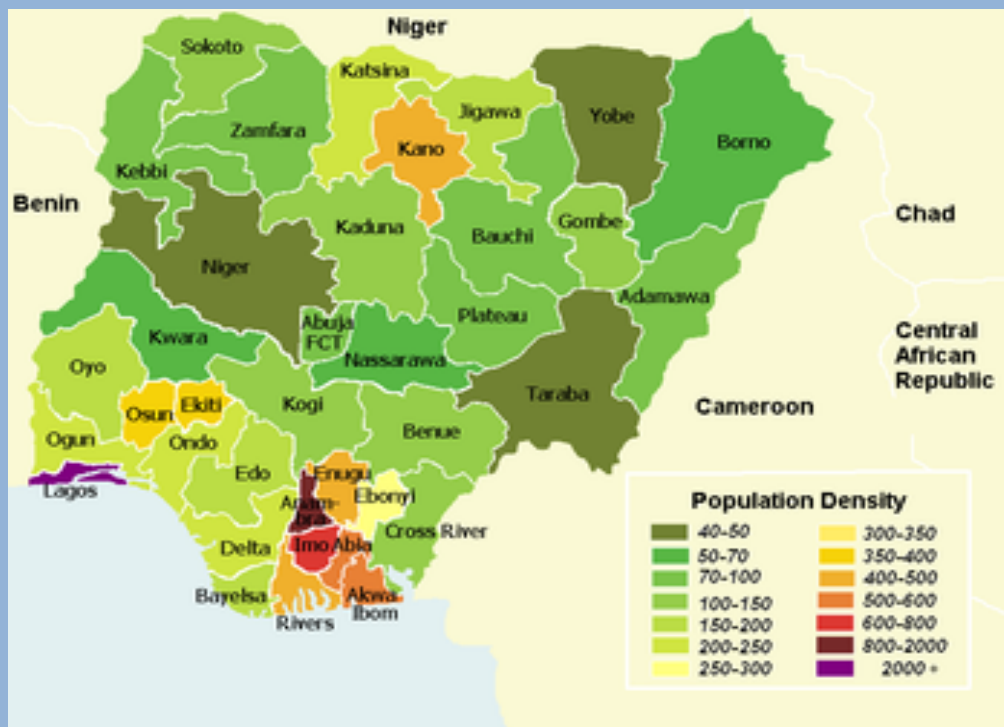




Landscaping and Programming study of CSOs and CSO Capacity Building Providers in Nigeria



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This report maps out the lay of the land concerning indigenous CSOs in Nigeria. It outlines CSOs by size, activities, innovative practices, strengths and challenges. The study offers recommendations on quick-wins and medium to long term interventions. It identifies potential CSO partners, maps out mechanisms for engagement and identifies CSO capacity building providers. This report serves as a landscaping and programming study report for the BMGF Nigeria program across the 9 programming sectors of the Foundation.

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List of Abbreviations and Acronyms

BMGF	Bill and Melinda Gates Foundation
CBN	Central Bank of Nigeria
CBP	Capacity Building Providers
CBOs	Community Based Organizations
CAC	Corporate Affairs Commission
CRP	Contraceptive Prevalence Rate
CSOs	Civil Society Organizations
DHS	Demographic Health Survey
dRPC	development Research and Projects Centre
EFInA	Enhancing Financial Innovation and Access
FCT	Federal Capital Territory
FHI 360	Family Health International 360
SIDAS	Strengthening Integrated Delivery of HIV/AIDS Services
FP	Family Planning
FIC	Fully Immunized Child
FMoH	Federal Ministry of Health
GCC	Grand Challenges Canada
GPSA	Global Partnership for Social Accountability
HNLSS	Harmonised Nigeria Living Standard Survey
ITN	Insecticide treated net
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Neonatal and Child Health
Na	Not available
NAPEP	National Poverty Eradication Program
NDHS	Nigeria Demographic and Health Survey
NGO	Non-governmental organization

OVCs	Orphans and Vulnerable Children
RI	Routine Immunization
SLaB	Saving Lives at Birth
SFH	Society for Family Health
TBAs	Traditional Birth Attendants
WASH	Water, Sanitation and Hygiene
WDCs	Ward Development Committees

Executive Summary

This report is structured in six sections. Section one outlines the study design and structure, discusses the methodology and raises challenges and limitations. Section II presents a development profile of the 9 BMGF programming sectors in Nigeria. Section III is an administrative report of the survey. It compares the targeted versus actual sample sizes achieved and classifies stakeholders.

Section IV with its eight sub-sections profiles the 436 CSOs of the survey in terms of level of formalization; compliance with statutory obligations; their networks; strengths; weaknesses; and innovations are also profiled. Quick wins projects and medium to long term interventions recommended by CSOs and stakeholders are put forward and outstanding CSOs of the sectors are proposed for engagement.

Section V identifies crosscutting issues such as CSOs in advocacy and discusses strengths and weaknesses of CSOs in Nigeria. Section VI presents recommendations on mechanisms for engaging CSOs; section VII presents the landscape of capacity building providers and VIII gives overall recommendations on capacity building for CSOs.

The study surveyed 436 CSOs and 496 capacity building providers. The study found a vibrant CSO sector largely driven by donor funding for activities but with little support for overheads or in some cases to pay salaries. CSOs have found innovative ways of implementing projects with large numbers of volunteer staff. Projects largely centre on awareness creation and service delivery with few advocacy, research and capacity building interventions. Overall, the strength of CSOs in Nigeria, revolve around effective community outreach strategies and ability to educate, spread knowledge and change attitudes, opinions and behaviour. Weaknesses lie in CSOs inability to secure diversified and consecutive funding, low levels of formalization, poor record keeping and financial management systems. Stark differences were observed between CSOs in the North and South of the country with groups in the South being more developed than CSOs in the North. Recommendations were made for engagement of groups and of project ideas to respond to regional differences.

SECTION I

THE LANDSCAPING STUDY DESIGN

Study design

The new programmatic directions of *the Bill and Melinda Gates Foundation (BMGF) Nigeria program* aims to strengthen of Nigeria content of the country program by engaging indigenous CSOs and developing their capacity to deliver. This is an important programmatic direction which several international development partners, including USAID, have outlined but have been unable to implement. To meet this objective, a comprehensive map is needed of CSOs in the country. However, the absence of an up-to-date directory of CSOs and a list of providers in the country, calls for as study to profile the lay of the land.

This study was commissioned to *profile of CSOs* in Nigeria by mapping out their activities, structure, populations served, capacity challenges, comparative advantages over international groups, best practices, innovations and opportunities for engagement. The study is particularly concerned with identifying and addressing capacity challenges of CSOs and therefore sets out to identify best practices and effective models in capacity development as well potential capacity building providers. The study was principally designed as a **landscaping study** with 3 sets of outputs: 1) An analytical report; 2) A Directory of CSOs in Nigeria by zone and programmatic focus; and 3) A Directory of Capacity Building Providers by zone and programmatic focus. To add value to the landscaping survey, the study team included a **programming study** section of the report with clear programming recommendations and guidelines. The key *research questions of the landscaping study* are:

Outputs of Landscaping study:

1. Analytical report

2. Directory of CSOs by zone & programmatic focus

3. Director of CBP by zone & programmatic focus

1. What are the high performing indigenous Nigerian CSOs that can be proposed to the BMGF for engagement and funding?
2. What are the high performing indigenous Capacity Building Providers can be proposed to the BMGF for engagement and funding?

3. What are the capacity strengths and limitations of CSOs in Nigeria and how can they be addressed?

The **programming study** explored the following questions:

4. What possible role for government and international development partners working with CSOs in the BMGF Nigeria country program?
5. What mechanisms should be used to engage indigenous CSOs and CBPs?
6. What are the best ideas of interventions the BMGF should be implementing with CSOs across the 9 programming sectors in the short term of 6 months to 1 year and in the medium to long term?

This study set out to answer the research questions through in-depth consultation with ***six groups of experts consulted:***

- 1) Development experts who coordinated Nigerian project at global and national levels
- 2) Zonal offices of development stakeholders (representatives of governmental agencies, traditional and religious leaders, community leaders, zonal offices of international development partners and the media)
- 3) Successful NGOs which have had uninterrupted existence for more than 10 years with experience managing donor funds of US\$500,000.00 and above
- 4) Landscape team leaders who are all experts of CSOs in Nigeria
- 5) Representatives of the CSOs recommended for engagement by the BMGF
- 6) Capacity building providers to CSOs (consultancy firms, NGOs, private individuals, governmental agencies and international development partners)

The ***Delphi research method***¹ was used to seek out and obtain knowledge and opinions of experts on the research questions above. In this study the Delphi method is operationalized through a multistage research process of expert consultation in which the knowledge and opinions of stakeholders are gathered by a research team of experts asking similar questions to all stakeholders. Research questions are answered by identifying recurring themes, overlapping views and

¹ http://en.wikipedia.org/wiki/Delphi_method

convergence of opinion by experts. Past studies of the civil society in Nigeria² suggest that the sector is nascent stage with important comparative advantages over international development partners but also with significant weaknesses and challenges. In the absence of an up-to-date directory and study of CSOs in Nigeria, primary data collection is undertaken in this study to construct a **sampling frame** of CSOs and capacity building providers (CBP) and to select a sample of groups for an **in-depth survey**. Through the application of the Delphi method, the sampling frame is first constructed by the research team asking global/national and zonal stakeholders as well as team leaders to recommend high performing indigenous CSOs and CBP.

The **sample selection procedure** was based on the recommendation procedure. Only CSOs and capacity building providers recommended by a minimum of two of the three sets of stakeholders surveyed were incorporated into the sample.

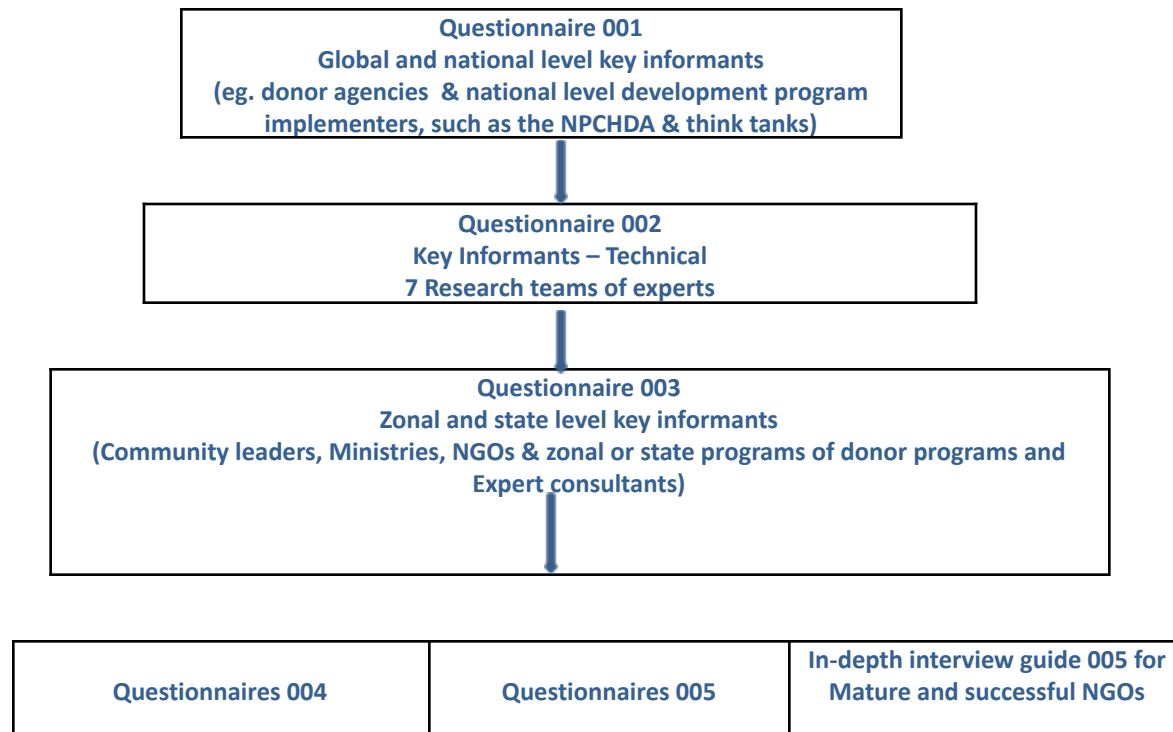
Only CSOs and CBPs recommended by 2 of 3 stakeholders were traced and assessed.

Stakeholders responding to Questionnaire 001, 002 and 003 were each asked to recommend 5 high performing CSOs and 5 competent and experienced CBP to the BMGF. CSOs and CBPs recommended by more than one stakeholder were then traced in the field and interviewed using Questionnaire 004 and 005.

As table 1 below shows a no attempt was made to suggest criteria to guide groups proposed; stakeholders were merely asked to propose high performing indigenous groups, both large and small which could be recommended to the BMGF for funding. This decision was based on the assumption that the Delphi method holds that knowledge dispersed amongst experts can be brought together to create a universe, itemizing and describing an entity and ascribing values such as high performance. Figure 1 below outlines the stages of research design by instruments to be administered.

²Gender and CSOs in Nigeria, Workshop report of the Dissemination Workshop of the National Gender Policy Dialogue, 28th May 2012, Report by Judith-Ann Walker; USAID Nigeria, CSO Nigeria Assessment, http://pdf.usaid.gov/pdf_docs/Pnacx662.pdf; USAID http://pdf.usaid.gov/pdf_docs/Pnadn776.pdf, USAID Social Sector Assessment 2003, team leader, Judith-Ann Walker; Judith-Ann Walker, Civil Society in the North of Nigeria, The ISSUES, (1) 1999, Journal of the American African Studies Association; Advance Africa, CSO Consultation Workshop Report, Consultant Judith-Ann Walker, 2001, http://advanceafrica.msh.org/publications_and_presentations/Annual_and_Country_Reports/ACR_NG_Workshop_Report.pdf; Judith-Ann Walker, 'Nigerian Women's Reproductive Health Networks – Utilization of Donor Support, Strategies and Effective Models'. Paper presented to the 28 Annual Conference of the Global Health Council Conference, May 29 to June 1st 2001, Washington DC; and Targeted States High Impact project (TSHIP)/USAID Report on the performance review of organizational development and institutional capacity building in Bauchi state, Bauchi 2013.

Figure 1: Survey design



Team Planning meeting of the BMGF Landscaping and Programming study, Bolton White Hotel, Abuja

Table 1: Instruments by target group and survey numbers to be delivered

Instrument No	Key informant	Type of data collected	Targeted Number to be delivered	Proposed Timeline
Q 001	Global and national key informants to provide data	Recommendations of CBOs and CBAs and suggestions on how Gates should program	10 in each zone = 60	1-17 December
Q 002	Key informants Technical	Recommendations of CBOs and CBAs and suggestions on how Gates should program	1 for each zonal team leader plus Federal/global level = 7	By the 6 January
Q 003	Zonal and state level key informants	Recommendations of CBOs and CBAs and suggestions on how Gates should program	18 for each zone, 2 for each of the 9 Gates sectors = 108	Between 14-31 January
Q 004	Viable CBPs	Profile of CBPs	20 per zone = 180	Between 14-31 January
Q 005	Viable CSOs	Profile of CSOs	50 per zone = 300	Between 14-31 January
In-depth interview guide for successful CSOs 005	2-5 of the most successful CSOs in Nigeria	Data on what accounts for their success, recommendations and suggestions to Gates	5 in each zone = 30	14-31 January

Use of terms in the survey

Classification of activities of CSOs fell into 5 categories:

1. Demand creation mobilization and sensitization
2. Social accountability, systems strengthening, policy/legislative/compliance advocacy as well as governance, budget tracking and M&E
3. Service delivery
4. Research
5. Technical or organization capacity building to CSOs or government as well as anchoring and supporting other CSOs

The study sub-divided the sample of CSOs into two groups – large CSOs which were identified as non-profits which managed large donor awarded grants in excess of N10m per annum per project. Mature CSOs were groups in existence for more than 5 years which had the experience of managing large donor funded projects. Thriving CSOs were defined as mature groups which managed donor funded projects in excess of N10m. Emerging CSOs were CSOs which managed

grants less than N10m per annum per project with funding from donor or non-donor sources. The terms small or nascent were used interchangeably with emerging in this study.

Research administration

Six team leaders were selected to cover the 6 geopolitical zones of the country and three additional team leads were selected to cover the Federal Capital Territory and the national level. Each team leader was an expert with years of experience working with CSOs in Nigeria. A total of 6 tools were designed to capture the expert views and opinions of different sets of stakeholders. Table 1 above captures the **number and type of instruments by target groups and research timeline**. Table 2 below summarizes the number of instruments actually administered by target group and actual research timeline. The research timeline consisted of four phases.

Start-up	Field work	Data management	Report writing & dissemination
Team planning meeting and instrument development, pretesting and finalizing	Zonal team training and data collection	Processing, entering and analysis of data	Report production and dissemination

Challenges, limitations and omissions of the survey

The major challenge of this study was the underestimation of the time, level of effort and human resources required to complete the task of work. While 7 days was projected for field work in actual fact field work was conducted over three months and data cleaning, entry and analysis lasted for 1 month rather than 2 weeks. Another challenge was high level of suspicion in the contemporary Nigerian research environment characterized by the reluctance of CSO leaders to provide information about activities, funding streams and future plans. The Northeast team led by Dr. Mungono faced extreme difficulty obtaining the cooperation of CSO representatives as well as that of stakeholders from traditional society. Representatives of international development agencies and successful CSOs were also reluctant to go on record to recommend particular CSOs and to justify their recommendations with information about the performance of the CSO; they were more likely to do so for CBPs. In one case, the research team's contact with the M&E backstopping agency of USAID Nigeria (MEMS II) requesting that Questionnaire 001 be filled resulted in a response worded as a disclaimer which was copied to multiple USAID M&E contacts. We also found that many

respondents from international development partners neither had comprehensive nor historical information about the activities of their organizations with Nigerian CSOs and many did not have in-depth knowledge of CSO sector per se.

Lack of clarity on public service rules for issuing information also led to some government agencies being reluctant to filled questionnaires. This was so the National Water Resources Institute despite 10 visits to the Kaduna office and fact that the dRPC and Institute signed a MOU in 2011. In this case, changes in the CSO coordination officers resulted in over scrutiny of predecessors' commitment and thus reluctance to engage before clearance at headquarters level.

Despite the fact that CSOs were recommended by stakeholders, in 71³ of the 436 cases, the data provided by CSOs on amount and sources of funds as well as staff strength appeared to be exaggerated and in some cases thought not credible. While data from these organizations were included in the analysis, none of these organizations were put forward for engagement by the BMGF and the database of organizations submitted as one of the 3 outputs of this assignment clearly indicated these organizations for further verification.

Researcher bias was also an issue in the Northcentral states which required Questionnaire 004 being re-administered. In some cases researchers administered the wrong instrument on the wrong target group which led to completed instruments being re-administered or set aside where they could not be re-administered. Relatedly, 15 CSOs were captured twice in the survey, as capacity building providers using questionnaire 004 and using questionnaire 005 as potential CSOs for engagement. Again, 5 CSOs were captured as mature and successful CSOs using In-depth interview guide ID 005 and as potential CSOs for engagement using questionnaire 005. Technically, the latter point was not considered a case of double counting but it was recognized that the double and in some cases the triple representation of views of a small number of CSOs could introduce an element of bias in the sample.

The fact that the research design called for two or more stakeholders to recommendations a CSO before in-depth assessments are carried out led to a narrowing of the universe in this study. The first requirement that CSOs must be recommended by stakeholders from two levels had to be dropped after the pre-test as global and national level stakeholders were only able to identify about 10 to 13 local and viable CSOs. Thus the study team refined the selection criteria to include CSOs recommendations by a minimum of any 2 stakeholders. However, even this criteria had it limitations as it led to the exclusions of groups with a high profile which were not recommended by more than one stakeholders.

³ This amounted to 16% of the CSOs covered in the survey

For example the Christian Association of Nigeria Women's Wing (CAN) of Kogi state recommended the Federation of Muslim Women Association of Nigeria (FOMWAN) as a group which had performed well, and the Federation of Muslim Women Association of Nigeria recommended the CAN a "dedicated group" but both groups were not assessed as they obtained only one recommendation each. They can be compared to Rural Health Initiative; and Zion City Assistant Medical Foundation in Kogi state both of which obtained more than 1 recommendation. The challenges, limitations and omissions of the survey contributed to a large extent to a delayed timeline for completing the survey. Table 2 below juxtaposes projected versus expected outcomes of the survey. Regarding the over-representation of zonal stakeholders and the under-representation of global and national level experts amongst stakeholders, this also constituted a challenge to the research design as the views of zonal functionaries, particularly those in government were somewhat overrepresented. A final limitation of the landscaping was the inability to include sufficient gender fields in the data management of the CSO questionnaires, thus gender analysis is restricted to few data points.

Table 2: Targets versus actual achievements of sample size and timeline

Instrument Number	Targeted Number of stakeholders to be interviewed	Actual Numbers of stakeholders interviewed by the research team	Expected Number of CSOs and CBP to be Recommended by stakeholders (5 recommendations each)	Actual Numbers of CSOs and CBPs Recommended by Stakeholders	Actual numbers of CSOs and CBPs recommended by any 2 stakeholders and interviewed by the research team
Q 001 for global and national level stakeholders	60	57	300 CSOs and 300 CBP	200 CSOs and 220 CBPs	490 CSOs and 496 Capacity building Providers were recommended by a minimum of 2 stakeholders
Q 002 for experts/team leaders	7	7	35 CSOs and 35 CBPs	35 CSOs and 35 CBPs	
Q 003 for zonal stakeholders	108	300	540 CBOs and 540 CBPs	800 CSOs and 620 CBPs	
Q 004 for CBPs	180	300	-	-	
Q 005 For CSOs	300	431	-	-	
In-depth interview guide for successful CSOs 005	30	40	150 CBOs and 150 CBPs	80 CBOs and 87 CBPs	

Of the 490 CSOs and 496CBP recommended by more than 1stakeholder,the field research team traced and interview 436 CSOs and 140 capacity building providers CBPs. An additional 356 Capacity Building Providers, recommended by more than

one stakeholder was documented but not verified through a face to face interview due to issues of scope and time. Therefore of the total number of 496 CBPs entered into the data base of this study 356 were not validated. A total of 436 CSOs were traced to their offices and interviewed. Questionnaire 005 was administered on 436 CSOs and Questionnaire 004 was administered on 140 CBPs.

Revision of the timeline

Activity	Proposed Timeline	Actual Timeline
Team planning meeting, instrument development and pretesting	11 November -17 December 2013	11 November 2013 – 31 December 2014
Field data collection	Between 17 December 2013 and 31 January 2014	1 – 28 February 2014
Data entry, analysis and report writing	1-28 February	1-31 March

Profiling of zonal level and global/national stakeholders

Seven categories of zonal stakeholders were interviewed using Questionnaire 003 in this landscape study. They included a range of stakeholders with expert knowledge of CSOs operating in the state or zonally. They included the Ministries of Agriculture and Natural Resources; Ministries of Health; Ministries of Women Affairs; National and State Primary health Care Development Agency; and Fadama Coordinating Departments. Where some states had unique agencies such as the Ondo State Wealth Creation Agency in the Office of the Executive Governor; the Niger Delta Development Commission; the Ministry of Rural Infrastructure and Community Development in Jigawa State; or the Lagos State microfinance Institution, these agencies were also covered. Table 3, below, profiles zonal stakeholders interviewed.

Table 3: Profiling zonal stakeholders (respondents from 6 geopolitical zones and FCT)

Stakeholders	NC	NE	NW	SE	SW	SS	FCT	TOTALS
Traditional and community leader	2	8	2	2	7	4	-	25
Faith leaders and FBOs	5	2	-	9	3	3	-	22
International development partners	12	4	16	10	15	11	20	88
Government Agencies & Universities	20	19	28	15	22	16	4	124
Private sector organizations including hospitals	2	-	-	-	2	2	-	6
Mature NGOs	9	3	6	6	2	1	4	31
Media	1	-	1	-	-	-	-	2
TOTAL ACTUALLY ATTAINED	51	36	53	44	51	37	28	300
TOTAL EXPECTED	18	18	18	18	18	18	18	108

Source: Questionnaire 003

Similarly, the global and national level stakeholders included Federal government and donor operatives at national level who were currently serving or who held a senior executive position in a major donor funded intervention in the past five years.

Lessons learned

One of the most significant lessons learnt is that the study design of a rapid survey was challenged by the realities of the slow and complex pace of data collection. This was particularly the case in the Northeast and Southsouth where regional peculiarities made the process even more challenging.

SECTION II

DEVELOPMENT PROFILE OF NIGERIA

Development profile of Nigeria

The Federal Republic of Nigeria comprises of 36 states and the Federal Capital Territory (FCT) making 774 local government areas (LGAs), and 9,565 wards with a population size of 170 million as at 2012. These 36 states are further grouped into six geo-political zones, the Southsouth, South East, South West, North East, North West, and North Central and the Federal Capital Territory:

- SOUTH EAST Anambra, Enugu, Ebonyi, Imo and Abia states.
- SOUTH SOUTH Edo, Delta, Rivers, Bayelsa, Cross-River and Akwa-Ibom states
- SOUTH WEST Lagos, Ogun, Oyo, Osun, Ondo and Ekiti states
- NORTH CENTRAL Kwara, Kogi, Plateau, Nassarawa, Benue, Niger and F.C.T
- NORTH EAST Taraba, Adamawa, Borno, Yobe, Bauchi and Gombe states
- NORTH WEST Sokoto, Zamfara, Kebbi, Kaduna, Katsina, Kano and Jigawa
- Federal Capital Territory Abuja

With regard to the 9 programmatic areas of interest for the BMGF, there are significant differences in performance indicators amongst the 6 geopolitical zones. For the purposes of the study the programmatic areas of the BMGF are classified as: Agriculture and climate change; Water/sanitation and hygiene; Malaria; Family planning; Family health/MNCH; Polio immunization; Routine immunization; Nutrition; and Micro finance and financial services to the poor. Table 4 below presents a development profile of the 6 geopolitical zones.

Table 4: Summary Development Profile of zones in Nigeria

Geopolitical zones	Number of states	% of zonal population in total Nigeria population	Total landmass by zones in square Kilometres Km ²	Average Poverty rate by zone as at 2010
Northcentral	6	13.46	235,110	67.5
Northeast	6	13.55	272,395	76.3
Northwest	7	25.56	216,506	77.7
Southeast	5	11.70	49,251	67.0
Southwest	6	19.65	79,665	59.1
Southsouth	6	15.01	64,431	63.8
FCT	1	1.00	7,315	na
Total/Average	37	100	924,232Km ²	68.56

Profile of development indicators by the 9 BMGF programming areas

The section which follows profiles each of the 9 BMGF programming areas by drawing from secondary data and analyses in official sources and supplementary studies.

Family Planning

Findings of NDHS 2013 Preliminary report point to a downward trend in the uptake of modern family planning methods in the Northeast of Nigeria and moderate increases in other zones, with southwest having the most significant increase. Table 5 below presents the evidence.

