



INTEGRATED HIV/AIDS, TUBERCULOSIS AND MALARIA (ATM) RESPONSE RESOURCE KIT

FOR CIVIL SOCIETY ORGANISATIONS IN NIGERIA



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Acronyms and Abbreviations

AAN	-	ActionAid Nigeria
ABC	-	Abstinence, Be Faithful, Use Condom
ACOMIN	-	Association of Civil Society Organisations on Malaria, Immunisation and Nutrition
ACT	-	Artemisinin based Combination Therapy
AFB	-	Acid-fast Bacilli
AIDS	-	Acquired Immune Deficiency Syndrome
AIDSCAP	-	AIDS Control and Prevention Project
ANC	-	Ante Natal Care
ART	-	Anti-retroviral Therapy
ARV	-	Anti-retroviral
ATM	-	HIV/AIDS, Tuberculosis and Malaria
AU	-	African Union
BCC	-	Behaviour Change Communication
BCG	-	Bacille Calmette-Guerin
CATMC	-	Community AIDS, Tuberculosis and Malaria Care
CBO	-	Community-Based Organisation
CCM	-	Country Coordinating Mechanism
CDC	-	Community Development Committee
CHBC	-	Community Home Based Care
CiSHAN	-	Civil Society Network on HIV & AIDS in Nigeria
CP	-	Continuation Phase
CPT	-	Cotrimoxazole Preventive Therapy
CSO	-	Civil Society Organisation
CSW	-	Commercial Sex Worker
CTBC	-	Community TB Care
CV	-	Community Volunteer
DDC	-	District Development Committee
DDT	-	Dichlorodiphenyltrichloroethane (insecticide)
DFID	-	Department for International Development (UK)
DOT	-	Direct Observation of Treatment
DOTS	-	Directly Observed Treatment Short course
EDL	-	Essential Drugs List
EFA	-	Education For All
ELISA	-	Enzyme-linked Immunosorbent assay
EPI	-	Expanded Programme on Immunisation

EPTB		Extra Pulmonary Tuberculosis
FBO	-	Faith Based Organisation
FEFO	-	First Expiry-First Out
FIFO	-	First in First out
FGN	-	Federal Government of Nigeria
FMOH	-	Federal Ministry of Health
GFATM	-	Global Funds for AIDS, Tuberculosis and Malaria
GIPA	-	Greater Involvement of People with AIDS
GNP	-	Gross National Product
GPI	-	Glucose Phosphate Isomerase
HCT	-	HIV Counselling and Testing
HIPC	-	Highly Indebted Poor Countries
HIS	-	Health Information Systems
HIV	-	Human Immunodeficiency Virus
HAART	-	Highly Active Antiretroviral Therapy
HEAP	-	HIV/AIDS Emergency Action Plan
IDA	-	International Development Association
IDU	-	Injecting Drug Users
IEC	-	Information, Education & Communication
ILO	-	International Labour Organisation
IMF	-	International Monetary Fund
IP	-	Intensive Phase
IPC	-	Interpersonal Communication
IPT	-	INH (Isoniazid) Preventive Therapy
IPT	-	Intermittent Preventive Treatment (malaria)
IPTp	-	Intermittent Preventive Treatment in Pregnancy
IRS	-	Indoor Residual Spraying
ITN	-	Insecticide Treated Nets
IVM	-	Integrated Vector Management
JCHEW	-	Junior Community Health Extension Workers
LACA	-	Local Government Action Committee on AIDS
LGA	-	Local Government Area
LGTBLCP	-	Local Government Tuberculosis and Leprosy Control Programme
LMIS	-	Logistics Management Information System
MAP	-	Multi-Country AIDS Programme
MDA	-	Ministries, Departments and Agencies
MDRTB	-	Multi-drug Resistant Tuberculosis
MTCT	-	Mother to Child Transmission
NACA	-	National Agency for the Control of AIDS
NAFDAC	-	National Agency for Food and Drug Administration and Control

