



Working with Community Based Organisations in HIV&AIDS Response

A field Guide for Programme Managers to initiate, facilitate and nurture the emergence of CBOs on HIV and AIDS



A publication of ActionAid Nigeria
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ISBN: 978-48834-6-7

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Published by ActionAid Nigeria

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Abbreviations

AAN	-	ActionAid Nigeria
CBOs	-	Community Based Organisations
CSOs	-	Civil Society Organisations
DFID	-	Department for International Development
FSW	-	Female Sex Workers
IEC	-	Information, Education and Communication
LACA	-	Local Action Committee on AIDS
MCH	-	Maternal and Child Health
NACA	-	National Agency for the Control of AIDS
NGOs	-	Non Governmental Organisations
OSY	-	Out of School Youths
PE	-	Peer Educator
PM&E	-	Planning, Monitoring and Evaluation
PSI	-	Population Services International
PSRHH	-	Promoting Sexual and Reproductive Health and HIV Reduction in Nigeria
PEP	-	Peer Education Plus Model
RFP	-	Request for Proposals
SACA	-	State Action Committee on AIDS
SFH	-	Society for Family Health
STIs	-	Sexually Transmitted Infections
TW	-	Transport Workers
USM	-	Uniform Service Men
USAID	-	United States Agency for International Development

1.0 INTRODUCTION

Two decades since the emergence of HIV&AIDS in Nigeria, statistics show that rural communities bear a higher burden of the HIV&AIDS epidemic as many urban dwellers and migrant labourers return to their villages of origin when they fall ill. The impact of HIV&AIDS on rural households/communities and the need for multisectoral prevention and mitigation strategies to combat the epidemic in rural areas is imperative. Community Based Organisations (CBOs) are close and familiar with socio-cultural environment of their communities. Empowered local CBOs can become vanguards for community mobilization, programme ownership and sustainability. Integrating HIV and AIDS programmes into local community based Organisations activities can contribute to the reduction of HIV&AIDS pandemic and mitigate the impact in the country. Thus, participation, involvement and/or ownership of any development project by the community are critical for long term sustainability in any project.

2.0 RATIONALE FOR WORKING WITH CBOs

CBOs are usually bonded together by the common purpose of community development occasioned by their interactions during the various peer education sessions and activities. What is obvious though is the weak capacity of the CBOs to carry out programmes and manage resources. Other areas that can threaten the existence and sustainability of the CBOs are High Rate of Attrition and Migration from CBOs and Communities by members. Whether as a result of better appreciation of their self due to their exposure to the intervention or when they gained admission into higher institutions. In addition, membership is made up of non-indigenes and this sometimes poses a challenge in terms of mobilisation for community involvement. This is particularly true in community settings that are non-traditional and transitory in nature, especially commercial settings where people do not actually live in the site but just come there for business in the day and then go home at close of business. In some cases, those who live at the sites are not indigenous. Inability to raise funds to execute programme in the community is another threat.

3.0 OVERVIEW OF THE PSRHH PROGRAMME

Promoting Sexual and Reproductive Health for HIV&AIDS Reduction (PSRHH) in Nigeria is a 7 year partnership programme between the Federal Government of Nigeria, the British Department for International Development (DFID) and the United States Agency for International Development (USAID). The programme is aimed at supporting major initiatives for improving the health of the Nigerian population. The programme, which is being managed by Population Services International (PSI), is supporting the Nigerian Government's response to HIV&AIDS being coordinated by the National Agency for the Control of AIDS (NACA) and Nigeria Response to Reproductive Health coordinated by Department of Community Development and Population Activities of the Federal Ministry of Health. PSI is an international non-profit organization and is implementing the PSRHH programme in partnership with Society for Family Health (SFH), ActionAid Nigeria and Crown Agents. The goal of the PSRHH programme is to "improve Sexual and Reproductive Health among poor and vulnerable populations in Nigeria". Its success will be measured through the achievement of its purpose: "to increase behaviours conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria".

