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**National HIV/AIDS  
Strategic  
Framework  
(NSF) 2010-15**

**December 2009**

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## FOREWORD

Significant progress has been made in the fight against HIV and AIDS since the "United Nations declaration of Universal Access" in 2005. The population of PLWHIV has leveled off at 33 million people with about 4 million receiving ART globally. Nigeria remains one of the most burdened nations with about 3 million people living with the disease. Despite mounting a vigorous and sustained response, the HIV/AIDS epidemic has remained a major challenge and obstacle to the attainment of national development goals including the MDGs and the vision 20/20/20. These realities compel the need for the regular review of the national response and the strategies in order to achieve a more effective control of the HIV epidemic in the country. The National Policy on HIV/AIDS remains the corner stone and the main thrust for the renewed vision and efforts to combat the HIV/AIDS challenge. The strategies as enunciated in the National HIV/AIDS Strategic Framework and Plan are derived and designed to achieve the goals set forth by the National Policy on HIV/AIDS.

The first National HIV/AIDS Strategic Plan (HEAP- HIV/AIDS Emergency Action Plan 2001-3) was developed in 2000/2001 and mainly addressed the issues of creating public awareness, at a time when the epidemic was beginning to spread in the country and when awareness, knowledge and behavior change were critical to nip the epidemic in the bud. The HEAP was reviewed in 2004/2005 at its expiration and a new National Strategic Framework for action tagged NSF 2005-9 developed, with the expectation that all stakeholders within the response will draw and derive their implementation plans from it. In December 2007, the implementation of the NSF 2005-9 was reviewed through a joint mid-term review process in collaboration with partners and stakeholders in the response with the outcome influencing the implementation in the remaining period of its life span.

The expiration of the NSF 2005-9 has provided yet another opportunity to review the National response with a view to deploy new strategies to ensure the attainment of national development goals and objectives such as the vision 20/20/20, MDGs, 7 point agenda, etc.

The overall goal of the current review is to provide a framework and plan for advancing the multi-sectoral response to the epidemic in Nigeria so as to achieve effective control of the disease by reducing the number of new infections, providing equitable care and support, and mitigating the impact of the infection. Consequently the thrust of the National HIV/AIDS Strategic Plan 2010-15 include Behavior Change and prevention of new infections while sustaining the momentum in HIV/AIDS treatment, care and support for adults and children infected and affected by the epidemic. In addition the plan aims to address gender inequality, knowledge management and research in a bid to ensure that interventions are evidence driven.

I, therefore, hope that this National HIV/AIDS Plan 2010-15 will bring not only an added impetus to our fight to halt and reverse the spread of HIV by 2015, in line with the nation's development goals and MDGs but also an inspiration to redirect our energies and investments to ensure we remain on course to achieve our goal of eliminating HIV from our communities.

**Prof. Emeritus Umaru Shehu** CFR, FAS, DFMC  
Chairperson  
NACA Governing Board  
December 2009

## PREFACE

The last five years has seen significant progress in the national response to HIV. The level of awareness has greatly increased, behaviour change is slowly improving and many more people are accessing antiretroviral therapy. In spite of the progress made, Nigeria still remains one of the most burdened countries globally with 3 million people living with HIV, gaps in treatment and an imbalance between prevention and treatment. The dynamics of the epidemic show significant variations within the country possibly a reflection of the social and cultural diversity.

Our common goal is to halt and reverse the spread of HIV by 2015 and in so doing contribute to the MDGs and the national developmental goals including the President's seven point agenda and the vision 20/20/20. To achieve this, we need to provide Universal access to comprehensive HIV prevention, treatment, care and support. Greater effort and focus is being placed on HIV prevention as it represents our best hope while effective strategies will be built on a detailed knowledge of the current epidemic including the factors that drive the epidemic and future progression. In addition, greater efforts will also have to be made in order to sustain the momentum in AIDS treatment and supporting the needs of all adults and children living with and affected by HIV.

The period spanning the last national strategic HIV framework, witnessed renewed global and national interest and commitment to redouble efforts at mobilizing resources for HIV prevention, treatment, care and support. We observed the impact of the Universal Access globally and commitment from the public, private sector, civil society and development partners in Nigeria. The transformation of the National Action Committee for the Control of AIDS to the National Agency for the Control of AIDS (NACA) at the centre and such transformation in several states has helped to foster the “the three Ones” in the HIV response in the country. This will ensure better plan development, more efficient coordination and more effective monitoring and evaluation of programs. In this context, it will also provide for more optimal use of available resources by making the monies work for less HIV and AIDS.

The HIV situation in the country and even in specific populations within the country and its multifaceted determinants are constantly changing and in some cases rapidly and dramatically. Planning for effective and relevant responses must take cognizance of this. In addition, in order to achieve universal access by scaling out the national response, it is important that the “lessons learnt” from our last plan period be integrated with our current response to achieve the desired impact. In so doing, we can strengthen “what works” and discard “what does not work”.

Like previous plans, the development of this plan has been anchored on national leadership and ownership and it is hoped that implementation will follow those lines to ensure an effective and sustainable national response. In addition, there has been genuine and strong participation of all key stakeholders throughout the planning process including a broad range of national actors including the public and private sectors, Civil Society Organizations (CSOs), People Living with HIV and AIDS (PLWHIV) and Development Partners.

It is my fervent hope that by pinpointing interventions that are effective, adopting and adapting “best practices” or lessons learnt, setting priorities and allocating resources accordingly, the implementation of this plan will maximize the use of available resources thereby leading to a sustainable progress in the national HIV response.

**Professor John Idoko,**  
Director General,  
National Agency for Control of AIDS (NACA)  
December, 2009

## ACKNOWLEDGEMENT

The development of the National Strategic Framework/Plans 2010-15 went through thorough evidence driven, participatory and consultative process that engaged the inputs and technical expertise of several stakeholders. The combined effort of all National response Stakeholders in the country to collaboratively produce a well structured six year (2010-15) National HIV/AIDS Strategic framework, and costed plans (1 National HIV/AIDS Plan, 34 State HIV/AIDS Strategic Plans, 5 Network Plans and 19 Ministries, Departments and Agencies' Plan) through an intensive, demanding but evidence driven process in a period of four months (September-December 2009), deserves nothing but praise.

May I therefore express sincere gratitude to everyone that contributed to this significant achievement; Process Governing Teams Chaired by the Director General of NACA Prof. John Idoko, The Partners (National and International), States, MDAs, Team of National Consultants under the leadership of Dr. Pat Youri, Dr. Adesegun Fatusi (Co-lead), Dr. Comfort Agada-Kibogo, Dr. Enyantu Ifenne, Mrs. Nkechi Nwankwo, Dr (Mrs.) Ejiro Otive-Igbuzor, Dr. Iheadi Afonne Onwukwe, Dr. Khamofu Hadiza, Dr. Bunmi Asa, Prof. Femi Ajibola, Mrs. Jadesola Bello and Dr. Garba Magashi; the States, Networks and MDA consultants and my dynamic and tireless young men and women (15 in total ) that manned the secretariat led by Mrs. Esther Ikomi with the support of Dr. Sam Abiem and Ms. Ifeoma Ofili.

The role played by all Project Managers/ Chief Executive Officers / Executive Secretaries/ Chairpersons of SACAs/MDAs/Networks must be acknowledged as it is not possible to have a National Response without the State, Sectoral and MDA responses. Your hard work, faith and enthusiastic support made this happen.

Furthermore, specific mention must be made of the Development Partners' support and contributions (technical, human and financial) to the process. These include members of the Development Partners' Group (DPG), USG, DFID, ENR, SFH, MSH, the United Nations System in Nigeria, UNAIDS, UNFPA, UNDP, UNICEF, World Bank, CIDA, GHAIN/FHI

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Finally but most importantly, gratitude must be expressed to God Almighty for providence and for allowing our intentions and proposals to become reality.

It is only the implementation of these plans that can justify the efforts and resources expended, so let the work begin now to better the lots of all those, on whose behalf we have accepted our positions of responsibility!

**Alex Ogundipe mps,**  
Director, Policy & Strategy  
National Agency for the Control of AIDS  
NACA  
December 2009

## ACRONYMS AND ABBREVIATIONS

|           |  |
|-----------|--|
| AFPAC     | Armed Forces Program on AIDS Control                         |
| AIDS      | Acquired Immune Deficiency Syndrome                          |
| ANC       | Ante-natal Care  |
| AONN      | Association of OVC NGOs in Nigeria                           |
| APIN      | AIDS Prevention Initiative Nigeria                           |
| BCC       | Behavior Change Communication                                |
| CBOs      | Community Based Organizations                                |
| CISHAN    | Civil Society Network for HIV/AIDS in Nigeria                |
| CPT       | Cotrimoxazole Preventive Therapy                             |
| CSOs      | Civil Society Organizations                                  |
| CTX       | Cotrimoxazole  |
| DFID      | Department for International Development                     |
| DHIS      | District Health Information System                           |
| DOTS      | Directly Observed Treatment Short Course                     |
| FBOs      | Faith Based Organizations                                    |
| FCT       | Federal Capital Territory                                    |
| FGoN      | Federal Government of Nigeria                                |
| FHI       | Family Health International                                  |
| FMoH      | Federal Ministry of Health                                   |
| FMWA & SD | Federal Ministry of Women Affairs and Social Development     |
| GFATM     | Global Fund to fight HIV/AIDS, TB and Malaria                |
| GoN       | Government of Nigeria  |
| HAD       | HIV/AIDS Division  |
| HAF       | HIV/AIDS Fund  |
| HAPSAT    | HIV/AIDS Program Sustainability Analysis Tool                |
| HCT       | HIV Counseling and Testing                                   |
| HIV       | Human Immunodeficiency Virus                                 |
| IBBSS     | Integrated Biological and Behavioral Surveillance Survey     |
| IDPs      | International Development Partners                           |
| IDU       | Injecting Drug Users   |
| IEC       | Information, Education, and Communication                    |
| IHVN      | Institute of Human Virology Nigeria                          |
| IMNCH     | Integrated Maternal, Newborn, and Child Health               |
| IPs       | Implementing Partners  |
| JMTR      | Joint Mid-Term Review  |
| LACAs     | Local Government Action Committee on AIDs                    |
| LAMIS     | Lafiya Management Information System                         |
| LHPMIP    | Logistics and Health Program Management Information Platform |
| M&E       | Monitoring and Evaluation                                    |
| MAP       | Multi-Country AIDS Program                                   |
| MARPs     | Most-at-Risk Populations                                     |
| MDGs      | Millennium Development Goals                                 |
| MDR- TB   | Multi-Drug Resistant TB                                      |
| MSM       | Men who have Sex with Men                                    |
| NACA      | National Agency for the Control of AIDS                      |
| NAPEP     | National Poverty Eradication Program                         |
| NARHS     | National AIDS and Reproductive Health Surveys                |
| NASA      | National AIDS Spending Assessment                            |
| NASCP     | National AIDS and STI Control Program                        |
| NBTS      | National Blood Transfusion Service                           |
| NDE       | National Directorate of Employment                           |
| NDHS      | Nigeria Demographic and Health Survey                        |

## ACRONYMS AND ABBREVIATIONS

|         |  |
|---------|--|
| NGOs    | Non-Governmental Organizations                                       |
| NIBUCAA | Nigeria Business Coalition Against AIDS                              |
| NiDAR   | Niger Delta AIDS Response  |
| NNRIMS  | Nigeria National Response Information Management System              |
| NSF     | National Strategic Framework   |
| NTBLCP  | National TB and Leprosy Control Program                              |
| OIs     | Opportunistic Infections   |
| OVC     | Orphans and Vulnerable Children                                      |
| PABA    | People Affected By HIV/AIDS  |
| PATH2   | Partnership for Transforming Health Systems Phase II                 |
| PEPFAR  | President's Emergency Plan for AIDS Relief                           |
| PHC     | Primary Health Care  |
| PLWHIV  | People Living with HIV/AIDS  |
| PMTCT   | Prevention of Mother to Child Transmission                           |
| SACAs   | State Action Committees on AIDS/State Agency for the Control of AIDS |
| SBTS    | State Blood Transfusion Service                                      |
| SDPs    | Service Delivery Points  |
| SMEDAN  | Small and Medium Scale Enterprises Development Agency of Nigeria     |
| SMoH    | State Ministry of Health   |
| SNR     | Strengthening Nigeria HIV/AIDS Response                              |
| SOPs    | Standard Operating Procedures  |
| SPDC    | Shell Petroleum Development Cooperation                              |
| SRH     | Sexual and Reproductive System                                       |
| STIs    | Sexually Transmitted Infections                                      |
| TB      | Tuberculosis   |
| TOR     | Terms of Reference   |
| TWG     | Technical Working Group  |
| UBE     | Universal Basic Education  |
| UNAIDS  | Joint United Nations Program on HIV/AIDS                             |
| UNGASS  | United Nations General Assembly Special Session                      |
| UNICEF  | United Nations Children's Fund                                       |
| USAID   | United States Agency for International Development                   |
| USG     | United States Government   |
| WHO     | World Health Organization  |

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# National HIV/AIDS Strategic Framework (NSF) 2010-15

## **Background**

The NSF 2010-15 was developed to provide guidance and ensure uniformity and consistency in the development of the strategic plans by all stakeholders including all the 36 states of the Federation and the Federal Capital Territory (FCT); Government Ministries, Departments, and Agencies (MDAs); and the Constituency Coordinating Entities of the Civil Society Organizations (CSOs) Networks. The guidance is based on and informed by the findings and recommendations of the NSF 2005-09 Response Analysis and incorporates the comments from individuals and groups. The contents of the framework represent the consensus reached at a stakeholders' consensus building workshop attended by more than 250 stakeholders from the public, private, and civil society sectors and development partners organized by NACA.

## **Policy context and considerations for the development of the NSF II**

This NSF II is developed in the context of:

1. The 1999 Constitution of the Federal Republic of Nigeria: affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and freedom from discrimination
2. Complementary government documents that provide the basis for the NSF: the NACA Act, Medium Term Strategy, National Economic Empowerment and Development and Strategy, (NEEDS) 1 and II, and the 7-Point Agenda of the current federal government
3. Nigeria's commitment to various international conventions: Economic, Social, and Cultural Rights (1977); Convention on Elimination of All Forms of Discrimination Against Women (CEDAW); Millennium Development Declaration (2000), which targets 2015 for halting and reversal of the HIV epidemic; the Abuja Declaration and Framework for Action for the Fight against HIV, TB, and related diseases in Africa (April 2001); and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) June 2001 at which countries committed to ensure an urgent, coordinated, and sustained response to HIV and AIDS and the National Gender Policy (2006).

The key considerations that inform the development of this NSF are:

1. The heavy burden of HIV/AIDS on the many Nigerians infected with the virus, their families, communities, and the country
2. HIV/AIDS is a one of the greatest public health challenges in the country; it is reversing many development gains of the recent past including maternal and under-five mortality rates and placing unprecedented stress on an already overburdened health care system
3. Comprehensive HIV prevention, treatment, care and support services are mutually reinforcing elements on the continuum of an effective HIV/AIDS response
4. Females constitute almost three-fifths (58.3 percent) of the infected persons in Nigeria a total of 1.72 million infected people. The prevalence of HIV in the country peaks at age group 25-29 years with a sero-prevalence level of 5.6 percent. Thus, young people are disproportionately infected. In general, the most-at-risk groups include female sex workers, intravenous drug users, and men having sex with men, long-distance drivers and members of the uniformed services. The leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection; arguably, each of these two are believed to account for almost ten percent of infections. However, other modes of transmission such as intravenous drug use and same-sex



intercourse are slowly growing in importance. The drivers of the HIV epidemic in Nigeria include: low risk perception, multiple concurrent partners, informal transactional and inter-generational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also significantly contribute to the continuing spread of the infection.

5. HIV/AIDS related stigma remains pervasive and PLHIV are discriminated against and denied access to compassion, care, support and social services.
6. Culture, traditions and religion have a strong influence of behaviors, attitudes, and practices of majority of Nigerians. As such traditional and faith-based institutions, as gate keepers of attitudes and behaviors, are critical assets in the fight against the disease.
7. Effective response to HIV/AIDS requires respect for and protection and fulfillment of all human rights (civil, political, economic, social, and cultural) and upholding the fundamental freedoms of all people in accordance with the country's constitution and existing international human rights principles, norms and standards. Ample evidence exists that demonstrate MARPs and gender related issues as key drivers of the epidemic. These challenges should be confronted in designing programmatic interventions to meet their HIV/AIDS prevention, treatment, care and support service needs.
8. Multisectoral partnership involving government, the private sector, the civil society, the UN system, and development partners will continue to be the cornerstone of the national HIV response.

The NSF interventions are premised on the following principles:

1. Strong political leadership of the national HIV/AIDS response and commitment to transparency and prudent management of financial resources at all levels.
2. Multi-sectoral approach that is community based and forges broad partnerships, dialogue, consultations coordination and synergies at all levels
3. Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services
4. Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in the HIV/AIDS response at all levels.
5. Commitment to promote and protect the rights of women, children, young people and marginalized groups and reduce their vulnerability to HIV infection.
6. Commitment to accelerate the scale up of HIV prevention among the most-at-risk populations (MARPs)
7. Dedication to forge consistent, effective partnerships and collaboration with development partners in the national HIV/AIDS response
8. Commitment to strengthen linkages and optimize synergies between HIV/AIDS programs and poverty alleviation initiatives to break the vicious cycle of the disease and its relationship with economic disempowerment.
9. Commitment to address social, economic, and cultural factors responsible for disproportional vulnerability of women and girls to HIV infection.
10. Commitment to evidence-based approach to planning and implementing interventions
11. Dedication to forge consistent, effective partnerships and collaboration with development partners, the private sector, and civil society through harmonized and aligned ways of working to support the national HIV/AIDS response

### **Overarching priority of the NSF**

The overarching priority of the NSF is to reposition Prevention of New HIV infections as the major focus of the national HIV/AIDS response for the National HIV/AIDS Strategic Plan (NSP) 2010-15. This will be achieved through the implementation of evidence-based behavior change communication and HIV prevention interventions; creating an enabling environment for people living with HIV (PLHIV) to reduce the transmission of HIV to others through increasing access to positive health, dignity, and prevention (PHDP) interventions; and increasing access to anti-retroviral treatment (ART) for PLHIV

who are eligible for treatment.

**Intent of the NSF II:** The NSF II provides a common outline and infrastructure for developing the multisectoral National Strategic Plan (NSP) in a bottom-up approach and iterative fashion with the states, government Ministries, Departments and Agencies (MDAs), and networks of civil society organizations (CSOs). This process fosters the greatest potential to achieving effective control of the HIV epidemic by reducing new infections, providing equitable care and support for those infected and affected, and mitigating the impact of HIV/AIDS.

The NSP will be derived from the NSF II. The targets of the NSP will be to have halted and begun to reverse the spread of HIV infection as well as mitigate the impact of HIV/AIDS by 2015. Where appropriate, the targets of the NSP should be population-based.

