HIV/AIDS

NATIONAL STRATEGIC FRAMEWORK FOR ACTION (2005-2009)

Proudly Nigerian

NACA 2005

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FOREWORD

Two decades have now rolled by, since the first case of AIDS was diagnosed in Nigeria in 1986. In that period, many individuals, families, communities, businesses and Nigeria at large has felt the devastation of the epidemic. There is no community or aspect of the nation that has not yet been affected. Nigeria's burden of care/epidemic now ranks third in the world. About 3.8 million people are estimated to be living with the virus in the country. The epidemic has not shown signs of slowing down and the prevalence remains unacceptably high at 5.0%, as reflected by the 2003 adult sero-prevalence survey.

This administration decided ab initio to tackle the epidemic headlong, by admitting the extent of the problem, controlling and mitigating its impact on Nigerians. We have expended huge political capital, human and financial resources in this regard in the past six years. Nigeria developed a three year Interim Action Plan called HIV/AIDS Emergency Action Plan (HEAP 2001-2003) to guide the multi-sectoral response to the epidemic. The delay in finding adequate resources for the implementation of HEAP resulted in the extension of its life span to 2004 to enable the recommended strategies therein to work.

The HEAP had two major objectives we sought to achieve vis:

- The creation of enabling environment for interventions and control of the epidemic and
- The emergence of specific HIV/AIDS intervention to prevent and mitigate the impact of the epidemic in Nigeria.

Eight different strategies were then recommended to enable us achieve these objectives. A National response Review was commissioned in June 2004 to assess the degree of implementation and attainment of these objectives and for its findings to inform the development of a new HIV/AIDS National Strategic Framework (NSF) 2005-2009.

The National Response review report indicated significant achievements in several areas of the HEAP implementation, challenges encountered and constraints that were not envisaged. The new HIV/AIDS National Strategic Framework 2005-2009 builds on these achievements and best practices while addressing the challenges encountered and emerging issues identified.

The process of NSF 2005-2009 development was inclusive and participatory and for the first time ever identified and involved the Constituency coordinating entities of the Civil Society, such as Women, Youths, Faith based, Private sector, PLWAs, Media & Art, Public Sector and International Stakeholders at all levels from the six geo-political zones of the country.

I believe this NSF 2005-2009 is a good Plan due to the detailed attention paid to the interplay between gender and HIV. The specific attention and focus on women, youth and specific groups as well as its many innovative strategies that seeks among many others to address:

- The prevention of new infections among all groups through behaviour change
- Effective coordination and management of resources
- Universal access to care treatment and support by 2009 beginning with the implementation of the Presidential directive to provide treatment to 250,000 PLWAs by 2006.

- National capacity for research, new technologies and local manufacture of commodities.
- Operating environment

Our goal as expressed in this NSF might seem ambitious but it is achievable with the determination and cooperation from all our friends, partners and stakeholders.

I appeal to all Nigerians, Civil society organisations and development agencies to adopt and use this plan as Nigeria's strategy and battle Plan to subdue the epidemic within the next five years under the coordination of the National Action Committee on AIDS (NACA).

Let me thank everyone that has been involved or contributed in one way or the other to the development of this Strategy. May the Almighty God help us stop this epidemic. (Amen)

Chief Olusegun Obasanjo GCFR.
President and Commander-in-Chief
Federal Republic of Nigeria
September 2005

PREFACE

The expiration of the HIV/AIDS Emergency Action Plan (HEAP) provided us a unique opportunity to critically review our collective efforts at mounting a sustainable national response to the HIV/AIDS epidemic. Prior to the current democratic dispensation under the outstanding leadership of President Olusegun Obasanjo, the response was domiciled in the Federal Ministry of Health which applied basically a unilateral approach to fighting the HIV/AIDS consequently excluding other public and civil society sector actors. The civil society sector which often ran parallel to the public sector response was largely uncoordinated and in most cases implements donor-driven agenda.

The 'liberalization' of the National response under the rubric of a multi-sectoral platform, the strengthening of NACA and the application of the 'three ones' principle has led to a better oversight, coordination, linkage, networking as well as increased access to and efficient utilization of resources. However, there is still room for improvement in all the areas mentioned above in a bid to 'fighting AIDS to finish'. To do this, there must be a well articulated framework of Action with the input of all stakeholders. This informed the development of this National Strategic Framework of Action for HIV/AIDS for year 2005-2009. This document drew largely from the findings on the review of past efforts aimed at combating this pandemic examining the achievements, constraints, emerging issues, lessons learnt and recommendations on emerging issues. All of the outcomes provided the foundation on which this framework is built.

This document benefited largely from the contributions of all the stakeholders (public and private sector, civil society, UN Systems in Nigeria and bilateral agencies, international non-government organizations) and extensive consultations made in the development of this document. The inclusiveness and consultations that resulted in the production of this NSF makes it unique and is second to none, not only in this nation but perhaps in the continent. The contribution of all that participated in the process is hereby acknowledged.

It is auspicious that the NSF is being operationalized at a time the Global Task Team Final Report (June 2005) on improving AIDS Coordination among Multilateral Institutions and International Donors has been approved and the recommendations are being domesticated globally. Nigeria has blazed the trail in domesticating this report for implementation.

I hereby urge all stakeholders in Nigeria to align their support in HIV/AIDS to our national objectives, strategies, policies, systems and cycles as contained in this document that the goal of a '25% reduction in the incidence of HIV/AIDS' within the next five years will be achieved.

The alignment of all sectoral interests, agenda and resources with the national priorities outlined in this NSF will assist us all greatly in improving coordination of HIV/AIDS efforts both nationally and internationally and lead us to our desired Goal.
Thank you.

Professor Babatunde Osotimehin
Chairman
NACA
September 2005

ACKNOWLEDGEMENTS

This HIV/AIDS National Strategic Framework for Action 2005 to 2005 is the end product of eleven months of intensive work and the combined effort and support of various individualsand organizations. The process drew resources (technical, financial, moral and spiritual) from all stakeholders. The process commenced with the review of the National response which provided the basis for the development of the HIV/AIDS National Strategic Framework for Action (NSF) 2005 to 2009.

NACA acknowledges the important role played by the members of the Coordinating Team (CT) under the able leadership of the Chairperson of NACA, Professor Babatunde Osotimehin, for the vision in driving the process, providing oversight and linkages to the coordinating committees, mobilizing resources and facilitating the entire process. Special thanks go to the members of the Coordinating Committee (CC), for serving as an advocacy and consultative committee for the national process. The 25-member secretariat led by the NACA Director of Policy, Strategy and Communication, Alex Ogundipe, and UNAIDS Dr Alti Zwandor and NACA Director of Response Monitoring, Dr Kayode Ogungbemi, is acknowledged for providing technical and administrative coordination of the entire NRR and NSF process.

NACA acknowledges with thanks the important role played by members of the Gender Technical Committee (GTC) for ensuring that gender was mainstreamed into both the NRR and NSF. Particular thanks go to members of the GTC namely: CIDA, UNIFEM and UNFPA for providing financial and technical support for the gender consultants who participated in the process.

The review of national response to HIV and AIDS in Nigeria was based to a large extent on documents and reports submitted to NACA from a broad range of stakeholders, in government, civil society and support groups and development partners. NACA appreciates their invaluable contributions. The entire NRR and NSF team of consultants who reviewed and analyzed the national response must be commended. This report would not have been possible without their dedication and teamwork. The consultants include: Gender Consultants: Dennis Ityavyar, Ifeoma Isiugo-Abanihe,Izeduwa Briggs and Nkechi Onah; Technical Facilitators:Joseph Hellandendu, Ugochukwu Adaka, Nnenna Mba-Oduwusi, Umaru Pate, A.M. Sa'ad, Christopher Oluwadare, Morenike Ukpong and Timi Owolabi; and Technical Assistants: Cyril Ojeonu, Kufre J. Okop, Bashiru Akande, Ufon Udofia, Aminat Aremo, Ijeoma Nnaji, Adebayo Solomon and Simon Na-Allah. NACA would like to extend special thanks to Folarin Olowu, lead national consultant, Tayo Fagbenro,Co-lead international consultant and Neddy Matshalaga, lead international gender consultant who together, provided overall technical leadership of the NRR and NSF process. Dr Lemma Merid & Dr Kemi Oyegbile of the UNDP HIV/AIDS Regional Project , Dr Munirat Ogunlayi of DFID, Dr Ochi Ibe of ENHANSE and Dr Omokhudu Idogho of ActionAid Nigeria also provided valuable inputs into the process and help review various drafts.

The development of the NRR benefited immensely from the contributions of the two consultative processes involving Technical Thematic Working Group (TWG) members and Constituency Coordinating Entity (CCE) members. NACA acknowledges with thanks the members of the TWG& CCEs whose representation were drawn from Civil Society Organizations (CSOs), Faith-Based Organizations (FBOs), Youth Organizations, NEPWHAN, Federal Ministries and Parastatals, Development Partners, Private Sector, NACA management, Nigeria AIDS Research Network (NARN), State Action

Committee on HIV and AIDS (SACAs), Private Sector, Media, Arts and Entertainment community.

The Government of Nigeria and NACA acknowledge the financial, technical and logistical support provided by the following institutions: United Nations Systems in Nigeria(UNDP,UNAIDS,UNIFEM,UNFPA,WHO,UNODC,UNHCR&ILO under the Leadership of the Resident Coordinator and the UCC-Dr Pierre M'pele), USAID, DFID, CIDA, FHI-SNR, ActionAid-SIPAA, and the World Bank team.

Alexander Ogundipe mps
Director,
Policy, Strategy & Communications
NACA.
September 2005

STAKEHOLDERS' COMMITMENT

DECLARATION OF COMMITMENT TOWARDS THE IMPLEMENTATION OF THE NATIONAL STRATEGIC FRAMEWORK ON AIDS ACTION IN NIGERIA

1. CONTEXT

"We the stakeholders involved in Nigeria's response to AIDS

1.1. Realising that the AIDS epidemic constitutes a national and global health crisis of unprecedented magnitude, that impacts on economic and social development worldwide and poses a security threat to nations.

1.2. Affirming the need to respond to this global and national emergency, through the coordination principles of 'Three Ones' namely:

- One National AIDS Coordinating Authority, with a broad based multi-sector mandate
- One National Strategic Framework (NSF) for AIDS Action that provides the basis for the work of all partners
- One National Monitoring and Evaluation (M&E) Framework, to track, monitor and evaluate the national AIDS response, within the national socio-legal framework.

1.3. Recognising the National Action Committee on AIDS (NACA), which has broad based mandate as the One National coordination Authority

1.4. Acknowledging that the Nigeria AIDS Partnership Forum, a broad based coordinating mechanism that brings together different constituencies of stakeholders – the self coordinating entities (SCEs) - for innovation and participation in policy and action within the NSF context facilitates the coordination task of NACA, by rallying constituencies in line with the NSF, thus translating the 'Three Ones' principles into practice.

1.5. Recognising the Nigeria National Response Information Management System (NNRIMS) as the One monitoring and Evaluation Framework, to track, monitor and evaluate the national AIDS response.

2. PRINCIPLES

We this …11th.day of October the year 2005 declare our commitment to the following principles:

2.1. National ownership and leadership of the AIDS response at all levels.

2.2. Active involvement of People Living with HIV and AIDS in the planning, execution, coordination and monitoring of the HIV/AIDS response at all levels.

2.3. Equity of services and resource provision to those in greatest need based on evidence and uphold human rights.

2.4. Provide voluntary and timely information to feed into the nationally agreed M&E framework to track, monitor and evaluate the AIDS response.

2.5. Work jointly towards complementarity between expanded AIDS action and health sector support strategies, expanding access and delivery options and coordinating technical assistance.

2.6. Work in a results-focused, non-ideological way, respecting representativeness, inclusiveness and openness, not only within the prevention context of the Abstinence, Be faithful and Condoms (ABC) approach, but also beyond.

2.7. Address, with special interventions, key populations at higher risk for exposure to HIV.

3. UNDERTAKINGS

Bearing in mind the above and that Nigeria is experiencing a generalized epidemic, we commit ourselves to take immediate and relevant actions to address the complexities and challenges presented by the epidemic through the NSF, building on the June 2001 UNGASS Declaration of Commitment on AIDS and other international, regional, and national agreements.

We resolve to undertake the following:

3.1. Promote *use of the NSF as the central framework for planning and programming* of all AIDS activities implemented by the Stakeholders and partners.

3.2. Under national leadership of NACA, engage with other stakeholders to *update* programmes and projects to promote compatibility with the NSF.

3.3. Strive towards synchronized *planning and review cycles* in line with the NACA led annual review and planning in order to maximize the use of national capacities and competencies.

3.4. Promote data collection, harmonized reporting procedures and timelines regarding the HIV epidemic within the context of the *national M&E framework*.

3.5. Review *individual agency M&E requirements* to minimize additional and unnecessary management and reporting burden on national and district capacity.

3.6. Ensure adequate *representation, feedback and accountability mechanisms* of constituency views in the coordination mechanisms at all levels and within all sectors.

3.7. Ensure constituency representation in the *various subcommittees* of the National AIDS Partnership Committee on M&E, information and knowledge management among others to facilitate NACA's task in effectively fulfilling its coordinating role.

3.8. Strengthen *information sharing and knowledge management mechanisms* within the constituency, availing information to NACA, partners and other various constituencies.

3.9. Promote and encourage the implementation of the principles of the 'Three Ones' at the State level.

3.10. Create a conducive environment to the advancement of science and research in Nigeria whilst adhering to highest ethical and scientific standards.

3.11. Progressively support and sustain the campaign for the highest attainable coverage and standard of treatment and care for people living with HIV and AIDS, including support to the family, and to orphans and other vulnerable segments of the community as outlined in the NSF.

3.12. Engage with national stakeholders in action-oriented policy dialogue to analyse and overcome barriers to an effective AIDS response, to achieve an enabling policy environment in areas such as macroeconomic policy and human resource policies.

3.13. Mainstream AIDS activities in sectoral and State development programmes to mitigate the impact of the epidemic on Nigeria's development.

3.14. Fight all forms of stigma and discrimination through addressing cultural and social prejudices and those legal frameworks that may promote, or not adequately prevent the spread of HIV.

3.15. Promote best practices and lessons learnt both inside and outside of Nigeria, and foster regional cooperation using the NSF as a guiding document.

IN WITNESS WHEREOF the undersigned, being duly authorized representatives of the parties hereto, have signed this Declaration of Commitment on the day and year first above written.

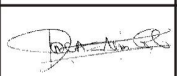
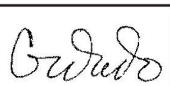
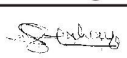
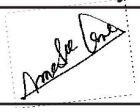
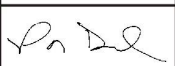
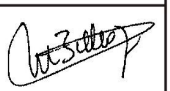
…….

CHAIRMAN

NATIONAL ACTION COMMITTEE ON AIDS

AND

FOR THE SELF COORDINATING ENTITIES

	NEPWHAN	CiSHAN	SACA	Private Sector	Donor Group	UN System
Name:	Dr. Pat Matemilola	M.Y. Gidado	Dr. I. Y. Vatsa	Sina Falana	Ms Polly Dunford	Dr. Mohammed Belhocine
Position	Coordinator	Program Administrator	FACA Project Manager	NIBUCAA Executive Secretary	DCG Chairperson	Chairperson
Signature						

CONTENTS

LIST OF ACRONYMS

AAIN	ActionAid International Nigeria
AFPAC	Armed Forces Programme on AIDS Control
AIDS	Acquired Immuno-deficiency Syndrome
ANC	Ante-Natal Clinics
APIN	AIDS Prevention Initiative in Nigeria
ALGON	All Local Government of Nigeria
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCC	Behavior Change Communication
CBOs	Community-Based Organizations
CCE	Consultative Constituent Entity
CCM	Country Coordination Mechanism
CDA	Community Development Association
CDC	Centre for Disease Control and Prevention (US)
CEDAW	Convention on the Elimination of Discrimination Against Women
CHAN	Christian Health Association of Nigeria
CHBC	Community and Home-Based Care
CIDA	Canadian International Development Agency
CiSHAN	Civil Society Organisations on HIV/AIDS in Nigeria
CJ	Chief Judge
CJN	Chief Justice of Nigeria
CRA	Child Rights Act
CSOs	Civil Society Organizations
CSW	Commercial Sex Worker
DFID	Department for International Development (UK)
ETG	Expanded Thematic Group
FBOs	Faith-Based Organizations
FCT	Federal Capital Territory
FEC	Federal Executive Council
FGN	Federal Government of Nigeria
FHI	Family Health International
FLE	Family Life Education
FMOH	Federal Ministry of Health
FMOL	Federal Ministry of Labour
FMOWA	Federal Ministry of Women Affairs
FMIGA	Federal Ministry of Inter-governmental Affairs, Youth Development & Special Duties
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living With HIV/AIDS
HAF	HIV/AIDS Fund
HBC	Home-Base Care
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immuno-deficiency Virus
HSSP	Health Sector Strategic Plan
IAP	Interim Action Plan
IDPs	Internally Displaced Persons
IDU	Intravenous Drug User
IEC	Information, Education and Communication
ILO	International Labour Organization
INGO	International Non-Governmental Organization

LACA	Local Government Action Committee on AIDS
LDDs	Long Distance Drivers
LGA	Local Government Area
M&E	Monitoring and Evaluation
MAP	Multi-country AIDS Program
MARPs	Most At Risk Persons
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
MSM	Men who have Sex with Men
NACA	National Action Committee on AIDS
NDE	National Directorate of Employment
NAFDAC	National Agency for Food and Drug Administration and Control
NAPEP	National Poverty Eradication Programme
NARHS	National Adolescent and Reproductive Health Survey
NASCP	National HIV/AIDS/STI Control Programme
NASSRA	National Assembly Response to AIDS
NBCC	National HIV and AIDS Behavior Change Communication Strategy
NDHS	National Demographic and Health Survey
NEEDS	National Economic Empowerment and Development Strategy
NEPAD	New Economic Partnership for Africa Development
NEPWHAN	Network of People living With HIV and AIDS in Nigeria
NERB	National Ethical Review Board
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NHVMAG	Nigeria, HIV Vaccine and Microbicide Advocacy Group
NiBUCAA	Nigerian Business Coalition Against AIDS
NIMR	Nigerian Institute of Medical Research
NIPRD	National Institute for Pharmaceutical Research and Development
NISER	Nigerian Institute for Social and Economic Research
NNRIMS	Nigeria National Response Information Management System for HIV/AIDS
NPC	National Planning Commision
NRCS	Nigerian Red Cross Society
NRR	National Response Review
NSF	National Strategic Framework
NURTW	Nigerian Union of Road Transport Workers
NYNetHA	Nigerian Youth Network on HIV/AIDS
OIs	Opportunistic Infections
OPS	Organized Private Sector
OVC	Orphans and Vulnerable Children
PABA	People Affected By AIDS
PAC	Presidential AIDS Council
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan For AIDS Relief
PESSP	Persons Engaged in Same Sex Practice
PLWAs	People Living With AIDS
PMAN	Performing Musicians Association of Nigeria
PMM	Patient Management and Monitoring
PMTCT	Prevention of Mother-To-Child Transmission
PSC	Partnership Steering Committee
PSI	Population Services International
PTC	Partnership Technical Committee
PSRHH	Promoting Sexual and Reproductive Health for HIV/AIDS reduction
PWG	Partnership Working Group

R&D	Research and Development
SACA	State Action Committee on AIDS
SEEDS	State Economic Empowerment and Development Strategy
SFH	Society for Family Health
SGF	Secretary to the Government of the Federation
SIPAA	Support to International Partnership against AIDS in Africa
SSG	Secretary to the State Government
SNR	Strengthening National Response
SPC	State Planning Commission
STIs	Sexually Transmitted Infections
SW	Sex Worker
TB-DOTS	Tuberculosis Direct Observation Treatment Scheme
UN	United Nations
UBE	Universal Basic Education
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crimes
USAID	United States Agency for International Development
USDOL	United States Department of Labour
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1.0

NIGERIA

HIV/AIDS Institutional Framework

1.1 Nigeria: Country Profile, Government and Administration

The Federal Republic of Nigeria is situated in the West African region and lies between longitudes 3^0 and 14^0 and latitudes 4^0 and 14^0. Nigeria has a three-tier structure- a Federal Government, 36 State governments and a Federal Capital Territory that has the status of a state and 774 Local Government Areas. The 36 states are semi-autonomous, and the country has an estimated population of 120 million made up of about 400 ethnic nationalities and languages. Nigeria occupies a land mass of about 923,768 sq.km and 800km of coast line.

At the Federal level, there is a Federal Executive Council (FEC) comprising the President and Federal Ministers. The FEC is the highest decision-making organ of government and is supported by a Federal civil service. The Federal civil service has line ministries and parastatals principally responsible for implementing policy decisions of the Federal Executive Council. The Secretary to the Federal Government (SGF) is the secretary of the Federal Executive Council. The Federal Legislature is bi-cameral - a Senate (members of which are elected on equality of states), and a Federal House of Representatives, (where members are elected on population basis). The Federal Judiciary is the third arm of government and it is made up of the Supreme Court, the Appellate Court and the Federal High Courts of Justice. The Federal Judiciary is headed by the Chief Justice of the Federation (CJN).

At the State level, the executive is composed of the Governor and State Commissioners, who make up the State Executive Council; its policy decisions are implemented by a supportive state civil service. The State civil service is composed of line ministries and parastatals. The Secretary to the State Government (SSG) is the secretary of the State Executive Council. The State Legislature is unicameral, having only a House of Assembly, which members are elected on population basis. The State Judiciary is made up of High Courts of Justice, Magistrate Courts and the Customary Courts. The State Judiciary is headed by the State Chief Judge (CJ).

At the Local Government Area (LGA) level, the executive is composed of the Chairman and Supervisory Councillors, who make up the LGA Executive Council and they are supported by a LGA civil service. The LGA Legislature is unicameral, being composed of a LGA Legislative Council made up of councillors elected on population basis.

The Federal Government has exclusive responsibility for Defence, Foreign Affairs, Prisons, Immigration, Aviation, Shipping, extractive industries etc. These issues are on the exclusive legislative list. Education, Agriculture, Health, and Tourism etc are on the concurrent legislative list, which means both Federal and State governments have responsibility for them. However, a federal law supersedes any State law. The Federal Government is responsible for policy formulation and setting of standards, which are sometimes codified in federal legislation. There are 36 autonomous State civil services and a Federal civil service. Coordination of sectoral activities between the Federal and State governments is achieved through "National Councils" for each sector. The national councils are policy coordinating bodies composed of state commissioners and the federal minister for that sector. Umbrella and national CSOs, relevant sectoral professional associations and regulatory agencies are members of the national councils. The Council is the apex policy approval and coordinating entity for each sector.

1.2 HIV/AIDS in Nigeria: an overview

Nigeria recorded her first case of AIDS in 1986. Since then, the epidemic has ballooned through sero-prevalence sentinel survey of 1.8% in 1991, to 5.8% in 2001 and 5% in 2003. The low literacy level and poor health-seeking behaviour of most Nigerians, as well as the limited access to health services due to several reasons, have strengthened skeptics' opinion that the epidemic might have been under-reported in the country to date. Due to the military rule as at the time of the unveiling of the epidemic in the country, initial attitude of the government and general population to the epidemic was denial. The advent of democratic rule in 1999 brought about a significant change in the attitude of government to the epidemic as well as the response to it. The attitude of denial gave way to admission of the extent of the problem and a refocusing of the response from a health sector-led response to a truly multi-sectoral response coordinated at the federal level by the newly created Presidential AIDS Council and the National Action Committee on AIDS (NACA) in 2001. At the state level, coordination is led by the State Action Committee on AIDS while the Local Government Action Committee on AIDS (LACA) holds forth at the Local Government level. Coordinating structures were put in place and an Interim Action Plan (IAP) was developed to combat the epidemic. The strategy was named the HIV/AIDS Emergency Action Plan (HEAP 2001-2003).

The HEAP, a multi-sectoral plan, focused on three major areas: removal of socio-cultural, informational and systemic barriers to community-based responses, prevention, care and support. The plan attracted resources both internally and externally. The Government also convened an African summit on HIV/AIDS, Sexually Transmitted Infections, Malaria, Tuberculosis and other related diseases. This summit attracted several African Heads of state as well as world leaders, including the Secretary General of the United Nations. Its declaration is known as the Abuja 2001 Declaration which paved the way to the setting up of the Global Fund to fight AIDS, Malaria and Tuberculosis (GFATM) by the United Nations later that year. One key result of that summit was the decision of the Nigerian Government to commence the subsidized ART Programme at a time no government in Africa was doing that and that many others were afraid to do same. The Nigerian Government, led by President Olusegun Obasanjo, provided the needed leadership necessary to create awareness on the reality of AIDS in the country reduce stigma and give hope to the PLWAs among Nigerians. Since then, the response to HIV/AIDS in Nigeria has attracted several actors from the Government at all levels, Civil Society Organizations, Private sector, Faith-Based Organizations, Non-Governmental Organizations and development partners (bilateral and multilateral).

