NIGERIA HIV/AIDS

NATIONAL STRATEGIC

FRAMEWORK

2005-2009

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Acronyms Table

PESSP	Persons engaging in same sex practice
IRB	Institutional review Board
IDP	Internal displaced persons
IDU	Intravenous drug user
NERB	National Ethics Review Board
TRIPS	Trade relations and intellectual property
ARV	Antiretroviral
OI	Opportunistic infection
VCCT	Voluntary counseling and confidential testring

Acknowledgements

Funding = UNDP, UNAIDS, UNFPA, UNIFEM, CIDA, DFID SNR, SIPAA, etc

Technical Team
8 Technical Assistants
8 Technical Facilitators
4 Gender Experts
1 International Gender Consultant
1 co-lead international consultant
1 co-lead national consultant

1. Foreword by the President

(Solidarity Messages/Endorsement-find appropriate word!!! by Chairperson Governor's Forum- important for state level buy in)

2. NACA Chairman

3. The NSF Development Process- Director, NACA

1. Request for information for national response review= ??? Government institutions and NGOs sent in reports (August to November 2004)
2. Desk review, (November 23 to December 7, 2004)
3. Technical working groups of eight thematic groups with 20-25 members per group covering all stakeholders, for review of desk analysis report, national response review and development of 2005-2009 strategic plan (December 13-17 2004)
4. Fact finding visits (January 16- Janaury 21, 2005) (Utilised a lot of the data gathered by the earlier health sector response field visits)
5. First draft of NSF, (January 23 - Feb. 8, 2005)
6. Wide dissemination of first draft amongst stakeholders (January 28 to Febuary 14, 2005)
7. Constituent Consultative Entities review first draft (Febuary 15- Febuary 18 , 2005)
8. Final Draft (March 5, 2005)

4. SITUATION AND RESPONSE ANALYSIS AND RESOUCRE ENVELOPE 1999 -2004 (US DOLLARS)

SOUCRE	1999	2000	2001	2002	2003	2004	COMMENTS-How the figure was derived	
FEDERAL GOVT OF NIG								
STATE GOVTS								
UNDP								
UNAIDS				240,000	240,000		2002-2003 divided by 2	
UNESCO				150,000	150,000		2002-2003 divided by 2	
UNIFEM					164,000			
UNICEF								
UNFPA								
WORLD BANK				18.06m	18.06m	18.06m	2002-2006 MAP divided by 5	
DFID			16.3m	16.3m	16.3m	16.3m	2001-2008 divided by 8	
CIDA								
JICA								
USAID								
USDOL			223,243	223,243	223,243	223,243	2001-2005 divided by 5	
USAID POLICY PROJECT		1.23m	1.23m	1.23m	2.25m, 1.23m	1.23m	2000-2004 divided by 5	
SIPAA						2.25m	2004-2005 divided by 2	
GATES (APIN)			5m	5m	5m	5m	2001-2005 divided by 5	
V MOBILE							Text messages	
MTN							Text messages	
MTN FOUNDATION								
ECOBANK							Youth Centres	
JULIUS BERGER							NIBUCA secretariat	

(A) GUIDING PRINCIPLES

1. Respect for fundamental human rights, ethical standards and protection of the rights of all. Particularly vulnerable groups.
2. The NSF would be implemented within the framework of the National Economic Empowerment and Development Strategy (NEEDS). This means that it would be based on public-private partnership, it would be private sector driven and public sector regulated. Existing public sector services in relevant areas of health, education, media, social work, agriculture etc would benefit from capacity building and supply of commodities towards improving on the quality of service delivery, however the public sector would not be programmed for expansion (except in the provision of ART). The public sector would only be supported to provide better services within its current confines. The private sector, both profit and non profit would be encouraged to expand and take on the challenge of expanding service delivery. The public sector would have its regulatory and monitoring capabilities strengthened so that it can provide effective oversight for the private sector.
3. Transparency, accountability and prudence use of resources. All stakeholders would be held accountable for the efficient and judicious use of resources enthrusted to them. If needed the police, EFCC and the Anti-Corruption Commission would be invited by civil society to ensure that this is upheld.
4. Stakeholders at all levels would be urged to mainstream HIV/AIDs into their activities using their own resources. Only priority programmes would be funded by government, and as far as is practicable all beneficiaries of grants would provide counterpart resources.
5. The federal government would use advocacy and the intergovernmental coordinating mechanisms like the national council of states etc, to implore the States to fund their HIV/AIDS State Plans, while utilizing performance based federal grants to be funded from federal government and donor resources as positive incentives to support and reward cooperative States that implement national priorities.
6. To provide a uniquely Nigerian NSF, that meets global standards of best practices, but which primarily addresses Nigerian reality and needs, provides guidiance and direction to its Federal Government, 37 States and the FCT, including the 774 LGAs, while at the sametime being a resource mobilization tool.

(B) PRIORITY INTERVENTIONS

These are:

1. Women
2. Youths
3. Expansion of equitable access to ART
4. Care of OVC
5. High risk populations
6. Blood safety

(C) GOAL, OBJECTIVES AND STRATEGIES

GOAL

GOAL: Reduce HIV/AIDS incidence and prevalence, provide equitable prevention, care, treatment and support and mitigate its impact among women, children and other vulnerable groups and the general population in Nigeria by 25% by the Year 2009.

OBJECTIVES

OBJECTIVE 1: To improve co-ordination mechanisms and increase resource mobilization and effective utilization such that programme implementation rate increases from 50% in 2005 to 95% in 2009 and resources mobilized increase by 50% in 2009.

OBJECTIVE 2: To increase % of men and women, particularly youth who practice abstinence primarily and safe sex secondarily , from 20% in 2005 to 8% in 2009.

OBJECTIVE 3: To increase access to comprehensive gender sensitive Care, Treatment and Support services for PLWHA and PABA by 50% in 2009.

OBJECTIVE 4: To increase gender sensitive sectoral responses and mitigation of the impact of HIV/AIDS from 25% to 75% by 2009 and promote the integration of gender, human rights and HIV/AIDS into the activities of regional bodies.

OBJECTIVE 5: To increase % of special needs populations (sex workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers, prison inmates) and uniform personnel and spouses who practice safe sex, from x % in 2005 to y% in 2009.

OBJECTIVE 6: To increase the number of gender sensitive and human rights friendly policies, legislations and the enforcement of laws that protect the rights of the general population by x% by the year 2009.

OBJECTIVE 7: To strengthen national capacity for gender sensitive monitoring, evaluation, surveillance, research and adoption of new HIV/AIDS technology by 2009.

NARRATIVE SUMMARY OF OBJECTIVES AND STRATEGIES

OBJECTIVE ONE: To improve co-ordination mechanisms and increase resource mobilization and effective utilization such that programme implementation rate increases from 50% in 2005 to 95% in 2009 and resources mobilized increase by 50% in 2009.

1.1 Improve federal level coordination
1.2 2 Promote, strengthen and coordinate partnerships by operationalising the new Nigerian HIV/AIDS Partnership Forum.
1.3 Improve State and LGA level coordination
1.4 Strengthen capacity of coordinating institutions
1.5 Removal of information barrier on resource availability and utilization.
1.6 Promote effective resource mobilization and management at all levels.
1.7 Adopt innovative approaches to funding HIV and AIDS programmes.

Nigeria is a three tier federal system, with federal, state and local governments. The HIV/AIDS coordinating institution at each of these tiers are NACA, SACAs and LACAS respectively. They are recommended to be situated under the Federal Presideny, State Governors Office and LGA Chairmans Office respectively to enable them have the political authority to coordinate the activities of key government line ministries, parastatals, private sector and civil society institutions important for an effective national and subnational response to HIV/AIDS.

Federal level coordination would be improved by strengthening and repositioning NACA to improve on its coordination function, beginning with the implementation of its new organogram, recruitment of key staff and provision of logistics. The same would apply to the SACAs. NACA would facilitate the provision of 30months of resident technical advisers to each SACA, to ensure that the SACAs are constituted according to the guidelines, include all relevant stakeholders at State level, coordinates effectively and that there is regular monitoring and reporting from the States to the federal level. The advisers would be trained and orientated and would be expected to work themselves out of the job within the stipulated time frame. Stakeholders would be reorganized under the Nigerian Partnership Forum composed of Constituent Coordinating Entities (CCE). With the exception of NEPWAN and youth NGOs, all CCE are to organize themselves and fund their secretariats using their own resources. This would reduce the resources NACA currently spends on interacting with stakeholders, and free up staff time to provide needed technical assistance. Donor coordination would be enhanced by greater synergy between NACA and NPC at the federal level and between SACA and the SPC at State level. Donors would be able to only support the NSF and no other activity.

NACA would ensure that information about all resources for HIV/AIDS (internal and external) is available and regularly updated on its website, including the contact address for the various funding institutions. NACA would also update and regularly publish on its website the implementation rate of all funds. This is to enable stakeholders engage in advocacy to remove bottlenecks to programming and resource utilization. The NSF would be costed to determine the amount of resources needed for its implementation, and a massive resource mobilization exercise embarked on thereafter, using innovative approaches like establishment of State level HIV/AIDS Funds. The federal government would apply performance based federal grants to be funded from federal government and donor resources as positive incentives to support and reward cooperative States that implement national priorities in the fight against HIV/AIDS. The for- profit private sector would be challenged to embrace Corporate Social Responsibility and support the NSF priorities, while its contributions to the NSF would also be regularly available and updated on NACAs website.

Transparent and accountable utilization of all rsoucres would be the watchword, and the police, EFCC and the Anti-Corruption Commission would be invited by civil society to examine any issue to ensure that this is upheld. The Foreign Affairs Ministry in collaboration with NACA, NPC and civil society would intensify and widen foreign bilateral relations to bring new donors into the external resource pool.

The NSF would be a living document, and NACA would via its website ensure that the NSF is updated and widely disseminated.

OBJECTIVE TWO: To increase % of men and women, particularly youth who practice abstinence primarily and safe sex secondarily , from 20% in 2005 to 8% in 2009.

2.1 Community Mobilization and Advocacy targeting policy makers and the influentials
2.2 Community Mobilization and advocacy for programmes targeting youths
2.3 Community mobilization and advocacy targeting general population
2.4 Capacity Building
2.5 Behaviour Change Communication
2.6 Blood Safety

The aim is to ensure that available resources are deployed into implementation of coordinated and contextually appropriate behaviour change interventions. Strategies like advocacy and community mobilization for policy makers and the influentials; capacity building to increase the knowledge base of implementers of HIV/AIDS prevention and behaviour change like the health workers, youth, women, uniformed men and other vulnerable groups as well as development of BCC materials focusing on issues like abstinence and mutual fidelity, VCCT benefits and safer sex practices with emphasis placed on activities like community and mass media -Enter-Educate activities, Inter-Personal Communications and the use of Internet facility for behaviour change. The aim is to discourage uncoordinated and poorly implemented general awareness creation by different stakeholders in halting the spread of HIV/AIDS in the country. The strategies adopted will assure inclusiveness, relevance, channel capacity and general receptivity for an improved understanding and high level knowledge of HIV/AIDS among the population and will eventually reduce the spread of HIV/AIDS in the country.

OBJECTIVE THREE: To increase access to comprehensive gender sensitive Care, Treatment and Support services for PLWHA and PABA by 50% in 2009.

3.1. Increase equitable access to ART and ensure uninterrupted supply of ARV drugs
3.2. Promote integrated management of opportunistic infections, STIs and ART
3.3 Increase access to gender focused, youth friendly VCCT
3.4 Reduction of Mother to Child Transmission of HIV infection.
3.5 Gender sensitive community and home based care program that complements facility care.
3.6 Psychosocial support program at all levels for vulnerable groups e.g. OVC, PABA and PLWHA
3.7 Scale up capacity of existing infrastructure and personnel of Health systems to deliver more comprehensive HIV/AIDS treatment and care services

Obstacles that hinder effective delivery of comprehensive HIV/AIDS Care, Treatment and Support in resource challenged settings like ours include; weak health systems, low uptake of existing services due to ignorance, non-existent or weak psychosocial/welfare system and poverty among others. Thus the NSF would implement strategies that strive to surmount these obstacles thereby averting millions of needless deaths, while progressively directing us as a nation towards attaining the desired objective in line with the MDGs.

Life-long care for PLWHA is golden standard because once started, antiretroviral therapy is for life. The community has a responsibility to ensure uninterrupted supply of medicines required for ART, integrated with comprehensive OI and syndromic STI management to achieve an all-encompassing treatment initiative (Strategy 3.1, 3.2 and 3.3). PMTCT is a priority, as a means of markedly reducing the number of children born vulnerable by being infected from birth (strategy 3.4). Establishment of Community and Home Based Care program with national coverage to complement the available facility care is important. That such a program harnesses the traditional values of male involvement in care and support is pivotal for ownership and sustainability (Strategy3.5). The need to institutionalize a community oriented social welfare program that ensures support for the most vulnerable PLWHA and PABA e.g. OVC, elderly care givers, adolescent girls, single and child head of families etc, as well as establishing an operational Health Insurance Scheme (Strategy 3.6).

The success of the first six strategies depend on the implementation of a 7th strategy that ensures strengthening of the capacities of existing health systems to create an interface for partnership with the community and relevant CCEs thus ensuring an effective and non discriminatory delivery of treatment and care services.

OBJECTIVE FOUR: To increase gender sensitive sectoral responses and mitigation of the impact of HIV/AIDS from 25% to 75% by 2009 and promote the integration of gender, human rights and HIV/AIDS into the activities of regional bodies.

4.1. Research on gender desegregated morbidity and mortality effects of HIV/AIDS on key sectors
4.2 Build linkages among key social and economic development institutions (NHIS, UBE, microfinance) to improve targeting of PLWHA, and OVC for impact mitigation
4.3 Provide economic empowerment to at least 50% of PLWHA, PABA and OVC
4.4 Mitigate impact in the health, educational and transport sectors
4.5 Mitigate the impact among employees in the workplaces, particularly in the extractive industries
4.6 Design and implement programmes to provide social support for infected and affected rural dwellers and farmers.
4.7 Imapact mitigation by faith based institutions
4.8 Mainstream HIV/AIDS into national economic development and fiscal policies (MTEF, Annual Budgets, Sectoral Plans).
4.9 Mainstream HIV/AIDS into regional economic development institutions.

In Nigeria, the impact of HIV/AIDS is driven specifically by poverty and gender issues. The effect is felt in the demographic, social and economic under development index of the country. The whole burden of the HIV/AIDS is already being experienced through the significant reduction in life expectancy at birth (about 48years), increasing number of OVCs (over 3million), child mortality and high public expenditure directed at HIV/AIDS management and loss of labour/man power. Hence the NSF builds on the response to the epidemic that is engendered multi sectoral and developmental.