NEPWHAN	-	Network of People Living with HIV/AIDS in Nigeria
NGO	-	Non-Governmental Organisation
NPI	-	National Programme on Immunisation
NSF	-	National Strategic Framework
NTBLCP	-	National Tuberculosis and Leprosy Control Programme
NTBLTC	-	National Tuberculosis and Leprosy Training Centre
OIs	-	Opportunistic Infections
ORIDs	-	Other Related Infectious Diseases
OVC	-	Orphans and Vulnerable Children
PABA	-	People Affected By AIDS
PAC	-	Presidential Action Committee
PEPFAR	-	President's Emergency Plan for AIDS Relief (US)
PHC	-	Primary Health Care
PLWHA	-	People Living With HIV/AIDS
PLWHIV	-	People Living With HIV and AIDS
PMI	-	President's Malaria Initiative (US)
PMTCT	-	Prevention of Mother to Child Transmission
PMV	-	Patent Medicine Vendor
PPFN	-	Planned Parenthood Federation of Nigeria
PPMV	-	Private Patent Medicine Vendor
PPP	-	Public-Private Partnership
PRSPs	-	Poverty Reduction Strategic Plans
PTB	-	Pulmonary Tuberculosis
RBM	-	Roll Back Malaria
R & D	-	Research and Development
SACA	-	State Agency for the Control of HIV/AIDS
SDP	-	Service Delivery Points
2GPSTB	-	Second Global Plan to Stop TB
SM	-	Syndromic Management
SMOH	-	State Ministry of Health
SP	-	Sulfadoxine-Pyrimethamine (for IPT treatment)
STBLCO	-	State TB and Leprosy Control Officer
STI	-	Sexually Transmitted Infection
TAP	-	Treatment Acceleration Programme
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendant
TBLS	-	Tuberculosis and Leprosy Supervisor
TB Network	-	The Tuberculosis Network
TRIPs	-	Trade Related Intellectual Properties
TS	-	Treatment Supporter
UNDP	-	United Nations Development Programme
UNGASS	-	United Nations General Assembly

UNAIDS	-	United Nations Joint Programme on HIV/AIDS
UNICEF	-	United Nations Children Fund
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counselling & Testing
VDC	-	Village Development Committee
VHW	-	Village Health Workers
WDC	-	Ward Development Committee
WHO	-	World Health Organisation
WHS	-	Ward Health System
Z-N	-	Ziehl-Neelsen (staining technique)

Foreword

Health systems strengthening gained more attention when the World Health Organisation published its 2000 report titled, Health Systems: Improving Performance. The international public health community realised that disease-specific interventions - such as those for HIV/AIDS, tuberculosis, and malaria, need to do more to address problems within the frail health systems in which they are executed. Improvements need to be broadened beyond disease-focused, time-limited service delivery contracts to become lasting changes in how health systems operate. The mounting scale of the three epidemics of HIV, tuberculosis and malaria, and the recent availability of significant financial resources to respond to the diseases, has increased pressure on national systems to scale-up and improve the quality of implementation efforts. Scaling up the response to the three diseases will not be successful without strengthening community systems.

It is to this effect that the Global Fund in Round 8 encouraged applicants to include measures directed at strengthening community systems relevant to country contexts as a routine basis in proposals for new and continuing funding. This led to the birth of a Community Systems Strengthening Component of the current Global Fund Round 8. The Community Systems Strengthening component of the grant was developed by the Coordinating Civil Society Networks for HIV/AIDS (CiSHAN), Malaria (ACOMIN) and Tuberculosis (TB Network)(ATM Networks), with ActionAid Nigeria being the Sub-Recipient and NACA being the Principal Recipient.

The Community Systems Strengthening Project (Global Fund Round 8) is geared towards integrating services for treatment and prevention of HIV/AIDS, Malaria and Tuberculosis at the Primary Health Care centres, while the Ward Health Development Committee mobilise the communities for the uptake of ATM services. This has the objective of making service provision and delivery more accessible and affordable for the people in the communities.

This Integrated ATM Response Resource Kit for Civil Society Organisations is a collation of contributions of existing information from identified resources and the

ATM Networks. These materials were adapted, in some case, with minimal changes. This is part of the efforts at promoting an integrated CSOs response to the challenges posed by ATM. This effort is not only a recognition of the centrality of CSOs to the democratisation of public health governance, but also an acknowledgement of the need to mobilise and build the capacity of CSOs and its stakeholders in the multi-sectoral response to the peculiar challenges posed by the three diseases. This kit, which in various sections leans towards specific diseases or a combination of disease is expected to be used as a resource for training programmes by different civil society organisations including CBOs, FBOs, NGOs, networks and coalitions.

The objective of this kit is to effectively equip a core team of trainers/participants with required information on aspects of integrated ATM planning, strategies, interventions and communication, with a view to strengthening the capacity of CSOs and their members as key stakeholders in the prevention, control, treatment and the reduction/elimination of morbidity and mortality deriving from the diseases. It is our hope that civil Society ATM practitioners will find this resource kit invaluable as they use it to strengthen the capacity of community based networks and community level committees to ensure increased knowledge and skills in the provision services in these areas.