1.3 HIV/AIDS Coordinating Structures

The National Response in Nigeria is coordinated through a three-tier system of administration (in line with the country's federal constitution). It has the Presidential AIDS Council (PAC) at the apex. The PAC is chaired by the President and Commander-In-Chief of the Armed Forces of Nigeria, with the Secretary to the Federal Government as the Council Secretary. Other members of the Council include ministers from relevant ministries, heads of parastatals and special agencies. The main responsibilities of the council are: to provide leadership and policy direction to the National Response; to provide or source for funding to meet the needs of the response; and to provide the gateway to international coordination of the HIVAIDS pandemic. The National Action Committee on AIDS (NACA) is headed by a Chairperson who is also the functional head of the NACA secretariat. The National Action Committee on AIDS reports to the President of the Federal Republic of Nigeria and the PAC. NACA is made up of members from Public and Private

sectors, parastatals and agencies, civil society and faith-based groups. At the state level, this structure is replicated as the State Action Committee on AIDS (SACA). It is situated in the Office of the Governor of the state. At the local government level, we have the Local Government Action Committee on AIDS (LACA). It is situated in the Office of the Local Government Chairman. This structure provides the policy direction and oversight of the response at these various levels. This is to enable them have the political authority to coordinate the multi-sectoral response to AIDS.

1.4 HIV/AIDS: Stakeholders

The key stakeholders and implementing partners in HIV/AIDS response in Nigeria that are coordinated by NACA at the federal level and SACAs at the State level are: Civil Society Organizations (CSOs) grouped as Civil Society Organisations on HIV/AIDS in Nigeria (CiSHAN), Faith-Based Organizations (FBOs), Women Organizations, Youth Organizations and Network of People Living with HIV and AIDS in Nigeria (NEPWHAN). The stakeholder groups include the following: Federal/State Government Parastatals and Ministries (uniformed personnel are under the Federal Ministries of Defence, Internal Affairs and Finance), Development Partners (consisting of UN, bilateral development agencies and International Non-Governmental Organizations (INGOs). Others are Nigeria AIDS Research Network (NARN), Private Sector, Media/Arts and Entertainment Industry.

1.5 Opportunities and Challenges

Nigeria is large, and in the public sector alone, there are 38 independent public bureaucracies whose capacity needs to be strengthened (federal, 36 states and the FCT). The stakeholder groups described above need capacity building for their umbrella associations and state branches. The main challenges to the National Response are in programme coordination, harmonization of plans and the inter-governmental relationship. A further challenge is that the SACAs and NACA being recent creations themselves need institutional capacity building while having to manage a vast array of stakeholders. Opportunities abound for State programmes to be more responsive to states' traditional, cultural and religious peculiarities and decentralized implementation that is State-driven as the key for an effective HIV/AIDS response in Nigeria.

2.0 The NSF (2005-2009) Development Process

The National Action Committee on HIV and AIDS (NACA) worked closely with a wide range of stakeholders and development partners in Nigeria, in driving the NRR and NSF development process. Different Coordinating structures were put in place to coordinate the process. The coordinating Committee (CC) made up of NACA and representation from critical masses of the federal ministries and development partners, served as an advocacy consultative committee for the process. The secretariat, chaired by NACA senior management with representation of development partners, provided technical and administrative coordination of the process. Special committees were constituted and charged with the responsibility to ensure that specific issues were articulated and addressed within the framework development. The Gender Technical Committee (GTC) was tasked with mainstreaming gender into both the NRR and NSF processes and outputs. The media committee was saddled with the task of creating awareness about the process and getting wider societal involvement into the process through the mass media and the internet (electronic forum discussion). A team of 20 consultants made up of eight facilitators, eight technical assistants and four gender consultants, worked on the eight thematic areas of the NRR and NSF. A lead national and international consultant provided the technical leadership to the team. Two consultative processes, involving 200 members of the Technical Thematic Working Groups and over 150 members of Constituent Coordinating Entities (CCE) provided feedback, strengthened the outputs and validated the NRR and NSF. The detailed activity timeline is stated below:

1. Request for information for national response review from all stakeholders (Government institutions, NGOs etc) to send in reports (August to November 2004)
2. Desk Review, (November 23 to December 7, 2004).
3. Technical working groups of eight thematic groups with 20-25 members per group drawn from all stakeholders, for review of desk analysis report, national response review and development of 2005-2009 strategic plan (December 13-17, 2004).
4. Fact finding visits (January 16-January 21, 2005). (Utilized a lot of the data gathered by the earlier health sector response field visits)
5. First draft of NSF, (January 23 - Feb. 8, 2005).
6. Wide dissemination of first draft amongst stakeholders (January 28 to February 14, 2005).
7. Constituent Consultative Entities review first draft, and incorporate comments (February 15- February 18, 2005).
8. Second Draft (March 4, 2005).
9. Wide dissemination of second draft amongst stakeholders and collation of comments (March 4 to April 4, 2005).
10. Incorporation of comments and production of Draft 3 (April 5, 2005 to July 12, 2005).
11. Partner/Stakeholders technical review of Draft 3 (July 28, 2005).
12. Presidential Approval (September, 2005).
13. Public Presentation of NSF (October, 2005).

A major challenge to the NRR and NSF process was the absence of sufficient programme and project reports due to inadequate documentation of the National Response. This proved a major challenge to setting baseline for the various targets in the NSF. As far as practicable, every effort was made to get the best estimate available and this was used. Strategies to correct these like baseline surveys and effective monitoring and supervision, are therefore key recommended activities in the NSF.

3.0

Summary of the National Response Review (1999-2004)

In responding to the HIV/AIDS epidemic, Nigeria developed the HIV/AIDS Emergency Action Plan (HEAP), for implementation in the period 2001 to 2003. The period of implementation was extended to 2004 due to late start. The HEAP, a multi-sectoral plan, focused on three major areas; removal of socio-cultural, informational and systematic barriers to community-based responses, prevention, care and support. The expiration of HEAP in 2004 and a need for a new plan provided an opportunity for the review of the national HIV/AIDS response (NRR).

3.1 Institutional and Coordination Structures

Effective coordination and institutional management is at the center of an effective national response to the epidemic. The development of the HEAP was a coordination achievement in itself. The national response in Nigeria, in line with the country's federal constitution is coordinated through a three-tier system of administration led by the National Action Committee on AIDS (NACA), State Action Committee on AIDS (SACA), and the Local Government Action Committee on AIDS (LACA). NACA led the successful raising of HIV/AIDS awareness among the leaders in various sectors and the general population that has stimulated responses to the epidemic. Despite some impressive responses in some states, not all states have effective SACAs and LACAs. NACA as a federal coordinating body was not able to exercise full control in coordinating SACA and LACA HIV and AIDS activities, due to the semi-autonomous status of states in Nigeria, and the lack of legal status. Thus, SACAs and their respective LACAs have some degree of autonomy which does not bind them to follow through on all NACA coordination requirements. While NACA has a strong multi-sectoral representation and participation in HIV and AIDS planning and activities, this approach is not reflected effectively at the SACA and LACA levels. The capacity of most of the coordinating entities still need strengthening to ensure an effective management and coordination of all activities to stem the epidemic in Nigeria.

3.1.1 Recommendations

- There is urgent need to conclude work on the legal status of NACA and to also review the current Bill on NACA, in order to allow for an effective coordination relationship between NACA, SACAs and LACAs.
- There is need to revise the Terms of Reference and compositions of the coordinating bodies to ensure adequate gender representation.
- NACA needs to work on the establishment of an effective information system for capturing HIV/AIDS responses by multi-sectoral players in all states. It also needs to develop a system of data sharing to keep stakeholders updated on the progress and trends in the fight against the epidemic.
- There is need to provide technical support to SACAs and LACAs in order to strengthen their ability to coordinate stakeholders within the State/Local government response.
- States and Local Governments require sustained high-level advocacy to secure commitment of political office holders and administrative institutions

3.2 Resource Mobilization and Management

Resource mobilization is key to an effective national response to HIV and AIDS. The HEAP provided the context for partnership in resource mobilization. The review period registered promising progress. At the national level, over US$300 million was attracted into the national response in the last four years from a wide range of stakeholders which included the government, development partners, private sector, the Global Fund, World Bank, United Nations System, United States and United Kingdom governments and others. The expiration of the HEAP coincided with the launch of the United States Presidential Emergency Plan for AIDS Relief (PEPFAR), from which the country expects to attract about US$500 million between 2004 and 2009 into the National Response. However, during the period under review, over-dependency on donor funding has restrained the responsiveness of indigenous resource mobilization. The Private sector is currently not adequately involved. Religious bodies and communities are yet to be sufficiently motivated to contribute to the National response.

Despite the country's ability to attract significant resources, there is still a huge resource gap in view of the scale and enormity of the epidemic. Thus, the following recommendations should be given immediate attention:

3.2.1. Recommendations

- Development of a resource framework to ensure equitable distribution and targeting of resources.
- Provision of incentives to the private sector to stimulate investments in HIV/AIDS programme through corporate social responsibility.
- Development and implementation of a nation-wide fundraising campaign aimed at the general public as well as the private sector with the support of development partners to contribute to annual targeted HIV/AIDS theme-based fund.
- Publishing of annual donor support records and audited statements of NACA for accountability and transparency.
- Provision of capacity building at all levels for HIV/AIDS resource mobilization and management.
- Conduct of a comprehensive study on donor support to map activities, strengths, and impact of investment in HIV/AIDS programmes.
- Review Country Coordinating Mechanism (CCM) operations to enhance effective access to, and release of Global Funds for HIV/AIDS, TB and Malaria.
- Develop institutional mechanism for transparency and accountability in public and private sectors for HIV/AIDS resource mobilization, allocation, and utilization.
- There should also be appropriate mechanisms to track information on HIV/AIDS spending at all levels.

3.3 Prevention

The National prevalence of HIV in Nigeria is put at 5% by the 2003 sero-prevalence survey rising from 1.8% in 1991 to 5.8% in 2001. With the rising prevalence, prevention activities became a priority within the National Response with special focus on the youth and females. Most of the resources available to the National Response were expended on Behaviour Change programmes. Key messages centered on the promotion of abstinence, mutual fidelity

and condom use. Civil society organizations, Faith-Based Organizations (FBOs), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and community leaders, played important roles in HIV prevention and impact mitigation efforts. While Voluntary Counselling and Testing (VCT) is known to be an entry point into most HIV/AIDS prevention and care programmes, access and uptake of VCT has remained a major challenge. A National PMTCT programme was launched, guidelines developed and disseminated, and it has been delivering services at the tertiary level with 12 operational sites in 10 states and the federal capital with an approved scale-up plan. Despite the institution of the guidelines and programmes for the syndromic management of STIs, access, male support and involvement remains a challenge.

3.3.1 Key Findings

- The young people, especially women below the age of 24 years, are among the most vulnerable groups with HIV prevalence rate of 6%.
- Despite the wide range of prevention programmes targeted at increasing awareness and knowledge, it has not translated into desired behaviour change.
- Low condom usage amongst the general population particularly the females.
- Widespread stigma and discrimination especially amongst health workers, has continued to fuel the epidemic.
- Limited access to VCT particularly amongst young people.
- A wide range of traditional, religious and socio-cultural factors continue to put young women and girls at risk of HIV infection.
- Poordissemination and implementation of relevant policy/guidelines for HIV/AIDS, VCT, PMTCT, Blood Safety and Home-Based Care.
- There is inadequate human, technical and institutional capacity in terms of infrastructure, staff, equipment and supplies for PMTCT services. Services are limited to tertiary facilities in urban centers with no existing stand-alone sites for implementation and poor monitoring of programmes. There is lack of mechanisms for effective follow-up in the community.
- Limited knowledge and practice of universal safety precautions and Post-Exposure Prophylaxis.

3.3.2 Recommendations

- Promote and strengthen youth-friendly and gender sensitive programmes.
- Promote and expand access and usage of male and female condom.
- Develop a condom policy and support local manufacture of prevention kits.
- Promote abstinence and the delay of sexual debut amongst the youth.
- Encourage mutual fidelity and consistent condom use among sexually active people.
- Encourage use of existing youth organizations and promote the establishment of girl-led youth organizations for intervention strategies on Adolescent Reproductive Health (ARH), particularly for out-of-school males and females.
- Mainstream Gender into all prevention, care, and treatment programmes. Involve these groups in planning, implementing and evaluating responses to mitigate HIV and AIDS.
- Develop and implement a comprehensive National Counselling and Testing Scale-up plan at all levels with active involvement of CSOs, FBOs, PLWAs support groups, public and private sector.

- Scale-up PMTCT services into all levels of care particularly secondary and primary facilities in public, private, existing traditional health institutions, CSO and FBOs.
- Promote awareness creation targeting the general population, particularly men, to support PMTCT uptake by women.
- Integrate PMTCT services into a comprehensive programme that will ensure a continuum of care for pregnant women and their families.
- Ensure extensive dissemination of programme guidelines, build as well as strengthen capacity for all programme implementers.
- Ensure effective supervision and programme monitoring.
- Improve access to treatment of STIs within health services, especially for youths.
- Produce and widely disseminate the National Blood Safety Policy and build capacity of health workers to implement the programme.
- Build capacity of health workers on infection control and universal safety precautions and provide adequate supervision.
- Provide widespread access to Post-Exposure Prophylaxis.

3.3.3 Behavioral Change Communication Recommendation.

- Promote the operationalization of the Nigerian National five-year BCC Strategic Framework on HIV and AIDS for sustainable behaviour change.
- Provide accurate and culturally sensitive prevention education and services that also promote gender equality and safety in sexual relationships, and the respect of human rights.
- Increase advocacy among brothel owners through regular meetings and consultations and provide capacity building towards effective negotiation skills for SWs, utilizing SWs as facilitators.
- Increase the capacity of the media, arts and entertainment industries to respond adequately to HIV/AIDS prevention and control.
- Engage long distance drivers in interpersonal communications to develop campaigns and provide information booths and IEC/BCC materials on health and HIV/AIDS at motor parks and junction towns.
- Promote Parent-Child communication among the general public.
- Utilize mobile communication units at hotspots, junction towns and in uniformed services settings (police/arm forces/prison/ barracks posts).
- Adopt communication strategies for different gatekeeper around the country e.g. Parent Teacher Association (PTA), Media, Arts and Entertainment, etc.
- Encourage government officials and celebrities to access VCT services in order to serve as role models for others to emulate.

3.4 Treatment, Care and Support

Following the African Summit of Heads of State in 2001, the renewed government commitment at the highest level and active involvement of PLWAs in advocacy, the government initiated an anti-retroviral (ARV) programme in 25 centers targeting 10,000 adults and 5,000 children. Albeit there had been delivery of ART services in few private and missionary hospitals across the country though at very high costs.

Recently, there has been increased mobilization and availability of resources to support expanded and comprehensive treatment, care and support interventions in the country

through the GFATM, MAP and PEPFAR. With close to 300 PLWAs support groups nationwide, the capacity of PLWAs has been strengthened to some extent to provide care and psychosocial support to their members. Community-based care and psychosocial support activities targeted at PLWAs and OVCs are being provided by CSOs, with increased participation of faith-based organizations. Women constituted the bulk of support providers in this area. In February 2004, a national conference on OVC was conducted to facilitate the development of a national OVC response.

3.4.1 Key Findings

- ART guidelines have been developed and fairly disseminated with some capacity built amongst programme implementers.
- A Health Sector Response Plan and an ART scale-up plan have been developed.
- There is high demand for ART and the existing sites are thus overwhelmed.
- As a result of the increasing demand for services, there is still inadequate human, technical and institutional capacity in terms of infrastructure, staff, equipment and supplies for ART services.
- The existing treatment centers are located mainly in urban centres within tertiary institutions thereby limiting access.
- Pediatric ART is yet to commence.
- Non-availability of standardized guidelines/protocols for Opportunistic Infections Management.
- Treatment, care and support including VCT, TB and STI management services, are not integrated.
- Increasing numbers of OVC and deepening poverty is overburdening the traditional support systems of the extended families and communities.
- There is also weak human, technical and institutional capacity to effectively respond to OVC issues.

3.4.2 Recommendations

- Build and strengthen capacity of health workers to combat stigma and provide ART, OI, TB and other care and support services in the community.
- Develop relevant polices/strategies on ART, VCT and OVC.
- Produce and widely disseminate guidelines and protocols in ART, PMTCT, VCT and OVC services to all stakeholders including FBOs, CSOs and the private sector.
- Expand access to integrated and comprehensive services including home-based/community services
- Strengthen partnerships amongst public sector, private sector, FBOs and CSOs in the delivery of ART, OI, HBC, and OVC services.
- Strengthen capacity of family members, PLWAs and communities to provide home-based care and support, including care for OVC.
- Strengthen capacity of communities to identify, address and monitor issues of HIV/AIDS related stigma and discrimination.
- Identify, mobilize and strengthen the capacity of PLWAs to combat and monitor stigma and discrimination.
- Document and widely disseminate Best Practices on ART, VCT, OIs, OVC, etc.
- Put in place mechanisms involving communities, to ensure treatment adherence amongst PLWAs.

- Strengthen the capacity of the families and caregivers to cope with the challenges of HIV/AIDS in the family.
- Promote participation of children in planning, implementation and monitoring of OVC programmes.
- Create and strengthen linkages with available services for OVC such as UBE, NAPEP, NDE etc.
- Enforce the provision of integrated social services to support the OVC in their communities.

3.5 Socio-economic Impact and Impact Mitigation

Gender inequalities and poverty worsen the socio-economic impact of the HIV and AIDS on the Nigerian society. The National Response Review revealed some socio-economic impacts of the epidemic that have affected the traditional social safety nets. The review highlighted some progress in mitigation of socio-economic and psychosocial impact, though limited both in terms of scale and scope, largely being undertaken by FBOs, CBOs and NGOs without a clear and coordinated strategy amidst severely limited resources. Some modest progress has been made with implementation of workplace policies in the organized private sector; however, not much has been achieved within the small and medium enterprises, where most of the labour force is employed. Likewise, the strategies and activities directed at vulnerable groups, especially orphans and other vulnerable children, widows and widowers, called for in the HEAP, have not been implemented

3.5.1 Key Findings

- Orphans and Vulnerable Children (OVC) present a major development challenge, particularly in education, health, food security and employment opportunities.
- Lack of comprehensive sectoral studies on the impact of the epidemic prevents a more focused and informed approach to mainstreaming HIV and AIDS, including gender, in the key development sectors.
- HIV/AIDS is a major threat to agricultural production and food security, viability of the transport sector, health service provision and access to education.
- Private sector involvement is still in its infancy

3.5.2 Recommendations

- Develop and implement appropriate plans to provide children made vulnerable by HIV/AIDS or to HIV/AIDS, with needed social support, such as assistance with continued schooling, shelter, nutrition, and heath and social service. Towards this, the UBE programme should be used to catalyze the undeterred access of the poor orphans and vulnerable children to education, while at the same time, they should be provided with economic support by all the tiers of government.
- Undertake an in-depth assessment/research of the social and economic impact of HIV/AIDS at the local and national levels in both private and public sectors.
- Provide ongoing capacity building and empowerment interventions for volunteers and community-based organizations to mobilize resources and sustain the abilities of families and households to cope with HIV/AIDS.
- Involvement of poor and vulnerable groups particularly widows, women, and young people, as resources and not beneficiaries only, towards impact mitigation of

HIV/AIDS. Specifically, the women and youth are to be targeted for skill acquisition and micro credit facilities. These categories of people are the most impacted by HIV/AIDS.

- There is the imminent need to scale up private sector response and build their capacity to address the increasing burden of AIDS epidemic on the society. Specific areas of input include resource mobilization, care and support and workplace policy development and implementation.
- Develop and implement advocacy strategies aimed at specific cultural challenges that address stigma and discrimination, including upholding the rights of PLWAs in the communities.

3.6 Uniformed Services, Regional Programmes and New Technologies

There is significant progress in HIV and AIDS programmes targeted at the Armed Forces, Police, and Immigration Personnel. With support form local NGOs; the Armed Forces Programmes on HIV/AIDS (AFPAC) has recorded a lot of success in their programmes. The success of AFPAC has not been replicated in other uniformed services such as the Police, Custom, FRSC, Imigration, Prison Internal Affairs, etc. There exists a strong political will and commitment by the Nigerian government for the development of new technologies for HIV prevention. Nigeria has an HIV/AIDS vaccine plan making her more prepared for the international HIV vaccine research efforts.

3.6.1 Recommendations

- To avoid too much dependence on donor-funded programmes and to scale up coverage of programmes, it is recommended that the Federal Ministries of Defence and Police Affairs allocate budget lines for HIV/AIDS programmes in the Police and Armed Forces. Such programmes should be as comprehensive as possible to cover all sites in Nigeria.
- In place of mandatory testing, there is need to advocate for integrating VCCT into existing health programmes for the uniformed services.
- Develop family-friendly policies for uniformed men to address frequent leave and family visits.
- There is need to develop and disseminate gender sensitive BCC materials different target groups in the uniformed services.
- There is need for policy advocacy to allow married prisoners to enjoy conjugal rights which would reduce the tendency for circumstantial homosexuality and the increased risk of HIV infection in prisons.
- There is also the need to provide medical conditions such as AIDS as grounds for compassionate early release or diversion to alternatives other than incarceration and non-discriminatory access to facilities and privileges for HIV positive prisoners.
- Peculiar need of female inmates should be planned for, such as access to male and female condoms to reduce risk of HIV infection.
- Steps should be taken in concerted efforts with the Federal Ministry of Justice to ensure the respect, protection and fulfillment of HIV-related human rights of PESSP by expunging discriminatory clauses in the Nigerian law.
- National response documents for HIV/AIDS need to address issues of HIV infection control amongst PESSP in view of the potential of many bisexual PESSP to infect partners.

- NACA should work to encourage the funding of prevention, care and support programme for NGOs working with IDUs in the country. More NGOs should also be encouraged and capacity built to enhance programme design and implementations
- Risk and harm reduction strategies designed as intervention programmes for this group, should facilitate safer drug use behaviour knowing that drug rehabilitation programmes do not necessarily produce 100% drug use abstinence.
- There is need to incorporate new HIV prevention technology research and development issues into all relevant national documents.
- There is need to build the capacity of NAFDAC to effectively function as a regulatory body for new prevention technologies.
- The Nigerian Government could possibly develop relationships and partnerships with some of the leading agencies working to develop new prevention technologies, such as the International AIDS Vaccine Initiative (IAVI) and the International Partnership for Microbicides (IPM) who are oriented explicitly to support product development and delivery for developing country populations.
- Establish and empower a National Working Committee on New HIV Prevention Technology which would make input into the development and reviews of a national guideline for new HIV prevention technology studies in the country as well as monitor ongoing and planned researches. It would also help to identify research priority activities related to new HIV prevention technologies for the country and help to co-ordinate all such related research activities.

There is significant similarity in the profile of the epidemic in the West African sub-region and therefore, a need for highly effective network within and outside the borders of the country to ensure an effective drive towards controlling the epidemic. The following recommendations are thus suggested:

- Government networking in the sub-region, region and internationally.
- NGO networking in the sub-region, region and internally.
- The corridor project should be scaled up to involve more border towns within Nigeria including those in the northern and eastern parts of Nigeria.

3.7 Monitoring and Evaluation, Surveillance and Research

The launch of the Nigeria National Response Information Management System (NNRIMS) is one of the key achievements in Nigeria. The system was designed in alignment with global monitoring and evaluation needs, and has been agreed upon by major stakeholders as the core monitoring and evaluation system for the country. The review revealed that Nigeria had accomplished some of the HEAP-set objectives for M&E, which included periodic update of data through HIV/AIDS and syphilis sero-prevalence, conducting a situational analysis of OVC and establishing the NNRIMS. The major challenges in this area included: the lack of gender sensitivity in the system, failure of NNRIMS to address programme evaluation. NNRIMS though a good structure, is still in its early stages of implementation. NNRIMS was based on the HEAP, which had a narrow focus on HIV/AIDS responses and thus needs to be reviewed to be in harmony with the emerging objectives in the NSF. Though the National Response Review (NRR) does not evidence the researches carried out in the country during the period of implementing the HEAP, however, the recommendation in the NRR goes on to suggest action in the following areas.