While attempting to increase the total pool of resources available for HIV/AIDs under objective 1, this objective attempts to better target existing pots of resources and federal social safety net programmes at groups most impacted by HIV/AIDs in a non discriminately manner. Civil Society and NACA would thus engage in advocacy and seek the mainstreaming of HIV/AIDS into the activities of the following institutions, NDE and NAPEP for provision of capacity building (jobs, skills training) for older OVCs and female headed households, UBE to provide free education to OVCs and NACRB to provide microcredit. Similarly key stakeholders in the insurance industry, beginning with the regulatory agencies NAICOM and NHIS, and the professional associations NIA, NCRIB,

HMOs etc would be engaged such that in five years time, life insurance and comprehensive health insurance (including provision of ART) would be available to PLWHA. Since it widens profit margins, the Nigerian insurance industry would go on study tours to South Africa at their own expense, but with technical facilitation by UNAIDS to learn best practices in this area.

The critical socio-economic sectors targeted in this objective are agriculture and rural development, labor and workplace, education, transport, extractive industries (oil, mining), insurance and health. In each sector both the public and private sectors are included, integrating gender as a cross cutting factor. Nigeria with its lengthy land borders and highly migrant populations, would champion the mainstreaming of HIV/AIDS into the activities of regional economic development institutions.

OBJECTIVE FIVE : To increase % of special needs populations (sex workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers, prison inmates) and uniform personnel and spouses who practice safe sex, from x % in 2005 to y% in 2009.

5.1. Addressing HIV/AIDS issues amongst persons with special needs
5.2. Address HIV/AIDS control amongst uniformed service personnel (Army, Navy, Airforce, Police, Prison staff, Immigration officers, Civil Service Defence Corp, Federal Road Safety Corp, Fire Brigade Officers and others)
5.3. Addressing HIV/AIDS issues amongst prison inmates and detainees

The objective designs strategies and activities is to ensure a comprehensive, multisectoral response to HIV/AIDS amongst persons with special needs (groups of people vulnerable to HIV, those with high risk behaviour: uniform personnel, prison inmates, PESSP, sex workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers and communities at transport stop points) and ensure a proactive response to newly emerging HIV issues. HIV/AIDS mitigation and control amongst the population with special needs were addressed through six strategies and over 30 activities. Some activities are focused on addressing effective HIV/AIDS communication for behaviour change, increasing access to VCCT, and male and female condoms and ensuring an integrated and comprehensive HIV/AIDS health care package through a multisectoral approach. Others focused on increasing access of person with special needs to ARV and OI drugs.

OBJECTIVE SIX: To increase the number of gender sensitive and human rights friendly policies, legislations and the enforcement of laws that protect the rights of the general population by x% by the year 2009.

6.1 Creation of an enabling policy environment for an effective engendered national HIV and AIDS response
6.2 Creation of an effective advocacy environment
6.3 Removal of legal constraints
6.4 Enactment of new laws to take care of the legal needs of HIV/AIDS infected and affected
6.5. Creation of a gender sensitive and human rights friendly environment for effective management of HIVAIDS responses.
(merge 6.1 and 6.5 ??)

The challenges for HIV/AIDS-related policies remain poor knowledge among potential users, poor utilization of community experiences, slow pace of development, and lack of legal backing. Advocacy remains a gray area for most key players requiring guidelines, programming and more capacity development training, provisions of facilities and funding. There is an urgent need to develop gender sensitive Home Based Care policy or guidelines and to harmonize existing policies. Development of new policies to address emerging issues, for example in the area of clinical trials, drug testing and access to ARVs is imperative. There are also a number of legal constraints to the fight against HIV/AIDS that need to be removed through legal reforms. Similarly, a number of laws need to be enacted to remove stigma and discrimination against HIV/AIDS infected and affected persons. The objectives and strategies below are meant to address these challenges.

OBJECTIVE SEVEN: To strengthen national capacity for gender sensitive monitoring, evaluation, surveillance, research and adoption of new HIV/AIDS technology by 2009.

7.1 Strengthen mechanisms for monitoring and evaluation
7.2 Strengthen capacity for monitoring and evaluation
7.3 Evaluate the implementation of the NSF
7.4 Promote relevant research

7.5 Promote development, adoption and diffusion of appropriate HIV technologies

Monitoring, evaluation, research and surveillance would be an area of increasing focus in light of their importance to an effective national response. Over the years, this sector has faced several challenges in Nigeria especially in terms of poor capacity, poor infrastructure and inadequate funding. The launch of the Nigeria National Response Information Management System (NNRIMS) provides an invaluable tool for national response monitoring. The present challenge to effective monitoring and evaluation remains the weak technical skill nationally which informs the priority strategy of strengthening capacity and mechanisms for monitoring and evaluation. In addition, as result of various emerging issues, there is an urgent need to establish research guidelines, identify, prioritise and and fund HIV related (and gender specific) research.

Finally there is a need to rapidly identify and reapply new knowledge and appropriate technologies. Such that successes and best practice models documented in different parts of the country and abroad are widely disseminated to allow for adaptation and reapplication. The effort is to position the nation proactively to ensure prompt access to relevant new technologies important for the mitigation and control of HV infection.

(D) STRATEGIC RESULTS FRAMEWORK

AIMS	IMPACT	OVI	MOV	RISK AND ASSUMPTIONS
GOAL: Reduce HIV/AIDS incidence and prevalence, provide equitable prevention, care, traetment and support and mitigate its impact among women, children and other vulnerable groups and the general population in Nigeria by 25% by the Year 2009.	• Reduce incidence • Reduce prevalence	• HIV Prevalence rate reduce from 5.0% in 2003 to 3.7% by 2009 • HIV/AIDS incidence rate reduced by 50% below the 2005 baseline • 40% of eligible PLWHA have access to ARV by 2009 • Ratio of school attendance of orphans to school attendance of non-orphans (primary to JSS)	• Report of HIV/AIDS sentinel survey • Report of HIV/AIDS incidence study • Annual report of ART program • Report of special education surveys OVC	• That HIV prevalence of presently is at 5.0% • Surveys to determine HIV/AIDS incidence are funded and executed • NSF is implemented effectively • ARV supply is sustainable and uninterrupted
OBJECTIVES	**OUTCOMES**			
OBJ 1: To improve co-ordination mechanisms and increase resource mobilization and effective utilization such that programme implementation rate increases from 50% in 2005 to 95% in 2009 and resources mobilized increase by 50% in 2009.	• Increased implementation rate • Increased public-private partnership • Increased civil society partnerships	• Increase implementation rate from x% to x% • Increase Federal, State and LGA budgetary allocation • Increase private sector contribution	• Annual HIV/AIDS report • Annual HIV/AIDS report • Annual budget at all levels • Survey of private sector resources	• Leadership commitment at all levels in public and private sectors • Effective financial-information management system
OBJ 2: To increase % of men and women, particularly youth who practice abstinence primarily and secondarily safe sex, from 20 % in 2005 to 8% in 2009	• Demand for HIV/AIDS services is increased • Increased Behavioral Change	• Reduce high risk sex from 18% in 2003 to at most 8% in 2009 • Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	• BSS report • NARHS Report	• Effective implementation of positive prevention strategies
OBJ 3: To increase access to comprehensive gender sensitive Care, Treatment and Support services for PLWHA and PABA by 50% in 2009 ”	• Access to comprehensive HIV/AIDS services is increased	• Increase by 40% of people with advanced HIV infection receiving ARV combination therapy • Increase male involvement in CHBC by 25% in 2009 • Proportion of clients with STIs who are appropriately diagnosed, treated and counseled	• Annual report of ART program • Annual NNRIMS report of CHBC program	• Adequate funding for comprehensive service delivery • Cooperation of Men in HBC
OBJ 4:	• Regional , National,	• HIV/AIDS impact and	• Sectoral HIV/AIDS	• Effective private-public

To increase gender sensitive sectoral responses and mitigation of the impact of HIV/AIDS from 25% to 75% by 2009 and promote the integration of gender, human rights and HIV/AIDS into the activities of regional bodies.	subnational and sectoral policies, plans and strategies take into account the bi-directional impact of HIV/AIDS	linkages explicit in regional, national and subnational development policies and plans • Increase sectoral response from 25% to 75% by 2009 • Number of regional policies and programmes that mainstreams HIV/AIDS • Number of transport corridor projects	reports • Annual Report of regional bodies • Transport Corridor project reports	partnership • Capacity for mainstreaming gender and HIV/AIDS into sectoral plans exists • Collaboration of member states • Enabling political environment
OBJ 5: To increase % of special needs populations (sex workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers, prison inmates) and uniform personnel and spouses who practice safe sex, from x % in 2005 to y% in 2009	• Demand for HIV/AIDS services is increased • Increased Behavioral change	• Reduce high risk sex from x% in 2003 to at most y% in 2009	• Special survey reports	• Effective implementation of positive prevention strategies
OBJ 6: To increase the number of gender sensitive and human rights friendly policies, legislations and the enforcement of laws that protect the rights of the general population by x% by the year 2009	• Policy environment, institutional mechanisms and socio-cultural practices promote and protect the rights of all, particularly women and girls, and advances gender equity	• National and sub-national mechanisms in place to monitor and reduce gender based violence • Number of policies reviewed and adopted following removal of discriminatory provisions • Number of bills passed • Number of cases filed and followed through …	• Policies review reports/documents • Bills/edicts/bye-laws enacted/ amended • Law reports	• Political will • Legislature is properly sensitized on HIV/AIDS issues
OBJ 7: To strengthen national capacity for gender sensitive monitoring, evaluation, surveillance, research and adoption of new HIV/AIDS technology by 2009.	• Utilisation of age and sex disaggregated population related data to monitor HIV/AIDS is improved	• Improved allocation and utilization of resources • Increase in % of Federal and State Line ministries submitting quarterly reports • Increase in % of SACAs submitting quarterly reports	• HIV/AIDS budget • Annual budgets • Annual HIV/AIDS reports • NSF mid-term evaluation report • NSF Final Evaluation Report	• Commitment to M&E • Effective feedback to stakeholders • Commitment to research

		• 10% resources for M&E		

(E) Guidelines for deriving sub-national (State, LGA) , sectoral and donor supported plans from the NSF

Deriving Subnational Plans

The NSF indicates levels (federal, state, LGAs and communities), this is to help in the derivation of sub-national plans. The full logical framework matrix is detailed enough to serve as implementation plans. This was done for two purposes. The first one is to aid costing and secondly because technical capacity may not be available at lower tiers to derive implementation plans from summarized strategic plans and summary logframes. Thus determined personnel at lower tiers can derive their implementation plans from this NSF and proceed to the urgent task of implementing activities to stop the HIV/AIDS pandemic.

States and LGAs are advised to use the same objectives as in the NSF. Should a State/LGA be so perculiar as to have a new objective, this is to be regarded as a special objective, and numbered from 8. This is to simplify the reporting process and facilitate coordination meetings, and harmonization of federal and state plans. The situation in the past whereby each state had a differently structured plan did not aid coordination and harmonization.

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

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

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

Deriving Sectoral and Donor Supported Plans from the NSF

To derive sectoral plans, start from the NSF objective to which the sector is most related, (see table below) and find the strategies and activities which the sector and its key institutions both public and private are programmed to implement. All sectoral HIV/AIDS plans must indicate the NSF objectives and strategies to which they are contributing. This is to aid harmonization and ensure that the strategies prioritised in the NSF are reflected in all sectoral plans. In the event that a sector does not find any strategy relevant to it in the NSF, then it should initiate dialogue with NACA so that its views can be accommodated in the NSF during the midterm review.

Similarly all donor supported activities and programmmes must indicate the objectives, strategies and activities of the NSF to which they are contributing. Anything not included in the NSF is not a national priority and donors are encouraged to support the national priorities.

KEY SOCIO-ECONOMIC SECTORS AND THE OBJECTIVES UNDER WHICH THEY ARE TREATED

OBJECTIVES	SECTORS
OBJECTIVE1:To improve co-ordination mechanisms and increase resource mobilization and effective utilization such that programme implementation rate increases from 50% in 2005 to 95% in 2009 and resources mobilized increase by 50% in 2009.	Coordination and Intergovernmental Relations
	Resource Mobilisation
	Finance -Fiscal Policy (Taxes, Tariffs etc)
	Foreign Affairs
OBJECTIVE 2: To increase % of men and women, particularly youth who practice abstinence primarily and safe sex secondarily , from 20% in 2005 to 8% in 2009.	Community Mobilisation
	Media
	Faithbased and Traditional Institutions.
	Health
	Education
	Youth
OBJECTIVE 3: To increase access to comprehensive gender sensitive Care, Treatment and Support services for PLWHA and PABA by 50% in 2009.	Health
	Youth
OBJECTIVE 4: To increase gender sensitive sectoral responses and mitigation of the impact of HIV/AIDS from 25% to 75% by 2009 and promote the integration of gender, human rights and HIV/AIDS into the activities of regional bodies.	Agriculture and rural development
	Health
	Education
	Labor, Employment and Workplace
	Economic Planning and Fiscal Policy
	Extractive industries (oil, mining)
	Transport
	Financial services –insurance, microcredit
	Regional and International (migration, trade etc), Foreign Affairs
	Faith based institutions
	Youth
OBJECTIVE 5: To increase % of special needs populations (sex	Defence

workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers, prison inmates) and uniform personnel and spouses who practice safe sex, from x % in 2005 to y% in 2009.	
	Transport
	Prisons
	Special needs (high risk) populations
OBJECTIVE 6: To increase the number of gender sensitive and human rights friendly policies, legislations and the enforcement of laws that protect the rights of the general population by x% by the year 2009.	Legal
	Ethics
	Advocacy
OBJECTIVE 7: To strengthen national capacity for gender sensitive monitoring, evaluation, surveillance, research and adoption of new HIV/AIDS technology by 2009.	Monitoring and Evaluation
	Surveillance
	Research
	New Technology

(F) Guidelines For Costing The NSF and earmarked resources 2005-2009

The NSF would be costed using the UNAIDS/UNDP Budgeting, Planning and Costing Framework, which has a Users Manual and is also available on Compact Discs. This makes it easy for use at the sub-national levels.

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

EARMARKED RESOUCRE ENVELOPE 2005 -2009 (US DOLLARS)

SOUCRE	2005	2006	2007	2008	2009	COMMENTS- How the figure was derived	
FEDERAL GOVT OF NIGERIA							
STATE GOVTS							
UNDP							
UNAIDS							
UNESCO							
UNIFEM							
UNICEF							
UNFPA							
WORLD BANK	18.6m	18.6m				2002-2006 MAP divided by 5	
DFID	16.3m	16.3m	16.3m	16.3m		2001-2008 divided by 8	
CIDA							
JICA							
USAID							
USDOL	223,243					2001-2005 divided by 5	
DFID POLICY PROJECT							
SIPAA	2.25m					2004-2005 divided by 2	
GATES (APIN)	5m					2001-2005 divided by 5	
V MOBILE						Text messages	
MTN						Text messages	
MTN FOUNDATION	N120m						
ECOBANK						Youth Centres	
JULIUS BERGER						NIBUCA secretariat	
Chevron/Elf							

(F) HOW TO USE THE LOGICAL FRAMEWORK MATRIX AND ITS INNOVATIVE ASPECTS FOR GENDER MAINSTREAMING, IMPROVING TARGETING OF VULNERABLE GROUPS AND FUNDING GAP ANALYSIS

Below the title of each column of the matrix, is an explanation of the column and what it is intended to achieve in practical terms.

