

# People Living Positively: South-to-South Learning Project (PLP S2SL)

Key findings from end of  
project evaluation to scale up  
effective HIV care and  
support interventions in  
Nigeria

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Additional information about the People Living Positively: South to South Learning Project may be obtained from Christian Aid Nigeria by emailing [nigeria-info@christian-aid.org](mailto:nigeria-info@christian-aid.org).

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## List of Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral therapy
<b>ASWHAN</b>	Association of Women Living with HIV and AIDS in Nigeria
<b>BCC</b>	Social behavioural change communication
<b>CA</b>	Christian Aid
<b>CBCO</b>	Community-based care of orphans and vulnerable children
<b>CeGHaD</b>	Centre for Gospel Health and Development
<b>CSO</b>	Civil society organisation
<b>FGD</b>	Focus group discussion
<b>FMOH</b>	Federal Ministry of Health (Nigeria)
<b>GBV</b>	Gender-based violence
<b>HBC</b>	Home-based care
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, education and communication
<b>IGA</b>	Income-generating activity
<b>ITN</b>	Insecticide-treated bed net
<b>KAP</b>	Knowledge, attitudes and practices
<b>M&amp;E</b>	Monitoring and evaluation
<b>MDG</b>	Millennium Development Goal
<b>NACA</b>	National Agency for Control of Aids (Nigeria)
<b>NGO</b>	Non-governmental organisation
<b>OI</b>	Opportunistic infection
<b>OVC</b>	Orphans and vulnerable children
<b>PABA</b>	People affected by HIV/AIDS (Nigeria)
<b>PLP</b>	People living positively
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PLHIV</b>	People living with HIV
<b>SDD</b>	Stigma, discrimination and denial
<b>SLA</b>	Saving and loan association
<b>STI</b>	Sexually transmitted infection

## Executive summary

Christian Aid received funding from Comic Relief UK to implement a project entitled People Living Positively (PLP) – South-to-South Learning in Nigeria. The project's overall aim was to increase access to quality care and support services for people living with HIV (PLHIV) and reduce HIV-related stigma and discrimination in Nigeria.

Before the project started, a baseline survey was carried out to establish the status of the various characteristics of interest in the target populations. Midway through the project, a midterm review was carried out to measure progress made towards the projects' objectives in order to inform future implementation of the project, to maximise achievements, and sustainable transformation in the communities.

An end line evaluation was conducted at the end of the project to assess the strengths and weaknesses in the implementation of the Comic Relief supported project with regards to planned and unintended achievements and outcomes, and sustainable transformations that may have occurred in the targeted communities. Results from the evaluation will inform future project planning and design. The outputs of the evaluation provide an opportunity for stakeholders to review the strategies that have been adopted towards the achievement of the objectives, identify challenges and provide recommendations and conclusions.

The evaluation was conducted using mixed methods; desk review of project documents, quantitative and qualitative analysis of data from the project and interviews with beneficiaries. It was carried out in two states; Plateau and the Federal Capital Territory, Abuja. The selected communities and LGAs for this evaluation in Plateau State were Mabudi in Langtang South LGA, Amper in Kanke LGA, and Fan in Barkin Ladi LGA as well as Mararaba, in FCT.

Findings from the end line showed that to a large extent, project outcomes have been achieved.

**PLHIV in project communities have gained increased access to quality care and support** through the Home Based Care services provided by the Home Based Care Volunteers. Evaluation findings show an increase in proportion of respondents reported to have accessed HBC from 45% at midterm evaluation to 81% at end line. 74% of respondents at end line (an increase from 23% at midterm) were reported to be very satisfied with services obtained when probed on level of satisfaction with services obtained.

**Sustainable livelihood of PLHIV in the project communities have also been strengthened** through the institution and functionality of the Savings and Loans Associations. Membership of SLA groups increased from 57% at midterm to 88.5% at end line with qualitative findings indicating that PLHIV that are SLA members access loans, invest them in income generating activities and make profit from them.