At the community level the PSRHH programme focuses on different target groups which are: Most at Risk Females-Female sex workers, Female Out-of-school youths, Most at Risk Males - Male Out-of-school youths, Transport workers and their assistants (Long Distant truck Drivers, Taxi drivers, inter-city bus and car drivers and Okada riders), Men in uniformed services (especially the Military and the Police in Nigeria) and the General Population (GP). In achieving the PSRHH outputs PSRHH is committed to partnering with CSOs, CSO networks and coalitions in carrying out its work as spelt out in the community level behaviour change strategy.

Consequently, the PSRHH programme developed ways of ensuring greater participation and ownership of the programme by the target community (beneficiaries). One of these strategies is the engagement of the target group within or across sites in a way that will facilitate the emergence of local CBOs to take over the programme eventually.

4.0 WORKING WITH CBOs

4.1 Strategic Approach

The underlining principles guiding this strategy are as follows:

- CBOs should be able to engage with other community-based social groups in the sites to reach wider community – CBOs should engage with social groups like churches, mosques, age groups etc which are easy to mobilise, have established structures and meetings or programmes that can be bought into.
- Gender must be effective mainstreaming into programmes at community level – Females should be encouraged to be included in leadership positions in the CBOs, and equal participation of males and females in activities encouraged. Gender training for CBOs could go a long way to create gender awareness and promote female inclusion
- CBOs must be community owned – Last open community meetings could be used as an opportunity to hand the CBOs back to the communities, and let the community leaders take responsibility for ensuring their continuity. Such opportunities could be used to highlight the needs of the CBO and funds raised to support its programmes. Good acceptance by/relationship with community – Most of the CBOs are highly accepted within the communities, and they have cordial relationships with community members. This gives them a lot of credibility and potential for influences community-wide behaviour change.
- CBOs must have a forum for learning through a model in this case PEP model – CBOs should meet regular for training and re-training members either as peer educators or peers to have forum for discussion HIV and AIDS and RH issues through the use of the PEP model.
- Willingness to volunteer – Members of the CBOs must demonstrate some level of commitment to the programme which can contribute to the sustainability of the organisation.

4.2 Strategic Goal

The overarching goal of this strategy is to ensure behaviour change maintenance and sustainability of peer education through CBOs activities to facilitate prevention of HIV and AIDS within the community.

4.3 Strategic Objectives

Towards achieving the goal, there are four main objectives. These are:

- Strengthen institutional and organization structures and systems of CBOs towards effective sustainability of community development programmes.
- Equip CBOs with relevant skills and competencies for effective sustainable community development programming
- Integrate gender issues into CBOs activities
- Creating enabling environment for functionality of CBOs

4.4 Strategic Matrix

This matrix also represents the framework for monitoring and evaluation the project.

Strategy Objectives	Activities	Objective Verifiable Indicators	Level of implementation	Risk and assumptions
Equip CBOs with relevant skills and competencies for effective sustainable community development programming	Support institutional and organization development	No of registered CBOs No of CBOs with rented office space No of CBOs with Standard Voluntary Organisation/CBO Constitution No of CBOs Leadership Functions & Executive Portfolios No of CBOs with clear visions, mission, values and goals No of CBOs with minimal office Furnitures including: office tables, chairs, benches, ceiling fan box file folders for storage of documents, Sign Post & Branding shelf for keeping	CSO CBOs Implementing partners	Availability of Seed grants High expectation of CBOs Support from the community leaders and gate keepers

		files and IEC materials materials and resource manuals		
	Build capacity of CBOs on Programmatic issues	No of volunteered members Report of CBOs meetings Well kept financial books No of successful rallies, film show, road show, community dramas,etc. No of PE and Peers trained on PEP Models – Training Manuals & How-to-do toolkits No of CBOs with work plans. No of CBOs and CBOs coalition and networks trained on advocacy, gender mainstreaming, use of participatory tools, community mobilisation, etc No of quarterly refresher training held for PEs in the CBOs using the PEP Model training manuals.	CSOs Implementing partners	Attrition of PE and Peers Lack of funds Community ownership and support
	Organise mentoring and coaching activities	No of CBO coalition and networks formed No of coaching and mentoring support visits by implementing partners/ZPAs No visits by CSO Partners to the CBOs	Implementing partners CSOs Influencers	
	Mobilise resource for institutional strengthening	No of CBOs accessing funds No of CBOs with internal	Donor agencies Implementing partners CSOs	Spirit of volunteerism

