ELOHIM FOUNDATION

Monitoring & Evaluation

Policy

on

HIV/AIDS Intervention Programming:

(Reduction of HIV Transmission and Providing HIV/AIDS Care & Support Services among General Population Group (Age 15-45 years) in all project Communities).

Address:

Suite 8, Plot 86A, Gado-Nasko Way,
Opp the Abattoir Kubwa. P.O. Box 12364 Garki Abuja,
GSM: +234-803-3494-865, +234-702-5094-985
E-mail: info@elohimfoundation.org
Website: www.elohimfoundation.org

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Acronyms

Acronym	Explanation
AMAC	Abuja Municipal Area Council
DHIS	District Health Information System
FCT	Federal Capital Territory
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immun-deficiency Virus/Acquired Immune deficiency Syndrome
IEC	Information Education and Communication
FMoH	Federal Ministry of Health
M&E	Monitoring and Evaluation
NARHS	National HIV/AIDS and Reproductive Health Survey
NDHS	National Demographic Health Survey
NPC	National Population Commission
SRH	Sexual Reproductive Health

SECTION 1

ABOUT ELOHIM FOUNDATION

1.1 Background

The ELOHIM FOUNDATION is a non-for-profit Organization registered in April, 2002. It is dedicated to attain sustainable human society through Socio- economic intervention services for societal development by alleviation of public health challenges in human societies in addition to promoting reproductive & maternal/infant care, child development and human right, environmental protection/conservation and capacity development.
Elohim Foundation was formerly known as The Carpenter's Foundation International, a non for profit development organisation founded on the 13th September, 2001 in Abuja – Nigeria. It is a dream child of a physically challenged Nigerian, set out to tackle the challenges of human family preservation through socio-economic intervention.

The Foundation is registered with Cooperate Affairs Commission as a non-for profit organisation on the 29th April 2002 and has its headquarters in Abuja with regional project offices structures.
It commenced operation with three paid staff working under the direct supervision of a four member Board of Trustees, and a take-off fund of One Million Naira, with hardly any defined administrative and operational policy in place, except for her constitution.

However, in 2005 the BOT instituted a strategic structural and program review of the foundation and her operations. Incident to the quest for a partnership bond with AAIN (Action Aid International Nigeria), three years after her co-operate existence, through a systematic structural and program capacity analysis, using the PADEF tool.

Given the outcome of this review, the following changes were proposed to the CAC: Organisational name change, expansion of her board of trustees and a new constitution. *Hence, on the 11th of October, 2010, the Cooperate Affairs Commission, Abuja; granted these request. Hence, the Foundation's name became known as* ***ELOHIM FOUNDATION.***

Elohim Foundation has consistently evolved through needful changes interacting with different stakeholders, pragmatically engineering processes, producing evidence based results in accordance with its vision, mission statements and broad objectives; using best practices and approach in creating the desired alternatives in and among families, communities, societies and the Nigeria state.

The governance structure of Elohim Foundation is as clearly reflected in her organogram, shows the various organs in their hierarchical order and the chain of vertical and horizontal channels of communication interlinked with each other. The BOT as the highest decision organ of the foundation is vested with the responsibility of issuing institutional ratification & approvals for policy tools, strategic & annual plans and budgets, and have over-sight function of monitoring the overall operation of the management team lead by the PD. The management board (MB) comprises of the office

of the Project Director, and the managers of the now four core departments, namely the Opertaions depart. Finance & Asset Magt. Depart. Prog Dev & Implementation, and the Research & Data Mgt. depart. The MB is responsible for the day-to-day running of the foundation's operations and programmes through the support of the various coordinating divisions that is led by a Team lead. Each of this division is tasked with implementing the functions and programmes of the foundation, they are the intermediate operating officers of the foundation. In-line with the operational policy of Elohim Foundation, each of the organs in the structure is manned by classified category of professional skilled personnel with adequate experience suited for their task.