**Level of stigma, discrimination and denial seems to be on a steady decline in the project communities.** One of the proxy indicators used was the proportion of community members who reported that they would definitely buy fresh vegetable from HIV positive store keeper which increased from 32% to 86%. Another evidence of reduction in level of stigma is the mixed composition of SLA membership by PLHIV and other community members. The national anti-discrimination bill was signed into law in the last project year. Because the bill was signed at the end of the project, project partners could not support its full implementation at all levels as a means of driving for the reduction of all forms of discrimination against PLHIV.

**PLHIV networks have also been strengthened.** This is evidenced by remarkable increase in the membership of support groups by PLHIV (from 32% at midterm to 73% at end line). The most marked increase was recorded in male membership of support groups where the figure doubled (from 31% at mid-term to 67% at end line)

Unplanned outcomes have also been achieved. One of the unplanned outcomes is that economic strengthening activities have reached communities not originally involved in the initial project plan. The institution of the SLA Welfare fund for sustained care and support for PLHIV is another unplanned outcome resulting from the project.

Project communities have demonstrated commitments to sustain project achievements. They have indicated interest across all project communities to continue with community based interventions even after the end of the project as they have experienced the benefits of the project.

SLA members now see SLAs as a social group where they relate with other community members and obtain social support. Also they see PLHIV as their own brothers and sisters whom they will continue to support. Community volunteers have replicated the intervention for economic empowerment in other communities; this is evident in the increased number of communities where economic strengthening activities have been carried out. A typical example is Fan community, where the SLA replicated from 3 in two (2) communities to 27 in ten (10) communities. The HBCV also reached out to PLP in other communities with care and support interventions.

Community members (PLP inclusive) have also taken the initiative to get involved in various skill acquisition activities, to improve their income generation

## Background

Christian Aid (CA) is an international development charity organisation dedicated to the eradication of poverty worldwide, helping people to overcome poverty for more than 70 years with a global reach and work to tackle the causes and effects of poverty in 47 countries across Asia, Africa, the Middle East, Latin America and the Caribbean. Twenty two (22) African countries benefit from CA programmes which focus on delivering long-term development projects that enable poor and marginalised people to access thriving and resilient livelihoods, whilst also challenging the systems and structures that keep people poor.

CA takes a distinct partnership approach to development; we work mainly through partnerships with local organisations ranging from small grassroots organisations to larger agencies working to affect systemic change. This reflects our firm conviction that it is local people who are best placed to understand the issues in their communities and to drive lasting change. CA has a commitment to ensuring transparency, participation and representation which is built into all our work with poor communities.

Christian Aid began operations in Nigeria in 2003. Christian Aid Nigeria focuses on Community Health and HIV, Governance and Gender working with 20 local partners across FCT, Anambra, Benue, Edo, Kaduna and Plateau states.

The Community Health and HIV programme aims to work with individuals and communities to create an environment in which every member of society can enjoy the right to health services, hold governments and health systems to account.



Training of home-based care volunteers by CeGHAD.



## Key findings

### Outcome 1: Access to quality care and support for PLHIV

Findings revealed an increase in availability of Home Based Care services. The mid-term evaluation showed that a relatively high proportion (63.9%) of the target groups reported that HBC services were available in their communities but less than half (44.8%) claimed to have actually received HBC services in the communities. At the final evaluation 81% of respondents received HBC showing a large increase from the mid-evaluation. This high proportion was seen in both Plateau State and FCT, and among both males and females.

Figure 1: Access to care and support services



Most respondents interviewed were satisfied with their access to health services; 74% saying that they were very satisfied; signifying an increase from 23% during the mid-term evaluation. Only 6% said that they were dissatisfied with the access that they were receiving, 72% of the respondents were very satisfied with the support they received from health service providers.

**Access to treatment of opportunistic infections (OIs) came out as a benefit of the project,** PLHIV were able to access drugs and treatment for OIs at primary health centres (PHCs) close to their communities.