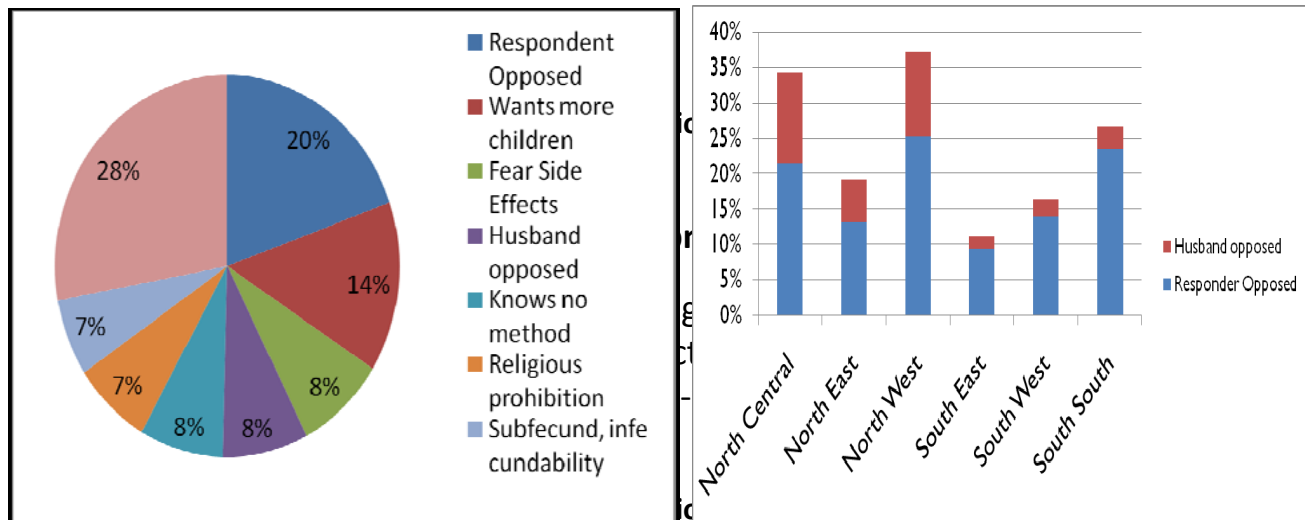
Table 5: % distribution of currently married women 15-49 using modern contraceptive method by zones in 2008 and 2013 DHS

Zone	DHS YEARS	
	2013	2008
Northcentral	12.4	10.5
Northeast	2.7	3.5
Northwest	3.6	2.5
Southeast	11.0	11.8
Southsouth	16.4	15.5
Southwest	24.9	21.0

DHS, 2008 and 2013

The UNFPA Nigeria Family Planning study, 2010, further analyses the total Contraceptive Prevalence Rate (CPR) which indicates wide state level variations, ranging from 0.3 in Jigawa State in the Northwest to 41.6 in Lagos state in the Southwest as well as zonal variations ranging from 2.7 in the Northwest to 28.5 in the Southwest.

Reasons for none use of contraceptives in Nigeria



Vaccinations	NDHS Years														
	2003	2008	2013	2003	2008	2013	2003	2008	2013	2003	2008	2013	2003	2008	2013
BCG	48	50	51												
DPT				21	35	38									
Polio							29	39	54						
All Vaccines										13	23	25			
No Vaccines													27	29	21

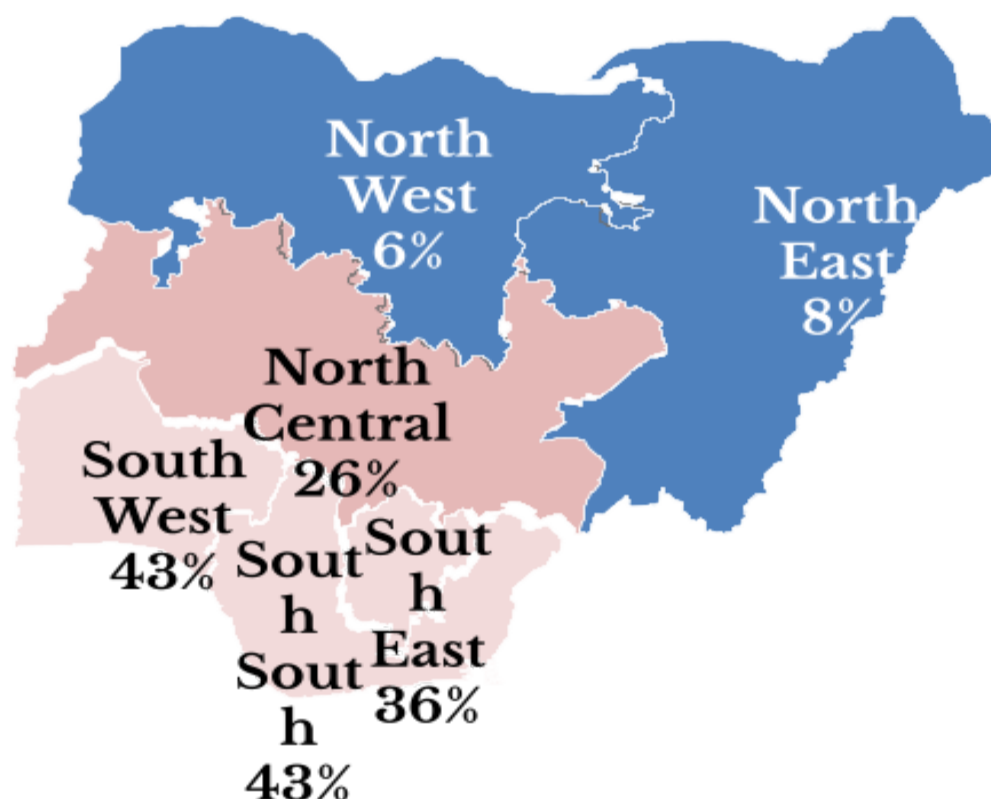
Source: DHS, 2013

Table 7: Vaccinations by Zonal characteristics, 2013, extracted from DHS 2008

Zone	Polio, last vaccination	No Vaccine
Northcentral	45.5	17.3
Northeast	34.8	45.3
Northwest	61.1	20.8
Southeast	62.8	7.2
Southsouth	64.5	9.4
Southwest	52.1	10.3

According to the 2008 NDHS, 23% of Nigerian children 12–23 months received all recommended vaccines (one dose of BCG and measles and three doses each of DPT and polio) prior to the survey. Vaccination coverage varies widely by residence and zone. Four in ten children in urban areas are fully vaccinated compared to only 16% in rural areas. Vaccination coverage ranges from 6% in Northwest zone to 43% in Southeast and Southwest zones.

Fully Immunized Child (FIC) Coverage by Zone – NDHS 2008



Source: DHS, 2008

With regard to polio immunization, the 2008 NDHS captured data obtained from the National immunization days (NIDs) in February-March 2006 which shows that the Northwest has the lowest coverage of 7.8% as against the Southwest with the highest coverage of 24.7%.

Table 8: Polio immunization coverage by zone, 2008

Zone	Percentage of polio immunization coverage
North Central	21.8
North East	14.8
North West	7.8

South East	16.2
South South	22.7
South West	24.7

Source: NDHS 2008

Development profile of Malaria in Nigeria

An estimated 300,000 children die of malaria each year. Malaria is estimated to contribute up to 11 percent of maternal mortality, 25 percent of infant mortality, and 30 percent of under-five mortality. In addition to the direct health impact of malaria, there are also severe social and economic burdens on communities and the country as a whole, with about 132 billion Naira lost to malaria annually due to treatment costs, prevention initiatives, loss of work time, and other factors. (FMoH and NMCP, 2009).

The 2008 NDHS indicates that 17 percent of households in Nigeria own a mosquito net (treated or untreated), and 8 percent of households own more than one mosquito net. Sixteen percent of households own at least one ever-treated mosquito net, and 7 percent own more than one ever treated mosquito net. The percentage of households that own at least one ITN is 8, while 3 percent own more than one ITN. The average number of ITNs per household is less than one. By residence, more rural households (19 percent) than urban households (14 percent) own at least one mosquito net. A similar trend is seen for ownership of ever-treated mosquito nets. In contrast, urban households are more likely than rural households to own at least one ITN. Variation of net ownership by zone is also significant. The percentage of households that own any mosquito net in the Northern zones ranges from 16 percent to 28 percent, while in the Southern zones, net ownership ranges from 11 percent to 17 percent. However, ownership of ITNs is higher among households in the Southern zones.

Table 9: Ownership of mosquito nets and ITNs in the population by zone

Zones	Percentage of people with at least one mosquito net	Percentage of people with at least one insecticide treated net
North Central	15.9	7.4
North East	27.8	7.1
North West	21.0	7.9
South East	13.4	9.8

South South	17.2	10.3
South West	10.8	6.0

Source: NDHS 2008

Development profile of Microfinance in Nigeria

Estimates of the informal sector in Nigeria vary from 43% of GDP to 65% of the economically active population. With 56.2% of GDP derived from the informal sector, Nigeria is estimated to have the fifth largest 'shadow economy' of 98 developing countries assessed in a recent World Bank study⁴. While this sector plays a vital role in the economy and its growth, restrictions on access to financial services constrain its multiplier effect in the economy.

Table10: Percentage of Adult Population (N= 87.9m) Accessing Types of Financial Services

GEO -POLITICAL ZONES	FINANCIALLY EXCLUDED	INFORMAL FINANCIAL SERVICES	BANKED & OTHER FORMAL FINANCIAL SERVICES	NUMBER OF MICROFINANCE INSTITUTIONS (MFIs)
North Central	32.40%	19.50%	48.20%	67
North East	59.50%	14.80%	25.70%	30
North West	63.80%	13.70%	22.50%	46
South East	25.60%	22.40%	52%	135
South West	24.80%	17.50%	57.80%	316
South South	30.10%	17.60%	52.30%	77
ALL ZONES	39.70%	17.30%	43.00%	671
All zones in Number of 18+	34.9M	15.2M	37.8M	87.9m
Source: EFInA Survey 2012 & Abraham and Balogun 2012 IJBSS ⁵				

⁴Friedrich Schneider, Andreas Buehn, and Claudio E. Montenegro, Shadow Economies all over the World: June8_2010_Finalversion.doc. World Bank WP S5356

⁵ www.efina.org.ng/assets/ResearchDocuments/2013-Documents/...to – – t! d EFInA Access to Financial Services in **Nigeria2012Survey** Key Findings 22 November **2012** (updated May 2013) " Abraham, H and Balogun, I.O (2012) Contribution of Microfinance to GDP in Nigeria: Is There Any? *International Journal of Business and Social Science* Vol. 3 No. 17; September 2012

Tables 10 and 11 show the extent of financial exclusion by geo-political zone and type of services as well as the number of formal microfinance institutions in each zone. The tables also show that the number of adults excluded from financial access was nearly 35 million in 2012. These tables suggest that although the magnitude of the financial exclusion has been reducing, it remains a major problem to overcome. According to the results of the 2012 survey of the Enhancing Financial Innovation and Access (EFInA) a think tank supported by the DFID and the Bill and Melinda Gates Foundation - the financially excluded decreased from 45.4 million adults or 52.5% of the adult population in 2008, to 34.9 million adults or 39.7% of the adult population in the year 2012. The number of adults accessing money deposit banks and other formal financial institutions and products increased from 20.4 million adults in 2008 to 37.8 million in 2012 – an increase of almost seventeen and a half million people. In the same period 5.5m adults moved from informal financial services presumably to the formal and banked services. Against this background it is clear that the category of financially excluded has the highest proportion of adult population eighteen years and above. Strikingly, data available both from the CBN Financial Inclusion Strategy and the surveys of EFInA show that up to 2008, the number and proportion of the financially excluded was higher than the combination of all the financially served categories of banked, other formal institutions and the informal. However, in 2010 the combination became higher than the excluded. Notwithstanding, the financially excluded was still higher than the combination of the formally served (that is, Banked and Formal other). It was not until the 2012 survey that the combined formally served became proportionately higher than the financially excluded. The excluded remain the single largest segment of the four categories of access.

Table 11: Access & Exclusion to Various types of Financial Services in Nigeria 2008-2012 in Absolute Numbers & Percentages

YEAR	Number & Percentage of Adults 18+	Banked	Access to Formal other	Access to Informal Only	Financially Excluded
2008	No of adults 18+	18.3 million	2.1 million	20.7 million	45.4 million
	Percentage of Adults 18+	21.1%	2.5%	23.9%	52.5%

2010	No of adults 18+	25.4 million	5.3 million	14.8 million	39.2 million
	Percentage of Adults 18+	30.0%	6.3%	17.4%	46.3%
2012	No of adults 18+	28.6 million	9.2 million	15.2 million	34.9 million
	Percentage of Adults 18+	32.5%	10.5%	17.3%	39.7%

Source: EFInA surveys 2008, 2010, 2012⁶

Microfinance policy framework towards financial inclusion

The response of the government of the Federal Republic of Nigeria to address the problem of financial exclusion has been manifold. A Financial Inclusion Strategy has been drawn up with timelines and target up to 2020 and the government has put in place the National Policy of MSME as well as a revised Micro-Finance Policy, Regulatory and Supervisory Framework. The government has also created credit guarantee schemes intended to lower the risk of lending to the poor. These include the Agricultural Credit Guarantee Scheme (ACGS) and the Small and Medium Enterprise Credit Guarantee Scheme (SMECGS). Additionally, low cost funding has been provided in some cases all in the hope of financing the excluded or encouraging commercial efforts. Furthermore, government has set up institutions such as the Small and Medium Enterprises Development Agency (SMEDAN), the Rural Finance Institution Building Programme (RUFIN) and the National Poverty Eradication Program (NAPEP) to provide credit and capacity building for the financially excluded and informally served populations.

Gender, Rural-Urban and Regional Disparities

Despite these policy initiatives there are significant gaps challenges in expanding microfinance to the poor. Policies do not address the gender disparities in financial exclusion; exclusion is assumed to be only on the proportion of adult population. Yet women experience exclusion disproportionately. Similarly, the rural - urban divide and the regional disparities have not been addressed.

The regional disparities can be discerned from Table 10 above. The national average access to formal financial services is 43% of adults. However in the North West and North East Zones it is 22.5% and 25.7% respectively. These are not only below National average but below half of the proportion of South West and South

⁶ Ibid

East which are 57.8% and 52% or the South-South which is 52.3%. Similarly, the financially excluded in the North West is about 64% of adults and 60% in the North East compared to about 25% in the South West and 26% in the South East. Of a total of 768 microfinance banks licensed in Nigeria as at 2008, the table below shows that most are located in the Southern zone of the country while the pattern in the Northern zones suggests one of financial exclusion. The distribution base on zones is as follows:

Table 12: Distribution of Microfinance Banks by zones in Nigeria

Zone	Number of Micro Finance Bank	Percentage of total
North Central	101	13.2
North East	30	3.9
North West	56	7.3
South East	166	21.6
South South	110	14.3
South West	305	39.7

Source: CBN, (2008). The Nigerian Microfinance Newsletter, Vol. 6, January–June 2008

Development profile of Nutrition

The overall picture of the nutritional status of children under-5 in Nigeria is not a good one. The 2013 DHS findings reveal that trends in wasting and underweight children has worsened when compared to previous years with the Northeast and Northwest zones having the highest prevalence.

Table 13: Trends in Nutritional status of children under 5 2003-2013

Indicators	NDHS Years								
	2003	2008	2013	2003	2008	2013	2003	2008	2013
Stunting	42	41	37						
Wasting				11	14	18			
Underweight							24	23	29

Source: DHS, 2013

DHS data points to the fact that 29% of children under 5 are underweight, 18% wasting and 37% stunted. DHS analysis by zone shows that “stunting is lowest in the Southeast (16%). In other zones, stunting varies from 18 % in South South to 55 % in the North West. Among the states, stunting is highest among children in

Kebbi (61%)....Wasting among children is worse in the North West (27%) and North East (20%).” (NDHS, 2013:32).

The MICS Nigeria, 2011; Main Report showed that more than one in five (15 percent) of children under age five in Nigeria are moderately underweight and 9 percent are classified as severely underweight. More than one in five children (17 percent) are moderately stunted or too short for their age and 7 percent are moderately wasted or too thin for their height. Severely stunted and severely wasted are 19 percent and about 3 percent respectively. Children in North are more likely to be underweight and stunted than other children. In contrast, the percentage (14) of wasting is highest in Northwest while the Southsouth has the lowest at 7 percent.

Table 14: Underweight, stunted and wasting in under-5 population 2008

Zones	Underweight percent below		Stunted percent below		Wasted percent below	
	2 SD ¹	3 SD ²	2 SD ¹	3 SD ²	2 SD ¹	3 SD ²
North Central	19.4	6.7	32.8	16.3	8.4	2.4
North East	34.6	14.5	52.5	29.8	11.5	3.4
North West	38.4	16.5	53.8	33.2	13.9	4.9
South East	10.1	1.7	14.1	5.0	6.8	1.6
South South	12.1	3.4	19.5	7.8	6.5	1.7
South West	13.5	2.5	20.3	7.3	9.4	2.5

Source: **MICS Nigeria, 2011, Main Report**

Development profile of Water, sanitation and hygiene

The MICS Nigeria, 2011, reported that overall, 59 percent of the population in Nigeria are using an improved source of drinking water; 73 percent in urban areas and 31 percent in rural areas. The situation in Northeast zone is considerably worse than in other zones; only 49 percent of the population in this region accesses drinking water from an improved source. In Northwest, 17 percent of the population accesses drinking water that is piped into their dwelling or into their yard or plot. In Southwest and Southsouth, 16 and 12 percent respectively use piped water. In contrast, only about 7 percent of those residing in Southeast and those in Northeast have piped water respectively. The second most important source of drinking water in the Southeast and Southsouth is borehole with more than half of the households (54 and 50 percent respectively) using it while in Northwest, more than one---thirds use unprotected well/spring water (an unimproved source) and most of the remainder use surface water. Three states

were outstanding in terms of access to improved water sources. These include Imo, Abia, and Rivers States, in the South each of which has over 84 percent of households with improved water sources. Taraba, Bayelsa and Sokoto states in the North were among the states with the lowest percentage with 32 percent, 28 percent and 20 percent respectively.

Table15: Percentage of population accessing improved sources of drinking water

Zone	Percentage using improved sources of drinking water
North Central	53.0
North East	49.4
North West	50.3
South East	67.4
South South	70.5
South West	65.1

Source: *MICS Nigeria 2011, Main Report*

Development profile of Maternal, Neonatal and Child health (MNCH)

NDHS findings on neonatal and child mortality rates point to some general areas of improvements in all categories but little positive change in neonatal mortality in particular.

Table 16: Trends Neonatal, post-neonatal, infant, child and under-5 mortality 2003-2013

NCH indicators	NDHS Years														
	2003	2008	2013	2003	2008	2013	2003	2008	2013	2003	2008	2013	2003	2008	2013
NNM	48	40	37												
Post-neonatal Mortality				52	35	31									
Infant mortality							100	75	69						
Child Mortality										112	88	64			
Under-5 Mortality													201	157	128

Source: NDHS, 2013

Development profile of Agriculture

In terms of dependence on agriculture, the economies of the Northwest, Northwest and Northcentral are most dependent. However, a recent mapping report produced for Oxfam Nigeria points to the fact that when compared to the South, the economies in the North have the lowest level of mechanization, the lowest uptake of chemical fertilizer, the highest presence of subsistence small farmers who are mainly male and the lowest incidence of small farmers switching to modern drought resistant varieties of food crops⁷.

⁷ See, Scan of Agriculture and Farmers Associations in Nigeria with particular reference to the North West, Study conducted for Oxfam Nigeria, 2013 by the development Research and Projects Centre

SECTION III

REPORT OF SURVEY ADMINISTRATION AND OVERVIEW OF STAKEHOLDERS RESPONSES

Profile of the CSOs recommended and surveyed

A total of 436 CSOs were surveyed in this landscaping. From a zonal point of view the Northcentral had the highest number of groups while the Southsouth and Northeast had the least number of groups. In terms of the breakdown of CSOs covered by state, the evidence shows that the largest number of groups (30 CSOs) were recommended in Ekiti state while the least number came from Nassarawa State (3 CSOs).

Table 17: CSOs Surveyed by zone

Zone	Frequency	Percentages
Northcentral + FCT	102	23.4
Northeast	49	11.3
Northwest	98	22.5
Southeast	43	9.9
Southwest	96	21.8
Southsouth	48	11.0
Total	436	100.0

Table 18: Summary of CSOs surveyed by zone and sector

Sectors	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	Total
Agriculture and climate change	28	5	20	9	14	13	89
Water, sanitation and hygiene	11	5	11	11	13	8	49
Malaria	13	13	19	8	22	6	81
Neonatal, maternal and child health	10	9	18	4	13	8	62
Family Planning	11	2	7	3	9	3	35
Polio immunization	2	3	6	1	0	1	13
Routine Immunization	2	3	4	1	3	1	14
Nutrition	4	4	2	1	4	1	16
Micro finance and financial service to the poor	17	5	11	5	18	7	63
Total	102	49	98	43	96	48	436

The survey found that most CSOs were working in more than one of the BMGF focal areas. We found numerous permutations and combinations of multi-sectoral programming which will be discussed in each section separately. Table 18, above suggests that most CSOs were working in four main areas of agriculture and climate change; malaria control; and microfinance and financial services to the poor.

With regard to the stakeholders recommending CSOs, they suggested several reasons for putting groups forward. These ranged from acceptance at community level to commitment and dedication. Table 19 below captures the reasons proposed by stakeholder. Stakeholders from a particular sector tended to recommend groups from that sector. Therefore respondents from organizations such as the Environmental Protection Agency of state governments responding to Questionnaire 003 tended to recommend groups from agriculture and climate change and the related area of micro finance and services to the poor above public health areas. Respondents from UNICEF Malarial Control Unit Brini-Kebbi recommended malaria and routine immunization groups on the basis of groups' acceptance and legitimacy in community.

Table 19: Zonal stakeholders reasons for recommending CSOs

Stakeholders identifying CSO	Number of stakeholder giving most important reason for recommending groups								N R
	Acceptance & recognition in the community	Reliable, transparent and trustworthy	Ability to work with government	Competent & full-time and or trained staff	Track record of performance managing donor funds	Special interest focused (women the poor Youth)	Potential for growth	Commitment and dedication	
Global & National Stakeholder 001 N = 67	n=23	n=5	n=2	n=2	n=4	n=1	n=1	n=19	10
Zonal stakeholder Q003 N=200	n=75	n=15	n=40	n=20	n=10	n=7	n=15	n=11	7
Team leader Q 002 N= 7	n=1	n=2	-	n=1	n=2	-	n=1	-	-
Total	99	22	42	23	16	8	17	41	17

The section which follows examines the priorities of felt needs for CSO respondents by zone.

Felt needs and development priorities of CSOs surveyed

Table 20 below gives a clear indication of the topmost priorities of CSOs in Nigeria. Agriculture was identified as the number one priority by a majority of CSOs while immunization and family planning were only considered a number one development priority by a minority of CSOs. Following agriculture is MNCH with 63 CSOs ranking this sector as the area of greatest need; 59 CSOs ranked Micro finance and Financial service to the poor as the development sector of greatest need, 54 ranked Water sanitation and hygiene, 40 ranked Malaria, 10 ranked nutrition, 6 ranked Family Planning and 4 CSOs each ranked polio and routine Immunization as the sector of greatest need. Table 21 complements the picture by showing that the programming area of least priority for CSOs was polio immunization followed by family planning.

Table 20: No of CSOs from each zone ranking sectors as number 1 development priority

Zones	Agri	WASH	Malaria	MNCH	FP	Polio	RI	N/tion	M/F	Total
Northcentral	16	10	8	8	1	1	0	1	8	53
Northeast	5	5	2	19	1	0	0	4	3	39
Northwest	20	7	9	18	2	2	1	1	11	71
Southeast	16	11	5	1	0	1	0	0	4	38
Southwest	14	13	11	9	2	0	1	3	25	78
Southsouth	13	2	5	8	0	0	2	1	8	45
Total	84	54	40	63	6	4	4	10	59	324

Table 21 below shows that family planning was a programming area of least priority in the Northwest. In this zone 27 CSOs or 36.4% of the 74 CSOs responding to the question on priorities identified family planning as the last priority area. On the contrary, only 7 CSOs in the Southwest and the Southsouth identified family planning as an area of least priority.

Table 21: No of CSOs from each zone ranking sectors as being of the lowest (9th) development priority

SECTORS	North Central N=102	North East N=49	North west N=98	South east N=43	South West N=95	South south N=48	Total CSOs responding to question
Agriculture and Climate Change	8	4	7	2	2	1	24
Water, Sanitation and hygiene	2	1	1	0	0	0	4
Malaria	0	1	4	0	0	0	5
Neonatal, maternal and child health	1	2	0	1	1	2	7
Family planning	9	14	27	8	7	7	72
Polio Immunization	9	6	13	18	47	23	116
Routine Immunization	6	5	7	4	9	6	37
Nutrition	5	1	6	2	5	4	23
Microfinance and Financial service to the poor	7	5	9	3	3	2	29
Total number of CSOs responding to the question by zone	47	39	74	38	74	45	317

Summary

This section gave an insight into the administration of the research and some of the responses of key informants interviewed. The section also profiled key development issues in Nigeria. The next section presents findings of the mapping by the 9 BMGF sectors.

Section summary

Section IV which follows, reports on the findings for each of the 9 sectors of the BMGF. The landscape for each sector is presented in terms of the number, size, activities and target populations of the CSOs in each sector. Also CSOs are differentiated in terms of large, thriving and mature groups on the one hand and in terms of emerging or small groups on the other hand. Their level of

formalization; compliance with statutory obligations; their networks; strengthens; weaknesses; and innovations are also profiled. Quick wins projects and medium to long term interventions recommended by CSOs and stakeholders are put forward and outstanding CSOs of the sectors are proposed for engagement.

Section V summarizes findings, identifies crosscutting issues and problems drawn from section IV. Section VI presents recommendations on mechanisms for engagement; section VII presents the landscape of capacity building providers and VIII gives recommendations on capacity building for CSOs.

SECTION IV

THE LANDSCAPE OF CSOs WORKING IN 9 PROGRAMMING SECTORS OF THE BMGF

IV.i FAMILY PLANNING

Profile of CSOs working in FP

Of the 436 CSOs recommended by stakeholders, only 35 listed Family Planning (FP) as their primary area of activity. Eleven groups or almost a third of the CSOs were found to be in the Northcentral; the lowest number of groups were found to be in the Northeast. Table 22 below presents the distribution.

Table 22: Zonal distribution of recommended CSOs working in FH

Zone	Number of CSOs identified	% in total population
Northcentral	11	31
Northeast	2	6
Northwest	7	20
Southeast	3	8.5
Southwest	9	26
Southsouth	3	8.5
Total	35	100

Source: BMGF Analysis of Questionnaire 005

Family planning as a development priority

Generally, FP was ranked as a low development priority amongst all stakeholders including respondents from the health sector such as the National Primary Health Care Development Agency. It was even ranked low by staff of some international development agencies such as WHO. When probed about the low ranking of FP, government respondents in the 3 Southern zones, particularly, in the Southwest explained that the problem of family planning had already been addressed, that there was little resistance and that commodities were widely available. Hence it is no longer a development priority.

Similarly when CSOs working in the sector were asked to rank FP they accorded it a low development priority. For example, one FH CSO in Imo state in the

Southeast implementing sexuality and FP programs supported by multiple funding agencies such as ActionAid Nigeria, World Council of Churches Geneva Seed Fund for Reproductive Health, Society for Family Health and IPAS ranked FP as 7 of out 9 priority sectors. Interestingly, this CSO ranked water, sanitation and hygiene as the number 1 development priority. Another CSO in Abia state in the Southeast providing post-abortion care services ranked family planning last, as the 9th sector. This group ranked agriculture and climate change as the number 1 development priority.

CSOs working in FP which ranked this sector as most important included the Federation of Muslim Women Associations of Nigeria (FOMWAN) and WHARC in Edo state. Table 22 above gives a clear indication of the low development priority placed on immunization and family planning by CSOs working in all 6 zones. Table 22 above also shows that FP was an area of lowest priority for CSOs in all 6 zones but most particularly in the Northwest.