3.7.1 Recommendations

- There is a need to review the NNRIMS to include indicators that will address all objectives in the NSF.
- Baseline figures for the NSF should be collated within the first year and compiled in the form of a report to allow for information-based planning.
- There is need for secondary analysis of surveys of HIV-related issues based on gender.
- There should be general population-based sero sentinel survey regularly.
- There is need to establish desk offices for M&E at all levels of coordination - NACA, SACAs, LACAs, as well as focal persons responsible for collecting and collating relevant information at the facility and CSO levels. Such data should be analyzed and forwarded to state and federal levels for dissemination to all stakeholders.
- There is need for capacity development for gender sensitive monitoring and evaluation at all levels of HIV/AIDS
- Coordination.
- There is need to ensure adequate funding for M & E activities by advocating for a minimum of 10% allocation of the HIV/AIDS budget to M&E for all the coordinating bodies.
- Development research protocols need to be developed for all new HIV/AIDS technology.
- Drug regulatory systems need to be reformed to enhance access to developed products.
- There should be increased involvement of local researchers in research and development processes.
- There is a need to ensure community preparedness in research design and implementation and to ensure community preparedness preceding community trials.
- NAFDAC, National Ethics Review Board, Vaccine Working Group and other monitoring groups need to feed into national response monitoring.

3.8 Policy, Advocacy, Legal and Human Rights

At both the state and federal levels, Nigeria has a relatively conducive HIV and AIDS policy environment, with many HIV/AIDS related policies having been developed. The major challenges around policies are; the lack of widespread knowledge and usage of policies, gaps in policy development in some areas and more importantly, the inability of most policies to address the gender dimensions of the HIV and AIDS epidemic. There is also the need for review of some policies to ensure that they can be more supportive to the fight against HIV and AIDS. There is need for advocacy for the development of relevant legal instruments to give strategic policies (workplace, insurance coverage and more) legal backing in cases of violation of human rights. The protection of individuals' human rights in the context of HIV and AIDS is critical for an effective response to HIV and AIDS. Despite the limited knowledge on the linkages between human rights and HIV and AIDS among key stakeholders, an encouraging development is that NGO, private sector and most recently, the public sector, have worked towards the development of a HIV and AIDS workplace policy. The response review reported violation of individuals' human rights in some settings and women, particularly those that tested positive in ANC settings, continue to experience stigma and discrimination.

3.8.1 Recommendations

- More states and FBOs should be encouraged to develop policies on HIV/AIDS that are sensitive to gender and vulnerable groups and ensure widespread dissemination of policies among critical stakeholders.
- There is also the need for periodic review of most HIV/AIDS-related policies to keep pace with dynamic changes in the field; such policy reviews should mainstream gender and human rights aspects.
- There is the need for the harmonization of policies between NACA, SACAs and LACAs.
- There is need for capacity development among key HIV/AIDS implementers on gender and human rights dimensions of HIV/AIDS to operationalize gender and human rights-friendly policies.
- There is need for the development and operationalization of a national HIV/AIDS advocacy strategy providing priority areas and guidelines for effective advocacy for different target audience,
- There is the need to enforce the existing laws amenable to the protection of the infected and affected by HIV/AIDS.
- There is need for concerted and coordinated mass literacy programmes and civic education programmes around legal issues of HIV and AIDS.
- There is need for increased awareness among HIV/AIDS stakeholders on the linkages between Human rights and HIV/AIDS.
- All states and the FCT should adopt and enforce CRA with particular emphasis on the rights of the OVC.
- There is need for the development of a rich legal environment that would ensure protection of PLWAs when their rights are violated.
- There is need for advocacy at very high level to ensure that national health insurance service providers package insurance products for PLWAs.

3.9 Resource Envelope (2000-2004)

Several institutions and groups financed the implementation of the HEAP 2001-2004 Plan as well as provided in kind resources. Detailed individual contributions will be published when the resource mapping recommended in this National Strategic Framework is done. However, the following are the key institutions that provided resources to the National Response in the period under review:

1. FEDERAL GOVERNMENT OF NIGERIA
2. FCT
3. STATE GOVTS (36)
4. UNDP
5. UNAIDS
6. UNESCO
7. UNIFEM
8. UNICEF
9. UNFPA
10. WORLD BANK
11. DFID
12. CIDA
13. JICA
14. USAID

15. USDOL
16. USAID POLICY PROJECT
17. SIPAA
18. GATES (APIN)
19. FORD FOUNDATION
20. GEDE FOUNDATION
21. INSTITUTE OF HUMAN VIROLOGY
22. V MOBILE
23. MTN
24. MTN FOUNDATION
25. ECOBANK
26. JULIUS BERGER
27. FOUNTAIN TRUST BANK
28. NIGERITE
29. UBA
30. ZENITH BANK
31. SHELL

4.0

Strategic Plan (2005-2009)

4.1 Priority Interventions

Target Groups

The following priority target groups and thematic areas were identified from the NRR.

1 Women
2 Youths
3 High risk groups (specific groups)
4 Orphans and vulnerable children

Thematic Areas

1 Prevention of New infections & Universal Precaution.
2 Expansion of equitable access to ART, and reduction of laboratory monitoring costs.
3 Effective coordination, resource mobilization and capacity building.
4 Impact mitigation, Care and support of OVC.
5 Psychosocial support and economic empowerment of OVC, PLWAs and PABA.
6 Research and new technologies.
7 Monitoring and Evaluation.
8 Enabling environment

These are the identified priority interventions recommended for funding and focusing in the NSF:

1. Coordination structure and system strengthening at all levels.
2. Behavioral Change Communication and Education.
3. Condom social marketing.
4. Syndromic management of STIs.
5. PMTCT.
6. Universal Precautions.
7. VCT.
8. Blood transfusion and medical waste management.
9. Universal access to ART.
10. Hospital care and Community home-based Care.
11. Social support, economic empowerment and impact mitigation (OVC)
12. Surveillance.
13. Monitoring and Evaluation system strengthening.
14. Operations new technologies research.
15. Enabling legislations.
16. Local manufacturing.

These priority interventions are further refined to produce the eight objectives, strategic results framework and detailed logical framework below. The utility of the framework lies in the fact that it combines four key approaches:

- Traditional HIV/AIDS thematic programming approach re: prevention, care and support, impact mitigation, along with the service delivery areas.
- It utilizes a developmental (sectoral) approach, which makes it easier to mainstream HIV/AIDS into development planning. This is based on a sectoral bi-directional analysis-
  1 How is HIV/AIDS impacting on the sector?
  2 How do the activities of the sector impact on the HIV/AIDS epidemic?
- A demographic (specific groups population) approach making it possible to better target relevant groups with access and utilization of information and services.

- A programme implementation approach, which makes it easier to design, implement and monitor programmes, because it aids identification of stakeholders, implementing partners, and the design of strong coordination and implementation mechanisms and resource mobilization. It also uses a unique framework format that provides objectives that are smart, thus making it easier to have targets, and thus easily transit to the essential functions below, which are critical for the implementation of the NSF.

  a. Derive annual implementation plans.
  b. Do affirmative targeting for gender and other vulnerable groups.
  c. Do effective costing and budgeting.
  d. Engage in performance-based funding and management.
  e. Have clear identification of funding sources, thus being able to identify what the funding gaps are, and additional funding required and thus do effective resource mobilization.
  f. Draw up an M&E framework.

Thus, it will be particularly easy to identify programmatic and funding gaps and thus pick which objectives, activities and cost estimates to use for proposal development when seeking additional resources from the various tiers of government, private sector and international funding bodies like the Global Fund, World Bank, African Development Bank etc.

Finally and most importantly, the NSF contains a full detailed logical framework we could say is "stepped down." The reason for this is that given Nigeria's federal structure and available capacity, particularly at the lower tiers (36 states, 1 FCT and 776 LGAs), it is important that the NSF can be translated and used for the essential functions listed above with little technical assistance. The NSF achieves this important aim. If in this it has gone a step further than traditional strategic plans, this is the rationale.

4.2 The National Strategic Framework Goal

Reduce HIV/AIDS incidence and prevalence by at least 25%, and provide equitable prevention, care, treatment, and support while mitigating its impact amongst women, children and other vulnerable groups and the general population in Nigeria by 2009.

4.3 NSF Objectives and Strategies

OBJECTIVE 1: To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms and effective mobilization and utilization of resources.

OBJECTIVE 2: To have 95% of the general population make the appropriate behavioral changes (safe sex, abstinence etc through social mobilization by 2009.

OBJECTIVE 3: To increase access to comprehensive gender-sensitive prevention, care, treatment and support services for the general population, PLWAs and orphans and vulnerable children by 50% in 2009, and mitigate HIV/AIDS impact on the health sector.

OBJECTIVE 4: To increase gender-sensitive non-health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%.

OBJECTIVE 5: To have 95% of specific groups make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization by 2009.

OBJECTIVE 6: To strengthen national capacity for monitoring and evaluation of the HIV/AIDS response such that the national monitoring and evaluation plan is 100% implemented by 2009.

OBJECTIVE 7: To build national capacity for research, knowledge sharing, and the acquisition and utilization of new HIV/AIDS technologies.

OBJECTIVE 8: To create an enabling social, legal and policy environment by a 50% increase in the number of reviewed and operational gender-sensitive and human rights-friendly policies, legislations and the enforcement of laws that protect the rights of the general population, particularly PLWAs, by the year 2009.

4.3.1 Description of Objectives and Strategies

Objective 1: To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms and effective mobilization and utilization of resources.

Strategies:

1.1. Strengthen coordination mechanism and build capacity at Federal, State and Local Government levels.
1.2. Promote, strengthen and coordinate partnerships by implementing the new Nigerian HIV/AIDS Partnership Forum.
1.3. Removal of information barrier on resource availability, utilization and accountability.
1.4. Promote effective resource mobilization and management at all levels.
1.5. Adopt innovative approaches to funding HIV and AIDS programmes.

Nigeria practices a three-tier federal system of governance - federal, state and local governments. In conformity with the 'three-ones principle,'[1] the Nigerian response will promote the recognition of only one coordinating agency for HIV/AIDS at the federal, state and local government levels of government. The HIV/AIDS coordinating institution at each of these tiers will remain as the NACA, SACA and LACA respectively. In order to give these institutions the needed political authority to coordinate the activities of key government line ministries, parastatals, private sector and civil society institutions necessary for an effective national and sub-national response to HIV/AIDS, they will be domicile in the Presidency, State Governor's Office and LGA Chairman's Office respectively.

The strengthening and repositioning of NACA will begin with the implementation of its new institutional framework (as approved by the act of the National Assembly and signed into law by the President), recruitment of key staff and provision of logistics which will improve federal level coordination. The same would apply to the SACAs. NACA will facilitate the provision of resident technical advisers to each SACA (for a short period of time), to ensure

[1] One National Coordination, one M&E mechanism and one Strategic Framework

that the SACAs are properly constituted according to agreed terms of reference and include all relevant stakeholders at state level and build necessary capacity. SACAs will coordinate and ensure that there is regular monitoring, evaluation and reporting to the federal level.

Stakeholders will be reorganized under the new Nigerian Partnership Forum composed of Constituent Coordinating Entities (CCE). With the exception of NEPWHAN and NYNetHA all CCEs will be motivated to organize them and fund their secretariats using their own resources while NACA provides technical assistance. Donor coordination will be enhanced by greater synergy between NACA and National Planning Commission (NPC) at the federal level and between SACA and the State Planning Commissions (SPCs) at the State level. Donors will be expected to provide support only to activities contained in the NSF.

NACA will establish capacity building mechanisms to ensure that information about all resources for HIV/AIDS (internal and external) is available, regularly updated and widely disseminated to all stakeholders. This is to enable stakeholders engage in advocacy and ease access to available resources and remove bottlenecks to programming and resource utilization.

The fully costed NSF will be used for a massive resource mobilization exercise embarked on thereafter, using innovative approaches like expansion of the World Bank MAP project to all states, establishment of state level HIV/AIDS Funds and support for state proposals to the Global Fund. The Federal Government, through NACA, will apply performance-based grants to support and reward states that implement national priorities in the fight against HIV/AIDS.

The private sector will be challenged to embrace corporate social responsibility in providing support to the NSF priorities, while Government will motivate the private sector through tax relief on such resources. The Foreign Affairs Ministry in collaboration with NACA, NPC and civil society, will intensify and widen foreign bilateral relations to bring new donors into the external resource pool for HIV/AIDS response.

Objective 2: To have 95% of the general population make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization and greater access to information by 2009.

Strategies:

2.1 Promote the implementation of the National HIV/AIDS BCC Strategy.
2.2 Promote BCC through community outreaches.
2.3 Promote BCC through special events and activities.
2.4 Expand BCC through Mass and News media.
2.5 Expand the innovative use of telecommunications and information technology for BCC.
2.6 Implement youth targeted communications programmes.

There is an existing BCC strategy developed in 2004. It is still relevant, as it offers strategic directions for audience segmentation and targeting, and message development.

This objective seeks to ensure that available resources are directed towards the implementation of coordinated and contextually appropriate and effective preventive and behaviour change interventions that will improve the knowledge, attitude and practice of the general population, most especially youth and most at risk populations, to embrace abstinence and other safer sexual practice. The BCC Partnership Working Groups composed of key stakeholders from government, media/arts/entertainment industry and civil society

organizations especially stakeholders involved in behaviour change interventions, will be formed at all coordination levels. The committee will oversee and coordinate the development, production and dissemination of all BCC materials. This is to ensure that all BCC activities benefit from adequate technical oversight, synergies and economics of scale. All avenues that will facilitate the dissemination of correct information will be effectively utilized to ensure that every part of the country is adequately and equitably covered.

To this end, a number of strategies are designed to expand advocacy and community mobilization. These are meant to enhance motivation to embrace behaviour change, resulting from increased knowledge about HIV/AIDS transmission and prevention among the general population via the use of multimedia channels of dissemination. These strategies include: advocacy and community mobilization targeted at policy makers and opinion leaders, capacity building to increase knowledge base of implementers of HIV/AIDS prevention and behaviour change (like health workers, youth, women and other vulnerable groups), and the continuous development of BCC materials that emphasize abstinence, partner reduction, delay of sexual debut, mutual fidelity, condom use, blood safety and universal precautions. Advocacy remains a grey area for most key players requiring guidelines, programming and more capacity development, training, provisions of facilities and funding. The communities will be mobilized to support the National Blood Transfusion and Injection Safety/Infection Prevention and Control projects and to embrace voluntary blood donation.

Other strategies include the implementation of BCC programmes during the special events such as: World AIDS Day, International AIDS Conferences, Sporting events and any other relevant events to reach the target audiences; increase involvement of all Media (electronic and print) in HIV/AIDS-related information dissemination; and building capacity of media practitioners to improve HIV/AIDS reporting and coverage. The frequency of HIV/AIDS radio and television programme will be increased with particular focus on the rural population.

The sub strategies will also include the design and implementation of innovative means of BCC information dissemination through telephone hotline, text messages (SMS), HIV/AIDS-related web sites such as NACA, e-forum and development partner sites.

We will also develop and implement BCC youth-focused programmes taking advantage of already existing structures and youth programmes such as youth-friendly centers, AIDS information centers, sporting events, youth-focused television programmes, adverts (billboards), musical concerts, family life education, National Youth Service Corps (NYSC) HIV/AIDS/RH programmes, Citizenship and Leadership Training Center (Man-o-War), National Youth Network on HIV/AIDS (NYNetHA), etc

Objective 3: To increase access to comprehensive gender-sensitive prevention, care, treatment and support services for the general population, PLWAs and PABAs, including OVC by 50% in 2009, and mitigate HIV/AIDS impact on the health sector.

Strategies:

3.1 Promote development and delivery of sustainable, comprehensive quality approaches to prevention, treatment, care and support services in both public and private sector facilities, including CSOs.
3.2 Develop a condom policy and strategy to improve access and utilization of condoms.
3.3 Promote access to safe blood.
3.4 Promote the practice of universal precautions and infection control (including medical waste management).

3.5 Improve accessibility, affordability and quality of STIs/ reproductive health services.
3.6 Increase equitable access to ART and ensure uninterrupted supply of good quality ARV drugs.
3.7 Promote access to treatment of opportunistic infections, including TB management.
3.8 Expand access to gender-focused VCT services, including access to youth-friendly VCT.
3.9 Promote joint programming between HIV/AIDS /TB, RH, STIs as well as linkages between sectors and levels of health care delivery.
3.10 Reduction in mother-to-child transmission of HIV infection.
3.11 Define, promote and implement gender-sensitive community and home-based care services.
3.12 Strengthen socio-economic, nutritional and psychosocial support programme at all levels for vulnerable groups, including OVC, PABA and PLWAs.
3.13 Strengthen and build capacity for implementation of HIV/AIDS technical responses.
3.14 Strengthen capacity of health sector institutions, systems and personnel to plan and manage a well coordinated and adequately resourced health sector response to HIV and AIDS at all levels.
3.15 Enhance efficient and sustainable logistics system for improved access to health commodities for HIV and AIDS-related services.

A health sector HIV/AIDS strategy was being developed as the NSF development process was ongoing. This document is in synergy with the HSSP plan.

The delivery of effective comprehensive HIV/AIDS prevention and continuum of care programme in Nigeria is necessary to reverse the rampages of the epidemic in the country. The obstacles to this include: weak health systems, inadequate access to prevention commodities and care services, inadequate or weak psychosocial/welfare system and poverty, among others. Thus, the NSF will implement strategies that strive to surmount these obstacles thereby averting millions of needless deaths, while progressively directing the nation towards attaining the desired objective in line with the Millennium Development Goals (MDGs).

These strategies are located within the context of the HSSP and their implementation will ensure the expansion of treatment, care and support, including VCT and PMTCT services, as well as condom social marketing and utilization of new preventive products like the microbicides. It is envisaged that the universal precautions will be better practised amongst care givers and health care personnel during the life span of this document. The National Blood Safety Policy and Guidelines will be operationalized.

There is need to establish an efficient mechanism to ensure sustainable and effective commodities and logistics management that will guarantee uninterrupted supply of medicines, condoms, consumables and test kits. PMTCT is a priority, as a means of markedly reducing the number of children born infected from birth. The community has a responsibility to promote target-specific, culturally, sensitive and innovative approaches to care for PLWAs, increase access to preventive services and address specific cultural challenges that fuel stigma and discrimination, including upholding the rights of PLWAs in their respective communities. The establishment of community and home-based care programmes with national coverage and promotion of male involvement is pivotal for ownership and sustainability. The need to institutionalize a community oriented social welfare programme that ensures support for the most vulnerable groups e.g. OVC, elderly care givers, adolescent girls, single and child heads of families etc. Efforts will be made to scale up the NHIS to embrace HIV/AIDS services. Psychosocial support programmes and the capacity of the health system will be strengthened to mitigate the impact of the epidemic on the Health sector. Nutrition support to PLWAs will be promoted.

Objective 4: To increase gender-sensitive non-health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%.

Strategies:

4.1. Build capacity and establish linkages among key social and economic development institutions for HIV/AIDS impact mitigation among the affected and afflicted.
4.2. Provide economic empowerment targeting vulnerable groups.
4.3. Develop and scale up implementation of workplace policies in all sectors.
4.4. Expand and scale up education sector response.
4.5. Expand agricultural and rural sector response.
4.6. Strengthen FBOs and the organized private sector response.
4.7. Mainstream HIV/AIDS into all national economic development planning process and fiscal policy.
4.8. Manpower planning in all sectors to mainstream HIV/AIDS.
4.9. Mainstream HIV/AIDS into regional cooperation programmes.

In Nigeria, the impact of HIV/AIDS is exacerbated by poverty and gender issues and is reflected in the demographic, social and economic development indices of the country. The burden of HIV/AIDS is manifested in the significant reduction in life expectancy at birth (about 48 years), the increase in number of OVCs (over three million), child mortality, loss of human resources and decreased productivity and high public expenditure directed at the HIV/AIDS response.

This objective promotes an engendered and vibrant multi-sectoral response that will mitigate the impact of HIV/AIDS in the country. The expansion of CSO, CBO, NGOs, Private sector and other civil initiatives and involvement in the provision of health, education and micro-credit for impact mitigation, will be pursued. The capacities of key sectoral players will be built for the promotion of impact mitigation. Linkages will be established to minimize waste and duplication and build economies of scale. Existing public and social sector programmes will be challenged to address the needs of vulnerable groups and the affected. Civil Society, OPS and NACA will have to engage in advocacy that will seek to mainstream HIV/AIDS into the activities of institutions such as NDE and NAPEP for provision of capacity building (jobs, skills training) for older OVCs and female headed households, UBE will provide free education to OVCs and NACRB to provide micro-credit. The capacity of micro-credit institutions (specialized NGOs, various MFIs) would be built. Linkages would be established between them to provide sustainable economic empowerment to OVC, PLWAs and PABA. Poverty reduction initiatives will be scaled up to reduce vulnerability.

Insurance regulatory agencies - NAICOM and NHIS, and the professional associations (NIA, NCRIB, HMOs etc) will be engaged such that within the life span of this plan, life insurance and comprehensive health insurance (including provision of ART) would be available to PLWAs. The Nigerian insurance industry would be motivated to adopt internationally acceptable best practices.

While the workplace policy is expected to impact all sectors, the critical socio-economic sectors targeted by this objective are agriculture and rural development, education, transport, extractive industries, insurance and tourism. In each sector, both the public and private sectors are included, integrating gender as a cross cutting factor. All sectors will develop sector-specific HIV/AIDS strategies and implementation plans and mainstream HIV/AIDS into their activities.

Nigeria will champion the mainstreaming of HIV/AIDS into the activities of regional economic development institutions.

Objective 5: To have 95% of groups with special needs make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization by 2009.

Strategies:

5.1. Scale up HIV/AIDS response targeted at groups with special needs, such as:

- Uniformed persons
- Prison inmates
- PESSP
- Sex workers
- IDUs
- IDPs
- Transport and migrant workers
- Trafficked persons
- Physically & Mentally challenged persons
- Substance abusers
- Communities at junction towns.

Some groups by virtue of their profession are prone to long period of absence from their regular partners and spouses or their particular behaviour patterns e.g. PESSP, IDUs are more at risk to HIV/AIDS thus have been categorized as groups with special needs. Although some attempts have been made to reach some of these groups, e.g. Army and the Police, others like the IDUs are yet to be targeted. This objective aims to ensure a comprehensive, multi-sectoral response to HIV/AIDS among these groups. This strategy links effective HIV/AIDS communication for behavior change with increase in access to other treatment, care and support services targeted at the needs of these groups.

Objective 6: To strengthen national capacity for monitoring and evaluation of the HIV/AIDS response such that the national monitoring and evaluation plan is 100% implemented by 2009.

Strategies:

6.1 Strengthen mechanisms for monitoring and evaluation.
6.2 Strengthen capacity for monitoring and evaluation
6.3 Regular update of national strategic HIV/AIDS information.
6.4 Monitor and evaluate the implementation and impact of the NSF.

Monitoring and evaluation is becoming increasingly important for an effective national response. The establishment of a single monitoring framework for HIV/AIDS in the country is one of the key principles of the 3 'ones', to which Nigeria is a signatory. Though Nigeria is committed to the establishment of an effective and seamless implementation of a single Monitoring Framework, several challenges exist to militate against the attainment. Such challenges include poor human resource capacity, weak monitoring and evaluation systems, inadequate funding and lack of gender sensitivity in the analysis of HIV/AIDS information. These challenges inform the priority strategies for strengthening capacity and mechanisms for monitoring and evaluation and updating the national strategic HIV/AIDS information system. In an attempt to address these challenges, Nigeria has established a Nigerian National Response Information Management System (NNRIMS). This is a significant step for national response monitoring. This system has been pilot-tested in four states. The NNRIMS will be revised and implementation scaled-up to address identified shortcomings, emerging opportunities and issues, to make it responsive to the prescriptions of the NSF.

Objective 7: To build national capacity for research, knowledge sharing, and the acquisition and utilization of new HIV/AIDS technologies.

Strategies:

7.1 Strengthen HIV/AIDS-related researches.
7.2 Conduct gender disaggregated research of the impact of HIV/AIDS on key sectors.
7.3 Promote operational research.
7.4 Promote the development, acquisition and utilization of new HIV/AIDS technologies.
7.5 Improve HIV and AIDS Learning, Knowledge-Sharing and Information Management.
7.6 Promote ethical issues in research and ensure community participation.

