

PROMOTING SEXUAL & REPRODUCTIVE HEALTH AND HIV&AIDS REDUCTION (PSRHH) IN NIGERIA

**A seven-year program (2002 to 2008) implemented by
The Managing Partners for the PSRHH:
Population Services International (PSI)
The Society for Family Health (SFH)
ActionAid Nigeria
Crown Agents**

Policy and Advocacy Strategy 2005 - 2008



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Acronyms

AAIN	-	Action Aid International Nigeria
APCON	-	Advertiser's Practitioners Council of Nigeria
BBC	-	British Broadcasting Corporation
BON	-	Broadcasting Organization of Nigeria
CiSHAN	-	Civil Society on HIV&AIDS in Nigeria
COMPASS	-	Community Participation for Action in the Social Sectors
COSGINON	-	
CSOs	-	Civil Society Organizations
DCDPA	-	Department of Community Development and Population Activities
DFID	-	Department for International Development
ENHANSE	-	Enabling HIV/TB/RH and Social Sector Environment
FBOs	-	Faith Based Organizations
FHI	-	Family Health International
FME	-	Federal Ministry of Education
FMOH	-	Federal Ministry of Health
GHAIN	-	Global HIV&AIDS Initiative in Nigeria
GIPA	-	Greater involvement of People Living With AIDS
HEAP	-	HIV&AIDS Emergency Action Plan
HDI	-	Human Development Index
IDPs	-	International Development Partners
JAAIDS	-	Journalists Against AIDS
LACA	-	Local Action Committee on AIDS
MoU	-	Memorandum of Understanding
NACA	-	National Action Committee on AIDS
NARHS	-	National AIDS and Reproductive Health Survey
NAPEP	-	National Poverty Eradication Programme
NBC	-	National Broadcasting Commission
NEEDS	-	National Economic Empowerment and Development Strategy
NEPWHAN	-	Network of People Living With HIV&AIDS
NNRIMS	-	Nigerian National Response Information Management System
NRR	-	National HIV&AIDS Response Review
NSF	-	HIV&AIDS National Strategic Framework
OVC	-	Orphans and Vulnerable Children
PABA	-	People Affected by AIDS
PATHS	-	Partners in Transforming Health Systems
PLWA	-	People Living With HIV&AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PRSP	-	Poverty Reduction Strategy Paper
PSI	-	Population Services International
PSRHH	-	Promoting Sexual and Reproductive Health for HIV&AIDS Reduction
RH	-	Reproductive Health
SACA	-	State Action Committee on AIDS
SFH	-	Society for Family Health

SNR	-	Strengthening Nigeria Response to HIV&AIDS
STIs	-	Sexually Transmitted Infections
UNAIDS	-	Joint United Nations Program on AIDS
UNDP	-	United Nations Development Program
USAID	-	United States Agency for international Development

1.0 INTRODUCTION

This document presents the strategic direction for the PSRHH Policy and Advocacy work from 2005 – 2008. It builds on the 2003 strategy, the gains from our experience in policy and advocacy work in the past years and current changes in the National response to HIV&AIDS. The document is in three parts. Part one gives an overview of the current situation in the National Response to HIV&AIDS; part two discusses PSRHH policy and advocacy work, key lessons and emerging opportunities while part three presents our niche and strategic focus as we contribute to the actualization of the goals of the HIV&AIDS National Strategic Framework for Nigeria. Over the life of this strategy we will strengthen linkages between community and national level issues as a way of building synergies and ensuring that needs identified in local communities in the course of the PSRHH programme are integrated into the national response processes. We will build and strengthen partnerships with relevant local, national and international organizations as well as strengthen collaboration with relevant stakeholders in the course of our work.

2.0 SITUATION ANALYSIS

2.1 Nigeria Demographic Situation

Nigeria, popularly known as the “Giant of Africa”, has a land mass of 923,768 sq. km with 700 km along the coast line. It is the most populous country in Africa with an estimated population of 126 million in 2003 and an annual growth rate of 2.9%. Nigeria is currently one of the most influential African countries on the political scene having played significant roles in the area of conflict resolution and peace building within the West African sub-region. Nigeria is rich in oil, gas and mineral resources with great potentials for regional economic leadership. Yet, it is estimated that over 70% of the population live below the poverty level of \$1 a day and Nigeria ranked 151 out of 177 countries in the Human Development Index (HDI) of 2004¹. Life expectancy increased from 45 years in 1963 to 51 years in 1991. However partly due to the effects of HIV and AIDS epidemic, life expectancy in Nigeria was estimated at 47 years in 2001².