CSOs working in other sectors but programming in FP as a secondary sector

About half of the 401 CSOs that were not engaged in FP as a primary activity reported that they also had secondary grants with FP components. These groups, about 123 CSOs which were primarily engaged in malaria prevention and MNCH also had FP projects such as creating demand for commodities. The survey found that many of these CSOs implemented FP and other programs with funding from different sources. In such cases, groups were unable to integrate projects but rather carried out secondary FP interventions separately from their major area of work. We also found that many of the groups implementing FP as a secondary activity did not collaborate with the private sector. Indeed, findings suggest a gulf between CSOs implementing FP as a secondary area of activity and the private sector providers throughout all the zones of the country. Many of these groups seemed to have greater linkages with the government facilities than with the private sector.

Table 23: CSOs working in non-FP thematic areas but carrying out FP programs/activities

Thematic areas	Zones						Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	South	
Agriculture and climate change	0	1	3	0	4	2	10
Water sanitation and hygiene	3	3	2	3	2	3	16
Malaria	4	7	13	3	9	3	39

Neonatal, Maternal and Child Health	3	3	9	3	2	0	20
Polio	0	3	4	0	0	1	8
Routine immunization	0	3	1	0	1	1	6
Nutrition	3	3	2	0	3	1	12
Microfinance and financial service to the poor	1	2	1	2	2	4	12
Total	14	25	35	11	23	15	123

Population served and types of activities of CSOs working in FP

Most of the FP CSOs covered in this survey were involved in changing opinion, behavior and practice to generate demand for the uptake of FP services. About 50% of the 35 groups that were primarily engaged in FP did so with HIV/AIDS funding and therefore targeted persons infected with HIV or at risk of HIV infection. The FHI 360 SIDAS, the World Bank/NACA or the Global Fund were the main funders of these activities while the Society for Family Health was the main funder of FP service delivery projects implemented by small and emerging groups. Mature groups involved in FP service delivery sourced funding from MacArthur Foundation, Ford Foundation, Pathfinder International, IPAS and International Women's Health Coalition. Funders without country offices in Nigeria such as the Global Fund for Women and the International Women's Health Coalition supported a narrow group of CSOs mainly in the south of the country. Multilateral groups such as UNFPA and bilateral funding agencies such as CIDA were not picked up in the list of funders.

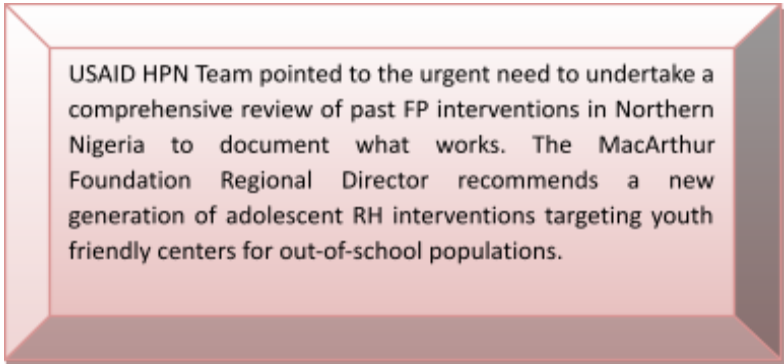
Few groups amongst the emerging CSOs targeted adolescents and only one, the Federation of Muslim Women Organizations of Nigeria (FOMWAN) focused on pregnancy prevention in zones with high rates of child marriage. Adolescent focused interventions were mainly in the south of the country included peer educators programs, STI protection, youth friendly clinics and emergency contraceptive interventions. Ford Foundation was one of the few funding agencies still supporting youth friendly clinics in Nigeria through its grants to groups such as the Country Women Association of Nigeria in Ondo state.

Factors impacting on the performance of CSOs in FP

Performance gaps identified by CSOs in FP differed significantly from the gaps identified by CSOs in other sectors. In addition to factors such as lack of long term funding raised by CSOs in other sectors, CSOs in FP raised the problem of lack of political commitment of government agencies, the absence of a rights and social justice framework to anchor their work and the persistence of “contending harmful cultural and religious beliefs and practices at variance with the mission and vision of CSOs” (Women’s Health and Action Research Centre interview, 3/4/2015). An additional factor raised was that of the brain-drain of staff to international development agencies from the NGO sector.

Quickwins project ideas for uptake by the BMGF over the next 6 months

- Stakeholders in the Northeast and Northcentral in particular called for the BMGF to invest in NGOs working with TBAs in these zones. Stakeholders argue that TBA projects can be upgraded to train and certify this category of birth attendants working in remote areas and zones of humanitarian crises. The content of the training recommended ranged from updates in modern contraceptive methods to specific training on emergency contraceptives methods within a response to sexual violence framework
- In an interview with the USAID Nigeria/Health Population and Nutrition (HPN) Team leader and team the recommendation was made for a comprehensive review of past FP interventions in Nigeria in general and in the North in particular. The objective of the review will be to document interventions that worked and to develop paths to scale. In essence, this is a review similar to the Northern Social Sector Assessment conducted by USAID in 2003 which the HPN team believes the Foundation may have a more rapid mechanism to initiate



USAID HPN Team pointed to the urgent need to undertake a comprehensive review of past FP interventions in Northern Nigeria to document what works. The MacArthur Foundation Regional Director recommends a new generation of adolescent RH interventions targeting youth friendly centers for out-of-school populations.

- The MacArthur Foundation Africa Director made a case for new investments in youth focused FP service delivery interventions. He recommended a modified model of youth friendly centers/clinics targeted at out of school youths. He also recommended that pilot projects should be initiated in the more receptive Southern states of the country
- The USAID HPN team as well as CSO stakeholders made a case for a new generation of male involvement interventions in Northern Nigeria. Targeting male Islamic Opinion Leader offered this opportunity
- Several stakeholders from the international development community called for the training of pre-service and in-service providers on side-effects management of modern contraceptive methods
- Support for a new generation of Peer health educators interventions for out-of-school youth was a recommendation made by CSOs working with out of school youth populations
- CSOs working in FP through USAID funded HIV programs pointed out that they are in a donor phase-out process as PEPFAR is to be closed out in 2015. They recommended that BMGF can support these groups to transfer skills from working with infected women to providing a wider range of FP services to adolescents and women of reproductive age
- NGOs working in MNCH pointed to the need for CSOs to work together to target politicians at all levels to make public their manifesto commitments on FP and MNCH
- In the Northeast, stakeholders argued that BMGF should support functional facilities providing subsidized FP and MNCH services in the zone. One facility in particular was mentioned – the Sunni Hospital in Maiduguri, Borno State which has been recently renovated by the International Red Cross. Despite the recent renovation Sunni Hospital, still experiences stock out of commodities, is sometimes unable to take deliveries due to absence of midwives and basic delivery packs. Stakeholders in the Northeast make a strong case for supporting this facility and empowering its management to conduct sustainability training for other community facilities working in crisis zones in the Northeast

What should the BMGF be doing in FP in Nigeria in the next 1 year to 5 years - Stakeholder and CSO recommendations

1. BMGF must invest in strengthening the newest network of Islamic Associations working in FP/MNCH (AMIN) to expand its activities and serve as an umbrella coordinating body for the numerous networks of Islamic Opinion Leaders in Northern Nigeria formed with support from Grand Challenges Canada, USAID Nigeria and other funding agencies
2. BMGF must support a new generation of adolescent FP/RH information focused projects in the North by investing in CSOs using culturally sensitive strategies to reach adolescents in Northern Nigeria. Such groups include the Adolescent Girls Initiative in Sokoto State, Girl Child Concern in Kaduna State, Sukul Development Association in Borno State, and Isah Wali Empowerment Initiative in Kano State
3. The Foundation must invest in intermediary CSOs in the 6 geopolitical zones to provide small grants to emerging NGOs working in FP
4. Support public health M&E capacity building projects at the University of Ife in the South and the Ahmadu Bello University in the North to design and roll out spin-off M&E capacity building programs with a specific focus on M&E for advocacy in FP/FH
5. The survey found that the majority of CSOs in FP, carried out their work without reference to global standards, conventions and conversations. Only Women's Health and Action Research Centre (WHARC) in Edo State and INCREES in Niger state drew from global standards to conduct advocacy in FP/RH. These two groups can be supported to design and roll out a rights in FP/RH intervention
6. The BMGF must support professional associations of Nurses, Midwives, Community Health Extension Workers and private sector practitioners to hold professional seminars to update members on the technology of modern contraceptive methods. Professional Associations such as the Public Health Practitioners of Nigeria, the Society of Obstetricians and Gynecologist of Nigeria, the Nursing Council have been engaged by funders such as IPAS and Pathfinder International in the past
7. The Leadership Development for the Mobilization of FP/RH (LDM) program supported by the David and Lucile Packard Foundation between 2002 and 2011 created a vanguard of over 200 champions for FP/RH at community level. These leaders included youth, traditional and religious leaders, media professionals, providers and women activists. LDM fellows interviewed as stakeholders in this study recommended that the BMGF support a follow-on phase of the LDM program to catalyze a new generation of leadership in FP/RH

8. The BMGF must invest in short-term, training on Population, Demography and Development, targeting public sector planners and policy makers in health, budgeting and women's affairs. This program will address the low development priority associated with FP amongst policy makers and even CSOs. This intervention can be implemented by the National Institute of Policy and Strategic Studies within the Public Sector Executive training program
9. CSOs need support to on how to design, implement and evaluate integrated FP interventions. This study documents several missed opportunities for integrated programming which can be addressed through training on integrated program design
10. Only one CSO provided free FP serviced to internally displaced women, that is, the Sunni Hospital in Borno state. Given the scale of mobility of internal displacement throughout the Northern states there is need to build capacity of CSOs to offer services to this underserved population
11. Service delivery to adolescents was found to be mainly concentrated in the South of the country, with only one group providing emergency contraceptive awareness to sexually active teenagers, this service can be expanded throughout the county with pilots in the South
12. Strengthen capacity of CSOs to design and implement interventions with linkages to community based private facilities



Free maternal health services in community hospital Sunni Hospital in Borno State, Northeast Nigeria, 2014

CSOs recommended for engagement by the BMGF

In addition to the CSOs mentioned above, the groups listed below were specifically recommended for engagement by stakeholders responding to questionnaire 001.

S/N	NAMES OF CSO's	THEMATIC AREAS	CATEGORIES
1	Patora Resolve (PARE), Kaduna state	• Agriculture • Family Planning	• Service Delivery • Demand Creation • Capacity Building • Reproductive Health
2	Women United for Economic Empowerment, Akwa Ibom	• Family Planning • Nutrition • Water, Sanitation in Nigeria	• Service Delivery • Remand Creation
3	Women's Health and Action Research Centre (WHARC), Edo state	• Family Planning • MNCH	• Service Delivery • Research • Capacity Building
4	Muslim Aid Initiative, Bauchi	• Family Planning • Malaria • Maternal, Neonatal Child Care • Polio/ Routine Immunization	• Sensitization • Service Delivery
5	Centre for Health Works, Development and Research (CHEDRES), Cross-Rivers	• Family Planning • Malaria	• Demand Creation • Mobilization & Sensitization
6	South Saharan Social Development Organization, Enugu	• Family Planning • Malaria • Maternal, Neonatal Child Care • Polio/ Routine Immunization • Nutrition	• Service Deliver • Demand Creation • Mobilization & Sensitization • Advocacy

7	Millennium Development Centre, Gusau, Zamfara state	● Malaria ● Family Planning ● Maternal, Neonatal Child Care	● Service Delivery ● Demand Creation
8	Isa Wali Empowerment Initiative (IWEI), Kano state	● Malaria ● Maternal, Neonatal Child Care	● Sensitization ● Service Delivery
10	Anglican Diocesan Development Society (ADDS), Benue state	● Family Planning ● Malaria	● Service Delivery ● System Strengthening
11	Royal Heritage Health Foundation, kwara state	● Malaria ● Family Planning ● Agriculture	● Demand Creation ● Service Delivery
7	Hikima Community Mobilization and Development, Sokoto state	● Maternal, Neonatal Child Care	● Service Delivery ● Demand Creation
8	Positive Outreach Foundation , Ogun state	● Malaria ● Family Planning	● Service Delivery ● Mobilization
9	Herwa Community Development Initiative (HECDI), Borno state	● Malaria ● Water, sanitation and Hygiene	● Sensitization ● Capacity Building.
10	Child Right Protective Initiative (CRPI), Benue state	● Maternal, Neonatal Child Care	● Sensitization ● Capacity Building.
11	Pan-African Development Education and Advocacy Programmer, Katsina state	● Agriculture/ Climate change ● Water, sanitation and Hygiene ● Malaria ● Family Planning ● Polio/ Routine Immunization ● Nutrition	● Capacity Building. ● Service Delivery

12	Federation of Muslim Women in Nigeria (FOMWAN Katsina)	● Polio/ Routine Immunization ● Malaria ● Family Planning ● Agriculture ● Reproductive Health ● Maternal, Neonatal Child Care	● Service Delivery ● Sensitization
13	Hope and Care Foundation, Benue state	● Malaria ● Water, sanitation and Hygiene	● Community Mobilization ● Service Delivery
14	Service to Humanity Foundation, Katsina	● Malaria ● Water, sanitation and Hygiene ● Agriculture	● Service Delivery

IV.ii MATERNAL, NEONATAL AND CHILD HEALTH

Of the 436 CSOs identified by stakeholders in this landscaping survey 62 groups or 14% were engaged in Maternal, Neonatal and Child Health (MNCH) as a primary area of activity. Eighteen of these groups were from Northwest Nigeria; the Southsouth and Southeast have the lowest number of CSOs with 8 and 4 CSOs respectively (see table 24).

Table 24: Maternal, Neonatal and Child Health CSOs recommended by stakeholders and assessed

CSOs working on Maternal, Neonatal and Child Health across Nigeria	Zones						Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
	10	9	18	4	13	8	

Source:

In terms of felt need, table 20 above, points to the fact that MNCH was viewed as the second highest development priority sector after agriculture across the 6 geopolitical zones. Not surprisingly, more CSOs from the Northeast and Northwest viewed MNCH as a high priority than CSOs from the Southern zone. The survey also found that CSOs working in other programmatic areas of interest to the BMGF were also involved in carrying out MNCH activities as a secondary area of programming. Table 25 below shows that CSOs working in malaria and WASH were also active in the area of MNCH. Interestingly, with the exception of FOMWAN, FBOs active in polio immunization were not found to be active in MNCH in this survey.

Table25: CSOs carrying out primary activities in other sectors but also working in MNCH

Sector	Zones						Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
Agriculture and climate change	2	2	5	1	5	3	18
Water sanitation and hygiene	2	4	5	4	7	3	25
Malaria	7	7	13	4	13	4	48
Family planning	3	3	7	3	2	0	18
Polio	2	3	3	1	0	0	9
Routine immunization	3	3	2	1	3	0	12

Nutrition	3	3	3	0	5	1	15
Microfinance and financial service to the poor	0	5	7	1	9	3	15
Total	21	29	47	15	44	14	162

Source: Questionnaire 005

The survey also found that several small CSOs working in MNCH were implementing activities to increase access to ANC and PMTCT services for infected and at risk women. Management Sciences for Health was identified as the main funder of small grants averaging around 3 million naira to these CSOs. Most of these interventions were demand creation and systems strengthening projects. On the other hand, many large NGOs such as FOMWAN and the Association for Reproductive and Family Health (ARFH) in Oyo state in Southwest Nigeria did not only create demand but delivered services for women of reproductive age.

Larger groups were also more likely to integrate MNCH with other areas of programming such as malaria prevention. For example, the Amira of Federation of Muslim Women Association in Nigeria, (FOMWAN) Kano branch stated that while promoting MNCH, the organization conduct sensitization on malaria and promoted the use of long life insecticide nets. She explained further, that MNCH was also linked with messages of child spacing and campaigns on child survival. Similarly, the Director of Programs at Association for Reproductive and Family Health (ARFH) in Oyo Southwest Nigeria identified synergies between MNCH and FP in the organizations' USAID funded interventions in Kebbi, Zamfara, Jigawa and Katsina States in Northern Nigeria.

Legal status of CSOs

The majority of CSOs working in the area of MNCH are registered with the Corporate Affairs Commission as Trusts; a few others are registered as Companies limited by guarantee. The broader picture is presented below.

Table 26: legal status of CSOs in MNCH

Forms of registration	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	Total
Trustees	8	5	11	3	10	4	43
Limited by guarantee	0	0	1	0	1	1	3
Cooperative	0	0	1	0	0	0	1

State ministries	0	0	1	0	0	0	1
NGO	0	0	1	0	0	0	1
Voluntary social club	0	0	0	0	0	1	1
Faith Based Organization	0	0	1	0	0	0	1
Professional association	0	0	1	0	0	0	1
TOTAL	8	6	17	3	11	6	52

Source: Questionnaire 005

Capacity of CSOs in MNCH

CSOs working in MNCH vary in terms of staff strength and qualifications. A total of 40 CSOs or 64% of groups working in MNCH have between 1 to 5 staff; most other groups were staffed by volunteers. The CSOs with the largest number of full-time staff and least number of volunteers were found in the Southwest while CSOs with the least number full-time staff and the highest number of volunteers were in the Northwest. With the exception of the Northeast and Southeast, CSOs generally made PAYE deductions; however, deductions of pensions and National Health Insurance Scheme (NHIS) were made less frequently.

Table 27: Payment of PAYE, NHIS and PENSION by CSOs

Staff deductions	Zones						Total
	Northcentral N=10	Northeast N=6	Northwest N=15	Southeast N=4	Southwest N=13	Southsouth N=5	
PAYE	5	4	10	1	5	3	28
NHIS	0	0	1	0	0	0	1
PENSION	2	1	3	1	2	1	10

Source: Questionnaire 005

Activities of MNCH CSO and beneficiaries targeted

Projects of CSOs working in MNCH generally targeted pregnant women and mothers; there were few male involvement interventions. The majority of CSOs in this sector are engage in demand creation through mobilization and sensitization and to a lesser extent, service delivery. Few large CSOs were engaged in advocacy and social accountability projects. For example, the Executive Director of Economic Empowerment and Development Initiative (EEDI), Enugu State

Southeast Nigeria explained that the group advocated for a Free Maternal and Child Health (FMCH) policy in Enugu State. Similarly, Advocacy Nigeria Kaduna State Chapter worked through NGO partnerships to advocate for increase budgetary allocation for health and to demand for the implementation of free maternal health care in Northwest and Northeast Nigeria.

Strength and weakness of CSOs working in MNCH

Strengths of CSOs working in Maternal, Neonatal and Child Health revolve around the groups' effectiveness at community outreach, behavioral change communication and community engagement. Health and Social Relief Initiative, a Kwara State based NGO sums up their strengths in the following terms: "we have a vast knowledge of the communities in the state because we take a community approach for our activities which involves doing things with and not for the community members". Another significant strength of MNCH CSOs is that FBO such as FOMWAN own and manage facilities where comprehensive services are provided. On the other hand, the basic weaknesses identified for this group of CSOs include high staff turnover, inadequate funding, poor data collection and records keeping systems, poor managerial (both technical and financial) skills, and lack of experience staff for project implementation.

CSOs innovation in MNCH

CSOs report that they used several innovative strategies for project execution and sustainability. Innovations mentioned by CSOs included use of radio programs to educate, inform and change behavior and engaging Religious Opinion Leaders to promote behavioral change. Other innovations in the area of MNCH revolved around providing incentives to create demand for facility delivery. For example, one group in Akwa Ibom programming in ANC within an AIDS framework stated that "In getting women to attend ANC the women are well sensitized in the community some that are reluctant to go to the facility we provide escort to take them there or form them into groups to facilitate interaction amongst them and their spouses and when they deliver the baby, gifts are given to them". Further innovations include translation of developed and pre-tested IEC materials into local languages.

Networking of CSOs in MNCH

CSOs working in this sector belong to several networks and coalition at the national and the state levels:

- a. Water, Sanitation and Hygiene Network (NEWSAN)

- b. Civil Service for HIV and AIDs in Nigeria (CISHAN)
- c. Child Protection Network (CPN)
- d. Association of Civil Service Societies on Malaria Control, Immunization and Nutrition (ACOMIN)
- e. Association of OVC NGOs in Nigeria (AONN)

Quick wins interventions recommended to BMGF to be carried out in 6 months to 1 year

- Support CSOs to expand Maternal, Neonatal and Child Health care services to remote, hard to reach and rural areas
- Enhance access to MNCH services within the National Health Insurance Scheme
- Support NGOs running clinics such as FOMWAN to provide quality services at a subsidized fee structure
- Support NGOs to incorporate polio and routine immunization components into MNCH projects
- Support CSOs to translate pre-tested IEC materials into local languages and develop enter-educational films for the home video industry

Medium to long term interventions to be implemented by the BMGF in 1 to 5 years

- Support government humanitarian agencies such as National Emergency Management Agency (NEMA) as well as NGOs such as the Red Cross to develop protocols on MNCH for refugees and displaced persons in camp and itinerant situations
- Ante-natal health care updates for TBAs on safe delivery methods and neonate and childhood vaccines schedules
- Support CSOs to design and implement a new generation of male involvement interventions
- Support CSOs to implement interventions which target faith and community leaders
- Support CSOs to implement leadership in MNCH interventions similar to the leadership projects of the David and Lucile Packard Foundation
- Field data from the Southwest team showed that about 40% of the women registering in public hospitals and clinics in Lagos State do not return for delivery. Field data revealed that many women opt for TBAs and churches for maternal care and child delivery. More research is needed on this

practice and a faith based intervention is required to enlighten women against this practice

Recommended groups

1. **Branches of FOMWAN particularly in zones with poor MNCH outcomes in the Northwest, Northcentral and Northeast Nigeria:** as A faith base organizations with a federated structure this group has major strengths and has clinics which can be supported to expand services to Muslim women and children.
2. **Initiative for Integrated Community Welfare in Nigeria (IICWIN)** base in Oyo State Southwest Nigeria, the organization was formed and registered in 2005 and incorporated trustees with the mission intervening in health and development challenges especially for women, children and the vulnerable
3. **Life Helpers Initiative** formed in 2004 and registered in 2007 as a trust and located in Sokoto State Northwest Nigeria, the organization has a strong and dynamic community mobilization, adequate and passionate staff, a strong financial and accounting system and a vast understanding of the culture of the people in Sokoto State.
4. **Coalitions of CSOs supported by MNCH donor funded programs (Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) and, Targeted States High Impact Project (TSHIP).** Both interventions are in the phasing out stages in zones with poor MNCH outcomes in Northwest and Northeast. Coalitions of CSOs should be supported to continue and scale up activities in support of MNCH
5. **Sunni Hospital in Borno State** which provides MNCH services to women of reproductive age and mothers of neonates and children in a context of displacement. Services are facility based with support from Pathfinder International, Society for Family Health and other international development funders
6. **Women and Youth Support (WAYS)** is a non-governmental organization registered with the CAC based in Kano State, the group conducts community mobilization for the uptake of MNCH services in rural local governments in Kano and Jigawa States
7. **Koyenum Immalah Foundation** located in Delta State Southsouth Nigeria, it was formed in 2000 and registered as an incorporated trust in 2003. The organization seeks to promote the rights of women and youth using innovative strategies for sustainable development in Nigeria

8. **Jamurota Community Care Initiative (JCCI)** is located in Abuja, Northcentral Nigeria this group was formed in 2004 and registered in 2006 as an incorporated trust with a mission to provide information on prevention of diseases and referral services to vulnerable communities.
9. **African community and Environmental Health Initiative (HCE-HI)** is based in Bauchi State, Northeast Nigeria. It was formed in 1997 and registered in 2007 as a trust, it has implemented projects in the sum of N60,226,650 in rural LGAs of Bauchi State
10. **Centre for Women and Children Development** operates in Ondo and Ekiti State in Southwest Nigeria, it was formed in 2004 and registered in 2009 as a trust.

IV.iii NUTRITION

The survey identified the least number of CSOs working in the areas of immunization and nutrition. Only 16 CSOs or 3.6% of CSOs were working in nutrition. The Northcentral and Southwest were found to have the highest concentration of organizations working in nutrition with 4 in both cases; the Northwest had 2 CSOs, and the Southeast and Southsouth had only 1 CSO each.

Table 28: Zonal distribution of CSOs working in nutrition

	Zones						Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
CSOs working in the area of nutrition	4	4	2	1	4	1	16

Source. BMGF survey 2014

Nutrition as a felt need

Of the 324 CSOs responding to the question to rank sectors in terms of greatest felt need, only 10 or 3% of CSOs identified nutrition as the area of greatest need. Interestingly, four out of the 10 CSOs which prioritized nutrition as an area of greatest need, were from the Northeast; 3 from the Southwest; and 1 from the Northcentral, Northwest and Southsouth respectively. There were no CSOs from Southeast which identified nutrition as an area of greatest felt need.

Registration status of CSOs, capacity and staff strength

Fourteen of the CSOs working in nutrition were legally registered; with only 2 groups operated without registration. Data on zonal distribution of CSOs by qualification of staff suggests that most groups have at least 4 staff with HND or Degree qualifications. Most of the CSOs in the Northern zones had large numbers of volunteers rather than paid staff.

Table 29: Numbers of volunteer staff in CSOs by zone

Number of volunteers in a CSO	Zone						N=16 Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
0	0	0	0	1	4	1	6
1	0	0	1	0	0	0	1
2	0	0	0	0	0	0	0
4	1	1	1	0	0	0	3
5	2	1	0	0	0	0	3
7	0	1	0	0	0	0	1
Total responding	3	3	2	1	4	1	14
No response	1	1	-	-	-	-	2

Source: BMGF survey 2014

All CSOs working in nutrition reported that their staff had been exposed to training but indicated that most trainings were technical and did not address organizational capacity issues. For example, the Executive Director of Fahimta Women and Youth Development Initiative in Bauchi Northeast Nigeria reported that her staff participated several trainings on community service delivery, Orphan and Vulnerable Children (OVC) care and support. The table below shows the zonal distribution of capacity building trainings and workshops in which CSOs staff participated.

Table 30: Number of CSO reporting that staff participating in trainings by zones

Trainings	ZONES						N=16 Total
	Northcentral N=4	Northeast N=4	Northwest N=2	Southeast N=1	Southwest N=4	Southsouth N=1	
Staff who have participated in any form of training	4	4	2	1	4	1	16

Source: BMGF survey 2014

Staff salaries and compliance with statutory obligations for full-time staff

Regarding staff salaries, the landscaping found that large and thriving groups such as the Association for Reproductive and Family Health (ARFH) paid the highest monthly salaries while emerging and small CSOs reported that the highest monthly salary they could pay was ₦70,000.00 per month. CSOs with full time and permanent staff also complied with statutory obligations and made deductions of PAYE and to a lesser extent Pension; only 1 of 16 CSOs participated in the National Health Insurance scheme. Table 31 below gives more details.

Table 31: CSOs compliance with statutory requirements for non-profits in Nigeria (Pay as you Earn, National Health Insurance Scheme and Pension Deductions)

	Zone						Total n=	N=16
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth		
PAYE	4	3	2	1	2	1	13	16
NHIS	0	0	0	1	0	0	1	16
PENSION	2	0	2	1	1	1	7	16

Source: BMGF survey 2014

Funds accessed by nutrition CSO, sources of funding and financial management systems

Of the 16 CSOs working in nutrition, 12 were small groups which spent less than ₦10 million in their activities per annum; only 4 CSOs were large groups such as ARFH in Ibadan which spent more than ₦10 million on project activities per annum. Other large groups such as the Environmental and Rural Mediation, and Borno Muslim Widows and Orphans Welfare Association manage annual budgets of ₦100,000,000 and ₦36,000,000 per project, respectively. The major source of funding for CSOs working in nutrition comes from the Global Fund, FHI360, MSH, ICAP, UNICEF, USAID and ActionAid.