The institutional framework for research activities will be revised for better coordination and liaison with other related institutions such as NISER, NIPRD and NIMR etc. The National Ethical Review Board (NERB) will be strengthened and empowered to develop and issue research guidelines in line with its existing mandate. NERB membership will be expanded to include pharmaceutical organizations, NEPWHAN, research institutions, tertiary institutions, CSOs, NGOs and FBOs. States, universities and research institutions will be empowered to set up institutional review boards. All research protocols should receive the approval of such board.

Operation research will be promoted. Research will be stimulated through the setting up of research grants by government, corporations, and international development organizations. Information on Grant opportunities both locally and internationally, will be made available to researchers. Nigerian researchers will be supported through training and exposure visits. The existing mechanism for the conduct of local trials and registration of new products would be strengthened. Community preparedness and feedback in research design and implementation will be ensured.
Research on indigenous knowledge and local HIV technologies will be supported. Learning, Knowledge-Sharing and Information Management would also be supported through the documentation and publication of bibliographies; the formation and revitalization of research networks and development of resource centers will be promoted.

Objective 8: To improve the policy environment (policies, guidelines, legislations) that supports safer sex practice, reduces stigma, promotes positive living and rights of women and the general population, particularly PLWAs.

Strategies:

8.1. Create an enabling policy environment for an effective and gender-sensitive national HIV and AIDS response.
8.2. Remove impediments to the attainment of enabling legal environment.
8.3. Enact new laws to take care of the legal needs of those infected and affected by HIV/AIDS.
8.4. Create gender-sensitive and human rights-friendly environment for effective management of HIV/AIDS responses.
8.5. Advocacy targeting policy makers and opinion leaders.

The challenges for effective HIV/AIDS-related policies include weak links between community experiences and policy designs, slow pace of development, lack of legal backing and limited awareness of existing policies among potential users. There is an urgent need to revise legal instruments to ensure they are gender-sensitive and in sync and harmony with other existing policies. The development of new policies to address emerging issues, for example in the area of clinical trials, drug testing and access to ARVs, is imperative. A

number of legal constraints against successful implementation of HIV/AIDS interventions need to be removed through legal reforms. Similarly, laws need to be enacted to curtail stigma and discrimination against HIV/AIDS infected and affected persons. These objectives and strategies are meant to address the challenges.

4.4 Guiding Principles

The implementation of the National Strategic Framework will be driven by the following principles:

1. High level government commitment: This will be across all the tiers and segments of government for leadership and collective ownership.
2. Multi-sectorality: The active promotion of multi-sectorality and development of multi-sectoral partnerships on HIV/AIDS.
3. The 3'ones': The full implementation of the "three-one"[1] principle across the National response.
4. The GIPA Principle: The pro-active engagement and involvement of the people living with HIV as enshrined in the GIPA principle i.e. the Greater Involvement of People living with HIV/AIDS (GIPA)[2], will guide implementation.
5. Evidence based: The NSF interventions will be evidence-driven and guided by up-to-date research findings.
6. Gender: The NSF intervention will be gender-sensitive and responsive.
7. Human Rights: NSF implementation will respect fundamental human rights, and adhere to high ethical standards.
8. National Policies: The NSF would be implemented within the framework of the National Economic Empowerment and Development Strategy (NEEDS)[3], National Population Policy for Sustainable Development and the Constitution of the Federal Republic of Nigeria.
9. Governance: The implementation of the NSF at all levels will be driven by the principles of good governance, transparency, accountability and prudent use of resources.
10. Funding: Only NSF derived interventions will be prioritized for access to funding from the Nation's resource envelope. The Federal Government will use performance-based grants and tax exemptions to motivate State/Local Governments, communities and organized private Sector (OPS) to fund the NSF implementation at various levels.

11. Local Realities: While the NSF meets global goals (UNGASS, MDGs etc) and standards of best practices, interventions will be within the context of Nigerian realities, priorities, traditions and socio-cultural milieu.

4.5 NSF, NEEDS and the MDGs

NEEDS is the National Economic Empowerment and Development Strategy which is operational at the federal level while each state is expected to take a cue from the Federal Government and develop the SEEDS, while the LGAs develop the LEEDS.

[1] One National Coordination, one M&E mechanism and one Strategic Framework
[2] Greater/Meaningful Involvement of PLWAs. With regard to tokenistic to 'GIPA' there is greater tendency to prefer using the team 'meaningful' (MIPA).
[3] Meeting Everyone's Needs: National Economic Empowerment and Development Strategy. Nigerian National Planning Commission, Abuja 2004, page xi

The NEEDS serves as the overarching framework on which the NSF rests and the spirit of NEEDS permeates this NSF. The NSF is part of the plan of the NEEDS particularly to reduce poverty and inequality. NEEDS aims to change the way government does its work, empowering people by encouraging private sector participation in service delivery and removing wastage.

The NSF is an instrument for achieving the NEEDS imperative of addressing the attainment of millennium development goals concerning combating HIV/AIDS. The NEEDS document asserted that "HIV/AIDS is a major social and health problem. It also threatens the country's productivity and economy. The plan is to improve the system of health care delivery, with emphasis on HIV/AIDS and other preventable diseases, such as malaria, tuberculosis, and reproductive health- related illness." This forms the fulcrum that the NSF rests upon. The NSF is thus designed to be implemented within this framework by public-private sectors partnership; being private sector-driven and public sector-regulated. The two frameworks analyzed the historic pitfalls and obstacles to the attainment of respective goals and thereafter attempt to chart the future from the present. The NSF has eleven guiding principles and eight working objectives in order to achieve the main goal which is to "reduce HIV/AIDS incidence and prevalence by 25% in Nigeria by 2009."

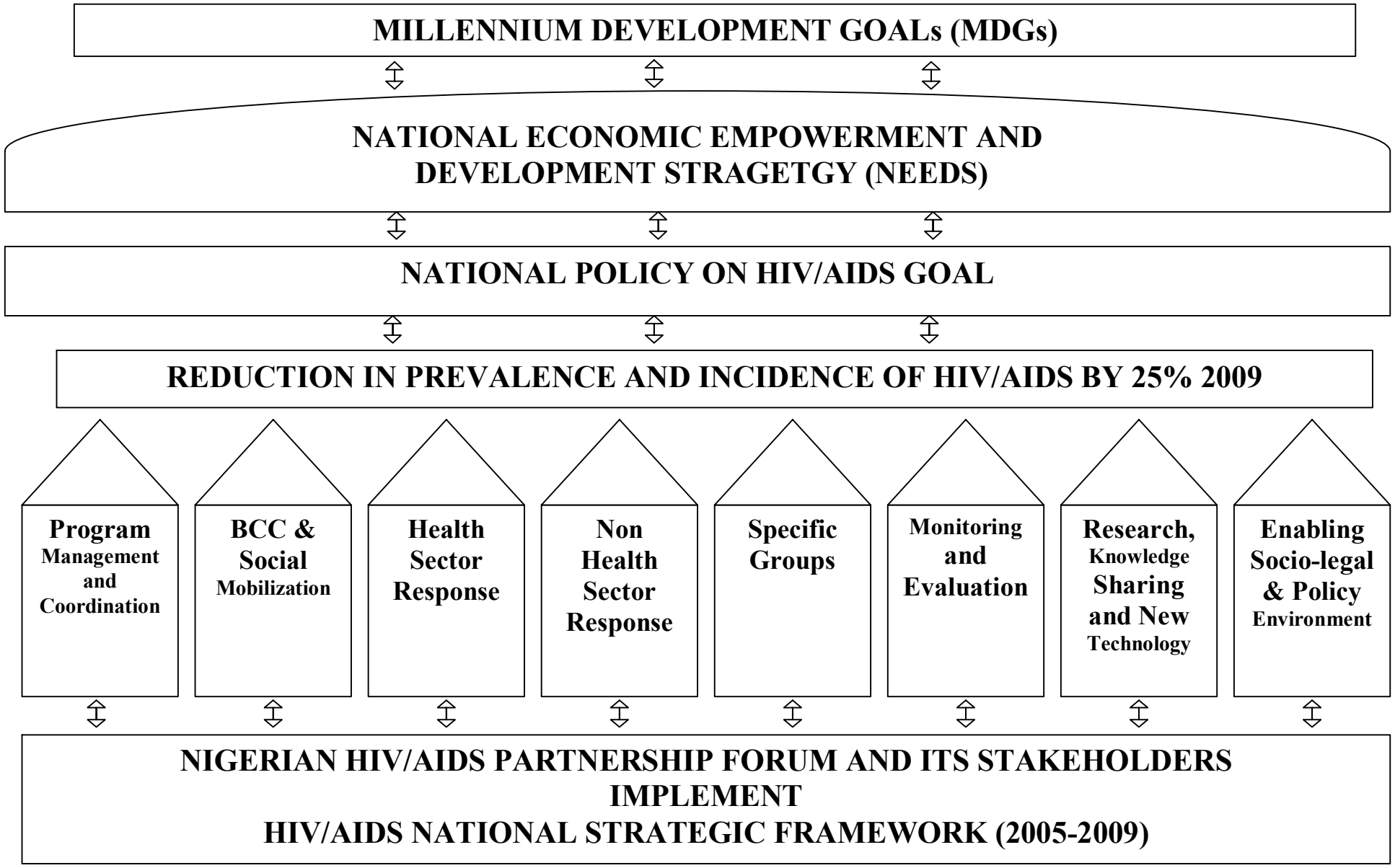


FIG. 1: THE NSF, NEEDS AND THE MDGS

Guidelines for deriving plans from the NSF

4.6.1 Deriving sub-national plans

The NSF illustrative logical framework matrix attached in the annex to this document indicates level of strategy coordination and implementation as well as the stakeholder(s) responsible for the implementation of interventions i.e. (Federal, State, LGAs and communities); this is to help in the derivation of sub-national plans. The illustrative logical framework matrix is detailed enough to serve as implementation plan. This was done for two purposes. The first reason is to aid costing of the plans and secondly to address the inadequate access to technical capability to derive implementation plans at tiers below the National and at times, the state levels. With the document as it is, determined personnel at lower tiers can derive their implementation plans from this NSF and proceed to the urgent task of implementing activities to stop the HIV/AIDS pandemic.

States and LGAs are advised to use the same objectives as outlined in the NSF in deriving their implementation plans. Should a State/LGA be so peculiar as to have a new objective, this is to be regarded as a special objective, and numbered from 9. This approach will simplify the reporting process and facilitate coordination, and harmonization of all plans.

States/LGAs are to look at each objective, beginning with the federal level activities, for example, where an activity states that a federal level guideline or policy is to be produced and disseminated. Then the take-off point for state level activities is collection and if needed, reproduction and then distribution of the relevant document at state level. Should the document not be available, if it is an issue on the concurrent legislative list, then in certain instances, the state may be able to produce its own guidelines. However, in certain instances, states cannot usurp federal responsibilities and produce certain guidelines, then in this circumstance, the take-off point for state level activities is advocacy to the relevant federal agency to ensure that it lives up to its responsibility. Avenues for such advocacy include the "National Council" for the specific sector. These councils are policy-making bodies for that sector.

States are to look at the state level activities. It is obvious that these activities in the NSF are summarized, and so state level plans need to further elaborate on the activities and most importantly, identifies the relevant state level actors.

Electronic copies of the NSF matrix and the UNAIDS/UNDP Planning, Budgeting and Costing Framework that will be used to cost this document are available from NACA. State SACAs could seek technical assistance in this regard from NACA. This technical assistance to the SACAs has been formalized in this NSF and would be provided by NACA through the UN System (UNDP, WHO and UNDP) using their state resident technical advisers and also staff of the major bilateral projects (GHAIN/FHI &Co, ENHANSE/Futures Group &Co, SNR/FHI & Co, etc).

4.6.2 Deriving Sectoral and Donor-Supported Plans from the NSF

To derive sectoral plans, it is recommended to start from the NSF objective to which the sector is most related, (see table below) and find the strategies and activities, which the sector and its key institutions - both public and private - are programmed to implement. All sectoral HIV/AIDS plans must indicate the NSF objectives and strategies to which

they are contributing. This is to aid harmonization and ensure that the strategies prioritized in the NSF are reflected in all sectoral plans. In the event that a sector does not find any strategy relevant to it in the NSF, then it should initiate dialogue with NACA so that its views will be accommodated in the NSF during the annual and midterm reviews. Similarly, all donor-supported activities and programmes must indicate the objectives, strategies and activities of the NSF to which they are contributing. Anything not included in the NSF is not a national priority and donors are encouraged to support the national priorities.

4.6.3 Key Socio-economic Sectors and the NSF Objectives

OBJECTIVES	SECTORS
OBJECTIVE 1:	
	Coordination and Intergovernmental Relations Finance (Resource Mobilization, Fiscal Policy -Taxes, Tariffs etc) Public-private partnerships Foreign Affairs
OBJECTIVE 2:	
	Community Development (Community Mobilization etc) Media/Entertainment and Arts Faith based and Traditional Institutions. Health, Education, Youths Women Affairs and Social Welfare
OBJECTIVE 3:	
	Health, Youth Women Affairs and Social Welfare
OBJECTIVE 4:	
	Agriculture and rural development Health, Education, Transport, Labor, Employment and Workplace Economic Planning and Fiscal Policy Extractive Industries (oil, mining) Finance (Financial services insurance, micro-credit) Regional and International Trade (migration, trade etc), Foreign Affairs Faith Based sector Youth, Tourism, Aviation
OBJECTIVE 5:	
	Defence, Transport Internal Affairs, Prisons Specific Groups populations Health, Education
OBJECTIVE 6:	
	Statistical, data and surveillance systems
OBJECTIVE 7:	
	Research New Technology
OBJECTIVE 8:	Judicial, Law Enforcement National Ethics and Human Rights Advocacy, Legislative

Note: A sector may fall under various objectives; e.g. Civil Society is involved in all objectives.

4.7 Costing the NSF

The NSF will be costed using the UNAIDS/UNDP Budgeting, Planning and Costing Framework, which has a User's Manual and is also available on the Compact Discs attached to this document. This makes it easy for use at the sub-national levels.

The NSF matrix and targets were designed with these in mind, and a full logical framework provided, because without this degree of detail, the plan cannot be costed. Also the funding source is clearly stated to aid in financial gap analysis and effective resource mobilization.

4.7.1 Projected Resource Envelope and Tracking (2005 -2009)

The following institutions are known to have earmarked resources for HIV/AIDS activities in Nigeria from 2005 to 2009. Detailed resource mapping recommended as a strategy to be done annually is one of the key activities under resource mobilization to reveal the resources available for the implementation of the strategy and for the prelude to the identification of resource gaps and necessary advocacy. The institutions are:

1. FEDERAL GOVERNMENT OF NIGERIA
2. FCT
3. STATE GOVTS
4. UNDP
5. UNAIDS
6. UNESCO
7. UNIFEM
8. UNICEF
9. UNFPA
10. WORLD BANK
11. DFID
12. CIDA
13. JICA
14. USAID
15. USDOL
16. DFID/SNR
17. DFID/SIPAA
18. AAIN
19. GATES (APIN)
20. V MOBILE
21. MTN
22. MTN FOUNDATION
23. ECOBANK
24. JULIUS BERGER
25. CHEVRON/ELF

4.8 Strategic Results Framework

AIMS	IMPACT	OVI	MOV	RISK AND ASSUMPTIONS
GOAL: Reduce HIV/AIDS incidence and prevalence by at least 25%, and provide equitable prevention, care, treatment and support while mitigating its impact amongst women, children and other vulnerable groups and the general population in Nigeria by 2009.	• Reduce incidence • Reduce prevalence	• HIV Prevalence rate reduced from 5.0% in 2003 to 3.7% by 2009. • HIV/AIDS incidence rate reduced by 50% below the 2005 baseline. • 100% of eligible PLWAs have access to ARV by 2009. • Ratio of school attendance of orphans to school attendance of non-orphans (primary to JSS) improved.	• Report of HIV/AIDS sentinel survey. • Report of HIV/AIDS incidence study. • Annual report of ART programme. • Report of special education surveys OVC. • NDHS	• That HIV prevalence presently is at 5.0% • Surveys to determine HIV/AIDS incidence are funded and executed. • NSF is implemented effectively. • ARV supply is sustainable and uninterrupted.
OBJECTIVES	• **OUTCOMES**	• **OVI**	• **MOV**	• **RISK AND ASSUMPTIONS**
OBJ 1: To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms and effective mobilization and utilization of resources.	• Increased implementation rate. Coordination at Federal, State and LGAs strengthened. 1.2 Increased and strengthened public-private partnership. • Increased and strengthened civil society partnerships. • Information barrier on resource availability, utilization and accountability removed. • Increased resource availability.	• Increase API from x% (from 2003 baseline) to 50% • Number of NACA/SACA Forum increase from once in two years to annually. • Institute annual SACA/LACA forum at state level. • Increase private sector contribution. • Increase number of collaborative meetings and information sharing among civil societies. • Increase Federal, State and LGA budgetary allocation	• Bi-annual API • NACA/SACA activity reports. • Annual HIV/AIDS Activity report. • PPP/NiBUCAA Activity Reports. • Annual HIV/AIDS Financial report. • Annual budget at all levels	• Leadership commitment at all levels in public and private sectors. • Effective financial-information management system.
OBJ 2: To have 95% of the general population make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization and greater access to information by 2009.	• The National HIV/AIDS BCC strategy implemented. • Demand for HIV/AIDS services is increased. • Communities have knowledge required to change behaviour. • More people exposed to behaviour change information. • Reduction of stigma and discrimination. • Expanded youth outreach and access to youth sexual health services, • Increased Behavioral Change indices among the general public	• Reduce high risk sex from 18% in 2003 to at most 8% in 2009 • Reduce high-risk behaviour from x% in 2003 to at most x% in 2009. • Number of communities reached, especially rural areas, with comprehensive correct knowledge of HIV/AIDS. • Proportion of population with comprehensive correct knowledge of HIV/AIDS. • Increased acceptance of PLWAs. • Increased number of people accessing HIVAIDS services. • Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS.	• BSS report • NARHS Report	• Effective implementation of positive prevention strategies.
OBJ 3: To increase gender-sensitive non-health sectoral	• Access to comprehensive HIV/AIDS services is	• Increase by 100% of people with advanced HIV infection receiving ARV	• Annual report of ART programme. • Annual NNRIMS report of CHBC	• Adequate funding for comprehensive service delivery

responses for the mitigation of the impact of HIV/AIDS by 50%.	increased	combination therapy. • Increase male involvement in CHBC by 25% in 2009. • Proportion of clients with STIs who are appropriately diagnosed, treated and counseled.	programme.	• Cooperation of men in HBC
OBJ 4: To increase gender sensitive non-health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%.	• Regional, National,sub-national and sectoral policies, plans and strategies take into account the bi-directional impact of HIV/AIDS	• HIV/AIDS impact and linkages explicit in regional, national and sub-national development policies and plans. • Increase sectoral response by 50% by 2009 • Increased number of regional policies and programmes that mainstream HIV/AIDS. • Increase in number of transport corridor projects.	• Sectoral HIV/AIDS reports • Annual Report of regional bodies • Transport Corridor project reports.	• Effective private-public partnership • Capacity for mainstreaming gender and HIV/AIDS into sectoral plans exists. • Collaboration of member-states • Enabling political environment
OBJ 5: To have 95% of specific groups make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization by 2009.	• Demand for HIV/AIDS services among groups with special needs is increased. • Increased Behavioral changes among special needs groups.	• Reduced high-risk sex from x% in 2003 to at most y% in 2009.	• Special survey reports • NARHS	• Effective implementation of positive prevention strategies.
OBJ 6: To strengthen national capacity for monitoring and evaluation of the HIV/AIDS response such that the national monitoring and evaluation plan is 100% implemented by 2009.	• Utilization of age and sex disaggregated population-related data to monitor HIV/AIDS is improved • Strengthened mechanism for M&E within SACAs and LACAs. • Updated National HIV/AIDS Information. • SACA and LACA capacity for M&E strengthened	• Improved allocation and utilization of resources • Increase by x% of Federal and State Line ministries submitting quarterly reports. • Increase of x % of SACA submitting quarterly reports. • 10% resources for M&E.	• HIV/AIDS budget • Annual budgets • Annual HIV/AIDS reports • NSF mid-term evaluation report. • NSF Final Evaluation Report • NNRIMS reports	• Commitment to M&E. • Effective feedback to stakeholders. • Commitment to research.
OBJ 7: To build national capacity for research, knowledge sharing, and the acquisition and utilization of new HIV/AIDS technologies.	• HIV/AIDS-related research strengthened. • Increased operation researches. • Increased funding for researches. • Improved ethical practices • Improved acquisition, diffusion and utilization of new technology. • Increased evidence-based	• No of institutions engaged in research and their capacity. • No of published articles and reports. • % increase in resources for R&D. • Number of inaugurated and functional IRB. • No of protocols approved. • No and type of new technology developed and acquired. • No of Policy and practice documents that	• HIV/AIDS budget. • Annual budgets. • Annual HIV/AIDS reports. • Published clinical reports. • Joints AIDS Programme Review. • Bibliography database. • NAFDAC annual reports.	• Availability of funding. • Appropriate Coordination of all stakeholders. • Effective feedback to stakeholders. • Commitment to research.

	programme management	reflect research findings. • No of best practices documented.		
OBJ 8: To improve the policy environment (policies, guidelines, legislations) that supports safer sex practice, reduces stigma, promote positive living and rights of women and the general population, particularly PLWAs.	• Reduced stigma and discrimination • Reduced gender-based violence • Increased HIV/AIDS related policies that promote and protect the rights of all, particularly women and girls, and advance gender equity • Increased leadership commitment to HIV/AIDS	• % reduction in Stigma Index (UNAIDS) • % decrease in gender-based violence • Number of policies reviewed and engendered • No of inhibiting Policies/ legislation adopted following removal of discriminatory provisions • Number of bills/appropriate policies passed • Number of cases filed and followed through. • No of states, FBOs and traditional institutions leadership showing commitment to HIV/AIDS issues.	• NARHS • Policies review reports/documents • Bills/edicts/bye-laws enacted/ amended • Law reports • Programme reports	• Political will • Legislature is properly sensitized on HIV/AIDS issues
STRATEGIES	**INTERMEDIATE RESULTS**	**OVI**	**MOV**	**RISK AND ASSUMPTIONS**
1.1 Strengthen coordination mechanism and build capacity at Federal, State and Local Government levels	Functional coordinating mechanism present	No. of capacity building plans for NACA, SACA, LACA and CCE umbrella organizations implemented	Report of meetings Implementation reports	Cooperation of development partners and various agencies Needs assessment available
1.2 Promote, strengthen and coordinate partnerships by implementing the new Nigerian HIV/AIDS Partnership Forum.	Functional coordinating mechanism present	No. of development partners' and stakeholders' meetings held at the national and state levels	Report of meetings Implementation reports	
1.3 Removal of information barrier on resource availability and utilization.	Increased access to information on available resources	Published compendium of HIV/AIDS resources	HIV and AIDS resources report produced and disseminated	Commitment by NACA, SACA and development partners
1.4 Promote effective resource mobilization and management at all levels.	Increased, sector-wide budgetary allocation for HIV/AIDS	No. of ministries with at least 30% increase in budgetary allocation for HIV/AIDS at national and state level	Federal and state ministries' budgets	Political will and commitment
1.5 Adopt innovative approaches to funding HIV and AIDS programmes.	Increased private sector funding for the NSF	At least 30% of resources needed for the NSF provided by the private sector	NiBUCAA, NACA,.SACA and CSO reports	High level of private sector commitment
2.1. Promote the implementation of the Nigerian HIV/AIDS BCC strategy	National BCC strategy implemented	No. of BCC strategic plan activities implemented	BCC annual report	Print BCC materials will be effectively distributed by LACAs
2.2 Promote Behaviour Change through community outreach.	Increased awareness of HIV/AIDS in the community	No. of BCC materials produced and disseminated No. of PHEs trained	Activity reports	
2.3 Promote BCC through the mass media.	Increased communication on HIV and AIDS	No of special events with HIV/AIDS outreaches	Activity reports	
2.4 BCC via mass media.	Increased mass media communications on HIV/AIDS	No. of jingles produced. No of billboards produced	Jingles aired on radio and TV Billboards placed in strategic places	HIV/AIDS jingles will be aired at least twice daily on radio and once on TV in at least every station
2.5 Expand innovative use of telecom and Information Technology for BCC	Increased telecom and IT communication channels for BCC	No. of cybercafés with HIV/AIDS prevention pop-ups	Consumer survey reports	Cooperation of the telecoms and IT industry