2.2 HIV&AIDS Situation in Nigeria

Since the first incidence of HIV&AIDS was reported in 1986, HIV sero-prevalence in Nigeria has increased by more than 300 percent, to 5.8% in 2001, with much higher rates reported among high-risk (e.g. sex workers) groups. It is estimated that more than 3.5 million Nigerians aged between 15 -59 years are living with the virus. In addition the country has over 9,000 children orphaned as a result of AIDS related complications and death³. Although analysis of the 2003 prevalence survey indicates a drop in the national prevalence rate from 5.8% recorded in

¹ Human Development Report 2004;UNDP, p. 141

² National HIV & AIDS Behaviour Change Communication 5-year Strategy; NACA, p.3

³ National Policy on HIV&AIDS 2003; p. 4

2001 to 5.0%, the findings indicate there are escalating prevalence rates in specific locations with overall prevalence rate in the states ranging from 1.2% in Osun state to 12% in Cross River State. In all, 13 states and the FCT had prevalence rates of over 5%⁴. Projections are that the number of Nigerians living with HIV&AIDS will increase two to three folds over the next eight years. If unchecked, the HIV&AIDS pandemic will have a disastrous effect on Nigeria's future development.

Sex and sexuality is strongly imbedded in socio-cultural beliefs and up-bringing practices, themselves influenced by religious teachings and convictions. Some Nigerian cultures encourage early initiation of sex, especially within the context of early marriage while multiple sexual relations are a common occurrence either as serial or concurrent sexual networks including polygamous marriages. While some cultures in Nigeria have elaborate provisions for sex education as part of child upbringing and initiation into adulthood, changes brought in by new religions, formal education, urbanisation and general influence of western practices have limited the opportunities and impact of such instructions. The extreme low level of poverty in Nigeria, coupled with the lack of education and skills for livelihood have forced many young girls and women to use sex as a coping strategy thereby placing them at a high risk for contracting HIV

The bulk of HIV infections in Nigeria are primarily transmitted through heterosexual sex. Several social, economic, and cultural factors contribute to the spread of HIV&AIDS in Nigeria, including the socio-cultural norms and values around sex, sexuality and gender relations as well as poverty and economic needs. Some of the key factors contributing to the current and future HIV&AIDS crisis in Nigeria are:

- Poor knowledge about the disease and inaccurate personal risk perception resulting in high-risk behaviour, stigmatization of PLWA;
- Inadequate access to quality prevention and care products/services; and
- The failure of Nigeria's leadership, with few exceptions, to recognize the seriousness of HIV&AIDS and give it the priority attention it deserves in terms of investment.

2.3 HIV&AIDS Policy Response In Nigeria

Since 2000, Nigeria has witnessed increased government commitment to the fight against HIV&AIDS and support to initiatives that promote the health and well-being of the people. The establishment of the National Action Committee on AIDS (NACA) as the coordinating body for HIV & AIDS programs in the country with similar structures at the state and local government level is a clear demonstration of the leadership commitment to fight the pandemic. In addition, there has been increased government financial allocation to HIV&AIDS initiatives

⁴ Technical report of 2003 National HIV Sero-prevalence Sentinel Survey April 2004; p. 7

particularly at the federal level. In the past three years, there has been an unprecedented support and commitment from different actors in the HIV & AIDS arena for improved policy response to the AIDS epidemic. Under the leadership direction of NACA, stakeholders and partners have supported processes for the development of national strategic frameworks to guide the implementation of a comprehensive national HIV&AIDS response program. Key among these includes the National policy on HIV&AIDS 2003, the National Behavior Change Communication strategy and the Nigeria National Response Information Management System (NNRIMS). Other initiatives have been aimed at extending commitment beyond the presidency, building executive commitment in the states, line ministries, the private for-profit business sector and within faith-based and traditional institutions (multisectorality).

There has been an increased donor funding for HIV&AIDS through support to new national AIDS response strategies. The Department for International Development (DFID) of the British government and the United States Agency for International Development (USAID) are the major donors currently supporting projects like Strengthening the Nigerian Response to HIV&AIDS (SNR), ENHANSE, Community Participation for Action in Social Sectors (COMPASS), Global HIV&AIDS Initiative In Nigeria (GHAIN), Promoting Sexual and Reproductive Health for HIV&AIDS Reduction (PSRHH) etc. These programs are designed to compliment the Nigerian government efforts and response in mitigating the impact of HIV&AIDS through improving enabling environment, strengthening the effectiveness of NACA and SACA, and supporting the social sector response to HIV and AIDS.

