process 2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No giant printer and photocopier • No hard disk drive • No notice/information board	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 2. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) • Presence of giant printer and photocopier • Hard disk drive available

		• Absence of generator	• Presence of notice/information board • Presence of generator
5.	Good Shepherd Initiative (GSI	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff appraisal system • No staff training plan • Absence of standard procurement process 2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No Public Address System • Absence of projector and a generator • No external hard drive	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 2. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) • Availability of Public Address System • Presence of projector and a generator • Presence of external hard drive for back up
6.	Faithful Widows Foundation (FWF	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff

		appraisal system • No staff training plan • Absence of standard procurement process • Staff meetings not held regularly • Staff attendance register not regularly signed 2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • Absence of office filing cabinet • No Public Address System • Absence of generator • No external hard drive • Absence of printer and laptop • No flash drive for staff • Absence of ceiling fan	appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process • Staff meetings held regularly • Staff attendance register regularly signed 2. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) • Presence of iron office filing cabinet • Availability of Public Address System • Presence of generator • Availability of external hard drive • Presence of printer and laptop • Presence of staff flash drive • Presence of ceiling fan
7.	Dreamboat Theatre for Development	1. CAPACITY BUILDING: • No standard and	1. CAPACITY BUILDING: • Standard and functional

	Foundation (DTDF)	functional staff appraisal system • No staff training plan 2. INSTITUTIONAL SUPPORT • No functional website for the organization • Inadequate printer	Staff appraisal system in place • Presence of staff training plan 2. INSTITUTIONAL SUPPORT • Presence of functional website for the organization • Presence of required printer for the organization
8.	Daughters of Mary Sons of Joseph (DOMSOJ)	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff appraisal system • No staff training plan • Absence of standard procurement process 2. INSTITUTIONAL SUPPORT • No Public Address System • Absence of sound generator • Absence of desktop computer	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 2. INSTITUTIONAL SUPPORT • Availability of Public Address System • Presence of sound generation • Presence of desktop computer

		• No filing cabinet	• Presence of iron filing cabinet
9.	Community Health and Development Advisory Trust (COHDAT)	1. CAPACITY BUILDING: • Specific staff job description not available • No standard staff appraisal system • No staff training plan • Absence of standard procurement process 2. INSTITUTIONAL SUPPORT • Inadequate office furniture (chairs and tables) • No shelve • Absence of back up device (external hard drive) • No Public Address System • Absence of generator and desktop computer • Absence of iron filing cabinet	1. CAPACITY BUILDING: • Availability of specific staff job description • Standard Staff appraisal system in place and functional • Presence of staff training plan • Presence of standard procurement process 2. INSTITUTIONAL SUPPORT • Adequate office furniture (chairs and tables) • Presence of iron shelve • Presence of back up device (external hard drive) • • Availability of Public Address System • Presence of generator and desktop computer • Presence of iron filing cabinet

S/N	NAME OF CBO	STATUS BEFORE GRANT	STATUS AFTER GRANT
1.	**First Step Action for children Initiative**	5. CAPACITY BUILDING: • CBO had only 5 staff before the Grant • CBO do not make use of training plan on staff • Poor data entry and documentations 6. INSTITUTIONAL SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • Availability of few assets	5. CAPACITY BUILDING: • CBO now have 13 staff • CBO now have a well-developed training plan • Improved documentation 6. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets a HP printer, two 500GB external storage devices, a HP laptop, HP desktop computer and a public address system
2.	**Centre for Women Youth and Community Action**	1. CAPACITY BUILDING: • CBO had only 5 staff before the Grant • CBO do not make use of training plan on staff • Poor data entry and documentations • Poor filing system at CBO office	1. CAPACITY BUILDING: • CBO now have 20 staff • CBO now have a well-developed training plan • Improved documentation • Improved filing system • Improved

		• Poor communication skills • Office meetings were held on monthly basis • Minutes of meetings not made comprehensive 2. INSTITUTIONAL SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • Availability of few assets	communication • Now hold meetings weekly • All minutes are carefully written and filed 2. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are all neatly tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets a Generator set, laptop and 1TB external hard disk
3.	**Okpohwo Foundation**	1. CAPACITY BUILDING: • CBO had only 5 staff before the Grant • CBO Board of trustee meetings use to hold Biannually • CBO do not make use of training plan on staff • Poor data entry and documentations • Poor report writing skills 2. INSTITUTIONAL	1. CAPACITY BUILDING: • CBO now have 13 staff • BOT Meetings are held annually aside emergency meetings • CBO now have a well-developed training plan • Improved documentation • Improved report writing skills

		SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • CBO had only 1 wooden table, I wooden chair, 1 ceiling fan and a notice board as asset	2. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets a 2 tables, 2 wooden chairs, 1 generator, 1 ceiling fan, a printer, filing cabinet, 5 plastic chairs, wooden filling cabinet, HP laptop, 3 in 1 photocopying machine
4.	**Jevarrom Life Support Foundation**	1. CAPACITY BUILDING: • CBO had 2 staff before the Grant • CBO was registered with only Nasarawa state government • CBO was not registered with EFCC/SCUML • CBO do not make use of training plan on staff • CBO had poor skills on reporting/documentation • Poor data entry and documentations	1. CAPACITY BUILDING: • CBO now have 3 staff • CBO now have CAC • CBO now registered with EFCC/SCUML • CBO now have a well-developed training plan • Improved reporting/documentation • Improved documentation • CBO now schedule meetings on weekly

		• CBO monthly meetings were inconsistence, meetings comes up only during emergencies • CBO report submission to LACA was once in a year 2. INSTITUTIONAL SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • Availability of few assets	base and produce a comprehensive report on meetings • CBO now submit reports to LACA monthly 2. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets a complete HP Desktop computer, 2 chairs, three ceiling fans, 1TB Hard disk, 1 Sumec Fireman generator, LaserJet printer, notice board, 3 tables and 3-seater airport seat
5.	**Let Them Live Family Health Foundation**	1. CAPACITY BUILDING: • CBO was using only state registration certificate • BOT meeting use to hold annually • CBO had no project before	1. CAPACITY BUILDING: • CBO now have CAC • BOT meetings now hold quarterly • CBO now have 2 grants

		the grant • CBO had no paid staff before the Grant • CBO do not make use of training plan on staff • Poor data entry and documentations • CBO do not hold staff meetings • Staff did not remit tax before the grant 2. INSTITUTIONAL SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • Availability of land, building and a single table and chair as asset before the grant	• CBO now have 3 paid staff • CBO now have a well-developed training plan • Improved documentation • CBO now hold staff meetings monthly • Staff started remitting tax 2. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets a Generator, Filling Cabinets, Refrigerator, Printer, Desk Top, 2 and 3-seater Iron Chairs, TV Sets, Ceiling Fans, Shelf, Plastic Chairs and Tables, Wood Chairs, Air Conditioner, Hard Disc, Mega Phone, Glass Cabinets, Stabilizers and Weight

			Scale.
6.	**Child education and communication Development Initiative**	1. CAPACITY BUILDING: • CBO had only 8 staff before the Grant • CBO do not make use of training plan on staff • Use to hold meeting monthly for staff • Poor data entry and documentations • Report submission to LACA was not done • Staff appraisal was not done 2. INSTITUTIONAL SUPPORT • Asset registers were not updated • Assets were not tagged • Non-compliance to procurement processes • Availability of few assets	1. CAPACITY BUILDING: • CBO now have 22 staff • CBO now have a well-developed training plan • Meetings are now held weekly • Improved documentation • CBO now submit reports to LACA • Staff appraisal now done by CBO 2. INSTITUTIONAL SUPPORT • Updated asset registers • Assets are tagged • All procurements follows prescribed process • Increased number of assets as CBO added to their assets 3 cameras, 3 wooden cabinets, 1 safe, 1 mega phone, 2 HP laptops

12.3 Supportive Supervision and Mentorship as part of capacity building

Routine supervisory visits to CBOs by the SPO provided the platform for supportive supervision and mentorship as the SPO ensured there was enhanced quality of program intervention by CBOs as well as ensured that the quality of program activities conducted by CBOs adhered to the SoP. The SPO also conducted routine supervisory visits to GF supported facilities aligned to CBOs for data verification, validation and DQA using standard checklist. Regular feedback to CBOs and facilities were provided by the SPO on key findings from supervisory visits using the CQI forms. While the SPO provided weekly supportive supervision and mentorship to implementing CBOs, the SR and PR on the other hand provided quarterly or biannual supportive supervision and mentorship to CBOs and SPO with the aim of ensuring standard and quality intervention, reporting and documentation/filing system. The various supportive supervision and mentorship visits to CBOs left them improved either in the areas of financial retirements, documentation, reporting or community intervention amongst others. These routine visits to CBOs and facilities provided ''on the job training'' for both CBO and facility staff.

13.0 OVERALL KEY PERFORMANCE ACHIEVEMENTS ON THE PROJECT

13 Identification and linkage of positive pregnant women and individuals from the general Population for enrolment into ART.

14 Contribution to stigma reduction in the states through continuous awareness on the anti-stigma law and engagement with community leaders.

15 Secured state and other partners' support in terms of provision of test kits and other commodities to health facilities to facilitate service uptake by clients referred by CBOs and SDAs

16 Established a cordial working relationship with the treatment SRs and other relevant stakeholders.

17 Enhanced capacities of CBOs and other community actors

18 Increase in the awareness of risks associated with unprotected sex.

19 Increased knowledge about ATM and positive attitudes toward risk reduction behavior

20 Increase in the sense of project ownership by the state.

14.0 SUCCESS STORIES

1. On the 22nd day of November 2017, Ukeme Community Development Foundation Akwa-Ibom State conducted a community outreach in Nto Ubiam Okon community within Essien Udim. A community member was found to be reactive to HIV test and was informed that the organization would be coming to pick him for enrolment into ART at the nearest Global Fund health facility which is St Mary Hospital, Urua-Akpan.