Ten of the 16 CSOs working in nutrition reported that their organizations have been assessed for funding by donors. However, most assessments were pre-award surveys rather than mid-term or end of project evaluations. In such cases the assessments focused on financial management systems, organization's transparency and governance or program effectiveness. In terms of financial

management systems, 11 CSOs out of the 16 groups in nutrition reported that they have bank accounts in the name of the organization and about half of this number report that they had a policy on dedicated project accounts for different projects.

Multi-sector focus in nutrition CSO programming

Of the 16 CSOs which identified themselves as working in nutrition as a primary area of intervention all were engaged in other areas of programming. The survey found that CSOs working in nutrition are likely to also work in malaria, microfinance, and MNCH. This approach was explained by one respondent from a CSO in the Southsouth (see box). Most groups were providing comprehensive services to HIV infected persons or empowering women by providing integrated public health information. The Isah Wali Empowerment Initiative in Kano state is an example of a CSO providing public health support to poor rural women. Another finding of the

“in targeting women, youth and children, our organization provides nutritional support for orphan and vulnerable children, we also provide motorized boreholes in communities and carry out economic empowerment through micro-credit to empower care givers....we do many things”

Mrs. Iniobong E Frank the Executive Director of Women United for Economic Empowerment in Akwa Ibom State Southsouth Nigeria

landscaping was that CSOs working in other sectors were also likely to incorporate nutrition information into their programs. The table below shows that groups working in malaria and MNCH were likely to implement nutrition projects into their projects compared to groups implementing polio and routine immunization.

Table 32: Nutrition projects carried out non-nutrition CSOs by zones

Thematic areas	Zones						Total
	North central	North East	North West	South East	South West	South South	
Agriculture and climate change	2	1	2	3	3	1	12
Water sanitation and hygiene	4	3	1	1	3	1	13
Malaria	6	7	7	1	8	0	29
Neonatal, Maternal and Child Health	3	3	3	0	5	1	14
Family planning	3	3	2	0	3	1	12
Polio	1	2	0	1	0	0	4

Routine immunization	0	2	0	0	0	0	2
Microfinance and financial service to the poor	4	4	3	0	4	2	17

Source: BMGF survey 2014

Target groups of nutrition CSOs

As many of the groups working in nutrition were operating within HIV/AIDS funding streams they targeted orphans and vulnerable children, pregnant women and people living with HIV/AIDS (PLWHA). The Executive Secretary of Victorian Clarion Foundation in Anambra, Southeast Nigeria explained the origins of their work in nutrition in terms of funding for infected persons from ARFH and the Global fund. Similarly, the Executive Director of Life Helpers Initiative in Sokoto State, Northwest Nigeria explained the CSOs' work in the area in terms of the grant award of N89, 827,061.00 from USAID in 3 rural local government in Sokoto state to improve healthy living for OVCs and the women and people living with HIV/AIDS.



Nutrition education with women in Enugu State, South Saharan Social Development Organization, 2013

Networks and coalition of CSOs

The CSOs working in nutrition belong to several networks and coalitions. In such associations there is potential for weak CSOs to improve their capacities and build on strengths. The under-listed networks are related to nutrition and the all operate at the national level but with branches at the state level.

1. Association of NGOs working with Orphans and Vulnerable children (AAON)
2. Child protection network

3. Civil society on HIV/AIDS in Nigeria (CISHAN)
4. Association of Civil Society Organization in malaria control, immunization and nutrition
5. National council of child rights advocates Nigeria (NACCRAN)

Strengths and weakness of CSOs in nutrition

Nutrition CSOs identified their strengths as:

1. Goodwill from communities, trained staff and highly network
2. Qualified and experienced staff, permanent structure
3. Existence of an income generation unit
4. Rural community acceptance

Limitations of small CSOs were identified as:

1. Poor interest in nutrition, weak mainstreaming of nutrition in health programs and poor coordination of CSO nutrition sector
2. Staff turnover and staff retention
3. Shortage of funds and staff

Larger CSOs with funding in excess of N10,000,000.00 naira were more concerned with limited funding opportunities in nutrition and the fact that they raised more of their funding from malaria or water and sanitation projects.

Innovations

CSOs working in nutrition are quick to point out that their innovation revolved around strategies designed to: 1) ensure the sustainability of their projects in the absence of consistent sources of funding; 2) respond to community needs; and 3) strategies to ensure that the right beneficiaries are targeted. They were particularly proud of their targeting strategies. Specific innovations mentioned are as follows:

- a. Women United for Economic Empowerment working in Akwa Ibom state Southsouth Nigeria stated that they used a house-to-house visits approach to distribute nutritional supplements and materials for care-givers and OVCs
- b. The Fantsuan Foundation in Kaduna State Northwest Nigeria did their own processing and distribution of a high protein food supplement called “tom brown” made from locally grown soya beans and groundnut.

Recommendations of nutrition interventions to the BMGF

Recommendations of the specific areas the Foundation should focus on in the area of nutrition:

- a. Stakeholders noted that the BMGF needs to conduct a study on the nutritional status, food taboos and food preferences of the poor and that the Foundation should use this information to design appropriate Pro-Poor Nutritional Programs
- b. Stakeholders noted further that the BMGF needs to encourage more Nigerian CSOs to integrate nutrition components into their health projects by making mini and small grants available and by supporting nutrition awareness in the CSO community
- c. Support market research on local food sources
- d. Increase and support breastfeeding education
- e. Support CSOs to link agricultural and nutrition interventions, to develop integrated activities and to focus on target groups through integrated strategies
- f. Promoting desirable food behavior and nutritional practices
- g. Popularize existing research findings from agricultural food institutions on nutrition content of new and existing food sources

Medium to long term recommendations to the Foundation were:

- a. Support health CSOs to integrate nutrition components into their projects in order to popularize and expand nutrition education for children and elderly
- b. Support efforts to improve coordination of indigenous CSOs in nutrition to expand knowledge of best practices and share updates
- c. Support CSOs working in education to introduce and strengthen nutrition in the primary and secondary school curriculum. Also promote school feeding programs
- d. Strengthen government's food security policy formulation in food fragile states. Provide technical assistances to governments to establish functional food banks and silos
- e. Support poor families to provide essential food items for children
- f. Support planners to include food security into conditional and unconditional cash transfer programs
- g. Work with humanitarian and relief agencies in government and civil society to establish nutrition protocols for displaced, women, children, youth and adults in camp situations

CSOs recommended to be engaged by the BMGF:

During the time of field work government stakeholders informed the research team of the Corporate Affairs Commission's recent approval to the Civil Society Initiative for Scaling-up Nutrition in Nigeria recommending this as an opportunity to improve the coordination and impact of the sector. The mission of the Civil Society Initiative for Scaling-up Nutrition in Nigeria is: "to mobilize non-state actors to advocate, generate evidence, build capacity and to stimulate communities to scale up nutrition in Nigeria". The Chairperson of the Board of Trustees is Dr. Philippa Momah. Other groups recommended are:

1. **Women United for Economic Empowerment** is base in Akwalbom state Southsouth Nigeria. Formed and registered in 2002 as a Non-Governmental Organization, the organization seeks to promote women, youths, children's right and vulnerable groups in poor rural/urban communities through empowerment programs.
2. **Gawon Foundation** located in Kaduna Northwest Nigeria. Formed in 1998 and registered in 2005, the organization has as a strength a solid base and community acceptance, experience and capacity in mobilizing people to be self reliant economically and physically.
3. **Foundation for Justice Development and Peace** located in Benue state Northcentral Nigeria. Formed in 1977 and registered in 2013 as incorporated trustee. The CSO is a Faith Based Organization inspired to address and work actively for integral development especially with the poor and marginalized.
4. **Foundation for Justice and Social Development (FOJSOD)** situated in Ekiti state South west Nigeria. Formed in 2003 and registered in 2007, the organization seeks to create an enabling environment for vulnerable groups through qualitative service delivery and sustained community involvement.
5. **Fahimta Women and Youth Development** working in Bauchi state Northeast Nigeria. Formed in 2003 and registered in 2005 as incorporated trustees. The organization works with women, youths and communities to promote access to quality of life.
6. **Gaurapad Charities** located in Lagos Southwest Nigeria. Formed in 2004 and registered in 2006 as incorporated trustees, the organization seeks to provide holistic well-being to society through highly effective products, while creating economic freedom for all involved.
7. **Borno Muslim Widows and Orphans Welfare Association** located in Borno state Northeast Nigeria. Formed in 2009 and registered in 2011 with the

state government, it has executed several activities related to nutrition in the state, as strength the organization has high population of members, large pool of volunteers and a wide coverage over the state.

8. **Environmental and Rural Mediation** in Delta state Southsouth Nigeria. Formed in 2000 and registered in 2007, the organization has as a strength competent staff, the ability to work closely with the poor and excluded communities, understands the local language of its beneficiaries, a strong and functional board, belongs to several networks and has a strong partnership with other organizations.

IV.iv POLIO AND ROUTINE IMMUNIZATION

DHS data on the low uptake polio and routine immunization services in the Northern zones of Nigeria are discussed in section two above. Of the 436 CSOs identified by stakeholders as top performing groups, in the landscape only 13 were working on polio and 14 were groups working in routine immunization. Of 13 CSOs identified by stakeholders as working in polio, 6 were located in Northwest and 3 in the Northeast; the remaining 4 spread across the other zones. The pattern regarding **routine immunization** is similar as 8 of the 14 CSOs identified by stakeholders were in the Northwest. Tables 34 and 35 below present the findings.

Table 34: Distributions of CBOs working in the area of poliomyelitis by states and zones

State covered	Zone					
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth
Adamawa	--	1	--	--	-	--
Bauchi	--	1	--	--	--	--
Enugu	--	--	--	1	--	--
Kaduna	--	--	1	--	--	--
Kano	--	--	1	--	--	--
Katsina	--	--	3	--	--	--
Yobe	--	1	--	--	--	--
Zamfara	--	--	1	--	-	--
Lagos	--	--	--	1	1	--
Osun	--	--	--	1	1	-
FCT	2	--	--	--	--	-
Total	2	3	6	2	1	-

Source: 2014 BMGF Field Survey

Table 35: Distributions of CBOs working in the area of routine immunization by states and zones in Nigeria

State covered	Zone				
	Northcentral	Northwest	Southeast	Southwest	Southsouth
Cross River	--	--	--	--	-
Enugu	--	--	1	--	--
Imo	--	--	1	--	--
Jigawa	--	2	--	--	--
Kaduna	--	2	--	--	--
Katsina	--	2	--	--	--
Kogi	1	--	--	--	--
Osun	--	--	--	1	--
Plateau	1	--	--	--	--
Zamfara	--	2	--	--	--
FCT	1	--	--	--	--
Total	3	8	2	1	-

Source: 2014 BMGF Field Survey

The survey shows that the majority of the CSOs working in polio immunization were faith base organizations such as FOMWAN, active in several states across the Northwest and Northeast. The Catholic Mission, also a faith based organization was active in the Southeast.



Federation of Muslim Women of Nigeria, conducting polio immunization in local communities in Kano state, 2013

The survey also found that majority of groups engaged in routine immunization were also involved in malaria and WASH as secondary activities. The correlation between routine immunization and malaria prevention was particularly significant in the Northwest. This pattern was less pronounced for polio immunization CSOs. The landscaping also found that while a significant number of CSOs in polio were also took up routine immunization activities the converse was not the case.

Staff strength and grants awarded to CSOs in polio and routine immunization

Generally, the staff strenght of the CSOs in immunization ranged from five to twenty five members, with part-time and volunteer staff being most significant categories of staff for smaller groups. The Civil Society in Malaria Control Immunization and Nutrition (ACOMIN) with headquarters in Abuja, Northcentral has the largest number of qualified staff with about twenty four people working on full time basis. The majority of CSOs working in the area of polio can be described as organizations with strong community roots, a high degree of legitimacy and led by recognized community leaders. The largest grant received by CSOs in polio programs was, ₦52,305,400.00 awarded to the Civil Society in Malaria Contro Immunization and Nutrition (ACOMIN). The survey found that UNICEF has been a major international donor awarding grants of varying amounts to a range of different groups. FOMWAN was awarded the sum of ₦2,000,000.00 from the government agency, the National Primary Health Care Development

Agency (NPHCDA) in Abuja. The State ministries of Health and the State Primary Health Care Development Agencies in Northern states also supported CSOs on polio eradication. With regard to routine immunization, the survey found CSOs working in this area had more full-time staff and enjoyed a lower grant ceiling than groups working in polio. The highest grant awarded to CSOs working in routine immunization was made by JHU/IVAC to Partnership Opportunities for Women Empowerment Realization (POWER) in the Southsouth zone of Nigeria.

Entry points for programming in routine immunization

The most effective entry point for routine immunization projects reported by CSOs was working through linkages with WASH, malaria control and MNCH programs. CSOs explained to the research team that MNCH was a good entry point for routine immunization as awareness creation activities could be built into Maternal and Child Health Weeks (MCHWs) or could be conducted during MNCH outreach programs. Such programs were generally supported by UNICEF in collaboration with state Ministries of health. CSOs in routine immunization reported that working through MNCH interventions enables them to mobilize local government health workers and to conduct outreach activities in rural health facilities, Churches, Mosques and market places. Polio immunization was not an entry point for routine immunization and the converse.

Networks and federated CSOs such

as ACOMIN and FOMWAN were

found to have a wide reach and

ability to coordinate service delivery

Polio immunization was not found to be an entry point for routine immunization and the converse

and demand creation activities in polio and routine immunization across the country. In the areas of advocacy and social accountability, few CSOs in immunization, reported activities in this area and none were involved in budget tracking. However, some CSOs in MNCH in the Southeast argued that they did monitor revenues allocated to polio immunization closely and called for a 'Polio eradication governance program in the Southeast' to "prevent government agencies from budgeting for immunization programs were a problem did not exist in order to silently eat up the money" (interview with CSO in Anambra state 15/1/2014).

Strengths and weakness of CSOs

CSOs working in polio immunization were particularly positive about work with international donors and the benefits they derived from close and regular consultation. These groups identified their strengths in terms of dedicated volunteers, who were skilled and committed with more than 10 years of development work experience. They also reported that they had a good knowledge of local communities and had built up strong relationships with community leaders. CSOs in polio identified weaknesses in terms of the heavy workload, physical activity and personal security risks associated with their work, the fact that few men were interested in joining their teams and the conflict over roles which occurred when they did. Another weakness was the high visibility of the sector and the fact that “we are sometimes pushed too hard and too fast by the donors” (filled questionnaire 005 1/3/2014).

CSOs in routine immunization saw as their strength in the ability to collaborate with government agencies, to work with them and understanding their way of working. These groups also reported that “we now have a better understanding of the health system and how it operates” (interview with CSO in Katsina state, 15/1/2014). Weaknesses were identified as the inability to secure grants and to grow their NGO.

Innovations of CSOs in immunization programming

Drama emerged as a recurring innovation stated by CSOs responding to Questionnaire 005. Groups reported that they used drama as a communication tool to inform and educate the ordinary people. Other innovations were engaging faith leaders as champions for change and training of TBAs. Groups in the Northwest identified translation of IEC materials into Hausa language as an innovation. The groups working in polio listed as an innovation the ability to mobilize volunteers with limited notice. However, they noted that this was as a result of poor planning in scheduling rosters for immunization.

What BMGF should be supporting over the next 6 months

- CSOs asked that the Foundation should begin an urgent intervention with government agencies, especially the State Primary Health Care Development Agencies to make a realistic plan for polio and routine immunization in the light of the upcoming general elections

- Stakeholders recommended that the Foundation should work with UNICEF and UNHCR to support development of an immunization protocol for internally displaced neonates and children
- Stakeholders interviewed from the international development community recommended that more research and scenario building should go into developing models to integrate polio and routine immunization

Interventions the Foundation should support in the medium to long term

- Support community drama groups and the local film industry to develop and disseminate entertainment/education products at community level
- Integrate medical workers into faith based immunization teams to enable them to answer technical questions from community members “there is still a lot of doubt out there”
- Support study tours for community level religious opinion leaders to learn about best practices in other countries such as Egypt, Senegal and Ghana
- Target and train TBAs on immunization
- Involve polio victims in polio immunization campaigns
- Strengthen the network ACOMIN to remain active and sustainable with internal democratic structures when core funds are no longer available

A. CSOs Recommended for engagement by the BMGF

1. Civil Society in Malaria Control Immunization and Nutrition (ACOMIN):

The organization was formed in the year 2006 and registered in the year 2009 as a trust with Corporate Affairs Commission. Since then the organization has been working in the area of coordinating the other CSOs, monitoring, evaluating and capacity building for the other CSOs and advocacy. The CSO developed and institutionalized an electronic reporting system for data collection, with provision for qualitative as well as quantitative reporting. The CSO has also worked in the areas of malaria and immunization

- ##### **2. Catholic Institute for Development Justice Peace and Charitas:** This a faith base organization established in 1979 and registered with Corporate Affairs Commission in 1986 as trustee working in the area of Polio. The organization design the kick polio out of Nigeria (treatment and post treatment) routine immunization. The organization has been working in other areas like maternal and child health, routine immunization, family planning, nutrition and agriculture among others.

3. **Federation of Muslim Women Association in Nigeria (FOMWAN) headquarters and Katsina, Bauchi, Kano and Kaduna states:** FOMWAN is a faith base organization formed in the year 1985 with a membership of Muslim women CSOs as well as branches of. The group is registered with the Corporate Affairs Commission as Trust. It has the unique status of being both a federation of sister bodies in all States of the Federation as well as a network.
4. **Save Mothers and Children Initiative:** The CSO is based in Zamfara State in Northwest zone. The CSO was formed in the year 2006 and registered as a Trust with Corporate Affairs Commission in the year 2008. The CSO's mission is to provide public enlightenment, health education and community mobilization to support and promote health in Zamfara State. The CSO has been working in the area of Polio, Routine immunization, HIV/AIDS, Water, Sanitation and hygiene to achieve this goal.
5. **Popular Theater and Health Education Association (POTHE):** The organization was established as a Cooperative Society in the year 2002 and registered in year 2008. The organization is based in Jigawa state in the Northwest zone and also a member of CISHAN Network. The group's mission is to act as catalyst for community development. The organization have been able to access N3,000,000.00 from PRRINN/MNCH as grants for the execution of routine immunization program.
6. **Child to Child (HealthDA):** This CSO has been in existence in Niger State in the Northcentral zone for over 20 and registered with Corporate affairs Commission as Trust in the year 1996. The group has established networking relations with CISHAN, AOON, ACOMIN and SCAFER
7. **Gumel Youth Empowerment Association:** This is a youth organization comprises of males and females based in Jigawa state North west zone. It has been in existence for over three decades and registered as Trust with Corporate Affairs Commission in 1986. Their vision is to create a society where everyone has a decent place to live. The organization has been working in the area of community engagement on health issues, create awareness on prevention of malaria, community mobilization on routine immunization and safe motherhood Initiative demand creation. The organization has a qualified staff they are all full time staff not only that the organization deducting the

normal tax from staff salary to the cover of government. The organization is a member of two networks, Jigawa Coalition for development (JICODEV) and Transitional Monitoring Group (TMG).

IV.v MALARIA

Profile of CSOs into Malaria

A total of 81 CSOs or 18% of the 436 CSOs recommended by stakeholders worked in Malaria as a primary area of activity. Most of the organizations interviewed are registered with Corporate Affairs Commission as trusts; only one CSO is registered with state government. Additionally, 3 CSOs were registered as Youth clubs and few as Cooperatives, professional associations. Table 36 below summarizes the findings.

Table 36: Legal status of the CSO

Legal status of the CSO	North Central	North East	North west	South east	South West	South south	Total
Incorporated Trustees	12	9	13	8	19	5	65
Limited by Guarantee			1		1	1	3
Youth Club		1	2		1		4
Cooperative		1	1				2
State Ministries		1			1		1
Adult Association club	1						1
NGO		1					2
Faith-Based organizations			1				1
Professional Association			1				1
Community Development							1
Total	13	13	19	8	22	6	81

The Southwest has the highest number of CSOs working on Malaria followed by Northcentral and Northeast with 13 respectively (table 37 below). The Southsouth has the lowest number of CSOs working on Malaria.

Table 37: Number of CSOs into Malaria based on zones

BMGF Programming Area	North central	Northeast	Northwest	Southeast	Southwest	South south	Total
Malaria	13	13	19	8	22	6	81

The state specific analysis of survey results shows that Osun state has the highest number of CSOs working in Malaria, followed by Kwara and Ekiti states with 5 CSOs respectively. In terms of capacity, the Civil Society in Malaria Control and Nutrition (ACOMIN), has the largest workforce with 24 full-time staff. ACOMIN is followed by another CSO, Royal Heritage Health Foundation based in Kwara state, which has 17 full time staff. The majority of CSOs, however, were found to have an average of only 4 full time staff. There are only four CSOs with no full-time staff.

Several CSOs engaged in development sectors other than malaria were also working in malaria as a secondary area of activity. The table below captures the configuration of groups working in primary areas such as WASH and in malaria as a secondary activity. This table shows that more CSOs in WASH were also active in malaria than any other sector. However, a higher percentage of routine immunization CSOs were also active in malaria.



HUFFPED during the malaria outreach in Offin community in Ikorodu LGA

Table 38: Non-malaria CSOs also programming malaria as a secondary activity

S/No	Zone	Agric. and Climate Change & Malaria	WASH & Malaria	Micro-Finance & Malaria	Nutrition & Malaria	Routine Immunization & Malaria	Polio & Malaria	MNCH & Malaria	Family Planning & Malaria
1.	North central	5	6	2	6	2	1	7	4
2.	Northeast	2	4	3	3	3	1	7	7
3.	Northwest	5	8	6	3	2	1	10	7
4.	Southeast	4	12	2	1	1	1	4	3
5.	Southwest	9	9	11	4	2	-	13	9
6.	Southsouth	5	5	4	-	-	1	4	3
Total		30	44	28	17	10	5	45	33

Funds accessed and staff strength of malaria CSOs

Large CSOs such as the Association for Reproductive and Family Health (ARFH) in Oyo state in the Southwest managed significant grants in excess of 10 Million naira while the small groups managed grants between N24,000.00 to N8,000,000.00 naira. The average funds accessed by CSOs working in malaria was N1,500, 000.00 naria. In terms of sources of fund, the survey found that over 70 of the 81 local organizations had accessed funding from large local NGOs or international development partners. The Society for Family Health (SFH) awarded the highest number of grants, 31 CSOs across the Nigeria's 6 geopolitical zones. The SFH was followed by Global fund which awarded grants to 5 CSOs in as many geo-political zones.

In terms of staff strength, CSOs in the 3 zones in the South have more human capacity than in the 3 zones of the North. The Southwest has more CSOs with higher staff strength than any other zone. The Southwest is followed by Northwest. A considerable number of CSOs had 4 to 6 full-time staff in their workforce across the 6 geopolitical zones. Four CSOs did not have any full-time staff but worked through part-time staff and volunteers. There are more CSOs in the South with full time and part- time staff than in the North. The Southwest has the highest number of CSOs with full-time staff while the Northwest has the highest number of part time staff and volunteers in the Northern region. There are a number of CSOs that were working with volunteers. A total of 22 CSOs with only volunteers were in the North while in the South there were 20 CSOs with only volunteers. All the CSOs interviewed except one, said that their staff attended NGO/CBO training programs. Similarly, when asked whether their finances had been audited by an external auditor, 73CSOs out of 81 answered in affirmative; while 4 CSOs said no and 4 did not respond.

CSO Activities and Target populations

Main activities carried out by the CSOs in malaria control largely fell within demand creation through mobilization /sensitization / awareness creation and service delivery; no groups were found to be active in research and few were engaged in advocacy. Service delivery activities involved community identification and the distribution of treated nets and rapid testing kits. Demand creation activities included community mobilization to create demand for uptake of

malaria related services, and products such as Long lasting Insecticide treated nets, catalyzing community involvement for integrated Vector Management and social mobilization for malaria prevention to reduce maternal and child deaths; men have not been the target of most service delivery interventions by groups working in malaria control. Few malaria control interventions targeted male youth and few had entry points which resonated with youth as a specific demographic.



South Saharan Social Development Organization (SSDO) staff conducting rapid Malaria test for mother at Community Centre, Enugu, Southeast Nigeria, 2013

The Civil Society in Malaria Control, Immunization and Nutrition (ACOMIN) was the only CSO found to have a primary role in advocacy and capacity building for other CSOs. ACOMIN, funded by Global Fund was engaged in capacity building for health system strengthening across the 36 states and the FCT. This network was established to:

- Develop the civil society Network for coordination, monitoring, evaluation, reporting and capacity building for CSO members

- Develop the capacity of civil society organizations for service delivery evaluation and reporting; community mobilization; and organizational development

- Develop and institute an electronic reporting system for data collection, collation and reporting, with provision for qualitative reporting

CSOs Innovation

CSOs working in malaria were most proud of their education programs leading to behavioral change. Although few groups targeted male youth, one notable exception was the Exxon Mobil intervention which used the power of football to mobilize communities to stop the spread of malaria. Linking malaria control with WASH interventions is another innovation that malaria groups mentioned as an innovation.

CSO membership in networks

In terms of networking, the CSOs interviewed belonged to several different networks:

- a) Civil Service for HIV and AIDs in Nigeria (CISHAN)
- b) Association of Civil Service Societies on Malaria Control, Immunization and Nutrition (ACOMIN)
- c) Child Protection Network (CPN)
- d) TBN Network
- e) Water, Sanitation NEWSAN
- f) Network of NGOs in Nigeria (NNGOs)

Strength of CSOs working in malaria

1. Legal registration: 25 of the 81 CSOs surveyed listed the fact that they were legally registered with Corporate Affairs Commission as a strength
2. Committed Board Trustees: 15 stated that they had dedicated trustees on their board
3. Ability to network with other local and National CSOs was a strength listed by 30 groups
4. Availability of operational assets e.g. vehicles (including bus for field operations), power generating set, computers printers was listed by all CSOs responding to this question

Limitations of CSOs in the sector

The majority of CSOs surveyed identified the following limitations in order of importance:

1. Poor project management and communication skills
2. Weak personnel and financial management system
3. Poor leadership skills
4. Lack of funds
5. Absence of a strategic plan
6. Low staff strength as a result of attrition and inadequate funding

What Gates should be supporting over the next 6 months?

These are the main recommendations from stakeholders and CSOs to the Foundation.

S/Number	The project idea	Who should implement it	How should gates go about supporting the implementation process
1.	Organizational capacity building training and leadership empowerment of CSOs working on Malaria	Capacity Building Providers	The network can be supported to implement this project working in collaboration with a technical firm
2	Malaria prevention for displaced populations in camp situations	Humanitarian service providers, Red Cross, Oxfam, CSOs and the National Emergency Management Agency	Grants mechanism can be used but through a fund manager
3.	-Free Malaria treatment for pregnant women and under 5 Children -Distribution of Long lasting Insecticide Treated Nets (LLITN), Artemisinin-Based Combination Therapy (ACTs) and drugs at no or little cost	CSOs with experience in Health service delivery to liaise with Health care centres	This can only done successfully by signing MOU with state governments and National Primary Health Care Development Agency

What Gates should be supporting over the next 1 year to 5 years?