Strategies	**Activities**	**Target Beneficiaries**			**Levels of implementation**	**Who is responsible**	**Objectively Verifiable Indicators (OVI)**	**Means of Verification (MOV)**	**Time Yr/Qtr.**	**Funding**	**Risk/assumptions**
		Total	**Gender**	**Relevant Vulnerable Gropu**							
Strategy	Activity	Total number of beneficiaries	Affirmative action with regards to the activity e.g for economic empowerment, we want to ensure women and older orphans are targeted, while for home based care, we want to improve male involvement	Any vulnerable group relevant for the activity	This is the levels where activity would ocuur, it could be either federal, state, LGA, or community alone or in various combinations	The lead institution and other relevant stakeholders	Indicators for tracking and measuring progress	The documents, reports etc, where these indicators are documented or could be assessed	When the activity would take place, the year and the quarter	Identified earmarked funding sources as at the time the NSF was developed in 2005. Vacant boxes identify unfunded activities and funding gaps. NACA would update this columns on its website quarterly	What assumptions must hold for the activity to be successfully implemented, and what risks are significant enough to derail the activity.

(H) LOGICAL FRAMEWORK MATRIX

OBJ 1:To improve co-ordination mechanisms and increase resource mobilization and effective utilization such that programme implementation rate increases from 50% in 2005 to 95% in 2009 and resources mobilized increase by 50% in 2009.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
1.1 Improve federal level coordination	1.1.1 Conduct meetings to realign ongoing UN/donor activities with NSF priorities.		1 male/1 female per organization		Federal	NACA	No. of meetings held	Report of meetings	2005 Qtr 3	Federal Govt./ Donors	Cooperation of UN system and donors
	1.1.2 Conduct quarterly donors meetings with NACA in attendance				Federal	National Planning Commission	No. of meetings held	Report of meetings	Ongoing	Federal Govt.	Cooperation of NPC and donors
	1.1.3 Conduct quarterly HIV/AIDS program donors meetings with NPC in attendance				Federal	NACA	No. of meetings held	Report of meetings	Ongoing	Federal Govt.	Cooperation of HIV/AIDS program donors
	1.1.4 Monitor state response to SACA establishment circular				Federal	NACA	No of states responding	Report of SACA	Ongoing		
1.2 Promote, strengthen and coordinate partnerships by operationalising the new Nigerian HIV/AIDS Partnership Forum.	1.2.1 Conduct quarterly meeting of Presidential AIDS Council (PAC)		30% female representation		Federal	SGF	Number of meetings held	Reports Minutes of PAC meeting	Ongoing	Presidency	Presidential commitment
	1.2.2 Conduct quarterly meeting of partnership steering committee (PSC)				Federal	Office of the Vice President	Number of meetings held	Reports Minutes of PSC meeting	Ongoing		
	1.2.3 Conduct annual National Partnership Forum (NPF) meetings		30% female representation		Federal	Presidency NACA	Number of meetings held	Reports Minutes of NPF meeting	Ongoing		
	1.2.4 Conduct quarterly partnership technical committee (PTC) meetings				Federal	NACA	Number of meetings held	Reports Minutes of PTC meeting	Ongoing	NACA	
	1.2.5 Establish Partnership working groups (PWG) as required		30% female representation	30% youth 20% PLWA 20% CSW 10% MSM	Federal	NACA	Number of meetings held	Reports Minutes of PWG meeting	Ongoing		
NACA/Youth focal contact to clarify	1.2.6 Hold annual?? Of National HIV/AIDS Youth		50% female	20% CSW 20% university	Federal State	NACA SACA	Number of meetings held	-Report of meetings	Ongoing	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
information	Forum			undergraduates 10% MSM		National HIV/AIDS Youth Forum		-Constitution -Annual report - MOU document			
	1.2.7 NACA facilitates meeting of National women organizations/associations to establish administrative structure and frequency of meetings of their CCE.			20% rural based CBOs	Federal	NACA/ Women Network-- umbrella organization	MOU of CCE Number of meetings	-Report of meetings -Constitution -Annual report - MOU document	Ongoing	NACA	
	1.2.8Mobilise PLWHA support groups to attend NEPWHAN delegate meeting, hold elections and determined the frequency of meetings		50% women	Youth Disabled CSW MSM	Federal	NACA NEPWHAN	Number of meetings held	-Report of meetings -Constitution -Annual report	Ongoing		
	1.2.9 NACA facilitates meeting of National NGOs to establish administrative structure and frequency of meetings of their CCE.		50% female	20% CSW/ 20% Rural based CBOs 10% MSM	Federal	NACA	MOU of CCE Number of meetings	-Report of meetings -Constitution -Annual report - MOU document	Ongoing	NACA	
	1.2.10 NACA facilitates meeting of media networks and Associations/ organizations to establish administrative structure and frequency of meetings of their CCE.			20% rural based CBOs	Federal	NACA/ Women Network-- umbrella organization	MOU of CCE Number of meetings	-Report of meetings -Constitution -Annual report - MOU document	Ongoing	NACA	
	1.2.11 NACA facilitates meeting of Arts networks and Associations/ organizations to establish administrative structure and frequency of meetings of their CCE.			20% rural based CBOs	Federal	NACA/ Arts networks and Associations/ organizations	MOU of CCE Number of meetings	-Report of meetings -Constitution -Annual report - MOU document	Ongoing	NACA	
	1.2.12 NACA facilitates meeting of Research and academic bodies to establish			20% rural based CBOs	Federal	NACA/ Research & Academia &	MOU of CCE Number of meetings	-Report of meetings -Constitution	Ongoing	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
	administrative structure and frequency of meetings of their CCE.					Science bodies		-Annual report - MOU document			
Continue clean up of horizontal matrix from here	1.2.13 NACA facilitates meeting of Tradition and Culture organizations to establish administrative structure and frequency of meetings of their CCE.	3000	20% female		Federal	NACA/ umbrella Tradition and Culture organization	CCEs meetings of Tradition and Culture bodies & Networks held	A Listing of Names of Tradition and Culture bodies and networks in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	
	1.2.14 NACA facilitates meeting of professional bodies /organizations to establish administrative structure and frequency of meetings of their CCE.	3000	50% female	10% CSW/ 10% LDDs	Federal	NACA/ Professional bodies Network- umbrella organization	CCEs meetings of professional bodies organizations held	A Listing of Names of professional bodies organizations in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	
	1.2.16 NACA facilitates meeting of faithbased institutions to establish administrative structure and frequency of meetings of their CCE.	3000	50% female	15% male from rural care and support fauth based organizations	Federal	NACA/ Faith Based organizations Network- umbrella organization	CCEs meetings of Faith Based organizations held	A Listing of Names of Faith Based organizations in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	
	1.2.17 NACA facilitates meeting of international NGOs and Foundations to establish administrative structure and frequency of meetings of their CCE.	3000	40% female			NACA/ international NGOs & Foundations umbrella organization	CCEs meetings of international NGOs and Foundations held	A Listing of Names of international NGOs and Foundations in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
					Federal						
	1.2.18 NACA facilitates meeting of of private sector umbrella organizations and Networks to establish administrative structure and frequency of meetings of their CCE.	3000	50% female	15 % Banking Sector 15% Oil & Gas Sector	Federal	NACA/ private sector Network-umbrella organization	CCEs meetings of private sector umbrella organizations and Networks held	A Listing of Names of private sector umbrella organizations and Networks in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	
	1.2.19 NACA facilitates meeting of UN & Bilateral organizations to establish administrative structure and frequency of meetings of their CCE.	40	40% female		Federal	NACA/ UN and Bilateral	CCEs meetings of UN & Bilateral organizations held	A Listing of Names of UN & Bilateral organizations in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.20 NACA facilitates meeting of Council of State House of Assembly Speakers to determine how they would interface with NACA.	300	30% female		Federal/ State	NACA/ National Assembly sub-committees on HIV/AIDS	CCEs meetings of legislature at both National and State levels held	Motions adopted during the meetings	Qr. 3-4, 2005	NACA	
	1.2.21 NACA facilitates meeting of office of the SGF and Federal line ministries and Agencies to establish administrative structure and frequency of meetings of their CCE.	300	50% female		Federal	NPC/NACA	CCEs meetings of Federal line ministries and Agencies held	A Listing of Names of Federal line ministries and Agencies Federal line ministries and Agencies in attendance and minutes of meetings held	Qr. 3-4, 2005	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
	Governors forum										
	ALGON										
1.3 Improve State and LGA level coordination	1.3.1 Develop and distribute circular on SACAs roles, responsibilities, locations, staffing, functions, funding etc to all state governments.				Federal	SGF	Circular	Copy of the circular	2005 Qtr 4	SGF	
	1.3.2 Conduct quarterly donors meetings with SACA in attendance				State	State Planning Commission or equivalent	No. of meetings held	Report of meetings	Ongoing	Federal Govt.	Cooperation of NPC and donors
	1.3.3. Conduct quarterly HIV/AIDS program donors meetings with SPC in attendance				State	SACA	No. of meetings held	Report of meetings	Ongoing	Federal Govt.	Cooperation of HIV/AIDS program donors
	1.3.4 Develop and adopt framework for technical assistance to SACAs				Federal	NACA PSC	Developed framework	Framework document	2005 Qtr 3	Fed. Govt. DFID-SNR	Cooperation of HIV/AIDS program donors
	1.3.5 Ratify and sign MOU between NACA and UN System/Bilateral Projects on technical assistance by their program Advisers/staff to SACAs				Federal	NACA PSC	Signed MOU	Copy of signed MOU	2005 Qtr 3	NACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.3.6 Recruit and deploy Technical Advisers		50% female	20% PLWHAs	Federal	NACA	No and gender of adviser	Recruitment report	2005 Qtr 4	Fed. Govt USAID-GHAIN DFID-SNR DFID-PSSRH	Cooperation of donors Fulfillment of commitment
	1.3.7 Promote the mainstreaming gender and HIV/AIDS into activities of professional associations/town development unions and associations, CBOs,CDC/CDA and appointment of HIV/AIDS focal point.				Federal State LGA	NPF NACA	Number of focal persons appointed	SACA report CCE reports	2006 Qtr 1	CCEs	New partnership forum implemented
	1.3.8 Develop and distribute circular on LACAs roles, responsibilities, locations, staffing, functions, funding etc to all local governments.				State	SSG	Circular	Copy of the circular	2006 Qtr 1	State Govt.	
	1.3.9. Monitor LGAs response to SACA establishment circular				State	SACA	No of LGA responding	Report of LACA	Ongoing	State Govt	
	1.3.10 Identify and scale up community based responses				State LGA	SACA LACA	No. of communities identified No of community expand responses to HIV/AIDS	Report of SACA Report of LACA	2006 Qtr 2		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding	Risk/assumptions
		Total	Gender	Relevant Vulnerable Group							
1.4 Strengthen capacity of coordinating institutions	1.4.1 Implement capacity building plan forNACA, SACAs and LACAs, based on previous needs assessment.		50% female		Federal State LGA	NACA SACA LACA PSC	Capacity Building PlanS	Implementation Reports	2005 Qrt 4	DFID-SNR UNAIDS	Availability of needs assessments
	1.4.2 Fill critical skill gaps in NACA (Health, Economist, e.t.c)	1	Female preferred		Federal	NACA	Officer recruited	Interview report	Qr. 3, 2005	Govt.	
	1.4.3 Provide logistic Support to NACA, SACAs and LACAs				Federal State LGA	NACA/ SACAs LACAs	Number of items procured	Inventory report	2006 Qtr 1	Govt. Development partners	Govt. commitment Cooperation of development partners