	and sustainability	generating plans. No of PEs and Peers acquired vocational skills No of PEs and Peers accessing micro financing		
Gender mainstreaming in CBOs	Integrate gender issues into CBOs activities	No of CBOs addressing the needs of men, women, girls and boys No of CBOs with operationalised engendered constitution No of CBOs with gender sensitive leadership structure	CSOs CBOs Implementing partners	Socio-cultural barriers
Creating enabling environment for functionality of CBOs	Conduct advocacy and sensitization visit	No of advocacy visits to LGA, LACA, and traditional/religious institutions carried out No of CBOs provided with community support No of CBOs with increased participation of influencers	CBOs CSOs Implementing partners	Government policy

5.0 PHASES OF DEVELOPMENT OF A COMMUNITY-BASED ORGANISATION (CBO)

The formation of CBOs consists of three stages namely: the initial preparation or pre-intensive stage, intensive intervention stage and the phase down or exit stage.

5.1 Initial preparation phase

This can take about 2-3 months depending on the target group and consists of the following:

(a) Designation and training of field staff: The field staff are first designated and trained. In constituting the team, attention should be given to the gender composition as well as the socio-cultural dynamics of the community for which the intervention is planned. It is also important at this stage to think about the proposed communities for the intervention where it has not been done. The criteria for selecting the communities would have been developed and this may include where the most-at-risk persons live, the type of challenges facing the communities that need to be overcome e.g. non-use of HIV prevention commodities such as condom, lubricants and other family planning products.

(b) Community entry and identification of the gatekeepers and opinion leaders: The ways of entering the community is very important as it will determine the quality of confidence they will place on the programme. You usually enter the community through the opinion leaders and other influencers through effective advocacy. The objective of the community entry is to mobilise and sensitise the community members and the leadership to the programme intervention, its intended goals and the need for the members to be involved. It is also to build trust and agree on what the project is expected to achieve.

(c) Community Mapping: This is to have map or representation of the community as seen by community members. It allows to identify the various institutions and infrastructure relevant to the programme. Mapping is done to collect information and data to assist in determining the type of interventions to be implemented and the appropriate themes and messages.

(d) Collection of baseline data: Baseline data about the community are gathered and they include the estimated population by gender and age distribution (where possible), health facilities and/or access to health facilities, health seeking behavior, reproductive health behaviour including sexual relationships, average number of children per family, use of condom, etc. Other interventions by government and non-state actors such as NGOs and development partners are also captured. The baseline data also represents the indicators against which the programme success can be measured in the future.

(e) Participatory Needs Assessment: This is a deliberate effort to identify a wide range of needs and problems of the community you intend to work with or you are working with. The needs of the communities are jointly identified by both the field teams and the communities with the communities taking the lead. Field teams are only supposed to guide the communities in identifying their needs. Members of the communities taking part in the needs assessment should comprise of all the segments of that community e.g., men, women and youths. The scope of participatory needs assessment may be defined or not. But in the case of PSRHH, it is pre-determined and the needs are confined to those areas i.e reproductive health and HIV/AIDS.

(f) Monitoring: involves regular information gathering to track progress of your activities, plans, expected changes or result. Approaches to collect qualitative information include field visits, spot checks visits, external assessments, community meetings, FGDs and in-depth interviews. Tools for gathering the information could be forms and questionnaires. It is however important for all stakeholders to be involved in the design of monitoring forms and tools in this phase.