   On the same 22nd day of November 2017, the project team went to pick the man as agreed for enrolment into care. On arrival, the team noticed that the man is living in abject poverty. There was no door on the entrance to his room, the floor was bare, the walls uncompleted and the man had a mackintosh to lie on. The team proceeded to take him to the hospital for enrolment which could not be concluded due to the absence of the pharmacist. The man was given transport fare back and an arrangement was made for him to repeat the following day to pick up his drugs. He failed to show up on the next day.

   The executive director paid advocacy visit to some stake holders including the clergy people to see what could be done to assist the man. When she visited Umoh, the hospital administrator of St Mary Hospital, Urua-Akpan to see what the church could do to assist. (The man does not belong to any place of worship). The priest readily agreed to assist after hearing about the situation of the man and suggested that the executive director takes him to the man's house so that a carpenter could take measurement of the entrance of the said house. On getting to the house, the priest entered and discovered that the house was not completed roofed, that the wall was not completed sealed and that the floor is too dusty for the man to lie on. He therefore asked the carpenter to include complete roofing of the house, cementing the floor and provision of bed/mattress in the plan. The first assessment visit was made on the 27th day of November 2017.

   The following day, (28th November) the man came to the hospital on his own as he was out as at the time the executive director visited his house with the priest. He stated that he had come to collect his ARV after the visit. As promised, the priest was able to do all that he had promised and the man is excited. He stated that he has never been this happy in his life

before, that a total stranger could assist someone like him. He was grateful to the organization for their interventions.

He has since commenced treatment and his relatives said that he no longer goes out to drink local gin as he was informed that alcohol is not good for the ARV.

After the installation of the bed and the mattress, he said that he will now sleep like a king. The elder sister was among the excited relatives and stated that she did not know that an individual would be of such assistance to a stranger, that they had sought assistance from political office holders without success. She thanked everyone that has made that possible. The executive director encouraged her to assist in ensuring that the man visits the health facility for drug pick up and that he takes his medication.

2. A client mobilized during community outreach by GLOHAD Gboko LGA was counseled and tested positive, while he was asked to bring his wife for testing, he went home and brought his 6 years old son who also tested positive in December 2016. GLOHAD with the support of the facility referral focal person in General hospital Gboko followed up with the man and his son and today they are enrolled and taking treatment in general hospital Gboko.
   On the 21st February, 2017, the client visited GLOHAD office in Gboko LGA to express his gratitude for the knowledge he gained from them through their HIV/AIDs sensitization activity and how it has helped him to live positively. Also, his son is responding to treatment and his health condition has really improved, the rashes rapidly clearing off his son and becoming healthier by the day.

3. The sourcing of test kits outside the grant by the SPOs across the states helped in increasing service uptake at the various GF supported facilities. This cushioned the effect of commodity stock out in GF supported facilities at times.

   Due to the activities of the CSS project, community members especially pregnant women now understand the need to attend Antenatal or go for HIV test, In Ewuga Clinic in Nasaraw state, where a positive pregnant woman was identified, with tears in her eyes, she said she

hardly give birth in the hospital/clinic. She has decided that she won't allow other women make the mistake of giving birth at home and that she will encourage other women who are pregnant to always attend antenatal without minding the cost.

4. In order to get the attention of the communities, some of our CBOs have mobilized support from some partners like Unilever and SFH to get some commodities such as toiletries and mosquito nets with which they attract the attention of community members for uptake of services. Some of the CBOs like COHDAT in Cross Rive state actually pay some token amount to get some of these items for distribution to community members.
5. Index contact tracing was done by Impact on Reproductive Health Initiative [one of the CBOs implementing CSS in Ikot Abasi LGA of Akwa Ibom State] on one of the reactive clients identified in August, 2017 and it was discovered that two members of his household [wife and child] were also reactive after HTS was conducted on his family members. The CBO mobilized resources and provided Household Economic Strengthening by way of empowering the family to start up petty trading since the family had no source of income to sustain feeding while adhering to their drugs after being placed on treatment.

15.0 LESSON LEARNED

What are the key information or methods that you used that produced better results that you will recommend for others to use. Or what you did that did not work out and you will not use in future Programming

- Approval of funds for escort services will go a long way in enabling CBOs achieve the second and third "90" of the vision 90-90-90.
- Involvement of SDAs made the objectives of the project achievable because of their influence as gate keepers to the target population.
- Involvement of facility staff to provide HTS in outreaches significantly increased the percentage of clients who accessed HTS.
- No project will thrive in a state or community without the involvement of key stakeholders and the community to assume/take ownership of the project. This brings about sustainability of the project.