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Assumptions/Risks
		Total	Gender	Relevant Vulnerable Group							
1.5 Removal of information barrier on resource availability and utilization	1.5.1 Cost the National Strategic Framework.	NA	NA	NA	Federal	NACA	A costed National Strategic Framework produced	NSF document, Consultants'report	Quarter 1, 2005	UNDP, UNAIDS, UNIFEM,	
	1.5.2 Do a mapping of resources available for HIV and AIDS programmes.				Federal and State	NACA, SACAs	Document on available HIV and AIDS resources produced		Quarter 2, 2005		
	1.5.3 Design simple processes and guidelines for accessing HIV and AIDS resources at all levels and disseminate.				Federal and State	NACA, NPC and Development Partners	Guidelines developed and disseminated.	Reports	Quarter 2, 2006	CDC, UNAIDS	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Assumptions/Risks
		Total	Gender	Relevant Vulnerable Group							
1.6. Promote effective resource mobilization, management and coordination at all levels.	1.6.1 Conduct capacity-building and training programmes for stakeholders on resource mobilization and management.	4000 participants	At least 40%	At least 25%	Federal and State	NACA, SACA, Development Partners, CSOs	4,000 people trained with at least 40% of them being females	Workshop Reports	Quarter 2, 2006	UNAIDS, UNFPA, FHI/SNR	
	1.6.2 State Planning Commissions/MFEP to hold quarterly Donors meeting with SACA in attendance.				State	SACAs, State Planning Dept/ MFEP, LACAs	Four meetings held annually	Meeting Reports, Annual Reports	Throughout the NSF period	SACAs	State Governments would fund the SACAs.
	1.6.3 National Planning Commission (NPC) and MoF to hold quarterly HIV and AIDS Donors meetings with NACA in attendance.				Federal	NPC MoF, Development Partners,	Four meetings held annually	Meetings, Annual reports of NPC, MoF and NACA.	Throughout the NSF period	MoF, NPC and NACA.	
	1.6.4 Re-organize and incorporate CCM (for Global Fund) into the HIV and AIDS partnership Forum				Federal	FMOH	CCM reorganized and becomes part of the HIV and AIDS partnership forum	Partnership meeting Reports, NACA reports	Quarter 2, 2005	Federal Government	Provided the political will is there.
	1.6.5 Develop and implement sector wide approaches/ strategies for funding HIV and AIDS.				Federal, State and Local	NPC, FMF, FMOH and Line Ministries, State Planning Commission/MFEP and Line Ministries	Approaches for sector-wide approaches developed. HIV and AIDS budget lines created at all levels and for all ministries/department/units.	Budgets of Governments, Accountant General's report, Appropriation bills	Quarter1, 2006	Federal, State and Local	Provided the political will and commitment is there.
	1.6.6. Develop guidelines for resource inflows for HIV and AIDS programmes.				Federal	NPC, MoF, NACA	Guidelines developed.	Checklist developed	Quarter 1, 2006.	NPC, NACA, MoF	
	1.6.7 Develop criteria for assessing resource use				Federal, State	NACA, SACAs and International Development	Criteria for assessing resource use developed.	NACA and SACAs'reports	Quarter 1, 2006	UNDP, UNAIDS, CDC	The criteria developed are followed.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Assumptions/Risks
		Total	Gender	Relevant Vulnerable Group							
	efficiency and effectiveness.					Partners.					
	1.6.8 Develop resource tracking mechanism for HIV and AIDS resources.				Federal	NACA, NPC and International Development Partners	Resource tracking mechanisms developed.	NACA and SACA reports.	Quarter 1, 2006	APIN,	
	1.6.9 Train people from NACA, SACAs, LACAs CSOs, FBOs, and Private Sector on resource tracking, use and efficiency across geo-political zones	3,000	At least 40%	At least 25%	Federal and State	NACA, SACAs and International Development	At least 3,000 people trained.	Training reports, Annual Reports of SACAs, and NACAs.	Quarter 3, 2006.	FHI/SNR Project, Policy Project	
1.7. Adopt innovative approaches to funding HIV and AIDs programmes.	1.7.1 Design and implement appropriate strategies for mobilizing resources from the private sector.				Federal, State and Local	NiBUCAA, NACA	Strategies designed and implemented. At least 30% of resources needed for implementing NSF is provided by the Private sector	NiBUCAA reports, NACA and SACAs' reports, Reports of CSOs, FBOs and CBOs.	Throughout the NSF period.		Level of commitment by private sector is high.
	1.7.2 Develop and implement strategies for enhanced community-based financing.				Federal, State and Local	NACA and SACAs	Strategies for enhanced community- based financing developed and implemented. At least 2 communities in 40% of the774 LGAs in Nigeria mobilize resources for HIV and AIDS.	NACA, SACAs' LACAs' and CACAs' Reports, Donor reports.	Throughout the NSF period.		
	1.7.3 Design and implement strategies for mobilizing resources from the religious/faith-based organizations.				Federal, State and Local	Religious/Faith-based Organizations, NACAs and SACAs	Strategies developed. Religious organizations take special collections for HIV and AIDS.	Reports of Religious Organizations, SACAs and NACA.	Throughout the NSF period.	Federal and State Government	
	1.7.4 Develop and adopt guidelines for mainstreaming HIV and AIDS and gender into poverty reduction				Federal and State	NACA, NAPEP, SACAs	Guidelines for mainstreaming HIV and AIDS developed approved and disseminated. HIV and AIDS are included in poverty	NACA and NAPEP Reports,	Quarter 3, 2005	UNFPA, UNIFEM, World Bank	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Assumptions/Risks
		Total	Gender	Relevant Vulnerable Group							
	programmes.						programmes				
	1.7.5 Advocate for creation of gender-friendly budget lines for HIV and AIDS in annual budgets at all levels and sectors.				Federal and State	NACA, SACAs and Line Ministries	Advocacy plans developed and implemented. Gender-friendly budget lines created at all levels and sectors.	Annual budgets of Governments,	Quarter 3, 2005	Policy Project,	
	1.7.6 Micro-credit agencies/schemes are strengthened/ to service PLWAs (This should be linked to their access to treatment).				Federal and State	NACA, NACRDB, CiSNHAN, NAPEP	At least 2 federal agencies and 18 state agencies give loans to PLWAs. At least 4 CSOs in each State offer micro-credit services to PLWAs.	CSOs Reports, NACRDBNAPEP, SACAs and NACA Reports	On-going	World Bank/IFC	
	1.7.7 Inaugurate the Board of the HIV and AIDS Trust Fund.				Federal	NACA	Board inaugurated	NACA reports	Quarter 4, 2005	UNDP, UNAIDS, NACA	
	1.7.8 Develop policies and procedures to guide operations of the fund.				Federal	NAHAF Board	Policies and procedures developed and approved.	NAHAF Reports	Quarter 1, 2006	UNAIDS, Policy Project,	
	1.7.9 Design and implement strategies for attracting funds into the Trust Fund.										
	1.7.10 Conduct annual audit of HIV and AIDS Trust Fund.				Federal	NACA, NAHAF Board	Annual audit conducted.	Audited Financial reports.	Quarter 1 of each year	NAHAF	

OBJECTIVE TWO: To increase % of men and women, particularly youth who practice abstinence primarily and safe sex secondarily , from 20% in 2005 to 8% in 2009.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
2.1 Community Mobilization and Advocacy targeting policy makers and the influentials	2.1.1 Revise existing HIV/AIDS Advocacy kits with the involvement of influential to make it gender sensitive and acceptable to the target audiences.				Federal, State LGA Community	NACA, SACA, LACA	# of Advocacy kits revised for political, traditional and religious leaders	Workshop report Activity reports	2005 Qtr 3	Govt. UN system	Availability of HIV/AIDS advocacy kits
	2.1.2 Conduct advocacy meeting for male and female influential to mobilize their support for HIV/AIDS prevention and behaviour change	3700 (100 per state + FCT)	30% female	youth	State	SACA	# of meeting	SACA annual reports	2005 Qtr 4	SACA	
	2.1.4 Conduct one-day sensitization meeting for print and electronic media Executives on HIV/AIDS prevention and behaviour	500	50% women		State	SACA	# of meeting	SACA annual reports	2005 Qtr 4	SACA	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	change										
	2.1.5 Conduct one-day sensitization meeting for Private-Public Partnership Forum members to ensure the participation of private sector in supporting HIV/AIDS activities.	100	30 % women		Federal	Private CCE NACA	# of meetings	Activity reports,	2005 Qtr 3	Private sector	Committment from private sector
2.2. Community Mobilization and advocacy for programmes targeting youths	2.2.1 Conduct Community outreaches on prevention of HIV/AIDS among youths, at market places, motor parks and other public places in rural and urban areas of Nigeria	20 million	50% women and girls		State, LGA and community	SACA and LACA Civil society	# of community mobilization and advocacy conducted	Activity reports		Govt. Development partners, private sector funding	Commitment of private sector to youth development
	2.2.2 Conduct advocacy meetings with Internet Service Providers (ISPs) and Cyber café operators on HIV/AIDS prevention and behavioural	7,790			State LGA	SACA LACA	# of meetings	Activity reports	2005 Qtr 3	Private sector	Cooperation of Cybercafe owners

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	change										
	2.2.3 Promote Youth Development Council's and other youth organisation's programmes on HIV/AIDS prevention and behaviour change among youths in the 36 states and the FCT	22 million	50% girls	SWs, IDUs,	State and LGAs	SACA, LACA	# of advocacy meetings conducted	Activity reports	Continuous	Govt., U.N. system, Development partners	
	2.2.6 Utilize Youth oriented events to promote HIV/AIDS prevention.	20 million	50% girls		Federal, State LGA	NACA, SACA, LACA Line ministries CSOs	# of events	Activity and event reports	Ongoing	Govt Private sector CCEs	Capacity exists Commitment from private sector
	2.2.8 Establish more gender sensitive Youth-friendly centers with access for persons with special needs in rural and urban areas of Nigeria				State, LGA Community	SACA, LACA Civil society Private sector	# of Youth-friendly centres established	Activity reports	2006 Qtr. 2	Development partners Private sector	Commitment of development partners and private sector
2.3 Community mobilization and advocacy targeting	2.3.2 Promote HIV/AIDS prevention and behaviour	15% of the general population	Target both sexes equally	Females Males	State LGA Community	SACA LACA, Civil society	# of activities carried out	Activity report	Ongoing	Govt., Development partners Private sector	Cooperation of male population

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
general population	change through the use of locally appropriate gender sensitive media										
	2.3.3 Promote PMTCT/PPTCT among partners and families		60% male	Pregnant women PLWHA	State, LGA	SACA, LACA, NEPWHAN	# of PMTCT promotion activities conducted	Activity report	Ongoing	Govt. UNICEF	
2.4. Capacity Building	2.4.1 Establish and strengthen the capacity of BCC-IEC partnership working groups to develop, produce and distribute culturally appropriate gender sensitive BCC/IEC materials		50% female		Federal State	NACA SACA	Number of functional working group Number of IEC materials produced and distributed	Activity report BCC/IEC materials produced	2006 Qtr. 1	Govt., Development partners Private sector	Cooperation of SACA and CSOs
	2.4.3 conduct TOT for CSOs and other key stakeholders to sensitize	1000	50% female participation		State LGA	SACA LACA Civil society	# of persons trained by gender	Training reports	2006 Qtr. 1	Govt, PPPF, Development partners	Cooperation of SACA and CSOs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	communities on parent child communication on HIV/AIDS and RH issues										
	2.4.6 Strengthen the capacity of teachers and guidance counselors at all levels on HIV/AIDS prevention and behaviour change		60% male		FederalState LGA	FMOE SMOE SPEB LGEA CIVIL SOCIETY	# trained by gender	Training reports	2006 Qtr. 1	Govt., UNICEF development partners Private sector	
	2.4.8 Train new and retrain old In and Out of School Youths as Peer educators on HIV/AIDS	?500,000	50%	Out –Of – School youths and girls	Federal State LGA	FMOE FMOWA SOME SMOWA SACA, LACA Civil society	# of Peer educators trained by gender	Training reports Register of existing peer educator	ongoing	Govt, UNICEF Development partners Private sector	Cooperation and commitment of youths
	2.4.13 train and re-train media, theater and other enlightenment professionals on HIV/AIDS	5000	50% female		Federal State	NACA, SACA, NFVCB, NFC, NFI Civil society	# trained by gender	Activity report/ Production of HIV/AIDS prevention related films and home videos	Ongoing	Govt Private sector	#/4 will be practitioners in indigenous language since they reach the largest population
	2.4.17 Conduct training for 20 Traditional Birth Attendants,	15,480	30%		LGAs Community	LACA	#trained	Activity report	2007 Qtr. 2	Govt. Development partners	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	local barbers and Circumcisers on HIV/AIDS prevention and blood Safety										
	2.4.18 Conduct TOT on Universal Safety Precaution for Health Workers	1,110	50%		State	SACA Civil society	# trained	Activity report	2005 Qtt.4	Govt	
	2.4.21 Conduct VCCT awareness trainings for Church, Mosque and Registry Marriage Counsellors for 60 per state	2,220	50%		State LGA Community	SACA LACA Civil society	# trained	Activity report	2005 Qtr. 4	Govt.	
2.5 Behaviour Change Communication	2.5.1 Design and print culturally appropriate and gender sensitive BCC materials in English and indigenous languages (SELF RISK ASSESSMENT CHART, VCCT, PPTCT, abstinence and mutual fidelity	130,000,000			National State LGA	NACA SACA Civil society	# of BCC materials produced	BCC material distribution report	Qtr 4 Yr. 1	Govt. Development partners Un system	The print BCC materials will be distributed in all the nooks and crannies of the country and focus issues like youth and women vulnerability, VCCT, Abstinence and mutual fidelity.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	ETC.)										
	2.5.2 Design, ,produce and transmit culturally appropriate and gender sensitive Radio and TV jingles, serial drama and discussion programs on HIV/AIDS prevention and behaviour change facilitated by (People Living Positively (PLP))	216,080 radio jingles and 2,7010 TV jingles targeting 130 million Nigerians			National State	NACA, SACA, FMOI	# of jingles produced	Jingles aired on Radio and TV	Qtr. of 1Yr. 2-5	Govt. Development partners Un system	The assumption is that HIV/AIDS jingles will be aired at least twice daily on radio and once on TV in at least in two stations in every states.
	2.5.3 mobilize ISPs and cyber café owners to Produce and insert gender friendly Pop-Ups on HIV/AIDS prevention and behaviour change on the Internet	13 million			Federal State	NCC ISPs Cyber café PPPF NACA	# of Cybercafe with HIV/AIDS prevention Pop-Ups	Pop-Ups appear on the Internet at Cybercafes	2006 Qtr. 2		Cooperation of NCC and cyber café owners
	2.5.6 Produce culturally appropriate gender sensitive Bill boards in	50 million			Federal State LGA	NACA SACA LACA	# of Bill boards produced	Billboard placed at strategic places in major roads in Nigeria	2006 Qtr. 2	Private sector	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	indigenous languages in major roads in both the rural and urban areas of Nigeria										
	2.5.7 Conduct annual HIV/AIDS prevention musical fiesta in the 36 states and the FCT	12 million			State	SACA PMAN PPPF CSO	# of Musical fiesta conducted	Video Documentation of musical fiesta	Ongoing	Private sector Govt	Peace and stability in the state
	2.5.8 engage with film/home video sector for the Production of theme specific films and videos on HIV/AIDS prevention and behaviour change targeting Most At Risk Persons.	10 million			Federal	Professional association of home video producers NFVCBNACA	# of films and video produced	Cassettes of films and home video on HIV/AIDS	Qtr. 3 of Yr. 3-Yr. 5	Govt. Development partners Un system	
	2.5.9 Design, Produce, print and distribute annual HIV/AIDS situational analysis briefs to political and opinion leaders	500,000			Federal, State LGA	IEC-BCC Partnership working groups of NACA and SACAs	# of situational analysis briefs produced	Activity report	Ongoing	Govt. UNICEF	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.5.10 Implement the printed and deseminated BCC strategy				Federal State LGA	NACA SACA LACA	No of activities implemented	Annual Report	Ongoing	Govt.	
2.6 Blood Safety	2.6.1 Produce Blood safety regulation guideline for health workers in tertiary, secondary and primary public and private health care facilities	500,000			Federal State	FMOH SMOH Red Cross	# of guidelines produced	Copies of Blood regulation guideline	2006 Qtr. 2	Govt PPPF	
	2.6.2 Establish more blood donation centres in major towns and villages in Nigeria	37 million			Federal State	FMOH SMOH Red Cross St. John's Ambulance Brigade CHAN	# of donation centres established	Activity report	2006 Qtr. 2	GovtCSO	
	2.6.3 increase Mobilization for voluntary blood donation				All levels	Red Cross PPPF Mass Media	# of donors	Register of donors	Ongoing	Govt PPPF CSOs	Commercial blood donors do not sabotage the process Cooperation of the general population

OBJECTIVE THREE: To increase access to comprehensive gender sensitive Care, Treatment and Support services for PLWHA and PABA by 50% in 2009.

