INTEGRATED HIV/AIDS, TUBERCULOSIS AND MALARIA (ATM)

RESPONSE RESOURCE KIT

FOR CIVIL SOCIETY ORGANISATIONS IN NIGERIA

MODULE 3

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

actionaid nigeria

ACOMIN
Civil Society in Malaria control, Immunization and Nutrition

Stop TB

MODULE 3
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Capacity Building /Enhancement

MODULE 3
CAPACITY BUILDING/ ENHANCEMENT

Objectives

At the end of the training, participants are expected to:

-Understand the nature of CSOs that can contribute to HIV/AIDS, Tuberculosis and Malaria services in Nigeria;
-Understand the CSOs that need capacity building and the type of capacity building needed for effective ATM interventions in Nigeria;
-Know the importance of institutional development in terms of management team formation, work/strategic plan development, costing of programmes, Prioritisation & Implementation of interventions and financial records/systems for effective ATM interventions in Nigeria;
-Comprehend the importance of gender mainstreaming for active and effective response to ATM challenges in Nigeria;
-Understand the need for strong media involvement in actively and effectively responding to ATM challenges in Nigeria;
-Appreciate the importance of partnerships and collaboration in actively and effectively responding to ATM challenges in Nigeria.

Training Contents

Understanding the nature of civil society organisations
- **Targets (Who needs capacity building/enhancement?)/What each target needs to know**
- **Institutional development for ATM response (Management team formation, Work/strategic plan development, costing of programmes, Prioritisation & Implementation of interventions, Financial records/systems)**
- **Gender mainstreaming**
- **Media Relations**
- **Partnership & Collaboration**

3.1 Understanding the Nature of Civil Society Organisations

Civil society organisations (CSOs) represent a wide range of actors outside government and the for-profit sector, including national and international non-government organisations (NGOs), faith-based organisations (FBOs), professional associations, trade unions, PLWHIV groups and community-based organisations (CBOs). They range from national level organisations such as major NGOs or professional organisations to grassroots groups, such as women's savings clubs.

Why are CSOs important?

CSOs play a vital role in ATM programmes for the following reasons:

- *The government alone cannot succeed against ATM.* There is consensus that the factors that determine ATM epidemic are often outside the influence of governments. Especially where cultural values and community norms are of critical importance, CSOs have a vital role to play in prevention, in care, treatment and mitigation activities;
- *Public sector fully extended.* Public capacity to respond to ATM is already fully extended and cannot meet societies' escalating prevention, care and coping needs, without extensive CSO involvement;
- *Rapid Response.* CSOs can often respond more rapidly than other agencies.
- *Sharing the burden.* CSOs may help to protect public sector health and social services becoming overburdened by ATM;
- *Crisis response.* The scale of the ATM crisis necessitates the fullest possible CSO involvement at all levels. Most people with ATM-related illness already receive most of their support and care from the community, not from formal institutions. Only through community involvement can programmes of sufficient number, scope, coverage and value for resources and effort be achieved. Yet there is discontinuity between formal and informal responses that has not been adequately addressed. Formal responses seldom reach or provide appropriate support to community initiatives and communities are seldom able to access formal support;
- *Increasing community ownership.* CSO involvement leads to increased

community ownership, leadership and management of ATM responses;

- *Sensitivity of ATM*. Because of the intimate, personal and sensitive nature of ATM, most prevention, care and support and mitigation responses are best addressed through local, community initiatives;
- *"Contextualised" response.* The highly specific, localised context in which ATM diseases, and in which prevention, care and coping responses are mounted, necessitates a wide range of locally defined, socially "contextualised", community initiatives;
- *Reaching the poorest and hardest to reach.* CSOs are able to provide training and resources to the poorest and most marginalised members of society, including hidden, marginal or under-served communities. Ensuring that training and resources reach such people is a cardinal goal of the GFATM/ other ATM donors approach;
- *Value.* CSO responses represent an economical and effective way of reaching and serving large numbers of beneficiaries. Numerous community health activities illustrate that resources focused directly at community level can have far greater value than comparable resources directed to formal structures;
- Innovation. CSOs often develop innovative and cost-effective ATM responses.

What are the major kinds of CSOs?

It is helpful to distinguish at least four different kinds of CSOs recognising that some CSOs may belong to more than one category:

Non-governmental Organisations (NGOs)

NGOs are usually formally registered organisations, with a formal structure, including a membership, board members and paid staff. They are typically required to submit periodic progress reports and audited financial statements to a parent ministry (or the donor), so they have at least some financial management capacity. There is also considerable variability: from local NGOs operating in defined geographic areas, to national NGOs, with a national presence, to international NGOs with thousands of staff operating in many countries. Financial management capacity, human resources and programming experience typically increase as one moves from local through national to international organisations. NGOs may also be classified by thematic focus, for example, development, human rights, environment or health NGOs. Many NGOs have considerable scope to add or mainstream ATM within their existing activities.

Professional associations and trade unions

These are vocational groups whose members form associations or unions to advance their occupational interests, typically by setting occupational standards, providing accreditation, negotiating compensation and developing a public position on matters of common interest. Examples include associations of lawyers, accountants, teachers and nurses or unions for transport, construction or agricultural workers. Nearly all formal sector employees are represented by one or more associations or unions. Their great strength is the size of their membership. They represent a greatly underused and promising channel to reach thousands of employees and their families in all sectors and levels of employment.

Faith-Based Organisations (FBOs)

These are religious affinity groups, including Christian, Independent, Islamic, Hindu, Judaic, and traditional and other faiths. Although their primary aim is to provide spiritual teaching and guidance, most are enjoined by faith to undertake a social mission which includes teaching, care and welfare. Before the development of the modern administrative state in the last century, FBOs were virtually the only providers of education, care and social welfare services in many areas. They continue to play an important role. They range from national level institutions, with a central secretariat and significant financial management capacity, to independent, grassroots religious communities, with limited administrative experience. They have much strength: a strong commitment to education, care and social service; numerous adherents, particularly in the developing world; and unrivalled rural reach. Many have an umbrella structure, in which local religious communities, such as parishes, are linked to provincial structures, such as dioceses, which in turn are linked to a national secretariat. There is thus great scope to channel resources and training through a national secretariat to an entire province or country.

Community-Based Organisations (CBOs)

These are typically grassroots membership Organisations, often without a formal structure or registration. They are remarkably diverse. Examples include informal traders' associations, farmers clubs, savings/cooperative groups, sports clubs, PLWHIV groups and local youth groups. Whereas many NGOs serve communities, CBOs are themselves drawn from and representative of their communities. They represent both implementation channels and beneficiaries. Whereas NGOs are often valued for their flexibility and professional skills, CBOs are valued because they usually directly represent the ultimate beneficiaries. Because CBOs may lack formal structures and financial management systems, it is important either to link them to NGOs or to develop simplified financial management systems, typically limited to a committee, a bank account, a cash book and a file of receipts. Many ATM programmes try to build partnerships between NGOs and CBOs. NGOs provide resources, simple systems, training and support to CBOs. There is great

scope to increase support to CBOs by developing simplified financial management procedures, designed specifically for CBOs and by promoting mentoring partnerships between NGOs and CBOs.