S/Number	The project idea	Who should implement it	How should Gates go about supporting the implementation process
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1.	Gates should support CSOs to acquire skills and techniques to integrate malaria prevention into WASH, MNCH and Nutrition interventions	Capacity Building Providers	Engage consultancy firm to design and roll out training program
2	Engage Trade Unions to develop an advocacy program around the theme of number of labor force days lost due to malaria	The Nigeria Labor Congress	Grant to the Congress through a grants management firms
3.	- Enlightenment on Malaria causes and preventive strategies - Provision and management of malaria rapid test kits and medication at primary health centers -Support for basic sanitation, sound system and fumigation in communities	CSOs into advocacy and service delivery	CSOs with the proven track record from the 6 month pilot project done should be engaged to carry out the work by reaching out to local communities
4	Rapid Diagnostic Testing (RDT) on Malaria	Rurally based CSOs	Engage rurally based Health CSOs, and build their capacity to mobilize
5	Promotion/distribution of Insecticide treated nets to communities	CSOs	CSOs with proven financial track record should be engaged to distribute or coordinate the distribution
6	Improve quality service delivery amongst in-formal community based providers (chemists, lab scientists, TBAs)	Professional associations of lab scientists and chemists& CSOs working with TBAs	Engage through grants managed by a fund

Recommendations of CSOs for engagement by States

S/N	NAMES OF ORGANIZATIONS	STATES
1	Kamala Health Community development Initiative	Jigawa
2	Initiative For Community Development	Delta
3	Hope and Care Foundation	Benue
4	Federation of Muslim Women Association in Nigeria(FOMWAN)	Zamfara, Katsina, Kogi, Kano
5	Concerned Group for Environment, Population and Development in Nigeria	Imo
6	Peasant Dragnet	Ogun
7	Muslim Aid Initiative	Bauchi
8	Herwa Community Development Initiative (HECDI)	Borno
9	Isa Wali Empowerment Initiative (IWEI)	Kano
10	Womankind Family Enhancement Initiative	Kwara
11	Anglican Diocesan Development Society (ADOS)	Benue

12	Centre for Health works , Development and Research (CHEDRES)	Cross River
13	Initiative for Sustainable Development	Ebonyi
14	International Peace and Civic Responsibility Centre	Anambra
15	Muslim Health Workers	Kebbi
16	Royal Heritage Health Foundation	Kwara
17	Educare Trust	Oyo
18	Positive Outreach Foundation	Ogun
19	Millennium Development Centre Gusau	Zamfara
20	Hope for Family Development Initiative (HFDI).	Kwara
21	Civil Society in Malaria control Immunization and Nutrition (ACOMIN)	Abuja
22	Health/Justice Development and Peace	Kaduna Ecclesiastical Province

IV.vi AGRICULTURE AND CLIMATE CHANGE

Profile of CSOs

Of the 436 CSOs identified by stakeholders in this landscaping study 89 or 20% were working in the field of agriculture and climate change. On the basis of geo-political zones, the largest number, 28 of the CSOs were from the Northcentral, 20 from the Northwest, 14 from Southwest and 13 from Southsouth; only 5 groups are from the Northeast.

Table 39: Distribution of CSOs working in the area of Agriculture and Climate change by zones

Agriculture and climate change	Zones						Total
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
Total	28	5	20	9	14	13	89

Source. BMGF survey 2014

Of the 324 agricultural CSOs responding to the question about the place of agriculture amongst 9 development priorities, 84 or the largest number of groups ranked Agriculture and Climate change as the number one development priority. On a zonal basis, the survey showed that more CSO respondents from the North ranked agriculture higher than CSOs from the Southern zones (see table 40 below).

Table 40: No of CSOs from each zone ranking sectors as number 1 development priority

Zones	Agri	WASH	Malaria	MNCH	FP	Polio	RI	N/tion	M/F	Total
Northcentral	16	10	8	8	1	1	0	1	8	53
Northeast	5	5	2	19	1	0	0	4	3	39
Northwest	20	7	9	18	2	2	1	1	11	71
Southeast	16	11	5	1	0	1	0	0	4	38
Southwest	14	13	11	9	2	0	1	3	25	78
Southsouth	13	2	5	8	0	0	2	1	8	45
Total	84	54	40	63	6	4	4	10	59	324

Agriculture CSO grants profile

Most of the CSOs working are small and emerging groups. A total of 75 CSOs or 84% percent of groups reported that they managed small grants of less than eight million naira; only 14 CSOs or 16% reported that they spent eight million or more naira per annum on an agricultural project.

Legal status of CSOs

The majority of CSOs working in this area are registered with the Corporate Affairs Commission (CAC) at Federal level as a Trust. Two CSOs have state ministry registration and one is a university research institute. In many cases, members of Boards of Trustee (BOT) were government employees, technical experts, academics, and community leaders; few Board members were accountants or financial managers.

CSO capacity and staff strength

The majority of groups have a staff size of between 3-4 permanent members and rely on volunteers to implement projects. Only a handful of groups have large numbers of permanent staff with degrees. An example is the Royal Heritage Health Foundation base in Kwara State in Northcentral Nigeria with 21 full time staff, all of whom have higher qualifications. Another example is the Institute of Agricultural Research, (IAR) at the Ahmadu Bello University, in Zaria, Kaduna State, Northwest with a large staff strength of 72. IAR was recommended by 9 stakeholders. Overall, the survey found that while most CSOs with offices in urban settings have permanent qualified staff, those in rural and peri-urban locations are not able to retain permanent degree-holding staff.

Staff salary and volunteer stipends

The survey found that lowest salaries paid by CSOs ranged from ₦1, 000.00 to ₦25,000.00 per month with ₦10,000.00 being the median amount. The highest middle level salaries paid by CSOs ranged from ₦65,000.00 to ₦50,000.00 per month and the average high-range salary paid per month was ₦100,000. Most CSOs, irrespective of their location, reported that volunteers were used to cut on costs. For example, the NGO Akwamfon Sustainable Community Association located in Southsouth Nigeria maintains a pool of volunteers who work on various

aspects of projects on an as needed basis. Table 41 below paints a picture of the numbers of volunteers in CSOs by zone.

Table 41 Number of Volunteers in Agricultural CSOs by zone

		Zone						N=111
Number of volunteers in a CSO		Northcentral n=28	Northeast n=5	Northwest n=20	Southeast n=9	Southwest n=14	Southsouth n=13	Total
0		5	0	5	5	12	0	30
1		3	1	2	0	1	1	9
2		0	1	2	1	1	1	6
3		1	0	2	2	0	0	5
4		1	0	2	0	0	2	6
5		0	1	1	1	0	1	6
9		0	0	0	0	0	1	1
Total CSOs responding		10	3	14	9	14	6	56
No response		18	2	6	-	-	7	33
Total		28	5	20	9	14	13	89

Source. BMGF survey 2014

Registration status and compliance with statutory obligations for CSOs in Nigeria

In terms of compliance with statutory obligations, only 38 groups or 43% of the 89 CSOs reported that they applied PAYE deductions while only 4 CSOs reported that they participated in the National Health Insurance Scheme (NHIS); and 22 organizations or 24% of CSOs reported to paying Pension.

Table 42: Agricultural CSO compliance with statutory obligations for the CSO sector by zone

	Zone						Total	N=89
	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth		
PAYE	6	2	8	3	14	5	38	89
NHIS	1	0	0	2	0	1	4	89
PENSION	6	1	4	3	5	3	22	89

Source. BMGF survey 2014

Source of funding for CSOs

The World Bank, UNDP, Oxfam/Novib and USAID were the major sources of funding from international organizations. Indigenous funding sources were varied and ranged from government agencies such as the Bank of Agriculture and State Ministries of Agriculture to NGOs such as ActionAid Nigeria, Lift Above Poverty (LAPO) in Edo state and the T Y Danjuma Foundation. Field data shows that large CSOs are more likely to access funds from international donors and smaller CSOs accessed funding from indigenous donors such as government.

The NGO, Partnership Opportunities for Women Empowerment Realization (POWER) in Cross River State, Southsouth Nigeria is the only group that spent a significant amount on a single agricultural project funded by the Cross River state government. That sum was ₦509,000,000.00. The All Farmers Association of Nigeria (AFAN) ranks second in terms of sums expended on a single agricultural project (₦ 350,000,000.00) while the Catholic Institute for Development Justice Peace and Charitas ranked third in terms of the amount of funds spent on a single agricultural project (₦250,000,000.00). Most of the CSOs in agriculture report to having a bank account and about 50% report have a dedicated account for different projects.

Multi-sectoral programming of agricultural CSOs

CSOs working in agriculture were also active in other sectors of the BMGF. The study found a strong association between CSOs in agriculture, water and sanitation and hygiene and groups providing microfinance and financial service to the poor. Conversely, the study also found that many groups engaged in other areas of programming were also carrying out agriculture projects as a secondary activity. Table 43 below shows that CSOs active in non-agricultural areas such as water and sanitation, micro finance and malaria were also active in agriculture as a secondary area of intervention.

Table 43: Non-Agriculture CSOs working in agriculture as a secondary sector

Sectors	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	Total
Water sanitation and hygiene CSOs in Agriculture	4	2	7	9	4	13	39
Malaria CSOs in Agriculture	5	2	5	4	9	5	30

Neonatal, Maternal and Child Health CSOs in Agriculture	2	2	5	1	5	3	18
Family planning CSOs in Agriculture	3	1	3	0	4	2	13
Polio CSOs in Agriculture	1	1	3	2	0	1	8
Routine immunization CSOs in Agriculture	0	1	0	1	1	1	4
Nutrition CSOs in Agriculture	2	1	2	3	3	1	12
Microfinance and financial service to the poor CSOs in Agriculture	3	1	7	4	12	8	35

Source. BMGF survey 2014.

Activities of CSOs

Most CSOs working in Agriculture and Climate change were engaged in service delivery projects with strong components of social accountability and advocacy including budget tracking. Advocacy issues included equity in distribution of agricultural inputs, democratization of decision making in the agricultural value chain process and advocacy over land titles. Groups reported that they advocated at local government, state and on some occasions Federal government levels but were sometimes not clear about the mandate and responsibility of different agencies. An example of an NGO advocating at multiple levels is the HEDA Resource Centre located in Lagos Southwest Nigeria. One interesting point that must be noted is that while agricultural associations were more likely to be engaged in advocacy, they were also more likely to report that they worked closely with state institutions. Only groups in immunization had a similar pattern of working closely with state agencies. In addition to service delivery and advocacy, many CSOs in agriculture were engaged in demand creation through mobilization and sensitization activities targeting small farmers while some groups such as the Apex Farmers Association of Kano State have specialized in providing technical assistance to small farmers associations in the country. The Institute of Agricultural Research (IAR) with a large research staff in Northwest engages in capacity building, research and service delivery with a focus on engaging women and youth in agriculture.

Networks and coalition of CSOs

Approximately half of CSOs working in agriculture and climate change report that they belong to Networks and Coalition of CSOs at state, zonal or federal levels.

Networks include:

1. Nigeria climate action network
2. International Union for Conservation of Nature (IUCN)
3. Gender Environment and Climate Action Network
4. Voices for Food Security
5. All farmers association of Nigeria
6. Civil Society Network on Climate Change

Beneficiaries and target population of the CSOs

The landscaping found that the majority of CSOs in agriculture provided services for male farmers, their associations or to the general public; only a few groups focus women and youths, most of which were in the southern states of the country. Such groups include the NGO, Youth Reestablishing Value (YRV) in Anambra South East Nigeria which targeted women and girls; the NGO, Impact for Change and Development (IMPACT) in Ogun South West Nigeria, which engages women in the early warning systems set up in communities in the 6 geopolitical zones of Nigeria; and the Widows Development Organization (WIDO) in Anambra, Southeast Nigeria.

Agricultural CSOs strengths and weaknesses

When asked about their strengths, smaller CSOs identified the following factors:

1. Having a local presence and recognized by the local populace
2. Long term experience and a good knowledge of the community
3. Working closely with the poor and excluded communities
4. Good understanding of the local language
5. Having strong partnerships with other organizations and belonging to different networks

On the other hand, larger CSOs reported the following strength:

1. Good understanding of the government system and ability to advocate to decision makers within that system

2. Dynamic staff, wide range of experience on projects and donors, track records of service delivery and standard practice.
3. Strong networking and referral system
4. Highly qualified, professional staff and associates, experience in mobilization, training and dissemination, good knowledge of the local environment including the socio-economics, business and political environment.

Limitations of small CSOs as identified by the groups include the following:

- A. Poor organizational and management related skills including report writing and financial management
- B. Staff turnover and staff retention
- C. Informal systems and traditional members sometimes unwilling to change. One respondent from the Northeast explained this limitation by saying that “we are not link those other NGOs, we are membership organizations so we cannot change anything with all our members consent” (interview notes with famers association in Yobe state, 4/4/2014)

Large groups did not acknowledge that they had weaknesses.

Innovations

Innovations identified by CSOs revolved around use of folk and social media for information dissemination in rural areas, use of local languages for communication to local level beneficiaries as well as the strategic engagement of government officials. However, a few significant innovations identified by some CSOs were:

1. The Civil Society Network on Climate Change base in Abuja uses the idea of “catch them young” to form environmental groups in secondary and primary schools and makes them to embark on tree planting campaign.
2. The Fantsuan Foundation’s major innovation of building a public toilet in Kafanchan market in Kaduna state where users pay a charge for the service and the byproduct of biogas is used to generate electricity.
3. The Widows Development Organization in Enugu State Southeast Nigeria uses community focal persons to facilitate activities, they run a thrift system from which they sustain the club which ensures their survival in the absence of donors.

4. Country Women Association of Nigeria uses Ten Trusting Ten (TTT) concept for membership mobilization to one hundred women working group for village economic solution.

Recommendation to the BMGF

Quick wins interventions to be carried out in 6 months to 1 year:

- ✓ Support Nigerian Emergency Management Agency (NEMA) to strengthen its flood management systems and to conduct flood responsiveness community awareness creation program
- ✓ Take to scale the Oxfam Nigeria farmer's association capacity building program which is currently strengthening farmers associations in Katsina state over a period of 1 year through workshops, study tours and mentoring⁸
- ✓ There is limited understanding of the linkage between food security and climate change. BMGF should support CSOs to increase sensitization on global warming and climate change nationally
- ✓ Support the translation into local languages and dissemination of safety instructions for reconstitution, application of chemicals
- ✓ Provision of revolving grants, and direct support to communities affected by erosion.
- ✓ Empowering women and youths to increase productivity and create self-employment to sustain agriculture beyond the aging farmers now
- ✓ Create awareness on the use of modern farming
- ✓ Fabrication of machines and equipment for post-harvest technology
- ✓ Empowerment of rural peasant and small scale farmers (crops and livestock) for agricultural sustainability and food security

Medium to long term interventions to be implemented in 1 to 5 years

- Fund research and development of new methods and technologies of production and value addition
- Seed loans to farmers association to invest in cassava production
- Awareness creation on climate change causes and effects, alternatives livelihood source, encouragement of carbon schemes as an adaptation method and to enhance livelihoods, capacity building on adaptation
- Tree planting campaigns

⁸The Oxfam Nigeria farmer CSO capacity assessment conducted by the dRPC, identified over 100 CSOs across Northern Nigeria for capacity building support

- Working with youth through in-school interventions, support colleges of agriculture to establish spin-off short term programs with micro finance support, support the development of youth in agriculture, agri-business and entrepreneurship training programs.
- Support groups working land reform nationally

CSOs recommended to the BMGF

1. **All Farmers Association of Nigeria (AFAN):** Is an umbrella association based in Abuja Northcentral Nigeria with its chapters spread across the thirty six states of the country. The association is registered with the Corporate Affairs Commission (CAC) as a trustee. Its vision state is “to engage in, directly or collaboration with other bodies, institutions and entities in the business of promotion of improved agricultural and agro-allied practices and productivity towards achieving self-sufficiency and food security by the year 2020”. This organization is engaged in capacity building, advocacy and service delivery.
2. **Civil society Network on Climate Change:** Is a coalition of CSOs based in Abuja Northcentral Nigeria carrying out activities in the area of climate change, the network is registered as a trustee having five members in their board. Their vision statement is “to collaborate with civil society organizations on climate change in Nigeria, to carry out gender mainstreaming on climate change adaptation.
3. **The Institute of Agricultural Research (IAR):** Formed in 1922 and registered in 1924, its mission is “to generate, disseminate and improve agricultural technologies for enhanced crop production and utilization to achieve national self-reliance in food and industrial raw materials and have surplus to export”. As strength, the organization has manpower of 789 staff out of which 110 are technical staff while up to 64 are research staff. The organization also covers the whole northern states and has branches in three states. It is located in Samaru Zaria, Kaduna state Northwest Nigeria.
4. **Apex Fadama Users Association** based in Kano and registered with the Corporate Affairs Commission. The FUA has partnered with Sasakawa Global, IFAD, World Bank and several other funding agencies in implementing agriculture value chain interventions with fadama farmers.
5. **Partnership Opportunities for Women Empowerment Realization (POWER):** Base in Cross River state Southsouth Nigeria, the CSO have spend N509, 000,000 in agricultural activities which is the highest amount spend by any CSOs documented in the survey, they also make use Mary Slessor charity golf tournament as a means of raising awareness against child abandonment, use of charity fashion shows to campaign against the menace of street children.

6. **HEDA Resource Centre:** It was formed in 2001 and registered in 2004 as a trustee. Its vision statement is “to serve as a center for environment and human rights studies. It is to conduct and promote research and education, and collect relevant materials on all human rights issues with an aim to enhance and distribute the knowledge on environment and human rights to all hard to reach”. It has an advantage of working on both sides of the policy divides. The work on the policy supply side by engaging duty bearers and policy stakeholders on the content and direction of policies required to help improve the state of play in the sectors that the work, also on the other hand, the work at the grass root level and inter phase with communities of beneficiaries and partners for whom programs are designed for. The organization is located in Lagos Southwest Nigeria.
7. **Fantsuan Foundation:** Situated in Kaduna Northwest Nigeria, the organization was formed in 1996 and registered in 2001 as limited by guarantee. Its vision is to eliminate poverty and disadvantage through integrated development programs. To be the most effective mode of integrated moral development in West Africa”. Its major innovation is building a public toilet in Kafanchan market where people pay a token before usage and the organization process the biogas to develop electricity.
8. **Impact for Change and Development (IMPACT):** Formed in 2002 and registered in 2003 as a Trust. Its vision is “to bring succor to those in difficult circumstances and situations, through the protection/promotion of their rights; and empowerment for positive change and sustainable development”. This group’s innovative approach to project and activities is the Inclusion of women in the early warning systems set up in identified communities in the 6 geopolitical zones of Nigeria. Women were trained and put forward in a larger scale consultation with peace stakeholders in the community and they were invariably in early system for the communities. It located in Ogun state Southwest Nigeria.
9. **Country Women Association of Nigeria:** Base in Ondo state southwest Nigeria, the organization was formed in 1982 and registered in 1992 as a cooperative. Its vision is “working with rural and urban poor women in order to remove poverty from their lives, through wealth creating practices and engagement.
10. **Widows Development Organization:** the organization was formed in 1995 and registered in 1997 as a trustee. Its vision is “to support the rights of women and in particular widows whose rights have been violate”. Their innovative approach is making use of community focal persons to facilitate activities, they run a savings system from which they sustain the club which ensures their survival in the absence of donors. The organization base in Enugu State Southeast Nigeria.

11. **Youth reestablishing value (YRV):** Formed in 2001 and registered in 2014 as a trustee. Its mission is “to reestablish the core value system amongst the young people through participatory governance and socio cultural/economic integration. The organization base in Anambra state Southeast Nigeria.
12. **Green Environmental Support Development Initiative:** Located in Yobe state Northeast Nigeria, the organization was formed and registered in 2006 as a trustee the organization exists to build community capacity towards achieving development goals.
13. **Catholic Institute for Development Justice Peace and Charitas:** Formed in 1979 and registered in 1986 as a trustee. Its mission is the empowerment of people, promoting of integral development, challenging structure of injustice and creating hope and working for peace. The organization has spent ₦250,000,000 on agricultural activities. The organization is base in Enugu state Southeast Nigeria.
14. **Centre for Enterprise Development and Action Research:** Formed in 1996 and registered in 2003. Its mission is to facilitate women and men including youths to be empowered such that they can make informed choices to combat poverty and unemployment through the facilitation of their access to resource and opportunities. The organization is situated in Oyo state Southwest Nigeria.
15. **Green Sahel and Rural Development Initiative:** Located in Jigawa state Northwest Nigeria, the organization was formed in 2003 and registered in 2008. Its mission is to improve food security through increased competitiveness of agricultural production.
16. **Nigerian Conservation Foundation (NCF):** The NCF is the premier Civil Society Organization with focus on nature conservation and sustainable development in Nigeria. It was established in 1980 by foremost conservationist and industrialist; Chief SL Edu and registered as charitable trust in 1982. The Vision of the Foundation is “ Nigeria where people prosper while living in harmony with nature” The foundation is located within the 75 hectare Nature Conservation Centre along Lekki in Lagos and has project sites in Eket and Oron in Akwa Ibom State, Gashaka in Taraba State, Hadejia Nguru in Jigawa, Yobe and Bauchi States, Obudu Cattle Ranch in Cross River State, Yenegoa in Bayelsa State, Buru in Taraba State, Omo J4 in Ogun State, Ifori in Ondo State.

Peasant farmers in Kaduna State organized as small cooperatives, July 2013



IV.vii WATER, SANITATION AND HYGIENE

PROFILE OF CSOs IN WATER, SANITATION AND HYGIENE

Of the total number of 436 indigenous CSOs identified by stakeholders in the survey, 49 or 11.2 % worked in the area of WASH. With the exception of the Northeast and Southsouth these groups were distributed almost equally amongst 4 geopolitical zones (see table 45 below).

Table 45: Number of CSOs into Water, Sanitation and Hygiene based on zones

BMGF Programming Area	North central	Northeast	Northwest	Southeast	Southwest	South south	Total
Water, Sanitation and Hygiene	11	5	11	11	13	6	49

Most of the organizations interviewed were registered with Corporate Affairs Commission as incorporated trusts as shown in table 46 below.

Table 46: Legal status of WASH CSOs surveyed

Legal status of the CSO	North Central	North East	North west	South east	South West	South south	Total
Incorporated Trusts	6	3	7	10	8	6	41
Limited by Guarantee			1		2		3
Youth Club	-	1	2	-	-	-	2
Cooperative	-	1		1	-	-	1
University/Research Institute	-	-	1	-	-	-	1
State Ministries	1	-		-	-	-	1
NGO	-	-			-		

No response	-	-	-	-	-	-	-
Total	11	5	11	11	13	8	49

The survey found that Anambra state has the highest number of CSOs working in WASH while Yobe state had 1, the lowest number of CSOs working in the area. Interviews with WASH CSOs reveal that only 5 groups worked in this area only; 44 groups reported that were active in other sectors, in particular, MNCH and routine immunization. Most CSOs working in non-WASH areas also carried out projects in WASH. The **table 47** below presents a picture of the overlaps and linkages between CSOs in other BMGF sectors carrying out WASH activities. The table shows that more groups working in agriculture and climate change were also working in WASH than CSO from any other non-WASH sector.

WASH CSO profile and access to grants

Large CSOs working in WASH accessed multiple amounts of funding ranging from N10 million naira. The NGO, Eurosby Akwamfon Sustainable Community Association in Akwa Ibom in the Southsouth accessed the largest grant of groups assessed in this study. On the other hand, the small CSOs accessed sums ranging from thirteen thousand to nine million naira. In terms of sources of fund, findings revealed over 45 international development partners sponsoring projects on WASH in Nigeria. UNICEF awarded the largest number of grants on WASH to 12 CSOs across the Nigeria's 6 geopolitical zones. UNICEF was followed by European Union which awarded grants to 7 CSOs from the Southern Nigerian.

Table 48: Overlaps and linkages between WASH and other BMGF sectors

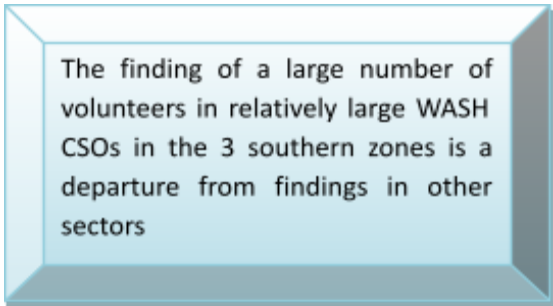
S/No	Zone	Agric. and Climate Change & WASH	Malaria & WASH	Micro-Finance & WASH	Nutrition & WASH	Routine Immunization & WASH	Polio & WASH	MNCH & WASH	Family Planning & WASH	Total
1.	North central	4	6	1	4	-	1	2	3	21
2.	Northeast	2	7	3	3	2	3	4	3	27
3.	Northwest	7	8	5	1	4	3	5	2	35
4.	Southeast	9	8	3	1	1	1	4	3	30
5.	Southwest	4	9	5	3	-	-	7	2	30
6.	Southsouth	13	5	7	1	-	1	3	3	33
Total		39	43	24	13	7	9	25	16	185

Staff strength and qualifications of groups in WASH

In terms of staff strength and qualifications levels, the pattern varied according to size of the CSO. Overall, the survey reveals that the majority of CSOs working in WASH (43 CSOs) across 6 geopolitical zones had an average 4 full-time staff. Most of the CSOs in the southern states had more full-time staff than CSOs in the North. Within the North, however, CSOs from the Northwest had more full-time staff than CSOs in the Northeast and Northcentral, with the exception of Community Action for Popular Participation in the Northcentral which has 12 full time staff. The Environmental Development and Family Health Organization (EDFHO) from the Southwest had 17 employees, the largest number of full-time staff. Interestingly, Akwamfon Sustainable Community Association in Akwa Ibom, a CSO that accessed the largest grant on WASH, has no full-time staff; all staff were volunteers. Indeed, a number of CSOs were working with volunteers in all zones, especially in Southern Nigeria. The research shows that 24 of the 22 CSOs working in the 3 Southern zones were working with volunteers while in the 3 Northern zones 20 of the 27 CSOs in the zone were working with volunteers. The finding of a large number of volunteers in WASH CSOs in the Southern zones is a departure from the pattern observed in the other sectors.

Regarding training programs, all 49 CSOs interviewed except one, said that their staff attended NGO/CBO training programs. Similarly, when asked on whether the accounts of their

donor funded projects were audited, 25 out of 49 CSOs answered in affirmative.



The finding of a large number of volunteers in relatively large WASH CSOs in the 3 southern zones is a departure from findings in other sectors

CSO Activities in WASH

Activities of CSOs in WASH were concentrated around service delivery and community mobilization for good practices. Some of the community mobilization activities focused on hand washing in communities in primary and secondary schools as well as promoting better health and hygiene practices for women and youth.

Service delivery activities included drilling bore holes, evacuation of waste, and construction of gutters.

A minority of CSOs (10) were active in the area of social accountability, advocacy and governance. Examples of such activities of the CSOs in this category are:

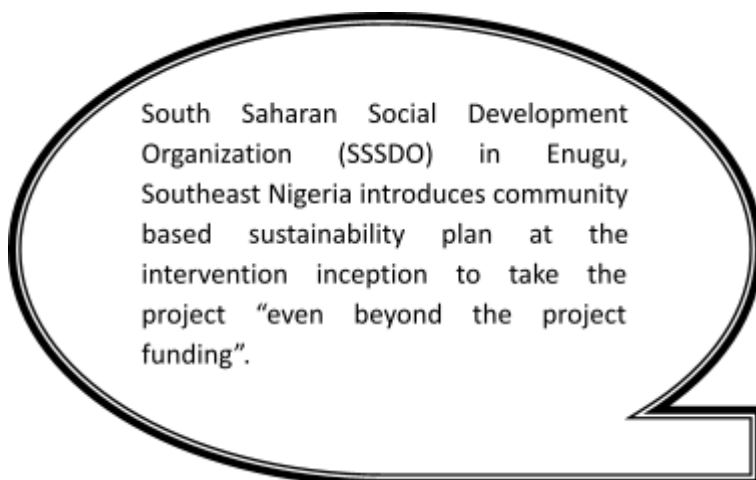
1. the Society for Water and Sanitation (NEWSAN) which conducted the 3rd party Monitoring programs
2. Educare Trust, Oyo state, engaged by the office of the Senior Special Assistant to the President on MDGs for monitoring and evaluation of MDGs projects in all 33 local governments in Oyo state. No CSOs reported that they carried out research and only 4 CSOs were found to be providing technical or organizational capacity building services.
3. The Nigeria Network of NGOs in Lagos State Southwest Nigeria. A representative of this network explained that the organization combined advocacy and service delivery in the second National Urban Water Reform Project by implementing a customer survey to monitor the performance of Lagos State Water Commission (LSWC). The Network organized a customer forum between LSWC and managers and consumers to discuss service improvements, organize community engagement on water related issues and hygiene.