**Outline of the NSF II:** The structure of the NSF II is constructed on an Excel platform. Excel sheets are constructed for the six (6) thematic areas of the national HIV/AIDS response. This allows stakeholders the flexibility of inserting additional interventions outside of those suggested in the NSF II outline as well as generating activity output totals for costing purposes. The 6 HIV/AIDS thematic areas are:

1. Promotion of Behavior Change and Prevention of New HIV infections
2. Treatment of HIV/AIDS and Related Health Conditions
3. Care and Support for People Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children (OVC)
4. Institutional Arrangements, Systems, Coordination, and Resourcing
5. Policy, Advocacy, Human Rights, and Legal Issues.
6. Monitoring and Evaluation, Research, and Knowledge Management

To facilitate effective completion of the Excel sheet, the following documents are required as additions to the Excel sheets provided for the 6 thematic areas of the NSF:

1. National Population Census figures (2006) disaggregated by state, sex, and age range
2. HIV prevalence rate by state
3. Unit cost by activity (Costing Consultants only).

# PROMOTION OF BEHAVIOR CHANGE AND PREVENTION OF NEW INFECTIONS

## **Rationale**

Prevention remains the most important strategy and the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. The majority of Nigerians are HIV-negative and keeping them uninfected is critical for altering the epidemic trajectory. This underscores the importance of prevention as a cornerstone of the national HIV and AIDS response. Furthermore, persistent HIV-risky behavior in spite of high level of HIV awareness requires continuous and concerted focus on effective preventive interventions that will address specific needs key population segments and stimulate adoption of appropriate behavior that reduces the risk of HIV transmission. Communication holds a vital and indispensable place in HIV prevention interventions. It has the potential to increase demand for HIV prevention services and have an impact on knowledge, attitudes, behaviors, and practices influencing the spread of HIV. Hence in the quest for the effective control of HIV and AIDS communication for behavioral change is key.

## **Goal**

The goal of this thematic focus is to reduce the incidence of HIV and AIDS.

## **Objectives**

The objectives for the sub-thematic areas are:

### **HIV Counseling and Testing**

1. At least 80% of sexually active adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015
2. At least 80% of most at-risk-populations accessing HIV counseling and testing by 2015  
Sexually Transmitted Infections
3. At least 80% of sexually active Nigerians have access to quality and gender responsive STI services by 2015
4. STI treatment & prevention services integrated into HIV prevention services by 2015 Prevention of Mother-to-Child Transmission of HIV
5. At least 80% of all pregnant women have access to quality HIV testing and counseling by 2015
6. At least 80% of all HIV positive pregnant women access more efficacious ARV prophylaxis by 2015
7. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015
8. At least 80% of HIV positive pregnant women have access to quality infant feeding counseling
9. At least 80% of all HIV exposed infants have access to early infant diagnosis services

### **Communication Interventions**

10. At least 80% of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015
11. At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behavior
12. At least 80% of Most-At-Risk Populations (MARPs) reached with group-specific interventions and adopting appropriate HIV and AIDS related behavior.
13. At least 80% of registered organizations engaging in HIV communication interventions that address gender inequalities and comply with national standard/guidelines by 2015

### **Condom Promotion**

14. At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms
15. At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.
16. At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners

## **Integration of Sexual and Reproductive Health (SRH) and Other Relevant Health Issues into HIV Prevention Program**

17. SRH services integrated into HIV prevention programs at all levels by 2015
18. Integrate drug demand reduction and other substance use control services into 80% of HIV prevention programs by 2015.

### **Prevention with Positives**

19. At least 80% of people living with HIV/AIDS (PLHIV) have access to Positive Health, Dignity and Prevention (PHDP) interventions 2015.

### **Prevention of Biomedical Transmission of HIV**

20. At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015
21. All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.
22. At least 80% of drug dependant persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015.
23. At least 80% of traditional medical practitioners adopt universal safety precaution by 2015
24. At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national protocols by 2015.









## NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

| <b>OBJECTIVE #7</b> |   | At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 1.1                 | Scale up of quality PMTCT and EID services                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & NASCP, FMOH Reports                                      |
| 1.2                 | Advocacy/resource mobilization Communication and social mobilization  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.3                 | Ensure regular supply of PMTCT and EID commodities                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & NASCP, FMOH Reports                                      |
| 1.4                 | Capacity building (Infrastructure & Personnel)                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports;<br>Reports of capacity building activities |
| 1.5                 | Public Private Partnership  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACAH & FMOH Reports  |
| 1.6                 | Evidence based approach to programming                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACAH & FMOH Reports  |
| 1.7                 | Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| <b>8</b>            | <b>OBJECTIVE #8</b>   | At least 80% of HIV positive pregnant women have access to quality infant feeding counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 1.1                 | Scale up of quality PMTCT and EID services                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.2                 | Advocacy/resource mobilization Communication and social mobilization  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.3                 | Ensure regular supply of PMTCT and EID commodities                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.4                 | Capacity building (Infrastructure & Personnel)                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports;<br>Report of capacity-building activities  |
| 1.5                 | Public Private Partnership  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.6                 | Evidence based approach to programming                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.7                 | Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| <b>9</b>            | <b>OBJECTIVE #9</b>   | At least 80% of all HIV exposed infants have access to EID services                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 1.1                 | Scale up of quality PMTCT and EID services                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.2                 | Advocacy/resource mobilization, Communication and social mobilization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.3                 | Ensure regular supply of PMTCT and EID commodities                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.4                 | Capacity building (Infrastructure & Personnel)                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports;<br>Report of capacity-building reports     |
| 1.5                 | Public Private Partnership  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.6                 | Referral and linkages (adult/paediatric treatment, OVC,RH/FP e.t.c.)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.7                 | Evidence based approach to programming                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |

# NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

## PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

|           |   |  |  |  |  |  |  |  |  |  |  |   |
|-----------|---|--|--|--|--|--|--|--|--|--|--|---|
| <b>15</b> | <b>OBJECTIVE #15</b>                                  | At least 80% of sexually active males & females use condoms consistently and correctly with non-regular partner by 2015. |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.1       | Promote condom use                                    |  |  |  |  |  |  |  |  |  |  | NACA FMOH Reports   |
| 1.2       | Capacity building                                     |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Research Plans                                 |
| 1.3       | Promote appropriate operational research              |  |  |  |  |  |  |  |  |  |  | documentations  |
| 1.4       | Promote referral and linkages with other SRH services |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
|           |   |  |  |  |  |  |  |  |  |  |  |   |
| <b>16</b> | <b>OBJECTIVE #16</b>                                  | At least 80% of MARPS use condoms consistently and correctly by 2015 with non-marital partners                           |  |  |  |  |  |  |  |  |  |   |
| 1.1       | Promote consistent and correct condom use             |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.2       | Capacity building of service providers                |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.3       | Promote appropriate operational research              |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.4       | Promote referral and linkages with other SRH services |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
|           |   |  |  |  |  |  |  |  |  |  |  |   |
| <b>17</b> | <b>OBJECTIVE # 17</b>                                 | SRH services integrated into HIV prevention programmes at all levels by 2015   |  |  |  |  |  |  |  |  |  |   |
| 1.1       | Capacity building                                     |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Report of capacity-building activities         |
| 1.2       | Scale up of integration                               |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.3       | Demand creation for service utilization               |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; BCC Documentation Reports                      |
| 1.4       | Advocacy  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports   |
| 1.5       | Supply of commodities                                 |  |  |  |  |  |  |  |  |  |  | NACA & CLMS, FMOH Reports   |
|           |   |  |  |  |  |  |  |  |  |  |  |   |
| <b>18</b> | <b>OBJECTIVE # 18</b>                                 | Integrate drug demand reduction & other substance use control services into 80% of HIV prevention programmes by 2015     |  |  |  |  |  |  |  |  |  |   |
| 1.1       | Capacity building                                     |  |  |  |  |  |  |  |  |  |  | NACA, NDLEA & FMOH Reports; Reports of capacity-building activities |
| 1.2       | Scale up of integration                               |  |  |  |  |  |  |  |  |  |  | NACA, NDLEA & FMOH Reports  |
| 1.3       | Demand creation for service utilization               |  |  |  |  |  |  |  |  |  |  | NACA, NDLEA & FMOH Reports  |
| 1.4       | Advocacy  |  |  |  |  |  |  |  |  |  |  | NACA, NDLEA & FMOH Reports; Reports of Advocacy activities          |

## NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 PREVENTION OF NEW INFECTIONS AND PROMOTION OF BEHAVIOUR CHANGE

| 19 OBJECTIVE #19   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| At least 80% PLWHAs have access to Positive Health, Dignity and Prevention (PHDP) interventions by 2015  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1  | Capacity building  |  |  |  |  |  |  |  |  |  |  | NACA, FMOH & NEPHWAN Reports; Reports of capacity-building activities                              |
|  | Scale up of PHDP services  |  |  |  |  |  |  |  |  |  |  | NACA, FMOH & NEPHWAN Report  |
| 1.2  | Demand creation for PHDP services  |  |  |  |  |  |  |  |  |  |  | NACA, FMOH & NEPHWAN Report  |
| 1.3  | Advocacy   |  |  |  |  |  |  |  |  |  |  | NACA, FMOH & NEPHWAN Report  |
| 20 OBJECTIVE #20   |  |  |  |  |  |  |  |  |  |  |  |  |
| At least 80% of all private and public health institutions practicing universal safety precautions and procedures by 2015  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1  | Adaptation of policies   |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports  |
| 1.2  | Capacity building  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Reports of capacity-building activities                                       |
| 1.3  | Strengthening SBCC   |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Training reports; Inventory of SBCC-related materials                         |
| 1.4  | National protocol on PEP and health workers injection safety guidelines                            |  |  |  |  |  |  |  |  |  |  | Protocols on PEP and injection safety; NACA & FMOH Reports   |
| 1.5  | Use of safe injection commodities  |  |  |  |  |  |  |  |  |  |  | NACA, FMOH & Facility survey reports   |
| 1.6  | Operationalize the National Health Care Waste Management plan, policy and guidelines               |  |  |  |  |  |  |  |  |  |  | Policy and Guidelines Documents; Reports of Health Facility & Workers Surveys; NACA & FMOH Reports |
| 21 OBJECTIVE #21   |  |  |  |  |  |  |  |  |  |  |  |  |
| All donors (100%) of blood, blood product and organs for transparent including sperm for assisted reproductive technology shall be screened for HIV and other transfusion transmissible infections(TTIs) according to relevant national protocol, standards and guidelines by year 2015 requirements should be sourced from voluntary donors |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1  | Adapt and operationalize the national blood transfusion policy and guidelines at all health levels |  |  |  |  |  |  |  |  |  |  | NACA, NBTS, FMOH Reports   |
| 1.2  | Capacity building  |  |  |  |  |  |  |  |  |  |  | NACA, NBTS, FMOH Reports   |
| 1.3  | Strengthen SBCC to promote VNRBD   |  |  |  |  |  |  |  |  |  |  | NACA, NBTS, FMOH Reports   |





## PREVENTION M&E RESULTS FRAMEWORK

| Objectives   | Indicators   | Baseline—value, year [National]                                      | Baseline Value, year [State] | Mid-term (end of 2012) | End of program (2015)                                    | Means of Verification (MOV)  | Comments |
|--|--|--|------------------------------|------------------------|--|--|----------|
| <b>HIV Counseling &amp; Testing</b>  |  |  |                              |                        |  |  |          |
| Objective 1:<br>At least 80% of adults accessing HCT services in an equitable and sustainable way by 2015                            | Percentage of adults that received HCT   | 14% (2007)   | 50%                          | 80%                    | NARHS NDHS   | Disaggregate data by sex, age, and geographic location (zones and states)  |          |
| Objective 2:<br>At least 80% of MARPS accessing HCT by 2015  | Percentage of MARPS who received HCT   | 44% (brothel-based FSW, 2007) 21% (Transport workers)                | 62%<br>51%                   | 80%<br>80%             | IBBSS  | Disaggregate data by sex, age, and groups  |          |
| <b>Sexually Transmitted Infections</b>   |  |  |                              |                        |  |  |          |
| Objective 3:<br>At least 80% of sexually active persons in Nigeria with access to quality and gender responsive STI services by 2015 | % of sexually active males and females with STI symptoms who accessed quality and gender responsive treatment services<br><br>% of male and female with symptoms of STI seeking treatment who used orthodox health facilities  | 65% (males, 1524+ years, 2007)<br>47% (females, 15 - 24 years, 2007) | 78%<br>70%                   | 90%<br>90%             | NARHS (or secondary analysis of NARHS data)              | Disaggregate data by sex and age<br>Baseline was obtained from secondary analysis of NARHS 2007 data                                     |          |
| Objective 4:<br>STI treatment & prevention services integrated into HIV prevention services by 2015                                  | % of health facilities providing STI treatment services according to national guidelines<br>% of HIV prevention programs providing treatment for other STIs  | 35%<br>TBD   | 60%                          | 80%                    | NARHS NASCP, FMOH Reports of Service Surveys             | defined as health centers, clinics and hospitals but exclude pharmacies and patent medicine stores                                       |          |
| pregnant women have access to quality HCT by 2015  | % of health facilities providing STI treatment services according to national guidelines<br>% of HIV prevention programs providing treatment for other STIs  | TBD  |                              |                        | NASCP, FMOH Reports NACA M&E/ Reports of Service Surveys | Disaggregate data by level of care   |          |
| Objective 6:<br><br>Objective 7: At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015                      | Objective 5: At least 80% of all Prevention of Mother-to-Child Transmission of HIV<br><br>% of pregnant women tested and counseled according to national guidelines<br>% of HIV + pregnant women that received ARV prophylaxis according to national guideline<br><br>% of HIV exposed infants that received ARV prophylaxis | 11% (2008)<br>8% (2008)  | 46%<br>50%                   | 80%<br>80%             | NARHS NDHS<br>Reports NACA M&E/ Annual Report            | Disaggregate data by level of care age of client and location (Rural/urban).<br>Disaggregate by age of client and location (urban/rural) |          |
| At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015   | % of HIV exposed infants that received ARV prophylaxis   |  |                              |                        | Reports NACA M&E/ Annual Report                          | Disaggregate by sex and location (urban/rural)   |          |

## PREVENTION M&E RESULTS FRAMEWORK

|  |   |  |     |     |  |  |  |   |
|--|---|--|-----|-----|--|--|--|---|
| Objective 8: At least 80% of HIV positive pregnant women have access to quality infant feeding counseling          | % of HIV+ pregnant women that received infant feeding counseling according to national guidelines | TBD  |     |     |  |  | NASCP, FMOH Reports<br>NACA M&E/ Annual Report             | Disaggregate by age and location (urban/rural)  |
| Objective 9:<br>At least 80% of all HIV exposed infants have access to early infant diagnosis (EID) services       | % of HIV exposed infants that received EID services according to national guidelines              | TBD  |     |     |  |  | NASCP Report<br>NACA M&E/ Annual Reports                   | Disaggregate by sex and location (urban/rural)  |
| Communication interventions  |   |  |     |     |  |  |  |   |
| Objective 10: At least 80% of all persons in Nigeria have comprehensive knowledge on HIV and AIDS by the year 2015 | 80% of persons in Nigeria that have comprehensive knowledge of HIV and AIDS by the year 2015.     | 24.2%  | 52% | 80% |  |  | NARHS<br>NDHS  | Comprehensive knowledge of HIV is defined by knowledge of three major ways of preventing HIV and correct identification of two common misconceptions<br>Disaggregate by sex, age, and location  |
|  | % of males and females aged 15-19 years who have ever had sex                                     | 17%  | 17% | 12% |  |  | NARHS  | Disaggregate data by age and sex  |
|  | Age at first sexual debut   | 42.9% (females, 2007)  | 33% | 23% |  |  | NHDS   |   |
|  | % of schools where family life & HIV education (FLEH) curriculum is implemented                   | 32% (2006)   | 60% | 80% |  |  | Federal Ministry of Education reports                      | Disaggregate data by type of school, zone, and state  |
|  | % of in-school adolescents exposed to FLEH  | TBD  |     |     |  |  | Federal Ministry of Education reports                      | Disaggregate data by age, sex, type of school, and state  |
|  | % of out-of-school youths (male and female) receiving life skills education                       | TBD  |     |     |  |  | Partner reports, Federal Ministry of Women Affairs reports | Disaggregate by sex and location (rural and urban)  |
| Objective 11: At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behavior          | % of sexually active young people who used condom with last non-marital partner                   | Males, 15-19 years:<br>47.8% (2007)<br>Females, 15-19 years:<br>28.7% (2007)<br>Males, 20-24 years:<br>54.2% (2007)<br>Females, 20-24 years:<br>38.7% (2007) | 67% | 80% |  |  |  | Disaggregate data by age and sex and zones<br>Condom use at last sex used as a proxy for consistent condom use in the absence of data on the latter. Future population-based surveys should preferably also inquire specifically about consistent condom use over a period of at least 3-6 months |





## PREVENTION M&E RESULTS FRAMEWORK

|  |   |     |     |      |   |   |
|--|---|-----|-----|------|---|---|
| technology shall be screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015.   | % of donors of blood, blood products, organs for transplant including sperm donors that are screened for TTIs disaggregated by specific screening tests     | 32% | 70% | 100% | NBTS Reports<br>FMOH Reports  |   |
| Objective 22: At least 80% of drug dependant persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015      | % of national/state programs targeting IDUs and non - IDUs  | TBD |     |      | Reports of special surveys<br>NACA M&E/ Annual Reports                  |   |
| Objective 23: At least 80% of traditional medical practitioners adopt universal safety precaution by 2015  | % of IDUs and non -IDUs accessing prevention programs   | TBD |     |      | Reports of special surveys<br>NACA M&E/ Annual Reports                  |   |
|  | % of traditional practitioners that practice universal safety precautions   | TBD |     |      | Reports of special surveys<br>NACA M&E/ Annual Reports                  |   |
| Objective 24: At least 80% of health facilities provide post-exposure prophylaxis (PEP) to relevant health workers and survivors of rape in line with national protocols by 2015 | % of health facilities offering PEP according to national guidelines<br>% of persons who are biomedically exposed to HIV transmission risk who received PEP | TBD |     |      | Facility survey<br>Survey of health workers<br>NACA M&E/ Annual Reports | Disaggregate data by level of health care |
|  |   | TBD |     |      | Survey of health workers<br>NACA M&E/ Annual Reports                    | Disaggregate data by level of health care |

# Treatment of HIV/AIDS and Related Health Conditions

## **Rationale**

Over the last five years, the national response to the HIV epidemic has made significant strides with approximately 300,000 (disaggregate by sex) people accessing ART. However, our records show that there is wide variation in quality as well as access to services between urban and rural communities. Although the effects of Opportunistic Infections (OIs) account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment is yet to be defined to ensure standardization and equitable access to these services. Also, the increasing incidence of TB among PLHIV and associated increased morbidity and mortality necessitates the scale up of TB/HIV collaborative activities. Compounding the problem further is the fact that the diagnostic algorithm for TB in Nigeria does not detect extra-pulmonary TB whereas many HIV positive TB patients have extrapulmonary TB. Thus, more needs to be done not only to diagnose and equitably reach eligible adults and children with ART, OIs, and TB/HIV co-infection services but also to ensure quality of these services.