The challenge of assessing CSO's capacity for effective scaling-up of activities to deliver/implement ATM interventions at different levels objectives is recognised to be a key issue in ATM interventions at different levels. There are a variety of CSOs with different sizes, capacity, knowledge, skills, and geographic coverage which are responding to the ATM epidemic.

This chapter deals with CSO capacity assessment needs, methodologies and suggests essential assessment aspects from GFATM/other ATM donors experience. There are a number of CSO (NGO/CBO) assessment toolkits developed by various organisations that are available on the internet.

Why CSO assessment is important

The need for CSO capacity assessment is important to:

- Determine a country's overall implementation capacity;
- Assess to what extent scaling-up of ATM initiatives can be realistically pursued in a country;
- Help in planning realistic policies, strategies and plans to enhance a country's response to ATM in partnership with CSOs;
- Develop practical working relationships with CSOs in fight against ATM from the community to the national levels;
- Determine individual CSO's capacity at the time of their request for grant financing from the GFATM/OTHER ATM DONORS (and other) sources of funds. This is to ensure that the CSO can deliver the outputs and outcomes needed for the ATM programmes in a transparent and accountable fashion; and
- Mobilise as many resources as possible to generate a rapid response against the epidemic.

Types of CSOs and the levels of assessment

It is necessary to understand the types of CSOs in a country and their basic characteristics and the levels of assessment.

- **Grassroots level community group**
- The leader is usually the community head or a religious leader in the community.
- The group has some knowledge of delivering community based activity (ies).

• Has access to people who can read, write and can maintain basic cash-in and cash-out registers.

A sample of such groups should be included in the national assessment. Basic assessment is required to determine if they can undertake ATM initiatives on a limited scale at the time of applying for the funds.

•Community Based Organisation. Including Special Interest Groups (Women, Youth, CSW, etc)

• Has a formal management structure (usually 3+ people);
• Covers well identified target locations, or 1-5 villages or small population clusters;
• Has some knowledge of accounting requirements and usually has access to a full-time or part-time accountant or a bookkeeper;
• Has basic knowledge of ATM related issues, community mobilisation, community based development;
• A sample of such CBOs needs to be included in the national assessment;
• Assessment at the time of grant application to include: past experience in implementing social development activities; knowledge of ATM and related challenges; acceptability by the communities they cover; fiduciary management capacity.

Local NGO

• Has a formal management structure (usually 10+ people);
• Covers more villages or population clusters;
• Has satisfactory knowledge of accounting requirements and has access to a fulltime or part-time accountant;
• Has general knowledge of ATM related issues and community mobilisation, community based development, monitoring and evaluation requirements;
• Is currently receiving funds (not necessarily for ATM) from bigger NGOs (local or international), donors or the government;
• A sample of such LNGOs needs to be included in the national assessment;
• Assessment at the time of grant application to include: past experience in implementing'
•social development activities; ATM activities, knowledge of ATM and related challenges; acceptability by the communities covered; fiduciary management capacity including past financial statements; monitoring & evaluation knowledge and practice; established office place with consumables, equipment and having a regular operating budget, ability to mobilise additional funds and a strategy for scaling up ATM activities.

International NGO

• Has a formal management structure including technical and administrative staff;

- Has established accounting procedures as per international standards;
- Covers a number of population clusters;
- Has thorough knowledge of ATM related issues, community mobilisation, community based development, monitoring and evaluation requirements;
- Have considerable years of experience in the county (or internationally) in the areas of basic health care and/or ATM;
- A sample of such INGOs needs to be included in the national assessment;
- Assessment at the time of grant application to include: past experience in implementing social development activities; ATM activities, knowledge of ATM and related challenges; acceptability by the communities covered; fiduciary management capacity; monitoring and evaluation knowledge and practice; established office with consumables, equipment and having a regular budget;

It should be noted that faith-based organisations, professional bodies, town unions, industrial unions, women/men groups, support groups, etc, can all operate like the civil society organisations in ATM interventions.

Capacity assessment of civil society organisations

Project preparation stage

(a) What to assess. Approaches for both cases are different; a broader assessment is needed to establish overall country's capacity:

• Geographic area covered, type, experience in ATM or basic health care areas, budget & sources of funding, staffing, beneficiaries being served, type of sub-projects being implemented or experienced;
• ATM awareness of the CSO staff;
• Attention to gender issues, community ownership;
•Community participation in project design/development and that it addresses matters raised by the community;
• Relationship with public-sector counterparts and relevant donors;
• Planning, administration and project management capacity;
• Financial management, procurement management capacity sustainability, experience and weaknesses;
• Programme monitoring and evaluation capacity.

(b) What to deduce from assessment.
• Generic capacity weaknesses and activities to mitigate capacity risks;
• Assessment criteria for the GFATM/other ATM donors grant applicants;
• M&E requirements;
• Sub-grant application process (es);
• Contracting out options for subproject appraisal, review, supervision, fiduciary management, fiduciary advisory services for CSOs;
• Whether the community has been involved in the design of the project, and whether it addresses concerns raised by the community;
• Levels of government and non-government mechanisms to get resources to the CSOs as quickly as possible;
• Capacity building plan with cost estimates and strategy for implementation; and
• Defining the scope of the GFATM/other ATM donors.

What activities do CSOs undertake?

CSOs play a leading role in changing cultural values and community norms, and in assisting community support, care and mitigation responses.

Advocacy:
Advocacy CSOs, such as PLWHIV Support groups, TB/DOTS patients and Support Group have a major role to play in advocacy to improve ATM response

Training
CSOs play a major role in training

Prevention:
Mass communication CSOs have role to play in promoting discussion of mass media campaigns. CSOs have an important role to play in promoting behaviour

change communication and supporting peer education.

CSOs have a role to play in promoting mass media campaigns, behaviour change communication and supporting peer education.

3.2 Targets: Who Needs Capacity Building/ Enhancement and What Each Target Needs To Know

Capacity enhancement for effective ATM service delivery is dependent on the needs of the target requiring it. These groups may include healthcare workers, ATM former and current service seekers, policy makers, community members, other CSOs, the public sector, the private sector, the FBOs, the academia/research institutes, the media, etc.

The needs can be identified through assessment or demands by the target requiring capacity enhancement. Capacity development may cover personnel and institutional development, depending on the needs assessment or the demands.

Capacity building may be done in form of specific training/retraining, mentoring, partnership, funding, technical support, conferencing/meetings, etc.

The knowledge required is dependent on the aspect of ATM interventions being implemented by the target groups and the real or anticipated challenges by the group(s) requiring capacity enhancement.

3.3 Institutional Development For ATM Response

Comprehensive response to ATM requires organised institutions with a pragmatic Strategic plan that can be implemented. The strategic plan should outline the vision, the goal, the objectives and the activities of the organisation with respect to any aspect of ATM interventions.