CSOs Innovation

Several innovations were carried out by CSOs working in the area of Water, Sanitation and Hygiene. The most common one was provisioning of solar powered portable drinkable water to rural communities. Other innovations are as follows:

1. CSOs in WASH have experimented with several innovative ideas, one of the most significant and effective strategies has been male involvement. The JDPC Anambra state explained this approach by saying: “We found that all the trainings and capacity building we organized for women did not yield much so we changed our strategy by talking to men to create space for women because they are the one blocking the space for women” (12/2/2014).
2. The NGO, Centre for First Century Issues, stated that they implemented a project on indigenous rainwater harvesting between 2010-2011 - to preserve rain water for domestic use.

3. Some of the CSOs shared with the researchers some of the strategies they use to gain acceptance in communities. One of such strategies was given by the respondent from Rural Health Foundation (RHF) who noted that they conducted awareness creation visits to gatekeepers of the communities to inform them about the project and solicit for their assistance. Another innovation was the use of social media which was recommended by respondents from the NGO, Youth Education on Human Rights and Civil Responsibility.
4. Participatory planning, monitoring and evaluation of project. Some CSOs such as South Saharan Social Development Organization (SSSDO) apply participatory processes to sustainability planning as seen below:



Gender and networking

The majority of the CSOs surveyed in WASH are headed by males and most CSOs are based in the urban centers. Most CSOs targeted women and only one case mentioned above focused on men. In terms of networks, the groups most frequently mentioned were:

- Water, Sanitation and Hygiene Network (NEWSAN)
- Civil Service for HIV and AIDs in Nigeria (CISHAN)
- Child Protection Network (CPN)

- Association of Civil Service Societies on Malaria Control, Immunization and Nutrition (ACOMIN)
- Network of NGOs in Nigeria (NNGOs)

Strengths and capacity limitations of the CSOs in the sector

CSOs working in WASH identified their strengths as follows:

1. CSOs stated that they have considerable experience managing donor funds and believed that the experience is a strength
5. CSOs interviewed stated that they have very experienced staff who can effectively, implement projects in the area of WASH
6. A lot of the CSOs interviewed mentioned that they are widely accepted and recognized in their communities
7. Some of the CSOs interviewed, especially the ones based in the rural areas, reported that they have a considerable pool of volunteers supporting their projects
8. Some CSOs mentioned the ability to understand and interact with the communities they work with in their local language
9. Many stated that one of their strength is proven financial track record of financial management
10. Effective monitoring and evaluation of project impact

NEWSAN's views of the Network's strengths

- Effective presence in 6 geopolitical zones with over 314 member organizations covering BMGF areas.
- Capacity to advocate, influence policies by leveraging on established national and international working relationships with government at all levels and development partners such as UNICEF, WaterAid, ANEW, Sanitation and water for All (SWA), Water Supply and Sanitation collaboration Council (WSSCC), National Task Group on Sanitation (NTGS)
- Existing structures at the state levels for easier reach to the grassroots
- Wide pool of human resource capabilities from members

CSOs listed capacity limitations as:

- ✓ Inadequate knowledge of tools in project management and accounting for example - Peachtree, SPSS, Advanced excel, quick books
- ✓ Lack of skills to write award-winning proposals
- ✓ Lack of institutional support especially for coalitions, networks and federations of CSOs
- ✓ Lack of skills and technical know-how to effectively monitor and evaluate impact of interventions
- ✓ Weak personnel and financial management system
- ✓ Low leadership skills
- ✓ Low staff strength as a result of attrition and inadequate funding

Recommendations to the BMGF

The tables below present a summary of recommendations by stakeholders to the Foundation:

1. Support CSOs to conduct outreach to farmers and farmers associations on the health risks of using, sewage, contaminated wastewater and nitrogen enriched effluent to irrigate farmlands for vegetables and to identify sustainable alternatives
2. Engage government to develop and implement a sustainable wastewater reuse policy
3. Support CSOs to develop targeted interventions focusing on peri-urban, urban slum and rural communities
4. Support CSOs working on the provision of bore-holes and portable water to extend services to public places and facilities such as the primary health care facilities, markets, motor-parks, government offices and schools
5. Engage CSOs working in schools in particular, to target primary and post primary pupils on personal hygiene and reduction of water-borne diseases
6. Support community based organizations to construct and run community managed sanitary facilities to generate employment for youths and support

- NGOs and users associations to construct and operate fee-paying public baths and conveniences in urban spaces
7. Support CSOs to acquire technical updates on drilling of efficient solar and reticulated boreholes for the rural communities and on Community led total sanitation (CLTS) projects
 8. Support CSO networks to conduct advocacy at all levels to enforce laws on littering and open free defecation and to also enforce waste to wealth policies

CSOs in WASH recommended to the Gates Foundation for engagement

1. Hope and Care Foundation, Benue

HCF was formed in 1997 and registered with the Corporate Affairs Commission as an incorporated trust in 2010. It is based in Makurdi, Benue state in Northcentral and has 6 board members with a female, Mary Makeri as the coordinator. The mission of the organization is to create an enabling environment for the reduction of vulnerability, illiteracy, ignorance, risky behaviors and poverty. HCF has implemented projects with support from UNICEF and other partners.

2. Initiative for Community Development, Delta

ICD was formed in 2001 and registered with Corporate Affairs Commission as an incorporated trust in 2004. It has a 9 member board headed by a community leader. The organization has its headquarters in Warri, Delta state and branches in Port Harcourt, Rivers state and Maitama, Abuja. Its main mission is to eradicate poverty through programs in health, enterprise promotion and environment and peace building using a partnership approach. ICD has constructed a bore hole in Ombor community sponsored by US Ambassador Self Help. It has also developed and facilitated the National Partnership for Sanitation and Hygiene in Nigeria and has done Impact Assessment on Sanitation and Hygienic knowledge in Nigeria as well as review and align sectoral policies with National Environmental Policy sponsored by Federal Ministry of Environment.

3. Society for Water and Sanitation Network (NEWSAN)

NEWSAN was formed in 2003 and registered as incorporated trust in 2007. The Abuja office which serves as the headquarter of the Network is headed Mr. David

Akuta as the National Coordinator. It has effective presence in 6 Geo-political zones with over 314 member organizations covering BMGF program areas. It has implemented a 3rd party CLTS Monitoring program / Open Defecation Free verification and certification. It has also done WASH transparency and accountability program/effective budget tracking and analysis sponsored by ANEW.

3.a Society for Water and Sanitation Network (NEWSAN), Jigawa

NEWSAN Jigawa was formed 2008 and registered as incorporated trust in 2009. The group has four member board and a mission statement of improving the lives of poor communities through sustainable access to safe water, sanitation and hygiene education/practices and its vision is to overcome poverty by enabling Jigawa poorest people get access to safe water, sanitation and hygiene practices or education. It has implemented Community Led Total Sanitation (CLTs) in 4 local Governments in Jigawa with the support of Water Aid Nigeria.

4. Educare Trust, Oyo

ET was formed in 1994 and registered with CAC as a trust in 1997. It has 6 distinguished personalities as its board of trustees with Dr. Tony Marinho as the secretary of the board and the CEO of the organization. The mission of the organization is to provide all-year-round practical activities to open and broaden the mind of the youth to full potential and promote health, education, leadership, democracy and good governance. The organization has conducted monitoring and evaluation of MDGs projects in all 33 local governments of Oyo state.

5. Environmental Development and Family Health Organisation, Ekiti

EDFHO has been CAC Registered for over 10 years. It has managed to acquire its own office property from where activities are generated. EDFHO has a staff base of more than 20 actively engaged professionals. The organisation works in 5 of 9 BMG Foundation thematic areas. The group has managed more than 180 million Naira in previous funding regimes. EDFHO is about the most experienced CSO in Ekiti State and had previously managed sub-grants for smaller CSOs including having a comprehensive and active micro finance structures. The organization has a wide coverage area with effective grassroots engagement procedures, and extensive

membership of networks as well as robust multi-donor agencies experiences and supports. Good organizational capacity and internal control mechanism with strong mentorship and leadership role for smaller, weaker and newly formed CSOs in Ekiti State.

6. Victorian Clarion Foundation

VCF was formed and registered with CAC as incorporated trustee in 2005. It has 8 board of trustee, 5 of them women. VCF is headed by Mrs. Lovet. The mission of the organization is to alleviate the suffering of human race in the poorest communities through sustainable development initiative aimed at seeking tangible results in: health; protection against violence, abuse and exploitation; education; governance and infrastructure in an effort to fulfill basic human rights embracing the spirit of service to humanity. It has implemented a project to promote enhanced hygiene amongst household, to enhance knowledge of household members on portable water and promote Open Defecation Free amongst communities. The project fund was raised through local sources.

7. FOMWAN, Plateau

The national body of FOMWAN was formed in 1985 as Faith based organization and registered in the same year. FOMWAN has a 6 female member board. Its mission is to see to it that women are empowered in health care, education, microfinance and to see that all Muslim women are totally empowered as right removing cultural impediments. It has implemented a sensitization project on WASH through member's levies.

7a. FOMWAN, Niger

The national body of FOMWAN was formed in 1985 as Faith based organization and registered in the same year. FOMWAN has a 10 female member board. Its mission is to propagate Islam in Nigeria through establishment of educational institutions, provision of health and humanitarian services, microfinance enterprise schemes and functional advocacy. It has implemented a sensitization project on WASH through member's levies.

8. Initiative for Sustainable Development, Ebonyi

ISD was formed in 1997 and registered with CAC as incorporated trustee in 2009, it has 6 member Board of Trustees. Its mission to raise the standard of living of local people through the use of available resources to enable them to be self-reliant, access safe water and to promote health. The group worked with European Union and the Universal Concern on strategic goal of improving the health status of the rural populace through increasing safe-drinking water.

9. Rural Health Foundation, Imo

RHF was registered with CAC as an incorporated trust. The group has a 5 member board of trustees. It exists to empower Nigerians by giving them knowledge, services and skills to improve on their health. RHF implemented European Union project on WASH.

10. Akwamfon Sustainable Community Association, Akwa Ibom

ASCA was formed in 2003 and registered with CAC as incorporated trust in 2010. This group has 6 member-board and accessed the largest grant on WASH when compared with other CSOs in the scan. The organization has experience with several donor organizations such as European Union INSIDE (Increasing No Actors Implementation and Development Expertise).

IV. viii MICROFINANCE AND SERVICES TO THE POOR

Profile of CSOs working in microfinance in the Landscaping study

Of the 436 CSOs recommended to the BMGF by stakeholders, 63 groups or 14% were engaged in microfinance as a primary activity. These organizations are of varying profiles and strength. Some of the mature and established micro-finance CSOs such as Lift Above Poverty (LAPO) did not feature in the list of groups as a result of the Delphi methodology used in the study. Experts consulted under the Delphi methodology recommend LAPO as capacity building provider rather than CSOs for engagement. Table 50 below presents the regional distribution of groups surveyed.

Table 50: Number of Micro-Finance CSOs in the Mapping & their Sources of Funding by Zones

	ZONES IN NIGERIA						Totals
	North Central	North East	North West	South East	South West	South South	
No of micro-finance CSOs in each of the Zones	17	5	11	5	18	7	63 CSOs
No of sources of funding accessed by CSOs	8	2	13	6	15	13	57 sources
No of CSOs citing local sources of funding	3	-	6	-	6	6	21 CSOs

Ranking of Micro-finance as a Development priority by CSOs in relation to other Programing Areas

Three hundred and twenty four (324) CSOs responded to the question to rank the number 1 development priority amongst the 9 BMGF programing sectors. The third largest number of CSOs (59 groups) ranked microfinance as the number 1 development priority; only agriculture and MNCH were identified by a larger number of CSOs as a number one development priority. Table 51 below which compared the number of CSOs recommending microfinance as a first, second, third

or last of 9 development priorities shows a consistently large number of groups giving top priority to microfinance compared to, CSOs giving low priority to microfinance.

Table 51: No of CSOs from each zone ranking sectors as 1st, 2nd, 3rd and 9th development priority

CSO RANKING OF MICRO-FINANCE IN COMPARISON TO OTHER BMGF PROGRAMING AREAS	ZONES IN NIGERIA						TOTAL CSOs
	North Central	North East	North West	South East	South West	South South	
CSOs RANKING MF AS 1 ST OUT OF 9 PROGRAMING AREAS	8	3	11	4	25	8	59
CSOs RANKING MF AS 2 ND OUT OF 9 PROGRAMING AREAS	6	2	12	5	13	8	46
CSOs RANKING MF AS 3 RD OUT OF 9 PROGRAMING AREAS	5	8	7	9	7	11	47
CSOs RANKING MF AS 9 TH OR LAST OF 9 PROGRAMING AREAS	7	5	9	3	3	2	29

Findings suggest that Micro-finance and financial services to the poor are clearly more of a felt need in the Southwest and Northwest Zones and less so in the Southeast and Northcentral and least so in the Northeast Zones. CSOs ranking microfinance as a high development priority included health focused groups working on family planning as well as NGOs implementing microfinance projects in multiple zones of the country. For example the Kogi state branch of NASFAT, an Islamic faith based organization with branches throughout the country, ranked microfinance as a number one development priority followed by nutrition and malaria.

Sources of funding for programs of Microfinance CSOs

The Northeast zone had the most under-resourced source of funding for microfinance. This zone also had the smallest number of large microfinance CSOs. Out of the five CSOs implementing micro-credit projects in the Northeast zone, four had no official source of funding but provided services from members' donations. The zone with the most robust source of funding is the Southwest. The Southwest

also had the largest number of micro-finance CSOs with 18 groups identified. Despite having the highest number of adults financially excluded from access to banking and other formal financial services, microfinance CSOs in the Northwest zone accessed less funds and in most cases raised funds from membership dues.

The Northcentral zone had 17 micro-finance CSOs, three of which had no source of funding. The remaining groups identified eight sources of funding of which three were simply put as 'local sources'. Local sources are in many cases governments (local and state) or donations. Other local sources mentioned by more than one CSO include the National Poverty Eradication Program (NAPEP) which was a source of funding for six CSOs in more than half of the zones. In the Southsouth, international corporations such as Shell Development Company, the Niger Delta Development Commission and state government agencies were the major sources of funding for microfinance project.

Spending on Micro-finance Services

Table 52: Number of CSOs & their range of Spending on Financial Services to the Poor by Zone

Categories of Spending	ZONES IN NIGERIA						TOTAL CSOs RESPONDING TO QUESTION ON FUNDS
	North Central	North East	North West	South East	South West	South South	
Below 1m Naira	2	0	2	1	1	0	6
1m to 14m Naira	3	1	5	2	4	3	18
15m to 24m Naira	1	0	3	0	1	1	6
25m to 50m Naira	0	2	1	0	3	3	9
51m to 200m Naira	0	0	0	0	1	0	1
201m to 300m Naira	0	0	0	1	1	0	2
Sub-total	6	5	11	4	11	7	44
No Response	11	-	-	1	7	-	19
TOTAL CSOs BY ZONE	17	5	11	5	18	7	63

The table above shows that 24 CSOs or 38% of groups accessed funding ranging from 1million to 14million Naira, 13 were from the 3 Northern zones and 11 were from the 3 Southern zones. The table shows further that only groups in the Southsouth and Southwest accessed large grants in the sum of 25 million naira and above. The NGO, Community Development Foundation, one of three CSOs within the highest spend category (N201m to N300m) is from the South-West. The two others –

Initiative for Community Development and Okordia-Zarama Cluster Development Board – are both from the South-South zone.

The Borno Muslim Widows and Orphans Welfare Association had the highest spending in the three zones in the North with 40m Naira coming largely from government sources. The largest grant in the Northcentral zone was twenty two million naira for microfinance activities by the Presbyterian Community Services and Development (PCSD). CSOs in the Northwest only accessed between N1m to N14m naira. The largest fund in a CSO in the Northwest zone was N30m by the CSO Da’awa Family Support Association.

RECOMMENDATIONS TO THE BMGF IN MICROFINANCE

The comprehensive policy framework of the Federal government to redress financial exclusion provides an opportunity for the BMGF to support the following actions:

1. Support the Association of Non-Bank Microfinance Institutions of Nigeria (ANMFIN)⁹ to carry out an advocacy program targeting government agencies on the issue of financial exclusion in the North and for women and youth
2. Support research agencies to conduct a poverty mapping similar to the DFID Core Welfare Indicators Study to identify the poorest of the poor.
3. Fund a new generation of research on successful micro finance and revolving loans schemes in Nigeria.
4. Support the Entrepreneurship Development Centre in Maiduguri, Borno State which is providing both microfinance and entrepreneurship training for youth and women in the state. Support NGOs to anchor regional microcredit exchanges where information on government and donor funded microfinance schemes will be compilation, translation into local languages and disseminated.
5. Support mature and thriving CSOs such as LAPO in the Southern zone and Development Exchange in the North to implement a program of financial literacy for smaller groups to learn opportunities and sources of funding for microfinance.
6. Support microfinance CSOs to form a national network focused on advocacy around policy and implementation gaps in the national policy response. The gaps of gender, rural and regional disparities are key focal points.

⁹ANMFIN, is a recently formed network headed by Hamid Giwa. It represents NGOs, thrift societies and non-banking micro-finance institutions to support the role of CSOs and provide a voice for CSOs in Nigeria

7. The current capacity building efforts of EFInA with the support of BMGF should be deepened and stepped-down by establishing partnerships with local groups. Groups such as LAPO, Community Development Foundation, Initiative for Community Development and Development Exchange Centre are all NGOs that have led the way and can help bring up others.
8. Many of the successful microfinance organizations offering services to the poor are faith based. Groups such as the Da'awa Family Support Association, the Presbyterian Community Services and Development (PCSD), the Borno Muslim Widows and Orphans Welfare Association and the JDPCs are cases in point. The EFInA should be supported further to develop a capacity building intervention for faith based groups in microfinance
9. The BMGF should invest in core providers of entrepreneurship training targeting youth and women to expand interventions with linkages to microfinance agencies. Core providers of entrepreneurship training include entrepreneurship training Departments of first generation Universities in all 6 zones of the country as well as in the entrepreneurship Development Centre of the African Leadership Forum in Ota in the Southwest. The BMGF support to EFInA can be scaled up to facilitate sub-granting to these providers.

Recommendations of CSOs to engage

CSOs recommended to be engaged by the BMGF are as follows: the Development Exchange Centre in Bauchi in Northwest; the Association of Non-Bank Microfinance Institutions in Nigeria (ANMFIN), Women United for Economic Empowerment, Akwa Ibom also in the Southsouth; Herwa Community Development Initiative (HECDI), Borno state; and the Entrepreneurship development Center also in Borno State. In the Southwest, the Africa Leadership Forum an intermediary CSOs is recommended for support. The organization was registered with the CAC in 1988 and has its own ultra-modern office and international conference centre in Ota, Ogun State. ALF has over 25 years of demonstrable experience in managing large grants for foreign donors and local organizations. It recently implemented the 5-year first phase of a one billion naira(\$6, 060, 610) project, Entrepreneurship Development Centre in Lagos, for the Central Bank of Nigeria in which it facilitated access to over N190 million (\$1, 152, 920) as credit facility for its trainees. The ALF has also managed projects funded by organizations such as NORAD, UNDP, Carnegie Foundation, Ford Foundation and the World Bank in various areas including governance and poverty reduction.

Africa Leadership Forum Offices in Ota, Southwest Nigeria

- NGO management, programming, organisational development, financial management, strategic planning, monitoring and evaluation
 - Agriculture
 - Microfinance/financial services
- CAC registration more than 20 years
- Own office property
- Staff more than 20
- Conference and training halls more than 10
- CSO Capacity Building activities in the last 4 years –more than 200
- Mentioned by key informants and CSOs



SECTION V

SUMMARY OF FINDINGS AND CROSS-CUTTING THEMES FROM THE LANDSCAPE

Overview

The landscaping study has brought to life an active CSO sector working in all 9 programming areas of the BMGF in Nigeria. While 99 CSOs or 23% of groups mapped were mature and/or thriving with large numbers of full-time qualified staff; 337 or 77% of the groups were emerging groups carrying out activities with funds as limited as US\$5,000.00 and with teams of volunteers instead of full-time staff. Both the mature and emerging groups were contracted by a range of international development partners including multilaterals, bilaterals, international NGOs and development Foundations to carry out community mobilization and service delivery interventions. While CSOs signed contracts with advocacy and research components, few groups were singularly focused on advocacy, social accountability or research. Also, we did not find any intermediary groups were set up for the primary purpose of supporting the CSO sector. CSOs employed innovative practices to change attitudes, opinions and practices of uninformed and resistant communities and to deliver services despite limited staff. In many cases they did so with no overheads to support organizational development.

Most CSOs complied with statutory obligations related to taxation and registration. Several were members of networks and while networks experienced peculiar organizational effectiveness challenges they served as a rallying point and axis of legitimacy for CSOs. Regional differences were stark and indicative of cultural and development differences.

Multiplier organizations catalyzing the emergency of indigenous and activities of CSOs in Nigeria

Findings from the landscaping point to a narrow group of funding agencies which funded the activities of most CSOs across Nigeria. These we have called multiplier organizations. Most of these multiplier organizations were international partners such as bilateral, multilateral and Foundations as well as international development NGOs some with local Nigerian registration. While many indigenous NGOs formed partnerships and implemented projects in multiple zones of the country, only 3 ingenious groups performed a similar role to international donors making sub-grants

to CSOs nationwide. These groups are Society for Family Health (SFH)¹⁰ with headquarters in Abuja and the Association for Reproductive and Family Health (ARFH) in Ibadan, Oyo State and ActionAid Nigeria. The survey only identified a handful of multiplier governmental organizations such as the Institute of Agricultural Research (IAR) which funded CSOs and supported their activities.

CSOs in the Southsouth zone of the country, had the best experience of accessing development funds from state governments and the Niger Delta Development Corporation. In other zones of the country, CSO were able to access funding from governmental agencies such as the National Agency for the Control of HIV/AIDS (NACA) and from the State Agencies for the Control of HIV/AIDS (SACAs).

Government agencies did not play a major role supporting CSO emergence and activities. Survey findings.

The European Union, EU-INSIDE (Increasing Non State Actors Implementation and development Expertise) the World Bank's Poverty Alleviation project, the World Bank Assisted Project as well as IFAD and UNDP were the main multilateral funding agencies supporting small and medium CSOs in Nigeria. National Democratic Institute (NDI), AFRICARE, US Ambassador's Small Grant Scheme and Management Sciences for Health, the Ford and MacArthur Foundations were the main US based funders. Five international NGOs with country level registration also funded indigenous CSO projects across the countries. They were the Centre for Development and Population Activities (CEDPA), now part of PLAN, Action Aid Nigeria, ICAP and Rotary International. The French government's small grants community based project also supported numerous CSOs working in agriculture and WASH surveyed in this project.

Monitoring and Evaluation of CSO interventions

Approximately three quarters of the 436 CSOs covered, reported that they had never had their interventions evaluated; this was so for CSOs funded by government, international development agencies and through private donations. Pre-award assessments were the main form of evaluation that most CSOs funded by international development agencies were subjected to. Groups working on FP within an HIV framework were assessed with the National Harmonized Organizational Capacity Assessment Tool (NHOCAT). International development stakeholders

¹⁰The Society for Family Health reached the largest number of CSOs across the country particularly in the Improving Reproductive Health in Nigeria (IRIN) program.

interviewed made strong recommendations for building capacity for CSOs in participatory M&E systems in which groups learn first-hand while their projects are being evaluated. Where an end of project evaluation was conducted, groups reported this as a positive experience. For example, the DFID evaluation of JDPC Onitsha water and sanitation project was reported as a learning experience for the group and MSH/USAID evaluation of the Foundation for Sustainable Health Promotion and Development in Ekiti state was also reported in positive terms by the organization which said that they learnt a lot and “the result of the evaluation boosted our performance”.

Trends in Zonal patterns and differences amongst CSOs in the North and South

CSOs in the South accessed more funding from multiple sources including government and had more full-time staff than groups in the North. Groups in the North were smaller, paid lower salaries, were fewer in number, had less access to diversified funding sources and did not prioritize development sectors such as family planning and microfinance where Northern zones were disadvantaged. While state-wide and zonal networks existed in almost every state of the South, this was not the case in the North. The Northwest and Northeast had the least numbers of CSOs with the Northeast having the lowest number overall. While stakeholders in the North identified change agents and champions who “kept state government on their toes” the research team did not document these champions as they operated without an institutional base. In some cases, where champions formed advocacy linkages to other “troublemakers” in the North they were also institutionalized and did not bother to register. An example is the coalition of NGOs in Jalingo, Taraba state working under the Centre for Peace Education and Community Development. The network is active and has vibrant leadership but is not institutionalized.



Network of CSOs in Taraba state in meeting with State Planning Commission to establish a framework for CSO involvement in budget tracking, 2013 Taraba State

The situation of CSOs in the Northern states points to the need for an intensive CSO sector capacity building program to strengthen existing groups and networks and to support the start-up of new CSOs.

Faith based organization

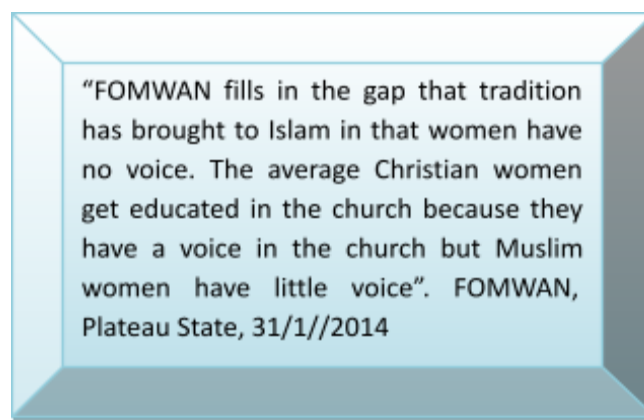
Thirteen branches of the federated faith based organization - the Federation of Muslim Women Association of Nigeria (FOMWAN) and eight branches of the federated Christian FBO, the JDPC were documented. In addition, branches of JDPC registered separately with the Corporate Affairs Commission under different names include:- the Justice Development and Peace Movement (JDPM) Oyo State; and Health Justice Development Peace in Kaduna state. Furthermore, 8 unitary FBOs, were covered. They include –

- Christian rural and urban development association in Plateau state
- Methodist care and development trust in Osun state
- Methodist care Ministry in Ebonyi state
- Hope for the Village Child headed by Reverend Sister Rita Schwarzenberger in Kaduna state
- Nigeria Aid Group of Islam in Adamawa State
- Muslim aid Initiative working in Plateau and Buachi states
- Muslim Health Workers in Kebbi state
- Muslim Community Foundation for health education in Katsina state

FOMWAN branches implemented projects in 7 of the 9 programming areas of the BMGF with the exception of agriculture and micro financial services to the poor. JDPC, on the other hand, implemented projects in agriculture, micro-finance and services to the poor as well as water and sanitation and malaria control but were not active in family planning, maternal, neonatal and child health. While key informants recommended mature FBOs such as NASFAT and the Christian Women Association of Nigeria, few FBOs were actually covered in this survey as stakeholders noted that such groups were “weak and may not be able to comply with the formality of managing donor funds”.