The NSF recognizes the significant amount of financial and technical support for the treatment of HIV/AIDS and related health problems from development partners especially PEPFAR and the GFATM. The NSF hopes to count on continuing support from these and other funding agencies to meet the costs for an expected increase in numbers of PLHIV who will require treatment.

## **Goal**

All eligible PLHIV to receive quality treatment services for HIV/AIDS and opportunistic infections (OIs) as well as TB treatment services for PLHIV co-infected with TB

## **Objectives**

1. At least 80% of eligible adults (women and men) and 100% of children (boys and girls) are receiving ART by 2015
2. At least 80% of eligible children receiving early infant treatment (EIT)
3. At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
4. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015
5. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
6. All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services.
7. At least 80% of adults and children on retained initiated ART programs in 2010 remain on ART in though adherence interventions such as using Fixed Dose Combinations (FDCs)

## NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS

| 2.1 OBJECTIVE # 1 | At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015 |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       |                       |  |
|-------------------|--|-----------------|----|----|----|-----------------|----|----|----|-----------------|-------|----|----|-----------------|-----------------|-----------------|-------|-----------------------|--|
|                   | STRATEGIC INTERVENTIONS  | Year 1 (number) |    |    |    | Year 2 (number) |    |    |    | Year 3 (number) |       |    |    | Year 4 (number) | Year 5 (number) | Year 6 (number) | Total | MOV                   | Comments   |
|                   |  | Q1              | Q2 | Q3 | Q4 | Total           | Q1 | Q2 | Q3 | Q4              | Total | Q1 | Q2 | Q3              | Q4              | Total           |       |                       |  |
| 2.1.1             | Advocacy   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH reports          | Activity reports   |
| 2.1.2             | Training   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH reports          | Training may be integrated at some levels (Records of trained staff)   |
| 2.1.3             | Decentralization and integration   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH/NACA report      | Provide for clinical mentoring and referral. (Records of number of functional clusters and refill sites established)                             |
| 2.1.4             | Medical commodities and equipments   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH&NACA report      | Records of equipment and stock reports   |
| 2.1.5             | Provision and upgrade of physical infrastructure   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH&NACA report      |  |
| 2.1.6             | Public Private Partnership   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH, NACA Reports    | MOU documents and records of the number of private institutions reporting to the national M&E system through the state & LGA equivalents.        |
| 2.1.7             | Laboratory quality system management network   |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH & NACA reports   | This will entail establishing reference laboratories to function within a network of laboratories as well as a national quality assurance system |
| 2.1.8             | QA/QI  |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH reports          | QAQI= Quality Assurance quality Improvement. This is cross-cutting and could be harmonized with other groups                                     |
| 2.1.9             | Clinical Pharmacovigilance for ARVs  |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH & NAFDAC Reports | Number of Pharmacovigilance reports and reports  |
| 2.1.10            | Local manufacture of ARVs and other commodities  |                 |    |    |    |                 |    |    |    |                 |       |    |    |                 |                 |                 |       | FMOH report           |  |

**NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15  
TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS**

| 2.2                     | OBJECTIVE #2   | At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015 |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    |  |
|-------------------------|--|--|----|----|--------|-------|----|--------|----|----|--------|----------|----|--------|----|----|--------|----------|----|-------|-----|----|----|----|--|
|                         |  | Year 1   |    |    | Year 2 |       |    | Year 3 |    |    | Year 4 |          |    | Year 5 |    |    | Year 6 |          |    | Total | MOV |    |    |    |  |
| STRATEGIC INTERVENTIONS | (number)   | Q1   | Q2 | Q3 | Q4     | Total | Q1 | Q2     | Q3 | Q4 | Total  | (number) | Q1 | Q2     | Q3 | Q4 | Total  | (number) | Q1 |       |     | Q2 | Q3 | Q4 | Total  |
| 2.2.1                   | Training   |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | FMOH reports   |
| 2.2.2                   | Upgrade laboratory infrastructure for OI management                      |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | FMOH reports   |
| 2.2.3                   | Provision of medical commodities, equipments and drugs for OI management |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | FMOH Report  |
| 2.2.4                   | Implementation of QA/QI for OI management                                |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | QA/QI= Quality Assurance quality Improvement   |
| 2.3                     | OBJECTIVE #3   | To establish and strengthen TB and HIV/AIDS collaboration in all states and all LGAs by 2015                                     |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    |  |
|                         | STRATEGIC INTERVENTIONS  | Year 1   |    |    | Year 2 |       |    | Year 3 |    |    | Year 4 |          |    | Year 5 |    |    | Year 6 |          |    | Total | MOV |    |    |    |  |
|                         |  | Q1   | Q2 | Q3 | Q4     | Total | Q1 | Q2     | Q3 | Q4 | Total  | (number) | Q1 | Q2     | Q3 | Q4 | Total  | (number) | Q1 |       |     | Q2 | Q3 | Q4 | Total  |
| 2.3.1                   | Coordinating bodies  |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | FMOH reports   |
| 2.3.2                   | Training and Capacity Building   |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | FMOH reports   |
| 2.3.3                   | Communities, PLWHIV and PATB involvement                                 |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | List of communities, support groups of PLWHIV/PATB involved in TB/HIV services and reports |
| 2.3.4                   | Linkages/Integration of Pharmacy and DOTS services                       |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | Reports and list of sites integrated   |
| 2.3.5                   | Monitoring and Evaluation system   |  |    |    |        |       |    |        |    |    |        |          |    |        |    |    |        |          |    |       |     |    |    |    | DOTS and ART sites using integrated tools. M&E, DOA reports                                |



## TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS RESULTS FRAMEWORK

| Objectives   | Outcome Indicators  | Baseline Value (National)   | Baseline Value (State) | Mid-term (End of 2012) | End of program (2015) | Means of Verification (MOV) | Comments   |
|--|---|---|------------------------|------------------------|-----------------------|-----------------------------|--|
| <b>ARV TREATMENT</b>   |   |   |                        |                        |                       |                             |  |
| <b>OBJECTIVE 1.</b> At least 80% of adults (men and women) and all (100%) of children (boys and girls) have access to comprehensive quality HIV and AIDS treatment by 2015 | By the year 2015, 80% of women and men in need of HIV treatment are receiving treatment | 32% (using 265608 on ART from 8333,000 eligible PLHIV)              |                        | 56%                    | 80%                   | FMOH & NACA Reports         | Disaggregate by Age groups Sex HF Level/LGA/State LGA  |
|  | By the year 2015, all eligible boys and girls (0-14yrs) are receiving HIV treatment     | 5%  |                        | 56%                    | 100%                  | FMOH & NACA Reports         | Disaggregate by: Age groups (18mths; -19mths 5yrs; 6 -9yrs; 10 -14yrs) Sex HF Level /LGA/state |
| <b>OPPORTUNISTIC INFECTIONS (OIs)</b>  |   |   |                        |                        |                       |                             |  |
| <b>OBJECTIVE 2.</b> At least 80% of adults (men and women) and all children (boys and girls) on ART have access to quality management of OIs by 2015                       |   | 17% (using 833,000 as denominator)                                  |                        | 40%                    | 80%                   | FMOH Report                 | Disaggregate by Sex Age HF level/LGA/State   |
|  | % of male and female PLHIV that received OI prophylaxis (Cotrimoxazole prophylaxis)     | 54% (using 265,608 of PLHIV currently on treatment as denominator ) |                        | 67%                    | 80%                   | FMOH Report                 |  |
|  | % of PLHIV (male and female) that received OI treatment                                 | TBD   |                        |                        | -                     | FMOH Report                 | Disaggregate by : Sex Age HF level/State/LGA   |
| <b>TUBERCULOSIS (TB) &amp; HIV/AIDS</b>  |   |   |                        |                        |                       |                             |  |
| <b>OBJECTIVE 3.</b> To establish and strengthen TB and HIV/AIDS collaboration in all states and LGAs by 2015   | Proportion of states with functional and gender inclusive TBHIV TWG                     | 23 of 37 States   |                        | 31 States              | 36 States+ FCT        |                             | Reports of meeting   |
|  | Proportion of LGAs with functional and gender inclusive TBHIV TWG                       | TBD   | -                      | At least 50%           | 774 LGAs              | FMOH reports                | Quarterly TBHIV data   |



## TREATMENT OF HIV/AIDS AND RELATED HEALTH PROBLEMS RESULTS FRAMEWORK

|  |   |                        |                     |  |  |  |
|--|---|------------------------|---------------------|--|--|--|
| <p><b>OBJECTIVE 3 :</b> To establish and strengthen TB and HIV/AIDS collaboration in all states and LGAs by 2015</p>     | <p>Proportion of states with functional and gender inclusive TB/HIV TWG</p> | <p>23 of 37 States</p> | -                   | <p>31 States</p>                                     | <p>36 States+ FCT</p>                                | <p>Reports of meeting</p>  |
|  | <p>Proportion of LGAs with functional and gender inclusive TB/HIV TWG</p>   | <p>TBD</p>             | <p>At least 50%</p> | <p>774 LGAs</p>                                      | <p>Quarterly TB/HIV data</p>                         |  |
| <p><b>OBJECTIVE 4 :</b> To ensure all TB patients have access to quality comprehensive HIV and AIDS services by 2015</p> | <p>Proportion of TB patients screened for HIV</p>                           | <p>62% (2008)</p>      | <p>90%</p>          | <p>95%</p>   | <p>FMOH reports</p>                                  | <p>Disaggregate by :<br/>sex<br/>Age<br/>HF level/LGA/State</p>      |
|  | <p>Proportion of the TB/HIV patients receiving ART</p>                      | <p>45% (2008)</p>      | <p>60%</p>          | <p>80%</p>   | <p>FMOH reports<br/>Facility TB and ART register</p> |  |
|  | <p>Proportion of the TB/HIV patients receiving CPT</p>                      | <p>26% (2008)</p>      | <p>70%</p>          | <p>80%</p>   | <p>FMOH reports<br/>Facility TB and ART register</p> |  |
|  | <p>Proportion of the TB/HIV patients referred for HIV care</p>              | <p>NA</p>              | -                   | <p>FMOH reports<br/>Facility TB and ART register</p> |  |  |
| <p><b>OBJECTIVE 5 :</b> To ensure all PLHIV have access to quality comprehensive TB services by 2015</p>                 | <p>Proportion of PLHIV on care screened for TB</p>                          | <p>87% (2008)</p>      | <p>90%</p>          | <p>100%</p>  | <p>FMOH reports<br/>ART Registers</p>                | <p>Disaggregate by :<br/>sex<br/>Age<br/>State, LGA<br/>HF level</p> |

## Care and Support of people Infected and Affected by HIV/AIDS

### **Rationale**

As the number of people infected and affected by HIV/AIDS rises, the burden of the epidemic on individuals, families and communities is increasingly evident, exacerbated by wide spread poverty. Some of the critical indicators of the social consequences of the epidemic are the increasing numbers of orphans and vulnerable children (OVC) and a general stigmatization of PLHIV. Also, access to anti-retroviral treatment (ART) means that more PLHIV are having longer and improved lives. This is a big challenge to the nation to provide the increasing care and support including palliative care for infected and affected persons. This challenge will continue for a very long time even when the epidemic is brought under control. Government recognizes not only the social and economic consequences of the drain to the nation without the workforce of those infected and affected in contrast to the benefit of their reclaim if given adequate care and support but also the importance of the care and support of OVC for their future and the future of the nation. Civil society, especially community-based and faith-based organizations, has been the bedrock for the provision of care and support services to PLHIV and PABA and to OVC. This continuation of civil society in this role is pivotal and will be strengthened in the this NSF/NSP.

### **Goal**

The goal of this thematic focus is to promote the survival and improve the quality of life of PLHIV and people affected by HIV/AIDS (PABA) especially OVC.

### **Objectives**

The Objectives of the Care and Support services are:

1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015
2. To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015
3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2025
4. To support effective referral and linkages within and between relevant health care facilities and community-based care services improved by 80% by 2015
5. To create an enabling environment for the legal protection of OVC by 2015
6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC of most vulnerable OVC by 2015.
7. To strengthen the capacity of 30% of older OVC (especially girls) households to mitigate the impact of HIV/AIDS by 2015
8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015



## NATIONAL STRATEGIC FRAMEWORK 2010- 15 : CARE AND SUPPORT OF PLHIV AND PABA, & OVC

| 3.2   | OBJECTIVE # 2  | 50% of PLWHIV and PABA especially women, marginalized and people with special need are linked to IGAs and poverty alleviation programs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3.2.1 | Advocacy to relevant stakeholders  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.2.2 | Capacity building on IGA programs targeted at PLWHIV and PABA especially women, young girls and persons with special needs infected with HIV |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.2.3 | Resource mobilization and fund allocation  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|       |   |  |  |  |     |  |  |
|-------|---|--|--|--|-----|--|--|
| 3.3   | OBJECTIVE # 3                                 | To improve access to and support to 60% of PLWA, especially women marginalized persons including persons with special needs Infected with HIV within a right based |  |  |     |  |  |
| 3.3.1 | Behaviour change communication                |  |  |  |     |  | Reports on behaviour change. Media materials developed and disseminated                        |
| 3.3.2 | Capacity building of care providers and PLWHA |  |  |  |     |  | Reports of capacity building. List of persons trained desegregated by sex.                     |
| 3.3.3 | Policy enforcement                            |  |  |  |     |  | Training manuals. Visual records Reports from Law enforcement agencies, CSOs and media reports |
| 3.4   | OBJECTIVE # 4                                 | To improve by effective referral and linkages within and between relevant health care facilities and communities based care service points.                        |  |  |     |  |  |
| 3.4.1 | Advocacy                                      |  |  |  | 80% |  | Advocacy reports and media reports of advocacy activities                                      |

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|       |   |   |
|-------|---|---|
| 3.4.2 | Networking and collaboration              | MOUs, agreements, and reports of networks and collaborators |
| 3.4.3 | Institutional and human capacity building | FMOH Reports and reports of collaborating CBOs.             |

## NATIONAL STRATEGIC FRAMEWORK 2010- 15 : CARE AND SUPPORT OF PLHIV AND PABA, & OVC

| 3.5 OBJECTIVE # 5 To create an enabling environment for the legal protection of OVC by 2015      |   |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 3.5.1  | Advocacy  |  |  |  |  |  |  |  |  |  |  | Reports on advocacy activities, photographs, video clips, media reports, etc   |
| 3.5.2  | Community mobilization and participation  |  |  |  |  |  |  |  |  |  |  | Reports on activities, photographs, video clips, media reports, etc  |
| 3.5.3  | Development, revision and policy for OVC implementation of existing legislation |  |  |  |  |  |  |  |  |  |  | Reports of meetings, reports of desk review, Revised documents, list of participants, photographs, etc               |
| 3.6 OBJECTIVE # 6 To provide gender sensitive integrated care and support for 30% of OVC by 2015 |   |  |  |  |  |  |  |  |  |  |  |  |
| 3.6.1  | Capacity building of service providers and OVC                                  |  |  |  |  |  |  |  |  |  |  | Training participanphs, clips, etc<br>list of photogra reports , ts, video   |
| 3.6.2  | Resource mobilization   |  |  |  |  |  |  |  |  |  |  | Gazet for budget allocation, Training reports , list of participa nts, photographs, video clips, payment ] vouchers, |
| 3.6.3  | Provision of quality essential services to OVC.                                 |  |  |  |  |  |  |  |  |  |  | Receipts of payments , reports, OVC service register   |



**NATIONAL STRATEGIC FRAMEWORK 2010- 15 :  
CARE AND SUPPORT OF PLHIV AND PABA, & OVC**

|       |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|
| 3.6.4 | Provision of Peadiatrics<br>Care and support |  |  |  |  |  |  |  |  |  | Regieters and<br>record of activities. |
| 3.6.5 | BCC  |  |  |  |  |  |  |  |  |  | Copies of IEC<br>materials, Reports    |



**NATIONAL STRATEGIC FRAMEWORK 2010- 15 :  
CARE AND SUPPORT OF PLHIV AND PABA, & OVC**

|       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 3.8.2 | Establish and/or strengthen existing gender- responsive coordination structures |  |  |  |  |  |  |  |  |  |  |  |  |  | clips, list of members, photographs, video clips, Organogram, |
| 3.8.3 | Establish functional gender-responsive management information system            |  |  |  |  |  |  |  |  |  |  |  |  |  | Monitoring reports, research publications,                    |

## CARE and SUPPORT - M & E RESULTS FRAMEWORK

| The National Strategic Framework is expected to achieve the following objectives by 2015.  |  |                           |                        |  |   |   |   |
|--|--|---------------------------|------------------------|--|---|---|---|
| NSF Objectives   | Indicators   | Baseline Value (National) | Baseline Value (State) | Mid-term (End of 2012)   | End of Program (2015)   | MOV   | Comments  |
| <b>PLHIV</b>   |  |                           |                        |  |   |   |   |
| Objective 1: To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015   | % of PLHIV receiving quality gender responsive care and support services (as defined in national guidelines)                           | TBD                       |                        | 30% increase on baseline value of PLHIV receiving care and support                         | 60% increase on baseline value of PLHIV receiving care and support                                  | Reports of CSOs, support groups, and other service providers  | Desegregated by sex   |
|  | Proportion of states providing quality care and support services   | TBD                       |                        | 40% of the LGAs are covered with C&S services.   | 80% of the LGAs are covered with Care and support services.   | State Reports; Reports of Ministry of Women Affairs; Lists of location of service outlets                                     | Geographical distribution of service outlets  |
|  | % of caregivers including male and female volunteers and providers trained to provide comprehensive gender responsive care and support | TBD                       |                        | 40% of caregivers (at least 15% men) trained to provide gender responsive care and support | At least 80% of caregivers (at least 35% men) trained to provide gender responsive care and support | Reports of CSOs, support groups, and other service providers  | Care providers include health care and non health care workers as well as community volunteers, males and females, youth coppers, TBAs etc. NGOs and CBOs |
|  | National care and support policies, standards, and protocols reviewed/developed and disseminated by 2012                               | TBD                       |                        | Policies, standards, and protocols developed and disseminated                              |   | Copies of Standards and protocols developed and disseminated  | Guidelines, action plans or strategic framework etc   |
|  | % of service outlets adhering to national standards and protocols  | TBD                       |                        | At least 40% of service outlets adhere to national protocol and standards                  | At least 80% of service outlets adhere to national protocol and standards                           | M&E reports, client satisfaction forms  | Operational Research  |
|  | % of PLHIV and PABA especially women, marginalized groups and people with special needs with improved source of livelihood             | TBD                       |                        | At least 20% target groups have skills and accessing microcredit.                          | At least 40% target groups have skills and accessing microcredit.                                   | National studies reports  | Source of data can be from NARHS, Human Development Reports   |
| Objective 2: To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015 | % of PLWH, PABA especially women, marginalized groups and people with special needs enrolled for skill acquisition programs            | TBD                       |                        | At least 15% of target groups graduate from IGA skills training                            | At least 40% of target groups graduate from IGA skills training                                     | Training Reports with participants List of beneficiaries disaggregated by sex. Copies of Certificates of participants trained |   |