The structure of the organisation in terms of membership, roles definition, jobs/roles description, reporting lines, levels of authority and organisational charts should also be outlined. leadership structure in terms of board development, team building, decision making, delegation processes should also be defined.

Programme design and management, human resource management, financial management and Information management should also be well defined.

Organisational continuity and sustainability with respect to resource mobilisation, fund raising, public relations, community participation, expansion and inter-organisational plan should be developed as a mid-term or long-term plan.

Institutional development is the improvement of both public and private organisations as well as the rules, regulations, practices, values, and customs that shape and influence an entire society. It should be effective and efficient in delivering ATM services. Organisational strengthening involves improving the overall structure, management and operations of the organisation.

Management Team Formation

The structure of the organisation in terms of membership, roles definition, jobs/roles description, reporting lines, levels of authority and organisational charts should also be outlined. Leadership structure in terms of board development, team building, decision making, delegation processes should also be defined. Management team ensures that all elements are in place. They also build partnerships with all relevant stakeholders.

- **Work/Strategic Plan Development**

Comprehensive response to ATM requires organised institutions with a pragmatic

Strategic plan that can be implemented. The strategic plan identifies where the organisation wants to be and how it is going to get there. It should outline the vision, the goal, the objectives and the activities of the organisation with respect to any aspect of ATM interventions.

- **Community Action Plan Development**

The development of the Community Action Plan should be participatory, involving the community in a bottom-top approach. Community involvement is crucial to identifying the ATM needs of the community. This is important for ATM interventions to succeed.

Programme design and management, human resource management, financial management and Information management should also be well defined.

Comprehensive response to ATM requires organised institutions with a pragmatic

Suggested Community Action Plan Development Template (UNICEF)

SN	Current Situation	Activity	Planned Change	When (Time Line)	How Methodology	By Whom (Persons Resp)	With What (Materials Needed)	Source of Funding
1								
2								
3								
4								
5								

Strategic plan that can be implemented. The strategic plan should outline the Vision, the goal, the objectives and the activities of the organisation with respect to any aspect of ATM interventions.

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Programme design and management, human resource management, financial management and Information management should also be well defined.

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Costing of Programmes

It is the system of allocating expenditures to various activities involved in the implementation of programmes.

Prior to programme costing, the following steps must have been carried out, namely:

- Identify the programme/intervention
- Set goals and objectives
- Outline strategies to achieve the set objectives
- List various activities to be carried out
- Identify needed resources (provider, target (community), resource person, etc), quantity required and time frame.

Financial Records

This is the accurate entry of all financial transactions in the relevant instrument. These instruments include:

- ledger
- Cash Book
- Payment Voucher
- Asset Register
- Receipts/Certificate of Honour
- Staff Advances
- Retirement forms
- Monthly Timesheet
- Petty Cash Voucher, etc

Financial Systems

This is an internal control system put in place for checks and balances.
Assigning of responsibilities to personnel, e.g. signing of cheques by designated signatories, keeping of cheque booklet, handling of petty cash, preparing of vouchers before any form of payment is made, etc;

Prioritisation

Prioritisation is the essential skill you need to make the very best use of your own efforts, and those of your team. It is particularly important when time is limited and demands are seemingly unlimited. It helps you to spend your time wisely, freeing you and your team up from less important tasks that can be attended to later or be

quietly dropped. With good prioritisation (and careful management of de-prioritised tasks) you can bring order to chaos, massively reduce stress, and move forward successfully. Without it, you'll flounder around, drowning in competing demands.

Reasons for Prioritisation

Prioritisation can be based on time constraints, on the potential profitability or benefit of the task you're facing, or on the pressure you're under to complete a job:

- Prioritisation based on project value or profitability is probably the most commonly-used and rational basis for prioritisation. Whether this is based on a subjective guess at value or a sophisticated financial evaluation, it often gives the most efficient results;
- Time constraints are important where other people are depending on you to complete a task, and particularly where this task is on the critical path of an i mportant project. Here, a small amount of your own effort can go a very long way;
- And it's a brave (and maybe foolish) person who resists his or her boss's pressure to complete a task, when that pressure is reasonable and legitimate.

Prioritisation Tools

While these simple approaches to prioritisation suit many situations, there are plenty of special cases where you'll need other prioritisation and time management tools if you're going to be truly effective. We look at some of these below:

1. Paired Comparison Analysis:

Paired Comparison Analysis is most useful where decision criteria are vague, subjective or inconsistent. It helps you prioritise options by asking you to compare each item on a list with all other items on the list individually. By deciding in each case which of the two is most important, you can consolidate results to get a prioritised list (make priority list of the intervention);

2. Grid Analysis:

Grid Analysis helps you prioritise a list of tasks where you need to take many different factors into consideration;

3. The Action Priority Matrix:

This quick and simple diagramming technique asks you to plot the value of the task against the effort it will consume. By doing this you can quickly spot the "quick wins" which will give you the greatest rewards in the shortest possible time, and avoid the "hard slogs" which soak up time for little eventual reward. This is an ingenious approach for making highly efficient prioritisation decisions;

4. The Urgent/Important Matrix:

Similar to the Action Priority Matrix, this technique asks you to think about whether tasks are urgent or important. Frequently, seemingly urgent tasks actually aren't that important. And often, really important activities (like working towards your life goals) just aren't that urgent. This approach helps you cut through this;

5. The Ansoff & Boston Matrices:

These give you quick "rules of thumb" for prioritising the opportunities open to you. The Ansoff Matrix helps you evaluate and prioritise opportunities by risk. The Boston Matrix does a similar job, helping you prioritise opportunities based on the attractiveness of a market and your ability to take advantage of it.

6. Pareto Analysis:

Where you're facing a flurry of problems needing to be solved, Pareto Analysis helps you identify the most important changes to make. It firstly asks you to group together the different types of problem you face, and then asks you to count the number of cases of each type of problem. By prioritising the most common type of problem, you can focus your efforts on resolving it. This clears time to focus on the next set of problems, and so on.

7. Nominal Group Technique:

Nominal Group Technique is a useful technique for prioritising issues and projects within a group, giving everyone fair input into the prioritisation process. This is particularly useful where consensus is important, and where a robust group decision needs to be made

Using this tool, each group participant "nominates" his or her priority issues, and then ranks them on a scale, of say 1 to 10. The score for each issue is then added up, with issues then prioritised based on scores. The obvious fairness of this approach makes it particularly useful where prioritisation is based on subjective criteria, and where people's "buy in" to the prioritisation decision is needed.

Implementation of interventions of ATM projects

Implementation of ATM projects should be based on the priority of the community needs.

Organisational continuity and sustainability with respect to resource mobilisation, fund raising, public relations, community participation, expansion and inter-organisational plan should be developed as a mid-term or long-term plan.