Three years into the development and implementation of the HIV&AIDS Emergency Action Plan (HEAP), Nigeria is taking stock of the effectiveness of its response programs based on the HEAP. Among the key findings is the fact that civil society organizations play an important role in HIV prevention efforts with more than 700 NGOs working on community mobilization, prevention and behavior change communication programs. Faith-based organizations are reported to have integrated HIV&AIDS into their activities. Male support and involvement in programs such as the Prevention of Mother to Child Transmission (PMTCT) remain a major challenge⁵. In addition the Network of People Living with HIV&AIDS (NEPWHAN) has contributed to prevention efforts through the activities of various support groups in local communities. In this regard the involvement of trained PLWHAs as counselors is helping to demystify HIV&AIDS and build commitment of support groups in promoting HIV prevention and behavior change.

In the area of policy and advocacy the review findings indicate that Nigeria is very rich in policies having about 10 different policies developed to support response to HIV&AIDS, reproductive health and other development initiatives. However the major challenges around the policies include lack of widespread knowledge and usage of policies, gaps in policy development in some areas and

⁵ Nigeria National HIV&AIDS Response Review (NRR) 2001 - 2004 Draft II

the inability of most policies to address the gender dimensions of the HIV & AIDS epidemic⁶. For monitoring and evaluation the review identified the development and launch of the Nigeria National Response Information Management System (NNRIMS) as a key achievement in Nigeria. However, given that NNRIMS was based on the HEAP, there is urgent need to revise it to incorporate monitoring of all the thematic areas of the new National strategic framework.

The findings from the National Response Review informed the development of a new five year HIV&AIDS National Strategic Framework (NSF) to replace the HEAP. The NSF development process and its outcome is a reflection of the high level government commitment to multi-sectoral HIV&AIDS response initiative with national leadership and collective ownership. The strategy seeks to reduce HIV&AIDS incidence and prevalence by at least 25%, and provide equitable prevention, care, treatment and support while mitigating its impact amongst women, children and other vulnerable groups and the general population in Nigeria by 2009⁷. The thematic areas of focus in the strategy comprise the expansion of equitable access to ART and reduction of the laboratory monitoring costs; care and support of OVC; psycho-social support and economic empowerment of OVC, PLWHA and PABA; and blood safety. Women, youth, high-risk groups as well as Orphans and vulnerable children constitute the priority audience for programme interventions. The key strategies for implementation are capacity building, community mobilization and advocacy, treatment access, research as well as monitoring and evaluation.

The implementation of the NSF is expected to strengthen public – private partnership in the fight against HIV&AIDS. It would be implemented within the framework of the National Economic Empowerment and Development Strategy (NEEDS) and support capacity building for relevant public sector services for improved service delivery. ActionAid International, Nigeria and the Society for Family Health, the implementing partners of the PSRHH program, were involved and provided technical and financial support for the development of the NSF. The PSRHH program would also support the implementation of the strategy.

3.0 THE PSRHH PROGRAMME

The PSRHH is a 7 year programme (started in January 2002) in support of the national response to HIV&AIDS and Reproductive Health. The programme is co-funded by the Department for International Development of the British government (DFID) and the United States Agency for International Development (USAID). Population Services International (PSI) is the managing agent for the program, and is implementing it in partnership with the Society for Family Health (SFH), ActionAid International, Nigeria (AAIN) and Crown Agents (for procurement).

⁶ Ibid

⁷ HIV&AIDS National Strategic Framework (2005 – 2009) Drat II

The goal of the PSRHH programme is to improve sexual and reproductive health among poor and vulnerable populations in Nigeria. Specifically, the PSRHH will contribute to: a 25% reduction in HIV prevalence, particularly among 15-24 year olds by 2015; reduced prevalence of STI/HIV amongst most at-risk groups; and reduced rate of unwanted pregnancy, particularly in teenagers. The PSRHH will contribute to these health impact indicators through achievement of its purpose: to increase behaviors conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria. This purpose will be measured using the following indicators for behavior change:

For HIV&AIDS prevention:

- Increased condom use with last non marital partner;
- Increased consistent condom use during commercial sex;
- Reduced reported multiple partners during last year;
- Increased % of those reporting symptoms of STI in last 12 months who sought treatment at an appropriate health facility;

For reproductive health:

- Increased % of women using a modern contraceptive (the use of modern family planning methods);
- Increased median age of sexual debut.