## CARE and SUPPORT - M & E RESULTS FRAMEWORKS

|   |   |     |  |  |  |  |   |  |
|---|---|-----|--|--|--|--|---|--|
|   |   |     |  |  | At least 25% of target groups linked with IGAs services and poverty reduction programs                                   | At least 50% of target groups linked with IGAs services and poverty reduction programs                                   | Reports of IGA service providers and poverty reduction programs                       | Disaggregated by sex   |
| <u>Objective 3:</u> To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2025  | % of PLWH, PABA especially women, marginalized groups and people with special needs linked with IGAs and poverty reduction programs | TBD |  |  | 30% reduction on baseline value  | At least 60% on baseline value   | National Surveys and analysis of M&E reports  | Midterm and End of Term reports; IBSSS   |
| <u>Objective 4:</u> To support effective referral and linkages within and between relevant health care facilities and community-based care services improved by 80% by 2015 | % health facilities with effective referral and linkages with community based care programs for PLHIV and PABA.                     | TBD |  |  | 40% health facilities have effective referral and linkages with community based health care programs for PLHIV and PABAs | 80% health facilities have effective referral and linkages with community based health care programs for PLHIV and PABAs | Health facility records and reports of community-based programs for PLHIV and PABA    |  |
| <b>OVC</b>  |   |     |  |  |  |  |   |  |
| <u>Objective 5:</u> To create an enabling environment for the legal protection of OVC by 2015   | OVC legal framework revised or developed  | TBD |  |  | Legal framework developed and implemented  |  | Existence of legal frameworks   |  |
|   | Proportion of OVC requiring legal protection provided with legal aid  | TBD |  |  | 15% increase on baseline value   | 15% increase on baseline value   | Legal records. Reports of service organizations; Reports of Ministry of Women Affairs | Disaggregate by sex and age and type of services.  |
|   | Proportion of OVC services provider organizations trained on and using legal documents by 2015                                      | TBD |  |  | 20% increase on baseline value   | At least 60% on baseline value   | Reports of OVC services provider organizations<br>National surveys                    | Disaggregate by type of service provider   |
| <u>Objective 6:</u> To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% OVC (of most vulnerable OVC by 2015.)            | % of OVC who have access to integrated comprehensive care and support services  | TBD |  |  | 15% on baseline value  | 30% increase on baseline value   | Service records and reports of service providers; Reports from Min of Women Affairs   | Disaggregate by sex, type of support (food/nutrition, psychosocial, education, health, household economic strengthening and shelter), types of orphanhood and vulnerability. |
| <u>Objective 7:</u> To strengthen the capacity of 30% of older OVC (especially girls headed households) to mitigate the impact of HIV/AIDS by 2015                          | % of households with OVC whose capacity has been strengthened   | TBD |  |  | 15% increase on baseline value   | 30% increase on baseline value   | Service records and reports of service providers; Reports from Min of Women Affairs   | Disaggregate by household - heads-sex, age, marital status   |

## CARE and SUPPORT - M & E RESULTS FRAMEWORKS

|   |  |     |  |                                |                                |   |  |
|---|--|-----|--|--------------------------------|--------------------------------|---|--|
| Objective 7: To strengthen the capacity of 30% of older OVC (especially girls headed households) to mitigate the impact of HIV/AIDS by 2015 | % of households with OVC whose capacity has been strengthened      | TBD |  | 15% increase on baseline value | 30% increase on baseline value | Service records and reports of service providers; Reports from Min of Women Affairs | Disaggregate by household - heads-sex, age, marital status |
|   | % of primary caregivers economically empowered                     | TBD |  | 15% on baseline value          | 30% on baseline value          | Record of activities and reports  | Disaggregate by sex, age & type of empowerment             |
| Objective 8: To establish and/or strengthen OVC coordination structures at all levels   | % of community based initiatives economically empowered            | TBD |  | 15% on baseline value          | 30% on baseline value          | Record of activities and reports of CBOs  | Disaggregate by type of initiative.                        |
|   | Proportion of OVC coordination structures established/strengthened | TBD |  | 5% increase on baseline        | 5% increase on baseline        | Report of LGAs/states/Min of Women Affairs  | Disaggregate by type and level                             |
|   | Proportion women in the coordination structures                    | TBD |  | At least 35% of women          | At least 35% of women          | List of members   | Disaggregate by sex  |

## Policy, Advocacy, Human Rights, and Legal Issues

Despite compelling evidence that reducing stigma, promoting and protecting human rights, promoting greater involvement of PLHIV and gender main streaming strengthens HIV/AIDS control; Nigeria's achievements in this regard remain slow and hesitant. More than two decades after the identification of the first case of HIV in Nigeria, violation of human rights of persons infected and affected is still rampant and stigma remains pernicious and pervasive. This situation is compounded by attitudes and practices which discriminate against widows and AIDS-orphans. Furthermore, current approach of the national response appears to accentuate the differential access to information, services and participation by marginalized segments of the population especially women and persons with disabilities. The epidemic's trends and trajectory compel policy shifts to address the disproportionate incidence and impact of HIV/AIDS on Nigerian women, girls, young people, physically challenged persons, prisoners and persons engaged in transactional sex or same sex relationships.

The NSF envisages the Paris Declaration will form a key aspect of the country's development partners' support to the national HIV response. In this regard, the NSF requests development partners to better harmonize their work and align behind the NSF making maximum use of government systems and processes.

### **Goal**

To protect the rights of PLWHIV and PABA and empower them and other groups made vulnerable by HIV/AIDS to reduce their cultural, legal, and socioeconomic vulnerabilities ensuring their full participation in the national HIV/AIDS response and other development initiatives.

### **Objectives**

The thematic objectives are:

1. Protect the rights of and empower PLHIV
2. To increase the number of programs that promotes the meaningful involvement of PLWHIV by 80% by 2015.
3. To advocate for the progressive increase in funding HIV/AIDS response at all levels of government to at least 30% by 2015
4. To have at least 80% of the actors in the national response to the HIV/AIDS epidemic complying with existing guidelines on ethical standards on HIV/AIDS control by 2015.

# NSF FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15

| Objective 3: Protect women, children and other socially vulnerable and marginalised groups from HIV Infections |   |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
| 4.3  |   |  |  |  |  |  |  |  |  |  |
| 4.3.1  | Advocacy  |  |  |  |  |  |  |  |  |  |
| 4.3.1a   | Promote the removal of cultural and traditional barriers/practices that impede access to reproductive health information and services.  |  |  |  |  |  |  |  |  | Report from HIV/SRH stakeholders and NHDS reports  |
| 4.3.1b   | Advocacy for the domestication of the Protocol of African Charter on the rights of women in Africa and CEDAW Bill to protect the rights of women/ Pass The Child's Right Act at all levels. |  |  |  |  |  |  |  |  | Reports from the State House of Assembly and the Federal House of Representatives and the Senate |
| 4.3.1c   | Improved services for the protection of people who are vulnerable and marginalised (Persons living with disability, out-of-school youth, OVC and MARPS) from HIV.                           |  |  |  |  |  |  |  |  | Reports of HIV/AIDS services providers   |
| 4.3.1d   | Support Family Life and HIV education among youths in-and out- of school in urban, rural and hard-to reach places.  |  |  |  |  |  |  |  |  | Reports of out-of-school HIV/AIDS services providers, Ministry of Education, and NDHS            |
| 4.4  |   |  |  |  |  |  |  |  |  |  |
| 4.4.1  | Advocacy  |  |  |  |  |  |  |  |  |  |
|  | Advocacy for the institutionalization of SACAs and LACAs for improved budgetary allocation and release.   |  |  |  |  |  |  |  |  | Reports on SACAs and LACAs   |
| 4.4.1b   | Advocacy for sustained political leadership and support at all levels.  |  |  |  |  |  |  |  |  | Reports from various political leadership settings at local, state, and federal level            |
| 4.4.2  | Capacity Building   |  |  |  |  |  |  |  |  |  |
| 4.4.2.a  | Strengthen capacity for transparency and accountability in HIV response in partnership with the private sector, media, PLWHIV and CSOs.   |  |  |  |  |  |  |  |  | Reports of private sector and the media; and PLHIV and CSO networks                              |
| 4.4.2b   | Promote Public Private Partnerships.  |  |  |  |  |  |  |  |  | Reports of public-private partnership initiatives  |





# NSF M&E RESULT FRAMEWORK FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15

| NSF Objectives  | Indicators   | Baseline value (National) | Baseline value (State) | Mid - Term (end of 2012) | End of program (2015) | Means of Verification (MOV)   | Comments   |
|---|--|---------------------------|------------------------|--------------------------|-----------------------|---|--|
| <b>Objective 1</b><br>To advocate for the protection of the rights of and empower PLHIV (including children, women, and men)                      | % PLHIV networks who report their rights are protected and they are empowered  | TBD                       |                        | TBD                      | 100%                  | NARHS and NDHS reports; Reports of other national surveys             |  |
|   | No of bills passed/laws amended in National/ State Assemblies on specific gender-related issues e.g. women's inheritance rights, property ownership, Gender - Based Violence including female genital mutilation, rape, trafficking, child labor, social welfare scheme for households headed by PLWHAs especially women and children etc. |                           |                        |                          |                       |   |  |
| <b>Objective 2</b><br>To facilitate the meaningful involvement of PLHIV on HIV/AIDS decision making bodies at all levels of the national response | % of PLHIV (children, women, and men.) and their networks seeking redress for human rights violations  | TBD                       |                        | TBD                      | 100%                  | Reports of stakeholder organizations; Reports of special surveys      | Disaggregated by sex, workplace, type of network/support group |
|   | % of workplaces treating reported cases of violations human rights of PLHIV  |                           |                        |                          |                       | National AIDS Spending Assessment (NASA) Report                       |  |
| <b>Objective 3</b><br>To advocate for the progressive increase in funding HIV/AIDS response at all levels of government                           | % of government contribution to total HIV/AIDS spending  | 7%                        |                        | 15%                      | 30%                   | Sector policies documents   |  |
|   | Proportion of sector policies that provide response for the mitigation of impact of HIV/AIDS   | TBD                       |                        |                          |                       |   |  |
| <b>Objective 4</b><br>To advocate for compliance with ethical standards on  | % of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.   |                           |                        |                          |                       |   |  |
|   | Proportion of organizations complying with ethical standards   | TBD                       |                        | TBD                      | 100%                  | Reports of service provider organizations; Reports of special studies |  |

**NSF M&E RESULT FRAMEWORK FOR POLICY, ADVOCACY, HUMAN RIGHTS, AND LEGAL ISSUES 2010-15**

|   |   |            |            |             |  |   |  |
|---|---|------------|------------|-------------|--|---|--|
|   |   |            |            |             |  | <p>% of HIV/AIDS budget supporting initiatives that seek to close identified gender gaps.</p> |  |
| <p><u>Objective 4</u><br/>To advocate for compliance with ethical standards on HIV/AIDS</p> | <p>Proportion of organizations complying with ethical standards</p> | <p>TBD</p> | <p>TBD</p> | <p>100%</p> | <p>Reports of service provider organizations;<br/>Reports of special studies</p> |   |  |

# Institutional Architecture, Systems, and Resourcing

## Rationale

Despite achievements towards control of HIV/AIDS the epidemic continues to pose a significant challenge to national development. While the response has experienced increased inflow of resources from government and development partners significant funding and resource gaps still exists. Also, the national response is largely donor dependent and for most part, donor driven. At the state level, political commitment is generally weak as, any states have recently provided no financial allocation to HIV/AIDS activities, outside of the counterpart funding to access the World Bank MAP funds. Many several federal agencies are also solely dependent on World Bank funds for their HIV/AIDS programs. With the international financial meltdown signaling potential reduction in financial contributions by development partners, governments and citizens at all levels need to own and assume responsibility for scaling up and sustaining HIV/AIDS response. These realities compel urgent review and realignment of the institutional framework, coordination mechanisms and resources issues for the national response.

Besides financial resources and physical infrastructure, availability and capability of human resources are pivotal to sustainability of HIV/AIDS response. Although it is generally agreed that Nigeria has a good supply of health professionals, compared with other countries in the sub-region, there are wide regional disparities and the vast majority are based in urban areas. It is also true that the HIV/AIDS epidemic has significantly increased pressures on health care delivery systems that are already overstretched. While, in general, the numerous strands of human resource needs of the national HIV/AIDS are appropriately addressed within thematic areas response some themes of the human resource required to ensure a sustainable response are generic as well as cross-cutting. The gender dimensions of Nigeria's HIV/AIDS epidemic is well articulated and though the NSF mainstreams gender in all thematic areas, personnel with expertise in gender mainstreaming and the use of rights-based approaches are few. The need to institute Gender Management Systems in all SACAs, LACAs, line Ministries and other coordinating bodies (following the example of NACA) cannot be over-emphasized.

## Goal

The goal of the thematic focus is to strengthen structures and systems for the coordination of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Nigeria.

## Outcome Objectives

Institutional Arrangement and Coordination Mechanism

**Objective 1:** NACA, SACA and LACAs capacity to effectively coordinate sustainable and gender-sensitive and age-responsive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened

**Objective 2:** Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the national response.

**Objective 3:** Strengthened coordination mechanisms of CSO at all levels national, state, and local government.

### **Human resources**

**Objective 4:** Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender and age-responsive personnel

Procurement & logistics supply

**Objective 5:** Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related commodities operational by 2015

### **Financial Resources**

**Objective 6:** Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS by 2015

**Objective 7:** To mobilize adequate financial resources in support of the implementation of the national

### **HIV/AIDS response**

**Objective 8:** To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs



# LOGISTICS MANAGEMENT SYSTEM

| 5.4 Human Resources |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 5.4                 | Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender-sensitive personnel |  |  |  |  |  |  |  |  |  |  |  |   |
| 5.4.1               | Standardized and harmonize training curricula  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Health professionals regulatory bodies   |
| 5.4.2               | Develop sustainable system for training and re-training staff  |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; Health   |
| 5.4.3               | Conduct training   |  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; training reports   |
| 5.4.4               | Develop retention strategy for health care workers   |  |  |  |  |  |  |  |  |  |  |  | Strategy document   |
| 5.4.5               | Develop innovative strategies for task sharing among health workers  |  |  |  |  |  |  |  |  |  |  |  | Task-shifting strategy documents; relevant national policy & guidelines; NACA & FMOH Reports                          |
| 5.4.6               | Integrate HIV/AIDS curricula into Pre-service training of health workers at all levels                                       |  |  |  |  |  |  |  |  |  |  |  | Pre-service training curricula of different groups; Health professional regulatory bodies' report, NAC & FMOH reports |
| 5.4.7               | Develop innovative and sustainable capacity building mechanisms to link with other related health programs                   |  |  |  |  |  |  |  |  |  |  |  | Capacity-building plans and schedules of trainings; Health professional regulatory bodies' report, NAC & FMOH         |
| 5.4.8               | Develop sustainable systems for Human resource capacity building in management and leadership                                |  |  |  |  |  |  |  |  |  |  |  | Capacity building plans; training schedules and programmes; NACA & FMOH reports                                       |
| 5.4.9               | Develop Human Resource Management Information Systems  |  |  |  |  |  |  |  |  |  |  |  | Human Resources MIS document  |
| 5.4.10              | Develop and implement human resource plan for the sector.  |  |  |  |  |  |  |  |  |  |  |  | Human resource plans; NACA & FMOH Reports   |

# LOGISTICS MANAGEMENT SYSTEM

|  |   |  |  |  |  |  |  |  |  |  |  |   |
|--|---|--|--|--|--|--|--|--|--|--|--|---|
| <b>5.5 Objective: Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS-related</b> |   |  |  |  |  |  |  |  |  |  |  |   |
| 5.5.1  | Establish HIV/AIDS PSM Steering committee and TWG                       |  |  |  |  |  |  |  |  |  |  | NACA & FNOH Reports; Reports of Steering Committee & TWG        |
| 5.5.2  | Conduct National forecasting & quantification exercise.                 |  |  |  |  |  |  |  |  |  |  | Forecasting documentations; NACA & FMOH Reports                 |
| 5.5.3  | Rehabilitate existing Federal medical warehouses.                       |  |  |  |  |  |  |  |  |  |  | renovation report, inventory and/or report of assessment visits |
| 5.5.4  | Conduct training in logistics management at all levels                  |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; CLMS Training reports                      |
| 5.5.5  | Develop Unified HIV commodities distribution system.                    |  |  |  |  |  |  |  |  |  |  | NACA & FMOH Reports; CLMS plans and schedule of activities      |
| <b>5.6 Financial Resources</b>   |   |  |  |  |  |  |  |  |  |  |  |   |
| <b>5.6 Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS by 2015</b>                                |   |  |  |  |  |  |  |  |  |  |  |   |
| 5.6.1  | Advocacy to key stakeholders  |  |  |  |  |  |  |  |  |  |  | NACA, SACA, LACA and reports of relevant MDAs                   |
| 5.6.2  | Establishment of budget lines for HIV/AIDS                              |  |  |  |  |  |  |  |  |  |  | Budget reports  |
| 5.6.3  | Integration of HIV issues into budgetary process                        |  |  |  |  |  |  |  |  |  |  | Budget reports  |
| <b>5.7 To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response</b>   |   |  |  |  |  |  |  |  |  |  |  |   |
| 5.7.1  | Partnership building  |  |  |  |  |  |  |  |  |  |  | Advocacy reports  |
| 5.7.2  | Strengthening of public-private partnerships                            |  |  |  |  |  |  |  |  |  |  | NACA & NIBUCAA Reports  |
| 5.7.3  | Operationalisation of Joint Funding Agreements                          |  |  |  |  |  |  |  |  |  |  | NACA & National Planning Comm. Reports                          |
| <b>5.8 To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programmes.</b>                         |   |  |  |  |  |  |  |  |  |  |  |   |
| 5.8.1  | Capacity building on financial management                               |  |  |  |  |  |  |  |  |  |  | NACA Report; Training reports                                   |
| 5.8.2  | Establishment of pro-active budget tracking methods                     |  |  |  |  |  |  |  |  |  |  | Budget tracking plans; NACA reports                             |
| 5.8.3  | Documentation and dissemination of resource tracking results            |  |  |  |  |  |  |  |  |  |  | Resource tracking reports; report on result dissemination       |
| 5.8.4  | Advocacy on using result of budget tracking for improved prg management |  |  |  |  |  |  |  |  |  |  | NACA Reports; Annual Budgets; Advocacy Reports                  |



## INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

| Outcome Objectives  | Indicators  | Baseline – value, year [National]  | Baseline – value, year [State] | Mid-term (end of 2012)                                     | End of program (2015)                                      | MOV          | Comments  |
|---|---|--|--------------------------------|--|--|--------------|---|
| <b>Institutional Coordination Mechanism</b>   |   |  |                                |  |  |              |   |
| <p><b>Objective 1:</b> NACA, SACA and LACAs capacity to effectively coordinate sustainable and gender - sensitive multi -sectoral HIV/AIDS at national, state and LGA respectively strengthened</p> | % of NACA's annual operational funds that is provided by the government   | TBD  |                                |  |  |              |   |
|   | % of states that has the coordinating body as an agency   | 33%  |                                | 67%  | 80%  | NACA Reports | Disaggregate membership of coordinating body by sex |
|   | % of SACAs that received at least 80% of government budgeted funds for HIV annually   | TBD  |                                |  |  |              |   |
|   | Proportion of women and men occupying decision making positions in the coordination structures (NACA, SACA, LACA etc)                     |  |                                | At least 35% women in line with the National Gender Policy | At least 35% women in line with the National Gender Policy |              | Staff list; Organogram                              |
| <p><b>Objective 2:</b> Strengthened coordination mechanisms of development partners at all levels, national state and</p>   | Proportion of SACAs, LACAs, line Ministries and other coordinating bodies with Gender Management Systems (GMS) established and functional | NACA has a Gender Division, a Gender Manager and a Gender Technical Committee; Some SACAs and Line Ministries have Gender Focal points |                                | 25%  | 50%  |              | Desegregate by the type of coordinating body        |
|   | % of LGAs that have functional LACAs  | 19.5%  |                                |  | 50%  | 80%          | Disaggregate data by States                         |
|   | % of SACAs and line ministries submitting report to NACA at least twice a year  | TBD  |                                |  |  |              |   |

## INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

|   |  |     |                    |  |  |  |                    |  |   |
|---|--|-----|--------------------|--|--|--|--------------------|--|---|
| <p><u>Objective 2:</u> Strengthened coordination mechanisms of development partners at all levels, national state and local government to harmonize support to the National Response.</p> | % of SACAs and line ministries submitting report to NACA at least twice a year   | TBD |                    |  |  |  |                    |  |   |
|   | % of civil society constituency coordinating entities submitting report to NACA at least twice a year                    | TBD |                    |  |  |  |                    |  |   |
|   | % of LACAs submitting reports to SACA at least twice a year  | TBD |                    |  |  |  |                    |  |   |
|   | % of international development partners submitting report to NACA at least annually                                      | TBD |                    |  |  |  |                    |  |   |
|   | % of development partners that are operating in line with the Joint Financing Agreement                                  | TBD |                    |  |  |  |                    |  |   |
| <p><u>Objective 3:</u> Strengthened coordination mechanisms of CSO at all levels</p>  | Proportion of CSO coordinating entities implementing at least 80% of annual work plan.                                   | TBD |                    |  |  |  |                    |  | Disaggregate data by federal, state and local government. |
|   | <b>Human Resources</b>   |     |                    |  |  |  |                    |  |   |
| <p><u>Objective 4:</u> Ensure that at least 80% of HIV/AIDS programmes have adequate number of appropriately skilled and gender responsive personnel</p>                                  | % of health facilities offering HIV/AIDS services that have adequate human resources according to set national standards |     |                    |  |  |  |                    |  | Facility survey report<br>NACA report                     |
|   | Proportion of partners' reports reflecting gender sensitive programming  |     | 50% of all reports |  |  |  | 80% of all reports |  | NACA report, partners' reports                            |
|   | Proportion of key NACA, SACA, LACA, key partners' staff trained in Gender and HIV/AIDS                                   |     | 40%                |  |  |  | 80%                |  | NACA report, Partners' report                             |
|   |  |     |                    |  |  |  |                    |  | Disaggregated by sex and type of organization             |

## INSTITUTIONAL ARCHITECTURE & RESOURCING M & E RESULTS FRAMEWORK

| Logistics Management System   |  |           |  |  |  |     |  |   |   |
|---|--|-----------|--|--|--|-----|--|---|---|
| <p><b>Objective 5:</b> Efficient and sustainable logistics systems for uninterrupted supply of ARVs, drugs for the management of opportunistic infection and other HIV/AIDS -related commodities operational by 2015.</p> | % of facilities that experienced no stock-out of ARVs annually   | TBD       |  |  |  |     |  |   |   |
|   | % of facilities that experienced no stock-out of drugs for management of opportunistic infections annually | TBD       |  |  |  |     |  |   |   |
|   | % of facilities that experienced no stock-out of male and female condoms                                   | TBD       |  |  |  |     |  |   | Disaggregate data by level of care and types of condom  |
| Financial Resources   |  |           |  |  |  |     |  |   |   |
| <p><b>Objective 6:</b> Increase in the financial contribution of governments at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015</p>   | % of government's contribution to total HIV/AIDS spending annually   | 7% (2008) |  |  |  | 15% |  | National AIDS Spending Assessment (NASA) report | Disaggregate by federal, state, and local government  |
|   | % of the annual funds required by the costed National Strategic Plan that is realized                      | TBD       |  |  |  |     |  | National AIDS Spending Assessment (NASA) report | Disaggregate data by the sources for fund – government, private enterprises, and international development partners |
| <p><b>Objective 7:</b> To mobilize adequate financial resources in support of the implementation of the national HIV/AIDS response</p>  | Proportion of HIV/AIDS budgets addressing gender gaps  |           |  |  |  |     |  |   | Desegregated by donor and location  |
|   | % of HIV/AIDS-related funds that is expended in program management   |           |  |  |  |     |  |   |   |
| <p><b>Objective 8:</b> To progressively improve the effectiveness of HIV/AIDS resource tracking and enhance the efficiency of fund management for HIV/AIDS programs</p>   | % of HIV/AIDS program implementers whose funds management is tracked annually                              |           |  |  |  |     |  |   |   |
|   |  |           |  |  |  |     |  | National AIDS Spending Assessment (NASA) report | Disaggregate data by type of organization and level of government   |

## Monitoring and Evaluation Systems Thematic Area

The Monitoring and Evaluation Systems for the National Strategic Framework include M&E, Research, and Knowledge Management.

### **Context and Rationale**

A functional and effective monitoring and evaluation (M&E) system serves to provide the data needed to guide the planning, coordination, and implementation of the HIV response; assess the effectiveness of the HIV response; and identify areas for program improvement. It also enables enhanced accountability to those infected or affected by HIV/AIDS, as well as the funders. However, the effectiveness of the M&E systems is itself dependant on the seamless and systemic integration of the 12 components of the Organizing Framework for a Functional National HIV M&E System.

The development and implementation of the Nigeria National Response Information Management System (NNRIMS) Operational Plan (2007-10) followed the adoption of the “three ones” key principles in 2005 as a mechanism to enhance harmonisation and effectiveness of the national HIV/AIDS response. A notable outcome of the significant investment in the NNRIMS is that the functionality of the national HIV M&E system in Nigeria has consistently improved. However there are still gaps in human capacity at the national and sub-national level (state, LGA and service delivery points) to manage M&E systems, including capacity to ensure good data quality, use information routinely for decision-making and provide adequate funding. Also, the infrastructure to underpin the National and sub-national M&E databases, routine HIV program monitoring, and evaluation and research are still weak. Other easily noticeable weaknesses of the current national M&E system include a proliferation of M&E sub-systems which are mostly donor-driven and not responsive to NNRIMS. For instance, NNRIMS is designed to collect information on all related HIV/AIDS services including community level activities; however, each program area such as OVC, ART, and PMTCT has its own routine information system in order to respond to the need of program funders. Also, the low participation of the private sector especially the private-for-profit players, in the submission of information using NNRIMS platform is another critical issue.

NACA has recently developed the National Policy on HIV/AIDS, and completed the review of the implementation and performance of the National HIV/AIDS Strategic Framework for Action 2005-09 as a pre-requisite step to an informed, evidence-based and realistic NSF and NSP 2010-15.

The findings of the response analysis and the policy thrusts of the National Policy on HIV/AIDS have informed the development of the Strategic objectives and interventions of the Monitoring and Evaluation systems thematic area of the National HIV/AIDS Strategic Framework and National HIV/AIDS Strategic Plan 2010-15. Crucially, and in line with the 12 components approach to an organizing framework for a functional national HIV M&E system, the thematic areas of “Monitoring and Evaluation” and “Research and Knowledge Management” of the draft HIV/AIDS Policy have been integrated into the thematic area of one “Monitoring and Evaluation Systems” of the National HIV/AIDS Strategic Framework and National HIV/AIDS Strategic Plan 2010-15.

### **Goal**

The goal of the thematic focus is to strengthen and embed a sustainable systems based approach to delivering a cost-effective, multidimensional and gender sensitive monitoring and evaluation system which supports the continuous improvement of the national response

### Proposed Objectives

1. To enhance the leadership and managerial skills and gender sensitivity of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015
2. To improve coordination, partnership, gender sensitivity and cost-effectiveness of data collection, analysis and use of program data and information (routine, surveys and surveillance) to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015
3. To continuously improve data quality and supportive supervision at all levels by 2015
4. To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach
5. To Strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015.

# NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

## Monitoring and Evaluation Systems

| 6.1 OBJECTIVE # 1<br>STRATEGIC INTERVENTIONS |  | To enhance the leadership and managerial competencies and effectiveness of Federal/State/LGA authorities for the delivery of an effective One national M&E system by 2015   |    |    |        |       |    |        |    |    |        |    |    | Indicators (Data Source) | MOV        |        |    |       |        |    |    |       |       |    |    |    |                                 |
|--|--|---|----|----|--------|-------|----|--------|----|----|--------|----|----|--------------------------|------------|--------|----|-------|--------|----|----|-------|-------|----|----|----|---------------------------------|
|  |  | Year 1  |    |    | Year 2 |       |    | Year 3 |    |    | Year 4 |    |    |                          |            | Year 5 |    |       | Year 6 |    |    | Total |       |    |    |    |                                 |
|  |  | (number)  |    |    |        |       |    |        |    |    |        |    |    | Total                    | M&E Report |        |    |       |        |    |    |       |       |    |    |    |                                 |
|  |  | Q1  | Q2 | Q3 | Q4     | Total | Q1 | Q2     | Q3 | Q4 | Total  | Q1 | Q2 |                          |            | Q3     | Q4 | Total | Q1     | Q2 | Q3 | Q4    | Total | Q1 | Q2 | Q3 | Q4                              |
| 6.1.1  | Review and clarify the competencies, and accountability structures for M & E, and strengthen their alignment to organisational strategies at State/LGASDP/Project levels   |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | M&E Report                      |
| 6.1.2  | Develop/strengthen appropriate, fully funded mechanisms for coordination of M&E activities at all levels, (e.g. managed networks, monthly meetings etc.)   |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | M&E Report                      |
| 6.1.3  | Review and enhance the organisational culture for sustainable human capacity development and timely adequate budgetary provision and release of funds for the M&E system   |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | M&E Report                      |
| <b>6.2 OBJECTIVE # 2</b>                     |  | To improve coordination, partnership and cost-effectiveness of data collection, analysis and use of programme data and information to inform programme planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015 |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    |                                 |
| 6.2.1  | Establish/strengthen cost-effective M&E TWGs (or other coordinating structures) at LGA/State/Federal levels  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | TWG Report                      |
| 6.2.2  | Facilitate the emergence of an enabling environment to promote identification, sharing and learning from best practices' projects across State/LGAs/implementing partners of the national response by 2015   |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report                  |
| 6.2.3  | Advocate for an enhanced knowledge of and commitment to the HIV M&E system among policy stakeholders at National, State, LGAs levels and all sectors (private & public) by 2015  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | M&E Report                      |
| 6.2.4  | Review and implement enhanced minimum standards for routine program monitoring activities, including use of nationally harmonised data flow and collection tools, routine data analysis and use, feedback mechanism and electronic data quality control "early alert" measures |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | M&E Report                      |
| 6.2.5  | In collaboration with the wider national health care systems, establish an integrated client/patient Unique Identifier system  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report; M&E Report      |
| <b>6.3 OBJECTIVE # 3</b>                     |  | To periodically determine the drivers, incidence and prevalence rates of the epidemic at national and states' level at evidence-based intervals, and use the information to continuously enhance national response  |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    |                                 |
| 6.3.1  | Review and strengthen the effectiveness and efficiency of coordinating mechanisms for design and implementation of national/project/program specific surveys/surveillance by 2015  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report; Survey Report   |
| 6.3.2  | Review and strengthen capacity building for the design, execution, analysis and use of relevant surveys/surveillance and other evaluation and research studies   |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report                  |
| 6.3.3  | To review and strengthen a cost-effective, evidence-based national programme and documentation system for other HIV Evaluation, Research and learning  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report; Research Report |
| 6.3.4  | Establish and implement varied mechanisms for promoting the timely presentation of Nigeria HIV/AIDS experience in State/National/International Conferences and fora by 2015  |   |    |    |        |       |    |        |    |    |        |    |    |                          |            |        |    |       |        |    |    |       |       |    |    |    | Program Report; Research Report |

# NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

## Monitoring and Evaluation Systems

| To continuously improve data quality and supportive supervision at all levels by 2015   |   |  |  |  |  |  |  |  |  |  |  |                           |
|---|---|--|--|--|--|--|--|--|--|--|--|---------------------------|
| 6.4   | <b>OBJECTIVE # 4</b>  |  |  |  |  |  |  |  |  |  |  | National Guidelines, SOPs |
| 6.4.1   | Review and strengthen the implementation of national guidelines and Standard Operating Procedures on data quality auditing at all the service delivery points, intermediate aggregation levels and national M&E unit                        |  |  |  |  |  |  |  |  |  |  |                           |
| 6.4.2   | Timely dissemination of supervisory and auditing reports to Stakeholders using the most appropriate evidence-based means  |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5   | <b>OBJECTIVE # 5</b>  |  |  |  |  |  |  |  |  |  |  |                           |
| 6.5.1   | Facilitate and embed a systems approach, results-based performance management culture in the delivery of all program components of by the implementing agencies and stakeholders of the national response                                   |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5.2   | Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems  |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5.3   | Enforce One harmonised national data collection and information flow structure  |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.6   | <b>OBJECTIVE # 6</b>  |  |  |  |  |  |  |  |  |  |  |                           |
| 6.6.1   | Establish a national Technical Review Group on national HIV/AIDS databases  |  |  |  |  |  |  |  |  |  |  |                           |
| 6.6.2   | Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015   |  |  |  |  |  |  |  |  |  |  | TWG Report                |
| 6.6.3   | Develop and implement the evidence-based national guidelines on data storage, data protection and access, emergency and business continuity plans at service delivery points, intermediate aggregation levels and national M&E unit by 2015 |  |  |  |  |  |  |  |  |  |  | Program Report            |
|   |   |  |  |  |  |  |  |  |  |  |  | M&E Report                |
| To strengthen and regularly update an integrated, optimally aligned, cost-effective, appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyse and present programme monitoring data from all levels and sectors by 2015. |   |  |  |  |  |  |  |  |  |  |  |                           |

# NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15

## Monitoring and Evaluation Systems

| To continuously improve data quality and supportive supervision at all levels by 2015 |   |  |  |  |  |  |  |  |  |  |  |                           |
|---|---|--|--|--|--|--|--|--|--|--|--|---------------------------|
| 6.4   | OBJECTIVE # 4   |  |  |  |  |  |  |  |  |  |  | National Guidelines, SOPs |
| 6.4.1   | Review and strengthen the implementation of national guidelines and Standard Operating Procedures on data quality auditing at all the service delivery points, intermediate aggregation levels and national M&E unit                        |  |  |  |  |  |  |  |  |  |  |                           |
| 6.4.2   | Timely dissemination of supervisory and auditing evidence-based means   |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5   | OBJECTIVE # 5   | To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach |  |  |  |  |  |  |  |  |  |                           |
| 6.5.1   | Facilitate and embed a systems approach, results-based performance management culture in the delivery of all program components of by the implementing agencies and stakeholders of the national response                                   |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5.2   | Ensure that national indicators and frameworks are evidence-based, appropriate to level of decision-making, and integrated to the relevant wider public/private sector systems  |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.5.3   | Enforce One harmonised national data collection and information flow structure  |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.6   | OBJECTIVE # 6   |  |  |  |  |  |  |  |  |  |  |                           |
| 6.6.1   | Establish a national Technical Review Group on national HIV/AIDS databases  |  |  |  |  |  |  |  |  |  |  | TWG Report                |
| 6.6.2   | Periodically review and strengthen national capacity to design and maintain databases used in the Nigeria national response by 2015   |  |  |  |  |  |  |  |  |  |  | Program Report            |
| 6.6.3   | Develop and implement the evidence-based national guidelines on data storage, data protection and access, emergency and business continuity plans at service delivery points, intermediate aggregation levels and national M&E unit by 2015 |  |  |  |  |  |  |  |  |  |  | M&E Report                |

### Setting the targets

When setting the NACA/Line Ministries/State targets, it is pertinent to note that “The commitment to scaling up towards universal access (UA) is not a target itself. Rather it emphasizes urgency, quality and equity, and involves the development of a comprehensive package of prevention, treatment, care and support relevant to the country”. If the perception of the targets in respect of what can be achieved by the target end date of the NSF is unrealistic, then the credibility of the process can be diminished and the process as a whole can be undermined.

Also, the political leadership who have power and influence over resource allocation really do have limited resources which need to be prioritised, and your targets and the attendant required resource commitments need to reflect the understanding that HIV/AIDS is just but a contributor to the national health burden which needs to be addressed and to compete for resources with other sector priorities.