3.4. Gender mainstreaming

Gender mainstreaming is a process of assessing the implication for women and men of any planned action including, legislation, policies or programmes in all areas and at all levels. It is a strategy for making women as well as men's concern and experiences an integral dimension of the design, implementation and evaluation of policies and programmes in all political, economic and societal phases so that inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Objectives of a Gender Equality Strategy

The four objectives are to

- Scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- Decrease the burden of disease for those most at-risk;
- Mitigate the impact of the three diseases; and
- Address structural inequalities and discrimination.

Gender and Disease: The need to know

Gender disparity is at the centre of the spread of diseases as evident in the following:

- Norms on sex and sexuality inform attitudes and behaviour which in turn have implications for the prevention and transmission of diseases. The subordinate roles which women play in social relations often constrain access to information on prevention and treatment of diseases, and services;
- Poverty, cultural and sexual norms, legal hurdles, long-distance employment tend to make women of various ages and environments more vulnerable (through risk behaviour) and to lack access to information, assets and services;
- Youths, especially girls, are more at risk due to such risk behaviours such as unprotected sex, injecting drugs, commercial sex work, and limited empowerment;
- The limited economic opportunities, access to and control over resources resulting in women being often dependent on men on issues of their health and decision-making relating to disease prevention and treatment. Gender-

based violence weakens the capacity for such decision making by women even further;

- The role of females as caregivers tends to limit their involvement in economically productive activities and worsens their poverty level and vulnerability;
- Laws and policies and or their implementation tend to further weaken women's rights and access to minimum conditions for disease prevention and sometimes more vulnerable to gender-based violence;
- Women are more at risk of HIV infection than men and their living conditions could tend to predispose them to other diseases. It is more likely that a woman will be infected during sexual intercourse than men;
- Cultural practices such as female genital mutilation (FGM) and widow inheritance may increase the spread of HIV while poor living conditions aid the spread of TB and the risk of malaria;
- Cultural conditions and stigma may constrain the willingness to seek help especially in cases of TB and HIV/AIDS.

Integrating gender into programmes

Two key foundations are identified as central to gender issues in ATM:

- The promotion of women's empowerment
- Encouragement of male involvement.

These two approaches seek to change the gender-based norms and inequalities that make women and men vulnerable to ATM and their impacts.

Women's empowerment

Key elements of empowerment include:

- Improving women's access to information, skills, services, technologies and economic resources;
- encouraging participation in decision making;
- Fostering a group identity that can serve as a source of collective power for women
- Creating a supportive policy and legislative context for women and protect them from violence.

Such interventions can be integrated into existing ATM programmes and can be either clinic or community based.

Male involvement

There is need to address:

a. masculine gender norms that promote risk-taking and place men, boys, and their partners at increased risk;
b. Strengthen positive masculine gender norms that support health-promoting behaviours and gender equity;
c. Identify and develop strategies that encourage men to seek health care services and information for their own health and wellbeing;
d. Improve men's support for women's health, discussions about sexuality and safer practices, and women's decision making and rights; and
e. Ensure that male involvement programmes carefully evaluate gender relations and the impact of such involvement so these strategies do not cause unintended harm.

Everyone in the community is susceptible to malaria, TB and HIV/AIDS. Since age and sex could determine vulnerability and risk status, it is important for gender-based interventions to focus on those who are more vulnerable and at risk. This approach requires the following related steps which are applicable to government at all levels, CSOs and CBOs:

a. The use of checklists to identify appropriate interventions that address specific female and male vulnerability and risk factors. Gender sensitive strategies and interventions therefore target specific group of men or women to address identified needs. These could be migrant workers, male street children, boys and men in prison, sex workers or men and women in the armed forces;
b. Forming strategic partnerships with influential leaders to reach vulnerable and at-risk groups, of male and female. Governments, CSOs, FBOs, the private sector and other stakeholders have critical roles to assume and play in addressing the challenges of ATM. Their leadership is vital. They should set agendas, prioritise issues and make budgetary decisions in a clear and complementary way;
c. Designing and implementing ATM operations that takes into account gender-based risk and vulnerability. This should take the form of
- Messages about empowering women in advocacy programmes and projects;
- Gender-sensitive peer education in prevention, treatment and care programmes and projects
- Creating supportive environments to address discrimination and stigma in prevention, treatment and care programmes; and

- Factoring gender-relevant considerations into all stages of the project cycle.

d. Development and use of gender-sensitive indicators for monitoring and evaluation (M&E). Such gender-sensitive M&E requires a mix of input, output, process, outcome and impact indicators that reveal the extent to which an activity has addressed the different needs and constraints of women and men. Such outcomes should be used to improve implementation and maximise efficacy and efficiency on a continual basis. The M&E systems cover components, such as surveillance systems, research and financial monitoring.

Behaviour Change Programmes

Programmes that integrate gender are more successful in changing the attitudes of men and women toward the adoption of preventive/protective behaviours.

Programmes need to:

- Avoid stereotypes of femininity and masculinity which tend to reinforce the subservience of women;
- Assure that prevention strategies do not overlook key constraints;
- Identify and use information channels and networks to which men, women, girls, and boys have access;
- Support critical examination and transformation of gender norms in ATM prevention and education programmes and informal educational settings; promote community mobilisation and participation of leaders for required changes; identify and support needed changes in norms; build the capacity of those delivering prevention programmes to address gender and sexuality, with an emphasis on preparation and skills building for teachers, providers, and peer educators who themselves often do not have the awareness and capacity to facilitate activities that address gender issues;
- Develop multi-sectoral activities that address larger social and economic gender inequalities, women's lack of income, limited access to education, and denial of legal rights;
- Promote reorientation on gender norms which do not allow women to take decisions to protect themselves even as sex workers;
- Respond to the different gender norms and inequalities that affect women and men's ability to adopt appropriate behaviour e.g. ABC (“Abstinence, Be Faithful, Use Condoms”) strategies;
- Develop and document successful models that link health sector responses to ATM with other sectors in order to meet needs for increased access to economic, educational, agricultural, and legal resources.
- Decrease institutional barriers to collaboration;

• Identify and respond to gender-based constraints to participation, including, for example, providing women with child care or providing women-only spaces to facilitate identification of priorities and needed capacity building by and for women;
• Promote capacity building within PLWHA groups to understand gender relations and fostering equitable participation and leadership by both women and men;
• Promote capacity building within ATM interventions and policies including attention to equal representation and decision making power of women as well as men; and
• Explore potential alliances between traditional women's groups and ATM Organisations, in order to strengthen understanding of shared agendas as well as facilitate increased participation of women in defining programme and policy responses;
• Incorporate gender and human rights analysis into the development of policies and strategic plans, for example, ensuring that strategic plans include analysis of current gender norms and inequalities as they relate to ATM, and include specific strategies and implementation plans to address these issues;
• Build the capacity of key stakeholders in the policy process to understand how gender affects vulnerability and impact;
• Ensure the participation of affected groups in the policymaking process;
• Allocate budget and technical resources for the development of gender-responsive interventions.