5.2 Intensive Intervention Phase

This phase takes about 6-8 months depending on the target group and it consists of the following:

(a) Selection of Peer leaders: The peer leaders are selected from the community based on some pre-determined criteria such as being a responsible and accepted member of the community, committed, ready to be available for all programme activities as arranged, have basic educational background, able to speak English and fluent in the appropriate local languages and should possess good communication skills. The number of peer educators to be selected depends on the available resources and the agreement reached with community. After the selection of the Peer leaders, there is an inaugural meeting with them to further clarify issues, agree on expectations and steps for implementing the programme. Date for the training, venue, and duration as well as stipends and allowances to be paid and other motivational entitlements are discussed.

(b) Training of Peer Leaders: The selection of peer leaders is followed by the training. The duration of the training varies from one target group as the normal practice of training peer educators within one to two weeks may not be totally applicable. The key principle here is the need to be flexible so as to accommodate the peculiarities of their trade or occupation as well as the absorptive capacity of the selected peer leaders. Sessions not well understood or addressed should be repeated.

(c) Peer education sessions by Peer leaders: After the training of peer leaders, they begin to bring together a group of peers and start their activities. They are actively supported by project field staff who accompany them to meet and enlist peers for their groups. Once the number of people

they have mobilized is more than six they can start the training. The maximum number of peers to be trained should not be more than 10 per peer educator. It is advisable that the peer leaders work in pairs and can split as soon as their confidence increases. The Peer leaders and the groups jointly agree on date, time and venue for their regular peer education trainings. As the training continues some people may drop out due to one reason or the other and a decision may have to be taken on whether to replace them or not depending on how far the others have gone with the training and the number remaining.,

(d) Advocacy to create an enabling environment: This is a cross-cutting issue as it continues to happen during the entire process. Attempts are made at all times to engage the influencers and gatekeepers and any other relevant stakeholder for continuous support of the programme. This is done by both the peer leaders supported by the field staff.

(e) Linkages to services: The peer educators after training are linked to service delivery points to know the services being provided so that can refer anyone needing those services such as STI, family planning and HIV Voluntary Counselling and Testing to such places.

(f) On going supervision/training/monitoring: This carried out by the field staff. It is advised that the project should be given close monitoring and this should begin with the drawing of a monitoring plan. It should be based on the records by peer educators of their peer education activities; reports of supervision visits by project field staff and regular collection of qualitative data from interviewing key informants and focus group discussions with peers and influencers. Field staff should ensure that they visit while the peer education sessions are going on to observe the peer educators and provide necessary support. It may also be desirable to form an implementation group of partners and CBOs for field staff to meet with them regularly to discuss matters arising from the implementation. This also provide opportunity to enhance the capacities of the partners and CBOs.

5.3 Phase Down and Exit (2-3 months)

This is last phase in the development of CBOs and varies from 2 months for TW, USM and OSY to 3 months for FSW. . It involves intensive planning and understanding between all implementing partners and community stakeholders. The outcome of the planning is an agreed gradual withdrawal of the financial and technical support provided by the key implementers and it consists of the following:

(a) Encouragement of formation of CBOs: This is the first step in the phase down and exit phase and represents a critical step in guaranteeing the continuity and sustainability of the programme. CBO formation, development and sustainability is a major component of the peer education plus model. In this model, a group of peer educators (PEs) who have worked together for a period of not less than 8 months is referred to as CBO. The PEs critically engages with the communities providing a viable, transparent and accountable organisational framework/ structure for continuing programme implementation in the old sites while also scaling up in other areas that were not part of the initial process. There is closer interaction with the CBO to strengthen her capacity to take over intervention activities. It could include training the CBO in resource mobilization and programme planning, implementation, monitoring and evaluation as well as any other area of need identified. Funding support for the CBO is also full at this period. CBOs are also allowed to carry on with activities with minimal interference from the implementers while also noting areas for improvement. At this stage the CBO is also assisted to start thinking about

(b) Support for local fund raising: The CBOs are also supported at this stage to begin to mobilize resources from within and outside the communities. This could be in form of assisting them in advocacy visits to individuals and institutions that can support. It could also include hands-

on experience in proposal writing to possible donors or designing/developing appropriate fund-raising strategies.