UNAIDS (2006) Scaling up towards universal access: considerations for countries to set their own national targets for HIV prevention, treatment and care



**NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15**  
**Monitoring and Evaluation Systems Result Framework**

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| <p><b>Objective 1</b><br/>To enhance the leadership and managerial skills and gender sensitivity role of Federal/State/LGA authorities for the delivery of an effective One national M&amp;E system by 2015</p>  | <p>Proportion of federal/state/LGA authorities with enhanced leadership and managerial skills and gender sensitivity roles</p> <p>Proportion of M and E coordinating mechanisms with minimum of 35% women in decision making positions</p> <p>Proportion of implementing agencies and stakeholder organizations with improved program planning and decision making processes</p>  |   |   |   |   | <p>Reports of federal/state/LGA HIV/AIDS authorities; Media Reports</p>         |   |
| <p><b>Objective 2</b><br/>To improve coordination, partnership, gender sensitivity, and cost-effectiveness of data collection, analysis and use of program data and information to inform program planning and decision-making by all HIV/AIDS implementing agencies and stakeholders at all levels of HIV/AIDS response by 2015</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> | <p>Reports of implementing agencies and other stakeholders; M&amp;E Reports</p> | <p>Proportion of organizations with HIV/AIDS responses reflecting gender targets and indicators</p> |
| <p><b>Objective 3</b><br/>To periodically determine the drivers, incidence and prevalence rates of the epidemic at national and states' level at evidence -based intervals, and use the information to continuously enhance national response</p>  | <p>List of drivers of the epidemic, incidence and prevalence rates periodically determined</p>  |   |   |   |   | <p>Reports of special surveys and operations research</p>                       |   |

## NATIONAL STRATEGIC FRAMEWORK (NSF) 2010-15 Monitoring and Evaluation Systems Result Framework

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Objective 4: To continuously improve data quality and supportive supervision at all levels by 2015  | Annual improvements in data quality with ranking (1=Excellent to 5=Poor) |  |  |  |  |  |  |
| Objective 5: To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach   | Systems management approach in place and in use                          |  |  |  |  | Systems management reports; Mid-term Evaluation and End of Program Reports |  |
| Objective 6: To strengthen and regularly update an integrated, optimally aligned, cost-effective, gender sensitive appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015. | Proportion of developed national databases with these desired attributes |  |  |  |  | Annual HIV/AIDS Reports, NACA Reports, Database Reports                    |  |

**Key: \*** - Please see the References/presentations on Results Chain/Results Framework/Results-based Management and the attached guideline and the instructions on completing the Indicators Reference Guide for further details in understanding this heading

## APPENDIX 1: LIST OF NATIONAL CONSULTANTS:

### NATIONAL HIV/AIDS RESPONSE ANALYSIS AND DEVELOPMENT OF NSF/NSP 2010-15

| S/N | Name of Consultant            | Role/Thematic Area  | Email  | Originating Location |
|-----|-------------------------------|---|--|----------------------|
| 1.  | Dr Pat Youri                  | Lead Consultant,<br>International   | <a href="mailto:patyouri@hotmail.com">patyouri@hotmail.com</a><br><a href="mailto:patyouri@4u.com.gh">patyouri@4u.com.gh</a>                         | Ghana                |
| 2   | Dr. Adesegun Fatusi           | Co-Lead Consultant  | <a href="mailto:adesegunfatusi@yahoo.co.uk">adesegunfatusi@yahoo.co.uk</a>   | Ife/Osun             |
| 3.  | Dr Bunmi Asa                  | Promotion of Behavior<br>Change and Prevention of<br>New Infections               | <a href="mailto:bunmi_asa@yahoo.com">bunmi_asa@yahoo.com</a>   | Lagos                |
| 4.  | Dr. Hadiza Khamofu            | Treatment of HIV/AIDS and<br>Related Health Conditions                            | <a href="mailto:hgkhamofu@yahoo.com">hgkhamofu@yahoo.com</a>   | Abuja                |
| 5.  | Dr Comfort<br>Agada-Kiboigo   | Care and Support for People<br>Infected and Affected by<br>HIV/AIDS including OVC | <a href="mailto:eyojo@yahoo.com">eyojo@yahoo.com</a>   | Abuja                |
| 6.  | Dr Ifenne Eyantu              | Institutional Architecture,<br>Systems, Coordination &<br>Resourcing              | <a href="mailto:mail4enaibi@yahoo.com">mail4enaibi@yahoo.com</a>   | Benue                |
| 7.  | Dr Aminu Magashi<br>Garba     | Policy, Advocacy, Human<br>Rights, and Legal Issues                               | <a href="mailto:Gamagashi@gmail.com">Gamagashi@gmail.com</a><br><a href="mailto:Gamagashi@chnigeria.org">Gamagashi@chnigeria.org</a>                 | Kano                 |
| 8.  | Dr Iheadi Afonne<br>Onwukwe   | Monitoring and Evaluation,<br>Research, and Knowledge<br>Management               | <a href="mailto:iheadi@avohealth.org">iheadi@avohealth.org</a>   | Abuja                |
| 9.  | Dr. Ejiro J. Otive<br>Igbuzor | Gender  | <a href="mailto:ejiro_otive@yahoo.co.uk">ejiro_otive@yahoo.co.uk</a>   | Abuja                |
| 10. | Nkechi Nwankwo                | Gender  | <a href="mailto:nkechien@yahoo.com">nkechien@yahoo.com</a>   | Lagos                |
| 11. | Prof Femi Ajibola             | Costing   | <a href="mailto:femiajibola@yahoo.com">femiajibola@yahoo.com</a><br><a href="mailto:femiajibola@gmail.com">femiajibola@gmail.com</a>                 | Lagos                |
| 12. | Mrs Jadesola Bello            | Costing   | <a href="mailto:dauziconsulting@yahoo.com">dauziconsulting@yahoo.com</a><br><a href="mailto:jadesolabello@yahoo.co.uk">jadesolabello@yahoo.co.uk</a> | Ibadan               |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

| S/N | TOPIC                        | NAME  | AUTHOR/PUBLISHER  | DATE |
|-----|------------------------------|---|-------------------|------|
| 1.  | <b>STATE STRATEGIC PLANS</b> | Akwa- Ibom State Strategic Plan (2006-2010)   | Akwa-Ibom State   | 2006 |
| 2.  |                              | Bauchi State Strategic Plan (2006-2009)   | Bauchi State      | 2006 |
| 3.  |                              | Benue State Strategic Plan for HIV/AIDS (2006-2010)                                 | Benue State       | 2006 |
| 4.  |                              | Borno State Strategic Framework and Plan of action of identified groups (2005-2007) | Borno State       | 2005 |
| 5.  |                              | Cross River State HIV/AIDS Strategic Plan Of Action (2006-2010)                     | Cross river state | 2006 |
| 6.  |                              | Edo State Strategic Plan for HIV/AIDS (November 2007-2010)                          | Edo State         | 2007 |
| 7.  |                              | Enugu State HIV/AIDS Strategic Plan of action (2006-2010)                           | Enugu State       | 2006 |
| 8.  |                              | Ekiti State HIV/AIDS State Strategic Plan (2010-2014)                               | Ekiti State       | 2009 |
| 9.  |                              | Gombe State HIV/AIDS Strategic Plan (2006-2009)                                     | Gombe State       | 2006 |
| 10. |                              | Imo State HIV/AIDS Strategic Framework of Action                                    | Imo State         |      |
| 11. |                              | Kaduna State HIV and AIDS Strategic Plan for (2006-2010)                            | Kaduna State      | 2006 |
| 12. |                              | Kogi State HIV/AIDS Strategic Plan (2006-2009)                                      | Kogi State        | 2007 |
| 13. |                              | Kwara State HIV/AIDS Response Review and Strategic Plan (2006-2009)                 | Kwara State       | 2006 |
| 14. |                              | Lagos State HIV/AIDS Strategic Plan (2006-2010)                                     | Lagos State       | 2006 |
| 15. |                              | Nasarawa State HIV/AIDS Strategic Plan (2005-2009)                                  | Nasarawa State    | 2006 |
| 16. |                              | Niger State Strategic Plan (2009-2012)  | Niger State       | 2009 |
| 17. |                              | Ondo State HIV/AIDS Strategic Plan (2007-2010)                                      | Ondo State        | 2007 |
| 18. |                              | Oyo State HIV/AIDS Strategic Plan (2008-2012)                                       | Oyo State         | 2009 |
| 19. |                              | Plateau State HIV/AIDS Strategic Plan (2006-2010)                                   | Plateau State     | 2006 |
| 20. |                              | Sokoto State Strategic Plan (2009-2011)   | Sokoto State      | 2009 |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|     |                               |  |                                |      |
|-----|-------------------------------|--|--------------------------------|------|
| 21. |                               | Taraba State Strategic Plan (2007-2011)  | Taraba State                   | 2007 |
| 22. | <b>SURVEYS</b>                | National Survey on HIV/AIDS knowledge, attitudes, practices, skills and school Health in Nigeria | Federal Ministry of Education  | 2006 |
| 23. |                               | Nigeria demographic and Health Survey (North central) zone                                       | National Population Commission | 2004 |
| 24. |                               | National HIV/Syphilis Sero-prevalence Sentinel Survey among Pregnant Women..                     | Federal Ministry of Health     | 2005 |
| 25. |                               | National HIV Sero-prevalence Sentinel Survey   | Federal Ministry of Health     | 2004 |
| 26. |                               | National demographic and Health Survey   | National Population Commission | 2003 |
| 27. |                               | National HIV/AIDS Response and Review (2001-2005)  | NACA                           | 2005 |
| 28. |                               | Nigeria DHS EdData Survey: Education data for decision making                                    | National Population Commission | 2004 |
| 30. |                               | Sentinel Survey of the National Population Programme: baseline report 2000                       | National Population Commission | 2002 |
| 31. |                               | Behavioural surveillance Survey  | Federal Ministry of Health     | 2005 |
| 32. |                               | National HIV/AIDS & Reproductive Health Survey 2003  | Federal Ministry of Health     | 2003 |
| 33. |                               | National HIV/AIDS & Reproductive Health Survey 2005  | Federal Ministry of Health     | 2005 |
| 34. | <b>GAZETTES/<br/>CHARTERS</b> | Borno State Law for the establishment of BOSACAM   | Borno State                    | 2009 |
| 35. |                               | Anambra State Law for the establishment of ANSACA  | Anambra State                  | 2007 |
| 36. |                               | Benue State Law for the establishment of BENSACA   | Benue State                    | 2007 |
| 37. |                               | Nassarawa State Law for the establishment of NASACA  | Nasarawa State                 | 2008 |
| 38. |                               | Kogi State Law for the establishment of KOSACA   | Kogi State                     | 2008 |
| 39. |                               | Kaduna State Law for the establishment of KASACA   | Kaduna State                   | 2007 |
| 40. |                               | Niger State Law for the establishment of NGSACA  | Niger State                    | 2008 |
| 41. |                               | Child's Rights Act 2003  | FGoN                           | 2003 |
| 42. |                               | Reform of Nigerian Family Law  | NLRC                           | 2006 |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|     |   |  |   |        |
|-----|---|--|---|--------|
| 43. |   | African Youth Charter  | Federal Ministry of Youth Development         | 2006   |
| 44. | <b>PLANS(INCLUDING WORK PLANS) AND TRAINING MANUALS</b> | Scale- up Plan on prevention of PMTCT of HIV in NGR  | Federal Ministry of Health                    | 2005   |
| 45. |   | National HIV/AIDS Prevention Plan 2007-2009  | NACA  | 2007   |
| 46. |   | National Health sector Strategic Plan for HIV/AIDS   | Federal Ministry of Health                    | Jul-05 |
| 47. |   | Implementation of the National AIDS & STI control Programme 2005-2009  | Federal Ministry of Health                    | 2005   |
| 48. |   | HIV/AIDS NNRIMS Operational Plan 2007-2010   | NACA  | 2007   |
| 49. |   | OVC, National Plan of action 2006-2010   | Federal Min. of Women Affairs and Social Dev. | 2006   |
| 50. |   | Borno State Reviewed Operational Plan of Action for Nigeria  | BOSACAM                                       | 2009   |
| 51. |   | National Education sector HIV/AIDS Strategic Plan 2006-2010  | Federal Ministry of Education                 | 2006   |
| 52. |   | National Drug control Master Plan  |   | May-99 |
| 53. |   | Mapping the involvement of civil society in HIV/AIDS in Seven States in NGR. (ActionAid)   | ActionAid                                     | Mar-02 |
| 54. |   | Cross river State SPT workplan 2005  | CRSACA  | 2005   |
| 55. |   | Benue State Work Plan for 2005-2009  | BENSACA                                       | 2009   |
| 56. |   | Kogi State activity and implementation Plan  | KOSACA  | 2007   |
| 57. |   | Kogi State Annual AIDS Priority Plan   | KOSACA  | 2008   |
| 58. |   | Taraba HPDP Work Plan  | Taraba State                                  | 2005   |
| 59. |   | Akwa-Ibom State Work Plan (2005-2009)  | Akwa-Ibom State                               |        |
| 60. |   | Training manuals for community support and home based care for people and communities infected & affected by HIV/AIDS in Nigeria | CISHAN  | Mar-07 |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|     |   |   |                            |        |
|-----|---|---|----------------------------|--------|
| 61. |   | Monitoring and evaluation training manual on Nigerian National Response Information Management System | NACA                       | Jun-06 |
| 62. |   | Background document for the training modules on laboratory tests and monitoring of HIV infection      | NIMR                       | 2003   |
| 63. |   | PMTCT: Nigeria curriculum participants manual   | Federal Ministry of Health | Jul-07 |
| 64. |   | Gombe State monitoring and evaluation plan for HIV/AIDS   | GOMSACA                    | Sep-08 |
| 65. |   | Ondo State HIV/AIDS Priority Plan   | ODSACA                     | 2009   |
| 66. |   | HIV Counseling and Testing trainees manual  | Federal Ministry of Health | Oct-08 |
| 67. |   | HIV/AIDS Manual For State Focal Officers Of The Nigeria Prisons Service                               | Nigeria Prison Service     | Jan-09 |
| 68. |   | Mainstreaming Gender Into The Kenya National HIV/AIDS Strategic Plan 2000-2005                        | NACC                       | Nov-02 |
| 69. |   | CRSACA state AIDS priority plan (2009-2010)   | CRSACA                     | Nov-08 |
| 70. | <b>RESPONSE REVIEWS, ANALYSIS AND REPORTS</b> | National situation analysis of the Health sector Response to HIV/AIDS in Nigeria                      | Federal Ministry of Health | 2005   |
| 71. |   | Summary of the declaration of commitment on HIV/AIDS  | UNAIDS                     | 2001   |
| 72. |   | The level of effort in the National Response to HIV/AIDS (USAID et al)                                | USAID et al                | 2003   |
| 73. |   | Nigeria National Response to HIV/AIDS Update  | NACA                       | 2009   |
| 74. |   | Human development Report: HIV/AIDS- A challenge to sustainable human development in NGR               | UNDP                       | 2004   |
| 75. |   | Benue State HIV/AIDS Response Analysis and Strategic Plan (2005-2009)                                 | Benue State                | 2005   |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|     |                   |   |                                |        |
|-----|-------------------|---|--------------------------------|--------|
| 76. |                   | Kogi State HIV/AIDS Response Review (2001-2005)   | Kogi State                     | 2007   |
| 77. |                   | Ekiti State HIV/AIDS Response Review (2004-2008)  | Ekiti State                    | 2004   |
| 78. |                   | Ekiti State HIV/AIDS Response Profile   | Ekiti State                    | 2008   |
| 79. |                   | Enugu State HIV/AIDS Response Review 2000 - 2005  | Enugu State                    | 2000   |
| 80. |                   | Niger State Annual Report of the NGSACA   | Niger State                    | 2008   |
| 81. |                   | Nigeria 6th Country Periodic Report   | FMWASD                         | 2006   |
| 82. |                   | Assessment Report of the National Response to young People..  | Federal Ministry of Health     | 2009   |
| 82. |                   | MDG report 2005   | National Population Commission | 2005   |
| 83. |                   | Gender analysis of the mid term NSF implementation  | UNIFEM                         |        |
| 84. |                   | Analysis of the human rights of people living with HIV/AIDS and people affected by HIV/AIDS including widows in Nigeria: a) report one- desk review, b) report two- fieldwork | UNIFEM                         | Jul-05 |
| 85. |                   | Edo State HIV/AIDS situational assessment, survey report 2007   | Edo State                      | Jun-05 |
| 86. |                   | Nigeria National HIV/AIDS Response Review (2001-2004)   | NACA                           | 2005   |
| 87. |                   | Lagos State HIV/AIDS Response Review (2000-2005)  | LSACA                          | 2000   |
| 88. |                   | Laboratory Based HIV Rapid Test Validation in Nigeria phase 1   | Federal Ministry of Health     | Apr-07 |
| 89. |                   | Report of Desk Review On Mainstreaming HIV/AIDS Into Line Ministries and Parastatals  | NACA                           | Jul-07 |
| 90. | <b>GUIDELINES</b> | National ethics and operational Guidelines for research on human subjects (NACA)  | NACA                           |        |
| 91. |                   | National Guideline on contraceptive logistics management system   | Federal Ministry of Education  | 2003   |
| 92. |                   | Guidelines for the Implementation of the FMWASD HIV/AIDS Workplace Policy   | FMWASD                         | 2007   |
| 93. |                   | Guidelines for the use of anti-retroviral drugs in NGR.   | Federal Ministry of Health     | 2005   |



## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |                 |   |   |        |
|------|-----------------|---|---|--------|
| 94.  |                 | National Guideline on pediatric HIV/AIDS treatment and care                   | Federal Ministry of Health                      | 2007   |
| 95.  |                 | National Guideline for HIV/AIDS treatment and care in adolescents and adults  | federal Ministry of Health                      | May-07 |
| 96.  |                 | National Guideline and standards of practice on OVCs                          | Federal Min of women & Social Dev.              | Jan-07 |
| 97.  |                 | Guideline for the implementation of the National workplace Policy on HIV/AIDS | Federal Ministry of Labor and Productivity      | 2006   |
| 98.  |                 | National Guideline on PMTCT   | Federal Ministry of Health                      | 2007   |
| 99.  |                 | Operational Guidelines for blood transfusion practice in NGR.                 | National blood transfusion service              | 2007   |
| 100. |                 | National Guidelines on the syndromic management of STIs & RTIs (FMOH) 2002    | Federal Ministry of Health                      | 2002   |
| 101. |                 | National Guideline for HIV/AIDS palliative care (FMOH)                        | Federal Ministry of Health                      |        |
| 102. |                 | Armed Forces HIV/AIDS Control Policy Guidelines                               | Federal Ministry of Defense                     | 2007   |
| 103. |                 | HIV/AIDS Extension Guide  | Federal Ministry of Agriculture                 | 2008   |
| 104. |                 | National Guideline for HIV/AIDS VCT   | Federal Ministry of Health                      | 2003   |
| 105. | <b>POLICIES</b> | Benue State HIV/AIDS workplace Policy   | Benue State                                     | 2009   |
| 106. |                 | Kwara State Policy on HIV/AIDS (KWASACA)                                      | Kwara State                                     | 2008   |
| 107. |                 | Draft workplace policy for Ondo State   | Ondo State                                      |        |
| 108. |                 | Work Place Policy on HIV/AIDS (Civilian Cell)                                 | Federal Ministry of Defense                     |        |
| 109. |                 | HIV/AIDS Workplace Policy   | FMWASD  | 2007   |
| 110. |                 | HIV/AIDS Workplace Policy   | Federal Ministry of Information & Communication |        |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |  |   |  |        |
|------|--|---|--|--------|
| 111. |  | National workplace Policy on HIV/AIDS   | Federal Ministry of Labor and Productivity | 2005   |
| 112. |  | National workplace Policy on HIV/AIDS for the Energy Sector   | Federal Ministry of Energy                 | 2008   |
| 113. |  | Policy for the control and Management of HIV/AIDS among staff   | Federal Ministry of Science and Technology | 2004   |
| 114. |  | FMOH HIV/AIDS Personnel Policy  | FMOH                                       | 2008   |
| 115. |  | National Policy on Protection and Assistance to Trafficked Persons in Nigeria   | NAPTIP                                     |        |
| 116. |  | National Policy on Injection Safety and Healthcare Waste Management   | Federal Ministry of Health                 | 2007   |
| 117. |  | National Gender Policy Strategic Implementation Framework and Plan  | Federal Ministry of Women Affairs          | 2008   |
| 118. |  | HIV/AIDS Policy for the Federal Ministry of Internal Affairs/ Paramilitary Sector   | federal ministry of Internal Affairs       | 2005   |
| 119. |  | National Youth Policy   | Federal Ministry of Youth Development      | 2001   |
| 120. |  | National Gender Policy: Situation Analysis and Framework  | FMWASD                                     |        |
| 121. |  | National Gender Policy  | Federal Min. of Women & Social Dev.        | 2006   |
| 122. |  | Promoting gender equality and human rights sensitive policy environment in the Nigerian HIV/AIDS national response...a)EDUCATION SECTOR b)HEALTH SECTOR | UNIFEM                                     | Oct-08 |
| 123. |  | Promoting gender equality...agriculture, education and health sectors   | UNIFEM                                     |        |
| 124. |  | Civil society for HIV/AIDS in Nigeria: Information sharing policy   | CISHAN                                     |        |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |                                   |  |                                       |        |
|------|-----------------------------------|--|---------------------------------------|--------|
| 125. |                                   | Civil society for HIV/AIDS in Nigeria: Monitoring and evaluation procedures and policies   | CISHAN                                | Feb-08 |
| 126. |                                   | CISHAN HIV/AIDS workplace policy   | CISHAN                                |        |
| 127. |                                   | Promoting gender equality and human rights sensitive policy environment in the Nigerian HIV/AIDS national response...AGRICULTURAL SECTOR | UNIFEM                                | Oct-08 |
| 128. |                                   | UNAIDS/WHO Policy statements on HIV testing  | UNAIDS                                | Jun-04 |
| 129. |                                   | ECWA Policy on HIV/AIDS  | The ECWA AIDS Ministry                | 2004   |
| 130. |                                   | National policy on the health & development of adolescents and young people in Nigeria   | Federal Ministry of Health            | 2007   |
| 131. | <b>STRATEGIES AND ASSESSMENTS</b> | Kaduna State prevention and strategy: Behavior Change Communication Strategy 2007-2010   | KADSACA                               | 2008   |
| 132. |                                   | The National HIV/AIDS BCC 5yr Strategy 2004-2008   | NACA                                  | Apr-04 |
| 133. |                                   | Benue State Prevention & Strategic Behavioural Communication (2008-2010)   | BENSACA                               | Jun-05 |
| 134. |                                   | In depth HIV/AIDS Response assessment (KADSACA)  | KADSACA                               | 2005   |
| 134. |                                   | Implementation Strategy for the National youth Policy  | Federal Ministry of Youth Development | 2001   |
| 135. |                                   | The 2008 Situation Assessment and analysis on OVC in Nigeria   | FMWASD                                | 2008   |
| 136. |                                   | APIN Phase 11 project: a training needs Assessment for ind. & organizational capacity building of SACAs                                  | APIN                                  |        |
| 137. |                                   | Injection safety assessment in NGR.  | Federal Ministry of Health            | 2004   |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |  |  |                                |        |
|------|--|--|--------------------------------|--------|
| 138. |  | National HIV/AIDS Strategic Framework for Action   | NACA                           | 2005   |
| 139. |  | Achieving universal access- The UK's strategy for halting and reversing the spread of HIV/AIDS in the developing world | DFID                           |        |
| 140. |  | Achieving universal access-evidence for action   | DFID                           |        |
| 141. |  | The National HIV/AIDS BCC Strategy 2009-2014   | NACA                           | Aug-08 |
| 142. |  | Strategies For an Extended and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic                            | FHI                            |        |
| 143. | <b>MAGAZINES, DIRECTORIES AND PROJECTS</b> | Gender watch Magazine  | CEDPA                          | 2007   |
| 144. |  | HIV/AIDS & the Nigerian Prison Service   | Nigeria Prison Service         |        |
| 145. |  | The Watchdog Magazine  | CEDPA                          | 2007   |
| 146. |  | Directory of institutional capacity details of stakeholders on HIV/AIDS in Ekiti State                                 | Ekiti SACA                     | 2008   |
| 147. |  | Directory of institutions for capacity building on HIV/AIDS project management in NGR.                                 | NACA                           | 2005   |
| 148. |  | The Femi and Fati HIV billboard campaign evaluation report   | Society for Family Health      | 2003   |
| 149. |  | Meeting everyone's needs   | National Population Commission | 2004   |
| 150. |  | Governance of HIV/AIDS Responses, issues and outlook   | UNDP                           |        |
| 151. |  | Population and the quality of life in NGR(NPC)   | National Population Commission | Sep-04 |
| 152. |  | Establishing and sustaining HIV comprehensive care services in cottage hospitals in the Niger-Delta 2007-2008          | FHI                            | 2009   |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

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| 153. |   | Kogi State HIV/AIDS Program Development Project                                     | KOSACA  | 2008   |
| 154. |   | HIV/AIDS Project: Be informed about HIV/AIDS  | Federal Ministry of Information and Communication |        |
| 155. |   | National Protocol for HIV counseling and testing at PHC level                       | NACA  | 2007   |
| 156. | <b>PROJECTIONS AND STATISTICS</b>       | Projections for contraceptives including condom for HIV/AIDS in Nigeria (2003-2015) | Federal Ministry of Health                        | 2003   |
| 157. |   | National and State Population projections   | National Population Commission                    | 2002   |
| 158. |   | Basic and Senior Secondary Education Statistics Ngr. 2004 & 2005                    | Federal Ministry of Education                     | 2006   |
| 159. |   | Planning , costing and budgeting Framework  | UNAIDS  | 2003   |
| 160. |   | Statistics of education in Nigeria 1999-2005  | Federal Ministry of Education                     | 2007   |
| 161. | <b>WORLD BANK</b>                       | Addressing youth within the World Bank's Multi Country HIV/AIDS program (MAP)       | World Bank  |        |
| 162. |   | World Bank's commitment to HIV/AIDS in Africa 2007-2011                             | World Bank  | 2007   |
| 163. | <b>TB</b>                               | Civil society perspectives on TB Policy in Bangladesh, Brazil etc                   | Open Society Institute                            | 2006   |
| 164. |   | TB Policy in Nigeria: A Civil Society Perspective                                   | Open Society Institute                            | 2006   |
| 165. | <b>STATEMENTS, ALGORITHMS AND FORMS</b> | UNAIDS/IOM Statements on HIV/AIDS-related travel restrictions                       | IOM   | Jun-04 |
| 166. |   | Algorithm for estimating adherence  | IHVN  |        |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |               |  |   |           |
|------|---------------|--|---|-----------|
| 167. |               | New GON recommended serial algorithm   | IHVN  |           |
| 168. |               | ART monthly summary form   | NACA  |           |
| 169. |               | HCT monthly summary form   | NACA  |           |
| 170. |               | PMTCT monthly summary form   | NACA  |           |
| 171. | MISCELLANEOUS | National HCT High Level Stakeholders' forum  | NACA  | Oct-08    |
| 172. |               | MDGs Information kit 2007  | Federal Government of Nigeria                                 | 2007      |
| 173. |               | Action Plus Bulletin   |   | 2007-2009 |
| 174. |               | Federal Ministry of Labor Circular   | Federal Ministry of Labor and Productivity                    | 2002      |
| 175. |               | National Policy on HIV/AIDS for the Education Sector in NGR                                    | Federal Ministry of Education                                 | 2005      |
| 176. |               | Basic facts about HIV.   | Federal Ministry of Labor and Productivity                    |           |
| 178. |               | National Policy on HIV/AIDS.   | Federal Government of Nigeria                                 | 2003      |
| 179. |               | Lagos State AIDS Control Agency.   | LSACA   |           |
| 180. |               | HIV/AIDS and Sports Q & As.  | Federal Ministry of Sport & Social Dev.                       |           |
| 181. |               | The Prohibition of Infringement of A widow's & widowers fundamental rights law of Enugu State. | Ministry of Gender affairs & Social Development. Enugu State. |           |
| 182. |               | Assessing Behavior Change Maintenance among HIV Risk   | Society for Family Health                                     | 2006      |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

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| 183. |  | MAP Study on the availability of social marketing products in Nigeria.  | Society for Family Health     | 2007                  |
| 184. |  | Assessing Behavior change among HIV Risk Group in Nigeria:<br>Indirect Interventions through Civil Society Organizations.         |                               | 2008                  |
| 185. |  | An Impact Evaluation of a Transport Corridor Project.   |                               |                       |
| 186. |  | National Guidelines on the Syndromic Management of Sexually Transmitted Infections and other reproductive tract Infections.       | Federal Ministry of Health    | 2007                  |
| 187. |  | HIV/STI Integrated biological and behavioral Surveillance Survey (IBBSS) 2007.  | Federal Ministry of Health    | 2007                  |
| 188. |  | Evaluation of the Prevention of mother to child Transmission (PMTCT) of the pilot program in Nigeria.                             |                               | Oct 2005              |
| 189. |  | Update of HIV/AIDS Program in the Nigeria Prisons Service.  | Nigeria Prison Service        | June 2000-<br>Mar. 08 |
| 190. |  | HIV/AIDS Program Report in Nigeria Prisons.   | Nigeria Prison Service        | 2006-2008             |
| 191. |  | Assuring Quality: Report of the National Workshop for Effective Family Life HIV/AIDS (FLHE) Curriculum Implementation in Nigeria. | Federal Ministry of Education | Jan 06.               |
| 192. |  | Female condom study among Female Sex Workers.   | Society for Family Health     | 2008                  |
| 193. |  | Accelerating the Education Sector Response to HIV/AIDS in Nigeria:<br>Report and Strategic framework for action.                  | Federal Ministry of Education | Feb 03.               |

## APPENDIX 2: NSF/NSP DOCUMENTS REVIEWED

|      |  |  |                                |          |
|------|--|--|--------------------------------|----------|
| 194. |  | Accelerating the Education Sector Response to HIV/AIDS in Nigeria:   | Federal Ministry of Education  | June 05. |
| 195. |  | National Guidelines and standards of practice on orphans and vulnerable children.                          | FMWASD                         | Jan 07.  |
| 196. |  | Nigeria Demographic and health Survey 2008.  | National Population Commission | 2008     |
| 197. |  | National HIV/SYPHILIS Sero - prevalence Survey Among pregnant women Attending Antenatal clinics in Nigeria | Federal Ministry of Health     | 2005     |
| 198. |  | National Guidelines on Prevention of mother-to child Transmission of HIV(PMTCT).                           | Federal Ministry of Health     | Jul-07   |
| 199. |  | Joint Midterm Review of the HIV/AIDS National Strategic Framework for Action (NSF) 2005-09                 | NACA                           | Dec -07  |



### APPENDIX 3: LAUNCH

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## APPENDIX 4: HIV PREVENTION TWG MEMBERS

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## Appendix 5 - HIV/AIDS Treatment TWG Members

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| 2       | Tosan<br>Ayonmike      | M&E/ Data<br>Officer            | NMOD HIV Prog.<br>EPIC                   | <a href="mailto:tosanayonmike@yahoo.com">tosanayonmike@yahoo.com</a>   |
| 3       | Dr. Rupert<br>Emeogu   | M.O                             | NTBICP/ FMOH                             | <a href="mailto:dremeogu@yahoo.com">dremeogu@yahoo.com</a>   |
| 4       | Femi Amoran            | Consultant                      | NASCP/ FMOH                              | <a href="mailto:drfamoran@yahoo.com">drfamoran@yahoo.com</a>   |
| 5       | Valerie Obot           | ST BLCO                         | MOH,Uyo,Akwaibom                         | <a href="mailto:valerieobot@yahoo.com">valerieobot@yahoo.com</a>   |
| 6       | Femi<br>Ajetumobi      | Programme<br>Officer            | NTBLCP/ FMOH                             | <a href="mailto:femiajetumobi2002@yahoo.com">femiajetumobi2002@yahoo.com</a>   |
| 7       | Emeka Asadu            | Head/ C&S                       | HAD - FMOH                               | <a href="mailto:ecasadu@yahoo.com">ecasadu@yahoo.com</a>   |
| 8       | Dr Oche<br>Agbaji      | ART TEAM<br>LEADER              | Dept. of Medicine,<br>JUTH, Jos          | <a href="mailto:oagbaji@yahoo.com">oagbaji@yahoo.com</a>   |
| 9       | Mohammed<br>Ibrahim    | Director<br>Medical<br>Services | FHI                                      | <a href="mailto:mibrahim@ghain.org">mibrahim@ghain.org</a>   |
| 10      | Dr Kate<br>Anteyi      | Senior<br>Program<br>specialist | CDC - USE                                | <a href="mailto:antevik@ng.cdc.gov">antevik@ng.cdc.gov</a>   |
| 11      | Emeka<br>Okechukwu     | SMSA                            | FHI                                      | <a href="mailto:eokechu kwu@ghain.org">eokechu kwu@ghain.org</a>   |
| 12      | Moru.A.Monica          | Prog.<br>Officer                | Network for HIV/AIDS<br>Research in Nig. | <a href="mailto:monicamoru@yahoo.com">monicamoru@yahoo.com</a> ,<br><a href="mailto:narnnigeria@yahoo.com">narnnigeria@yahoo.com</a> |
| 13      | Dupe<br>Ogunrinde      | Chief<br>Nursing<br>Officer     | GOVT/ Adult                              | <a href="mailto:Lovingdupe@yahoo.com">Lovingdupe@yahoo.com</a>   |
| 14      | Klint<br>Nyamuryekunge | HIV/AIDS<br>CO                  | WHO                                      | <a href="mailto:nyamuryekunge@ng.afro.who.int">nyamuryekunge@ng.afro.who.int</a>   |
| 15      | Munda Bala             | Record<br>Officer               | NMOB(EPIC)                               | <a href="mailto:goramh12@yahoo.com">goramh12@yahoo.com</a>   |
| 16      | Fajemisin<br>Wole      | HMIS                            | PATHS 2                                  | <a href="mailto:woleafajemisin@yahoo.com">woleafajemisin@yahoo.com</a>   |
| 17      | Deborah<br>Bako -Odoh  |                                 |  |  |
| 18      | Mariya<br>Mukhtar Yola | Consultant                      | NHA                                      | <a href="mailto:mariyamukhtar@yahoo.com">mariyamukhtar@yahoo.com</a>   |
| 19      | Rosemary<br>Audu       | Virologist                      | NIMR                                     | <a href="mailto:rosemaryaudu@yahoo.com">rosemaryaudu@yahoo.com</a>   |
| 20      | Ofondue . O            | Consultant<br>Physician         | FMC OW                                   | <a href="mailto:ajumy.o@yahoo.com">ajumy.o@yahoo.com</a>   |
| 21      | Zipporah K.            | COP                             | CHAN NICaB                               | <a href="mailto:zmkpamor@yahoo.com">zmkpamor@yahoo.com</a>   |
| 22      | Rolake<br>Odetoyinbo   | Project<br>Director             | PATA                                     | <a href="mailto:rolake.odetoyinbo@pata-nigeria.com">rolake.odetoyinbo@pata-nigeria.com</a>   |
| 23      | HG Khamofu             | Consultant                      |  | <a href="mailto:hgkhamofu@yahoo.com">hgkhamofu@yahoo.com</a>   |



## APPENDIX 6: CARE AND SUPPORT TWG MEMBERS

| S/N | NAMES                      | DESIGNATION                           | ORGANIZATION/<br>PHYSICAL ADDRESS                                       | Email  |
|-----|----------------------------|---------------------------------------|---|--|
| 1   | De Evans                   | Deputy CD                             | Save the Children,<br>Bassam Plaza,<br>CBD Abuja                        | <a href="mailto:d.evans@scuknigeria.org">d.evans@scuknigeria.org</a>   |
| 2   | Terfa K                    | Independent consultant                | No 31 Main Street<br>Makurdi  | <a href="mailto:terkene@yahoo.com">terkene@yahoo.com</a>   |
| 3   | Grace P<br>Dafice          | Nat.<br>Coordinator                   | AONN Kaduna   | <a href="mailto:gracekenlat@hotmail.com">gracekenlat@hotmail.com</a>   |
| 4   | O.A Adebari                | FD<br>Networking<br>&<br>coordinating | 75 Ralph<br>Shodeinde Street<br>FMoH HIV/AIDS                           | <a href="mailto:jumokeadebari@yahoo.com">jumokeadebari@yahoo.com</a>   |
| 5   | Osagbemi<br>M.O            | PROFESSOR                             | University of Jos   | <a href="mailto:popdevt@yahoo.com">popdevt@yahoo.com</a>   |
| 6   | Patrick N<br>Okoh          | Director                              | Rural Linkage<br>Network, 15 Good<br>Street, Baji Baji,<br>Owerri State | <a href="mailto:rurallinkage@yahoo.com">rurallinkage@yahoo.com</a>   |
| 7   | Onah<br>Uchenna            |                                       | Federation of<br>Women Affairs &<br>Social Dev, Abuja                   | <a href="mailto:cuonah@gmail.com">cuonah@gmail.com</a>   |
| 8   | Chika Okala<br>Egbunike    | OVC<br>Specialist                     | Pact Nigeria, 49<br>Euphrates Street<br>Maitama Abuja                   | <a href="mailto:chika@pactnigeria.org">chika@pactnigeria.org</a>   |
| 9   | DR IFYR<br>Onawuatuelo     | CARE &<br>SUPPORT<br>officer          | APIN/HARVARD  | <a href="mailto:ionwuatudo@apin.org.ng">ionwuatudo@apin.org.ng</a>   |
| 10  | HARUNA Y<br>DABO           | M&E                                   | BOSACAM   | <a href="mailto:Hydabob2@yahoo.com">Hydabob2@yahoo.com</a>   |
| 11  | Abdulaziz<br>Mohammed      | M&E officer                           | YOBE SACA   | <a href="mailto:mxabduiaziz@yahoo.com">mxabduiaziz@yahoo.com</a>   |
| 12  | CARTIER<br>Simon           | ASSOC DIR.<br>MS                      | FHI GARKI   | <a href="mailto:Scartier@ghain.org">Scartier@ghain.org</a>   |
| 13  | Walker<br>EBUN             | HIV/AIDS<br>Consultant                | 11 Crown Ibadan   | <a href="mailto:Giftie54@yahoo.com">Giftie54@yahoo.com</a>   |
| 14  | DR Omolola<br>Irinoye      | Academics                             | Obafemi Awolowo<br>University Ile-Ife                                   | <a href="mailto:omololaoni@gmail.com">omololaoni@gmail.com</a>   |
| 15  | jaiyesimii<br>E.O          | HWWN.<br>Lagos                        | Plot 230 Ikorodu<br>Road Banikoro<br>Lagos                              | <a href="mailto:ebnnjay@yahoo.com">ebnnjay@yahoo.com</a><br><a href="mailto:jaiyesimii@gmail.com">jaiyesimii@gmail.com</a> |
| 16  | BARR<br>Ekpere<br>Ezeugina | PRESIDENT<br>SAR student<br>welfare   | ICRA U.N.N  | <a href="mailto:Ekper2000@yahoo.com">Ekper2000@yahoo.com</a>   |
| 17  | NGOZI<br>Ugwu              | Local Govt<br>Service<br>Enugu        | Deputy Director<br>Nursing Services                                     | <a href="mailto:emelola@yahoo.com">emelola@yahoo.com</a>   |