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
3.1. Increase equitable access to ART and ensure uninterrupted supply of ARV drugs	3.1.4. Decentralize and scale up ART designated sites including paediatric sites	?580,000	60% female	Youths OVC Children People with special needs	Federal State LGA	FMOH SMOH CHAN	No. of new designated ART sites	Register of PLWHA access ARV at such sites ANNUAL art PROGRAM REPORT	2007 Qtr. 3	Govt. GHAIN PEPFAR PPPF	That decentr will fac access increas
	3.1.5. Review and widely disseminate ART guidelines				Federal State LGA	FMOH Relevant CCEs	Reviewed Art Guideline No. of ART guidelines produced	Copy of reviewed guideline Dissemination report	2005 Qtr 4		Adhere guideli
	3.1.7. Conduct ART literacy and adherence w/shops for PLWHA				Federal State LGA	-FMOH -SMOH -CBOs -FBOs -NGOs	No. of workshops held No. .of clients adhering by gender	Workshop report Register of clients followed-up on adherence	Ongoing	Govt MSF (at GHL)	That ac ART k will fac adhere
	3.1.8. Produce and distribute pill boxes to PLWHA on ART				All ART programs	FMOH SMOH	No of pill boxes produced and distributed	Register and record of clients utilizing boxes	Ongoing	MSF (at GHL)	That us boxes adhere
	3.1.10. Provision of post exposure prophylaxis (PEP), mandatory and free especially for rape victims	All operational HIV/AIDS service delivery centers/facilities			ALL	FMOH SMOH Relevant CCEs	Quantity of PEP supplied/ Procured No. of rape victims accessing PEP	Register of PEP used in facilities and service centers	2006 Qtr 4	Govt MSF (at GHL)	Stigma discrim does no discou to serv
	3.1.13. Strengthen quality assurance of ARV drugs in circulation			Pediatrics	Federal State Local	NAFDAC	Number of batches tested	Quarterly NAFDAC report	Ongoing	Govt	NAFD capacit quality
	3.1.14. Coordinate and manage ART partnership working groups at all levels		50% female		Federal State LGA	FMOH SMOH LGA Health dept. NACA SACA LACA	No. of meetings held	Reports of meetings	Ongoing	Govt	Availa commi resourc drugs a

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
3.2. Promote integrated management of opportunistic infections, STIs and ART	3.2.1 Expand TBD treatment centers and integrate them with HIV/AIDS services				LGA State Federal	FMOH SMOH National TB program	No. of functional integrated TBD centers	Record of clients accessing TBD services	2009 Ongoing	-Damian TB foundation -Netherlands TB program -USAID/ FHI HIV/TB program DFID	Comm govern
	3.2.2. Constitute and inaugurate National TB/HIV partnership working groups		50% female		Federal State Local	NTBLCP NASCP SMOH	TB/HIV partnership working group constituted and inaugurated	Quarterly report of TB/HIV partnership working group,	2006 Qtr 2	Govt	Comm integra HIV/A service
	3.2.3. Integrate DOTS guidelines into VCT training manual				All TBD centers	NTBLCP NASCP	No. of DOTS-VCT guidelines produced and disseminated	No. of guidelines disseminated and register of TBD clients accessing VCT	2006 2nd Qtr	MWG/ ABUTH Kaduna chest unit	That T will ac
	3.2.4. Establish TBD/VCT/ART integrated service centers	2 centers per LGA (1548)		Men, women, youth, Adolescent girls etc.	PHC Local State Federal	NTBLCP NASCP	No. of operational centers	Record of clients accessing VCT/ART/TBD services	2007 2nd Qtr		That su will be being l within of targ commu That M have in access TBD a
	3.2.5. Develop a standard referral, follow-up and tracking systems between TBD-VCT-ART services				All levels of service delivery	FMOH Relevant CCEs	Standard referral… system developed	Register of client referral and follow-up	2006 1st Qtr		
	3.2.6. Strengthen management and operational capacity of NTBLCP and NASCP						% Budgetary allocation both NTBLCP and NASCP	Published and disseminated quarterly report of NTBLCP and			Adequ in form electro commu

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
								NASCP activities			human vehicle superv monito treatme interve Nigeria
	3.2.7. Implement use of Cotrimoxazole prophylaxis treatment (CPT) and isoniazide prophylaxis treatment (IPT) for PLWHA at risk of developing TB				All levels of service delivery	FMOH	No. of service centers providing CPT and IPT	Register of clients accessing CPT and/or IPT	2006 1st Qtr		That th commu adequa sensiti import and IP
	3.2.8. Include all Opportunistic Infections (OI) drugs on the essential drug list					FMOH NAFDAC	OI drugs are included in essential drugs list	Register of OI drugs on list and available at service delivery center	2005 4th Qtr		Availa essenti facilita and co
	3.2.9. Develop and implement specific MIS with indicators for monitoring TB/HIV services at all levels				ALL	NTBLCP NASCP	MIS developed	Register of site data in specific MIS format	2005 4th Qtr		
	3.2.10. Establish reproductive health clinics that are gender sensitive and adolescents friendly	3870 clinics (5 clinics per LGAs)		Women Adolescent girls and boys	ALL	FMOH SMOH	No. of operational clinics	Records of women, youths and adolescent girls accessing services from these clinics	2009 1st Qtr		That w youth s adoles will uti clinics
	3.2.11. Review, and disseminate guidelines for syndromic management of STI.			MEN Adolescent girls CSW MARP	ALL	FMOH	No. of Guidelines produced	Record of copies disseminated	2006 1st Qtr		That ca care pr implen guideli
	3.2.12. Develop an HIV/AIDS treatment interventions operations research agenda				ALL	FMOH NACA	No. of post intervention surveys done	Report of surveys published and disseminated	2006 2nd Qtr		That th facilita improv quality effecti

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
											service
3.3. Increase access to gender focused, youth friendly VCCT	3.3.1. Conduct mapping of existing operational VCCT programs										
	3.3.2 Establish more gender focused and youth friendly VCCT centers	50% of wards in all 774 LGAs			Federal State Local	Line ministries NGOs CBOs FBOs	No of centers operational centers	Register of clients (data disaggregated by age and sex)	2007 1st Qtr		
	3.3.3. Establish use of PLP as adherence and VCCT counselors	50% staff of center	40% male		All	NEPWAN	No of PLP trained as counselors	Records of trained PLP counselors on center payroll	2007 1st Qtr	MSF (at GHL)	That tr make r effectiv counse
	3.3.4. Develop and disseminate simplified VCCT guidelines for counseling, testing and referring most at risk persons (MARP)				PHC Secondary level Tertiary level Private clinics VCT centers	FMOH/NACA + SMOH/SACA	No of guidelines produced	Record of No. of guideline copies disseminated	2005 4th Qtr	FHI	That re at the implen level, h capacit the gui
	3.3.5. Provision of rapid testing kits for VCCT service delivery centers				All ART programs	FMOH SMOH Bilateral partners	No. of testing kits procured	Records of kits procured and utilized	2006 end of 2nd quarter		Facilita expans access testing counse acts as for car and su service
3.4 Reduction of Mother to Child Transmission of HIV infection.	3.4.1. Mapping of all existing PMTCT sites					FMOH NACA	No. of existing operational PMTCT sites recorded nationwide	Report of mapping exercise published and widely disseminated	2005/ end of 2nd Qtr	FMOH	That th to conc exercis
	3.4.2. Develop and conduct culturally appropriate advocacy programs utilizing gender specific IEC	40% of wards in 774 LGAs	60% male oriented PMTCT programs	-Women of child bearing age -Youth Traditional	Federal State LGA Wards	-FMOH/ NACA -SMOH/ SACA -CBOs	No. of programs and participants in every LGA	Gender disaggregated reports of programs	2006 1st Qtr	UNICEF ? UNFPA	That in knowle import PMTC males

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	materials, for sensitization of all stakeholders on the urgent need for PMTCT+			& religious leaders		-FBOs -NGOs					a much effecti PMTC
	3.4.3. Advocate for and establish public/private partnership for PMTCT implementation				Federal State LGA Wards	FMOH NACA UNICEF	No. of private organizations involved in PMTCT	Records of privately funded PMTCT sites/program	2006 1st Qtr		That th ensure sustain nationa progra
	3.4.4. Develop management capacity at all sites				Federal State LGA Wards	FMOH SMOH	No. of staff trained in PMTCT delivery skills	Reports and records of capacity building w/shops	Ongoing	UNICEF CBOs FBOs FMOH	
	3.4.5. Decentralize and upscale PMTCT service delivery	- All 36 + 1 states -50% of All 774 LGAs		Adolescent girls Youth Women	Federal State LGA Wards	FMOH Relevant CCEs	No. of new PMTCT designated sites	Register of clients accessing services	2006 1st Qtr 2009 1st Qtr		
	3.4.6. Mobilize and sensitize TBAs, faith healers and all other relevant alternative healthcare providers on benefits of PMTCT				Federal State LGA Wards	FMOH Relevant CCEs	No. of TBAs etc, sensitized and referring clients to PMTCT sites	Zonal reports of mobilization w/shops -Site records of referrals from TBAs, faith healers etc	2006 1st Qtr	UNICEF CBOs FBOs	
	3.4.7. Develop, produce (in local dialect) and disseminate IEC materials that are PMTCT specific to target population		60% increased male involvement oriented materials	Men, women adolescent girls and youth	Federal State LGA Wards	FMOH FBOs NOA	No. of IEC programs/material developed and produced	Records of quantities disseminated	2006 1st Qtr		That av PMTC availab increas
	3.4.8. Conduct advocacy and community mobilization interventions to support HIV positive mothers			Community, religious, traditional, opinion, women and youth leaders	Federal State LGA Wards	FMOH NOA NGOs FBOs CBOs	No. of rallies, w/shops programs etc., to sensitize community on need to support sero-positive mothers	State and zonal records of functional community support projects	2006 1st Qtr		That co suppor positiv will fa PMTC
	3.4.9. Integrate VCT services into all			Pregnant Adolescent	Federal State	FMOH NGOs	No of ANC/RH clinics offering	Register of ANC/RH clinic	2006 2nd Qtr		That in service

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	ANC/RH clinics			girls Women	LGA Wards	FBOs CBOs	VCCT	clients accessing VCCT services			facilita point f
	3.4.10. Establish use of peer counseling and support within PMTCT				Federal State LGA Wards	FMOH NGOs FBOs CBOs	No. of PMTCT trained peer PLP counselors	Records of peer PLP counselors on PMTCT program payroll	2006 2nd Qtr		That pe mother more e PMTC and co
	3.4.11. Advocate for and establish free HIV testing at PMTCT sites			Pregnant Adolescent girls Women	Federal State LGA Wards	FMOH NGOs FBOs CBOs	No. of PMTCT clients accessing free testing services	Register of free testing procedures	2006 1st Qtr		That fr will fac PMTC
	3.4.12. Accelerate implementation of PMTCT+			Pregnant Adolescent girls Women	Federal State LGA Wards	FMOH Relevant CCEs	PMTCT+ implemented	Register of clients accessing PMTCT+ services	2006 2nd Qtr		That ac ART w PMTC increas and rec transm infecti
	3.4.13. Produce and widely disseminate revised PMTCT guidelines				Federal State LGA Wards	FMOH	No. of guidelines produced	Record of No. of copies disseminated	2005 3rd Qtr		That ca exists a deliver adapt s guideli specifi commu
	3.4.14. Implement a standard PMTCT MIS for monitoring record keeping activities in PMTCT sites				Federal State LGA Wards	FMOH	PMTCT MIS implemented	Records of PMTCT data in standard MIS format	2005 3rd Qtr	FMOH	Data co standar
3.5. Gender sensitive community and home based care program that complements facility care	3.5.1 Conduct mapping of all existing community and home based care projects nation wide					NACA FMOH MOWA	No of existing operational projects	Report of mapping exercise published and disseminated	2005 2nd Qtr		That ex nascen are ide best pr models
	3.5.2. Mobilize and sensitize community to establish community	50% of wards in 774 LGAa			ALL	NACA FMOH MOWA	Community Mobilized into establishing CHBC	Records/register of activities by operationalCHBC	2007 3rd Qtr		That co owners interve

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	driven care and support initiatives					NOA	projects	programs			facilita sustain progra
	3.5.3. Conduct training for community and home based care givers including PLPs on appropriate ARV distribution	60% CHBC volunteer workers in 40% of the 774 LGAs	60% males		ALL	FMOH Relevant CCEs	No. of CHBC workers trained	Register of PLWHA accessing ARV drugs via CHBC volunteers	2008 2nd Qtr		That n ART d will fu facilita of deli PLWH
	3.5.4. Develop, produce and disseminate IEC materials on CHBC.				ALL	FMOH NOA	No. produced	No disseminated	2005 3rd Qtr		That th are cul and pu local d facilita accepta concep
	3.5.5. Develop, publish and disseminate national guidelines for CHBC that emphasizes need for increase in male involvement (copies in English and local dialects)				ALL	FMOH NOA NACA	No. produced	No disseminated	2005 3rd Qtr		-That c exists t nationa into co specifi -That b traditio of men respon the fan harnes an effe nationa progra -That s progra facilita in over burden initiati women -That h male d societa not sab

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
											progra
	3.5.6. Develop human capacity for non-clinical care provision by training CHBC care givers - Develop capacity of care givers to recognize and manage Ois		60% male oriented training		ALL	FMOH	No of CHBC workers trained	Register of PLWHA accessing HBC	2007 2nd Qtr		That in CHBC will re on wea faciliti
	3.5. 7. Establish use of PLP as care givers within the national CHBC program				ALL	FMOH NGOs FBOs CBOs	No. of PLP trained as CHBC workers	Register of operational PLP CHB Care givers			
	3.5. 8. Conduct training workshops for PLHWA on Peer Counseling, Treatment Access, Bill of Rights, and other care and support issues.				ALL	FMOH NGOs FBOs CBOs NACA	No of w/shops conducted	No. of registered PLWHA TOT trained and functional			
	3.5. 9. Develop standard guidelines for palliative/end of life care that encompasses PEP and UP				ALL	FMOH	Guidelines Developed	Guidelines disseminated and implemented			
	3.5. 10. Sustainable provision of CHBC kits supplies				ALL	FMOH NGOs FBOs CBOs Relevant CCEs	No. of Kits provided and supplied	Register of CHBC workers supplied with kits			That a logisti ensure supply kits
	3.5. 11. Establish nutritional support for PLWHA and PABA within CHBC program				ALL	FMOA FMOH	No of clients accessing nutritional support	Register of clients accessing nutritional support		Fed Govt FSP	
	3.5. 12. Develop, publish and distribute guidelines on the use of locally available inexpensive foodstuff, to produce diets of balanced meals					FMOH FMOA MOWA	No Produced	Records of No. disseminated			That th commu suppor initiati
	3.5. 13. Establish one					NACA	Co-ordination body	Records of			

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	coordination /monitoring mechanism for CHBC program and Decentralize and strengthen technical capacity for coordination, implementation and monitoring of interventions by SACA and CACA					Relevant CCE	established	reports of meetings and activities			
3.6. Psychosocial support program at all levels for vulnerable groups e.g. OVC, PABA and PLWHA	3.6. 1. Develop and implement policy and guidelines for institutionalized nutritional and psychosocial care and support of OVC and PABA			-Elderly care givers, -Single & child head of families, -Girls and married adolescents -Widows /widowers -OVC -PLWHA -MSM -IDU		MOWA FMOH Min. Agric FMOL Line ministries	No. of document produced	No disseminated and reports of implementation			
	3.6. 2. Strengthen capacity of existing NGOs, CBOs, FBOs and CSOs to provide care and support for OVC and PABA			-Elderly care givers, -Single & child head of families, -Girls and married adolescents -Widows /widowers		Relevant CCEs	No. of existing and operational	Organizational reports			
	3.6. 3. Provide free ARVs for sero-positive OVC				ALL	FMOH MOWA	No of OVC accessing free ARV	Register of OVC accessing free ART			
	3.6. 4. Develop and conduct OVC and care givers specific IEC					-MOWA -National Orientation Agency	No developed	No disseminated and implemented			That in awaren facilita