		No of telecom providers offering HIV/AIDS prevention text messages		
2.6 BCC and the youths	Improved access of youths to HIV BCC messages	No of youth –specific events held No. of youth facilities established No of Peer educators trained by gender	Activity reports	Commitment of development partners and private sector
3.1 Ensure the implementation of the Strategic Plan	National HSR implemented	No of HSR Planned activities implemented	HSR annual reports	
3.2 Improve Access and utilisation of condom	Reduction in incidence of unprotected sex	No of respondents reporting condom use in last high risk sex act	NARHS Survey	
3.3 Blood safety and universal precautions (including medical waste management)	Increased implementation of blood safety precautions and universal precautions	No. of facilities with blood safety and universal precautions guidelines No. of facilities with sharp object disposal bins etc procured	Facility survey reports	Availability of guidelines and appropriate disposal equipment implies implementation of guidelines
3.4 Improve accessibility, affordability and quality of STIs/ reproductive health services	Increased access to RHS facilities	No. of youth-friendly service delivery points No. of STI clinics established in refugee camps	Facility registers	That these populations will uptake services if provided
3.5 Increase equitable access to ART and ensure uninterrupted supply of good quality ARV drugs	Increased access to ARVs	Proportion of clients on ARVs that are women Proportion of clients on ARVs that are youths No. of ARV drugs manufactured in Nigeria	Client registers	Manufactured ARV drug available
3.6 Promote linkage of HIV/AIDS and TB programs	Increased linkages and access to HIV/AIDS and TB services.	No of coordinated strategies and activities in HIV/AIDS and TB.	HIV/AIDS and TB reports.	
3.7 Promote access to treatment of opportunistic infections	Increased availability of drugs for OI management	Proportion of OI drugs included in essential drug list	Essential drug list	
3.8. Expand access to gender-focused and youth-friendly VCT	Increased uptake of VCT services by women and youth	No. of VCT centers offering VCT-RH services No. of women and youth VCT clients	Facility records Facility records	
3.9 Reduce Mother-to-Child Transmission of HIV infection.	Increased availability of PMTCT services	No. of new PMTCT designated sites No. of ANC/RH clinics offering VCT	Facility records Facility records	
3.10. Promote gender-sensitive community and home-based care	Increased availability of CHBC	No. of CHBC workers trained No. of CHBC kits provided and supplied	Records of No. of PLWAs accessing care through CHBC volunteers Supply registers/reports	
3.11. Strengthen psychosocial support program at all levels for vulnerable groups e.g. OVC, PABA and PLWAs.	Increased access of vulnerable groups to psychosocial support Availability of national nutritional support for vulnerable groups	No. of existing social welfare centers/programmes for vulnerable groups No of PLWAs and PABA supported by national nutritional support programme	Organizational reports Programmed activity reports	
3.12 Mitigate Impact of HIV/AIDS on health sector	Improved sectoral coping strategies	No of HIV positive health care workers receiving ARV and Psychosocial support	HSR Annual Report	
3.13. Strengthen existing health systems	Increased availability of ART, OI/TB DOT, STIs treatment and services in health facilities	No. of health facilities offering ART, OI/TB DOT, STI treatment and services	Facility records	
4.1. Build Capacity and linkages among key social and economic development institutioins for impact	Increased access of PABA to socioeconomic interventions	Proportion of OVC enrolled in schools	Enrolment reports from UBE, HIV activity reports	

mitigation among the affected and infected population		No. of scholarships awarded to OVC		
4.2. Provide economic empowerment targeting vulnerable groups.	Increased access of vulnerable groups to economic empowerment activities	No. of NGOs, FBOs, cooperative societies with capacity to provide micro-credit	Activity reports	
4.3. Develop and Scale up implementation of workplace policies in all sectors	Increased access to workplace HIV/AIDS interventions	No. of HIV+ workers accessing treatment through the workplace	Survey report	
4.4. Expand Scale up education sector response	Increased access of appropriate HIV messages/services through the school system	No. of teachers trained per LGA/state to provide psychosocial support	Education Program reports	
4.5. Scale up agricultural and rural sector response	Improved sectoral response	No of sectoral program and activities	Agriculture and rural program report.	
4.6. Strengthen FBOs and organized private sector (particularly extractive, aviation and tourism industries) response	Increased capacity of FBOs and private sector to respond to HIV/AIDS.	No. of organized FBO support programmes No. of organized private sector programmes	FBO Program report Private sector program report	
4.7. Mainstream HIV/AIDS into all national economic development planning process and fiscal policy.	Increased access to HIV/AIDS commodities through reduced tariffs/taxes	Existence of public directives by Presidency/FMF for waivers on taxes/tariffs for HIV-related commodities	Special reports	
4.8 Manpower Planning in all sectors to mainstream HIV/AIDS	Increased capacity of manpower borads to capture workers attrition by HIV/AIDS	Reports and Studies	Special Reports	
4.9. Mainstream HIV/AIDS into regional cooperation programmes	Increased availability of information on workers' HIV/AIDS related morbidity and mortality	HIV/AIDS attrition in manpower studies and reports.	Reports produced and disseminated	
5.1. Scale up HIV/AIDS response targeted at persons with special needs Strengthen HIV/AIDS interventions for uniformed personnel (Army, Navy, Air force, Police, Prison staff, Immigration officers, Civil Service Defense Corp, Federal Road Safety Corp, Fire Brigade Officers, etc) Increase HIV/AIDS response for prison inmates and detainees.	Increased access of special groups to HIV/AIDS messages and services. Increased access of uniformed services to HIV messages and services. Increased access to prison inmates and detainees to HIV messages and services.	No. of persons from specific groups trained as Peer educators per state, per year, per gender. No. of facilities running user-friendly VCT centers for persons from specific groups. No. of special group clients referred for HIV services. No. of uniformed services' facilities that have integrated VCT services No. of uniformed services' health facilities that have integrated ARV programmes. No. of prisoners and detainees trained as peer educators. No. of prison health centers with HIV services	Training/workshop reports Health centre exit interviews Clinic records/referrals Facility records/reports	
6.1 Strengthen mechanisms for monitoring and evaluation	Existence of a functional monitoring and evaluation mechanism	No. of M & E units feeding into the NNRIMS at local, state and national levels	NNRIMS implementation report Annual HIV report	
6.2 Strengthen capacity for monitoring and evaluation	Increased capacity for monitoring and evaluation	No. of M & E training centers established	Activity reports	

		No. of state, local governments and line ministries allocating at least 10% of HIV budget to M & E	Budgets of state, local governments and line ministries	
6.3 Update national strategic HIV/AIDS information	Increased availability of updated HIV information on the general population and high risk groups	No. of national and state level situation analysis conducted No. of special surveys conducted e.g. high risk surveys,	Reports published and disseminated	
6.4 Monitor and evaluate the implementation and impact of the NSF	Information available on the implementation of the NSF	No. of evaluations conducted	Reports published and disseminated	
7.1. Strengthen HIV/AIDS-related research.	Increased HIV/AIDS research conducted.	R & D policy developed. No. of research commissioned in identified priority areas.	Policy document Research reports.	Government commitment to research and cooperation
7.2. Conduct gender disaggregated research on the impact of HIV/AIDS in key sectors	Increased information on impact of HIV in key sectors	No. of impact studies conducted	Research reports	
7.3. Promote operational Research on HIV/AIDS	Increased knowledge about appropriate treatment interventions	No. of post intervention surveys conducted	Survey reports published and disseminated	
7.4. Promote the development of new HIV/AIDS technologies	Increased HIV/AIDS technologies	No. of new technologies developed	Research reports	
7.5. Improve HIV and AIDS Learning, Knowledge Sharing and Information Management	Improved HIV/AIDS knowledge management	Number of dissemination meetings	Activity reports	
8.1. Create an enabling policy environment for an effective and gender-sensitive national HIV and AIDS response.	Improved Policy environment	Number of Policy reviewed	Activity reports	
8.2. Remove of impediments to the attainment of an enabling legal environment	Improved legal environment	Number of amended or additional new legislations	Legislative Hansard and law reports	
8.3. Enactment of new laws to take care of the legal needs of those infected and affected by HIV/AIDS.	Improved legal environment	Number of laws enacted	Law reports	
8.4. Create gender sentivite and human rights friendly environment for effective management of HIV/AIDS responses.	Improved legal environment	Number of instruments fully demonstrated	Law reports	
8.5 Advocacy targeting policy makers and opinion leaders	Improved social environment	Number of Policymakers sensitized	Activity reports	

Annexure:

Illustrative Logical Framework Matrix

How to Use the Illustrative Logical Framework Matrix

The matrix is composed of ten columns. Below is an explanation on how to use each column.

Column 1: Strategies. This is the operational strategy.

Column 2: Activities. These are the activities that emanate from the strategy. They are arranged in a logical sequence, and are detailed because of lack of capacity at lower tiers to translate the strategies into activities.

Column 3: Target Beneficiaries. This is important for costing.
Column 3a: Total. This is the total number of beneficiaries.
Column 3b: Gender. This column is to aid affirmative action, thus the targets should be gender disaggregated as far as is practicable.
Column 3c: Relevant Vulnerable Group. This is to improve targeting, and the relevant groups under each activity should be captured here.

Column 4: Levels of Implementation. This is the administrative tier at which the activities would be implemented.

Column 5: Who is responsible? These are the key institutions responsible for the implementation of the activity. This is based on their legal mandate.

Column 6: Objectively Verifiable Indicator, (OVI). The indicator that would assist program implementers and evaluators to ascertain the degree to which an activity has be implemented.

Column 7: Means of verification (MOV). The documentary source from where the indicator would be found.

Column 8: Time (Year/Quarter). This is to indicate when each activity would be done.

Column 9: Funding source. As far as was practicable all identified sources of funding were indicated. This is to aid in funding gap analysis for resource mobilization.

Column 10: Risks and assumptions. These are the assumptions that must hold and the risks that must not materialise or be mitigated if the activity is to be successfully implemented.

OBJECTIVE 1: **To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms and effective mobilization and utilization of resources**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
1.1 Strengthen coordination mechanism and build capacity of Federal, State and Local Government Levels.	1.1. 1 Conduct quarterly meeting of Presidential AIDS Council (PAC)				Federal	SGF	No. of meetings held	Reports Minutes of PAC meeting	Ongoing	Office of the SGF	Commitment of the presidency
	1.1.2 Conduct meetings to realign ongoing UN/donor activities with NSF priorities.		1 male/1 female per organization		Federal	NACA	No. of meetings held	Report of meetings/Harmonized workplan	2005 Qtr 3	Federal Govt./ Donors	Cooperation of UN system and donors
	1.1.3 Conduct quarterly ETG/ donors meetings with NACA, NPC, FMOF and SACAs, SPC, SMOF in attendance at federal and state levels respectively				Federal, State	NPC, SPC	No. of meetings held	Report of meetings	Ongoing	Federal & State Govt.	Cooperation of NPC, SPC and donors
	1.1.4 Develop and distribute establishment circulars on SACAs and LACAs Terms of Reference.				Federal, State	SGF, SSGs	Circular	Copy of the circular	2005 Qtr 4	SGF, SSGs	Commitment of the office of SGF and SSGs
	1.1.5 Coordinate States and LGAs responses to SACA and LACA establishment circulars				Federal, State	NACA, SACAs	No of states responding, No of LGAs responding	Report of SACAs/ LACAs	Ongoing	SGF/ SSGs	Commitment of the office of SGF and SSGs
	1.1.6 Develop and adopt gender equality framework for technical Advisers to SACAs and LACAs				Federal, State	NACA, PSC	Developed framework	Framework document	2005 Qtr 3	Fed. Govt., DFID-SNR	Cooperation of HIV/AIDS program donors
	1.1.7 Ratify and sign MOU between NACA and UN System/Bilateral Projects on technical assistance by their program Advisers/staff to SACAs/LACAs.				Federal, State	NACA, SACA, PSC	Signed MOU	Copy of signed MOU	2005 Qtr 3	NACA	
	1.1.8 Recruit and deploy Technical Advisers with strong gender skills		50% female	20% PLWAs	Federal, State	NACA, SACA	No and gender of adviser	Recruitment report	2005 Qtr 4	Fed. Govt, USAID-GHAIN, DFID-SNR, DFID-PSSRH	Cooperation of donors, Fulfillment of commitment

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.1.9 Implement capacity building plan for NACA, SACAs and LACAs and CCEs umbrella organizations based on previous needs assessment.		50% female		Federal, State, LGA	NACA, SACA, LACA, PSC	Capacity Building Plans	Implementation Reports	2005 Qrt 4	DFID-SNR, UNAIDS	Availability of needs assessments
	1.1.10 Fill critical skill gaps in NACA (Health, Economist, e.t.c)		Female preferred		Federal	NACA	Officer recruited	Interview report	2005Qtr 3	Govt.	
	1.1.11 Provide logistic Support to NACA, SACAs and LACAs				Federal, State, LGA	NACA, SACA, LACAs	Number of items procured	Inventory report	2006 Qtr 1	Govt. Development partners	Govt. commitment, Cooperation of development partners
	1.1.12. Promote the mainstreaming of gender and HIV/AIDS into activities of professional associations, town development unions and associations, CBOs, CDC/CDA and appointment of HIV/AIDS focal point.		At least 30% female		Federal, State, LGA	NPF, NACA	Number of focal persons appointed	SACA report, CCE reports	2006 Qtr 1	CCEs	New partnership forum implemented
	1.1.13 Identify and scale up community based responses				State, LGA	SACAs, LACAs	No. Of communities identified, No of community expand responses to HIV/AIDS	Report of SACAs and LACAs	2006 Qtr 2	SACA, LACA	Commitment of state and local government authorities
1.2 Promote, strengthen and coordinate partnerships by implementing the new Nigerian HIV/AIDS Partnership Forum.	1.2.1 Conduct quarterly meeting of partnership steering committee (PSC)				Federal	Office of the Vice President	Number of meetings held	Reports Minutes of PSC meeting	Ongoing	Office of the Vice President	Vice President's Commitment
	1.2.2 Conduct annual National Partnership Forum (NPF) meetings		At least 30% female representation		Federal	Presidency NACA	Number of meetings held	Reports Minutes of NPF meeting	Ongoing	Presidemcy	
	1.2.3 Conduct quarterly partnership technical committee (PTC) meetings				Federal	NACA	Number of meetings held	Reports Minutes of PTC meeting	Ongoing	NACA	
	1.2.4 Establish Partnership working groups (PWG) as required		At least 30% female representation	5 % Youth, 10% PLWAs, 5 % MARPs	Federal	NACA	Number of meetings held	Reports Minutes of PWG meeting	Ongoing		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.5 Hold Annual Forum Of Nigerian Youth Network on HIV/AIDS (NYNetHA)		50% female	20% Students in Tertiary, 10% MARPs, 10% Out of School Children	Federal, State	NACA, SACA, NYNetHA	Number of meetings held	Report of meetings Constitution, Annual report, MOU document	Ongoing	NACA	
	1.2.5 NACA facilitates a meeting of: National Women Organizations/Associations, National NGOs, National Media Networks and Associations, National Arts Networks/ Associations/ Organizations, Research and academic bodies, . Traditional and Cultural organizations, Professional bodies /organizations, Faith based organizations, International NGOs and Foundations, Private sector umbrella organizations and networks, UN & Bilateral organizations	3000, per CCE	At least 30%t female in each CCEs except for Women Orgarizations & Associations	20% Rural based CBOs and 10% MARPs for National NGOs CCE, 20% Rural based CBOs for National Women Organizations /Associations CCE, 10% MARPs for Professional Bodies, 15% Rural care and support male for FBOs, 15% Banking & Oil/ Gas Sector & 15% factory/Transport/Construction workers for private sector	Federal	NACA/ CCE Specific Networks/ Umbrella organization	MOU of CCE Number of meetings	Report of meetings Constitution , Annual report MOU document	Ongoing	NACA	CCEs will fund their Secretariat and Administrative Needs
	1.2.6 Mobilise PLWAs support groups to attend NEPWHAN delegate meeting, hold elections and determine frequency of meetings		50% Female	20% Youth. 5% MARPs	Federal	NACA NEPWHAN	Number of meetings held	Report of meetings Constitution, Annual report	Ongoing	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.7 NACA facilitates the meeting of National Assembly principal Officers, HIV/AIDS Committee Chairpersons, Conference of State House of Assembly Speakers and State Houses HIV/AIDS Committee Chairpersons	200	At least 30% female		Federal, State	NACA National Assembly sub-committees on HIV/AIDS, SACAs State Houses of Assembly Sub-Committees on HIV/AIDS	No. of members attending by gender	Motions adopted during the meetings	2005, Qtr 3-4	NACA	
	1.2. 8 NACA and SACAs facilitates meetings of office of the SGF/SSGs and Federal and State line ministries and Agencies to establish administrative structure and frequency of meetings of their CCEs.	1000	At least 30% female		Federal, State	NPC, NACA, SPC, SACA	CCEs meetings of Federal and States line ministries/ Agencies held	A Listing of Names of Federal and State line ministries and Agencies in attendance, Minutes of meetings held	2005, Qtr 3-4	NACA	
	1.2.9 NACA facilitates meeting of Governor's Forum to adopt the NSF and to determine how they would interface with NACA.				State	SGF Forum of Governors	No of governors attending by gender	Reports Minutes of meeting of Governor's Forum	Ongoing	Office of the SGF	Presidential Commitment
	1.2.10 NACA facilitates meeting of ALGON to adopt the NSF and to determine how they would interface with SACAs.				State	NACA, SSGs, ALGON	No of ALGON members in attendance by gender	Reports Minutes of meeting of ALGON	Ongoing	Office of SSGs & ALGON	State government , Commitment
1.3 Removal of information barrier on resource availability and utilization	1.3.1 Cost the National Strategic Framework.				Federal	Consultants, NACA	Costed National Strategic Framework produced	NSF document, Consultants' report	2005, Qtr 1	UNDP, UNAIDS, UNIFEM	Willingness of NACA
	1.3.2 Conduct the mapping of resources available and utilized on HIV and AIDS programmes and disseminate widely.				Federal , State	Consultants, NACA, SACAs	HIV and AIDS resources report produced and disseminated	Published compendium of HIV/AIDS resources Consultants' reports	2005, Qtr 2	DFID/SNR	Commitment by NACA and SACA and the development partners
	1.3.3 Collate, document and publish grant procedures from stakeholders to the National Response on processes and guidelines for accessing HIV and AIDS resources at all levels and disseminate.				Federal, State	NACA, NPC and Development Partners	Guidelines developed and disseminated.	Consultants' Reports, NACA Report	2006, Qtr 2	CDC, UNAIDS	Commitment of all stakeholders

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
1.4. Promote effective resource mobilization, management and coordination at all levels.	1.4.1 Conduct capacity-building and training programmes for stakeholders on resource mobilization and management.	4000 participants	At least 40% female	At least 25%.	Federal, State	NACA, SACA, Development Partners, CSOs	No. & gender of people trained	Workshop Reports	2006, Qtr 2	UNAIDS, UNFPA, DFID/ SNR	States with low capacities are well represented.
	1.4.2 State Planning Commissions/MFEP to hold biannual Donors meeting with SACA in attendance.				State	SACAs, State Planning Dept/ MFEP, LACAs	Two meetings held annually	Meeting Reports, Annual Reports	Ongoing	SACAs	State Governments will fund the SACAs.
	1.4.3 National Planning Commission (NPC) and MoF to hold biannual HIV and AIDS Donors meetings with NACA in attendance.				Federal	NPC FMF, Development Partners,	Four meetings held annually	Meetings, Annual reports of NPC, FMF and NACA.	Ongoing	FMF, NPC and NACA.	Funding will be provided by Federal Government
	1.4.4 HIV and AIDS Partnership Forum decides how HIV/AIDS will be represented on the National Global Fund CCM and the CCM expanded accordingly				Federal	FMOH, HIV and AIDS Partnership Forum	CCM expanded and reflects HIV and AIDS Partnership Forum	Partnership meeting Reports, NACA reports	2005, Qtr 2	Federal Government	High political will and commitment.
	1.4.5 Develop and implement sector wide approaches/ strategies for funding HIV and AIDS.				Federal, State and Local	NPC, FMF, FMOH and Line Ministries, State Planning Commission /MFEP and Line Ministries	Sector-wide approaches developed. - HIV and AIDS budget lines created at all levels and for all ministries/ department/ units.	Budgets of Governments, Accountant General's report, Appropriation bills	2006, Qtr 1	Federal, State and Local	The political will and commitment is there.
	1.4.6 Develop mechanisms for tracking resource inflows.				Federal, State	NACA, SACAs and International Development Partners.	Mechanisms for tracking resource inflows developed.	NACA and SACAs'reports	On-going	UNDP, UNAIDS, CDC	Consensus on the guidelines developed and use.
1.5. Adopt innovative approaches to funding HIV and AIDs programmes.	1.5.1 Design and implement appropriate strategies for mobilizing resources from the private sector.				Federal, State and Local	NiBUCAA, NACA	Strategies designed and implemented. - At least 30% of resources needed for implementing NSF is provided by the Private sector	NiBUCAA reports, NACA and SACAs' reports, Reports of CSOs, FBOs and CBOs.	Throughout the NSF period.	Private sector	Level of commitment by private sector is high.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.5.2 National Global Fund CCM supports formation of State (sub-national) CCMs and submission of State proposals to the Global Fund				State	SACAs	No of successful State Global Fund proposals	Project Reports	On-going	State HIV and Aids Partnership Forum for proposal development. Global Fund for project implementation	Commitment of national and subnational CCMs
	1.5.3 Design and implement strategies for mobilizing resources from FBOs and communities.				Federal, State and Local	NACA, SACAs, FBOs and Communities	- Strategies for mobilizing resources from FBOs and Communities developed and disseminated. - At least 2 communities in 40% of the 774 LGAs in Nigeria mobilize resources for HIV and AIDS. - Religious organizations take special collections for HIV and AIDS.	NACA, SACAs' LACAs' Reports, Donor reports.	Throughout the NSF period.	NACA, SACAs, DFID/ SNR	There is adequate sensitization and collaboration by relevant stakeholders.
	1.5.4 Develop and adopt guidelines for mainstreaming HIV and AIDS and gender into poverty reduction programmes.				Federal and State	NACA, NAPEP, SACAs	- Guidelines for mainstreaming HIV and AIDS developed approved and disseminated. - HIV and AIDS are included in poverty programmes	NACA and SACA reports, NAPEP Reports,	2005, Qtr 3	UNFPA, UNIFEM, World Bank	Stakeholders are adequately sensitized on gender mainstreaming.
	1.5.5 Advocate for creation of gender- friendly budget lines for HIV and AIDS in annual budgets at all levels and sectors.				Federal and State	NACA, SACAs and Line Ministries	Advocacy plans developed and implemented. Gender-friendly budget lines created at all levels and sectors.	Annual budgets of Governments,	2005, Qtr 3	Policy Project,	There is political will and commitment.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.5.6 Facilitate access of PLWAs to Micro-credit (This should be linked to their access to treatment).				Federal and State	NACA, NACRDB, CiSHAN, NAPEP, NEPWHAN	At least 2 federal agencies and 18 state agencies give loans to PLWAs. At least 2 PLWAs group in each State access micro-credit.	CSOs Reports, NACRDB, NAPEP, SACAs and NACA Reports	On-going	World Bank/IFC	Specialized credit agencies are responsive to the special needs of PLWAs.
	1.5.7 Constitute and inaugurate the Board of the National HIV and AIDS Trust Fund. (NAHAF)		50% female		Federal	NACA	Board inaugurated	NACA reports	2005, Qtr 4	UNDP, UNAIDS, NACA	There is commitment on the part of the Federal Government
	1.5.8 Develop policies and procedures to guide operations of the fund.				Federal	NAHAF Board	Policies and procedures developed and approved.	NAHAF Reports	2006, Qtr 1	UNAIDS, Policy Project,	
	1.5.9 Design and implement strategies for attracting and utilizing resources of the Trust Fund.					NAHAF	Fund-raising and utilization strategies developed.	NAHAF	2006, Qtr 1		
	1.5.10 Conduct annual audit of HIV and AIDS Trust Fund.				Federal	NACA, NAHAF Board	Annual audit conducted.	Audited Financial reports.	Quarter 1 of each year	NAHAF	Funds are available
	1.5.11 Extend the World Bank HIV/AIDS project to all States and realign its national and State HAF Funds to support NSF priorities				Federal, State	NACA, SACA	Number of State with operational World Bank HIV/AIDS projects, Number and type of grants given under the HAF Fund	World Bank Project Annual reports	Ongoing	World Bank, Govt	Prompt payment of counterpart funding by State Governments. Improved disbursement by the World Bank