Hussaini Abdu, PhD

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2010

Preface

The incidence and the burden of HIV and AIDS, Tuberculosis and Malaria in Nigeria have attracted various donors and development partners. Revealing Nigeria incidence, data obtained from UNAIDS 2008 global report shows that by 2007, there were an estimated 2,600,000 people infected with HIV and WHO 2009 global report on TB also shows that there are more than 460,000 new cases of TB infection. WHO, also estimates that more than a quarter of new TB patients are HIV positive. Malaria currently accounts for nearly 110 million clinically diagnosed cases per year. HIV and AIDS, Tuberculosis, and Malaria infections have continued to seriously reverse the gains made in Nigeria in the years past by worsening the socio-economic situation. These have combined to render people, businesses and communities more vulnerable, obviating past development gains and obscuring future economic survival prospects.

In response to this alarming trend, there has been emergence of international and national control agencies, programmes, plans and strategies. Collaborative efforts and services are significantly scaled up to prevent, care, support and treat existing or new ATM cases. The Federal Ministry of Health declared TB a national emergency in April 2006 and inaugurated the National TBHIV/AIDS Working Group in June 2006. The National Malaria Control Strategic Plan (NMCSP) addresses national health and development priorities including the Roll Back Malaria (RBM).

Similarly, the National Agency for the Control of AIDS (NACA) as the national coordinating agency has taken up its role in ensuring greater harmonisation and control of programmes and funds towards combating HIV/AIDS in Nigeria. The recent programme, with NACA as the Principal Recipient (PR) for the Global fund (GF) Round 8 Health Systems Strengthening (HSS) recognises the need for integrated and cross cutting support to HIV & AIDS, Tuberculosis & Malaria (ATM) response. ActionAid Nigeria, as the Sub-Recipient (Community Systems Strengthening) for the Round 8, HSS interventions is committed to strengthening the capacity of the ATM CSO networks in management, technical and operational

skills and resources to generate demand for and provide services in key ATM interventions. This undertaking which also includes building partnerships at the community level through integrated support to the coordination of the Ward Health Development Committees (WHDC) by the CSO networks (in HIV/AIDS, TB and Malaria) is designed to enhance impact of the scaling up of ATM intervention.

For this purposes, ActionAid Nigeria (the Sub-Recipient for the Round 8, HSS intervention), as one of the means of realising its commitment has developed this resource kit to effectively equip a core team of trainers and participants with required information on aspects of integrated ATM planning, strategies, interventions and communication. This is expected to strengthen the capacity of CSOs and their members as key stakeholders in the ATM prevention, control, treatment and the reduction/elimination of morbidity and mortality deriving from the diseases.

This manual comprehensively gathers different reports, researches, intellectual knowledge and practical experiences of independent consultants, civil society organisations in Nigeria working under the umbrella of Civil Society Network on HIV & AIDS in Nigeria (CiSHAN), Association of Civil Society Organisations on Malaria Control, Immunisation and Nutrition (ACOMIN), Civil Society for the Eradication of Tuberculosis in Nigeria (The TB Network) and ActionAid Nigeria (AAN). Their contributions were documented through two weeks research work, three days validation meeting involving representatives of the ATM Networks from across the federation and a four days Training of Trainers Organisations workshop in Abuja, Nigeria.

It is hoped that civil society organisations passionate about reversing the trend and incidence of ATM would adopt this tool kit for effective integrated response.

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The consultants appreciate the distinct contributions of the HIV/AIDS, Tuberculosis and Malaria Networks, collaborating Ministries, Departments and Agencies, other partners and donors for the initiative to develop an integrated resource kit for CSOs. This is an acknowledgment of the rising influence, reach and centrality of CSOs to the public health agenda in Nigeria.

The coordinating role of ActionAid Nigeria in facilitating inputs from the Networks and funding this activity is gratefully acknowledged.

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ABOUT THIS KIT

This resource kit is a collation of contributions of existing information from identified resources, members of the ATM Networks and the consultants. It is an adaptation of these materials, in some cases, with only minimal editing, in continuation of efforts to promote an integrated response by CSOs to challenges posed by ATM. This effort is not only a recognition of the centrality of CSOs to the democratisation of public health and governance issues but also an acknowledgment of the need to mobilise and build the capacity of stakeholders in the multi-sectoral response to the peculiar challenges posed by the three diseases.

Globally, efforts are intensifying to engage critical segments of society in the prevention, control, treatment and generally mitigate the impact of TB, HIV/AIDS and Malaria. Partners and stakeholders are increasingly defining a niche in their respective contributions to the reversal of the negative impacts of these diseases. This kit which at various sections leans towards specific diseases or the collective is expected to be further adapted as resource for training programmes and for various programmes by respective NGOs, networks and coalitions.

GOAL OF THE KIT

The goal of this kit is to effectively equip a core team of trainers/participants with required information on aspects of integrated ATM planning, strategies, interventions and communication, with a view to strengthening the capacity of CSOs and their members as key stakeholders in the prevention, control, treatment and the reduction/elimination of morbidity and mortality deriving from the diseases.

This goal applies to all the modules in this kit.