- Integrated delivery of services such as the provision of HTC, free malaria test, distribution of condoms lead to an increase in the number of people reached during outreaches.
- Involvement of the community leaders and healthcare workers in planning for activities lead to huge turnout of people.
- Regular advocacy to state actors is very key in addressing project implementation bottle necks
- Conducting targeted outreaches also increased the number of people reached.
- Working closely with facility focal persons is effective in achieving set target
- Data validation in most health facilities revealed that most of the clients who accessed HCT services in those facilities where either referred by the CBO or their SDAs on the CSS project. This is a clear indication that the goal of the project is gradually being achieved.
- Maintaining cordial relationship with SDAs is effective in achieving set targets
- Going to TBA centres and during fasting in churches to test pregnant women is one of the surest ways to reach Pregnant women with HIV testing and counselling

16.0 RISKS ENCOUNTERED & HOW THEY WERE MITIGATED

Akwa Ibom State

S/N	RISKS	TRIGGERS	HOW THEY WERE MITIGATED
1.	Relocation from the LGA of implementation by some staff	• Non-implementation of CSS activities in quarter 7 • Lack of oversight from the EDs or Project Heads.	• Intensified provision of technical support and follow up on CBOs by the SPO to address all audit/financial issues on time. • Increased the engagement of Project Heads/ EDs on the project by inviting Project Heads/EDs and not project staff for coordination meetings quarterly; a platform that would be used to openly score CBOs using

			different indices.
2.	Late disbursement of funds which hampers effective project implementation	Late report submission by CBOs to the SR	CBOs stopped implementation on 25th of the reporting month in order to compile her reports on time for submission to the next reporting level
3.	Poor linkage to treatment, care and support services.	Non -disbursement of funds to CBOs by the SR to cover escort services	There was effective linkage among CBOs, facilities and Support Groups to track down reactive clients yet to be enrolled

Benue State

S/N	RISKS	TRIGGERS	HOW THEY WERE MITIGATED
1	staff attrition	Salary paid to staff was too small	Staff on other project at CBO offices were quickly drafted into CSS project by CBO management.
2	Financial misappropriation	Lack of understanding of financial procedures on GF projects	Training and retraining of CBO staff on the need for strict adherence to financial guidelines provided by the SR
3	Poor achiving of source documents	CBO staff do not have understanding of need for proper archiving of documents	CBO staff mentored by SPO on the need for ensure all documents are properly archived. CBO management instructed to procure arch files for archiving of source documents.
4	Error in data reporting	Human error during computation	CBO program and M&E officer were mentored on proper data capture, entry,

		of source data	analysis, and reporting.
5	delay in submission of retirements	LGAs where project is implemented were far apart, as such it takes time before all reports get to the NEPWHAN office in Makurdi.	CBOs encouraged to all submit reports and retirements during monthly coordination meeting at NEPWHAN office. As such, all reports and retirements submitted promptly.

Cross River State

S/N	**RISKS**	**TRIGGERS**	**HOW THEY WERE MITIGATED**
1.	Delay in submission of financial retirements by some CBOs.	Slow response to recommendations on the part of some CBOs	Worked more closely with Executive Directors to fast track preparation and early submission of retirements
2.	Delay in proper archiving/filing of CSS documents by some CBOs.	Multiple activities as a result of the close out of the project.	Took advantage of the joint OSDV process to address pending gaps
3.	Finance Officers of some CBO have inadequate knowledge on financial retirement – GSI and COHDAT	Inadequate capacity or skills of finance officers	Dedicated more time in building capacity of the finance officers on key retirement areas

4.	Project Officer lacks basic program implementation skills Inadequate reporting skills by the M&E officer (SHEDFUN)	Inadequate capacity of program and MnE staff	Ensured capacity building for program staff on report writing and actual project implementation
5.	Inadequate knowledge in reporting MIS tools utilization (Kejie Health Foundation, etc)	Inadequate skills of MnE Officer	Retrained project staff on reporting MIS tools utilization
6.	Inadequate knowledge about activity reporting (DOMSOJ Project Officer)	Inadequate capacity of program and MnE staff	Capacity building for program staff on report writing.
7.	Finance Officer – Inadequate knowledge on financial retirement Poor data capturing and reporting/documentation from health facilities (COHDAT)	Inadequate capacity of program and finance officer	Capacity building for the new finance officer on key retirement areas while retraining the M&E on data quality
8.	Low positivity yield	CBOs concentrated effort in meeting target without considering positivity yield	Supported CBOs to conduct outreaches targeting key populations