The baseline for these indicators was established by the Quasi Experimental Design (QED) in 13 pilot communities as well as the National AIDS and Reproductive Health Survey (NARHS) completed in 2003. The NARHS will be repeated bi-annually throughout the life of the PSRHH.

To achieve its purpose, the PSRHH is responsible for attainment of the following program related outputs;

- Increased knowledge and attitudes conducive to safer sexual and reproductive health practices among poor and vulnerable groups in Nigeria;
- Increased access (availability and affordability) to safer sex and reproductive health products among poor and vulnerable populations in Nigeria; and
- Contribute to improved enabling environment for safer sexual and reproductive health behavior at national and community level;
- Replicable, scaleable and cost-effective models are successfully used for targeted interventions among high-risk groups.

HIV is not simply a health issue; it is a social justice issue. The people most at risk for HIV are often also living with poverty, often abused and facing many other forms of oppression. Across many countries and communities the people who have the least ability to control the risk of HIV&AIDS are those who are marginalized and oppressed. Vulnerability is driven by various factors at both the individual and community level. This includes lack of communication around sex and sexuality, cultural norms and practices such as childhood socialization process, attitude to girl child education and early

marriage. These make it difficult for women and girls to have control over their bodies in sexual relationships whether in marriage or casual relations. It is critical that PSRHH tries to deal with some of these vulnerabilities in order to achieve and sustain behaviour change. This will require the development and deployment of policies, strategies and interventions that will empower individuals and communities to overcome the grips of poverty and break the vicious cycle that promotes vulnerability, poverty and HIV&AIDS. This would require promoting people's rights using strategies that are based on education, participation and empowerment. Promotion of an enabling environment where people have access to needed health care related information and services as well social support to change and sustain behaviour is critical.

4.0 PSRHH POLICY AND ADVOCACY WORK

4.1 Achievements to Date

The PSRHH policy and advocacy work is hinged on output three of the log frame – “Contribute to improving an enabling environment for safer sexual and reproductive health behaviour at national and community level”. The success of the activities will be measured by the following four key outputs:

- Reduced stigma and discrimination of People Living with HIV&AIDS among general population;
- Increased % respondents who believe that parents, community support the use of condoms by youths to protect themselves against HIV/STIs if they are sexually active;
- Increased % respondents who believe that religious leaders support the use of condoms by discordant couples;
- Increased % respondents who believe that parents, community or religious leaders support the use of family planning products by couples
- Improved regulatory environment for mass media

The activities for the achievement of the output have been guided by the following goals and strategic objectives:

- Reduced stigma and gender determinants driving the HIV&AIDS epidemic;
 - Increased capacity of support groups to advocate for the rights of PLWHAs
 - Reduced harassment of Sex workers by law enforcement agents
- Reduced negative impact of socio-cultural & religious beliefs on safer sex practice;
 - o Religious institutions develop and implement appropriate HIV&AIDS policies within their sect

- o Increased capacity for the promotion of safer sex practices by traditional leaders and other gatekeepers in PSRHH communities
- Increased relevance and application of RH/HIV&AIDS related policies to local context
 - o Develop partnerships with relevant government agencies, international and national organizations for the implementation of relevant RH/HIV&AIDS related policies and programs
 - o Strengthen the capacity of relevant national networks and coalitions for engaging in policy and advocacy
- Improved media response to HIV&AIDS/RH and support to PSRHH program
 - o Develop joint programs on HIV&AIDS/RH

In actualising these goals and objectives, the PSRHH policy and advocacy team have developed partnerships and worked with faith-based organizations, support groups of PLWHA, national and regional networks and coalitions working on HIV&AIDS as well as government institutions.

Our work with faith-based organizations have been aimed at strengthening their response to HIV&AIDS epidemic through the development of appropriate policies and programme strategies in line with their doctrinal belief and faith. In working with support groups we have sought to strengthen the capacity of members to engage in advocacy with relevant community and governments institutions as a means of increasing their knowledge of HIV&AIDS related issues and improving access to health care related needs of PLWHA. Engaging with government institutions have been useful in ensuring that key issues at the community level are brought to bear in the design and implementation of government policies and programs on HIV & AIDS. Working with regional and national networks and coalitions have been aimed at strengthening advocacy by building a critical mass needed to effectively advocate for key specific issues in the arena.