Prevention Methods:

•Promote and improve access to the female-controlled prevention methods and achieve consensus on intended users;
• Support advocacy for research and development, availability and use of microbicides are widely available and correctly and consistently used by individuals at risk of HIV/STIsespecially women;
• Assure that promotion of dual protection includes an assessment of potential consequences especially related to the violence women could face if they suggest preventive devices;
• Explore the opportunity, especially with sexually active youth, to address issues of stigma. Identify such local issues;
• Address health workers' potentially stigmatising or discriminatory attitudes;
• Build capacity with providers and clients to address issues of women's protection choices, how to help clients critically assess their prevention needs, and how to tailor recommendations to these assessed needs;
• Develop approaches that reach men with needed information and services;
• Develop approaches that reach different vulnerable groups with needed information and services. The greater involvement of vulnerable groups should be promoted at all levels of decision making, including design, development, delivery,

and evaluation of programmes in addition to inclusion in peer education and outreach activities;

- Support advocacy efforts to reduce stigma, discrimination, and human rights violations, including community and police harassment of marginalised groups which create barriers to accessing services;
- Determine how best to prioritise which client groups should be reached by integrated services;
- Avoid messages and practices that reinforce the stereotype of women as vectors of HIV infection;
- Recognise and develop protocols that address the potential negative and often harsher consequences for women following testing or disclosure of HIV-positive or TB infection status;
- Integrate full assessments of potential risks to learning one's HIV status into counselling;
- Assure fully informed consent and support women's right to decide whether or not to test;
- Develop models to promote involvement of men in HIV testing;
- Agree on activities to provide psychosocial support to HIV-positive women, including information, support, and referral services for living as an HIV-positive woman, as well as information and support for reproductive and other health decision making; and
- Promote community-based participation, education, and mobilisation to increase knowledge about PMTCT programmes, promote understanding of PMTCT as the equal responsibility of men and the community as well, and transform the current norms, stigma, and discrimination that tend to blame women as being solely responsible for having HIV and potentially transmitting HIV to a child.

Meeting the Needs of HIV-positive Women

Policymakers and programme managers need to ensure that PMTCT initiatives, particularly as they begin to scale up, respond to the full range of HIV-positive women's needs. This can be done when they:

- Include goals and outcomes that promote women's overall health and well-being, as opposed to viewing women only as a vessel for delivering babies;
- Account for the stigma and discrimination as well as material constraints that affect women's breastfeeding options and choices;
- Support the implementation of interventions that provide access to full treatment, care, and support (e.g., nutrition, opportunistic infection prophylaxis and treatment, ARVs, and long term care) for women and their families beyond the use of ARVs to prevent MTCT;

• Assure women's access to the full range of clinical options, including access to health care services where women can deliver with a skilled provider, intermittent preventive therapy for malaria;
• Develop holistic programmes that go beyond health care services alone and that provide links to psychosocial support and self-help groups, nutrition, food security, income generation activities, and services related to other needs (e.g., succession, orphan support, and inheritance rights);
• Build provider capacity to provide full information about support, and respect for infant feeding choices
• Address the dynamics of Prioritisation for and financing of treatment, including the development of strategies to mitigate the potential impact on family assets and resources;
• Further assess and design strategies to address potential barriers to women's equal access to treatment, including those related to household decision making, financing of treatment, and also the impact of gender differences in formal sector workforce participation on access to treatment (especially related to access to treatment that comes through workplace programmes);
• Assure the meaningful involvement of women and men living with HIV/AIDS or having TB in the design, delivery, evaluation, and monitoring of programmes in order to maximise the opportunities to identify and respond to potential gender-based inequities and barriers, and to promote fair and equitable access for all.

Sample Checklist of Appropriate Interventions for Vulnerable Females

Reducing Poverty and Economic Dependency

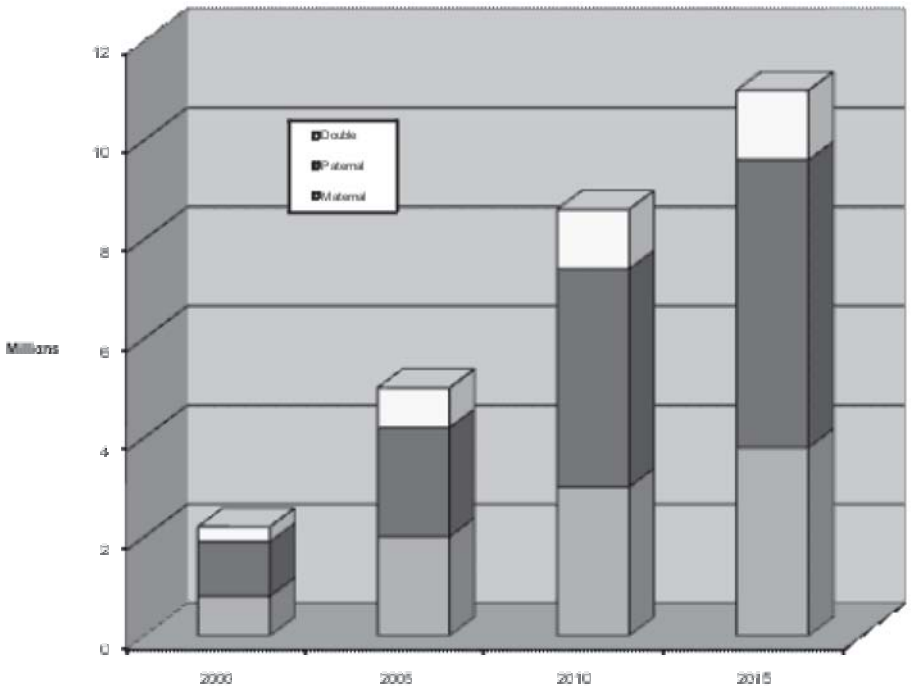
- Programmes to retain girls in school caring for HIV-positive parents or guardians and assure their access to education and subsequent paid employment.
- Change inheritance and property laws/customs that impede access by women (including widows) to property and resources.
- Create income generating/livelihood activities for female ATM victims in integrated ATM projects.
- Empower commercial sex workers (CSWs) to protect themselves.
- Incorporate social and economic support for people living with HIV/AIDS (PLHIV), including home-based care.

Addressing the Negative Effects of Cultural Norms

- Focus (with the full involvement of the media) on reducing the stigma

associated with HIV/AIDS and TB at national, regional and local levels.

- Develop locally appropriate and culturally sensitive Mother-to-Child-Transmission (MTCT) prevention communication strategies that address denial, stigma, fear, gender roles and victimisation.
- Encourage influential members of the government and community to speak up about AIDS, TB and Malaria and provide active leadership.
- Incorporate social and economic support for PLWHIV, including home-based care, in HIV/AIDS projects, e.g., provide incentives for males to participate in care giving.
- Offer financial, social support, training and education opportunities to female orphans and vulnerable children (OVC) to prevent a recurring cycle of poverty and infection.



Projected Number of Orphans and Vulnerable Children in

Changing Sexual Norms

- Provide sex education to both girls and boys before they become sexually active.
- Educate adults, adolescents, and children about gender relationships, and disease prevention activities.
- Provide training to educators, healthcare professionals, government and community leaders about ATM. All training should include a section on how gender norms and gender inequalities create different vulnerabilities for men and women.