9.	Poor outcome during community outreaches by Good Shepherd Initiative	Poor mobilization strategy	Provide TA to CBOs on effective mobilization strategies
10.	Some level of data inconsistency in some CBOs report	Inadequate data verification before reporting	Ensured CBOs use the referral tracking tool for all facilities before reporting their data
11.	Some CBOs (e.g. Positive Development Foundation) not meeting target for pregnant women	CBOs did not fully involve all the SDAs assigned to them; outreaches were not targeted and strategic with a focus on meeting pregnant women with HTC	Provided mentorship to PDF on maximum involvement of SDAs on the project; conducting strategic outreach focusing on pregnant women and liaising with other TBAs in the LGA to get their pregnant women reached with HTS.
12.	Delay in submission of financial retirements by some CBOs despite consistent follow up by the SPO	Late disbursement of funds on one hand and slow response to recommendations on the part of CBOs	Worked more closely with Executive Directors to fast track preparation and early submission of retirements
13.	SHEDFUN's inadequate/weak follow-up on recommendation by different assessors	Poor oversight by the ED	Ensured continuous mentorship
14.	Non remittance of PAYE	Negligence by	Served SHEDFUN a mail to remit

	tax by SHEDFUN project staff	leadership	outstanding PAYE for all her staff or forfeit salaries for the next months. PAYE was remitted accordingly

Nasarawa State

S/N	RISKS	TRIGGERS	HOW THEY WERE MITIGATED
1	Constant change of project staff	Poor salary for project	Continuous SPO mentoring of new staff on project guidelines
2	Late disbursement of funds	late report submission	Quarterly Disbursement of funds
3	Late submission of reports	Late disbursement of funds	Assisted CBOs in ensuring all conducted activities were promptly reported to meet up deadlines
4	Complaints from stakeholders during advocacies for non-provision of refreshment	Poor budgeting during project proposal	Pleaded with community members to understand the budget
5	Poor cooperation from facility focal person	Poor provision in form of support for their communication	CBO mostly assist them in entering their records into their facility register to ease their work
6	Working on same communities within short intervals	Poor funding for outreaches	Encouraged CBOs to always rotate their activities
7	Lack of cooperation from the treatment partners	Lack of general understanding of	Continuous advocacy to the office of treatment partner

	(IHVN)	CSS project goals	

17.0 CHALLENGES

The key challenges encountered in the process of implementation are:

- Facility Referral Focal Persons of GF supported facilities, especially secondary facilities, are very busy and -many at times- are not able to follow CBOs to the communities for outreaches in order to carry out on-the-spot testing.

- Inadequate number of health workers in most GF supported PHCs.
- Some of identified reactive cases have refused to accept the test results due to certain religious beliefs and therefore, refused to visit the facility for enrollment into care in spite of several persuasion and encouragement.

- There were times when there were inconsistent supplies of commodities to GF facilities thereby posing some serious challenges to the project implementation and achieving set target.
- Non provision of funds for weekly/monthly data verification at the health facilities to be conducted by the CBOs was a big challenge.
- Late disbursement of funds experienced in some months further contributed to delay in submission of reports by CBOs besides the non-implementation of outreaches in some of those months which has a negative impact on the achievement of monthly target by the states.
- The non-budgetary provision for the State AIDS Program Coordinators (SAPCs) of the SMoHs/SASCPs to be part of major supportive supervision visits to CBOs and facilities was a concern
- Strike action which also affected health workers in the states within some quarters negatively impacted on key activities such as data validation and supportive supervision to facilities.
- The sudden and consistent breakdown of the project vehicles, especially in the later part of the project slowed down planned activities of the SPOs.

- Delay in the payment of SDAs outstanding allowances for referral of pregnant women in excess of the #47200 allotted to CBOs on monthly basis.
- High staff movement posed serious challenges of training and re-training of staff by the state team
- Too much paper work led to complications in retirement and reporting.
- Inadequate training for both SPO and CBO staff made the project implementation to suffer in some areas.
- Facility focal persons were not adequately compensated for the work assigned to them which made them to be less concerned when it comes to providing services to clients referred to their facilities and documenting same in the appropriate registers.
- All the SPOs had no provisions for administrative costs such as printing, photocopying and filing of state documents.

18.0 RECOMMENDATION FOR FUTURE INTERVENTIONS

The following points are recommended for future implementation:

- CBOs should be trained and supported to conduct HTS in other to ease the burden of engaging facility staff who might be very busy due to high volume of work.
- The state governments should make effort to employ more health workers. Also, there should be training and re-training of health workers at all levels.
- The engagement of religious leaders who are influential people to all target populations should be seriously considered and factored-in during interventions aimed at curbing the spread of HIV/AIDS.
- CBOs should continue to collaborate with support groups and facilities to follow up on reactive clients yet to be enrolled into care.
- SR should sustain the current cordial working relationship with the treatment SRs and other state holders in the state to ensure consistent supply of test kits and other consumables to GF facilities
- Future projects should consider making provision for funds to enable CBOs conduct weekly/monthly data verification at the health facilities before reporting such data. This would go a long way to reducing issues around data quality at the CBO level.