Membership to the BOT is through nomination by existing members and the management board of the foundation through an open nomination circular while the composition of the MB and the coordinating programme divisions/unit are by employment. The BOT meets twice in the year while the MB meets monthly and the divisions/unit teams meets weekly. Elohim Foundation board is composed of seasoned professionals from diverse field. This team of board members were a group of 6 but now 9 passionate and pragmatic trustees, with each as a member of a technical working group on the 5 core function that exist in the structure of the foundation which are namely: TWG on Programmes, TWG on Finance, TWG on Research and Monitoring & Evaluation, TWG on Human Resource & Administration and TWG on Capacity development/Enterprise.

1.2 Mission

ELOHIM FOUNDATION's mission is to provide social intervention services that address the challenges of sustainable human society, through people centred approaches in both urban and rural communities.

1.3 Vision

ELOHIM FOUNDATION's envisions a sustainable human society.

1.4 Objectives:

Core Objectives:

i. To provide community based public health intervention: health promotion and point of care services, while promoting universal access to healthcare for the general public and key populations.
ii. To provide child focused family based interventions in promotion of a safe environment for the comprehensive development and wellbeing of vulnerable children in households, in the best interest of the child.
iii. To promote sustainable environmental practices and resource management towards the attainment of sustainable human society.

Cross-Cutting Objectives:

i. To improve the socio-economic livelihood status of the rural, urban poor and marginalized populations.

ii. To promote a culture of Good Governance and transformational leadership.
iii. To create awareness on the dangers of Conflict/violence, human trafficking, child abuse and irregular migration while mitigating its impact among victims in promotion of the rights and dignity of human life.
iv. To promote knowledge and skills acquisition necessary for human and societal development in attaining human sustainability.
v. To attain a position of an effective and efficient development organization that is service driven, providing distinctive range of quality humanitarian services, towards a sustainable human society.

1.5 Core Values

ELOHIM FOUNDATION's core values are guiding principles and tenets that describe how the organization strives to operate efficiently:

i. **Mutual Respect**: We respect the various traditions and loyalties of our co-workers and partners.

ii. **Solidarity with the poor, excluded and powerless**: We identify as deeply as possible with "people's" hurts and concern.

iii. **Honesty, Accountability & Transparency**: We spare no effort to being reliable, accurate and open in our operations.

iv. **Gender/Racial equity & justice**: We recognize and encourage God given gifts and acquired skill/knowledge in women and as well as in men, in members of all races and ethnic groups.

v. **Courage of convictions and value for inputs:** Determination and boldness to serve, requiring us to be creative, radical, excellent and attractive without being ostentatious and sensational.

Background

BACKGROUND:

Since the first case of HIV was recorded in Nigeria in 1981, the spread and impact of the epidemic grow at a geometrical proportion largely due to ignorance, denial and stigma all through the 1990s with its attendant effects; particularly among high risk groups. Given the state of data from the NESs within this decade HIV/AIDS in the 20th century, in Nigeria has entered the generalized phase, where HIV infection has advanced well beyond high risk groups. Ten per cent of people living with HIV/AIDS world- wide live in Nigeria which marks Nigeria rank first four in the world in terms of HIV/AIDS burden. The Nigerian Sero-prevalence rate dropped marginally from 5.8% in 2001 to 5.0% in 2003 and further to 4.4% in 2005 while in 2008 there was a record increase to 4.6% (Nigerian National Sentinel Survey 2008). It is estimated that more than 4 million Nigerians are living with the HIV virus. While millions of people are already infected with the HIV-virus, many more are at risk of contracting HIV in the coming years.

While the first case of HIV/AIDS in the Federal Capital Territory (FCT), Abuja was in 1991, since then a series of National HIV sentinel surveys conducted showed that FCT has one of the highest prevalence of HIV in the country.