OBJECTIVE 2: **To have 95% of the general population make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilization by 2009**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
2.1 Promote the implementation of the Nigerian HIV/AIDS BCC Strategy	2.1.1 Implement the BCC Strategy, complemented with activities below				All	FMOH-HEU, SMOH-HEU, NGOs, CSOs, NACA, SACA, LACA, Private sector	Number of BCC Strategic Plan Activities implemented	BCC Annual Report		Govt., Development partners Private sector, CSOs, Global Fund	
	2.1.2. Constitute and operationalise the BCC Committee at all levels				All	NACA, SACA, LACA, Private sector FMOH-HEU, SMOH-HEU, NGOs, CSOs	Number of meetings, BCC Materials developed and reviewed	BCC Annual Report and materials , meeting reports		Govt., Development partners Private sector, CSOs, Global Fund	
	2.1.3. Build capacity of partners to implement the BCC Strategy across all levels				All	NACA BCC Committee and Partners	Training Programe, Number trained and spread	Training reports		Govt, Partners & Private sector	
2.2. Promote BCC through Community Outreaches	2.2.1 Establish and strengthen the capacity of BCC Working Groups and to develop, produce and disseminate culturally appropriate gender sensitive BCC materials				All	FMOH-HEU, SMOH-HEU, NGOs, CSOs, NACA, SACA, LACA, Private sector	Number of functional working groups, Number of BCC materials produced and disseminated	Activity report, BCC materials produced	2006 Qtr. 1	Govt., Development partners, Private sector, CSOs, Global Fund	Cooperation of LACAS, CSOs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.2.2 Design and print culturally appropriate and gender sensitive BCC materials in indigenous languages and English for various target populations (youth, specific groups etc)				All	FMOH-HEU, SMOH-HEU, NGOs, CSOs, NACA, SACA, LACA, Private sector	# of BCC materials produced	BCC material dissemination	Ongoing	Govt. Development partners, UN System	The print BCC materials will be distributed in all the nooks and crannies by LACAs
	2.2..3. Train adult PHES to do IPC in rural and urban communities				State, LGA	SMOH-HEU, NGOs, CSOs, SACA, LACA, Private sector	No of PHEs trained and active	Activity reports	Ongoing	Governemnnet,Partners &Global Fund	
	2.2.4. Train and re-train facilitators among health workers, teachers, agricultural extension agents, redcross staff etc to facilitate rural HIV/AIDS education				State, LGA	SMOH-HEU, NGOs, CSOs, SACA, LACA, Private sector	No. of facilitators trained by gender	Activity reports videos	Ongoing	Govt, Private sector, Global Fund	
	2.2.5. Community drama by PHEs, and other community groups with facilitation				State, LGA	SMOH-HEU, NGOs, CSOs, SACA, LACA, Private sector	No. of participants disaggregated by gender	Activity reports videos		Community , Private sector LACAs others	
	2.2.6. Procure five audiovisual vans for each state				Federal, State	NACA, SACA	No of vans purchased	Inventory Reports	2006, Qtr1	World Bank, Global Fund, Govt	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.2.7. Conduct grasssroot/hard to reach community film using mobile audio-visual vans				All	FMOH-HEU, SMOH-HEU, NGOs, CSOs, NACA, SACA, LACA, Private sector	# of shows, attendance,	Post event evaluation reports		Various-Government, Partners, Private sector	
2.3.Promote Behaviour Change through special events and activities	2.3.1 Celebrate World Aids Day				All levels	NACA, SACA, FMOH, SMOH		World AIDS Day Report		Govt/Partners/Private Sector	
	2.3.2. Increase Mobilization for voluntary blood donation using Blood Week etc				All levels	FMOH/SMOH/CSOs, Red Cross Mass Media	# of donors disaggregated by gender	Register of donors	Ongoing	Govt, CSOs, Global Fund	Commercial blood donors do not sabotage the process, Cooperation of the general population
	2.3.3 Conduct HIV/AIDS prevention musical fiesta in the 36 states and the FCT and PMAN annual awards	12 million			State, LGA	SACA, PMAN, PPPF, CSO	# of Musical fiesta conducted, # of award ceremonies with AIDS messages	Video Documentation of musical fiesta,	Ongoing	Private sector, Govt	Peace and stability in the state
	2.3.4. Integrate HIV/AIDS awareness into special public events quarterly				All levels	NACA, SACA, PMAN, PPPF, CSO	# of integrated events,(awards, sports, etc) attendees by gender	Video Documentation of musical fiesta,		Govt/Partners/Private Sector	
2.4. Expand BCC through the mass media	2.4.1 Conduct sensitization meetings for print and electronic media, arts and entertainment Executives on HIV/AIDS prevention and behaviour change				Federal, State	NACA, SACAS Regulatory Organs Professional bodies	# of meetings, # of attendees	Meeting reports, NACA and SACA Annual reports	2005 Qtr3	Govt, Private Sector	Media executives may not attend

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.4.2 Train mass media staff on HIV/AIDS				Federal, State	NACA, SACAS, Regulatory Organs Professional bodies, Media NGOs	# of trainings, # of attendees	Training reports, NACA and SACA Annual reports	2005 Qtr3	Govt Partners, Private Sector	Media executives may not attend
	2.4..3. Design, produce and transmit culturally appropriate and gender sensitive Radio and TV jingles, serial drama and discussion programs on HIV/AIDS prevention and behaviour change	216,080 radio jingle slots and 27,010 TV jingles slots targeting 130 million Nigerians		People with Special Needs	Federal, State	FMOI, SMOI, NTA, FRCN, State Radio Stations, NGOs, CSOs NACAS, SACAS	# of jingles produced, # of campaigns initiated	Jingles aired on Radio and TV	Ongoing	Govt., NGOs, CSOs, Development partners, UN system	The assumption is that HIV/AIDS jingles will be aired at least twice daily on radio and once on TV in at least every station.
	2.4.4 Produce culturally appropriate gender sensitive Bill boards on indigenous languages in major roads in rural and urban areas				Federal, State	NACA, SACAs,NGOs, Partners, CSOs	No. of Bill boards produced, Post exposure Intercept findings	Billboards placed in strategic places in all States, Post exposure Intercept findings	2006 Qtr. 2	Private sector/ NGOs	
2.5 Expand theinnovative use of Telecoms and Information Technology for BCC	2.5.1 Mobilize Telecom Providers to insert gender friendly Pop-Ups on HIV/AIDS				Federal	NCC, Private Telecom Operators	# of Providers participating, # of messages sent per month	NCC Reports/surveys		Private ector/ Govt	
	2.5.2 ISPs and cyber café owners to produce and insert gender friendly Pop-Ups on HIV/AIDS prevention and behaviour change	13 million			Federal, State	NCC, ISPs, Cyber café, PPPF, NACA, Telecom groups	No. of Cybercafe with HIV/AIDS prevention Pop-Ups, # of Telecom Providers offering HIV/AIDS prevention text messages	Pop-ups appear on the Internet at Cybercafes and text messages	2006 Qtr. 1	Private sector	Cooperation of NCC, cyber café owners and telecom providers
2.6. BCC and the youth	2.6.1 Conduct Community outreaches on prevention of HIV/AIDS & drugs among youths, in rural and urban areas of Nigeria	20 million	50% women and girls	IDUs, Same Sex Partners	State, LGA and Community	SACA and LACA, Civil society	# of community mobilization and outreaches conducted	Activity reports		Govt. Development partners, Private sector funding	Commitment of private sector to youth development

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.6.2. Conduct advocacy meetings with Internet Service Providers (ISPs), Cyber café operators and Telecom Providers on HIV/AIDS prevention and behavioural change	7,790			State LGA	NACA, SACA, LACA	# of meetings	Activity reports	2006 Qtr1	Private sector	Cooperation of Cyber café owners
	2.6.3 Utilize Youth oriented events to promote HIV/AIDS prevention.	20 million	50% girls		Federal, State, LGA, Community	NACA, SACA, LACA, Line ministries, CSOs	# of events	Activity and event reports	Ongoing	Govt, Private sector, CCEs	Capacity exists, Commitment from private sector
	2.6.4 Establish gender sensitive Youth-friendly centers with access for persons with special needs in rural and urban areas in each LGA of Nigeria				State, LGA and Community	SACA, LACA, Civil society, Private sector	# of Youth-friendly centres established, # of patronage disaggregated by gender	Activity reports	Ongoing	Development partners, Private sector, LACAs	Commitment of development partners and private sector
	2.6.6 Promote the establishment of recreational centres, vocational centers,clubs etc for youths to provide a safe and productive engagement for youths				All levels	Govt, Private sector	Number of youth facilities established	Activity reports	Ongoing	Govt, Development partners, Private sector	
	2.6.7 Train new and retrain old In and Out of School Youths as Peer educators on HIV/AIDS	500,000	50%	Out –Of – School youths and girls	Federal, State, LGA	FMOE, FMOWA, SOME, SMOWA, SACA, LACA, Civil Society	# of Peer educators trained by gender, # of persons reached by PHEs	Training reports, Register of existing peer educator	ongoing	Govt, UNICEF, Development partners, Private sector	Cooperation and commitment of youths

OBJECTIVE 3: **To increase access to comprehensive gender sensitive prevention, care, treatment and support services for the general population, PLWAs and orphans and vulnerable children by 50% in 2009, and mitigate HIV/AIDS impact on the health sector.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
3.1 Ensure the implementation of the Health Sector Strategic Plan	3.1.1 Implement the Health Sector Response Strategies, complemented with activities below	36 + 1 states		General population	Health delivery facilities at all levels. Federal, State, LGA	FMOH	No. of Facilities implementing components of the HSP	Records of ongoing HSP activities in various facilities	Ongoing	FGN	HSP will be successfully implemented
3.2 Improve access and utilization of Condoms	3.2.1 Expand access of vulnerable groups e.g refugees etc to prevention commodities	774 LGAs	50% females accessing	MARPs Youths, refugees, Migrants	Federal, State, LGA	FMOH, SMOH, NGOS,	No of facilities, CSOs, NGOs promoting condom use	Records of quantity distributed	Ongoing	FGN, DFID, UN agency for refugees	That the MARPs will access the condoms
	3.2.3 Expand Prevention commodities Social marketing	774 LGAs		MARPs - Youths, -Sex workers, - Migrants	Federal, State, LGA	SFH, Hotel & Tourist Board, NGOs	No of facilities, CSOs, NGOs marketing condoms & other commodities, # of brands of commodities available	Records of number of condom outlets or dispensing points & quantity marketed	2006, Qtr 3	FGN, DFID, UNFPA	That all communities will accept routine condom marketing
	3.2.4 Promote access to Female condoms	36 + 1 states	30% males accessing	-Adolescent girls, female sex workers	Federal, State, LGA	SFH, FMOH, UNFPA	No of facilities, CSOs, NGOs marketing female condoms	Records of number of facilities promoting and dispensing female condoms	2007, Qtr 2	FGN, DFID, UNFPA	That females, will uptake, female condoms
3.3 Blood safety and universal precautions (including medical waste management)	3.3.1 Increase low risk blood donor recruitment	774 LGAs		-General population, Sicklers	Federal, State, LGA	FMOH, SMOH	No of blood donation drives and events per community	Register of donors at blood banking facilities	Ongoing	FGN, Partners	Low risk donor (non-sexually active will participate)
	3.3.2 Train health staff- nurses, doctors, lab workers, supervisors, auxiliary staff (orderlies, laundresses, public health labourers) on medical waste management, risk reduction in and out of the medical setting and to implement and to adopt universal precautions at all levels and at all times.	774 LGAs		Health facility staff & care providers	Federal, State, LGA	FMOH, SMOH	No. of medical waste disposal workshops	Register of participants trained and workshop reports	2006, Qtr 3	FGN, MMIS, Partner	That capacity to train staff exists

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.3.3. Develop linkages with BCC programs for outreach activities to reach communities with appropriate Blood safety messages	774 LGAs		General Population	Federal, State, LGA	FMOH, SMOH	No. of community outreach activities on blood safety	-Report of outreach programs, Register of participants	ongoing	FGN, MMIS, Partners	Such activities will prepare the community to embrace blood safety practices
	3.3.4. Develop, Disseminate and implement policies and guidelines on safety of blood and blood products	Federal, State			Federal, State, LGA	FMOH, SMOH	No. of operational facilities with implementing guidelines	-Facility transfusion register, -Facility donors Register	2006, Qtr 1	FGN, MMIS, Others	Capacity to achieve this exists by utilizing non-sexually active in-school volunteer blood donors
	3.3.5 Upgrade maintain, and procure relevant blood banking infrastructure - motorcycles, lab equipment, mobile bleeding van etc	Federal, State			Federal, State, LGA	FMOH, SMOH	No. of centers with functional blood banking and transfusion units	-Maintenance reports - Receipts of purchase - invoices, etc	2006, Qtr 2	FGN, Others	
	3.3.5 Establish sustainable procurement of blood banking and transfusion consumables	Federal, State			Federal, State, LGA	FMOH, SMOH	No of centers with operational and sustained consumable procurement mechanism.	-Receipts of purchase, invoices, etc.	Ongoing	FGN, Others	Sustained availability of consumables will facilitate safer blood use in the health sector
	3.3.6. Conduct training for traditional health care providers e.g Traditional Birth Attendants, local barbers, manicurists, pedicurists, Circumcisers, members of traditional secret societies (e.g., soweis) and others involved in scarification, skin piercing and circumcisions on HIV/AIDS prevention and blood Safety.	774 LGAs Communities			Federal, State, LGA	SMOH, LGA	# trained	Activity report	2006, Qtr. 4	Govt. Development partners	
	3.3.7. Develop and disseminate guidelines for medical waste management and risk reduction in and out of the medical setting				Federal, State, LGA	FMOH, SMOH	No. of guidelines developed	Copies of guideline published and disseminated	2006, Qtr. 1	FGN, MMIS, Others	Such guidelines wil help ensure adherence to universal precautions of waste management
	3.3.8 Provide and ensure continued supply of relevant equipment and materials for handling and disposal of needles, syringes and other medical instruments.				Federal, State, LGA	FMOH, SMOH	No. of sharp object disposal bins etc. Procured	Invoices for purchase of disposal equipment	2008, Qtr 4	FGN, Partners	Availability of appropriate disposal equipment will ensure correct needle safety

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.3.9. Develop and Implement policy for Post Exposure Prophylaxis (PEP)				Federal, State, LGA	FMOH, SMOH	No. of facilities implementing PEP developed policy	-Copies of PEP policy published and disseminated, - Register of Health workers and Care providers accessing PEP	2006, Qtr	FGN, MMIS, Partners	Implementation of PEP policy will empower care giver and reduce discrimination against PLWAs
	3.3.10 Expand the Injection Safety project				Federal, State, LGA	FMOH, SMOH	No. of facilities implementing Injection safety developed policy			FGN, MMIS, Partners	
3.4 Improve accessibility, affordability and quality of STIs/ reproductive health services	3.4.1. Develop, Print and Disseminate STIs Syndromic Management Protocol and encourage the use of the protocol in Public/Private Health Institutions			-Men, Adolescent girls, Sex Workers, -MARPs	Federal, State, LGA	FMOH, SMOH, LGA	No. of protocols produced	Record of copies disseminated	2006, Qtr 1	FGN, Partners	That capacity of care providers to implement guidelines exists
	3.4.2. Train health staff on Syndromic management and STI Surveillance and research.				Federal, State, LGA	FMOH, SMOH	No. of health care personnel trained	Records of trained staff	2006, Qtr 3	FGN, Partners	Capacity to train Adequate number of Staff exists
	3.4.3 Provide and maintain supply of effective STI management drugs				Federal, State, LGA	FMOH, SMOH	Quantity of drugs procured	Record of invoices for procurement	Ongoing	FGN, Partners	Availability of drugs will encourage adherence
	3.4.4 Collaborate with traditional healers to improve health seeking behaviour for STI treatment				Federal, State, LGA	FMOH, SMOH	No of traditional healers in collaboration	Register of traditional healers in collaboration	2009, Qtr 1	FGN, Partners	That traditional healers will cooperate
	3.4.5 Regulate and Monitor STIs treatment and antibiotic resistance in Health Institutions by Conducting routine STI surveillance				Federal, State, LGA	FMOH, SMOH	No. of monitoring and supervisory visits to EH & STI service facilities	Records of supervising officials	Ongoing	FGN	
	3.4.6. Establish youth –friendly STI and RH clinics within health facilities and non-facility sites				Federal, State, LGA	FMOH, SMOH	No. of youth friendly service delivery points	Register of such clinics	2007, Qtr 1	FGN, Partners	That the youths will utilize such clinics
	3.4.7 Establish anti-AIDS school clubs and other recreational places with capacity to provide friendly supportive STI and RH services such as counseling.				Federal, State, LGA	FMOH, SMOH, FMOE, SOME, LEA	# of clubs and facilities with RH facilities			FGN, Partners	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.4.8 Extend STI services to displaced persons camps and refugee settlements			MARPs, IDPs, Refugees, Migrants	Federal, State, LGA	FMOH, SMOH	No of STI clinics established in refugee camps	Registers of client accessing such clinics	2007, Qtr 3		That refugees will uptake such services
3.5. Increase equitable access to ART and ensure uninterrupted supply of good quality ARV drugs	3.5.1. Decentralize and scale up ART designated sites (including pediatric sites), in accordance to existing guidelines.	520,000[1]	At least 50% female access to ARV	Youths, OVC, Children, People with special needs	Federal, State, LGA	FMOH, SMOH, CHAN, FBO Facilities, Private Sector	-No. of new designated ART sites, - No. of females and males accessing ARV	-Register of PLWAs accessing ARV at such sites (Data disaggregated by age, sex, etc.), -Annual ART program report	2007, Qtr 3	Govt. GHAIN, PEPFAR, PPPF	Decentralization will facilitate access and Increase uptake
	3.5.2. Disseminate reviewed ART guidelines to all treatment centers				Federal, State, LGA	FMOH, SMOH, NACA, SACA, Relevant CCEs	-Reviewed Art Guideline, - No. of ART guidelines produced	Copy of reviewed guideline Dissemination report	2005, Qtr 4	Govt/Partners	Adherence to the Guidelines
	3.5..3. Conduct ART literacy and adherence workshops for PLWAs				Federal, State, LGA	-FMOH, SMOH, CBOs, - FBOs, NGOs, NEPWHAN/Support groups	-No. of workshops held -No. of clients adhering to ARV increased by gender	Workshop report, Register of clients followed-up on adherence	Ongoing	Govt, MSF	That adequate ART knowledge will facilitate adherence
	3.5.4. Produce and distribute pill boxes to PLWAs on ART				All ART programs, Federal, State, LGA	FMOH, SMOH	No. of pill boxes produced and distributed	Register and record of clients utilizing boxes	Ongoing	MSF	That use of pill boxes will enhance adherence
	3.5.5. Provide free ARVs for sero-positive OVC				Federal, State, LGA	FMOH, MOWA	No. of OVC accessing free ARV	Register of OVC accessing free ART	2006 Qtr 4	Government and Partners	
	3.5.6. Provision of free post exposure prophylaxis (PEP) especially for health care providers and rape survivors	All operational HIV/AIDS service delivery centers/facilities		-Health care providers - Home Care givers	Federal, State, LGA	FMOH, SMOH, Relevant CCEs	Quantity of PEP supplied/Procured. No. of rape survivors accessing PEP	Register of PEP used in facilities and service centers	2006, Qtr 4	Govt, MSF	Stigma and discrimination does not discourage access to services
	3.5.7. Monitor quality of ARV drugs in circulation	General population			Federal, State, LGA	NAFDAC	Number of batches tested	Quarterly NAFDAC report	Ongoing	Govt	NAFDAC has the capacity to assure quality of ARV

[1] WHO: Summary Country Profile for HIV/AIDS treatment and Scale-up: july, 2004

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.5.8. Coordinate and manage ART partnership working groups at all levels		At least 40% female membership		Federal, State, LGA	NACA, FMOH, SMOH, LGA Health dept., SACA, LACA, PLWAs, CSOs	No. of meetings held	Reports of meetings	Ongoing	Govt	Availability of committed human resources and drugs at all levels
	3.5.9. Promote the manufacture of generic ARV drugs, test kits and condoms in Nigeria				Federal	NACA, FMOH, NAFDAC, Fed Min of Finance, Fed Min of Commerce	ARV drugs and other commodities locally manufactured in Nigeria	Manufactured ARV drug and other products	2007 Qtr 4	Govt Partners	
3.6. Promote the linkage of HIV/AIDS and TB Programs	3.6.1 Build Capacity of existing TB-DOTS treatment centers to deliver integrated HIV/AIDS services		At least 50% female accessing integrated ARV/TB-DOTS services		Federal, State, LGA	FMOH, SMOH, National TB program	No. of functional integrated TB treatment centers	Record of clients accessing TB/HIV/AIDS integrated services	Ongoing	Danish TB Found-tion, - Nether-lands TB program USAID/ FHI HIV/TB program, DFID	Commitment of Government
	3.6.2. Institute TB/HIV partnership working groups		At least 50% female representation		Federal, State, LGA	NTBLCP, NASCP, SMOH	TB/HIV partnership working group constituted and inaugurated	Quarterly report of TB/HIV partnership working group,	2006 Qtr2	Govt	Commitment to integrate HIV/AIDS and TB services
	3.6.3. Strengthen management and operational capacity of NTBLCP and NASCP				Federal	FMOH	% Budgetary allocation both NTBLCP and NASCP	Published and disseminated quarterly report of NTBLCP and NASCP activities	2005 Qtr 3	Govt, Partners	Adequate capacity to supervise and monitor HIV/TB treatment interventions in Nigeria
	3.6.4. Implement in line with existing guidelines, the use of Co-trimoxazole Prophylaxis Treatment (CPT) and Isoniazide Prophylaxis Treatment (IPT) for PLWAs at risk of developing TB			PLWAs most at risk of contacting TB	All levels of service delivery. Federal, State, LGA	FMOH, SMOH	No. of service centers providing CPT and IPT	Register of clients accessing CPT and/or IPT	2006 Qtr 1	Govt, Partners	The community is adequately Sensitized on importance of CPT and IPT

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
3.7 Promote access to treatment of opportunistic infections	3.7.1. Include all Opportunistic Infections (OIs) drugs on the essential drug list					FMOH, NAFDAC	OI drugs are included in essential drugs list	Register of OI drugs on list and available at service delivery center	2005, Qtr 4	Government & Partners	Availability of essential OI drugs facilitate uptake and compliance
3.8. Expand access to gender focused and youth friendly VCT	3.8.1. Conduct mapping of existing operational VCT programs				Federal, State, LGA	NACA, FMOH, Private Sector	-No of operational VCT centers	Register of clients (data disaggregated by age and sex)	2005, Qtr 3	Government	That the capacity to conduct the mapping exists
	3.8.2 Establish more gender focused and youth friendly VCT –RH centers	50% of wards in all 774 LGAs			Federal State LGA	Line ministries, NGOs, FBOs, CSOs	No of centers operational centers	Register of clients (data disaggregated by age and sex)	2007, Qtr 1	Govt, Partners	
	3.8.3. Establish employment of PLWAs as adherence and VCT counselors	50% staff of center	At least 40% male		Federal State LGA	NEPWHAN, Support group	No of PLWAs trained as counselors	Records of trained PLWAs counselors on center payroll	2007 Qtr 1	MSF	Trained PLWAs make more effective counselors
	3.8.4. Develop and disseminate simplified VCT guidelines for counseling, testing and referring most at risk persons (MARPs)				PHC Secondary level, Tertiary level, Private clinics VCT centers	FMOH/ NACA + SMOH/ SACA	No of guidelines produced	Record of No. of guideline copies disseminated	2005, Qtr 4	FHI	That relevant staff at the implementation level, have the capacity to utilize the guidelines
	3.8.5. Provision of rapid testing kits for VCT service delivery centers				All ART programs	FMOH, SMOH, Bilateral partners	No. of testing kits procured	Records of kits procured and utilized	2006, Qtr 2	Government and Partners	Facilitates rapid expansion of access to HIV testing and counselingalso acts as entry point for care treatment and support services
3.9 Reduce Mother to Child Transmission of HIV infection.	3.9.1. Mapping of all existing PMTCT sites				Federal	FMOH, NACA	No. of existing operational PMTCT sites recorded nationwide	Report of mapping exercise published and widely disseminated	2005, Qtr 2	FMOH	That the capacity to conduct such exercise exists
	3.9.2. Develop management capacity at all sites				Federal, State, LGA	FMOH, SMOH	No. of staff trained in PMTCT delivery skills	Reports and records of capacity building w/shops	Ongoing	UNICEF, CBOs, FBOs, FMOH	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.9.3. Decentralize and upscale PMTCT service delivery	36 states + FCT 50% of 774 LGAs		Adolescent girls, youth, women	Federal, State, LGA	FMOH Relevant CCEs	No. of new PMTCT designated sites	Register of clients accessing services	2006, Qtr 1 2009 Qtr 1		
	3.9.4. Integrate VCT services into all ANC/RH clinics			Pregnant Adolescent girls, women	Federal, State, LGA	FMOH NGOs FBOs CBOs	No of ANC/RH clinics offering VCT	Register of ANC,RH clinic clients accessing VCT services	2006 Qtr 2		That integrated servicedelivery facilitates entry point for PMTCT
	3.9.5. Establish use of PLWAs peer counseling and support within PMTCT				Federal, State, LGA	FMOH NGOs FBOs CBOs	No. of PMTCT trained peer PLWAs counselors	Records of peer PLWAs counselors on PMTCT program payroll	2006 , Qtr 2		That positive mothers will make more effective PMTCT advocates and Counselors
	3.9.6. Establish free HIV testing at PMTCT sites			Pregnant Adolescent girl, women	Federal, State, LGA	FMOH NGOs FBOs CBOs Support groups	No. of PMTCT clients accessing free testing services	Register of free testing procedures	2006 Qtr 1		That free testing will facilitate PMTCT uptake
	3.9.7. Accelerate implementation of PMTCT + plus			Pregnant Adolescent girls, women	Federal, State, LGA	FMOH, Relevant CCES, Support group	PMTCT+ implemented	Register of clients accessing PMTCT+ services	2006, Qtr 2		That access to ART within PMTCT+ will increase uptake and reduce new transmission of infection
	3.9.8. Produce and widely disseminate revised PMTCT guidelines				Federal, State, LGA	FMOH	No. of guidelines produced	Record of No. of copies disseminated	2005,Qtr 3		That capacity exists at service delivery sites to adapt standard guidelines to specific communities
	3.9.9. Implement a standard PMTCT MIS in line with existing guidelines.				Federal, State, LGA, Wards	FMOH	PMTCT MIS implemented	Records of PMTCT data in standard MIS format	2005 Qtr 3	FMOH	Data collation is Standardized
3.10. Promote gender sensitive community and home based care	3.10.1 Conduct mapping of all existing community and home based care projects nation wide					NACA, FMOH, FMOWA	No of existing operational projects	Report of mapping exercise published and disseminated	2005 Qtr 2	Government & Partners	That existing nascent projects are identified as best practice models