- There should be a collective effort by all stakeholders to ensuring that funds are disbursed at the appropriate time to enhance project implementation
- If possible, future programs should consider making budgetary provision to accommodate other state partners like the SASCP, etc. in key supportive supervision activities pending when our advocacies would yield more results in the aspect of complete ownership and sustainability of projects or interventions in the state
- Considering the difficult terrain in some of the states like Cross River and Benue, there is need for a more regular provision of funds to address sudden breakdown of the project vehicle to avoid slowdown of planned activities by the SPOs.
- Payment of SDAs outstanding allowances for referral of pregnant women in excess of the #47200 allotted to CBOs should be given urgent attention and subsequently planned for, to avoid delay in payment.
- Paper work on retirements should be reduced to the barest minimum.
- In future, there should be adequate trainings for all the staff at all levels for better performance.
- Facility focal persons should be adequately supported considering the importance of the assignment given to them on such project.
- In future projects, there should be provisions for the SPOs to take care of all the administrative works and logistics to be able to document and report effectively and timely.

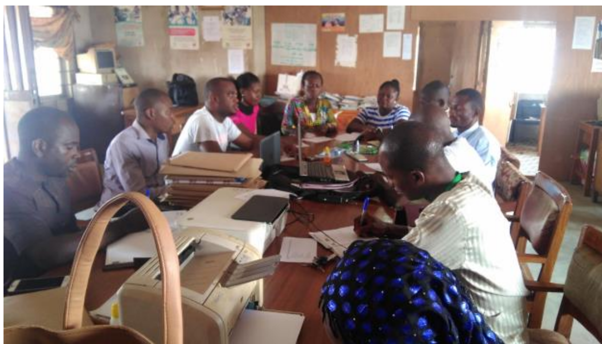
19.0 CONCLUSIONS

Based on the verse implementation experiences gotten during the CSS NFM GF grant over the two years, it was evident that the project, to a very large extent has been able to achieve the objectives for which it was designed. As there were testimonies from the general public and a good number of facility staff and other relevant stakeholders that the CSS project has built capacities of CBOs, improved health care seeking behavior among the general public and empowered households with the requisite knowledge and awareness about HIV/AIDS, it was a confirmation and demonstration of a unparalleled achievement and success for the CSS grant implementation.

20.0 PICTURES

Advocacy conducted by the SPO to the Former Director of Health, LGSC. Uyo, Akwa Ibom State

Community Outreach at Yakurr LGA of Cross River State



COORDINATION MEETING AT NEPWHAN OFFICE, MAKURDI BENUE

DATA VALIDATION AT PHC ADUDU OBI LGA OF NASARAWA STATE

21.0 APPENDIX

21.1 Details of CBOs That Implemented CSS Per State

Akwa Ibom

S/N	NAME OF CBO	LGA	CONTACT PERSON	TELEPHONE	EMAIL Address
1.	Ukeme Community Development Foundation	Essien Udim	Barr. Nkechi Udoh	07038512678	ukemefoundation2005@yahoo.com
2.	Hope for Family Development Initiative	Mkpat Enin	Aremu Stephen Akinyele	08067262666	hopeforfamilydevelopment@yahoo.com
3.	Youth Friendly Foundation	Ini	Ubon Ekere	08083125491	youthfriendly44@yahoo.com
4.	Global Life Care for Orphan and Youth Initiative	Nsit Ubium	Wilfred Etuk	07031617705	glocareinitiative@gmail.com
5.	Inyeneabasi Women Association	Eket	Dinah Samuel Ekong	08026041332	inyeneabasi_women@yahoo.com

6.	Ini Efiok Foundation	Esit Eket	Samsuel Edidiong Morrison	08037522804	iniefiokfoundation@gmail.com
7.	Women and Community Livelihood Foundation	Ibesikp o Asutan	Uduak Umoh	08036716825	womenchanginglives09@yahoo.com
8.	Rare Talent Support Centre	Itu	Justina Obot	08022822749	raretalent2015@yahoo.com
9.	Impact on Reproductiv e Health Initiative	Ikot Abasi	John Umo-Otong	08023293693	irhinitiative@yahoo.com
10.	Angels Home for Babies	Uyo	Godwin Udoh	08157777777	angels.home@ymail.com

Benue State

S/N	**NAME OF CBO**	**LGA**	**CONTACT PERSON**	**TELEPHONE**	**EMAIL Address**
1	First Step Action for Children Initiative	Konshisha	Rosemary Hua	07037782714	Firstaction.children@gmail.com
2	Positive Health	Makurdi	Anthonia	08037230764	anthoniaoladapo@gmail.com