## APPENDIX 6: CARE AND SUPPORT TWG MEMBERS

|    |                    |                                       |                      |  |
|----|--------------------|---------------------------------------|----------------------|--|
| 18 | ISamaila Garba     | NEPWAN                                | Member               | <a href="mailto:padvocacy@yahoo.com">padvocacy@yahoo.com</a>   |
| 19 | Jumai H Danwr      | Civil society for HIV/AIDs in Nigeria | Senior prog. Officer | <a href="mailto:discghan@yahoo.com">discghan@yahoo.com</a> ,<br><a href="mailto:jumaidanuk@yahoo.com">jumaidanuk@yahoo.com</a> |
| 20 | FLT Lt AA Omodunbi | Armed Forces Program on AIDS Control  | LOG OFF              | <a href="mailto:portabledebo@yahoo.com">portabledebo@yahoo.com</a>   |
| 21 | DR Onoja M.O       | ABUTH ZARIA                           | Academic             | <a href="mailto:ibelule@yahoo.com">ibelule@yahoo.com</a>   |
| 22 | MIRIAM KATENDE     | ADNN                                  | Tech Adviser         | <a href="mailto:katendepm@yahoo.com">katendepm@yahoo.com</a>   |
| 23 | MOHAMME D Ramat    | FMOH                                  | Nutrition Officer    | <a href="mailto:Ramatisa2006@yahoo.cim">Ramatisa2006@yahoo.cim</a>   |
| 24 | GEORGE Ojebola     | NELA                                  | Program officer      | <a href="mailto:nelakasora@yahoo.com">nelakasora@yahoo.com</a>   |
| 26 | MARK .AA           | Newhope                               | P.O ABUJA            | <a href="mailto:Max3biher@yahoo.com">Max3biher@yahoo.com</a>   |
| 27 | EMMANUE L ATUMA    | Consultant                            | CONSULTANT           | <a href="mailto:emmaatuma@gmail.com">emmaatuma@gmail.com</a>   |
| 28 | DR Evans           | Save the Children                     | Deputy CD            | <a href="mailto:d.evans@scuknigeria.org">d.evans@scuknigeria.org</a>   |
| 29 | OMBUGUA DU O.A     | FMoH                                  | ACSO                 | <a href="mailto:ombugangba@yahoo.com">ombugangba@yahoo.com</a>   |
| 30 | ROSEMARY KIA       | AONN                                  | NAT. Coordinator     | Gracekenlarehotmail.com  |
| 31 | PHILOMEN A IRENE   | USAID                                 | P.M                  | <a href="mailto:pirene@usaid.gov">pirene@usaid.gov</a>   |

## APPENDIX 7: POLICY TWG MEMBERS

| S/N | NAME                   | ORGANISATION                     | DESIGNATION                   | E_MAIL ADDRESS/PHONE NO  | PHYSICAL ADDRESS                              |
|-----|------------------------|----------------------------------|-------------------------------|--|---|
| 1.  | Josephine Odikpo       | Centre for right &Development    | Executive Director            | <a href="mailto:ceradlagos@yahoo.com">ceradlagos@yahoo.com</a>   | Suite 2,4 Irewole Ave. Opebi-Ikeja,Lagos      |
| 2.  | İbrahim A. Azara       | NASACA                           | Prj.Man                       | <a href="mailto:lbrahimaza2w2@yahoo.com">lbrahimaza2w2@yahoo.com</a>   | No 3 A/makura str. Lafia Nasarawa State       |
| 3.  | Aisha Abdul-Hadi Kasim | NASACA                           | M&E.O                         | <a href="mailto:nnikeaisha@yahoo.com">nnikeaisha@yahoo.com</a>   | No 3 A/makura str. Lafia Nasarawa State       |
| 4.  | Tine Woji              | NACA                             | SPO                           | <a href="mailto:tanijezhi@yahoo.com">tanijezhi@yahoo.com</a>   | NACA building,Abuja                           |
| 5.  | Dr Nneka Orji          | FMOH                             | M.O (ACSM)                    | <a href="mailto:drnnekaorji@yahoo.com">drnnekaorji@yahoo.com</a>   | Edo house,75 ralph shodeinde,CBD              |
| 6.  | Dr Umaru M. Maru       | ZMSACA                           | PM                            | <a href="mailto:Dr.umarmss@yahoo.com">Dr.umarmss@yahoo.com</a>   | Medical stores complex,Zaria rd. samara-Gusau |
| 7.  | Bimbola Adewunmi       | Action Aid Nigeria               | Project Coordinator Advanced  | <a href="mailto:Bimbola.adewunmi@actionaid.org">Bimbola.adewunmi@actionaid.org</a>   | 2rd floor NAIC House Central Area,Abuja       |
| 8.  | Dr Osayabi             | Delta SACA                       | P.M                           | <a href="mailto:deltasaca@yahoo.com">deltasaca@yahoo.com</a><br><a href="mailto:jubaisreal@yahoo.com">jubaisreal@yahoo.com</a> | Asaba   |
| 9.  | Gabriel Udehkwo        | Cross-River SACA                 | P.M                           | <a href="mailto:gundelikwo@yahoo.com">gundelikwo@yahoo.com</a>   | No 13 Afekong Drive Calabar CRS               |
| 10. | Nkiru Maduechesl       | Action Aid                       | P.O                           | <a href="mailto:Nkiru.obioha@actionaid.org">Nkiru.obioha@actionaid.org</a>   | 2 <sup>nd</sup> floor NAIC House              |
| 11. | Barr IHEME Richmond    | National Human Rights Commission | P.O                           | <a href="mailto:ihemerichmond@yahoo.com">ihemerichmond@yahoo.com</a>   | 19 Aguiyi Ironsi str. Maitama,Abuja           |
| 12. | Temidayo Odusote       | USAID                            | P.M                           | <a href="mailto:todosote@usaid.gov">todosote@usaid.gov</a>   | 7-9 mambila str. Off Aso drive maitama        |
| 13. | Kemi Ndieli            | UNIFEM                           | O-I-C                         | <a href="mailto:Adekemi.ndieli@unifem.org">Adekemi.ndieli@unifem.org</a>   | UN House                                      |
| 14. | Tine Woji              | NACA                             | SPO                           | <a href="mailto:tanijezhi@yahoo.com">tanijezhi@yahoo.com</a>   | NACA building,Abuja                           |
| 15. | Josephine Odikpo       | Centre for right &Development    | Executive Director            | <a href="mailto:ceradlagos@yahoo.com">ceradlagos@yahoo.com</a>   | Suite 2,4 Irewole Ave. Opebi-Ikeja,Lagos      |
| 16. | Dr Osayabi             | Delta SACA                       | P.M                           | <a href="mailto:deltasaca@yahoo.com">deltasaca@yahoo.com</a><br><a href="mailto:jubaisreal@yahoo.com">jubaisreal@yahoo.com</a> | Asaba   |
| 17. | Bimbola Adewunmi       | Action Aid Nigeria               | Project Co-ordinator Advanced | <a href="mailto:Bimbola.adewunmi@actionaid.org">Bimbola.adewunmi@actionaid.org</a>   | 2rd floor NAIC House Central Area,Abuja       |
| 18. | Kemi Ndieli            | UNIFEM                           | O-I-C                         | <a href="mailto:Adekemi.ndieli@unifem.org">Adekemi.ndieli@unifem.org</a>   | UN House                                      |
| 19. | Nkiru Maduechesl       | Action Aid                       | P.O                           | <a href="mailto:Nkiru.obioha@actionaid.org">Nkiru.obioha@actionaid.org</a>   | 2 <sup>nd</sup> floor NAIC House              |

## APPENDIX 8: INSTITUTIONAL ARRANGEMENT TWG MEMBERS

| S/N | NAMES                       | DESIGNATION                  | ORGANISATION /PHYSICAL ADDRESS               | E-MAIL   |
|-----|-----------------------------|------------------------------|--|--|
| 1   | Nkata Chuku                 | AD Health policy and systems | FHI/GHAIN                                    | <a href="mailto:nchuku@ghain.org">nchuku@ghain.org</a>               |
| 2   | Dr Ezikeanyi Sampson I.     | HSS Specialist FMOH          | FMOH   | <a href="mailto:drsampson@yahoo.com">drsampson@yahoo.com</a>         |
| 3   | S. Agbabiaka Sunday         | Statistician                 | FMWASD                                       | <a href="mailto:emarinty'l@yahoo.com">emarinty'l@yahoo.com</a>       |
| 4   | Owolabi .T                  | Consultant                   | TA & O Associates                            | <a href="mailto:timmyowolabi@yahoo.com">timmyowolabi@yahoo.com</a>   |
| 5   | Ngobua Samuel               | Training Coordinator         | CDC,CBA Abuja                                | <a href="mailto:ngobuas@yahoo.com">ngobuas@yahoo.com</a>             |
| 6   | Modupe Oduwole              | NPO                          | UNAIDS                                       | <a href="mailto:oduwole@unaid.org">oduwole@unaid.org</a>             |
| 7   | Yakubu Usman .A             | PM                           | BACATMA, Bauchi                              | <a href="mailto:yuasoro@yahoo.com">yuasoro@yahoo.com</a>             |
| 8   | Farida S. Mamudo            | YOSACA PM                    | Special Adviser Office, Damaturu, Yobe state | <a href="mailto:faridasmamudo@yahoo.com">faridasmamudo@yahoo.com</a> |
| 9   | Delilah Jalo                | PM                           | Gombe SACA                                   | <a href="mailto:molloman@yahoo.com">molloman@yahoo.com</a>           |
| 10  | Olusina O. Falana           | Ex-Secretary                 | NIBUCAA Lagos                                | <a href="mailto:ofalana@nibucaa.org">ofalana@nibucaa.org</a>         |
| 11  | Oyenyi J.A                  | PM KWASACA                   | KWASACA office,(beside GSS Ilorin)           | <a href="mailto:oyenyija2001@yahoo.com">oyenyija2001@yahoo.com</a>   |
| 12  | Karen Hawkins               | Procurement and Monitoring   | CDC  | <a href="mailto:hawkinsk@ng.cdc.gov">hawkinsk@ng.cdc.gov</a>         |
| 13  | Sule Abah                   | Assistant director           | JSI  | <a href="mailto:sabah@ng.pfscm.ng">sabah@ng.pfscm.ng</a>             |
| 14  | Nike Adelanwa               | S.L.A                        | JSI  | <a href="mailto:aadelanwa@ng.pfscm.ng">aadelanwa@ng.pfscm.ng</a>     |
| 15  | Dr Enyatu Ifenne            |                              |  |  |
| 16  | Ivande V. Denen Igundunasse | M & EO                       | BENSACA                                      | <a href="mailto:Ivande4real@yahoo.com">Ivande4real@yahoo.com</a>     |
| 17  | Dr Liman Mukhtar            | SPS                          | CDC  | <a href="mailto:ahmedm@ng.cdc.gov">ahmedm@ng.cdc.gov</a>             |
| 18  | Bernie Boi-lucy Gager       | BbiD                         | HS 19,Thames St., Maitama                    | <a href="mailto:Sherbrolu2003@yahoo.com">Sherbrolu2003@yahoo.com</a> |

## APPENDIX 9: M&E TWG MEMBERS

| S/N | NAME                        | ORGANIZATION          | DESIGNATION         | EMAIL/PHONE NO             | PHYSICAL ADDRESS   |
|-----|-----------------------------|-----------------------|---------------------|----------------------------|--|
| 1   | Perpetua Amodu-Agbi         | NASCP (FMOH)          | Epidemiologist      | perpagbi@yahoo.com         | Edo house, Abuja   |
| 3   | Araoye Segilola             | NASCP                 | Asst. Director      | araoyesegilola@yahoo.co.uk | Edo house, Abuja   |
| 4   | Seyi Olujimi                | C-CHANGE, AED         | M&E Specialist      | setoy2000@yahoo.com        | 7 <sup>th</sup> floor, labour house, Abuja                         |
| 5   | Afamefume Nwafejeoku        | NIGERSACA             | M&E Officer         | familolo@yahoo.com         | 23, Okada rd. GRA Minna  |
| 6   | Oyebamiji A.E               | OYOSACA               | M&E Officer         | esbim@yahoo.com            | No 8, Govt house rd. Ayodi GRA, Ibadan                             |
| 7   | Waterfield G. Ndaik         | KADSACA               | M&E Officer         | watrgims@yahoo.com         | No. 20 Katuru rd, Opp NAF club, Kaduna                             |
| 8   | Elder U.A. Oleghe           | EDOSACA               | M&E Officer         | edospt@yahoo.com           | 11, Ogiesoba Avenue, Off airport rd.B/city                         |
| 9   | Dr David Onime              | USDOD                 | M&E                 | donime@hivresearch.org     | 7, Usuma street, Maitama, Abuja                                    |
| 10  | Dr Adewale Adeogun          | WINROCK (AIM) PROJECT | M&E Specialist      | aadeogun@winrockaim.ng.org | AMMA house (3 <sup>rd</sup> Floor), opp Nat. Hosp.                 |
| 11  | Dr Femi Amoran              | FMOH (HIV/AIDS)       | Consultant          | drfamorran@yahoo.com       | Edo house Abuja  |
| 12  | Modupe IsibM&or             | ICAP                  | M&E Officer         | isibornd@yahoo.com         | Aguiyi Ironsi way, Afri investment building, maitama, Abuja.       |
| 13  | Ivande V. Denen Igundunasse | BENSACA               | M&E Officer         | Ivande4real@yahoo.com      | No 2 Ahmadu Bello Rd.old ministry of finance, makurdi, Benue state |
| 14  | Karen Hawkins Reed          | CDC                   | Program Monitoring  | hawkinsk@ng.cdc.gov        | First city plaza, Herbert Macauley way, Abuja                      |
| 15  | Aminu Abubakar              | FHI/GHAIN             | Consultant          | aminua@ghain.org           | FHI/GHAIN Abuja  |
| 16  | Chiho Suzuki                | FHI/GHAIN             | M&E Director        | csuzuki@ghain.org          | FHI/GHAIN Abuja  |
| 17  | Akin Atobatele              | USAID                 | M&E/ Budget Manager | aatobatele@usaid.gov       | USAID.   |
| 18  | Abdulaziz Mohammed          | YOSACA                | M&E Officer         | mxabdulaziz@yahoo.com      | Special Advisers' complex Bukar abba Ibrahim way, Damaturu, Yobe   |
| 19  | Haruna Y. Dabo              | BOSACA                | M&E                 | hydabo62@yahoo.com         | Epidemiological complex Maiduguri                                  |
| 20  | Akinrogunde Akin            | NACA                  | M&E                 | Tomok2007@yahoo.com        | NACA Abuja.  |
| 21  | Francis Agbo                | NACA                  | SKM                 | francisagbo@gmail.com      | NACA Abuja.  |
| 22  | Dr Oby Emelumadu            | ANSACA                | ED/PM               | obiagelemelumadu@yahoo.com | Governor's office Awka.  |
| 23  | Mrs Maureen Uche            | FMIC                  | Comm. officer       | ebby_mauchek2yahoo.com     | Federal ministry of  |

## APPENDIX 9: M&E TWG MEMBERS

|    |                     |                |                    |  |  |
|----|---------------------|----------------|--------------------|--|--|
| 24 | Adeniyi Olaleye     | CRS            | M&E Advisor        | <a href="mailto:Olaleye_niyi@yahoo.com">Olaleye_niyi@yahoo.com</a>         | 4,Paraguay close off panama street maitama Abuja.        |
| 25 | Uchenna Onyebuchi   | NACA           | Program Officer    | <a href="mailto:uchennaonyebuchi@yahoo.com">uchennaonyebuchi@yahoo.com</a> | NACA   |
| 26 | Samson Adebayo      | SFH            | Asst. Dir M&E      | <a href="mailto:sadebayo@sfnigeria.org">sadebayo@sfnigeria.org</a>         | SFH House  |
| 27 | M. H Bala           | NMOD HIV Prog. | Record Officer     | <a href="mailto:Guramh12@yahoo.com">Guramh12@yahoo.com</a>                 | 4B Ikole Str, Off gimbiya, Area 11, Garki, Abuja         |
| 28 | Tosan Ayonmike      | NMOD HIV Prog. | M&E/ Data Officer  | <a href="mailto:tosanayonmike@yahoo.com">tosanayonmike@yahoo.com</a>       | 4B Ikole Str, Off gimbiya, Area 11, Garki, Abuja         |
| 29 | Dr Kayode Ogungbemi | NACA           | Director           | <a href="mailto:O_kayode@yahoo.com">O_kayode@yahoo.com</a>                 | NACA   |
| 30 | Greg Ashefor        | NACA           | Deputy Director    | <a href="mailto:asheforgreg@yahoo.co.uk">asheforgreg@yahoo.co.uk</a>       | NACA   |
| 31 | Odo T.I             | FMWASD         | M&E Officer        | <a href="mailto:Titus_odo@yahoo.com">Titus_odo@yahoo.com</a>               | FMWASD Fed. Sec.   |
| 32 | Prof Femi Ajibola   | NNF            | MD/CEO             | <a href="mailto:femijibola@yahoo.com">femijibola@yahoo.com</a>             | VI, Lagos  |
| 33 | Akinbiyi Gbenga     | NASCP, FMOH    | H/Research         | <a href="mailto:gakinbiyi@yahoo.com">gakinbiyi@yahoo.com</a>               | Plot 75, Ralph Shodeinde Str, CBD, Abuja                 |
| 34 | Ifeanyi Okekearu    | SFH            | Associate Director | <a href="mailto:iokekearu@sfnigeria.org">iokekearu@sfnigeria.org</a>       | No 8, Port Harcourt cres, off gimbiya str, Area 11 Garki |
| 35 | Mayaki Lami         | FMOH NASCP     | Statistician       | <a href="mailto:mayakilami@yahoo.com">mayakilami@yahoo.com</a>             | Edo House  |
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