OBJECTIVES OF THE KIT

- o To develop the capacity of the CSOs to contribute to the effective programming and delivery of quality integrated HIV/AIDS, Tuberculosis and Malaria services in Nigeria.
- o To enhance the capacity of the CSOs for increased ATM interventions and services uptake through the Primary Health Care Centres (PHCs) in the country.
- o To strengthen the capacity of the CSOs to participate actively and effectively in the multi-sectoral response across the three disease areas HIV/AIDS, Tuberculosis and Malaria in Nigeria.
- o To build the capacity of the CSOs for effective prioritisation of the nation's ATM needs and the actual implementation of the Prioritised interventions at the community level.
- o To develop the capacity of the CSOs for effective policies and institutional frameworks formulation for integrated ATM response in Nigeria.
- o To enable the CSOs to contribute to an enabling health, social and political climate for reduced vulnerability to HIV &/ AIDS, Tuberculosis and Malaria in Nigeria.
- o To galvanise CSOs to mobilise stakeholders for ownership and sustainability of ATM prevention, control, treatment and other interventions in Nigeria.

THE MODULES

There are five modules in the kit.

Module 1: Overview on HIV/AIDS/ TB and Malaria

Module 2: Roles of CSOs

Module 3: Capacity Building /Enhancement

Module 4: Community Response

Module 5: The Structure of National Response and How Civil Society Fits

Each module seeks to provide basic information to build the capacity of CSOs and their members in order to more effectively synergise and mobilise for the achievement of ATM prevention, control, and elimination objectives within the national health framework.



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RESPONSE RESOURCE KIT**
FOR CIVIL SOCIETY ORGANISATIONS IN NIGERIA

**Community Systems Strengthening (CSS)
Component of the Global Fund Round 8 Health
System Strengthening (HSS) Project Brief**

The mounting scale of the three epidemics of HIV/AIDS, Tuberculosis and Malaria (ATM), and the more recent availability of significant financial resources to respond to the diseases, has increased pressure on national systems to scale-up and improve the quality of implementation efforts. Scaling up the response to the three diseases will not be successful without strengthened community systems. In the context of health, community systems strengthening (CSS) is therefore an approach that promotes the development and sustainability of communities and community organisations and actors, and enables them to contribute to the long-term sustainability of health and other interventions at community level. The focus is to develop the role of key populations and communities, and community organisations, networks and other actors, in the design, delivery, monitoring and evaluation of services and activities aimed at improving health outcomes.

CSS is a way to improve access to and utilisation of formal health services but it is also, crucially, aimed at increased community engagement (meaningful and effective involvement as actors as well as recipients) in health and social care, advocacy, health promotion and health literacy, health monitoring, home-based and community based care and wider responses to ensure an enabling and supportive environment for such interventions. Besides, in order to have real impact on health outcomes, however, CSOs, CBOs, FBOs and their networks must have effective and sustainable systems in place to support their activities and services. This includes a strong focus on capacity building, human and financial resources to enable community actors to play a full and effective role alongside health and social welfare systems. CSS is a means to prioritise adequate and sustainable funds for specific operational activities and services and, crucially, core funding to ensure organisational stability as a platform for operations and for networking, partnership and coordination with others.

The Global Fund recognises that the presence of strong, sustainable community-based organisations is an important element of ensuring program impact, sustainability, and results for ATM prevention, treatment, and care and support efforts. CSS initiatives are encouraged by the Global Fund with the aim of achieving improved outcomes for ATM and related health challenges with emphasis on strengthening community based and community led systems for ATM response.

Nigeria, in recognition of the above, is being supported by the Global Fund under the Round 8 application for the Health Systems Strengthening (HSS) intervention which is aiming at developing the systems for health care delivery in the country. The Community Systems Strengthening project is one of the Service Delivery Areas of the HSS intervention. The CSS component of the Global Fund Round 8 is geared towards strengthening the capacity of core process of the civil society/community based networks and community level committees to ensure the provision of an increased range and quality of services in scaled up ATM interventions.

The CSS is focused on developing the Civil Society for HIV and AIDS in Nigeria (CiSHAN); Civil Society in Malaria Control, Immunisation and Nutrition (ACOMIN); and the Civil Society for the Eradication of Tuberculosis in Nigeria (The TB Network); integrating services for treatment and prevention of ATM at the Primary Health Care and strengthening Ward Health Development Committee level. This will be achieved through integrated training and development of civil society organisations, selected from the three networks, and activating the Ward Health Development Committees in the selected Local Government Areas. The Principal Recipient for the Health Systems Strengthening Project is National Agency for Control of HIV/AIDS (NACA), whilst the Sub-Recipient is ActionAid Nigeria. The three Networks on HIV/AIDS; Malaria and TB are the Sub-Sub Recipients to ActionAid Nigeria.