4.2 Lessons From Policy Work

Our experience clearly indicates that for advocacy to be most effective, it must be appropriately targeted with specific requests or clear expectations from the audience. The advocacy process requires in-depth analysis of the issues at stake, building alliances for the achievement of a common purpose and team work and commitment. There are great potentials in working with faith-based organizations for HIV&AIDS prevention, care and support and impact mitigation. However, the process of engagement takes time and requires a lot of flexibility. Our work with support groups shows that the involvement of PLWHA in advocating for their rights makes a lot of difference in the fight against the AIDS epidemic. It gives a human face to the epidemic, enforces the need for behaviour change as a key tool for

prevention and builds the esteem of members of support groups as they contribute in reversing the impact of the epidemic in their communities. Government and government institutions still remain key stakeholders in the national response to HIV&AIDS in Nigeria. Building and working in partnership with government is vital if we need to make a difference in the response to HIV&AIDS. To this end, it is vital to align our programmes to government response initiatives as this will help strengthen capacity for program delivery and advocacy work as well as increase the reach of our programs.

4.3 Emerging Issues and Opportunities

Analysis of our response in policy and advocacy and the changing context within which we work indicate there are emerging issues and opportunities that we need to build on to make our work more effective. These are discussed as follows:

- I. **ISSUE: HIV&AIDS/RH and Faith Based Institutions:** Although there has been an increased response to HIV&AIDS by faith based organizations, key issues that remain to be addressed include the denial or lack of recognition of the existence of sexual activity among non-marital partners within their institutions; the claim and belief to cure AIDS supernaturally by some FBOs; perception of HIV&AIDS as a moral issue resulting in stigmatising practices within the FBOs; outright rejection of condom and other FP methods as a preventive measure. Sex, HIV&AIDS and RH are areas where the various faith groupings have strong views and often maintain fixed positions based on their doctrinal beliefs. These tend to make communication, decision making and options/choices for personal protection from HIV&AIDS and family planning limited and difficult. These issues go a long way in determining members' personal risk perception to HIV/ AIDS.
 - **OPPORTUNITIES:** In recent times Nigeria has been identified as one the most religious countries in the world according to the British Broadcasting Corporation (BBC). Religious leaders command a lot of respect and can greatly influence the behaviour of their members. The continuous growth & burden of the HIV epidemic among the faith based groups provides tremendous opportunity to engage. The strong desire by the donor and the national response to create roles for the faith based groups coupled with the willingness of the religious institutions and leadership to be involved in curtailing the further spread of the infection, are all opportunities that can be harnessed. The planned 2nd interfaith forum on HIV&AIDS presents opportunities to deepen our engagement with FBOs.
- II. **ISSUE: HIV&AIDS/RH and other socio cultural issues.** The socio cultural contexts of a given community go a long way to influence the values, norms and sexual behaviour of the people. Certain socio cultural practices and processes predispose people especially women to infection

and reduce the options available for practicing safer sex and adopting family planning services. An example is widowhood rites as practiced in the eastern parts of the country, early and multiple marriages as practiced in other parts. Still others include gender biased societal support for males engaged in extra marital affairs.

- **OPPORTUNITY:** Traditional leaders command a lot of respect as evidenced by the acceptability and impact of the testimonials done with key gatekeepers in 2002 and the opportunity to follow up and build upon the experience with the Sultan's testimonial on HIV&AIDS. The enthusiasm, support and commitment demonstrated by the traditional institutions and leaders in the pilot PSRHH communities and their willingness to make sacrifices for the program are all opportunities. It will be worthwhile to work with these progressive leaders to build a critical mass in some communities.

III. **ISSUE: HIV&AIDS/RH and Poverty:** Poverty is one of the root determinants of increased personal risk to HIV&AIDS infection and low contraceptive use. This is more so within the programme target groups. Poverty measured in low literacy rates, weak social services, and low purchasing power which reduces opportunities for livelihood; access to information for practicing safer sex and limits affordability of products and services for practising safer sex and child spacing.