*“CeGHaD put drugs in store for us at the PHC,” she said, adding, “Before this we would have to travel long distances to the hospital where we get our ARV drugs, and we used to pay for the drugs, but now we get them for free.”*

**PLHIV FGD participant**

The provision of free drugs and treatment of opportunistic infections was perceived as an important benefit of CeGHaD’s intervention under the PLP Project. One health worker in Barkin Ladi LGA said,

*“I was asked to assist the PLHIV, and told that if any of them are sick I should treat them with the drugs available. When the drugs finish, CeGHaD restocks them. PLHIV do not pay for the drugs or treatment, unless there are additional drugs that they need to buy.*

*“The support of CeGHaD is good because sometimes PLHIV come and don’t have money to be treated and they get the drugs for free, so they feel happy about it.”*

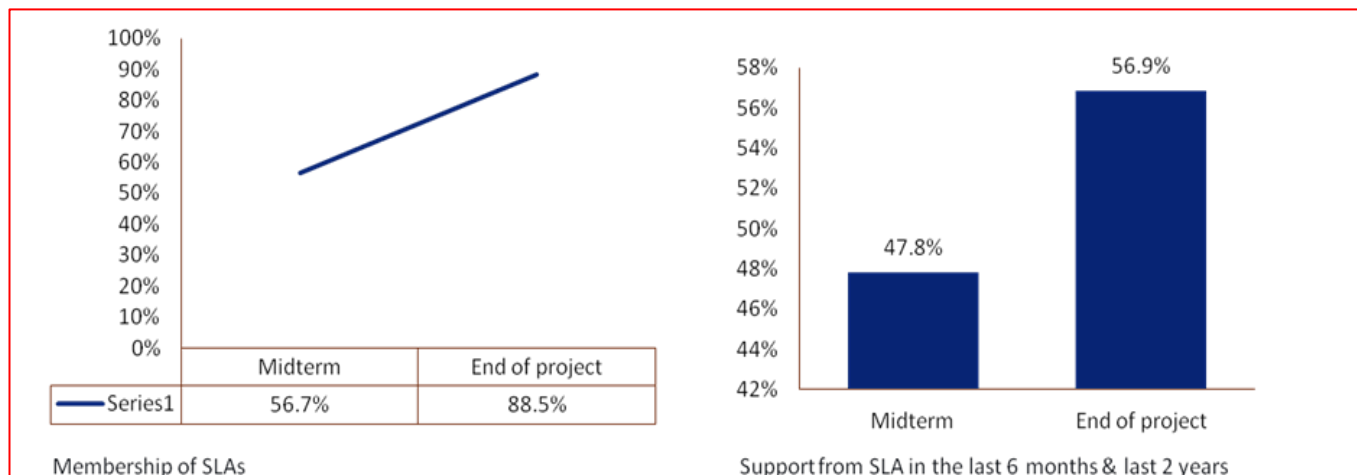
**KII with health care workers in Barkin Ladi, Plateau state**

## **Outcome 2: Strengthened sustainable livelihoods for PLHIV**

The evaluation reviewed how the project has affected the wellbeing of the PLHIV and their families especially with regards to engagement with and support from Savings and Loans Associations (SLA). This was one of the main support systems that the project put in place in the communities where it intervened. SLA facilitators were trained on the management of SLAs, which comprises setting of internal regulations, data entry, and procedures for record keeping to equip them with the necessary skills to effectively manage SLAs and provide leadership to the members. Loan beneficiaries used the funds to pay school fees, to expand their businesses and to pay urgent medical bills. Membership of SLAs increased from 57%, measured during the midterm evaluation, to 89% during the end of project evaluation.

When asked about support received from the SLA, 48% of the target groups received support during the midterm evaluations, this percentage rose to 57% at the end of project evaluations. The support they received was mostly in the form of finance and training (32.7%). While the financial support declined from 90% at the midterm evaluation to 60% during the end of project evaluation, support in the area of training increased from 10% to 32%.

**Figure 2: SLA membership and support received**



**Increased economic livelihoods “Sustainability”**, was a reported benefit that was stated across the KIIs and FGDs. Savings and Loans Associations were formed to encourage PLP and other members of the community to pool their resources and pursue income generating activities (IGAs) that would empower them to be economically independent and viable. The SLA is generally comprised of about 30 people. The selected communities had various mixes of PLP and non-PLP in the SLAs. Members of SLAs contribute weekly into the general pool. FGDs revealed that the minimum contribution per week is 100 or 50 Naira, depending on the SLA. SLA members in their discussions mentioned some of the businesses they had been able to engage in as a result of becoming part of the SLA. For the women in Amper, these businesses included buying and selling of produce and meat, making local foods for sale such as moi moi, akara, and local seasoning cubes called dadawa, selling beauty items for the hair (weave on), buying inputs such as fertiliser to improve farming, making local beer, and managing restaurants.