- Adopt culturally sensitive approaches in programmes on ATM prevention.
- Encourage open discussion of sex and risk factors, focusing on educators, parents, health care professionals, and government/community leaders.

Reducing Violence against Women

- Train HIV Counselling and Testing (HCT) counsellors to ask questions about partner violence and develop safe disclosure plans for individual clients.
- Undertake community-based interventions to raise awareness and change norms about violence. Encourage men and women to take responsibility for the health and well-being of their partners and children as key to the prevention of violence, HIV and TB transmission, and cases of malaria.
- Commission research on violence against women and its relation to TB/HIV/AIDS transmission.
- Support the formation and involvement of CBOs that deal with violence into ATM projects.
- Support the enactment and enforcement of punitive laws against those who perpetrate violence against women and help women leave risky and violent relationships. Governments should be encouraged to enforce international conventions and national laws designed to protect women from violence.

Improving Laws, Law Enforcement, and Legal Access

- Implement legal literacy programmes and legal aid services to promote and enforce women's rights under customary and statutory law.
- Enact and enforce laws that protect women from violence.
- Review legislation on inheritance and property to give women property rights regardless of their marital status.
- Train judges, police and other legal and judicial system personnel on issues of sexual violence against women.
- Enact and enforce laws that allow adolescents to participate in ATM programmes.

Addressing Physiological Factors

- Address issues in programme areas which stigmatise girls, boys, men and women in relation to specific measures to protect them or guarantee their access to services.
- Promote access by women to education on ATM prevention, control and treatment.
- Guarantee confidentiality in testing and treating women to avoid embarrassment.

Similar checklists could be developed for appropriate interventions to address male or youth vulnerabilities and risk factors.

Institutions and leadership roles regarding gender concerns and ATM Type of Institutions, Organisations and Leadership Clusters	**Roles Played vis-à-vis Gender Concerns**
PUBLIC SECTOR INSTITUTIONS	
-Heads of State -Cabinet members -Key sector ministers and senior staff -Parliamentarians -National government leaders -Regional and state leaders -Traditional leaders -Community leaders	-Appreciating the gendered nature of ATM and positively influencing the evolution of gender roles, especially in the market economy through polices and budget allocations -Revising societal norms of propriety and working to reduce stigmas and discrimination -Influencing social and political change -Reinforcing/revising laws (customary, religious and statutory) and policies on gender, social inclusion and discrimination Integrating gender information into priority setting, policy making and implementation
NATIONAL COORDINATING ORGANISATIONS	
-Health policy makers -Public health specialists -Development policymakers and specialists -Other coordination agencies	-Eliminating detrimental gender stereotypes -Gender awareness and gender analytical skills for policy, programme and project design and implementation. For example, investing in gathering and analysing sex-disaggregated data and gender-sensitive monitoring and evaluation -Eliminating stereotypes, for instance, about PLHIV -Leaders vis-à-vis gender-sensitive M&E, sex-disaggregated data collection, more effective female education programmes -Understanding implicit and explicit impact of laws and policies on gender-based risk and vulnerability, and integrating this knowledge into objectives, content, design of programmes
Type of Institutions, Organisations and Leadership Clusters Roles Played vis-à-vis Gender Concerns PRIVATE SECTOR LEADERS	
-Employers -Business associations -Trade unionists -Professional associations	-Reducing the gender segregation of jobs and professions -Promoting healthy lifestyles for staff e.g., supplying employees with prevention materials; providing prevention training to workers, etc. -Reinforcing positive behaviours -Adopting progressive medical, insurance, and disability benefits for staff. Formulating and implementing non-discriminatory benefits, labour force and employer policies, privacy of information practices for males and females
CIVIL SOCIETY LEADERS	
-Federations of women's NGOs and associations -Association of Women Jurists; legal aid clinics and legal literacy/education associations and NGOs -Philanthropic organisations (Lion's Clubs, Rotary Clubs, women associations, etc)	-Influencing and reinforcing positive social, cultural roles of males and females -Upholding/revising social, religious and cultural mores and norms -Influencing social change and community attitudes -Mobilising inclusive, non-discriminatory support for PLHIV -Sex education

EDUCATION LEADERS	
-University professors, lecturers, and administrators -High school teachers and staff -Elementary school teachers -Vocational school teachers -Educational curricula designers -Parent/Teacher Associations	-Influencing and reinforcing positive social and cultural norms of masculinity and femininity -Sex education -Reducing stigmas and negative norms

OPINION LEADERS	
-Media -Faith-based organisations -Celebrities	-Changing gender stereotypes -Influencing popular culture and norms

Checklist and table adapted from "Integrating Gender Issues into HIV/AIDS Programmes:

Sample Strategies for Gender Dimensions of Access to ATM Services

Gender Issues	Possible Reasons	Strategies
1. Women may be more likely than men to delay seeking diagnosis and treatment for ATM	Low value placed on the health of women	Target community level ATM health promotion and education sessions to men (who are often the 'gate-keepers' to women's health care). Emphasise that women as much as men have equal right of access to TB treatment
	Lack of access to an independent source of income and concerns about the affordability of treatment	●Emphasise the fact that TB treatment is free and status of ARVs and malaria prevention and treatment ●Empower women to engage in income-generating activities ●Encourage men to allocate money for the health needs of women including access to TB services
	Traditional beliefs about men's higher susceptibility to ATM	Include relevant messages on vulnerability of everyone to ATM in community health promotion and education sessions
2. Interruption or reluctance to commence treatment during pregnancy	Women may feel that treatment of ATM is not compatible with pregnancy	Ensure that health promotion and education sessions on ATM provide appropriate information on treatment of TB during pregnancy
3. Female HIV/TB patients may face higher rates of divorce and social exclusion	Stigmatisation and discrimination worse among female than male HIV/AIDS/TB patients	●Include focus on social stigma in advocacy and mass communications activities ●Train community volunteers to hold community discussion groups on HIV/AIDS/TB stigma and what can be done about it
4. Women are less likely to get involved in CTBC either as CVs/TSs or TB patients receiving treatment in the community	Social stigma associated with TB	●Include focus on social stigma in advocacy and mass communications activities ●Train community volunteers to hold community discussion groups on HIV/AIDS/TB stigma, and particularly the impact on women, and what can be done about it ●Encourage women to be CVs/TSs

Challenges:

- Great need for more information, advocacy, and action;
- Social, economic, and political inequalities in community care and support programmes;
- Assure that home-based care and other community programmes account for the unpaid labour of women, and mitigate against worsening women and girls' already unequal access to key resources necessary for food production, income generation, and meeting other basic needs;
- Identify models for care and support that include income generation, food security, and other activities designed to mitigate the impact of women's unequal burden of care;
- Develop policies and programmes that enable girls, along with all orphans and vulnerable children, to maintain access to education; and
- Explore how to transform community gender norms related to care-taking responsibilities, including strategies to help communities as a whole, with participation by men and boys as well as women and girls, to share care-taking responsibilities;
- Lack of interventions developed to respond to women's unequal burden of care;
- Further research needed especially related to girls' and boys' burden of care;
- Multi-sectoral responses to increase women and girls' access to resources;
- Ensure that programmes do not further decrease women and girls' access to productive resources. For example, ensure that the gendered burden of community-based or home-based care programmes do not result in girls' removal from school or decrease women's available time for meeting basic needs of food and shelter;
- Address women's need for economic independence through access to productive resources, such as income and credit, and develop interventions that link women to employment, micro-finance, credit, and livelihoods initiatives;
- Develop youth livelihood approaches for young men and young women in order to enhance overall life options, including access to jobs and income, as a key element of reducing risk;
- Increase girls' access to education, including ensuring that girls are not removed from school in the context of the burden of care, that barriers to girls attending school and needing access to resources (such as school fees and uniforms which contribute to transactional sexual relations) are reduced, and that opportunities to promote education and literacy are provided;
- Promote legal reform initiatives related to property grabbing, property rights, and wife inheritance to ensure women's ability to mitigate the

impacts of the epidemic and also to reduce their own HIV vulnerability; and

- Incorporate gender and ATM into food security programmes, including recognising and responding to women's decreased time for producing food when ill or caring for others and, in the case of being evicted from their homes or losing property, the lack of access to land for food production.

3.5. Media Relations

Levels of Awareness

There is room for considerable improvement in public awareness of ATM issues as a way of addressing misconceptions and securing the concurrence of targets of intervention activities (see Open Society Institute 2006 document). Media coverage of the three diseases will increase awareness, counter stigmatisation, and promote greater government accountability in the implementation of policies and plans. The media, nongovernmental organisations, government and communities have crucial roles to play in increasing public awareness about ATM.

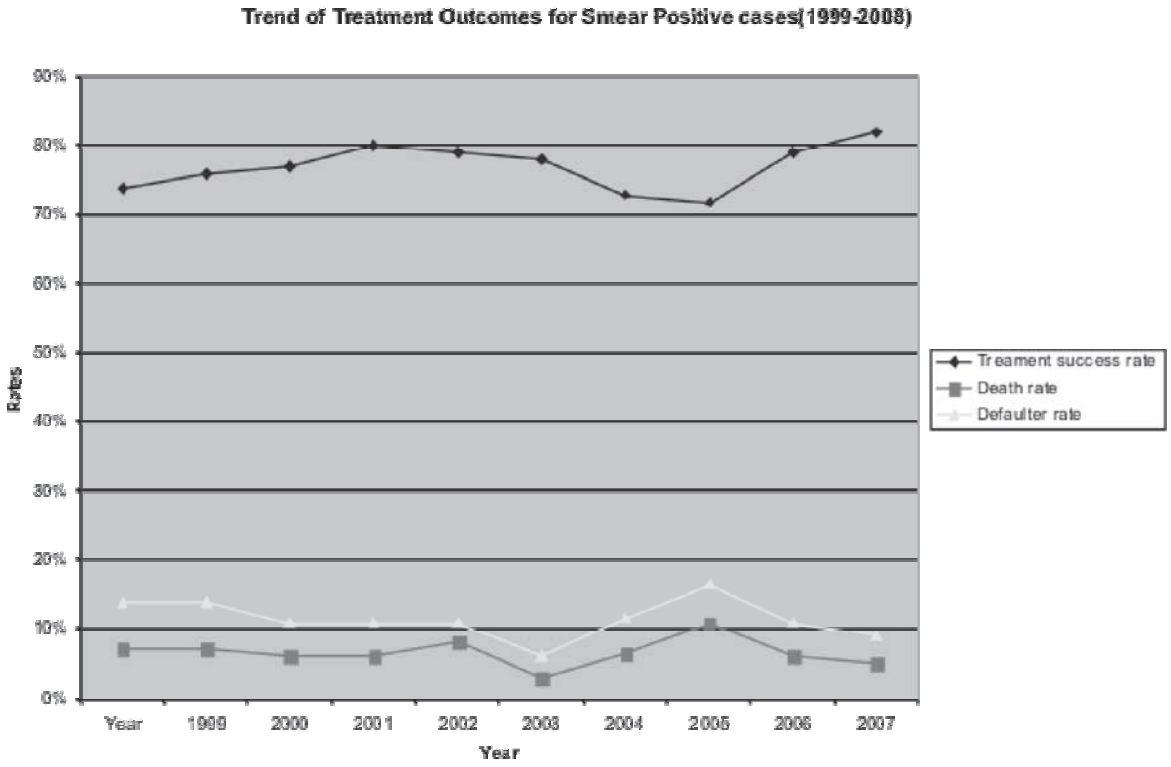
Media coverage

Reporting of ATM issues has been essentially event-driven, with stories generally focusing on federal and state-level spending and the availability of free treatment. Practical information such as the location and availability of services appear to receive the least media attention. There has been relatively less coverage of government performance vis-à-vis international commitments, and little investigative reporting on controversial matters such as the federal health budget. Similarly, coverage of the role of international organisations generally provides information on donors' financial contributions or the conclusion of agreements with state governments, rather than evaluation of the impact of programme implementation, or the role that international actors play in supporting the development and implementation of policies.

The quality of media coverage could be due to inadequate knowledge on the diseases by journalists and the difficulties they face in accessing information from sources within and outside government. However, the ATM programmes have recorded progress in engaging the media and promoting access to relevant information. There are now more attempts to promote ATM issues and interventions in the mass media against the background of low levels of

understanding of the linkages between the three diseases.

There is need for government, civil society organisations, and health advocates engaging the media for public education on ATM and making information on policy and programmes more readily available for constructive partnerships with the media.



Trend of treatment outcome for smear positive cases observation

Stigmatisation & Discrimination against PLWHIV/TB Patients

The lack of adequate information about the availability of effective ATM treatment leads to stigmatisation and negative attitudes about patients. Before the introduction of DOTS, there was the impression that TB treatment was expensive and life-long. This fuelled the widespread belief that TB could not be cured at all. There are those who believe that TB patients have been poisoned while even TB patients stigmatise other TB patients for fear of re-infection. Health official s are also known to be unfriendly to people living with TB, HIV and AIDS. These have implication for the implementation of control programmes.

What Are Mass Media?

Mass media are methods of communication that reach large groups of people quickly and effectively. This includes; electronic, print and others (AIDSCAP project documents).

Electronic media include:
- Radio
- Television
- Film and Video
- News Agencies
- E-mail and Internet

Print media include:
- Newspapers
- Magazines
- Journals
- Publications such as comics and brochures

Others
- Town announcement
- Local drama presentation
- Road show

Partners in the media are a diverse group of professionals from various institutions and organisations. They include:
- Journalists
- Reporters
- Correspondents
- Columnists
- Feature writers
- Script writers
- Editorialists
- Commentators
- Free-lance writers and producers
- Broadcasters
- News page sub-editors
- Editors-in-chief
- Producers
- Station managers
- Programme managers

- Media managers
- Media house owners/presidents
- Journalists' associations
- Journalism professors/teachers
- Ministry of Information officials
- Town announcer
- Social mobilisation officer
- Media policy makers
- Gatekeepers

Why Use Mass Media?