Commonly cited socio-cultural, political, economic, and gender-based drivers of the epidemic include:

- inadequate health facilities for HIV service delivery
- gender-based violence
- myths and misconception about HIV/AIDS
- negative peer pressure
- low risk perception
- HIV-related stigma and discrimination
- Intergenerational sex

The concern for a HIV free communities through advocacy and community's awareness and mobilization led Elohim Foundation to providing HIV/AIDS interventions since 2002 through her first HIV/AIDS Strategic Plan. Hence, in 2006 June/July with the support of FACA, we organized training among community TBA's, Counselors from religious bodies and private health care service providers in the Bwari Area Council,

on Best Standard Practices in HIV/AIDS prevention, treatment and care; aimed at creating the enabling environment for HIV/AIDS Prevention and Care & Support within the FCT. As a follow-up, Elohim Foundation started the first community based mobile HCT services in Bwari which led the establishment of the first HIV/AIDS Support Group (Life Care Support) and an OVC support club both in Kubwa; with an aim at providing the PLWHA's and the OVC's a well-coordinated plate-form for receiving integrated but non facility based (health centered) care and support services from our project office in Kubwa while leveraging synergy through linkages from other organizations.

Problem Statement

However, despite the existence of the Support Group and the OVC club, we discovered increased number of PLWHAs with failing health that are in need of specialized care services as there are insufficient treatment centers in the FCT with more and more people getting infected, as revealed in the 2008 National Sentinel Sero-prevalence Survey.

As HIV prevalence in 1999 was 7.7% in FCT. By 2001 prevalence increased to 10.2% but declined to 8.4% and 6.3% in 2003 and 2005 respectively. However, the 2008 National Sentinel Sero-prevalence Survey shows significant increase of HIV prevalence in FCT to 9.9%. (See Fig.1). At this level the prevalence in FCT is more than twice the national median value of 4.6%.

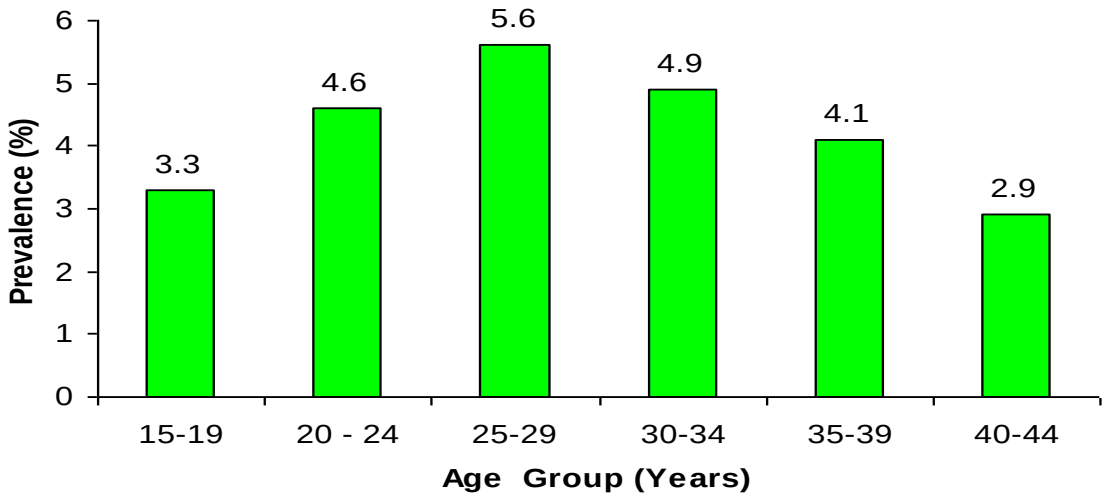
Bwari has been flagged nationally as a hotspot because of its prevalence rate of 22%, the highest ever recorded in the country.
General population aged 15-29 yrs accounted for the highest prevalence across age groups nationally (see fig.1), hence the need for a concerted HIV prevention intervention targeted at general population in Bwari Area Council.
Some coverage gaps include inadequate youth-targeted programs, one-off HIV prevention interventions which did not yield desired behaviour change or a reduction in risky sexual behaviour, norms and practices that fuel the epidemic

Most current HIV programs are concentrated more in the urban areas of FCT (e.g. AMAC) which may have accounted for the high prevalence in Bwari Area Council (NDHS 2008)