	Media Initiative		Oladapo		
3	Society for Life and Human Development Initiative	Ogbadibo	Frank Uji	08038636378	frankuji@gmail.com
4	OHAHA S.G	Oju	Ondah Paul	07012276692	Paul4save@gmail.com
5	OSA Foundation	Katsina Ala	Ladi Ugye	08032207603	Osafo87@gmail.com
6	Centre for Parental Care of the Old and Veulnerable	Gwer East	Atser Theresa	08065286065	-
7	Community Links and Human Empowerment Initiative	Ushongo	Helen Teghtegh	070377243780	Communitylinks11@gmail.com
8	Advocates for Community Vision and Development	Buruku	Ikyator Torkwase	08036070718	Acovid2012@yahoo.com
9	Federation of Female Nurses and Midwives	Vandeikya	Shimenenge Kyagba	08065599194	shimkyaagba@yahoo.com
10	Global Health	Gboko	Veronica	07063700457	benueglohad@gmail.com

	and Development Initiative		Tuta		

Cross River State

S/N	NAME OF CBO	LGA	CONTACT PERSON	TELEPHONE	EMAIL Address
1	Social Health Development Foundation (SHEDFUN)	Obudu/Obanliku	Afung Joseph	08035383896	Josephafung4@gmail.com
2	Rural Women and Youth Development Initiative (RWAYDI	Ikom/Etung	Solomon Agbor	08035728801	achuagbor@gmail.com
3	Positive Development Foundation (PDF	Akamkpa	Hope Meadows	08130457245	Meadows.hope@yahoo.com
4	Kejie Health Foundation (KHF)	Yala	Henry Awa	08082824253	kejiehealthfoundation@gmail.com

5	Good Shepherd Initiative (GSI	Yakurr	Nkoyo Oka	08054486253	nkoyooka@yahoo.com
6	Faithful Widows Foundation (FWF	Ogoja	Nwaozuzu Faith	08036136189	Royalgold2007@yahoo.com
7	Dreamboat Theatre for Development Foundation (DTDF)	Calabar Municipal	Edisua Merab Yta	08037241126	dreamboatfnd@yahoo.com
8	Daughters of Mary Sons of Joseph (DOMSOJ)	Yala	Mary Alexander	08063910173	hounnouve@yahoo.com
9	Community Health and Development Advisory Trust (COHDAT)	Boki	Effiong E. Udobong	08038836046	Effiobong2000@yahoo.com

Nasarawa State

S/N	NAME OF CBO	LGA	CONTACT PERSON	TELEPHONE	EMAIL Address
1	First Step Action for children Initiative	Obi	SESUGH HUA NANDAP	07037782712	firstepnasarawa@gmail.com
2	Centre for Women Youth and Community Action	Lafia	NAWANI ABOKI	08034521680	nacwyca@yahoo.com
3	Okpohwo Foundation	Nasarawa Eggon	EKAMO I AJEGENA	08032910830	okpohwofoundation@yahoo.com
4	Jevarrom Life Support Foundation	Keffi	MRS. JUMMAI MARY	08162757294	jevaproject@gmail.com
5	Let Them Live Family Health Foundation	Nasarawa	YUSUF AGYO ABUBAKAR	08055856930	Letthemlivefamilyhealth1@gmail.com
6	Child education and communication Development Initiative	Toto	ABOKI JONAH	08034718028	childeducommact@gmail.com

21.2 Details of CBO Project Staff

Akwa Ibom State

S/N	NAME OF CBO	NAME OF STAFF	SEX	DESIGNATION	TELEPHONE	EMAIL Address
1.	Angel Home of Babies	Godwin Udoh	M	Project Coordinator	08157777777	debiggoddy@yahoo.com
		Idara James	F	Program office	07030459472	Idarajames160@yahoo.com
		Kufre Emmanuel Andem	M	Finance officer	09025828526	dukesluv@gmail.com
2.	Rare Talent Support Centre	Justina Obot	F	Executive Director	08022822749	raretalent2015@yahoo.com
		Benitta Okon	F	Program Officer	07061567552	bennykritos1@gmail.com
		Nwamfon Okon	F	M&E Officer	07087428674	Nil
		Bassey Edet Okon	M	Finance officer	07033113264	Nil
3.	Women and Community Livelihood Foundation	Uduak Umoh	F	Executive Director	08036716825	womenchanginglives09@yahoo.com
		Esther Uyoe	F	Program Officer	08163538487	estheruyoe9@gmail.com
		Victor Emmanuel	M	M&E Officer	08134819923	Nil

		Ifiok Asuquo	M	Finance officer	08093533074	Nil
4.	Global Life Care for Orphan and Youth Initiative	Wilfred Etuk	M	Executive Director	07031617705	glocareinitiative@gmail.com
		George George	M	Program Officer	08143780606	ekikerethomas@yahoo.co.uk
		Mary Ekeng	F	M&E Officer	07060700379	maryekeng1705@gamil.com
		Akaninyene Emmanuel	M	Finance officer	08130495782	akanwhite@yahoo.com
5.	Inyeneabasi women Association	Dinah Samuel Ekong	F	Executive Director	08026041332	inyeneabasi_women@yahoo.com
		Blessing Ekong	F	Program office	08165477543	Nil
		Imaobong Bassey	F	Finance officer	08030543176	Nil
6.	Ini Efiok Foundation	Samsuel Edidiong Morrison	M	Project Coordinator	08037522804	edizey@gmail.com
		Francis Etim Ben.	M	Program Officer	08064308442	francis63@gmail.com
		Emen Udofia	F	M&E Officer	08060525019	emykelly79@gmail.com
		John Friday Ntia	M	Finance officer	07067696697	fridayjohn066@gmail.com
7.	Ukeme Community Development	Nkechi Iboro Udoh	F	Executive Director	08181735465	ukemefoundation2005@yahoo.com