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.10.2. Sensitize community to establish community driven care and support initiatives	50% of wards in 774 LGAs			All	NACA, FMOH, FMOWA, NOA, CSOs, Support groups	Community sensitized into establishing CHBC projects	Records/register of activities by operational CHBC programs	2007 Qtr 3	Government, Community, Partners	Community ownership of interventions facilitates sustanable programs
	3.10.3. Conduct training in community and home based care on appropriate ARV distribution	60% volunteer CHBC workers including PLWAs in 40% of the 774 LGAs	At least At least 60% male participation		Federal, State, LGA	FMOH, relevant CCEs	No. of CHBC workers trained	Register of PLWAs accessing ARV drugs via CHBC volunteers	2008, Qtr 2		Male cooperation
	3.10.4. Publish and disseminate reviewed national guidelines for CHBC that emphasizes need for increase in male involvement (copies in english and local dialects)				Federal, State, LGA	FMOH, NOA, NACA	No. of guidelines published	No disseminated	2005, Qtr 3		Availability of resources and commitment
	3.10.5. Establish the training and employment of PLWAs as care givers within the national CHBC program		At least 40% male participation		Federal, State, LGA	FMOH, NGOs, FBOs, CBOs, CSOs,	No. of PLWAs trained employed as CHBC workers	Register of operational PLWAs CHB Care givers	Ongoing		
	3.10.6. Establish sustainable supply of CHBC kits.				Federal, State, LGA	FMOH, NGOs, FBOs, CBOs, Relevant CCEs, Suport groups	No. of Kits provided and supplied	Register of CHBC workers supplied with kits	Ongoing		Adequate logistics exist to ensure sustainable supply of CHBC kits
	3.10.7. Develop, publish and distribute guidelines on the use of locally available foodstuff to produce balanced diet.				Federal, State, LGA	FMOH , FMOA, MOWA, NEPWHAN	No of guidelines produced	Records of No. disseminated	2006 Qtr 2	Government, Private Sector	The community will support the initiative
	3.10.8. Establish one coordination/monitoring mechanism for CHBC activities				Federal, State, LGA	NACA, SACA, Relevant CCE	Co-ordination body established	Records of reports of meetings and activities	2006 , Qtr 1		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
3.11. Strengthen psychosocial support program at all levels for vulnerable groups e.g. OVC, PABA and PLWAs	3.11.1. Develop and implement policy and guidelines for institutionalized nutritional support and psychosocial care for OVC and PABA			-Elderly care givers, -Single & child head of families, -Girls and married adolescents -Widows/ Widowers, OVC, PLWAs, PESSP, IDUs	Federal, State, LGA	FMOWA, FMOH, FMOA, FMOL, Line ministries	No. of document produced	Policies and guidelines available. Reports of implementation	2006 , Qtr 1	Govt	
	3.11.2. Strengthen the capacity of national social welfare system and that of existing NGOs, CBOs, FBOs, CSOs to provide care and support for OVC and PABA		At least 25% male involvement	-Elderly care givers, -Single & child head of families, -Girls and married adolescents, Widows/ Widowers	Federal, State, LGA	Relevant CCEs, CSOs, FMOWA	No. of existing and operational Social welfare centers/programs	Organizational reports	Ongoing	Govt	
	3.11.3. Integrate HIV/AIDS into updated and standardized social welfare training curricula.			Social welfare workers		FMOWA			2006, Qtr 2	Govt	
	3.11.4. Establish HIV/AIDS Care, Treatment and Support committee		At least 30% female representation	PLWAs (at least 30% Membership for GIPA)	LGA State Federal Private FBO	NEPWHAN NACA FMOH FMOWA FMOL NLC NiBUCAA	No. Of quarterly meetings	Reports and records of meetings published and disseminated	2005 Qtr 4	Govt	
	3.11.5. Establish more PLWAs support groups and strengthen existing PLWAs networks		At least 60% female member-ship	Married adolescent girls, Women, Youth	State LGA	NEPWHAN/ Support groups, CiSHAN/ CSO	No. of new and existing operational support groups	Register of existing groups	Ongoing	Partners	Cooperation of PLWAs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.11.6. Establish and ensure sustained national nutritional support program for PLWAs and PABA			-OVC Married adolescent girls, Elderly care givers, Single head of families, Indigent Widows & widowers, etc.	Federal State, LGA	-FMOA & RD FMOH, -National Committee on Food and Nutrition	-National nutritional support program for PABA established -No of PLWAs and PABA supported	-Report of activities implemented in the program, Registers of supported PLWAs and PABA (Data disaggregated by age, sex, etc)	2006 Qtr 1	Fed Govt FSP (Food Security program)	
	3.11.7. Establish and link workplace based support groups with health facilities and community support groups				Federal State, LGA	FMOL&P, NLC, NiBUCAA, Line ministries	Work place based support groups established	Register of existing work place based support groups	2006 Qtr 2	Govt	Stigma is reduced in the workplace
3.12 Mitigate Impact of HIV/AIDS on health sector	3.12.1Advocate for better planning of human resources by the use of results of study of effect of HIV/AIDS related morbidity and mortality amongst health workers on staffing levels			Health care personnel		FMOH	No. of research studies carried out	Reports or research results published and disseminated	ongoing	Govt	That capacity for Research exists
	3.12. 2 Expand health training institutions and recruit more trainees to make up for HIV/AIDS related health workers attrition				Federal State, LGA	FMOH, SMOH	No of new entrants enrolled in health training institutions	Register of new graduates	Ongoing	Govt	
3.13. Strengthen existing health systems	3.13.1. Decentralize and scale up number of health facilities rendering integrated ART, OI/TB DOT, STI treatment and care services				-All govt. tertiary secondary and primary level facilities.- Accredited private and faith based facilities	FMOH, SMOH, FBOs	No. of health facilities offering ART, OI/TB DOT, STI services	Facility records of patients accessing treatment (Data disaggregated by gender)	2009, qtr 2	Govt, Partners	
	3.13.2. Scale up health facility support for identified care, treatment and support specific CBOs, FBOs and NGOs in ARV and OI drug distribution				Federal, State, LGA	FMOH Bilateral partners	No. of Care, Treatment and Support specific CBOs, FBOs and NGOs involved in ARV and OI drug distribution	Records of clients accessing ARV, TB DOT and OI drugs from non-facility centers (Data disaggregated by gender)	Ongoing	CRS, JDPC, RAPAC	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.13. 3. Upgrade and maintain existing and procure new relevant equipment/infrastructure.				Federal, State, LGA		No. of equipment and infrastructure; bought, rented and/or maintained	Annual reports	Ongoing		Guideline/regulations on project equipment/ infrastructure is adhered to
	3.13.4. Develop logistics for sustainable procurement of HIV/AIDS consumables (ARV and OI drugs, gloves, bleach etc)				Federal, State, LGA	FMOH, NAFDAC	No. quantity and quality of consumables procured	Annual reports	2005, Qtr 3	Govt, Partners	
	3.13.5. Develop capacity of health worker to train CHBC volunteers		At least 50% male volunteers		Federal, State, LGA	FMoH, SMoH\ NACA, SACA, Relevant CCEs	No. of CHBC TOT w/shops	Register of volunteers trained	Ongoing		
	3.13.6. Update and standardize training of laboratory staff.				Accredited Private & public Labs	-FMOH, SMOH, Relevant CCEs	No. of lab training workshops held	Register of trained & certified lab scientist	Ongoing		That such training be mandatory and be the basis of desertification and quality as of laboratory procedures
	3.13.7. Update and standardize laboratory infrastructure.			Public labs - Accredited private Labs	Accredited Private & public Labs	FMOH, NAFDAC	No of Labs Upgraded	Records of results generated from operational upgraded Labs	Ongoing		
	3.13.8. Adoption of a national HIV/AIDS management protocol and guidelines, which emphasizes practice of USP and includes free PEP for staff by all hospitals and health facilities.				Federal, State, LGA	FMOH, SMOH	Guidelines Developed	Guidelines adopted implemented	2006, Qtr 2		That practice of UP and availability of PEP will reduce stigma with care treatment facilities -That non facility care givers will also practice UP & access PEP
	3.13.9. Conduct ongoing integrated training w/shops on TB/HIV mgt. for relevant care givers (Doctors, Nurses, Lab. Scientists, Pharmacists, CHEWs, etc.)				Federal, State, LGA	FMOH, SMOH, Relevant CCEs	No of staff trained (data disaggregated by gender)	No of facilities implementing services	Ongoing		Strengthens capacity of institutions to facilitate scale-up of ART delivery for PLWAs
	3.13.10 Develop interface programs to bridge health facility and community care				Federal, State, LGA	FMOH, SMOH, NACA, SACA	No. of community & health facility integrated programs	Annual reports	Ongoing		The community and the health systems will work in synergy

OBJECTIVE 4: To increase gender sensitive non health sectoral responses for the mitigation of the impact of HIV/AIDS by 50%

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
4. 1 Build Capacity & linkages among key social and economic development institutions for impact mitigation among the affected and infected population	4.1.1 Capacity building for mainstreaming HIV/AIDS into key sectors.	NAPEP, NDE, FMOWA, UBE, NHIS, FMIGA& YD, NPC			Federal, state and LGA	NACA,/SACA, UNAIDS, Line Ministries, CSOs/FBOs, other development partners	No. of institutions with capacity to mainstream HIV/AIDS in key sectors	Training Reports	2006, Qtr 3	Development partners	
	4.1.2. Conduct advocacy to key socio-economic institutions	NAPEP, NDE, FMOWA, UBE,NHIS,FMIGA &YD,NPC	50% female membership of the advocacy team.	Children, PLWAs,	Federal, state and LGAs	NACA/SACA/LACA, NEPWHAN, CiSHAN	No of advocacy meetings to designated places.	Activity reports	2005, Qtr 3	NACA/SACA and bilateral organisations	
	4.1.3. Preparation and adoption of memorandum of understanding and Policy guidelines between NACA and Education sectoral players to prioritize enrolment of OVCs for primary education.	UBE, SPEB, LGEA		OVCs, school personnel.	Federal, state and LGAs	NACA/SACA/LACA, UBE/SPEB/LGEA, FME/SOME	MOU, Guidelines, No/% OVCs annually enrolled in schools	HIV/AIDS Activity and Enrollment reports from UBE, SPEB and FMoE/SMoE	2005 Qtr 4	Government, UNICEF Bilateral organizations	Implementation of MOU
	4.1.4. Preparation, adoption & implementation of memorandum of understanding between NACA, & relevant micro credit/ skill acquisition and grant institutions for older OVCs and PLWAs.	NDE, NAPEP, NACRDB, Other agencies		At least 50% of beneficiaries to be female of PLWAs & PABAs	Federal, state and LGAs	NACA/SACA/ NEPWHAN/ CiSHAN/ FBOs/ NDE/ NAPEP	MOU, Implementation reports, Number of Beneficiaries by gender	Activity report and signed MOU, Scheme report	2006. Qtr.2	Government, Bilateral organizations.	Implementation of MOU

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
4.2. Provide economic empowerment targeting vulnerable groups	4.2.1. Identify specialized NGOs / cooperative societies & provide more gender sensitive micro-credit	PLWAs, older OVCs, rural farmers, youths, widows, widowers and women.	50% of the NGOs to be female focused	Poor rural population	Federal/State/LGA	NACA, SACA, Reseach institutes	Lists of NGOs, FBOs, cooperative societies with capacities to provide Micro-Credit. List of beneficiaries by gender	Social Mapping Report, Scheme reports	2006 Qtr.2	Government & Partners	Capacities of the implementing partners
	4.2. 2. Conduct social mapping of support groups of PLWAs in all the states.	Support groups		Rural Support Groups	STATES/ LGAs	SACA/LACA/CSOs/FBOs	List of support groups identified per state	Social mapping Report	.2005 Qtr.2	Govt, Partners	Windows for micro-credit and life saving skills for their members and children.
	4.2 .3 Conduct a national situation analysis on OVCs for the implementation of the national action plan.	In -school and out-of- school			Federal, state and LGAs	NACA, FMWA&RD, NEPWHAN, FME/UBE, Research institutions.	Findings/reports of situation analysis. Progress report of the implementation of the action plan.	Report of survey produced and disseminated	2006 Qtr.4	UNICEF	Socio political will for implementation.
	4.2.4. Establish scholarship schemes and grants for indigent OVCs for education		At least 60% female.	OVCs of AIDS parents	Federal, state and LGAs	Federal, State Local scholarship boards, NGOs/ NiBUCAA, Private Sector	No. of scholarships awarded annually by gender	Records of scholarship awards	.2006 Qtr 4	Federal/state governments Private sector, Bilateral organizations	Transparency of the implementers
4. 3. Develop & scale up implementation of workplace policies in all sectors	4.3. 1. Establish more workplace based support groups				Federal/ state/ LGAs	FMOL, NLC, NiBUCAA, Line ministries, NEPWHAN	No. of Work place based support groups established and functional	Register of existing work place based support groups	2007 Qtr. 2	ILO	Stigma is reduced in the work place with the support group in place.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.3.2. Implement rapidly, the adopted and ministerial ratified "ILO code of practice in the work place" and produce national workplace policy on HIV/AIDS				Federal/ state/ LGAs	FMOL/State Civil Service Commision, NLC, NiBUCAA/ Line ministries	-Ratified ILO code of practice in the work place implemented. National workplace policy on HIV/AIDS produced.	Progress report of the implementation.	2006 Qtr. 2	ILO, Private sector, Government	That having launched and adopted such, the relevant bodies will adhere to the code and policy
	4.3.3. Develop, produce and disseminate operational manual for the implementation of workplace policy.				Federal	FMOL, NLC, NiBUCAA, Line ministries	No of manuals produced	No of manuals disseminated	2006 Qtr. 3	Govt, ILO	That such an operational manual, disseminated in local dialects will facilitate implementation of the policy.
	4.3.4. Establish HIV/AIDS Desks Officers and Focal Points in all work places and build the capacity of desk officers				Federal/ state/ LGAs	FMOL, NLC, NiBUCAA, Line ministries, NECA, NOA	-No of officers trained - No. of institutions with functional workplace policy/program	-Register of operational trained officers -Progress report.	2006 Qtr. 3	Govt ILO	That capacity of Desk Officers Developed will facilitate implementation and also allows for accountability.
	4.3.5. Scale up work place interventions				Federal/ state/ LGAs	NACA, SACA, LACA, FMOL, NLC, TUC, NECA, NiBUCAA	No of workplace & unions with specific HIV programme to mitigate the impact of HIV on the workers.	Situation analysis.	2006 Qtr. 1	Government, Private sector, ILO/ other Agencies	Commitment of unions & Private sector and Government
	4.3.6. Advocacy & sensitization of employers to adopt gender responsive practices and Policies in the workplace.				Federal/ state/ LGAs	NACA, SACA, LACA, NLC, TUC, NiBUCAA, CSOs, FBOs, AFPAC, FMOL & P/HOS, Line mnistries	No. of employers sensitized. No of employers with responsive policy	Activity reports Annual Policy review report	2006 Qtr. 1	Government, Private sector, ILO/ Global Fund	Commitment of employers

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.3.7. Specific targeting of itinerant workers, construction industry and tourism industry with BCC campaigns and services.		60% females per site/center		Federal State, LGA	NACA/ SACA/ LACA/ CSOs/ FBOs, NiBUCAA, line ministries.	Number of construction sites/tourist centers and itinerant workers reached and reporting behavior change.	Activity report, NARHS Report, M&E	2006 Qtr. 1 (Ongoing)	Government, Partners, Private sector, World Bank/ Bilateral Organization	Cooperation of construction companies and tourism centers
	4.3.8. Link VCT and ARV sites to existing health care services used by workers/employers to improve access to prevention and treatment for workers.			Widows/widowers	Federal and state	NLC, NECA, NiBUCAA, FMOL&P	No of HIV + workers accessing treatment for OIs and ARVs in the work place	Survey of health seeking beh. of HIV+ Workers	2006 Qtr. 4	ILO/ Global Fund	
4.4 Expand & Scale up educational sector response	4.4.1. Train more school guidance counselors and social workers to provide psycho social support services		60% male		Federal, State, LGA	NACA/ UBE and SACA/ SPEB, FMoE/ SMoE	No of teachers trained per LGA/state to provide psychosocial supports per year by gender.	Reports of training conducted.	2006 Qtr. 3	Bilateral org/ Global Fund	Adequate coordination of programmes at the 3 tiers of government.
	4.4.2. Scale up implementation of the approved population/ family life and HIV/AIDS curriculum in schools at all levels.				Federal, State, LGA	FMoE/SMoE/LGEA, UBEC BOARD/NERC, SPEB	No. of States/LGAs/ schools implementing the curriculum	M & E Report	2006 Qtr. 3	UNICEF /UNFPA, Bilateral organizations/	National implementation of the programme Parents & Religious leaders support
	4.4.3. Integration of HIV/AIDS BCC into orientation and matriculation sessions of all higher institutions NYSC				Federal and State	FMOE, SMoE, FMOH, SMOH, NUC, NPC, NBTE, Universities, Polytechnics	No of programs with HIV/AIDS BCC integrated. No of persons reached with campaigns	M & E Reports, NARHS		Government Partners	Parents & Religious leaders support

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.4.4 Integration of HIV/AIDS prevention campaign and commodities provision and referral system into School health services at all levels				Federal, State, LGA	FMoE, SMoE, FMOH, SMOH, NUC, NPC, NBTE, Universities, Polytechnics, LGA-Education Authority	No of school health programs with referral system. No of school health programs with vibrant HIV/AIDS services provision	NARHS, M & E Reports		Government, Private sector & Partners	Parents & Religious leaders support
4.5 Expand agriculture and rural sector response	4.5.1. Develop the capacity of rural PLWAs and PABA on hygiene and nutritional supplements, alternative therapy, and food security.		60% female		State and LGAs	SACA/LACA; MOA&RD, SMOH	No/ % of PLWAs and PABA practicing basic hygiene and nutrition	Individual interviews.	2008 Qtr. 2	FAO/World Bank	
	4.5.2 Build capacity of agriculture extension workers to educate farm settlement population on HIV/AIDS prevention and impact mitigation		50% of beneficiaries are women	Women farmers	Federal, State, LGAs	NACA, FMOA, SMOA, SACA, ADPs, FAO, Research Institutions	No of Agric extension workers trained No of Agric settlements with appropriate BCC material and programs	Reports, Surveys, NARHS report, NNRIMS reports		Government, Research Institutions, FAO, WFP	
	4.5.3. Promote the development of alternative economic activities for PLWAs involved in strenuous farming		60% female	The poor	State and LGAs	SACA, LACA, NAPEP/ NDE/ NEPWHAN/ SMOA & RD	Number of PLWAs adopting the skill for less strenuous income generation activities.	Interview reports	2008 Qtr. 2	FAO, World Bank	Cooperation of all stakeholders
4.6. Strengthen FBOs and the organized private sector response	4.6.1. Capacity building for youth groups, age grades and gender associations in FBOs to initiate support programme for PLWAs and PABA.				Federal, State, LGAs	NACA/FMIA/FMI/SACA/LACA/ CSOs/FBOs	Perception/attitude of religious groups towards PLWAs/PABA support.	Activity report	2007 Qtr.4	Government, Bilateral organizations	Scaling up and mainstreaming HIV impact mitigation activities into religion is momentous.
	4.6.2. Design, disseminate and implement impact mitigation strategies				Federal / state/ LGA	NACA/ FMIA/FMI /SACA/ LACA/ CSOs/ FBOs	Impact mitigation strategy designed and implemented	Progress report, Evaluation results	2006 Qtr. 4		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.6.3 Strengthen and expand the Private sector business response to HIV/AIDS	NiBUCAA, OPS, Informal business sector,			Federal / state/ LGA	NACA, SACA, LACA, PPP	No of business/ commerce clubs/ associations with HIV/AIDS Program. No OPS units with AIDS response initiative	NARHS, NNRIMS		Private sector, ILO, UNDP, Chamber of Commerce	Existing structures of the business units
4.7 Mainstream HIV/AIDS into all national economic development planning process and fiscal policy.	4.7.1. Custom duties, and other tariffs, taxes, rates to be harmonized to promote access and affordability of HIV/AIDS commodities				Federal	Presidency, FMF, FMCI	Public directives by Presidency/FMF for waivers on taxes/tariffs etc on HIV related commodities	Reports	2007 Qtr.2	FGN FMF FMCI	Federal Government Commitment
	4.7.2.Strenghten and create HIV/AIDS Units within social sector departments in National Planning Commission and State Planning Commissions		50%		Federal / state/	Presidency, Governors, NPC, SPC	No of functional units	Review of HIV/AIDS sections in NEEDS and other macro-economic instruments		Governments	
	4.7.3.Strenghten and create HIV/AIDS Units within Federal and State Ministries of Finance		70%		Federal / state/	Presidency, Governors, FMF, SMF	No of functional units	HIV/AIDS allocation within budgets		Government	
	4.7.2. Mainstream HIV/AIDS into midterm economic framework/NEEDS/SEEDS review				Federal / state/	National Planning Commission /State Economic Planning Boards, line ministries	Progress Report	Review Report	2007 Qtr. 2	World Bank/FGN/States	
	4.7.3. Mainstreaming HIV/AIDS programming into annual budget preparations.				Federal / state/	NPC/FMOF, SMOF/National Assembly/ Houses of Assembly/Budget units	Progress report	Review report	2005, Qtr 4	FGN, States	
4.8 Manpower Planning in all sectors to mainstreams HIV/AIDS	4.8.1 Build capacity of National Manpower Board and State Manpower Committees to capture workers HIV/AIDS related attrition (morbidity and mortality) in key sectors				Federal / state/	NMB, FME, SMC, SME	Capacity building Reports, HIV/AIDS attrition in manpower studies and reports	Review of manpower studies and reports		FGN,States/Multilaterals and Bilaterals	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.8.2. Expand (intake and infrastructure) in relevant sectoral training institutions to maintain staffing levels in key sectors	teacher training colleges, nursing schools, agricultural schools etc			Federal / state/	Relevant sectors	Staffing levels in key sectors	Sectoral reports		FGN/ States	
4.9. Mainstream HIV/AIDS into regional cooperation programmes	4.9.1. Revitalize the West African HIV/AIDS Control Initiative				Federal	NACA	West African HIV/AIDS control Initiative revitalized	NACA action plans	2005 Qtr 4	Government	
	4.9.2. Facilitate active networking of national NGO coalitions at regional and sub-regional				Federal	NACA, coalitions	At least 50% of national NGO coalitions actively participating in regional and sub-regional networking	NACA action plans	2008 Qtr 4	Government, UN System	
	4.9.3. Increase engagement of federal government with regional and sub-regional bodies on HIV/AIDS related issues				Federal	NACA, Fed Min of Ext Affairs, Presidency	Increased engagement with regional and sub-regional bodies	Nigeria as fee paying member of regional networks	2009 Qtr 4	Federal Government	
	4.9.4. Replicate a more comprehensive corridor project prototype along all mapped border towns				Federal/ state/LGAs communities	NACA, NGOs, Fed Min of Transport, FMIA, Fed Min of Ext Affairs	Comprehensive and gender sensitive Corridor project prototype replicated in other border towns	Project implementation plans	2008 Qtr 4	FGN, States/World Bank, Bilateral	