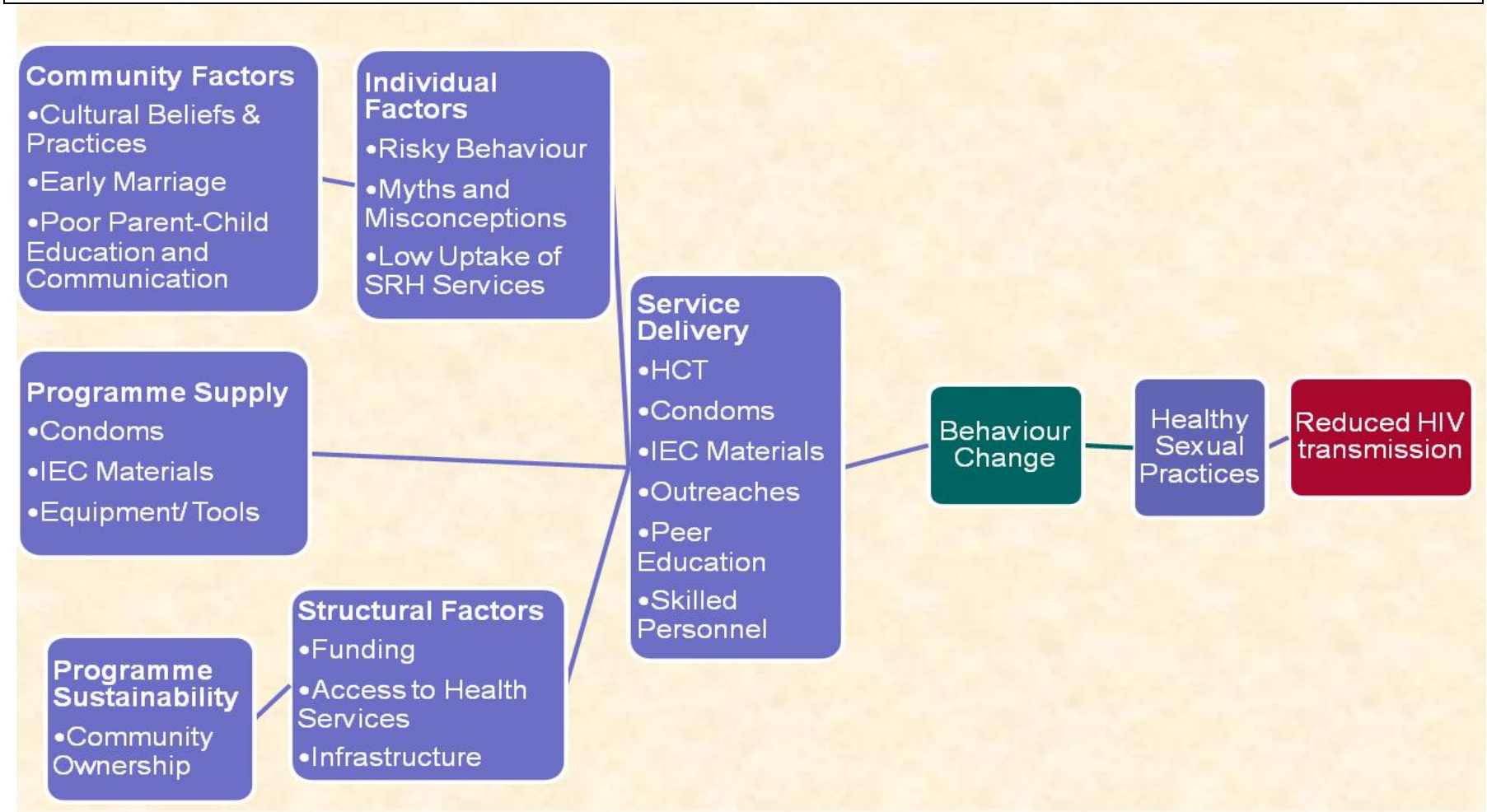
Given our preference for household care and reliance on communities as a systemic approach in service delivery, we have observed that the burden of HIV prevention and care for PLWHIVs is increasingly an emerging need.