*“Increased numbers of PLP are engaging in small businesses, and the aim of SLAs is to encourage little businesses. SLA members go out to look for those that are PLP and are suffering, to encourage them and to give them hope.”*

*“The SLA is about people helping themselves, using their own resources. We are able to make savings and access loans from within the SLA. We are able to get transport from the SLA, finances for feeding, school fees, and income to help strengthen our businesses.”*

**PLHIV FGD participants in Plateau state**



A Home Based Care Volunteer using a milling machine (Alternative reward for her role as volunteer)

### Outcome 3: Reduction in stigma, discrimination and denial

Despite the fact that the HIV prevalence rate in Nigeria has dropped in recent times, the state of stigma and discrimination among people living with HIV/AIDS does not appear to have decreased as much<sup>1</sup>. Efforts made by civil society organisations and other stakeholders in the fight against HIV finally led to the passage of the anti-stigma bill into law by the National Assembly.

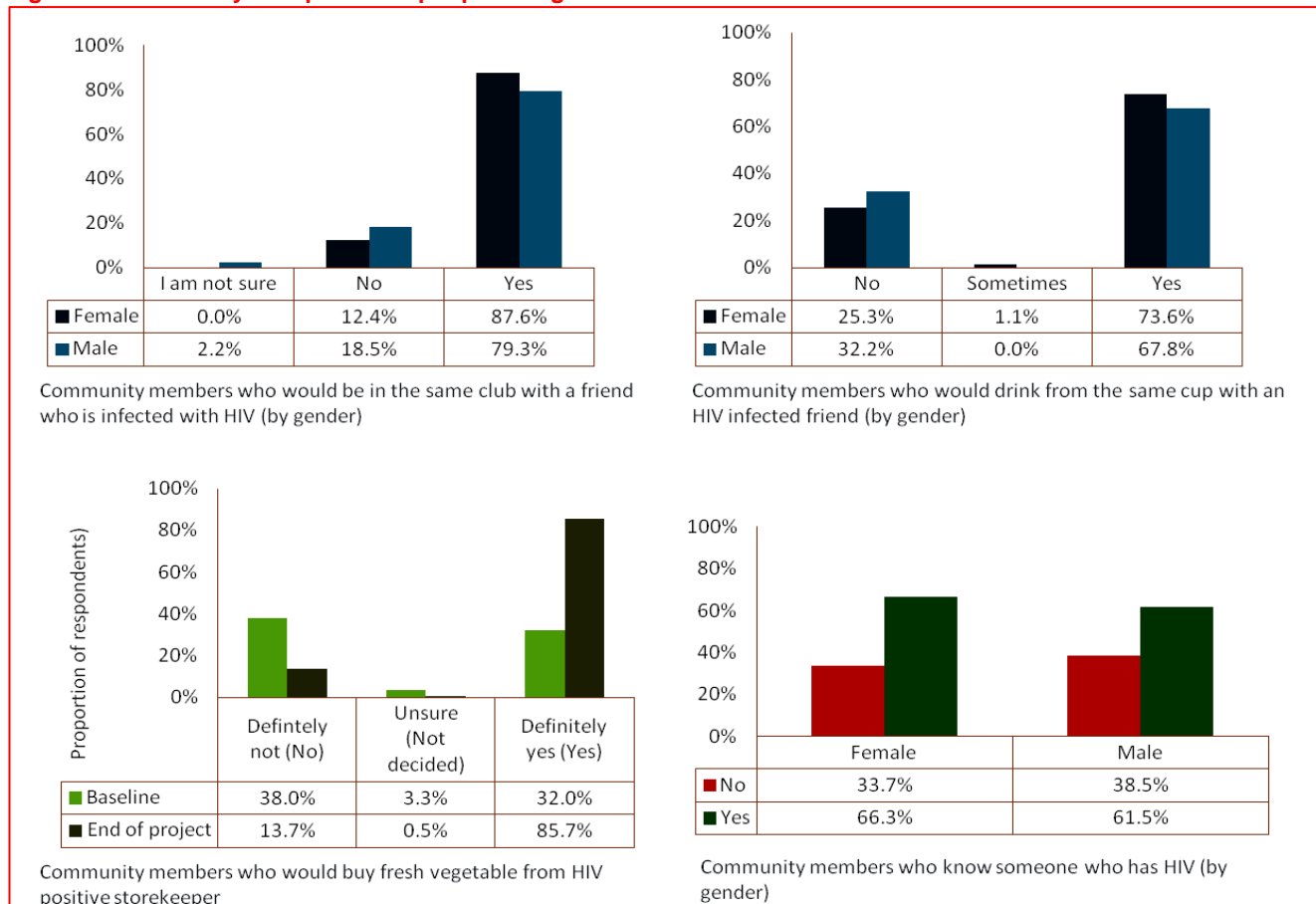
Out of the respondents in the communities surveyed, 99% had heard about HIV/AIDS, while 85% thought that it was a serious problem in their state. Of those surveyed, 64% knew someone with HIV/AIDS and 62% had heard about a support group in their community.