Gender in CSO programming

About a quarter of the CSOs surveyed specifically targeted women in their interventions. Most of these groups worked in MNCH, Family Planning and Nutrition; few agricultural CSOs targeted women and these were mainly in the South of the country. In most cases, widows were targeted by CSOs in agriculture and these groups were mainly in the Southeast of Nigeria. FOMWAN was the most consistent CSO found to be targeting women with a clear framework of gender equity to redress barriers placed on Muslim women by tradition.



Most CSOs targeting women did not bear a name indicative of this focus and many targeted women in programs funded locally rather than with international donor funds. Activities carried out for women included skills acquisition, microcredit and awareness creation on nutrition, malaria prevention as well as modern family planning services.



Dreamboat NGO Skills acquisition for women in Oban and Ekong Community, Akamkpa LGA, Cross River

Networks, networking and partnership building

Ability to network was listed by national and global stakeholders responding to instrument 001 as a key success factor for the sustainability of CSOs. The USAID NGO Networks for Health study coordinated by the dRPC found that the higher the networking capacity of women's reproductive health networks in Nigeria; the greater the likelihood that the groups will be effective and activities sustained over time¹¹.

Networks to which CSOs belonged included the Civil society and media Advocacy network (COMPAN) in the Southwest zone; West African Civil Society Forum; Nigerian Network of NGOs; New Partnership for Africa Development Civil Society Forum; UNICEF inspired coalition in Anambra state; National Youth Council of Nigeria; Coalition of Civil Society on HIV/AIDS in Nigeria; Coalition for Transparency, Accountability and Good Governance (COTAGG). The Coalition of Civil Society on Malaria Control Immunization and Nutrition (ACOMIN) is the network with the

¹¹http://pdf.usaid.gov/pdf_docs/PNACL863.pdf, Africa Bureau, NGO Networks for Health/USAID Women's reproductive health networks in Nigeria study coordinated in Nigeria by Judith-Ann Walker

greatest reach. This network was even identified and recognized by a respondent from the Place of the Sultan of Sokoto in the Northwest. Most health CSOs reported that they collaborated with the Network of People Living with HIV/AIDS though they were not members.

CSO Innovation in development programming

Approximately one third of the CSOs surveyed identified innovations in terms of ability to work with volunteers and to carry out activities with limited resources. Another one third reported technical or strategic innovations discussed in each section above. For example the Women's Health and Action Research Centre (WHARC) responded to the question on innovation by identifying an innovation in advocacy. One third of the CSOs surveyed responded to the question about innovations by either stating that they had no innovation at all, by noting that contracts with donors were fixed and did not allow for innovations.

Strengthens and weakness of CSOs in Nigeria

A recurring theme amongst all 4 categories of respondents interviewed in this landscaping was that CSO strengths lay in their "acceptance, recognition, grassroots linkage, and understanding of beneficiaries". Respondents from international development community interviewed at the zonal level also identified community reach and legitimacy as a core competence of local groups compared to international funders. They linked the community rootedness of CSOs to their ability to work through community structures and to even revive Ward Development Committees (WDCs) across the country.

Similarly, CSOs also identified their comparative strengths in terms of knowledge of the community and the fact that they were also accountable to community members. One CSO representative from the Southeast said ***"We are strongly on the ground covering all the communities in this state, we are from this community and are children of tradition, I am a Prince of this state, I grew up here. We are mobilized, we have membership in the 21 local government areas of this state, when have membership in 326 wards. This is our state we cannot run away from it. We cannot do a 'touch-and-go'. If we do anything bad here it will affect us, If I go to my village our people will find me and hold me responsible"***.

On the downside, key respondents also pointed out significant performance gaps affecting CSO interventions. They drew attention to the poor sustainability of CSO programs, their inability to retain staff and the low levels of formalization in the sector. CSOs interviewed were quick to explain these shortcomings in terms of the problem of intermittent funding from international development agencies and the

absence of core support. One CSO respondent explained the consequences of this situation by saying ***“With donor support we train staff but lack the resources to retain them so we lose them to the donor; long term support of 5 years and above coupled with administrative support is a better approach”***. CSOs identified additional performance gaps as poor monitoring and evaluation capacity; inability to document achievements; weak accounting and management systems; and capacity to write winning proposals. Poor proposal development capacity was the most consistent limitation identified by large and emerging CSOs. For international development agencies, however, capacity limitations of ingenious Nigeria CSOs were a more complex matter. On one level, donors also identified technical issues such as poor proposal writing and project development skills as well as the absence of “capacity for mastering donor accounting systems”. At a more general level, however, international development partners faulted ingenuous Nigerian CSOs for high donor dependence and the absence of a diversified funding base. The solution proposed by several representatives of development agencies interviewed was for an intensive Nigerian CSO strengthening program with training, certification and regulator components.

Perceptions of the most and the least viable CSO to engage

Community based CSOs were identified by most zonal stakeholders working in the field as the viable type of CSO. Alternative development partners at headquarters level recommend networks as the most viable CSO partner. One representative of an international development partner noted ***“I have a firm belief that working with coalitions is better and working with individual CSOs....you can cover more”*** (respondent from the State Accountability and Voice Initiative). Membership associations were also identified as viable but difficult to work with and to get things done.

Least viable CSOs were identified as organizations whose leaders were full-time staff of donor agencies or senior officials in government agencies. First ladies NGOs and youth groups, were also perceived as least viable. One zonal stakeholder explained the problem of youth groups by noting ***“this is because most youth groups are inexperienced and require proper mentorship before they can work”***. Faith based organizations were another group of CSOs identified by zonal stakeholders as being difficult to work with. FBOs were considered informal and unable to deliver on project objectives due to their ***“reservations on some issues”***.

Critical success factors of high performing indigenous CSOs

While there were differences in the perception of success factor according to the sector and most critical mentioned by stakeholders in Questionnaire Capacity providers in Questionnaire zone, the factor zonal 005 and Building 004 was - strong and positive leadership at the helm of the CSO. This factor was described as a major driving force and a pivot upon which the CSO rested. Field interviews indicate a direct link between organizational sustainability and the leaders' entrepreneurial skill. A snapshot of a successful CSO was therefore:

Groups which have existed for over 5 years and have accessed and managed progressively larger grants from multiple sources over this timeline and have had their programs evaluated or accounts audited under the same management or founder team are more likely to be successful and sustainable

Advocacy, social accountability and working with media as a cross-cutting issue

The study focused on advocacy in terms of legislative, policy and administrative advocacy. Previous assessments of USAID funded advocacy capacity building programs for Nigerian NGOs point to weak performance and limited capacity: ***“Few of the Nigerian organizations that USAID supported in the past have demonstrated the power or capacity to influence the national government on par with their civil society counterparts in South Africa, Kenya, or Ghana.... Only the trade unions under the mantle of the NLC have shown the ability to influence government policy consistently”***¹².

¹²http://pdf.usaid.gov/pdf_docs/Pnacx662.pdf: 9

This landscaping study focused on advocacy as a cross cutting issue. As noted above, most CSOs were engaged in service delivery and demand creation and did not carry out advocacy activities as a primary area of focus. Indeed, the landscaping survey found only 29 CSOs or 6% of the sample size of 436 CSOs working mainly in the area of advocacy. Twenty eight groups conducted advocacy as a major component of service delivery or awareness creation projects and only 1 CSO was established as an advocacy-only network. More CSOs working to deliver services were likely to conduct advocacy visits than groups in awareness creation.

Approximately one third or 133 of the 407 CSOs which did not carry out advocacy as a main activity explained their advocacy initiatives as *ad hoc*. *Ad hoc* advocacy initiatives were initiated to solve problems or to negotiate government agencies' when they constituted a barrier to projects by NGOs.

Table 53: Primary Activities of CSOs covered in landscaping study

Primary Activities carried out	Number of CSOs
Demand creation through mobilization and sensitization	156
Advocacy, governance, budget tracking and social accountability	29
Service delivery	179
Research	3
Technical or organizational capacity building to CSOs or government as well as anchoring and supporting other CSOs	69
Total	436

Analysis of CSO responses to questions on their advocacy projects reveals the following:

1. CSOs in agriculture or networks of CSOs reported that they carried out advocacy on issues of policy, budgets and administrative procedures. Advocacy demands were often on the need for government to comply with its own policies, regulations and publicly declared budgetary allocations. Specific advocacy demands made by agricultural groups such as farmers associations ranged from – the need to reduce the cost of fertilizer; water rights; land use

and women titles; women's access to cultivable land; increasing budget lines; access to markets and subsidies; political action on gulley erosion; compensation for flood damage to farmland and crops. Networks generally advocated for greater representation of members in policy making bodies, for compliance with policies and for disclosure of budgets and information about programs and policies.

Agriculture Advocacy Demands

Water rights, land use, legal titles and women's access to cultivable land; subsidies, reducing the cost of agricultural inputs and monitoring distribution channels

2. None of the CSOs programming in polio/routine immunization reported that they carried out advocacy to political office holders. A recent exception to this finding is that CSOs paid several advocacy visits to public health bureaucrats and security agencies on administrative issues such as the need for armed escorts.
3. Microfinance CSOs reported that they formulated several high-level advocacy demands but were unsure of which government agency to direct their advocacy. Microfinance CSOs were most unsure about which government agency had which role in microfinance in Nigeria.
4. Most CSOs confused advocacy with community mobilization and awareness creation. Of the 29 groups which described themselves as advocacy focused in this survey, as many as 17 wrongly described sensitization visits as an advocacy activity. The study team documented responses such as that of the Executive Director of Rural Health Foundation (RHF) in Imo State Southeast Nigeria who described an awareness creation activity and called it advocacy "our innovation is paying advocacy visit to the stakeholders or gatekeepers of the communities so as to let them know about the importance of maternal, neonatal and child health and to solicit their assistance to achieve the aims and objectives of the project".
- When asked about innovations, most CSOs talked about learning how to work with volunteers and other innovations; only 2 of the 29 CSOs mentioned an advocacy activity that they were most proud of as an innovation.

- When groups described their advocacy activities, 22 of the 29 advocacy focused CSOs presented the event as a one-off discrete activity – an advocacy visit or courtesy call. There was little follow up, no campaigning and no campaign strategies developed around advocacy.
- No CSO reported that they evaluated their advocacy engagement and no CSO reported that they had developed customized indicators to measure the success of advocacy.
- Only 20 CSOs or 4% of the 407 non-advocacy focused groups said that their staff had been trained in advocacy; of the 29 advocacy focused CSOs 14 or about 50% said that they received some training on advocacy in past 2 to 3 years
- In carrying out advocacy engagements 11 of the 29 groups reported that they mobilized beneficiaries, 10 reported that they mobilized community leaders and known change agents, 28 mobilized all the staff of the CSOs, and 4 mobilized media; no CSOs reported that they mobilized all these groups.



- Most advocacy CSOs were members of networks, especially those in the South of the country, however, the networks to which they belonged were not rights related groups. Only 4 of the total number of 29 advocacy CSOs were in a human rights based or governance network, in particular the Transition Monitoring Group (TMG), the Civil society and media Advocacy network

(COMPAN) in the Southwest zone; Coalition for Transparency, Accountability and Good Governance (COTAGG).

- Only 4 groups mentioned using global or regional standards or said that they drew from best practices from other countries when conducting advocacy. All 4 groups also belong to the TMG.
- 9 of 29 CSOs working in Advocacy carried out social accountability activities such as budget tracking and civil society due diligence audits with funding from the Federal government of Nigeria under the Office of the Senior Special Advisor to the President on MGDs. For example, the Educare Trust, Oyo, led by a national journalist, conducted monitoring and evaluation of MDGs projects in all 33 local governments of Oyo state as a technical activity missing an opportunity for mobilization around good governance and accountability
- Research teams in all the zones were told stories about great advocates, many of whom were respected community leaders or “young trouble makers” who challenged local, state and Federal government agencies on the radio, in face to face communication, during town hall meetings or using social media. Given the focus of this landscaping study on civil society organizations in Nigeria, we were unable to document these champions. However, the existence of this group of champions is an important finding which suggests the need for a targeted advocacy intervention to support champions and change agents.

Active Citizens in Kano State collaborating with traditional leaders to evacuate waste, this is a group of activists brought together by the British Council. They are yet unregistered but carrying out community based activities, Kano 2013

Best Practice in Advocacy for policy continuity

In 2001, the MacArthur Foundation supported the dRPC to mobilize all past Commissioners of Health, CSOs and private sector providers of the state to advocate to the incoming administration to continue the free maternal health services project of the out-going administration.



Challenges of CSOs in advocacy

Stakeholders from government outlined a number of shortcomings of CSOs in advocacy. Some stakeholders indicted CSOs for failing to follow up when pledges were made and for coming to meetings “with too many long papers”. Other government stakeholders noted that CSOs were easily frustrated by government processes and became openly hostile. It was also noted that CSOs approached government from inappropriate entry points and were confused about when and how to approach politicians, their wives, civil servants or local government bureaucrats. As one bureaucrat noted, ***“starting in the wrong place will not get the NGOs the results they want”***. Zonal stakeholders from donor programs noted that CSOs failed to target politicians to make and keep electoral promises and recommended this as a strategy for the 2015 general election. They also noted weak capacity to work with the media on advocacy projects and one respondent from BBC Media Action, formerly BBC World Service Trust, noted that ***“CSOs do not get on well with the media. CSOs and the media are hostile with each other, how to engage each other is not clear. Issues of trust are between the media and CSOs. CSOs do not have proper media strategy in planning their activities, it is an afterthought....The media also needs a lot more thematic exposure”***. CSO performance gap in advocacy was also identified by zonal stakeholders responding to question 13 on Questionnaire 003. A WHO respondent from Zamfara state answered this question by stating that ***“advocacy and social mobilization is the answer but it is not often well done”***. International stakeholders noted that evidence based advocacy, advocacy based on standards of practice, regulations, conventions and comparative experiences were absent in most activities by CSOs in the country.

Recommendations to the BMGF on advocacy interventions

The BMGF should consider engage the National Human Rights Commission to building the capacity of CSOs in the area of rights based advocacy. The Commission has been funded by UNICEF and the MacArthur Foundation in the recent past to support CSOs on rights based issues. A complementary recommendation is that the BMGF should support leading advocacy focused NGOs such as Advocacy Nigeria, the Civil Society Legislative Advocacy Centre (CISLAC) and the CDD in Abuja to form a

consortium of master trainers and mentors to CSOs in Nigeria on advocacy across the 9 sectors of the Foundation. The National Institute for Policy and Strategic Studies can also be supported to develop advocacy briefs, convene policy dialogues and train civil servants and CSO leaders on demand and supply models for successful advocacy.

SECTION VI

PROGRAMMING STUDY RECOMMENDED TO THE BMGF ON HOW TO ENGAGE INDIGENOUS CSOs IN NIGERIA

Introduction

The seven recommendations below are derived from the insights, feedback and suggestions put forward by all key informants in this study:

1. Scale up support to the New Venture Fund to establish a Nigeria CSO and Champion's ventures window

New Venture Fund, Washington DC currently supported by the BMGF provides a flexible platform for champions and CSOs to access funding of various ranges from \$5,000 to \$40,000 for projects across the Foundation's 9 programming areas. A Nigerian window of the NVF can be established to award and manage grants in a rapid turnaround timeline to emerging CSOs and individual champions. The Nigeria window can receive and process unsolicited applications from local CSOs and activists. Due diligence checks can be carried out by approved Nigerian partners. The fund partners must have an excellent knowledge of the CSO sector and be capable of conducting due diligence checks across all sectors in the country. Champions from BMGF advocacy programs such as the Champions4Change as well as beneficiaries should also be able to access such funding. The New Ventures Fund has already funded two Nigerian ventures¹³, its role in this area can be expanded.

2. Scale up support to Grand Challenges Canada to fund Nigerian CSOs working in MNCH, Family planning and polio and routine immunization

Grand challenges offer great opportunities for small Nigerian CSOs to source funding for innovative ideas and pilot projects. Successful ideas can rapidly be taken to scale with evidence of proof of concept in such projects. Current Grand Challenges of the BMGF are for a few specific project areas. Other grand challenges supported by the Foundation such as the Saving Lives at Birth (SLaB) provides a flexible template for emerging CSOs working in numerous to have their great ideas funded. In addition, the quarterly mentoring and periodic meetings of all grantees from around the

¹³One grant is for

world enable small Nigerian CSOs to be part of a learning community of innovators. Currently, Grand Challenges Canada (GCC) which is a member of the SLaB consortium current support an indigenous Nigerian CSO, the dRPC, to implement a pilot project under SLaB. GCC can be supported to scale up its support to Nigerian CSOs and to run a special SLaB window for Nigerian CSOs. Emerging CSOs with great ideas can be awarded small grants of US\$50,000.00 as a pilot project. GCC can then take successful groups through a process to develop a path to scale. Scalable projects can then be able to access grants of US\$250,000.00 consistent with the SLaB process.

3. Engage indigenous intermediary groups to support smaller NGOs

Several stakeholders suggested that the BMGF should work with intermediary indigenous Nigerian organizations as a cost-effective option to sub-grant and build the capacity local CSOs. While some experts hold that indigenous intermediaries must still be supervised by American partners others argue that large local groups engaged as intermediaries can be left to manage such interventions. A recent USAID study makes the case for engaging local intermediaries for CSOs capacity building but argue that they must be backstopped by US agencies.

“Capacity remains a critical problem for some organizations, but others are capable of providing management functions, such as leading trade unions, the Bar Association, some of the business associations, or (in some contexts) think tanks like the Development Research and Projects Center in Kano or NGOs like the Center for Democracy and Development. An international or American IP can manage the funding and overall activity, provide an important oversight role”
http://pdf.usaid.gov/pdf_docs/Pnacx662.pdf: 9

To build the capacity of CSOs and award small grants, the BMGF may wish to engage intermediary CSOs in each of the 6 geopolitical zones of the country. Suggestions of CSOs are South Sahara in the Southeast, the African Leadership Forum in the Southwest, Development Exchange Centre in the Northeast, and CUSO in the Southsouth. The Foundation may wish to consider engaging these intermediary groups directly or through a Grants Management System similar to the system used

by USAID Nigeria to engage large Nigerian groups. World Learning was engaged for this purpose by USAID Nigeria.

4. Support CUSO to expand the new agriculture and livelihoods CSO Capacity building program beyond the Southsouth

CUSO Canada/US has 20 years of experience providing technical and organization capacity building support for Nigerian CSOs in gender, livelihood and microfinance. Mentoring, volunteer placement and targeted training are strategies used by CUSO as well as sub-granting. This model has proven more effective than other volunteer placement programs and has supported NGOs such as Development Exchange Centre (DEC) in Bauchi state. CUSO has recently launched a new intervention in the Southsouth of Nigeria to provide technical assistance to Nigerian NGOs working in livelihood and microfinance support for youth and women. The BMGF may wish to support CUSO to expand the current project beyond the Southsouth of the country to the agricultural belt in the Northcentral, providing outreach services to the Northwest and Northeast. The CUSO contact Dr. Kenna Owoh is a Nigerian/Canadian and former head of the Project Support Unit, CIDA, contact details, kenna.owoh@cusointernational.org, +4166988212.

5. Scale up funding to Africa Growth Initiative (AGI), Brookings Institution, to support CSOs and Nigerian Research and Advisory Agencies

BMGF's support to the Africa Growth Initiative, produced important policy relevant research findings on economic growth and development in Africa. Recent AGI studies on CSOs, agriculture and economic development in Nigeria, in collaboration the Nigerian Institute for Social and Economic Research (NISER), can, provide the evidence for the advocacy work of agriculture and microfinance CSO. To do so, however, AGI must step-down its findings from high level policy documents to issue briefs and policy papers accessible to NGOs in Nigeria. BMGF may wish to support the AGI to influence the policy advocacy process in Nigeria by extend its partnership beyond the NISER, to the policy advisory agency - the National Institute of Policy and Strategic Studies, (NIPSS) which has a policy advocacy and advisory role. NIPSS has facilitated policy dialogues and strengthen CSOs in social sector programs funded by the David and Lucile Packard Foundation, DFID, UNDP, the British Council and the

Policy Project. BMGF can fund the AGI to deepen its collaboration with NISER and NIPSS to produce Policy Briefs and Issue Papers from past and on-going research on agriculture and microfinance. Policy Briefs and Issue Papers can then be leveraged by NIPSS to facilitate policy dialogues between CSOs and government policy makers during the Annual Senior Executive training programs of NIPSS. Outcomes of the policy dialogues can be included during the annual presidential briefing of NIPSS.

6. **Expand the proposed grant to Civil Society Legislative Advocacy Centre of Nigeria (CISLAC) Nigeria** to include a sub-grant to the National Human Rights Commission. The sub-grant should support the NHRC to build capacity for CSOs across the 9 sectors on rights based advocacy. The Human Rights Commission has been a grant recipient of funds from UNICEF and the MacArthur Foundation to build capacity of Nigerian CSOs within a rights-based framework.
7. **EngageWomen Thrive, USA** to expand its on-going project which supports women in CSO in Nigeria to take their stories to the global decision making bodies. The expanded project should take the form of a women's leadership project to develop women leaders across the 9 BMGF to advocate in Nigeria and to tell their stories globally using the post-2015 development agenda. To date, Women Thrive has facilitated global connections of women in Nigeria working through the Millennium Campaign, the Echidna Global Fellowship program and is currently exploring institutional partnerships to expand its gender focused activities in Nigeria.
8. Leverage the learning form the NGO Networks for Health, USAID project by engage a Nigeria capacity building partner to strategically support networks.
9. Support World Learning to expand the Nigeria NGO grants management support services provided to USAID Nigeria between 2009 to 2013. Under this project World Learning sub-granted sums ranging between US700,000 to US800,000 to projects run by Nigerian NGOs, to implement a leadership and advocacy in FP/RH project. Through the mechanism of a Corporative Agreement, World Learning sub-granted, mentored and provided financial and technical supervision over 4 years. The grants management mechanism of this project has been evaluated and found to be effective for mature indigenous Nigerian CSOs.

Recommendations of Mechanisms for the BMGF to engage CSOs Capacity Building Provider

All stakeholders interviewed agreed that BMGF must incorporate capacity building support into grants to Nigerian CSO. It is recommended that the BMGF and use flexible approaches to capacity building by allowing groups to select providers from the database or a more structured approach of identifying the CBP and spelling out services in the grant award document.

Stakeholders recommended that BMGF must incorporate capacity building components in all grants for Nigerian grantees or sub-grantees of the Foundation

Conclusions

This section outlined 7 mechanisms to facilitate engagement of Nigerian CSOs through global and local implementing partners. This section also identified a two-prong strategy for the engagement of capacity building providers.

SECTION VII

Landscape of Capacity Building Providers in Nigeria

Capacity Building for CSOs – What to do and who will do it?

Key research questions related to capacity building providers in this survey –

- 1) Which capacity building providers should be engaged and how should they be engaged?
- 2) What capacity building activities should the BMGF support for CSOs in Nigeria?
- 3) What can we learn from past models of capacity building programs in designing new interventions?

In response to the question of what capacity building activities should be supported by the BMGF, several international development partners suggested that the Foundation should take leadership among development partners to formulate a coordinated an indigenous Nigerian CSO strategy.

Donor collaboration to address CSO capacity limitation in Nigeria

In the new roadmap of the EU, emphasis is placed on the need for more donor coordination especially in the area of capacity building of CSOs. CSOs in Nigeria exist largely because of donors and therefore donors should come together, perhaps on the basis of their thematic areas, to build, harmonized and coordinate the capacity of CSOs. The Gates Foundation should decide and have main areas of focus. Network or coalitions should be preferred and where none exist the Foundation should look at helping to form one. Rural NGOs are very important in Nigeria and should be involved. (Interview with representative of the European Union Delegation to Nigeria (12/2/2014))

Zonal stakeholders, team leaders and capacity building providers recommend specific capacity building activities to the Gates Foundation by level of CSO staff as stated below:

- Capacity Building for Nigerian CSOs – Stakeholders Recommendations**
- ☐ Capacity building trainings should be zonal due to regional peculiarities
 - ☐ Train founders in leadership, sustainability and succession planning
 - ☐ Train all staff on the use of technology
 - ☐ Train M&E staff on participatory M&E, proof of concept and operational research
 - ☐ Train finance staff on compliance, financial control & use of software
 - ☐ Leadership training for management
 - ☐ Train program staff on proposal writing & project design
 - ☐ Mainstream gender in capacity building
 - ☐ Move away from workshop based training; use mentor, peer learning, attachments and exchange visits

Profile of CSO capacity building providers identified in the study

The landscaping study identified 496 capacity building providers (CBP) providing support to CSOs in the areas of technical and organizational capacity building. Table 54 below shows that 320 or 64% of the CBPs identified were consultants while 56 CBPs or 11% of CBP were private sector for profit firms.

Table 54: Capacity building providers recommended type of providers

Number of Capacity Building Providers Recommended			
	CBPs recommended by 1 stakeholder and not assessed	CBPs recommended by more than 1 stakeholder and assessed	Total
Consultants	261	59	320
Government	43	22	65
NGO	6	49	55
Private Sector for Profit Firm	46	10	56
Total	356	140	496

In terms of the sectors in which capacity building providers were to be found, table 55 below shows that most providers worked in the areas of agriculture and climate

change, microfinance and water and sanitation; the least number of providers were in immunization, followed by family planning.

Table 55: The distributions of Agencies and Consultants working in the programming areas of BMGF by zones in Nigeria

Programming Areas	Zone							Total
	National	Northcentral	Northeast	Northwest	Southeast	Southwest	Southsouth	
Agriculture and Climate Change	1	25	15	7	19	6	14	87
Water, Sanitation and Hygiene	1	26	19	3	14	5	12	80
Malaria	3	22	10	2	14	8	8	67
Family Planning	3	21	7	2	11	6	5	55
Neonatal, Child and Maternal Health	3	20	8	3	10	8	4	56
Polio	2	10	6	2	5	3	2	30
Routine Immunization	2	12	6	3	7	5	4	39
Nutrition	2	20	12	1	11	6	6	58
Micro Finance and Financial Services to the Poor	2	30	15	4	14	9	13	87

Source: 2014 BMGF Field Survey

Opportunities and Challenges for engaging government in CSO capacity building

While several government agencies have expertise that can be transferred to CSOs, stakeholders recommended that government agencies engaged to support CSOs must be held accountable to local organizations for the relationship to be effective. When asked which governmental agencies have technical capacity to transfer capacity to CSOs most stakeholders consistently identified the following agencies:

Government agencies to be engaged by the BMGF

State Primary Health Care Development Agency; National Orientation Agency; Ministry of Local Government and Chieftaincy Affairs; National Emergency Management Agency; and Agricultural Development Programs.

Stakeholders identified 3 potential strategic roles for governmental agencies when working with CSOs. They are:

1. Government agencies as direct implementers of development projects which sub-grant to CSOs – for example, National Agency for the Control of AIDS (NACA) the National Water Resource Institute¹⁴
2. Government agencies as facilitators of social accountability by training public bureaucrats to be responsive to CSO advocacy – for example, NIPSS
3. Government agencies as technical and organizational capacity building provider – the Centre for Management Development, the National Planning Commission and Agricultural Development Programs

Several stakeholders recommended that the BMGF engage tertiary level agencies as a specific category of government agency. Stakeholders noted that Universities have the human resource to train CSOs and can support development programming through baseline, midterm and endline research. Examples include the University Nigeria Nsukka in Southeast Nigeria which anchored the Entrepreneurship Development Centre of the Central Bank of Nigeria; the Ahmadu Bello University supported by the Ford Foundation and Measure Evaluation/USAID to implement public health projects and also supported by the Japanese NGO Sasakawa Global 2000 to implement agricultural projects and the University of Ibadan supported by the MacArthur Foundation to anchor the post graduate Masters program in Development practice¹⁵.