(c) Participatory Evaluation of outcome: This is done by both the implementers and the NGOs. The purpose is to determine the effects and the impact of the intervention. It looks at impacts arising from the peer education sessions such as satisfaction with peer educators and peer education group sessions as well as the willingness to participate in the follow-up activities including the formation of CBOs. It also looks at the perceived reduction of risk, effectiveness of advocacy activities services and issues and concerns that need to be addressed. It is also important to let the community validate the outcomes before dissemination.

(d) Preparation of report and dissemination of experiences: Based what has happened a report is prepared and a dissemination meeting is held with all the stakeholders. At this stage it is also not out of place to encourage the CBO and the community to begin to think about how to move the intervention forward.

(e) Exit by Implementing Agency: At this stage, incentives are withdrawn and the gradual process of handing over the project to the community begins. First the peer groups are encouraged to begin to think about the name of the CBO, the constitution, aims and objectives, organisational structure and election of officers. They are also assisted to register at Local Government level or at the State where possible. They are also assisted with the development of an action plan for the next one year and some funds provided from the PSRHH project to ensure that the plans are executed. They are supplied with IEC materials and are also supported to become sites for the social marketing of PSRHH products including condoms, Lubrica, water guard, LLITNs, etc. The CBOs are also supported to provide and facilitate counselling, information and referrals to general public on HIV&AIDS, FP and STIs including linkages to support groups and appropriate health facilities. Linkages between the CBOs and other funding partners are facilitated to ensure that activities at the community level are sustained. The implementer will still continue to provide necessary technical assistance during this period.

6.0 PROMOTING CBO SUSTAINABILITY: LESSONS LEARNT

Here are some of the lessons learnt in promoting CBO sustainability under the PRSHH programme:

- Encourage **implementation of less fund-intensive activities** – CBOs could engage in less fund-intensive activities that will not require transportation, refreshments and hiring of venue, chairs or equipment.
- CBOs should engage with other community-based social groups in the sites to reach wider community – CBOs could engage with social groups like churches, mosques, age groups etc which are easy to mobilise, have established structures and meetings or programmes that can be bought into.
- **Linkages of CBOs with other stakeholders and funders** – CBOs could be linked to local funding sources like LACAs, SACAs and other donors that work at community level to boost their resource base and to enable them access technical assistance.

- **Mainstreaming gender** into programmes at community level – Females should be encouraged to be in leadership positions in the CBOs. In addition, equal participation of males and females in activities should be encouraged while gender training for CBOs could go a long way in creating gender awareness and promoting female inclusion.
- **Develop income generating strategies-** explore internal ways to leverage CBO resources – CBOs should be encouraged to use their offices to stock and sell products like waterguard, condoms, and other income yielding commodities that could increase their income levels. .
- Linkages or introduction of **economic empowerment initiatives** to address issues of poverty – CBOs or their members could be linked to economic empowerment initiatives like micro-credit facilities, skills acquisition and entrepreneurship training, etc supported by government or other NGOs to help address the issue of poverty among CBO members in the community.
- Linking CBOs to **community for ownership** – The last open community meetings could be used as an opportunity to hand the CBOs back to the communities, and let the community leaders take responsibility for ensuring their continuity. Such opportunities could be used to highlight the needs of the CBO and funds raised to support its programmes.
- CBOs continue to **train other members as PEs on PEP** – CBOs could use their regular meetings as an avenue for training and re-training members as peer educators to replace those leaving, therefore ensuring sustainability and scalability of PEP model.

7.0 CONCLUSION

Using community-based approaches in addressing the developmental needs of the people have proved very valuable in ensuring the sustainability of such programme in that it ensures community involvement and ownership. However, identifying appropriate structures such as CBOs that emanate from the community and building their capacities has proved to be more valuable. This is because the identified structures are now empowered to continue act as facilitators in their communities in addressing both the immediate and future needs of such communities thus ensuring the sustainability of current and future programmes.