To measure stigma discrimination and denial, the respondents were asked a few questions relating to their interaction with PLP. 83% of respondents would not mind being in a club with a friend infected with HIV, 86% would buy fruit from a shop keeper with HIV, while 70% would drink from the same cup with an HIV infected friend. In answer to the question “Is anyone to blame for people who contract HIV?” 75% of respondents answered “no

The respondents were also asked if they knew anyone with HIV/AIDS themselves and how they felt about this person. On these critical indicators of stigma, the results of the midterm evaluation were compared to those at the end of project evaluation as “Is anyone to blame for people who contract HIV?” and the questions “To what extent do you feel accepted by the people you know”?

The end line review showed that 75% were aware of anti-stigma messages at the end of project review, although this is less than the 89% during the midterm review. For those that had received appropriate messages, most of them got it from support groups.

**Figure 3: Community acceptance of people living with HIV**



**Community acceptance of PLHIV:** Discussions surrounded the extent to which PLHIV were accepted in their various communities and the methods through which that acceptance has come into reality. A number of respondents described how levels of discrimination had reduced from past to present. During an FGD with women living with HIV in Amper, Kanke LGA, one respondent said they were previously despised in their community but now they are accepted.

*“Before people would not share a meal with us, but now they can share food and drink from the same cup, and if you had fever, they will say then that you are about to go (die), but now people have fever and they still live. People didn’t come close to us before but now men are looking for our hands in marriage. Before when people brought food they would slide it under the door for us, but now that is no longer the case. Before now when a woman who is PLHIV is giving birth, people felt like both the child and mum will die, but now they have seen evidence of women who have successfully given birth to children, and their children are negative,”*

**Female FGD participant in Amper, Plateau state**

**Improved community awareness of HIV/AIDs** was reported as benefits from the project, Female PLHIV in Mabudi, Langtang South LGA, pointed out that as part of being empowered in their support group, they have been able to advocate for their needs by themselves.

*“We went to meet with the Chief of our village,” they said, adding, “He gave us permission to move around the community to raise awareness about HIV. We have seen the changes because people who used to be scared of us are now willing to come close to us.”*

**Female FGD participant in Mabudi, Plateau state**

**The signing of the HIV and AIDS Anti-Discrimination ACT 2014<sup>2</sup>;** ASWHAN was very instrumental in advocacy and other processes involved with achieving this milestone in HIV/AIDS programming in Nigeria. Being the key national network of women living with HIV/AIDS, they played a major role in ensuring the voices of women were well represented. Also, they held several stakeholder meetings to get all-inclusive participation that pushed for the bill to be signed into law. The selection of ASWHAN as an implementing partner was strategic because women are disproportionately affected by HIV and AIDS.



Prof. Idoko Director General NACA at the stakeholder's meeting on the State of Anti-Stigma & Discrimination Bill in Nigeria

### Outcome 4: Strengthened PLHIV Network

Findings show that 62% of the respondents had heard about a support group in the community while 72% of PLP were themselves members of a support group. Membership of a support group had doubled from 32% recorded during the midterm review. The largest increase was seen among men. The membership was also fairly well distributed among the different professions such as traders, farmers, and professionals.