	Foundation	Abasiama Umoh	F	Program office	07065660843	Nil
		Emmauwa Okorie	F	Finance officer	08182959981	Nil
8.	Youth Friendly Foundation	Ubon Ekere	M	Project Coordinator	08083125491	youthfriendly44@yahoo.com
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		Mmenim-Abasi Itohowo Umoh	F	Finance officer	09071726704	kristenumoh@gmail.com
9.	Hope for Family Development Initiative	Aremu Stephen Akinyele	M	Executive Director	08067262666	hopeforfamilydevelopment@yahoo.com
		Ikueze Chinenye Peace	F	Program Officer	08162464198	chinenyepeace1986@gmail.com
		Enomfon Sunday Chukwu	F	M&E Officer	07089949248	Nil
		Victoria Ekarika Sunday	F	Finance officer	08138826392	vickyeka24@yahoo.com
10.	Impact on Reproductive Health Initiative	John Umo-Otong	M	Executive Director	08023293693	irhinitiative@yahoo.com
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		Imaobong John	F	M&E Officer	09029878732	Nil
		Humphrey Nkemjika	M	Finance officer	08060503715	Nil

Benue State

S/N	NAME OF CBO	NAME OF STAFF	SEX	DESIGNATION	TELEPHONE	EMAIL Address
	First Step Action for Children Initiative	Rosemary Hua	F	ED	07037782714	Firstaction.children@gmail.com
		Atsuwe Terso	M	Program office	08131944813	atsuwetersoo@yahoo.com
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2	Positive Health Media Initiative	Anthonia Oladapo	F	ED	08037230764	anthoniaoladapo@gmail.com
		Chiichii Daniel	M	Program Officer	08115577311	chiichiidaniel@gmail.com
		Priscialla Shombon	F	Finance Officer	08064608887	Priscilla Shombon
3	Society for Life and Human Development	Inalegwu Frank Uji	M	ED	08038636378	frankuji@gmail.com

	Initiative					
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		Alfred Grace Adah	F	M&E Officer	08165914289	alfredgraceadah@gmail.com
		Ede george	M	Finance officer	08034546644	osumeje@gmail.com
4	OHAHA S.G	Ondah Paul	M	ED	07012276692	Paul4save@gmail.com
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		Moses m	M	Program Officer II	07089735665	-
		Jairus Ogbu	M	M&E Officer	07065987728	-
		Otor Job	M	Finance Officer	07066077791	jobiotor@gmail.com
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		Obans Michael	M	Finance officer	08064632669	onankpao@gmail.com
6	CEPACOV	AtserTheresa	F	ED	08065286065	-
		Moses Michael	M	Program officer	07032216091	-
		Helen Nder	F	Program officer 2	08062752930	-
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		Jev Terdoo	M	M&E Officer	08064705071	jevterdoo@gmail.com
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		Philip Luben	M	M&E Officer	08064080837	philipangyaluben@yahoo.com
		Martin Aliya	M	Finance Officer	07035107501	-
10	GLOHAD	Veronica tuta	F	ED	07063700457	benueglohad@gmail.com
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		Philemon Ityonongo	M	Finance Officer	08063993740	Ipy17.arumum@gmail.com

Cross River State

S/N	NAME OF CBO	NAME OF STAFF	SEX	DESIGNATION	TELEPHONE	EMAIL Address
1.	Social Health Development Foundation (SHEDFUN)	Afung Joseph	M	ED	08035383896	Josephafung4@gmail.com

		Utogbo Priscilla	F	Program office	07065617497	utogbopriscilla @gmail.com
		Ishul Paulinus	M	M&E Officer	08085513686	paulcollete@g mail.com
		Okichi Patrick	M	Finance officer	08054426550	Paddyyoung2@ gmail.com
2	Rural Women and Youth Development Initiative (RWAYDI	Solomon Agbor	M	ED	08035728801	achuagbor@gm ail.com
		Enare, Blessing	F	Program office	08134403900	enareblessing@ gmail.com
		Ojong Cyril	M	M&E Officer	07030349917	Cyrilojong55@ gmail.com
		Justina Okwe	F	Finance officer	08029529349	
3	Positive Development Foundation (PDF	Hope Meadows	F	ED	08130457245	Meadows.hope @yahoo.com
		Patrick Onen	M	Program office	08066821762	pdfplus@yahoo .com
		Mercy Christopher	F	M&E Officer	08148275777	pdfplus@yahoo .com
		Edet Edet	M	Finance officer	08034132032	pdfplus@yahoo .com

4	Kejie Health Foundation (KHF)	Henry Awa	M	ED	08082824253	kejiehealthfoundation@gmail.com
		Otu Joseph A.	M	Program office	07035531070	kejiehealthfoundation@gmail.com
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