OBJECTIVE 5: **To have 95% of specific groups make the appropriate behavioral changes (safe sex, abstinence etc) through social mobilisation by 2009.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
5.1. Scale up and strengthen HIV/AIDS response targeted at persons from specific groups	5.1.1 Intensify advocacy activities in relevant ministries and agencies for mobilization of resources for HIV/AIDS programmes				Fed, state	NACA, SACA	No. of advocacy activities conducted Amount of resources mobilized	HIV/AIDS plans and budget of the relevant ministries	2006 Qtr1 & ongoing	Development partners, NACA, MOD, FMIA, FMoW, FMoF, FRSC	all relevant line ministries adequately sensitized to issues of HIV and AIDS
	5.1.2 Update mapping, needs assessment and baseline surveys to identify and describe socio-behavioral issues for all specific groups at zonal level.	MSM, PESP, Armed forces, CSWs, IDUs			Communities	NACA, SACA, LACA, CSOs, FBOs	Result of survey disseminated	Survey report	2005, Qtr 4	Government, Development. partners	Cooperation of special needs population
	5.1.3. Design, produce and distribute additional appropriate gender sensitive BCC materials for specific groups in collaboration with objective 2	20,000			Community	LACA, NGOs, private sector	No. of BCC materials designed, produced and distributed per year per component group within the specific group populations	Distribute reports	2007 Qtr 2		Required BCC skills exist
	5.1.4. Train and build skills of more male and female members of persons within specific groups as PEs to provide information and education on HIV/AIDS	20% of specific groups population	50% female representation		Community, FBOs	LACA, NGOs, private sector	No. of persons from specific groups trained per state, per year, per gender	Workshop reports	2007 Qtr 2		Persons with special needs are willing to be identified. Funds availability

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.5. Establish and Integrate user friendly VCT services into all health care centers accessed by persons from specific groups	At least 30% of health care facilities			All FBOs	NACA, SACA, LACA, FMOH, SMOH, local govt. health agencies, NGOs, Private sector	No. of health care facilities in the country running user-friendly VCT centers for persons from specific groups	Health centers exit interviews	2006 Qtr 4		
	5.1.6. Build the capacity of more male and female persons from specific groups as peer HBC providers	10% of specifics groups population			Fed, state, local govt, community	NACA, SACA, LACA, NGOs, private sector	No. of persons from specific groups trained as peer HBC provider per state, per year, per gender	Training reports	2006 Qtr 4		
	5.1.7. Support the establishment of linkages to HBC services for persons from specific groups in each state				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector, NEPWHAN	Percentage of HIV positive persons from specific groups accessing HBC services by gender	Number of HBC clients records	2006 Qtr 4		
	5.1.8. Integrate ARV and management of OIs for HIV positive persons from specific groups into all health care services accessed by members of the group				All	FMOH, SMOH, local govt health agencies, FMIA, NACA, SACA, LACA, NGOs, Private sector	No. of health care services accessed by members of the group provide ARV and drugs for OI based on equity	Clinic records	2007 Qtr 4		Health centers in refugee, IDP and trafficked human camps exist and have the capacity to integrate ARV programmes
	5.1.9. Train more staff of health care centers on peculiar needs of specific group populations	50% of health centers	At least 50% male		Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	No. of care centers with staff trained.	Training reports	2006 Qtr 3		Funds available

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.10. Facilitate the enrollment of more persons from specific groups on ARV programmes	20% of more HIV/AIDS positive persons from specific groups on ARV programm		IDUs	Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector, NEPWHAN	No. of positive persons from specific groups accessing ARV	Health facility ARV/client record	2009 Qtr 4		ARV programme is scaled up
	5.1.11. Integrate the provision of ARVs and OI drugs, PMTCT services into health services for uniformed personnel and their families and ensure gender equity in distribution				Fed, state, local govt, community	NACA, Fed Min of Defense, FMIA SACA, LACA, NGOs, Private sector	No. of health services with integrated ARV and OI Programmes. No of health services with integrated PMTCT programmes	Service records	2006 Qtr 4		PMTCT plus programme are to be scaled up
	5.1.12. Establish functional linkage/referral system between health care, and community-based delivery services including PMTCT plus accessible to HIV positive persons from specific groups	60% of health facilities			All	FMOH, SMOH, PHCs, FMIA, NACA, SACA, LACA, NGOs, Private sector	Functional linkages/referral systems established between health care community-based delivery services and PMTCT centers.	Number of clinic referral records	2009 Qtr 4	Government	
	5.1.12. Educate persons from specific groups about new HIV technologies and treatment	40% of specific groups population			Fed, Community	NACA, LACA, relevant CCE	No of persons educated	Activity reports	2009 Qtr 4		
	5.1.13 Organize sensitization seminars for gatekeepers and the public on the de-stigmatization of specific groups	370 (2 meetings/ state/year)			Community	LACA, NGOs, private sector, NEPWHAN	No. of meetings organized per state per year	Activity report	2009 Qtr 4		Funding available for HIV/AIDS activities
	5.1.14. Train CSOs to design and implement community participatory programmes for risk and harm reduction strategies amongst IDUs and substance users and their rehabilitation				Fed, Community	NACA, LACA, NGOs, NDLEA	No. of CSOs that integrate risk and reduction strategies for IDUs and substance users* in their programmes	CSOs annual report	2009, Qtr 4	Government UNODC partners	Availability of CSOs working with substance abusers and IDUs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.15. Facilitate HBC service support for senior citizens who provide HBC in each state				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	No. of CSOs that provide AIDS support services for the senior citizens who care for HIV positive people	Annual HIV/AIDS report	2009, Qtr 4		
	5.1.16. Improve and scale up existing condom (male & female) promotion and provision programmes for all specific groups, particularly at major transport stop point etc				Community	NGOs, public/ private sector	No. of condom sales and utilization programmes	Condom logistic report	2009 Qtr 4	DFID-SFH	

OBJECTIVE 6: **To strengthen national capacity for monitoring and evaluation of the HIV/AIDS response such that the national monitoring and evaluation plan is 100% implemented by 2009.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
6.1 Strengthen mechanisms for monitoring and evaluation	6.1.1Finalize pilot study on NNRIMS and database utilization				Federal	NACA	Pilot study completed	Report of pilot study	2005 Qtr 2	NACA, USAID, Bilateral	Resources to complete ongoing pilot study
	6.1.2 Review existing PMM tools and update PMM database				Federal	NACA, FMOH/ NASCP	PMM tools reviewed and database updated	Functional PMM database available in health facilities	2005 Qtr 2	GHAIN, APIN, FMOH, etc	Commitment to the review process
	6.1.3 Review NNRIMS and integrate PMM				Federal	NACA	Harmonized NNRIMS indicators produced	Revised NNRIMS document	2005 Qtr 2	USAID/ NACA	Alignment of NNRIMS with NSF
	6.1.4 Update and Develop SOPs for all categories of service				Federal	NACA/ FMOH/ NASCP	SOPs developed for each service	SOP manuals available for each service	2005 Qtr 2	GHAIN, APIN, FMOH, etc	Commitment to the process and the use of SOPs.
	6.1.5 Update and Develop operational guidelines on M&E				Federal	NACA	Monitoring and Evaluation Operational guidelines developed	M&E Operational guideline document	2005 Qtr 3	NACA	
	6.1.6. Establish and strengthen M&E units at all levels				Federal State LGAs	NACA, line ministries SACA, LACA to coordinate,	Number of operational Units at all levels.	M&E Reports at all levels and line ministries. .	2005 Qtr 4 (50% of target)	UNAIDS, SNR	Availability of Capacity.
	6.1.7. Update and Develop institutional M & E plans				State and local government	SACA, LACA, CSOs, FBOs,	No of institutions with developed M&E plans.	Institutional M&E reports plans	2005Qtr 4 (50% of target)		Commitment of institutions to M&E.
	6.1.8 Implement revised NNRIMS.				National, State, Local Government	NACA, SACA and LACA	NNRIMS implemented at all levels.	NNRIMS implementation report.	2005 Qtr 4 (50% of target)	NACA, Measures USAID, Other Partners	Revised NNRIMS and operational guidelines available
	6.1.9. Produce and disseminate annual HIV/AIDS country status report	N/A	N/A	N/A	Federal, State Local Govt.	NACA, SACA and LACA	No of Annual HIV/AIDS report produced	Annual HIV/AIDS report available and disseminated	Ongoing	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	6.1.10 Establish dissemination mechanism for update on national HIV/AIDS response				Federal	NACA	Number of update report produced and disseminated	Available update Report	2006 Qtr 2	NACA	Report is disseminated through channels in a timely manner
6.2. Strengthen capacity for monitoring and evaluation	6.2.1. Identify additional appropriate institutions for M & E training delivery				National	NACA, other partners	Number of M& E training providers identified	3 center functional by 2006, and additional 3 by 2008	2008 Qtr 4		
	6.2.2 Conduct training on M & E at all levels		50% female		National, state and local govt	NACA, SACA, LACA	Number of SACA, line ministries and CSO personnel trained	Report of M & E training	2005 Qtr 2	NACA	appropriate staff are trained
	6.2.3. Advocate for dedication of at least 10% of every HIV/AIDS Program budget to the M & E component at all levels				Federal, State, Local Govt.	NACA, Line ministries, SACA, LACA	Number of State, Local Govt. and line ministries allocating 10% to M & E in their budget	Budget of States, Local Govt. and line ministries	2006 Qtr 1		Advocacy activities will be geared to achieving this before the 2006 budget is approved
	6.2.4 Equip all M&E units with necessary materials relevant for their level of operations.	N/A	N/A	N/A	Federal, States, & LGAs	NACA, SACAs & LACAs	Number of M&E units equipped	Equiments and materials available for M&E operations	2006 Qtr4	Government	
6.3. Update national strategic HIV/AIDS information	6.3.1. Update and Conduct gender sensitive National and state level HIV situation analysis				Federal, State	NACA,SACA	Baseline information collected, analyzed and disseminated	Reports published and disseminated	2006 Qtr 1		Gender issues will be captured in the design and analysis of the surveys
	6.3.2. Conduct key survey to update database on -High risk BSS, -NARHS, -ANC sero -surveillance, -Population based seroprevalence, -Health facility, -Other relevant surveys				Federal, State & LGAs	FMOH/NASCP	Number of surveys conducted	Survey reports	-2005 Qtr 4, -2006 Qtr 2	USAID, GHAIN, Bill & Melinda Gates foundation, DFID, CDC etc	Collaboration of development partners
6.4 Monitor and evaluate the implementation and impact of the NSF	6.4.1. Conduct mid-term and final evaluation of the NSF				Federal, State, Local Govt.	NACA, SACA, LACA	Number of evaluation conducted	Evaluation report	2007 Qtr 4 (midterm) 2009 Qtr 4 (final)	NACA	
	6.4.2. Establish NSF Implementation Committee to produce Independent Annual Civil Society NSF Implementation Report				Federal, State, Local Govt.	CCE, Civil society	Number of Independent review conducted	Independent annual review report	Ongoing	Development partners, NGOs	Empowered civil Society organizations

OBJECTIVE 7: To build national capacity for research, knowledge sharing and the acquisition and utilization of new HIV/AIDS technologies

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
7.1 Strengthen HIV/AIDS related research	7.1.1. Revive the national ethics review board (NERB) and facilitate establishment of functional IRB in all research institutions, states and university		50% female		Federal	FMOH, NACA	- Functional NERB, - Number of inaugurated and functional IRB	Meeting report	2006 Qtr 3		Collaboration of research institution
	7.1.2 Develop and disseminate - National Research Agenda - R&D policy - Ethical guidelines for HIV/AIDS research				Federal	FMOST, FMOH	Research Agenda, R&D policy Deloped. Ethical guidelines for HIV/AIDS disseminated	Policy document. Implemented Ethical guidelines	2005 Qtr 3 - 2005 Qtr 1		
	7.1.3. Identify, prioritize and disseminate research needs and studies				Federal	NACA, research institutions	Number of research areas identified and prioritized	Research reports on identified prioritized areas	2005 Qtr. 2		Government commitment to research and cooperation of research institutions
7.2. Conduct gender disaggregated research on the impact of HIV/AIDS in key sectors	7.2.1. Identify, prioritize and conduct impact studies in key sectors		50% female respondents	Women, PLWAs, Rural dwellers, youth.	Federal, State and LGA.	NACA, SACA. NPC, CSOs, Research institutes, Academics	List of priority areas for impact studies produced. No.of impact studies conducted	Studies, reports, Publications	2005, Qtr 2 Ongoing	WHO/ Global Fund	NACA to coordinate the whole process of the research at all levels. Inadequate capacities of implementing organizations.
7.3 Promote operational Research on HIV/AIDS	7.3.1 Develop an HIV/AIDS treatment interventions operational research agenda				Federal, State, Local Govt.	FMOH, NACA, SACA, SMOH,	Number of post intervention surveys conducted	Surveys report published and disseminated		Federal	
	7.3.2. Mobilise additional resources for prioritized HIV/AIDS research activities and new technologies				Federal	NACA, FMOST private sector and research institutes	Amount of resources mobilized	Registry of research funded	Ongoing	Government, Foundations, Bilaterals and Parners	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
7.4 Promote the development, acquisition and utilization of new HIV/AIDS technology	7.4.1 Develop and disseminate: New technologies										
	The national vaccine and microbicide plans				Federal	NACA	Number of institutions implementing Vaccine plans protocols	protocol documents	2005 Qtr. 1		
	Guidelines for clinical trials on new HIV technologies				Federal	NIMR/ NERB	Number of Guidelines for clinical trials developed and disseminated	Report of clinical trials	2005 Qtr. 2		
	Information on new HIV prevention technologies			SW, PESSP	Federal, state, Local Govt,	NACA, SACA, LACA, CSOs	Number of new technology Information disseminated	Report end user surveys	Ongoing		
	7.4.2. Establish a national working group on new HIV technologies for policy formulation, monitoring and evaluation of clinical trials		50% female representation		Federal	NIMR/ NIPRD	Functional working group	Reports of new HIV/AIDS technology working group	2005 Qtr. 4		
	7.4.3 Expand NAFDAC's functional scope to include the regulation of New HIV technologies				Federal	FMOH, NACA, National Assembly, NAFDAC, SON and relevant organizations	Scope of NAFDAC operational mandate expanded to include regulation of all new HIV technologies	New NAFDAD operational mandate	2006 Qtr. 4		
	7.4.4 Promote the manufacture of HIV test kits and ARVs in Nigeria				Federal	Private sector NACA, FMOH, NAFDAC, Fed Min of Finance, Fed Min of Commerce, NIPRD	Number and types of test kits manufactured locally	Manufacturing industry inventory report	Ongoing		NAFDAC/SON regulates quality of locally manufactured kits

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
7.5 Improve HIV and AIDS Learning, Knowledge Sharing and Information Management	7.5.1. Establish mechanisms for dissemination and replication of relevant new knowledge on HIV/AIDS				Federal	NACA	Number and types of mechanisms for disseminating and replicating new knowledge	Report of new knowledge disseminated	2005 Qtr. 3	Government and Partners	
	7.5.2 Support existing networks and create new relevant Learning and Research Networks				All	NGOs, Research Institutions, Consultants	Number and types of functional networks	Network Reports	Ongoing	Government, Private sector, Development Agencies	
	7.5.3 Support production of Annotated Bibliography of HIV and AIDS research in Nigeria				All	NGOs, Research Institutions, Consultants	Number and types of bibliographies produced and disseminated	Bibliographies	Ongoing	Government and Private sector	
	7.5.4 Support existing and create more HIV and AIDS Documents and Resource Centers				All	NGOs, Research Institutions, Consultants	Number of functional resource centers	Resource and documentation Center reports	Ongoing		
	7.5.5 Study and produce Nigerian best practice publication on all aspects of the response.				Federal, State, Community	Consultants, Salvation Army, PLACA, LASG HIV/AIDS Agency	No. of studies conducted	Best practice publications produced and disseminated	Ongoing	Government and Partners	
	7.5.6 Facilitate the hosting of an annual a National Conference on AIDS in Nigeria				Federal	NACA, NEPWHAN, CiSHAN, FBOs, NYNetHA, NARN & other AIDS Networks	No. of reports produced and disseminated. No of National Conferences held	Conference Report	2006	Government and Partners	

OBJECTIVE 8: **To improve the policy environment (policies, guidelines, legislations) that supports safer sex practice, reduces stigma, promotes positive living and rights of women and the general population, particularly PLWAs**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
8.1 Create an enabling policy environment for an effective and gender sensitive national HIV and AIDS response	8.1.1 Review existing HIV/AIDS-related policies to address gender, human rights issues and other emerging issues, and align policy targets to Global Health targets				Federal State, Local, Institutional	NACA, Line ministries, SACA, LACA, NEPWHAN, CSOs	All policies Reviewed and engendered, Policies ratified by the National Executive Council	Review Meeting Reports	2005 Qtr 3	Government, Partners	Govt. Commitment. - Availability of existing policy documents
	8.1.2 Develop and/or ratify new engendered HIV-AIDS-related policies and guidelines on -Orphans & vulnerable children (OVC) -Home Based Care, Nutrition -OIs and ARV policy -Female Genital Mutilation -Prisons -Trans-boarder and Refugees HIV/AIDS Policies -Workplace -Microbicides and vaccine Research Ethics				Federal, State, Local Govt.	NACA, Line ministries, SACA, CCEs, NEPWHAN, Support groups	Number of new policies developed and ratified by National Executive Council	The policy documents. Reports of the process. Reports of the process.	2006 Qtr 2	Government, Partners	Commitment of relevant line ministries, NACA and SACAs, Active involvement of CCEs
	8.1.3 Develop policy to facilitate the involvement of traditional medical practitioners in the prevention of HIV infections, treatment and care of PLWAs				Federal, State, LGAs	NACA, SACA, LACA	Policy ratified by the National Executive Council	The policy document. Reports of the process.	2007 Qtr 2	Government	Willingness of Traditional medical practitioners to collaborate
	8.1.4 Disseminate the Revised National HIV/AIDS Policy widely.	1480 participants (37 workshops x 40 participartants)	60% workshop participants are female	20% PLWAs	Federal, State	NACA, SACA	Number of workshop held. Policy advocacy materials	Workshop Reports	2006 Qtr 4	Govt.	Cooperation of SACAs and CCEs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
8.2 Removal of Impediments to the attainment of an enabling legal environment	8.2.1 Review all provisions of relevant laws, which are gender discriminatory or impedes HIV/AIDS programming success	Bill establishing NACA, Criminal and Penal codes, Matrimonial Causes Act. Children and Young Persons Law, The Labor law, Other customary laws			Federal, State, Local Govt.	-Law Reform Commission -National Human Rights Commission -Fed. Min. Of Justice FMOWA, FMOL, - National and States Assemblies	Number of laws reviewed	-Review reports - Amended Bills/Laws	2006 Qtr 4	Govt. UNICEF, ILO	Commitment of: - Law Reform Commission - National Human Rights Commission -Fed. Min. Of Justice FMOWA, FMOL, - National and states assemblies
	8.2.2 Advocate for the enactment of Policy supportive laws on HIV/AIDS: - Workplace, - Reproductive Health. - Uniformed services -Insurance - Immigraton - Prison				Federal, State, Local Govt.	NACA, CSOs, FBOs, NEPWHAN	Number of advocacy events. Number of Laws enacted on HIV/AIDS related policies	Reports and attendance lists at advocacy events	2007 Qtr 2	ILO, UNFPA, USAID	Commitment of CSOs, FBOs and NEPWHAN
	8.2.3 Develop capacity of law enforcement Agencies and the judiciary on gender, human rights HIV/AIDS issues.	5 x 37 workshops	50% of the women in these agencies are participants		Federal, State.	NACA NHRC and relevant CSOs	No of workshops and attendance Reduction in. Reduced report of Police harassment	Workshops Reports	2007 Qtr 1 and 2	Govt	Commitments of: NACA, states, law enforcement agencies and the judiciary
	8.2.4 Design and implement community and media advocacy activities for the enforcement of laws to reduce stigma and discrimination at all levels				-Federal, State, Local Govt	- NHRC, Ministry of Justice, - Media, Arts and Entertainment -CSOs including FBOs	- No. of advocacy events -No. of reported cases favorable to PLWAs and PABA	-Reports and attendance lists of advocacy events, -Law Reports -Evaluation reports -Reports of special studies	Ongoing	Govt. Development Partners	Capacity of PLWAs built to know and demand their Rights -Judiciary and law enforcement agents adequately sensitized to issues of gender and Human Rights in HIV/AIDS

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	8.2.5 Facilitate the enforcement of laws that protect the rights the rights and privileges of PLWAs.			PLWAs	Local govt, States	Ministry of Justice, Media, CSOs including FBOs	No of cases prosecuted	Court, Records	Ongoing		
8.3. Enactment of new laws to take care of the legal needs of those infected and affected by HIV/AIDS	8.3.1 Strengthen the National Assembly Response HIV/AIDS and build capacity of Legislators on at National and state levels on HIV /AIDS issues requiring new laws such as: -Workplace -Insurance coverage for PLWAs -Testing prior to marriage, scholarships etc				Federal, State, and LGA	NACA, NASRA, Clerks of the ligislature	New laws /Acts in development process. Number of meetings held	Reports of meetings held	2005 Qtr 4	Legislature Development Partners	Commitment of the legislature
	8.3.2. Enact supportive gender sensitive laws in the areas of: - Early marriages - Insurance coverage for PLWAs -Workplace				Federal, State, and Local Govt	-Legislature -Judiciary - CSOs - Other relevant CCEs	Number of laws enacted	-Acts -Edits/bye-laws	2006 Qtr 4	Legislature Development Partners	Legislature adequately sensitized. CSOs mobilized to demand for accountability and justice
8.4. Create gender sensitive and human rights friendly environment for effective management of HIVAIDS responses.	8.4.1 Domesticate the following International and regional human rights HIV/AIDS related instruments for the protection of all citizens[2]	- International Guidelines on HIV/AIDS and Human Rights, ICCPR, ICESCR, CEDAW, ILO Workplace Guidelines, GIPA Principles			-Federal	Legislature, - CSOs, - CCEs	No. of instruments fully domesticated	-Acts	2005 Qtr 4		Legislators adequately sensitized on gender and human rights issues pertaining to HIV/AIDS
	8.4.Build stakeholder capacity on Human Rights and HIV/AIDS s at state level	1480	50% of participants are females	20% participants are youths and relevant vulnerable persons	-State	SACA	No. of meetings held	Meeting Reports	2006 Qtr 1	DFID, , UNAIDS	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
8.5 Advocacy targeting policy makers and opinion leaders	8.5.1 Revise existing HIV/AIDS Advocacy kits				Federal, State, LGA, Community	NACA, SACA, LACA, CSOs	# of Advocacy kits revised for	Workshop reports. Activity reports	2005 Qtr 3	Govt. UN system	Availability of political, traditional and religious leaders
	8.5.2 Conduct advocacy meetings for male and female influential to mobilize their support for HIV/AIDS prevention and behaviour change	3700 (100 per state + FCT)	30% female	Youth	State	SACA	# of meetings	SACA annual reports NGO reports	2005 Qtr 4	SACA	NGOs share reports with SACA
	8.5.3 Conduct sensitization meetings for Private-Public Partnership Forum members to ensure the participation of private sector in supporting HIV/AIDS activities.	100	30 % women		Federal	PPPF Members, CCE, NACA	# of meetings	Activity reports.	2005 Qtr 4	NACA, Private sector	Commitment from private sector