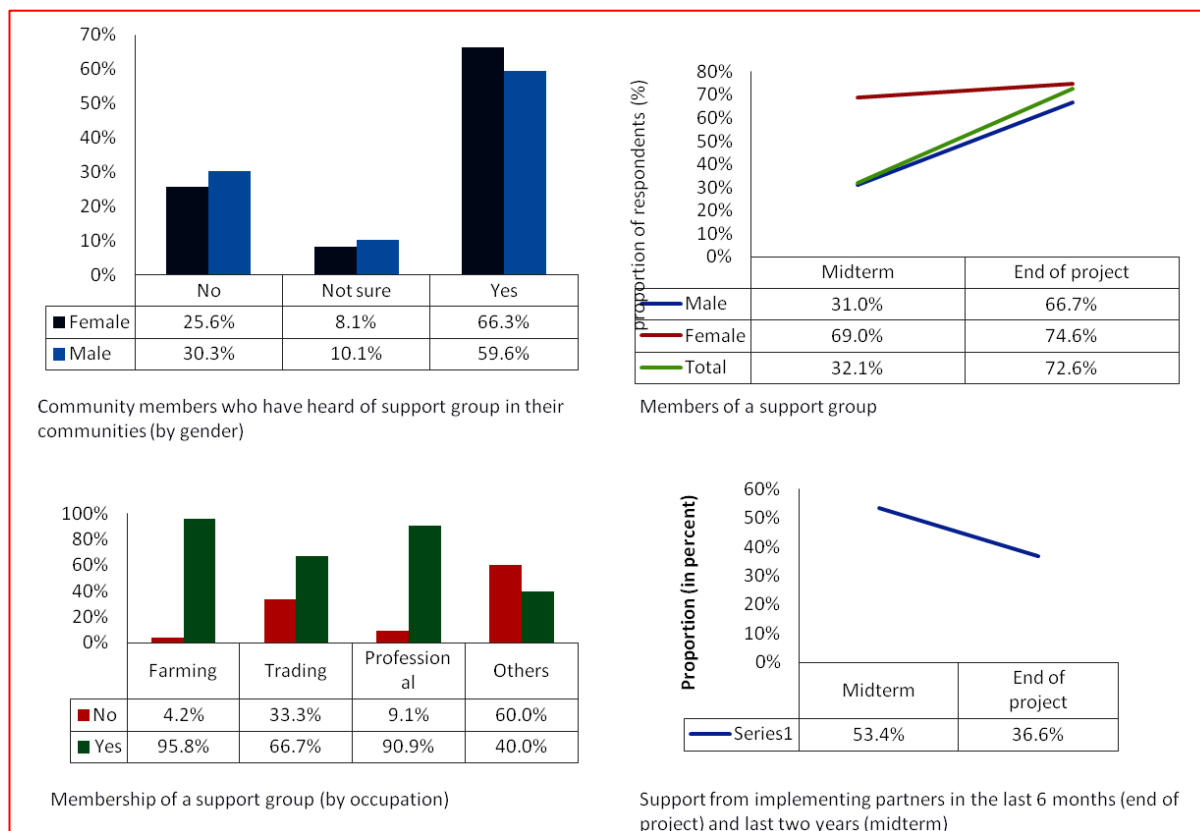
Direct support received from the implementing partners of the project declined as the project came to an end, from 53% during the midterm review to 37% during the end of project evaluation, saying that they had received support in the past 6 months.

While the support received for the formation of support groups and SLAs remained about the same from the midterm evaluation to the end of project evaluation, shelter support reduced from 18% to 4%.



Anti-stigma, denial and discrimination ambassadors set up by ASWHAN.

**Figure 4: Membership of PLHIV support group**



**Training of PLHIV on SLAs, HBC, and stigma reduction came out prominently as a benefit.**

*CeGHaD came with the awareness creation trainings to make me understand that I was not different from a non-PLHIV.*

**Female PLHIV FGD participant in Mabudi, Plateau state**

**Psychosocial support from PLHIV in support groups** featured as a strong theme in discussions across the different communities. There was a sense that being in a support group with fellow PLHIV had strengthened the confidence, camaraderie and unity of PLHIV in each of the selected communities.