Challenges in engaging governmental agencies

- Over-bureaucratization and lack of real autonomy
- Low priority accorded to donor funded projects compared to the business of government
- No dedicated project accounts and lack of absolute control in managing funds
- Frequent and unscheduled change in leadership
- Poor on gender planning and analysis

¹⁴ National Water Resource Institute Act, Chapter N83 Laws of the Federation of Nigeria 2004

¹⁵www.macfound.org/tags/nigeria

Benefits of engaging government agencies

- Government agencies can take projects to scale
- Greater likelihood of sustainability
- Increased effectiveness
- Greater community acceptance

Government agencies recommended to the BMGF

1. The Centre for Management Development (CMD) is a Federal Government parastatal which served as the anchoring agency of the DfiD funded CSO capacity building program in 2001. The CMD has developed manuals and materials to support CSOs in financial management and organizational development.
2. *The National Human Rights Commission established under the Action of 2004 can be engaged by the BMGF to provide capacity building support to CSOs on issues of rights based advocacy. The Commission has been engaged by the MacArthur Foundation, UNICEF and the Civil Society Legislative Advocacy Centre (CISLAC) to train CSOs in the recent past.*
3. *The National Institute for Policy and Strategic Studies (NIPSS) is a Federal policy advisory and analysis agency under the Office of the President of the Federal Republic of Nigeria. NIPSS has been engaged by more development partners¹⁶ to work with CSOs than any other government agencies in recent times. NIPSS is particularly strategic in running training workshops targeting public bureaucrats to create an enabling environment for advocacy. NIPSS capacity building events include policy dialogues between government officials and CSOs and sessions on working with NGOs.*

¹⁶NIPSS has been engaged by the Nigeria Stability and Reconciliation Program (NSRP) with a focus on the Northeast with funding from DfiD; by the dRPC to implement reproductive health and family planning projects with funding from the David and Lucile Packard Foundation, USAID Nigeria and the MacArthur Foundation; by the Policy Project; UNDP; ActionAid; CIDA; UKAid; the European Union and the Korean International Cooperation.



Engagement strategy of government agencies

When engaging governmental agencies a legally binding instrument should be used in preference to a Memorandum of Understanding. The agreement should be made explicit to state the roles of the partners in implementing the projects. Clauses on continuity should be included in the event of change of staff. From the legal point of view, all governmental agencies established by Acts of the National Assembly and states laws have the capacity to enter into contracts, to sue and be sued in their corporate name. Alternatively, grants can be awarded to CSOs which can then sub-grant to government agencies.

Opportunities and Challenges of working through international development partners to building the capacity of CSOs

The landscaping survey found that most indigenous CSOs were funded through international development partners. CSOs were quick to acknowledge that without this funding they would be unable to carry out activities as development funding

was neither available from government nor from local philanthropist. However, CSOs noted that the area in which they benefitted least from international development partners was in organizational development and core support. Indeed, even CSOs which benefitted from capacity building support under USAID funded interventions said that they benefited more from technical rather than organizational capacity building.

CSOs also lamented the close relationship between government and donor agencies which they saw as an encumbrance to working with donor agencies. One CSO leader explained his perspective on this issue: ***“The donors are often being controlled by government; you know there is a policy in this country that every development partner must pass through the National Planning Commission, which is a government advisory Ministry that is not always the best thing Most international development agencies are based in the cities, we are happy that the National Democratic Institute (NDI) came to engage us from Abuja, we don’t have office in Abuja; we are in the community. Most IDAs do not involve local people enough in some to the things they do”*** (interview notes, 12/2/2014). Another representative of a mature NGO with offices in Calabar and Edo states in the Southsouth noted that: ***“some donors only work through government and this is also a huge hindrance”*** (Calabar, 5/2/2014).

Faith based NGOs in particular noted that their relationship with international development partners was often strained by the fact that they felt pushed into activities not consistent with the local culture and religion. Other unfavorable practices of donors identified by CSOs included:

- Poaching of experienced and skilled staff
- Imposition of donor preferences
- Failure to adhere timelines and guidelines set by donors
- Low level of support for operational cost and staff remuneration
- Inability to provide long term funding
- Poor knowledge of national strategic framework
- Lack of understanding and appreciation of the culture
- International development partners competed with local NGOs for funding
- Implementation of projects without a proper needs assessment

Despite these practices, many stakeholders hold the position that there is a role for international development partners supporting CSOs in Nigeria. Specific recommendations were as follows:

- ✓ CUSO has had a long history of supporting CSOs in Nigeria, this group can be supported to expand its new CSO capacity building program targeting youths to CSOs throughout the country
- ✓ Action Aid has been mobilizing agricultural CSOs to track the capital and recurrent expenditure line items in the national budget. Action Aid can be supported to expand and institutionalize the network of budget tracking in agriculture and build capacity for state-led action.
- ✓ CEDPA has skills in advocacy and supporting women's networks. This group can be engaged to serve as mentors to women's CSOs and networks
- ✓ Oxfam Nigeria has a strong farmer's association capacity building program with components on adaptation to climate change. This group can be supported to take this project to scale in poverty zones of the North.
- ✓ Concern Universal and Water Aid are two international NGOs which have developed materials and messages to attain positive and sustain hygiene behaviors amongst strategic target groups in public and domestic spaces. CSOs working WASH can leverage and translate materials and messages.

Opportunities and Challenges of engaging non-governmental providers (independent consultants, private firms and NGOs) to support CSOs

In the landscaping we found that many donor funded programs included capacity building components and that most staff of CSOs reported being trained by donors. Indeed, the Packard Foundation working in reproductive health had one of the most consistent organizational effectiveness models to support small indigenous groups. In this program, Management Strategies for Africa was engaged to provide capacity building support for CSOs funded by the Foundation. The MacArthur Foundation provides capacity building backstopping in the area of Monitoring and Evaluation for its new flagship Strengthening Innovation and Practice in Secondary Education project by engaging a Nigerian non-governmental capacity building provider. Successful models of CSO capacity building through NGOs can be classified into:- structured institutionalized approaches or flexible needs driven models. An example of a flexible model is the MacArthur Foundation funded Civil Society Capacity Building for Poverty Alleviation Program (1999-2001) implemented by the dRPC. Another example of the flexible model is the Oxfam

Oxfam Nigeria Shelter Belt and livelihoods program in Northern Nigeria is supported by a capacity building fund housed with the development Research and Projects Centre (dRPC) which convenes capacity building programs for farmers' associations on an as needed basis over the period 2014-2015.

Based on findings from the 1999 World Bank Nigeria Poverty Assessment the MacArthur Foundation implemented a *Civil Society Capacity Building for Poverty Alleviation Program* (2001-2003) targeting 40 CBOs with N200,000 to design & implement a project supported by project implementation and organizational development capacity building training. 31 of the 40 CBOs benefitting from this project accessed new grants from the World Bank, FHI and other funders; and 25 of the groups continue to exist accessing grants in excess of millions of Naira. The Poverty Alleviation project was designed by the dRPC.

Nigeria capacity building fund for farmers associations also hosted by the dRPC. An example of the institutionalized capacity building model is the Ford Foundation funded capacity building program for the Consortium of 5 NGOs working to end child marriage in Northern Nigeria. Action Aid Nigeria provides financial management capacity building to the consortium while the dRPC provides M&E backstopping to the group. All M&E capacity building activities were included in the proposal and thus the model was structured.

A major finding of this landscaping study is that there are opportunities for the BMGF to select from the range of capacity building providers to support CSOs. There are advantages and disadvantages of engaging different CBPs.

SECTION VIII

PROGRAMMING STUDY PART II –OVERALL RECOMMENDATIONS TO THE BMGF ON CSO CAPACITY BUILDING INTERVENTIONS TO SUPPORT

Framing the final recommendations

This final section of the report will reflect the spirit of the inquiry by focusing on recommendations to the BMGF on how best to build the capacity of CSOs in Nigeria. Recommendations on the thematic discussions above for each of the 9 programming sectors have identified key project activities that the BMGF can support. This section

“Bill and Melinda Gates Foundation should really do a very good job this time around as CSOs are now needed very badly for the communities under their coverage to survive the current economic trauma in the country” Key informant, Catholic Archdioceses Health Commission, Kaduna state, 16/1/2014

“BMGF should try to partner with local CSOs and not larger ones. By doing so there are value added advantages”. Interview with Development Exchange Centre, Bauchi, 15/1/2014

focuses mainly on issues concerning organizational development of the CSO sector. Similar to the discussion above, recommendations are presented in terms of quick-wins projects to be implemented in the next 6 months to 1 year and medium to long term recommendations of projects to be implemented over the next 1 to 5 years.

Quick-wins recommendations to the BMGF on CSO capacity building

Survey findings point to the absence of a comprehensive and coordinated capacity building strategy in the donor community for CSOs in Nigeria. Stakeholders noted that while USAID has policies to support indigenous groups, initiatives to incorporate local Nigerian partners have been limited to a handful of CSOs able to meet pre-award assessment standards. Representatives of European funding agencies interviewed said that the general optimism in the donor community that USAID would take the lead in developing a strong indigenous CSO sector soon diminished when it became clear that the same big NGOs were being engaged to the exclusion of emerging groups. However, European funded programs such as EU-INSIDE which strategically targeted emerging and small groups has had limited impact given the programing focus on the south of the country¹⁷. Against this background, stakeholders interviewed in this landscaping study recommend a strong leadership role for the BMGF in the donor community in Nigeria working to support local organizations.

Other short term and quick-win recommendations are:

1. The BMGF must convene and **take a leadership role** of a standing donor forum on the development of the CSO sector in Nigeria. The standing forum will have a research focus and a working template for sharing information, learning and coordination of strategies
2. Convene a **meeting to orient all potential grantees** identified in this landscaping study about BMGF procedures and way of doing business in the Foundation
3. Support a local CSO to **convene a National Development Dialogue** between government regulatory agencies and leading indigenous Nigerian CSOs on the role of CSOs in the development in Nigeria. Advocacy Nigeria is recommended to coordinate this dialogue
4. Develop a **targeted intervention to strengthen emerging CSOs in Northern Nigeria** and to catalyze the start-up of new CSOs in this zone. This intervention could be modelled on the 2001 MacArthur Foundation Community Based Organizations capacity building program where groups were taken through a three phase cycle of: 1) project design, 2) implementation & monitoring and 3) evaluation & sustainability training supported by grants disbursement in 3 installments.

¹⁷ Judith-Ann Walker, Report of assessment of 250 proposals to the EU-INSIDE by dRPC, 2010,

Medium to long term recommendations to the Foundation to support indigenous CSOs in Nigeria

The following are medium to long term recommendations:

- The Foundation must act on the findings on advocacy section of the report by supporting a lead CSO to build up their master training skills; adapt existing advocacy models; and roll out advocacy and social accountability training programs for CSOs in Nigeria.
- Support training on management and human resource capacity building in the CSO sector.
- Support CSOs with women and youth leaders and support leadership development programs for founders and managers of these groups.
- BMGF should support a study on the scalability of a capacity building model where Nigerian CSOs are peered with international CSOs in Africa or the global north. The experience of PSI which has supported the Society for Family Health over 10 years should be examined in this study.
- Support an M&E project to develop indicators on advocacy, integrated programming and of networking.
- Support a capacity building provider to compile guidelines for CSOs on regulation, registration and operating practices.
- Support the process of establishing a centralized and independent regulatory agency to certify groups and to ensure compliance with a code of ethics.
- Support CSOs to develop income generation models as part of their sustainability planning process.
- Support 1 leading CSO in each geopolitical region to serve as a CSO hub within zones for capacity building, networking and support for proposal development.
- Support the institutionalization on an Ombudsman or regulatory framework for NGOs to improve accountability within the sector.
- Support advocacy platforms to create awareness of the Nigerian government's decision not to opt-into social accountability monitoring frameworks such as the Global Partnership on Social Accountability (GPSA) of the World Bank.
- Support a leading CSO to develop a Technology in the third sector program - to train CSOs on GIS mapping, the use of e-health technology and other platforms to improve CSO effectiveness.

Overall Conclusions

Overall, the landscaping study presented the lay of the land in respect of large, middle level and small CSOs in Nigeria while the programming study pointed to potential engagement mechanisms and partners for engagement. The study's findings will support the BMGF Nigeria country program. The Foundation must now move forward to take strategic decisions on CSO engagement in Nigeria.

References

1. Abraham, H and Balogun, I.O (2012) Contribution of Microfinance to GDP in Nigeria: Is There Any?*International Journal of Business and Social Science Vol. 3 No. 17; September 2012*
2. Advance Africa, CSO Consultation Workshop Report, Consultant Judith-Ann Walker, 2001, http://advanceafrica.msh.org/publications_and_presentations/Annual_and_Country_Reports/ACR_NG_Workshop_Report.pdf;
3. CBN, (2008). The Nigerian Microfinance Newsletter, Vol. 6, January–June 2008
4. dRPC, 2013, Scan of Agriculture and Farmers Associations in Nigeria with particular reference to the North West, Study conducted for Oxfam Nigeria, 2013
5. dRPC, 2002, End of Project Report, CBO Capacity Building for Poverty Alleviation, Funded by the MacArthur Foundation
6. Friedrich Schneider, Andreas Buehn, and Claudio E. Montenegro, Shadow Economies all over the World: June8_2010_Finalversion.doc. World Bank WP S5356
7. Gender and Development in Nigeria, Workshop report of the Dissemination Workshop of the National Gender Policy Dialogue, 28th May 2012, Report by Judith-Ann Walker;
8. http://en.wikipedia.org/wiki/Delphi_method
9. Judith-Ann Walker, Civil Society in the North of Nigeria, The ISSUES, (1) 1999, Journal of the American African Studies Association
10. Judith-Ann Walker, 'Nigerian Women's Reproductive Health Networks – Utilization of Donor Support, Strategies and Effective Models' . Paper presented to the 28 Annual Conference of the Global Health Council Conference, May 29 to June 1st 2001, Washington DC
11. MICS, 2011, Nigeria Monitoring the Situation of Women and Children
12. National Bureau of Statistics, Harmonised Nigeria Living Standard Survey (HNLSS), 2010
13. National Population Commission, NDHS, Nigeria Demographic and Health Survey 2008 and Preliminary Report 2013
14. National Population Commission, 2006 National Population Census
15. TSHIP, Targeted States High Impact project (TSHIP)/USAID Report on the performance review of organizational development and institutional capacity building in Bauchi state, Bauchi 2013

16. USAID Nigeria, CSO Nigeria Assessment, http://pdf.usaid.gov/pdf_docs/Pnacx662.pdf;
17. USAID http://pdf.usaid.gov/pdf_docs/Pnadn776.pdf, USAID Social Sector Assessment 2003, team leader, Judith-Ann Walker
18. World Bank, Economic Outlook for Nigeria 2013
19. www.efina.org.ng/assets/ResearchDocuments/2013-Documents/...to " – – t! d EFInA Access to Financial Services in Nigeria 2012 Survey Key Findings 22 November 2012 (updated May 2013) "

Appendices

Researchers List

S/NO	ZONE	NAME	BRIEF BACKGROUND
1	NORTH CENTRAL	Prof. Sam Egwu, team leader	Professor Samuel Egwu is Professor of Political Economy and Development Studies, University of Jos, where he has been teaching since 1986. He has been a consultant to dRPC in numerous research projects. Currently he is a Governance Adviser to the United Nations Development Programme (UNDP) Nigeria Country office Abuja.
2		Henry Mang	Henry holds M.A. in History and M.sc African Studies, Oxford University. He has 12 years of working experience as: - Project officer (Conflict) for Youth Adolescent Reflection Action Centre (YARAC) an NGO - He is presently an Assistant Lecturer , Centre for Conflict Management and Peace Studies, University of Jos.
3		Dr James I. Apam	James research holds a Ph.D. in Political Science. He is a Senior Lecturer at Benue state University. He served as: - Secretary, The Calvary Charity Foundation (NGO) Aliade, Benue State, Nigeria - Benue State Coordinator for the Citizens\ forum for Constitutional Reform (CFCR) - President, YimaUtoo Foundation (NGO)
4		DrShaibu Moses Etila	Shaibu holds Ph.D in Political Science and has 23years of working experience, he participated in: - Training of Facilitators on the review of Issues in 1999 Constitution of Federal Republic of Nigeria – OSIWA & DFID Sponsored – Rockview Hotel, Abuja – 2008.

			- Mainstreaming HIV/AIDS into Developmental Programmes – UNDP Sponsored Training, UN House, Abuja – 2007. - Regional Workshop on Conflict resolution Mechanism at Jos – 2007. - Training of Facilitators at Kogi State level on Community Capacity Enhancement (CCE) using Community Conversations for HIV/AIDS Programme organized by UNDP Kogi State Office, Kabba – 2007. - Training on Guidelines for the preparation of SEEDS & LEEDS, CIDA & Ministry of National Planning, Abuja – 2005. - Capacity Building Workshop on proposal writing and sourcing for funds for Development Projects – ITF Office, Jos – 2004.
5		Mrs. Jumma Ildris	Jummai holds a Masters Degree in Public Administration. She has Facilitation skills and is a Master trainer on: - Reproductive Health service delivery - Vaccine and Logistic Managements by WHO, UNICEF, NPI - Master trainer on strengthening Routine Immunization by UNICEF and NPI
6	ABUJ A	Alhaji Adamu Imam	Holds a Masters in Development Studies and is a former Director, FHI 360, Pefar Impact program
7		Alh. Mohammad Abubakar	Has a B.Sc in Sociology and Master's in Public Administration, Master of Industrial and Labour Relations. He had his professional experience as civil society capacity building on the EU-SRIP project. He also supported civil society in his positions in the World Bank and the United Nations.
8		MrsNkiruDuru	Holds a Masters in Development Studies and is engaged in the capacity as researcher in the dRPC
9			

10	NORTH EAST	Dr. AbubakarMunguno, team leader	Abubakar holds a Doctorate Degree in Geography. He is currently a Lecturer in the department of Geography, University of Maiduguri. Dr.Monguno has over two decades of teaching and research experience. He has, in recent years, served as Research consultant to the dRPC, Kano, British Council's Nigeria Stability and Reconciliation Programme (NSRP) and CLEEN foundation, Abuja.
11		Ballama Mustapha	Ballama holds BSc in Agric Animal Production. He is the project Manager of Herwa Community Development Initiative (HECDI) an NGO based in Maiduguri. He is also the Programme Coordinator, Sukul community development association (SCODA).
12		ShehuUsman Ali	Shehu is a legal practitioner based in Borno. He is presently attached to a firm of Ashehi& Co.
13		MukhtarAlhaji	Mukhtar holds M.Sc in in Geography (Resource and Development). He is a lecturer at Department of Geography in University of Maiduguri. He worked as Vice Principal, Imam Malik Secondary school, Maiduguri. He is a member of Nigerian Geographers.
14		DrJimme Mohammed Abba	Jimme holds a Masters Degree in Resource and Development and Post Graduate Diploma in Education. He is a lecturer at the Department of Geography, University of Maiduguri. He once worked as Research Officer, Development, and Consultancy, Department, Nigerian Mining Corporation, Jos, Nigeria.
15	NORTH WEST	Alh. Adamu Imam, team leader	Holds a Masters in Development Studies and is a former Director, FHI 360, Pepfar Impact program
16		Alh. SamailaTanko	AlhajiSamaila has a B.Sc and M.Sc degrees in Agricultural Economics. He was a Lecturer for 6yrs, a banker for 11yrs. He is presently managing an Agricultural consultancy firm in Kaduna.
17		Suleiman Mahmud	Program Officer of the dRPC, He holds a BSc ED in Mathematics from University of Jos, Plateau State. He has 30 years of practical teaching in Public Primary schools, Public secondary schools, private secondary schools and tertiary institutions. He rose from the rank of a classroom teacher to Principal. He has been an education consultant of dRPC until 2013 when he joined fully. He is also the Education liaison officer of dRPC.
18		Alh Abdul amid Inuwa	Is a rural development expert with a Post-Graduate Diploma in Community Development, he coordinates community development projects at the dRPC

19		AlhUsmanDangogo	Usman Dangogo has a National Diploma in Accountancy and Masters in Health Economics. He served as field officer for Action Aid Nigeria on Partnership against Poverty in Kebbi, (2007-2011). He is presently the Zonal Technical Officer North West Zone, National Primary Health Care Development Agency.
20		Alh. AdamuKotorkoshi	Adamu has a Masters Degree in Business Administration (MBA). He served as: -Master Trainer Family life and HIV/AIDS Education (FLHE) ARFH/FMOE Global Fund Round 9. -Master Trainer Community system strengthening (CSS) NACA/ActionAid/ATM/Global Fund Round 8. Master Trainer on Procurement Monitoring under Private and Public Development Centre (PPDC/BPP/OSIWA)
21		Umar Ahmad Umar	The Program Officer of dRPC. He holds a BA Degree in Law from Bayero University, Kano and Masters in Development Studies. He anchors dRPC programs and projects.
22		Daniel Bijimi M.	The M&E officer of dRPC since 2013. He holds BSc Degree in Sociology from Ahmadu Bello University, Zaria. He supports the collection, analysis and interpretation of data at the dRPC

23	SOUTH H EAST	Idem Udoekong	Idem Udoekong has over 25 years' experience in the private and non-profit sector both in Nigeria and United Kingdom, having worked for UK charities for over 19 years and at the same time running his own business development/advisory services. As an Independent Development Expert, he has consulted on several European Commission and European governments' bilateral programs including EU MPP9, EU SRIP, EU INSIDE and French Embassy's Social Development Fund (SDF). In 2010/2011 he was part of the team of trainers engaged by EU INSIDE to train NSA/CSOs in almost all areas of sustainable development including project development cycle/management, participatory community mobilization/development processes/techniques, proposal writing, research & development, monitoring and evaluation. He recently led a national team of experts to carry out a mapping study of Non State Actors/Civil Society Organizations in Nigeria for the EU and previous to that was involved in assessing the role of Civil Society Actors in promoting migration management in Nigeria for another EU funded Migration project managed and implemented by the International Organisation for Migration (IOM).
24		Mr. DamsyTerwaseAudu	Audu has a B.Sc in Sociology. He served as: -Research Assistant to Plateau state Agency for the Control of AIDS on "Survey of the Effects of Conflicts on HIV/AIDS Interventions (service deliveries) in Plateau state, Nigeria." -Assistant to Dr. Yakubu Joseph on Data Analysis on the "Mapping Study of the Non-state Actors and Civil Society Organizations in the North-West Zone, Nigeria", Commissioned by the European Union Delegation in Nigeria – December, 2012.
25		Mrs. OnwereNgozi Ethel	Ngozi has a B.Sc in Computer Science. She worked as: -HIV Prevention Program Officer for Partners for Development -Project Officer (mobilization and referral), Technical response to AIDS-Affected Population Project -Technical Support Officer – VitaCow Project Duties

26		Elechi Emenike Praise M.	Emenike has B.Eng. in Polymer and Textile Engineering. He worked as Field Assistant from January-September, 2011 and Data Admin Officer from March, 2010 - January, 2011 for European Union – Increasing Non-state Actors' Implementation and Development Expertise (EU-INSIDE), Bauchi Base office, North-East Zone, and Abuja FCT Nigeria. -
27		Ekott Imoh Bernard	Imoh holds Masters Degree in Community Development. He worked as: - Socio-economist /Team leader, Akwalbom state Decentralized Management Unit, EU-MPP9 - Programme Officer, Concern Universal – Nigeria (CU). He helped to improve coordination with other actors working in the area of gender, reproductive Health and rights, livelihood and promote collaboration between CU's partners and these actors where appropriate.
28	SOUTH WEST	Dr. Ayodele Aderinwale, team leader	Is the Executive Director of the African Leadership Forum and a leading activist and development thinker on civil society and development in Nigeria. He is the team leader of the Southwest team
29		Sonubi Dele	Sonubi Dele holds MSc in Conflict Resolution and Development studies. He worked as: - Consultant for ECOWAS Strategic Plan for German Society for International Cooperation-(GIZ) - M&E Consultant for Nigeria Monitoring and Evaluation Management Services (NMEMS) II 17, Euphrates Street, Maitama, Abuja
30		Dr Olumide Ajayi	Dr.Olumide holds Ph.D in AgricEconomics , Planning and Management. His current positions include: - Deputy Director / Chief of Programmes, Africa Leadership Forum (ALF) - Director, Business School Netherlands International, Nigeria

			- Project Coordinator, CBN Entrepreneurship Development Centre, Lagos .
31		Foluke I. Ademokun	Foluke holds Masters in Public Administration. She worked as Monitoring and Evaluation Manager for Entrepreneurship Development Centre (EDC), Lagos. She also served as Community Relations Consultant to the OKLNG Project (a \$15 billion joint venture project sponsored by Nigerian National Petroleum Corporation, Shell, Chevron, BG Group and Japan LNG)
32		Ojekunle Adeoba	Ojekunle has a Master degree in Political Science & International Relations. He is presently a Training Manager in Africa Leadership Forum/ CBN Entrepreneurship Development Centre (EDC). He had previously served as Special Assistant/Programme Officer and Senior Programme Officer for Africa Leadership Forum
33	SOUTH SOUTH	Udeme Nkana, team leader	Udeme holds Masters Degree in Business Administration. He has over 25 years' professional experience in development research and development cooperation. He participated as: - as an Assessor for the Assessment of EU Calls for MPP 9 & INSIDE Nigeria Proposals / Grant Applications (2010); - expert in private sector development and state reforms and governance with experience in technical capacity building for senior government officials - as team leader on a range of assignments for EU, DFID, UNDP, sub-nationals and private-sector clients; certified by the World Bank Institute on the Economic Analysis of Investments Udeme is well experienced in project evaluation, grant assessment, proposal writing (for various donor-funded projects) diagnostic reviews and institutional assessments, procurement, policy formulation, design, planning and financial reviews. -

34		Obiorah Augustine	Obiorah holds M.Sc Economics and MBA Financial management. He took part in the following projects/Surveys: -DFID /GEMTOC – Influences of Double taxation on Business Development in Cross Rivers state of Nigeria – 2012 -NESG/SCRM – Impact of Government Projects on Living Standard and Well-being of the people
35		Bella AkhagbaNukere	Bella holds M.Sc in Management. She has over 17 years of experience. She worked as: - Gender and Vulnerability Specialist, World Bank Assisted Community and Social Development Project (CSDP) - Data Collector on Health Facilities in Ojo Local Government Area - Compass Project (USAID) - Programme Officer – Gender Youth and Behavior Change Communications, Planned Parenthood Federation of Nigeria.
36		Mr. Isu Menidin	He holds a Master Degree in Adult and Community Education. He has over 14years of working experience. He is the Executive Director Rural Communities Development Outreach 72 SaptexYenizue-Epe Road, Yenegoa, Bayelsa State . He worked as: - Programme officer Academic Associates Peace Works D-Line, Port Harcourt, Rivers state. - Extension Supervisor for Bayelsa state Agricultural Development Programme
36		Ema Edison	Ema holds Masters in Business Administration. He served as: - Project Manager on a project titled Future of the Energy Efficient Power Sub-sector for Global lighting Company, China; - Project Manager on SME Banking Survey for EDC- Pan African University / KPMG Consulting; and

			- Project manager on Monitoring and Evaluation (M&E) of Growing Enterprise leaders programme for FGN/NIPC/Pan African University/MSME Project/World Bank /BOI
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