There is therefore, the need to scale up HIV prevention and as well cushion the impact of HIV/AIDS on those infected in other to reserves the upward trend in the sero-prevalence rate of HIV/AIDS in the FCT.

National HIV Prevalence Across Age Groups



Conceptual Framework for HIV Prevention Intervention



Goal: To reduce HIV transmission among general population in the FCT and other project States in Nigeria, and Provide Integrated Care & Support Services for PLWHIVs

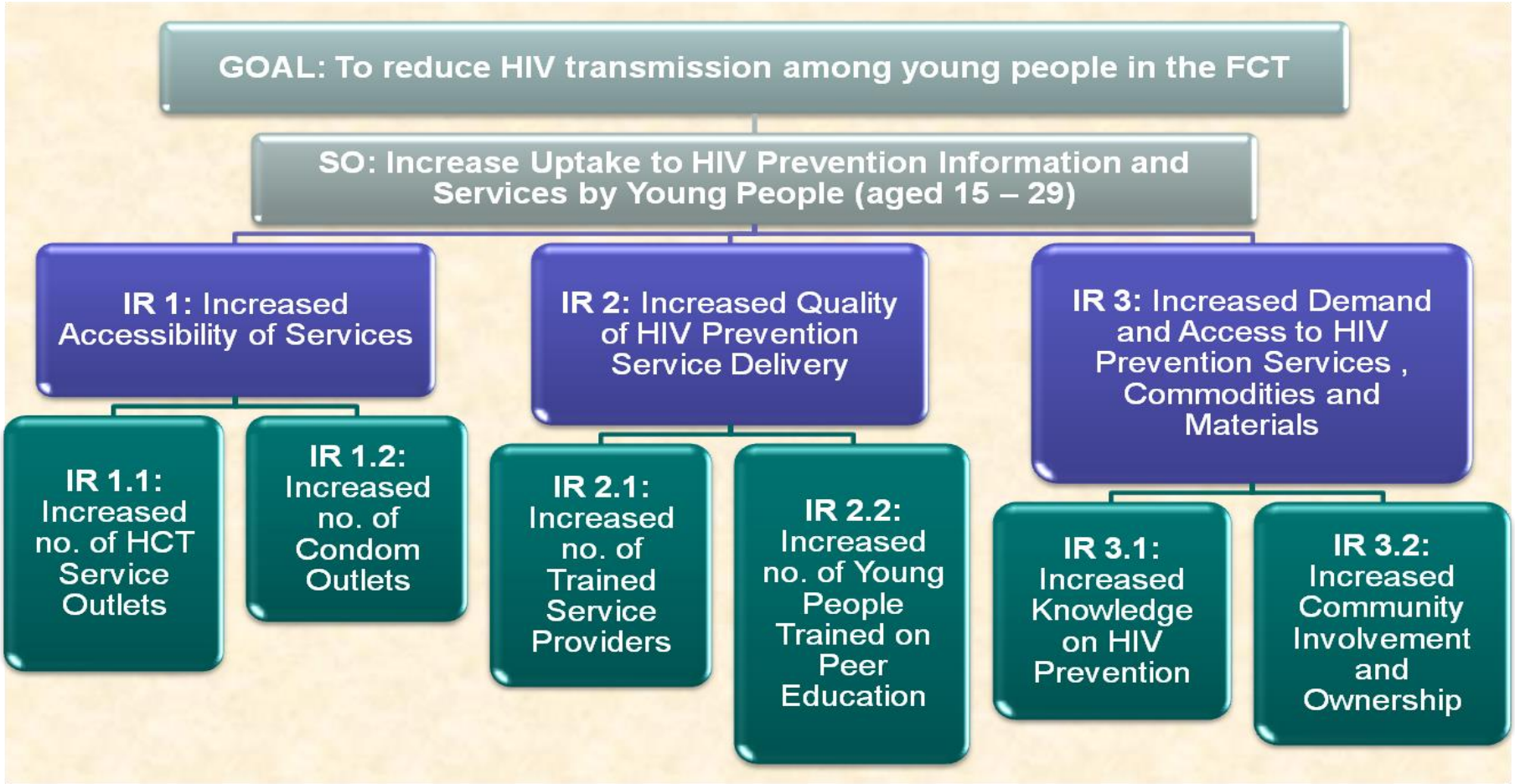
Objectives:

- To equip the foundaion's10 project Wards in Bwari Area Council with requisite capacity through skill building using the National Prevention Plan for the provision of HIV prevention messages and information.
- To provide 3000 community people with free HIV Prevention and HTC Intervention Services on an annual basis from 2012 to 2017.
- To provide an integrated Home Based Care and support services for identified PLWHIVs and their families in each of the Wards, within a 5 year period from April, 2012.
- To increase involvement of community members and other stakeholders through advocacy and community mobilization for ownership and sustainability.

Program Intervention

- Community Engagement
- Training of Peer Educators
- Home Based Care Service Providers
- Peer activities (activities of peer educators with selected cohort) for the delivery of Minimum Prevention Package
- Provision of HTC community outreach and Condom distribution in all project States and FCT.

Results Framework for HIV Prevention Intervention



Indicators

1. Number of Staff trained on the delivery of minimum HIV prevention interventions (disaggregated by sex)

2. Number of staff service providers trained to provide HCT services (disaggregated by sex)

3. Number of general population trained as Peer educators to provide HIV prevention information (disaggregated by sex)

4. Number of condoms distributed

5. Percentage of general population who reported use of condom during sexual act within the last three months (disaggregated by sex)

6. Number of Communities and individuals reached with HIV prevention and HTC services annually.

Indicator Table

Indicator	Type	Numerator	Denominator	Data Source
Number of general population trained as peer educators to provide HIV prevention information (disaggregated by sex)	Output indicator			Training reports Attendance list
Percentage of general population who reported use of condom during sexual act within the last three months (disagg. by sex)	Outcome indicator	number of general population who reported use of condom during sexual act within the last three months	number of general population who reported having sex within the last three months	Evaluation forms and surveys e.g. NARHS plus
Percentage of general population counseled, tested and received their test results (disagg. by sex)	Output indicator	Number of general population who received their test result	Total number of general population counselled and tested	NARHS Plus client intake form and HCT registers
Number of staff service providers trained to provide HCT services (disaggregated by sex)	Output indicator			Personnel Records
Number of Staff trained on the delivery of minimum HIV prevention interventions (disagg. by sex)	Output Indicator			Personnel Records
Percentage of general population who reported consistent use of condoms (disagg. By sex)	Outcome Indicator	Number of general population who reported consistent use of condoms	Number of general population using condoms	Evaluation forms and survey reports
Number of Communities and individuals reached with HIV	Output indicator	Number of communities and individuals mobilized	Number of communities reached and the	Evaluation forms and survey reports

prevention and HTC services annually			individuals counseled and tested.	

Indicator Reference Sheet

Indicator Reference Sheet Title of Indicator				
Program Area: HIV Prevention				
Name of Indicator: Percentage of general population counseled, tested and received their test results (disagg. by sex)				
Geographic Focus: Imo State, FCT and Niger				
DESCRIPTION				
Precise Definition(s): Percentage of general population (aged 15-29 years) counseled, tested and received their HIV test results (disaggregated by sex)				
Numerator: Number of general population who received their test result				
Denominator: Total number of general population counseled and tested				
How to measure: Data collection and analysis				
Unit of Measure: Percent				
Disaggregated by: Sex				
Justification & Management Utility:				
PLAN FOR DATA COLLECTION, COMPILATION, AND ANALYSIS				
Data Sources/Method: NARHS Plus, Client intake form and HCT registers				
Frequency and Timing of Data: Monthly				
Individuals Responsible for Providing Data: Project Director				
Individuals Responsible: Agreement Officers Technical Representative				
Location of Data Storage: M&E Unit				
DATA QUALITY ISSUES				
Date of Initial Data Quality Assessment: Quarterly				
Known Data Limitations and Significance (if any): Inconsistent data (timeliness, completeness, reliability)				
Actions Taken or Planned to Address Data Limitations: Facility supportive supervision				
Date(s) of Future Data Quality Assessments: Quarterly				
Procedures for Future Data Quality Assessments: Consultants				
OTHER NOTES				
Notes on Baselines/Targets:				
Other Notes:				
PERFORMANCE INDICATOR VALUES				
Year	**Target**	**Actual**		**Notes**
		Semi-Annual	Annual	
THIS SHEET LAST UPDATED ON:				