*“Initially, even if both of us are PLP, if I look healthier than the next person, I will not interact with her,” a woman said, adding that “CeGHaD has created unity and fellowship amongst PLP and members of the support group.”*

**Female PLHIV in Mabudi, Plateau state**

## Good Practices

The People Living Positively (PLP) project has made considerable impact in improving the care and support received by the target groups and the general perception of PLP in the communities that they live in. Findings from the evaluation also revealed good practices and challenges worth highlighting as well as recommendations for the purpose of implementing similar programs in future.

- **Engagement of members of the community:** The engagement of members of the community at all stages of the project led to a tight relationship with the target groups and the host communities and created continuous learning cycles. Ensuring that other members of the community engage with SLAs led to a marked reduction in stigma and discrimination against PLHIV.
- **Engaging PLHIV in project leadership:** The leadership roles of PLHIV increased ownership and sustainability of the project. The engagement of the ASDDA ensured PLHIV support to other PLHIV and served as a bridge between PLHIV and the community at large. Another example was the use of mentor mothers to encourage and support pregnant PLHIV in accessing PMTCT services. All partners should advocate for the scaling up of innovative approaches such as the use of mentor mothers to encourage and support pregnant PLHIV in accessing PMTCT services. The PMTCT of HIV/AIDS is one of the major failings of programming in Nigeria.
- **Economic Empowerment for PLHIV:** One of the key interventions; the SLAs as a means of economic empowerment of PLHIV was one of the most valued outcomes of the project. The PLHIV themselves being the drivers of SLAs, ensured sustainability
- **Engaging the media is catalytic:** Media engagement was of significant benefit in achieving the objectives of the project and linking with a strategic expert partner in that area like the BBC trust made it easier to roll out. “Heal my world”, a radio programme broadcast on two radio stations with wide coverage beyond the FCT provided a platform to engage more members of the public on issues affecting PLHIV.



## Recommendations

- **Include economic empowerment components into projects:** The inclusion of economic empowerment into any project increases the engagement of the target groups with other aspects of the intervention. CeGHaD could develop resources (such as manuals, mentors etc) to advise PLP organisations on the processes and tools required for the establishment of SLAs. CA could seek funding to establish a national primary SLA revolving funds pool that could provide expertise and competitive seed funding for the establishment of SLAs.
- Partners should continue to use radio as a powerful means of engaging with vast parts of the population in Nigeria, while focusing on recruiting presenters with appropriate skills to deliver on programmes objectives. Partners should explore the possibility of working with the BBC World Service Trust to rebroadcast the “Heal my World” through their channels.
- **Advocacy on benefits of home based care:** The partners may consider instituting an advocacy campaign to scale up the use of HBC, using PLP themselves and other appropriately trained community volunteers as an important component of managing HIV/AIDS in Nigeria. HBC has proved to be very important to PLP and facilitates provision of advice on referral and HIV testing and counselling, treatment of opportunistic infections, as well as the provision of psychosocial support from PLHIV.
- **Continue to work against stigma:** All partners should continue working on stigma in Nigeria. The passing of the Anti-Stigma Bill provides an opportunity to start taking institutional perpetrators of stigmatising activities to court. Partners should consider setting up a pool of funds and seek collaborating partners on these legal.
- **Prioritise action against gender based violence:** Partners should consider adding a gender based violence against PLHIV as a component of any future project as this seems to be recurring feedback from PLHIV participants in FGDs.

Add gender-based violence against PLHIV as a component of future similar projects – a quote below was from a PLHIV in Plateau state *“Some women have been beaten up in their husbands’ house and thrown away because of their HIV status. By the time the man discovers you are positive, he sends you to hell and nobody cares”*.

## End notes

<sup>1</sup> Nigeria 2015 Stigma Index – Initial Results. Available from <http://www.stigmaindex.org/sites/default/files/news-attachments/Nigeria%202015%20Sigma%20index%20-%20%20initial%20results.pdf> [Accessed on June 09 2015]

<sup>2</sup> President Goodluck Jonathan signs HIV Anti-Discrimination Law. Available from <http://naca.gov.ng/new/content/blog/president-goodluck-jonathan-signs-anti-discrimination-law> [accessed April 11 2015]