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	programs to sensitize and increase awareness on OVC and PABA issues in the community					-NACA -Media					commu suppor and PA
	3.6. 5. Conduct advocacy and sensitization activities for increased private sector support for OVC and their care givers				Corporate, Financial, Telecomm Oil industries etc.	NACA NIBBUCA NEPWHAN	No of activities conducted	No of registered private funded OVC programs reports.			
	3.6. 6. Establish HIV/AIDS Care, Treatment and Support committee				Local State Federal Private FBO	NEPWHANACA FMOH MOWA FMOL NLC NIBBUCA	No. Of quarterly meetings	Reports and records of meetings published and disseminated			
	3.6. 7. Establish of more PLWHA support groups in all LGAs and strengthen existing PLWHA networks and support groups	40% of all wards in 774 LGAs	60% female member-ship	-Married adolescent girls -Women - Youth		NEPWHAN CISGHAN	No of new and existing operational support groups	Register of existing groups			That ex functio groups facilita of iden trackin most v OVC, PLWH require
	3.6. 8. Establish and ensure sustained national nutritional support program for PLWHA and PABA					FMOA FMOH	National nutritional support program for PABA established	Report of activities implement ed in the program		Fed Govt FSP (food security program)	
	3.6. 9. Establish and link workplace based support groups with health facilities and community support groups				ALL	FMOL NLC NIBUCCA Line ministries	Work place based support groups established	Register of existing work place based support groups			Stigma in the
3.7. Scale up existing capacity of infrastructure and personnel	3.7. 1. Decentralize and scale up number of facilities rendering HIV/AIDS ART+OI/TBD +STI	40% of wards in all 774 LGAs			-All govt. tertiary secondary and primary level facilities.	FMOH SMOH	No. of facilities offering ART+OI/TBD+STI services	Facility Records of patients accessing treatment (Data	2009 2nd Qtr		

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
of Health systems to deliver more comprehensive HIV/AIDS treatment and care services	treatment and care services				-Accredited private and faith based facilities			disaggregated by gender)			
	3.7. 2. Establish facility support of identified Care, Treatment and Support specific CBOs, FBOs and NGOs in ARV and OI drug distribution					FMOH Bilateral	No of Care, Treatment and Support specific CBOs, FBOs and NGOs involved in ARV and OI drug distribution	Records of clients accessing ARV, TBD and OI drugs from non-facility centers (Data disaggregated by gender)		CRS JDPC RAPAC	Facilita and sca ART a treatme
	3.7. 3. Establish and implement a functional National Health Insurance Scheme					NICON FMOH NLC FMOL NIBUCCA Line ministries	NHIS established	NHIS implemnted			Ensure and rec
	3.7. 4. Upgrade and maintain existing and procure new relevant equipment/infrastructure. (e.g Vehicles, generators, buildings etc)						No. of equipment and infrastructure; bought, rented and/or maintained	Records of receipts, invoices , contract or lease etc			
	3.7. 5. Develop logistics for sustainable procurement of HIV/AIDS consumables (ARV and OI drugs, gloves, bleach etc)					FMOH NAFDAC	No. quantity and quality of consumables procured	Records of invoices, receipts etc			
	3.7. 6. Train all cadres of health care providers ARV distribution and develop capacity of service providers to diagnose and manage OIs			Public and Private Health care service providers	ALL	FMOH	No of staff trained in private and public health care settings	Register of facilities rendering services			
	3.7. 8. Incorporate				ALL	FMOH	TB/HIV clinical	Integrated	2007		

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	integrated TB/HIV clinical management into pre-service and in-service curriculum of all level of health services providers.						management incorporated into pre-service and in-service curriculum	curriculum implemented	4th Qtr		
	3.7. 9. Develop capacity of health worker to train CHBC volunteers						No. of CHBC TOT w/shops	Register of volunteers trained			
	3.7. 10. Update and standardized training of laboratory staff.				Accredited Private & public Labs	FMOH	No of lab training wshops held	Register of trained & certified lab scientist	Ongoing		That su being a require certific -tion ar certific assures standar quality laborat proced
	3.7. 11. Update and standardize laboratory infrastructure.				Accredited Private & public Labs	FMOH	No of Labs Upgraded	Records of results generated from operational upgraded Labs			
	3.7. 12. Develop capacity of record keeping staff on appropriate MIS					FMOH	-No. of MIS capacity building w/shops held on VCT/ART/PMTCT record keeping -No. of participants trained	State and zonal reports of w/shops held	2005 4th Qtr		
	3.7. 13. All facilities/ hospitals develop own HIV/AIDS management protocol guidelines that emphasizes practice of UP and includes free PEP for staff.				ALL		GuidelinesDeveloped	Guidelines implemented	2006 2nd Qtr		-That p UP and of PEP stigma treatme - That care gi also pr access
	3.7.14 Conduct ongoing				All	FMOH	No of staff trained	No of facilities	Ongoing		Strengt

Strategies	Activities	Target Beneficiaries Total	Gender	Relevant Vulnerable Group	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding source	Risks/A
	integrated training w/shops on TB/HIV mgt. for relevant care givers (Doctors, Nurses, Lab. Scientists, Pharmacists, CHEWs, etc.)					Relevant CCEs		implementing services			capacit institut facilita of ART for PL
	3.7. 15. Develop and implement standard national "Blood safety" guidelines…						Standard Blood safety guidelines developed	Standard Blood safety guidelines implemented	2006 1st Qtr		Capaci achiev by utili sexuall school blood c
	3.7. 16. Develop interface programs to bridge facility care and community care					FMOH SACA CACA	No. of community & health care service integrated programs developed	No. of community & health care service integrated programs implementeded	Ongoing		The co and the system in syne

OBJECTIVE FOUR: To increase gender sensitive sectoral responses and mitigation of the impact of HIV/AIDS from 25% to 75% by 2009 and promote the integration of gender, human rights and HIV/AIDS into the activities of regional bodies.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
4.1 Research on the impact of HIV/AIDS in key sectors with gender desegregation	4.1.1. Impact studies on key aspects of nation's labour force e.g , health personnel, agric extension workers, transport operators, in and out of school youths, private sector particularly the artisan groups, uniform personnel .		At least 60% female respondents		Federal, State and communities.	NACA/ National Population Commission/CSOs/Research institutes/Academics	No of impact studies conducted in each of the outlined sub sectors	Research reports.	3rd quarter 2005 to 2nd quarter 2006
4. 2. Build linkages among key social and economic development institutions to improve targeting of PLWHA and for impact mitigation	4. 2. 1. advocacy visits to UBE/NDE/NAPEP/NACRB/NHIS at federal and state levels		50% female membership of the advocacy team.	Children, PLWHA,	Federal and state.	NACA, NEPWAN, CISHNAN	No of advocacy visits to designated places.	Activity reports	3rd quarter 2005
	4.2 .2. preparation and adoption of memorandum of understanding between UBE and NACA at the federal level and SPEB/UBE board at state level to give priority to OVCs, pupils living with and affected by HIV/AIDS and personnel living with and affected by HIV/AIDS					NACA, UBE	At least 1.5million OVCs benefiting from UBE by 3rd quarter of 2007	Enrollment report from UBE and FMOE	4th quarter 2005
	4..2 ..3 . preparation and adoption of memorandum of understanding among NACA, NEPWHAN and			FEMALE PLWHA	FEDERAL	NACA/NEPWHAN/CISCHAN	Process report for the MOU ratification	Activity report and signed MOU	2ND QUARTER 2006.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
	NDE to provide engendered skill acquisition for older OVCs, widows/widowers of HIV/AIDS and PLWHA as beneficiaries of the programmes								
	4..2. 4. preparation and adoption of memorandum of understanding between NAPEP and CISCHAN/NEPWHAN to give priority to older OVCs, widows of HIV/AIDS and PLWHA as beneficiaries of the programmes				federal	NACA	As above	As above	As above
	4.2..5. preparation and adoption of memorandum of understanding among NACRB, NACA and NEPWHAN to provide soft loans for older OVCs, widows of HIV/AIDS, and PLWHA				Federal	NACA/NEPWHAN	AS ABOVE	AS ABOVE	AS ABOVE
4.3. Provide economic empowerment to at least 50% of PLWHA and PABA across the 6 geo-political zones	4.3.1. Identify specialized NGOs to provide engendered micro-credit to PLWHA, old er OVCs, rural farmers, youths, widows, widowers and women				Federal/State/LGA	NACA/SACAs/Research institutes	Lists of NGOs and capacities to provide Micro-Credit	Social Mapping Report	Second quarter 2006
	4.3.2. Strengthen community/rural based organizations especially artisans and cooperative societies to provide micro-credit to PLWHA, widows, older OVCs across the geo-political zones				State/LGAs	SACA/LACA/CSOs	Number of community based organizations and cooperative societies with capacity to provide Micro-credit across the geo-political zones	Activity report of benefiting organizations	Same as above
	4.3. 3. Social mapping of support groups of PLWHA in all the				State/LGAs	SACA/LACA/CSOs	List of support groups identified per state	Social mapping	Same as above

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
	states as windows for micro-credit and life saving skills for their members and children.							Report	
	4..3.4. Engendered community mobilization and media publicity for micro-credit schemes				State/LGA	SACA/LACA/CSOs	Number of communities mobilized	Activity report	Same as above
	4.3.5 Train older orphans, host families, widows, care providers and PLWHA per state on basic business management skills and IGAs, vocational and related life –skills and facilitate the application of those skills and access to micro-credit	500 per state per year (18,500 per year)	300 females per state per year (11, 100 females per year)		State/LGA	SACA/LACA/CSOs	% of HIV+ older OVCs, host families, widows, care providers and PLWHA trained on basic business management skills, IGAs and vocational skills and life skills by non HIV affected/infected benefitiaries. % of host families, widows, care providers and PLWHA accessing micro-credit Number of host families, widows, care providers and PLWHA applying skills acquired	Training report M & E Report	4th quarter of 2006
	4.3.6 Conduct expanded national survey and mapping of OVC					MOWA NEPWHAN FMOEduc. UBE	No. of existing and operational OVC support programs	Report of survey produced and disseminated	
	4.3.7. Revise, update and implement national					MOWA NEPWHAN FMOEduc.	No of revised action plan document	No. disseminated,	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
	"strategy/action plan" for OVC based survey					UBE	produced	reports of implementation	
	4.3.8. Ensure implementation of access to free universal basic education for all OVC		60% girls			MOWA NEPWHAN FMOEduc. UBE	No. of OVC enrolled in schools (Data disaggregated by gender)	Register of OVC school attendance	
	4.3.9. Establish scholarship grants for indigent OVC at all levels of education		50% female scholars			Federal, State Local scholarship boards NGOs Private Sector	No of scholarships awarded	Records of scholarship awards	
	4.3.10. Ensure OVC and care givers are beneficiaries of entrepreneurial and/or skill acquisition programs					FMOL MOWA NDE NAPEP PAP Other relevant CCE	No of Beneficiaries	Register of Beneficiaries	
	4.3.11 Establish micro-credit and welfare grants for care givers and older OVC identified through liaison with support groups		60% females	-Elderly care givers -Child-headed households		MOWA NDE NAPEP PAP Other relevant CCE	No of participants in micro-credit scheme	Records of grants benfitiaries	
4.4 Mitigate impact in the education, health and transport sectors	4.4. 1. train school guidance and counselor teachers to provide psycho social support for pupils infected and affected by HIV/AIDS in primary and secondary schools(pilot programme)		60% female of the trained teachers		Federal/state and LGA	NACA/UBE and SACA/SPEB	No of teachers trained per LGA/state to provide psychosocial supports per year.	Reports of training conducted.	2nd quarter 2006
	4.4.2. Strengthen the capacity of the state primary education board or UBE board (where it exists) to design engendered programmes to address the psychosocial, psychological, educational and welfare needs of OVCs and to improve their enrolment			Children in primary and JSS schools	state and LGAs	NACA/UBE and SACA.	1. No of state UBE board /SPEB whose capacity have been built to provide support for OVCs 2. no of SPEB/State UBE with ACTION PLAN targeting the OVCs. Enrolment rate (%) of HIV+ orphans to non	Reports of the capacity building programme Fact finding missions to state's SPEB/ UBE BOARD	3RD QUARTER 2006

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
							ophans and orphans without HIV.		
	4.4.3. provision of scholarships and study grants for HIV/AIDS + students in senior secondary schools and tertiary institutions (LP)	Total number of HIV + Students	gender equity		National/State/LGA		Number of HIV + Student on scholarship/receiving study grants	M & E Report	3rd Quarter of 2006
	4. 4.4. Integrate 2 -day HIV/AIDS IEC into NYSC orientation camps.		60% of the trainees to be female		National	NACA/NYSC/UNICEF	No of corps members trained	Reports of training	
	4.4. 5. Health managers to provide economic support to HIV + health workers				National/State/LGA	FMOH/SMOH	Number of HIV + health workers accessing economic support	M & E report	1st Quarter of 2007
	4.4.6. provide incentives for HIV related health workers to be dutiful.				National/State/LGA	FGN/SG/LG	Number of HIV related Health workers provided with incentives	M & E reports	3rd quarter of 2007
	4.4.7. Target HIV+ drivers and families for psychosocial support especially at junction towns				National/State/LGA	NACA/SACA/FMOT/Road Transport Unions/CSOs	Number of HIV + drivers and families receiving psychosocial support at junction towns	Personal interview	1st quarter of 2008
	4.4.8. Access wives/ care givers of HIV+ drivers for vocational skills/ business management training.	200 per state per year	120 females out of every 200		State and LGAs	SACA/LACA FMOT/CSOs	Number of wives and care givers trained on vocational skills and business management	Activity report	2nd quarter of 2008
	4.4.9. link HIV+ drivers, hawkers/traders, artisans along junction towns and rail terminals to NDE/NAPEP/NACRB for economic support.	50 per junction town	30 male drivers out of the 50		National/State/LGA	NACA/SACA/LACA/CSOs	Number of HIV + drivers, hawkers and traders NAPEP/NDE/NACRB facilities	M & E Report	4th quarter of 2008
	4.4.10. Capacity building for junction town health facilities to respond to HIV/AIDS opportunity infections and symptomatic management STIs				National/State/LGA	FMOH/NACA/SMOH/SACA/LACASs/CSOs	Number of junction towns with health facilities with the capacity to respond to OIs and	Activity Report M & E report	3rd quarter of 2006