- **OPPORTUNITY:** The opportunities identified are in the presence of new programmes tackling components that relate to poverty such as the new DFID Strengthening Nigeria Response and the government National Poverty Eradication Programme (NAPEP). The development of NEEDS, increased investment in education by government and other international development partners are all opportunities difficult to ignore.

IV. **ISSUE: HIV&AIDS/RH, Gender and Human Rights.** Gender and rights issues are central to the vulnerability of individuals especially to HIV&AIDS. Women reproductive rights abuses and deprivations greatly dis-empower them in negotiating contraceptive use and safe sex practices. Husband's consent is required before family planning can be initiated for women in the country (this is more pronounced in the North). PLWAs are stigmatised and discriminated against leading to large scale denial and silence, thus reducing opportunities to harness their critical contribution to behaviour change. While the sex trade remains illegal (constitutionally and religious wise) it is thriving. The status of the sex trade is often exploited to routinely violate the rights of sex workers. This reduces incentives and opportunities for practicing safer sex.

- **OPPORTUNITY:** The emergence of PLWA support groups and networks and women rights groups around the country and the critical role they have all played in advocating for the rights of their interest groups are opportunities that can be harnessed. The emergence of the Association of Positive Women in Nigeria, a network of women living with HIV&AIDS is an opportunity that should be tapped into to strengthen the role, involvement and capacity of women to respond to HIV&AIDS.

- V. **ISSUE: Dearth of Capacity for Advocacy.** Though there are a variety of civil society organizations and networks in existence their capacity to engage in the policy processes is quite limited. A lot of the issues that are presently confronting RH/HIV&AIDS programmers might have been better tackled if the various CSOs and government were to have the needed capacity for policy engagement.
- **OPPORTUNITY:** There exist strong desire by the donors and government to strengthen the capacity of CSO/Government bodies and allies institutionally and programmatically (policy analysis, development of micro and macro level advocacy strategies). This desire is backed up by the opening up on the part of the relevant government agencies and bodies for coordinating activities, sharing lessons learnt and creating opportunities to exchange lessons learned. These are all opportunities that could be exploited.

4.4 Strategic Approach

4.4.1 Guiding principles

Flexibility

The approach to the policy work will be flexible, innovative and make use of the most appropriate strategies and tools. The PSRHH will use a combination of best practice documentation internally from the managing partners and others, programme lessons, research and analysis to generate policy dialogue, debate and positions. Work shall primarily focus on the pursuit of a manageable set of areas in which the program hopes to see policy and practice change. The program will however not shut its eyes to new developments and emerging opportunities that may call for urgent action or events where participation can make a difference (Opportunistic Advocacy).

Gender

In all PSRHH work specific attention will be paid to issues of gender earlier identified. Every strategy and intervention will consider gender implications before deployment. The PSRHH policy and advocacy strategies will pay adequate attention to these issues, and the effectiveness will be measured on that basis as well.

Promoting Reproductive Rights

The PSRHH programme recognizes Reproductive Health as a human rights issue. To this end the Policy and Advocacy team will work to promote the acceptance of reproductive health services and commodities among key stakeholders within intervention sites. This will promote increased acceptance and utilization of modern contraceptive methods particularly in

the northern region. Efforts will be made to strengthen collaboration with the Federal Ministry of Health in the delivery of reproductive health services to poor and vulnerable groups in Nigeria. This will be done in conjunction with the FP unit.

Strengthening Zonal advocacy initiatives through Micro – macro Linkages

The PSRHH Policy and Advocacy team will support the zonal and regional teams to effectively manage advocacy issues within their regions. This is aimed at strengthening linkages between the national, zonal and community advocacy issues. There will be increased communication with the zonal teams on ongoing advocacy activities. In addition, support visits will be conducted on needs basis. Experience from PSRHH community level operations will guide policy and advocacy work and vice versa at the state, national and international level.

Partnership

The PSRHH will work in partnership with others like the ENHANSE, FHI, COMPASS, CISHAN, COSGINON, NEPWHAN, JAAIDS, SNR and Internews that share similar values and are advocating for the same cause through networking, coalition building, capacity building, institutional building, joint advocacy and programming.. Partnerships both within and outside Nigeria, will be sought. In addition, the PSRHH will seek to form partnerships that strengthen local capacities, competencies, participation and ownership of the work undertaken.

Participation, ownership and self-advocacy

To the maximum extent possible, the PSRHH will seek the participation of local people and institutions in its analysis of the issues as well as in the subsequent activities intended to influence policy, monitor its implementation and evaluate outcomes.