Information Systems

Indicator	Information System	Validity/Reliability in your country context
Number of general population trained as peer educators to provide HIV prevention information (disaggregated by sex)	Training reports Attendance list	100%
Proportion of staff providing HCT services	Foundation's HTC activity report	100%
Number of staff trained on the delivery of minimum HIV prevention interventions (disagg. by sex)	Training reports Attendance list	100%
Percentage of general population counseled, tested and received their test results (disagg. by sex)	Analysis of client intake form HCT registers NARHS Plus	100%
Percentage of general population who reported use of condom within the last three months (disagg. by sex)	Evaluation forms and surveys e.g. NARHS	60%

Monitoring Plans

S/N	Indicator	Type of Activity
1		Service delivery
2	Number of staff trained on the delivery of minimum HIV prevention interventions disagg. by sex)	Service delivery
3	Number of staff trained to provide HCT services (disagg. by sex)	Service delivery
4	Number Of volunteers trained as PE to provide HIV prevention information (disagg. by sex)	Peer education
5	Number of condoms distributed	Service delivery
6	Percentage of GenPop who reported use of condom during Sexual act within the last three months (disagg. by sex)	Evaluation
7	Percentage of GenPop people who reported consistent use of condom during sex (disagg. by sex)	Evaluation
8	Number of GenPop counseled, tested and received results (disagg. by sex)	Service delivery

Impact Evaluation Study Design

Indicator	Methodology	Data Collection Tools	Who will Conduct Data Collection	Stakeholders	Timeline	Analysis/Generation of Data	Dissemination
Percentage of general population who reported use of condom during sexual act within the last three months (disagg. by sex)	Questionnaire design and administration	Questionnaire	Interviewers who will be trained as supervised by project staff	General population (15-45 years) in Bwari LGA, service providers, ACACA, FACA, Donor agencies	Mid and End of project	Collation of data, aggregation and analysis of collated data using SPSS, STATA	To Stakeholders through stakeholders' meeting, publish findings of report
Percentage of general population who reported consistent use of condoms (disagg. By sex)	Questionnaire design and administration	Questionnaire	Interviewers who will be trained as supervised by project staff	General population (15-45 years) in Bwari LGA, service providers, ACACA, FACA, Donor agencies	Mid and End of project	Collation of data, aggregation and analysis of collated data using SPSS, STATA	To Stakeholders through stakeholders' meeting, publish findings of report

Plan for Information, Dissemination and Use

Audience	Decision to be made	Information need	Dissemination method	Information use for
•Community leaders •Youth •Service providers •Bwari Area Council •FACA •Donor Agencies •Implementing partners •Academia	•Measure program achievements •Plan for improve intervention strategy	•Monthly reports •Quarterly reports •Annual Report •Activity reports •Publications	•Stakeholders meeting •Dissemination workshops •Stakeholders Conferences •IEC materials •Quarterly news bulleting	•Data review/validation •Review of activities/achievements • Decision making •Educate youth to be able to take effective decision on inform behavior change

Data Use Timely

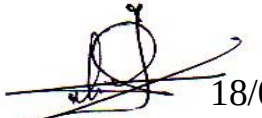
	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Monitoring Plan																				
Evaluation Plan																				

Constraints to an Effective M&E System

- Poor infrastructure (facility)
- In-adequate manpower
- In-adequate funding
- Lack of political will
- Capacity gap
- Staff attrition



18/07/2021
Mrs. Ngozi Obilor
President Board of Trustees.



18/07/2021
Arc. Ibecheole, Julius
Executive Secretary/Project Director