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
							symptomatic management		
4. 5. Mitigate the impact among employees in the workplaces	4.5. 1. Establish workplace based support groups				ALL	FMOL NLC NIBUCCA Line ministries	Work place based support groups established	Register of existing work place based support groups	
	4.5.2. Implement rapidly, the adopted and ministerial ratified "ILO code of practice in the work place"				ALL	FMOL NLC NIBUCCA Line ministries	Ratified ILO code of practice in the work place implemented	Report of ratification	
	4.5.3. Develop and produce tripartite specific National workplace policy on HIV/AIDS					FMOL NLC NIBUCCA Line ministries	National workplace policy on HIV/AIDS developed and No. of copies produced	No. of copies disseminated in local dialects	
	4.5.4. Develop, produce and disseminate operational manual for the implementation of workplace policy.					FMOL NLC NIBUCCA Line ministries	No of manuals produced	No of manuals disseminated	
	4.5.5. Train labor officers to facilitate and implement workplace based policies and programs					FMOL NLC NIBUCCA Line ministries FMOH	No of officers trained	Register of operational trained officers	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
						NOA			
	4.5.6. Formation of bipartite committee of management and employees at workplaces on the issue of HIV.		Gender representation in the committee		National/State/LGA	NACA/SACA/LACA/Trade unions/NIBUCA	Number of bipartite committees formed across workplaces	Reports of HIV related activities in the workplace	1st quarter 2007
	4.5. 7. Access to health care services for HIV+ workers through free treatment for opportunistic infections and improve access to and subsidized ARV treatment for workers.		60% of all beneficiaries to be female	Widows/widowers	Federal and state	NACA/FMOL and P/NIBUCA	No of HIV + workers accessing treatment for OIs and ARVs in the work place	Survey of health seeking beh of HIV+ WORKERS	3RD QUARTER 2007
	4.5.8 PLWHA and PABA to be protected and provided for under the NHIS.				FEDERAL AND STATE	NACA FMOH/ FMOLP/ NEPWHAN	Level of inclusiveness of PLWHA and PABA in NHIS.	Review of NHIS policy	3RD QUARTER 2007
	4.5. 9. Scale up workers' associations/labor unions to adopt psychosocial responsibility for PLWHA.				FEDERAL and state.	NACA/ NLC NIBUCA	No of workplace labor unions with specific HIV programme to mitigate the impact of HIV on the workers.	Situation analysis.	4th quarter 2007
	4.5.10. Sensitize employers to adopt gender responsive practices in the workplace.				FEDERAL AND STATE				
	4.5. 11. capacity building for critical mass team officers, and desk officers of line ministries on HIV/AIDS service identification, referrals and access.		Gender equity in the selection and training of the officers.		Federal and state.	NACA NGOs	No of organizations with trained HIV officers.	Reports of training.	3rd quarter 2007

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
	4.5.12. Personnel posting by management to avoid separation of families/spouses and reduce burden on the infected.			HIV+ single mothers, widows/widowers.	Federal and state.	NACA SACA FMOL&P/HOS NIBUCA	No of indiscriminate postings of personnel across workplaces.	M&E of nd personnel posting in the workplaces.	3rd quarter 2007
	4.5.13. Provision of HIV/AIDS IEC/BCC services to workers, food vendors, suppliers and related persons at construction sites and road constructions.		60% females per site		National/State/LGA	NACA/SACA/LACA/CSOs	Number of casual labourers reached at construction sites	Acativity report M & E	4th quarter of 2006
	4.5.14. Access PLWHA casual labourers and PABA with a view to providing psycho social and economic supports.		60% females		National/State/LGA	NACA/SCAC/LACA/CSOs	Number of HIV+ casual labouers and PABA accessing psycho social and economic support	M & E report	3rd quarter of 2008
4.6 Design and implement programmes to provide social support for infected and affected rural dwellers and farmers.	4.6. 1. Provision of farm implements and inputs: fertilizers, implements to HIV+ farmers, widows and PABA at subsidized rate		30% of the intervention targeting the widows and older orphans of HIV.		FEDERAL, STATE AND LGAs	Federal and state MOA and RD LG Dept. of community development	% of PLWHA and PABA accessing subsidized farm inputs and implements.	Rapid assessment	1st quarter 2006 ongoing.
	4.6. 2. Develop the capacity of rural PLWHA and PABA on hygiene and nutritional supplements, alternative therapy,		60% female		State and LGAs	SACA/LACA; MOA&RD	NO(%) of PLWHA and PABA practicing basic hygiene and nutrition	Individual interviews.	2008
	and food security.								
	4.6.3 promote the development of alternate economic activity for PLWHA involved in strenuous farming		60% female		State and LGAs	SACA/LACA/NAPEP/NDE/NEPWHAN	Number of PLWHA involved in alternative income generation activities other than farming	Individual interview	1st quarter of 2008
4..7. Impact mitigation by	4.7.1. Identify and train change agents among various faith based	50 per LGA	30 males out of every 50		National/State/LGA	NACA/FMIA/FMI/SACA/LACA/CSOs	Number of trained change agents trained	Activity report	2nd quarter of 2006

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
faith based institutions	leaders to disseminate basic impact mitigation information and spearhead practical projects in their congregations.	per state					per religious group per LGA		
	4.7.2. All youth, age-grade and gender associations to address issues of HIV?AIDS in their congregations.				National/State/LGA	NACA/SACA/LACA/CSOs	Number of associations with capacity to address burden of HIV/AIDS in the congregation	M & E report	4th quarter of 2006
	4.7.3. Advocacy at the community level to reduce gender related stigma and discrimation associated with HIV/AIDS		Equal gender representation.		National/State/LGA	NACA/SACA/LACA/CSOs	Number of advocacy activities conducted per LGAs per state	Activity report	2nd Quarter of 2006
	4.7.4 sensitization seminars on the impact of HIV/AIDS related stigma and discrimination		Equal gender representation.		National/State/LGA	NACA/SACA/LACA/CSOs	Number of sensitization seminars conducted per LGA per state	Activity report	4th quarter of 2006
	4.7.4 Provide HIV/AIDS information and services in all faith based owned and controlled health, educational, vocational and development institutions (schools, seminaries, health facilities, universities, agricultural development projects etc)								
4.8 Economic Development Planning and Fiscal Policy.	4.8.1. Custom duties, and other tariffs, taxes, rates to be harmonized to promote availability and affordability of HIV/AIDS commodities					Presidency/FMF/FMCI	Public directives by Presidency/FMF for waivers on taxes/tariffs etc on HIV related commodities	Reports	3rd quarter of 2006
	4.8.2. Mainstream HIV/AIDS into midterm economic framework/NEEDS review					National Planning Commission	Progress Report	Review Report	2nd quarter of 2007
	4.8.3. Mainstreaming HIV/AIDS programming into annual budget					NPC/FMOF, National Assembly	Progress report	Review report	4th quarter of 2005

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt
		Total	Gender	Relevant Vulnerable Group					
	preparations.								
4.9. Addressing regional programmes	4.9.1. Revitalise the West African HIV/AIDS Control Initiative				Fed	NACA	West African HIV/AIDS control Initiative revitalized	NACA action plans	4th qtr 2005		
	4.9.2. Facilitate active networking of national NGO coalitions at regional and sub-regional				Fed	NACA, coalitions	At least 50% of national NGO coalitions actively participating in regional and sub-regional networking	NACA action plans	4th qtr 2008		
	4.9.3. Increase engagement of federal government with regional and sub-regional bodies on HIV/AIDS related issues				Fed	NACA, Fed Min of Ext Affairs, Presidency	Increased engagement with regional and sub-regional bodies	Nigeria as fee paying member of regional networks	4th qtr 2009		
	4.9.4. Replicate a more comprehensive corridor project prototype along all mapped border towns				Fed, community	NACA, NGOs, Fed Min of Transport, FMIA, Fed Min of Ext Affairs	A more comprehensive and gender sensitive Corridor project prototype replicated in other border towns	Project implementation plans	4th qtr 2008	World Bank	

OBJECTIVE FIVE : To increase % of special needs populations (sex workers, refugees, IDP, trafficked humans, persons with disability, IDU and substance abusers, senior citizens, transport workers, migrant workers, prison inmates) and uniform personnel and spouses who practice safe sex, from x % in 2005 to y% in 2009.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
5.1. Addressing HIV/AIDS issues amongst persons with special needs	5.1.1 Conduct needs assessment and baseline survey to identify and describe socio-behavioural issues for all special groups at zonal level.				Fed	NACA	Result of survey disseminated	Survey report	4th qtr 2005		Persons with special needs are identified without stigmatization and discrimination
	5.1.2. Design, produce and distribute appropriate gender sensitive IEC materials for persons with special needs				Community	LACA, NGOs, private sector	At least 20,000 IEC materials designed, produced and distributed per year per component group within the group classified with special needs	IEC distributed	4th qtr 2009		Appropriate skills needed for the development of group specific messages available
	5.1.3. Train and build skills of male and female component members of person with special needs as PE to provide information and education on HIV/AIDS				Community	LACA, NGOs, private sector	At least 20% of male and 20% of female population of each component members of persons with special needs trained as PE per state per year	Workshop reports	4th qtr 2009		Persons with special needs are willing to be identified for training Funds available for activity
	5.1.4. Establish persons with special needs user-friendly VCCT centres within existing service centres				All	NACA, SACA, LACA, FMOH, SMOH, local govt. health agencies, NGOs, Private sector	At least 30% health care facilities in the country run same sex/sex workers user-friendly VCCT centers	Health centres exit interviews	4th qtr 2009		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
	5.1.5. Integrate VCCT services into all health care centres accessed persons with special needs				All	NACA, SACA, LACA, FMOH, SMOH, local govt. health agencies, NGOs, Private sector	At least 50% of all health service accessed by persosn with special needs have integrated VCCT services	Client exit interviews	4th qtr 2008		
	5.1.7. Support the establishment of linkages to HBC services for persons with special needs in each state				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	HBC services accessed by male and female HIV positive persons with special needs increased by 30%	Number of HBC clients records	4th qtr 2009		
	5.1.8. Integrate ARV and management of OI for HIV positive person with special needs into all health care services accessed by members of the group				All	FMOH, SMOH, local govt health agencies, FMIA, NACA, SACA, LACA, NGOs, Private sector	All health care services accessed by members of the group provide ARV and drugs for OI based on equity	Clinic records	4th qtr 2008		Health centres in refugee, IDP and trafficked humans camps run ARV programmes
	5.1.9. Train the staff of health care centres accessed by person with special needs to provide ARV and drugs for OI				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	At least 50% of all health care centers accessed by persons with special needs trained to provide ARV and drugs for OI	Training reports	4th qtr 2009		Funds available
	5.1.10. Encourage the enrollment of persons with special needs on ARV programmes				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	At least 20% of person with special needs access ARV without discrimination	ARV/client record	4th qtr 2009		ARV programme scaled up
	5.1.11. Establish functional linkage/referral system between health care services accessed by HIV positive pregnant women with special needs and PMTCT centers				All	FMOH, SMOH, local govt health agencies, FMIA, NACA, SACA, LACA, NGOs, Private sector	Functional linkages/referral systems established between health care services and PMTCT centers established in at least 60% of health facilities accessed by persons with special needs	Number of clinic referral records	4th qtr 2009		
	5.1.12. Educate persons				Fed, Community	NACA, LACA,	At least 40% of person	Number of	4th qtr 2009		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
	with special needs about new HIV technologies and HIV treatment					relevant CCE	with special needs acquire knowledge on new HIV technologies and HIV treatment	persons with knowledge on new HIV technologies and HIV treatment			
	5.1.14 Organize sensitisation meetings/seminars to the public about the need not to stigmatise and discriminate				Community	LACA, NGOs, private sector	At least 2 sensitization meetings/seminars per state per year	Meeting reports	4th qtr 2009		Funding available for HIV/AIDS activities
	5.1.15. Integrate gender, human rights and HIV/AIDS into all policies for refugees and displaced persons				Fed	FMIA NACA	HIV/AIDS mainstreamed into all refugee and IDP policies	Policy documents	4th qtr 2006		
	5.1.16. Train CSOs to design and implement community participatory programming for risk and harm reduction strategies amongst IDU and substance abusers and their rehabilitation				Fed, Community	NACA, LACA, NGOs	At least 30% increase in the number of CSOs that integrate risk and reduction strategies for IDUs and substance abusers in their programmes	CSOs annual report	4th qtr 2009		Avalabilituy of CSOs working with substance abusers and IDUs
	5.1.17. Facilitate HBC service support for male and female senior citizens who provide HBC in each state				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	At least 25% increase in the number of CSOs that provide AIDS support services for the senior citizens who care for HIV positive people	Number of HBC services supporting senior citizens to provide HBC	4th qtr 2009		
	5.1.18. Establish condom promotion and provision programmes for each major transport stop points in Nigeria				Community	NGOs, public/private sector	AT least 50% increase in condom sales and utilisation	Condom logistic report	4th qtr 2009		
5.2. Address HIV/AIDS control amongst uniformed	5.2.1. Advocacy to relevant ministries and agencies for mobilization of				Fed	NACA	Increase in budget allocation for HIV/AIDS programmes for uniformed perosnnel	FMOD HIV/AIDS plans and budget	1st qtr 2006 and ongoing		FMOD adequately sensitized to issues of HIV

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
service personnel (Army, Navy, Airforce, Police, Prison staff, Immigration officers, Civil Service Defence Corp, Federal Road Safety Corp, Fire Brigade officers and others)	resources for HIV/AIDS programmes										and AIDS
	5.2.2. Design, produce and distribute appropriate gender sensitive IEC materials addressing uniformed personnel				Community	FMIA, FM of defense, LACA, NGOs, private sector	At least 50,000 gender sensitive IEC materials designed, produced and distributed per year	Number of IEC distributed	4th qtr 2009		Funding available
	5.2.3. Train and build skills of male and female uniformed personnel as PE to provide information and education on HIV/AIDS				Community	LACA, NGOs, private sector	At least 50 uniformed male and 50 female personnel from each unit and 50 male and female members of their respective communities trained as PE per command	Activity records PE register	4th qtr 2009		
	5.2.4. Integrate VCCT services into all health care centres uniformed personnel and their families				All	NACA, SACA, LACA, FMOH, FMIA, FM of defense, SMOH, local govt. health agencies, NGOs, Private sector	At least 50% of all health service accessed by uniform personnel and their family have integrated VCCT services	Client exit interview reports	4th qtr 2008		
	5.2.5. support the establishment of a sustainable condom promotion and provision programme for all uniformed personnel				Community	NGOs, public/private sector	Number of sustainable male and female condom outlets within uniformed personnel communities increased by 50%	Condom logistic reports	4th qtr 2009		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
	5.2.6. Facilitate HBC service provision for male and female uniformed personnel and their families in each command				Fed, state, local govt, community	NACA, F Min of Defense, FMIA, SACA, LACA, NGOs, Private sector	Number of HBC services accessed by HIV positive male and female uniformed personnel and their family increased by at least 20%	HBC client records	4th qtr 2009		
	5.2.7. Integrate the provision of ARVs and drugs for OI into health services for informed personnel ensuring equity in distribution				Fed, state, local govt, community	NACA, Fed Min of Defense, FMIA SACA, LACA, NGOs, Private sector	100% of pregnant uniformed personnel and spouse given options for PMTCT	ANC client records	4th qtr 2009		PMTCT plus programme are scaled up
	5.2.8. Establish linkage/referral system between health care services for uniformed personnel and PMTCT plus programmes				All	FMOH, SMOH, local govt health agencies, FMIA, NACA, SACA, LACA, NGOs, Private sector	At least 50% health care centers have established functional linkage/referral systems to PMTCT service centres	Number of health care centers with functional linkage/referral systems	4th qtr 2009		
	5.2.9. Educate uniform personnel and the community on new HIV technologies and HIV treatment				Fed, community	NACA, relevant CCE	e. At least 30% of each section of the uniformed personnel acquire knowledge on new HIV technologies and HIV treatment		4th qtr 2009		
5.3. Addressing HIV/AIDS issues amongst prison inmates and detainees	5.3.1. Design, produce and distribute appropriate gender sensitive IEC materials addressing incarcerated persons ad officials				Community	LACA, NGOs, private sector	At least 25,000 IEC gender sensitive materials designed, produced and distributed per year	Number of IEC distributed	4th qtr 2009		
	5.3.2. Train and build skills of male and female prison inmates and personnel PE to provide information and				Community	LACA, NGOs, private sector	At least 20 male and 20 emale prisoners per prison and 10 male and 10 female detainees per detention cell trained as	Activity reports	4th qtr 2009		