Capacity building and networking

A deliberate purpose of PSRHH work will be to ensure that there is an expanding pool of organisations and individuals that are able to undertake rights-based policy analysis and advocacy work in relation to HIV&AIDS and RH. The PSRHH will seek to build the capacity of local organisations by affording them opportunities and support to carry out work in a standard manner that is sufficient to make a difference. The PSRHH will endeavour to participate in networking activities and to facilitate the participation of partner organisations in such networks to build consensus on critical issues and build people legitimacy on the course of action taken.

Synergies with other DFID and USAID Country Programs

The policy function will explore all opportunities to build synergies with other USAID and DFID projects like the Strengthening the National Response (SNR) Project, ENHANSE, the AED Smart Work Project and PATHS programme. This will be achieved through attending joint meetings with other programmes, proactively visiting them in programme sites and getting their inputs into specific targeted advocacy plans. The PSRHH also expects that USAID and DFID will provide an effective platform for such coordination to happen including defining expectations around joint workings in programme agreements

4.4.2 Stakeholders – Potential Allies For Partnerships

In the delivery of this strategy our primary stakeholders will remain members of the communities and vulnerable groups with whom we work within our collective efforts to make a change in the fight against the AIDS epidemic and actualization of reproductive health. These comprise community leaders and their constituencies, FBOs and their followership, as well as support groups and their coalitions. We will build alliances with federal and state governments and their relevant institutions, other civil society organizations working on Reproductive Health/HIV&AIDS and their networks and coalitions, the media and other international development partners.

4.4.3 Strategic Choices

The proposed strategic choices are intended to contribute to improving an enabling environment for safer sexual and reproductive health behaviour at national and community level. The lessons and experiences from our work in the past three years formed the basis for these choices. The strategies are geared towards addressing the emerging issues based on our work and capitalizing on existing opportunities to strengthen on-going responses at the community and national level. At the national level the strategy will seek to strengthen linkages between government and civil society organizations in the delivery of effective RH/HIV&AIDS work at the communities. It will also support processes aimed at operationalizing the National HIV & AIDS strategic framework at the state and community level. The strategy will also contribute to the achievement of the overall PSRHH purpose and outputs for the community level behaviour change programs. The purpose and outputs for the strategy are:

Purpose: Contribute to improving an enabling environment for safer sexual and reproductive health behavior at national and community levels.

Outputs:

- Religious Institutions develop and deploy HIV&AIDS policies and /or strategic plans that mitigate the spread and impact of HIV&AIDS within their sect.

- Reduced stigma and gender determinants driving the HIV&AIDS epidemic (Based on GIPA principles).
- Increased relevance and application of RH/HIV&AIDS related policies to local context.
- Improved regulatory environment for Mass Media.

4.4.4 Strategic Matrix

S/N	Issues	Objectives	Targets	Strategies	Outcome	Indicators
1	Perception of HIV as a moral issue and denial of sexual activity among non-marital partners by FBOs etc.	Religious Institutions develop and deploy HIV&AIDS policies and /or strategic plans that mitigate the spread and impact of HIV&AIDS within their sect;	- Two national religious group - Christianity & Islam - Primary targets are the leadership of the groups	a. Partnership development, MOU, grants b. Capacity building c. Technical support	a. Favourable HIV&AIDS policy that supports prevention and mitigation of HIV&AIDS impact in place b. HIV&AIDS strategic plans internalized and operational within FBOs	1a. Increase in number of religious institutions mainstreaming or participating in HIV&AIDS/RH programs. 1b. HIV&AIDS policy and strategic plan in place and operational within religious institutions 1c. Support groups of PLWHA established and supported within FBO HIV&AIDS programs. 1d. HIV&AIDS mainstreamed in the curriculum of partner faith-based theological institutions. 1e. Interactive forum for discussion of RH issues created within various faith-based institutions.
2	HIV&AIDS denial; inadequate support, treatment access & psychosocial support; self stigmatization by PLWHAs; socio-cultural	Reduced stigma and gender determinants driving the HIV&AIDS epidemic (Based on GIPA principles);	Community leaders; FBOs; Support groups of PLWHAs; General public;	Capacity building; Institutional support; MOU & grants; Mass & mid mass media; Research – Gender determinants	a. Support groups advocating for the rights of PLWHAs b. Evidence-based findings on socio-cultural factors that	2a. Increased capacity of support groups to advocate for the rights of PLWH/As. 2b. Increased capacity of positive women to advocate on reproductive rights issues for women