Each method-- radio, television and print media-- can get messages out to thousands or even millions of people. For example, if you hand out IEC materials on ATM prevention at a clinic, you can reach every person who comes into the clinic. But, if you take that same information and put it into a radio, television or print announcement, you can reach millions of people who may never come to the clinic. This is why the mass media is called “mass.” It reaches the masses.

What the Mass Media can do

- Make people aware of ATM in their own community.
- Provide information on the three diseases.
- Educate people about how to prevent or protect themselves.
- Help shape ideas about acceptable and healthy behaviour and practices.
- Refer people to health centres for treatment.
- Help people change their behaviour by imitating role models.
- Help people understand the benefits of behaviour change.
- Help people understand how to change their behaviour

How to Use Mass Media

- Introduce and reinforce new social practices.
- Publicise your programme.
- Keep ATM and other relevant issues on the public agenda. As more people become aware of prevention messages, there will be more open discussion about the many issues surrounding ATM. For this reason, mass media can be a very powerful tool in the overall communication strategy.

Facts about the Media

- Media can include radio, television, newspapers, magazines, music, traditional theatre, advertising, marketing and publicity.
- Media can and should be an integral part of your long-term project plans. Mass media activities can change and grow as a project changes and

grows.

Targets for a Mass Media Project

- Identify the target group for a mass media project in exactly the same way you would for any other communication project.
- Use the target group to help you determine effective messages.
- Use words, illustration and demonstration that are appropriate to the target group.

What Is a Partnership with the Media?

It is a true collaboration between health professionals and media professionals aimed at increasing effective, accurate and regular dissemination of information to the public. Health professionals learn about working respectfully with the media, and media professionals learn to appreciate the concerns of the health sector.

Why Form a Partnership with the Media?

A partnership with the media can link media professionals and health workers. Media professionals may have gaps in their understanding which can be effectively addressed through such partnership.

A partnership with the media will:

- Improve communication between the media and the ATM CSOs.
- Encourage frequent, accurate, well-researched coverage of ATM issues.

Without a good partnership, there may be poor media coverage, which could:

- Spread false information about the ATM.
- Create unnecessary fear or panic.
- Understate the correct contributions of partners and stakeholders
- Contribute to an inappropriate lack of concern.
- Have a negative effect on political and financial support for ATM prevention programmes.

Who are the Partners?

- Media policy makers
- Gatekeepers
- Journalists
- Writers

- Journalism instructors
- News agencies.

3.6. Partnership & Collaboration

Partnership: A legal partnership is a contractual relationship involving close cooperation between two or more parties having specified and joint rights and responsibilities. Each party has an equal share of the risk as well as the reward.

Collaboration: Collaboration involves cooperation in which parties are not necessarily bound contractually. There is a relationship, but it is usually less formal than a binding, legal contract and responsibilities may not be shared equally.

Collaboration exists when several people pool their common interests, assets and professional skills to promote broader interests for the community's benefit. The most important thing to remember is: Organisations don't collaborate - people collaborate.

It is important to create and nurture both types of relationships to strengthen your organisation and enhance the services it provides. Not only does that help your current clients, but it makes your programme more competitive when applying for government grants and more attractive to corporate and private funding sources.

Extending access through partnerships

Individuals, groups and institutions exist to complement one another for the good of society and its development. The potential for such partnership can be fully explored with linkages between CSOs and community organisations. The pooling of resources for joint programmes, and taking part in public-private partnerships involve other actors, including government and donor agencies.

Why Form a Partnership?

With a strong partnership, your organisation may have access to more financial resources, tangible resources, people resources, licensed client services, and professional expertise. Donor agencies, such as foundations and government grants, will be more likely to consider your programme proposals because more areas of need are addressed and there is less duplication of services.

How do you find and select a partner?

- Define what your clients needs are (both current and future).
- Determine what organisations currently have resources you would like to provide to your clients.
- Look for organisations or groups that share an alignment with your mission, vision, or objectives.
- Look beyond traditional pairing, be creative in who you approach. Don't be afraid to look at non-traditional organisations such as faith based communities. You want your partnership to be diverse and reflect the community in which you serve.
- Have your board of directors use their influence and leverage to make connections for your organisation.

Stakeholders

Stakeholders include every person or organisation that is capable and motivated to support the successful implementation of the programme in the context of the national guidelines. They include:

- Patients (cured and currently affected)
- The family
- Treatment supporters
- Community volunteers
- Community and religious leaders
- Community Development Committee
- The Health facilities (primary health centres, other public and private health facilities) and staff
- Civil society organisations/Community-Based organisations
- Local Government ATM CSOs and stakeholders
- State level ATM CSOs and stakeholders
- International partners /Development agencies
- National ATM CSOs and stakeholders
- Government
- Media

Collaboration will therefore be based on well-defined responsibilities and ensuring complementary activities between the programme areas, i. e. functional collaboration rather than structural programme integration; and the need to generate evidence in order to effectively respond to ATM in a comprehensive manner.

The strategies include:

- The establishment of a mechanism for collaboration at all levels to decrease the disease burden
- Training and capacity building for CSOs
- Advocacy
- Social mobilisation
- Behaviour change communication
- Community involvement and ownership
- Operational research

Methods

Plenary presentation, Interactive Discussion, Experience Sharing, Group session/Planning/exercise, Assignment, Group presentation, Demonstration, Role play, plenary discussion, Evaluation

Group work/exercises

GROUP 1 (HIV/AIDS):

1. List five personnel capacity needs and five institutional capacity needs for CSOs to effectively contribute to reduction in the spread and impact of HIV/AIDS at the community level.
2. What are the most effective and affordable way(s) of meeting the personnel and institutional capacity needs mentioned above?
3. Identify five ways in which access to treatment can be enhanced through CSO partnership with communities and develop a plan to actualise your suggestions.

GROUP 2 (TB):

1. List five personnel capacity needs and five institutional capacity needs for CSOs to effectively contribute to reduction in the spread and impact of TB at the community level.
2. What are the most effective and affordable way(s) of meeting the personnel and institutional capacity needs mentioned above.
3. Develop a plan to - in for the next one quarter, to address local constraints for to the empowerment of women in on ATM-related decision making in any community of your choice. Spell out three major reasons why you have selected the community.

GROUP 3 (Malaria):

1. List five personnel and capacity needs and five institutional capacity needs for CSOs to effectively contribute to reducing the spread and impact of Malaria at the community level.
2. What is the most effective and affordable way(s) of meeting the personnel and institutional capacity needs mentioned above?.
3. Develop a plan for the effective engagement of the media for ATM against the background of the commercialisation of media business in Nigeria