	norms and gender;			and HIV&AIDS stigma	promote the AIDS epidemic c. Positive Women support groups in place and operational	and children. 2d. Increase in no and types of advocacy issues successfully handled by support groups 2e. Increased % of general population favorably disposed to relating with PLWH/As (UNAIDS index)
3	Weak connection between community level issues and national policy development process for RH & HIV&AIDS response;	Increased relevance and application of RH/HIV&AIDS related policies to local context.	Policy makers (state & national); IDPs, relevant govt agencies – NACA, SACA, LACA, DCDPA FMOH, FME etc.	Collaboration, Partnership building, Technical support	Partnership between govt & CSOs strengthened for the effective delivery of RH & HIV&AIDS work at community level; Networking and collaboration between CSOs , their networks strengthened	3a. Increased collaboration with NACA/SACA/LACAs & other relevant government ministries and agencies. 3b. Increased capacity of partners, PSRHH staff and CSO networks (CiSHAN, COSGINON & NEPWHAN) to engage in advocacy. 3c. Increased collaboration and joint advocacy initiatives with other International agencies working on HIV&AIDS. 3d. Number and types of collaborative initiatives between government institutions and CSOs
4.	Inadequate media publicity on HIV&AIDS issues; unfavourable media environment for promotion of safer sex commodities	Improved regulatory environment for Mass Media.	Media executives - APCON, NBC, BON, Health correspondents,	Meetings; Workshops, Collaborative programs;	Improved media participation in HIV&AIDS response initiatives, Investigative journalism on factors driving the AIDS epidemic;	4a. Increase in the aggregated knowledge of health correspondents in RH/HIV&AIDS. 4b. Increase in number of balanced reports from the media on RH/HIV&AIDS & participation in PSRHH.

						4c. Reduction of restrictive regulations on condom promotion
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4.4.5 PSRHH Management And Responsibilities

The PSRHH managing partners bring complementary strengths to the program essential to its overall approach. In particular, ActionAid has experience with policy and advocacy internationally and in Nigeria that will enhance the overall effort to improve the enabling environment for sustained behaviour change. AAIN, under its subcontract with PSI, is responsible for the following:

- Supporting workshops and skill-building for advocacy on local, state and national levels as developed in this plan;
- Strengthening networking capacities of civil society organizations and other multi-sectoral institutions (especially NACA and SACAs);
- Managing grants to civil society partners (e.g. CiSHAN) who support the objectives of the PSRHH Policy and Advocacy component;
- Disseminating information gathered during the implementation of the PSRHH, particularly the community-level work, to ensure lessons learned are documented and best practices are shared, both in Nigeria and abroad; and
- Conducting regular monitoring and evaluation (M&E) activities, at both the community, local, state and national levels.

The AAIN Policy and Advocacy Team will work closely with the External Engagement Division of SFH and consultants as may be required for the delivery of this strategy. This constitutes the PSRHH Policy and Advocacy team. The team will interact closely with other SFH and AAIN staff working in the field and in the areas of research, communications and products distribution. This is based on the recognition that engagement in advocacy occur at all levels of the organization. The annual plans for the PSRHH policy and advocacy work shall be derived from this strategy.

In undertaking work on policy, it must be emphasised that the policy and advocacy function will be driven by the community level experience interfacing with the national response. The SFH and AAIN teams working at the community level will play a significant role in achieving the objectives spelt out in this plan and will continually interface with the PSRHH Policy and Advocacy team at the national level. Field level experience and findings from research will also be brought to bear in the influencing work and vice versa. In addition, opportunities for partnering with the new programs such as ENHANSE, GHAIN, SNR, CISHAN and others will be explored and undertaken whenever appropriate.

5.0 MONITORING AND EVALUATION

The strategy and activities described in this document will contribute to the achievement of the goal and purpose of the PSRHH programme. The detailed log frame forms the basis for evaluating the success of this output. Some of the indicators will be measured by the National AIDS and Reproductive Health Survey (NARHS). The NNRIMS and NARHS were developed jointly by the PSRHH with NACA, the Department for Community Development and Population Activities (DCDPA) of the Federal Ministry of Health and other implementing partners. The NARHS will be repeated biennially to provide the programme with evidence of progress/impact and to use in designing behaviour change interventions that are theory driven and empirically based.