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding	Comments
		Total	Gender	Relevant Vulnerable Group							
	education on HIV/AIDS						PHE per year				
	5.3.3. Establish free male and female condom outlets centres at prisons and detention cells				Community	NGOs, public/private sector	Number of prisons and detention cells with free male and female condom outlets	Key informant interview	4th qtr 2009		
	5.3.4. Integrate VCCT services into all health care centres accessed by prisons inmates and detainees				All	NACA, SACA, LACA, FMOH, FMIA, SMOH, local govt. health agencies, NGOs, Private sector	At least 50% of all health service accessed by prison inmates and detainees have integrated VCCT services	Client exit interviews	4th qtr 2008		
	5.3.5. Integrate ARV services and management of OI into all health care services accessed by prison inmates and detainees				All	FMOH, SMOH, local govt health agencies, NACA, SACA, LACA, NGOs, Private sector	At last 30% of health care services provide ARV drugs for OI		4th qtr 2008		
	5.3.6. Establish operational referral systems between all health services accessed by prison inmates and detainees and other services that provide ART				Fed, state, local govt, community	NACA, SACA, LACA, NGOs, Private sector	At least 60% of all health services accessed by prison inmates and detainees and other ARV centers established	Number of such operational referral systems established	4th qtr 2006		ARV programmes in Nigeria scaled up
	5.3.7. Educate male and female prison inmates and detainees on new HIV technologies and HIV treatment				Fed, community	NACA, relevant CCE	At least 30% of male and female prison inmates and detainees acquire knowledge of new HIV technologies and HIV treatment		4th qtr 2009		

OBJECTIVE SIX: To increase the number of gender sensitive and human rights friendly policies, legislations and the enforcement of laws that protect the rights of the general population by x% by the year 2009.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
6.1 Creation of an enabling policy environment for an effective engendered national HIV and AIDS response	6.1.1 Review existing HIV-related policies to address gender, human rights issues and other emerging issues, and align policy targets to Global Health targets	N/A	N/A	N/A	-Federal -State -Local - Institutional	-NACA -Line Ministries -SACA	All policies Reviewed and engendered Policies ratified by the National Executive Council	Review Meeting Reports	2005 Qtr 3	Government	- Govt. Commitment.
	6.1.2 Conduct one stakeholder policy sensitization workshop in each state and FCT for wide dissemination of HIV/AIDS-related policies including NSF	1480 participants (37 workshops x40participartants)	50% workshop participants are female	20% PLWHAs	-Federal -State	-NACA - SACA	Number of workshop held	Workshop Reports	2006 Qtr 2	Govt.	Cooperation of SACAs
	6.1.3 Develop and/or ratify new engendered HIV-AIDS-related policies and guidelines: Orphans & vulnerable children (OVC) Home Based Care Nutrition OIs and ARV policy Female Genital Mutilation Prisons				-Federal -State -Local Govt.	-NACA -Line Ministries -SACA -CCEs	Number of new policies developed and ratified by National Executive Council	The policy documents	2006 Qtr 4		Commitment of relevant line ministries Active involvement of CSOs

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	Trans-boarder and Refugees HIV/AIDS Policies Workplace Microbicide and vaccine Research Ethics										
6.2 Creation of an effective advocacy environment	6.2.1 Advocate for the enactment of supportive laws on HIV/AIDS: - Workplace -Reproductive Health. - Uniformed services -Insurance - Immigration - Prison				-Federal, -State -Local Govt	NACA CSOs	Number of laws enacted	News reports Act/Edicts/Bye-laws	2007 Qtr 2	ILO UNFPA USAID	Commitment of CSOs
6.3 Removal of legal constraints	6.3.1 Review all provisions relevant laws, which are gender discriminatory especially the following: -Bill establishing NACA??. - Criminal and Penal codes, - Matrimonial Causes Act. - Children and Young Persons Law. - Child Right Act?? - The Labor laws, -Other customary				-Federal, -State -Local Govt	-Law Reform Commission -National Human Rights Commission -Fed. Min. Of Justice FMOWA FMOL	Number of laws reviewed	-Review reports -Amended Bills/Laws	2007 Qtr 4	Govt. UNICEF ILO	Commitment of Law reform commission

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	laws??										
XXXXX	6.3..2 Five Training Workshop s in each state of the Federation (including FCT) to develop capacity of law enforcement Agencies and the judiciary on gender, human rights HIV/AIDS issues.	5 x 37 workshops	70% of the women in these agencies are participants		-Federal -States	NACA to subcontract to NHRC and relevant CSOs	At least three workshops per state and FCT conducted	Workshops Reports	1st and 2nd quarters of 2007		A gender responsive National HIV/AIDS Secretariat/Commission
	6.3.3 Advocate the enforcement of laws to reduce stigma and discrimination				-Federal, -State -Local Govt -CSOs	-CSOs -Traditional rulers -Religious leaders -Opinion leaders	No. of cases favorable to PLWHA and PABA	-Law Reports -Evaluation reports - Reports of special studies	continious	Govt.	Capacity of PLWH built to know and demand their rights Judiciary and law enforcement agents adequately sensitized to issues of gender and human rights in HIV/AIDS
6.4. Enactment of new laws to take care of the legal needs of HIV/AIDS infected and affected	6.4.1 Conduct one day sensitization meeting for legislators at National and state levels on HIV /AIDS issues requiring new laws such as: -Workplace -Insurance coverage for PLWHA -Testing prior to	TBP			-Federal, -State, and -LGA	-NACA -Clerks of the legislature	number of meetings held	Reports of meetings held	2005 Qtr 4	Legislature	Commitment of the legislature

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	marriage, scholarships etc										
	5.3.2.2. Enactment of supportive gender sensitive laws in the areas of: - Early marriages - Insurance coverage for PLWHA - Testing prior to marriage -Workplace				-Federal, -State -Local Govt	-Legislature -Judiciary -CSOs -Other relevant CCE	Number of laws enacted	-Acts -Edits/bye-laws	2006 Qtr 4		Legislature adequately sensitized CSOs mobilized to demand for accountability and justice
6.5. Creation of a gender sensitive and human rights friendly environment for effective management of HIVAIDS responses.	6.5.1 Domesticate the following International and regional human rights HIV/AIDS related instruments for the protection of all citizens -International Guidelines on HIV/AIDS and Human Rights, -ICCPR, -ICESCR, -CEDAW, -ILO Workplace Guidelines, -GIPA Principles[1].				-Federal	Legislature -CSOs -CCEs	No. of instruments fully domesticated	-Acts	2005 Qtr 4		Legislators adequately sensitized on gender and human rights issues pertaining to HIV/AIDS

[1] Greater/Meaningful Involvement of PLWHAs. With regard to tokenistic approach to 'GIPA' there is greater tendency to prefer using the term 'meaningful' (MIPA).

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qrt	Funding	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	6.5.2 conduct one day sensitization meeting on Human Rights and HIV/AIDS for all stakeholders at state level	1480	50% of participants are females	20% participants are youths and relevant vulnerable persons	-State	SACA	No. of meetings held	Meeting Reports	2006 Qtr 1	-DFID OSIWA UNAIDS	

OBJECTIVE SEVEN :To strengthen national capacity for gender sensitive monitoring, evaluation, surveillance, research and adoption of new HIV/AIDS technology by 2009.

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
7.1 Strengthen mechanisms for monitoring and evaluation	7.1.1Conclude pilot on service coverage forms and database utilization				National	NACA	Pilot phase completed	Report of pilot exercise produced	2005, 2st Qtr	USAID/NACA	Assumption: Ongoing pilot almost completed
	7.1.2 Review NNRIMS, Harmonise indicators amongst sectors, partners in line with NSF, ensure gender sensitive indicators				National	NACA	Harmonized NNRIMS indicators produced	Revised NNRIMS document	2005, 2st Qtr	USAID/NACA	
	7.1.3Develop operational guidelines				National	NACA	Operational guidelines developed	Operational guideline document	2005, 2nd Qtr	NACA	
	7.1.4Full implementation of revised NNRIMS				National, State, Local	NACA, SACA and LACA	NNRIMS implemented in 36 states + FCT and 774 local governments	NNRIMS implemented in 36 states + FCT and 774 local governments	2005, 3rd Qtr	USAID/NACA	Assumption: revised NNRIMS and operational guidelines available
	7.1.5. Produce and disseminate HIV/AIDS annual report	N/A	N/A	N/A	National, State, Local	NACA, SACA and LACA	Annual HIV/AIDS report produced	Annual HIV/AIDS report available and disseminated	2006, 1st Qtr	NACA	Assumption: Report will be produced annually
	7.1.6 Review existing PMM forms and finalise				National	NACA, FMOH/NASCP	Harmonized minimum indicators for PMM	Harmonized indicators documented and disseminated	2005, 2st Qtr	GHAIN, APIN, FMOH, etc	Assumption: ongoing PMM form development completed
	7.1.7 Develop PMM database				National	NACA, FMOH/NASCP	PMM database developed	Functional PMM database available in	2005, 3nd Qtr	GHAIN, APIN, FMOH, etc	

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
								health facilities			
	7.1.8 Integrate the PMM into NNRIMS to enhance reporting				National	NACA, FMOH/NASCP	System to integrate PMM into NNRIMS developed	Functional linkage between the systems established	2005, 4th Qtr	GHAIN, APIN, FMOH, etc	Risk: Integration of the systems may make reporting more technical Risk elimination: build capacity appropriately
	7.1.9 Liase with experts in each technical are to identify relevant SOPs, guidelines, manuals and flowcharts for each service being provided				National	NACA/FMOH/NASCP	SOPs, , guidelines, manuals and flowcharts available for each service	SOPs, , guidelines, manuals and flowcharts available for each service	2005, 3st Qtr	GHAIN, APIN, FMOH, etc	Assumption: NACA will liaise with each TWG to identify relevant SOPs, , guidelines, manuals and flowcharts.
	7.1.10 Set up Quality Management Systems for services provided at each point of service/program delivery (M&E staff in collaboration with technical staff)				National	NACA/FMOH/NASCP	Template for reporting produced	Template for reporting produced	2005, 4th Qtr	GHAIN, APIN, FMOH, etc	Assumption: NACA will ensure that the capacity of all technical staff in these areas are built on the appropriate SOPs, , guidelines, manuals and flowcharts
7.2.Evaluate the implementation of the NSF	7.2.1Conduct state level situation analysis	N/A	N/A	N/A	National, State	NACA,SACA	Baseline information collected, analysed and disseminated	Reports published and disseminated	2006, 1st Qtr		Assumption: Gender issues will be captured in the design and analysis of the surveys
	7.2.2 Conduct OVC assessment			OVCs	National	FMOWA	Baseline information collected, analysed and disseminated	Reports published and disseminated	2005 4th Qtr	USAID, DFID, etc	Assumption: FMOHA/NASCP will effectively coordinate the relevant agencies

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
											and funding sources to achieve this
	7.2.3 Conduct High risk BSS			IDUs, MSM		FMOH/NASCP	Baseline information collected, analysed and disseminated	Reports published and disseminated	2005 4th Qtr	USAID, GHAIN, Bill & Melinda Gates foundation, etc	As 8.2.2.above
	7.2.4 Conduct NARHS					FMOH/NASCP	Baseline information collected, analysed and disseminated	Reports published and disseminated	2005 4th Qtr	USAID, DFID, FMOH, etc	As 8.2.2. above
	7.2.5. Conduct ANC serosurveillance survey					FMOH/NASCP	Baseline information collected, analysed and disseminated	Reports published and disseminated	2005 4th Qtr	USAID, CDC, FMOH, etc	As 8.2.2. above
	7.2.6 Population based sero-surveillance survey				National	FMOH/NASCP	Baseline information collected, analysed and disseminated	Reports published and disseminated	2006 2nd Qtr		As 8.2.2. above
	7.2.7 Identify and estimate the size of various most at risk population such as MSMs, IDU, CSW, etc			High risk populations (MSM, IDUs)	National	FMOH/NASCP	Size of various most at risk population identified and estimated	Population identified, estimated and published	2006 2nd Qtr		As 8.2.2. above
	7.2.8 Health Facility Survey	N/A	N/A	N/A	National, State	FMOH, SMOH	Health Facility survey information collected, analysed and disseminated	Reports published and disseminated	2006 2nd Qtr		Assumption: Issues of quality of care will be incorporated into the health facility survey
	7.2.6 Establish		50%		National	NACA	Evaluation	Meeting held	2005,	NACA	Assumption:

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	NSF Evaluation Committee		female				Committee established	and work plans developed	2nd Qtr		Committee will comprise technical experts
	7.2.7 Conduct a mid-term evaluation of the NSF				All	NACA	Mid term evaluation completed	Report produced and disseminated	2007, 4th Qtr	NACA	Assumption: Evaluation will receive technical oversight from the NSF evaluation committee
	7.2.8 Conduct a final evaluation of the NSF				All	NACA	Final Evaluation completed	Report produced and disseminated	2009, 4th Qtr	NACA	As 8.2.8 above
	7.2.9 Revise all NSF population targets and indicators using the results of the 2005/2006 national census as soon as it is available				All	NACA, SACA, Federal and State Line ministries, NGOs					
	7.2.10 Civil Society and NGOs establish NSF Implementation Watch Dog Committee to produce Independent Annual Civil Society NSF Implementation Report					NGO CCE	Independent review conducted	Number of Independent Annual Implementation Reports produced and diseminated			
7.3 Strengthen capacity for monitoring and evaluation	7.3.1 Identify M & E focal person				All	SACA, line ministries, LACA	40 ministry focal persons and 36 state + FCT level focal persons 774 local government	40 ministry focal persons and 36 state + FCT level focal persons 774 local government	2005, 2nd Qtr 2005, 4th		

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
							level focal persons identified	level focal persons identified	Qtr		
	7.3.2Establish/ Strengthen M & E unit by providing necessary facilities				National, state and local govt	NACA, line ministries SACA, LACA to coordinate	40 Line ministries, 37 state level and 774 local government level functional M&E units.		2005, 4th Qtr 2006, 4th Qtr		Assumption: some line ministries, states and LGAs already have units which only need to be strengthened.
	7.3.3 Conduct training on programme management	200	50% female		National, state and local govt	NACA, SACA, LACA	200 SACA, line ministries and CSO personnel trained		2005, 2nd Qtr		Assumption: there are sufficient, appropriate female personnel available Risk: a target for 50% female may result in inappropriate staff being assigned for training on the basis of gender not job description.
	7.3.4 Conduct training on data management	200	50% female		National, state and local govt	NACA, SACA, LACA	200 SACA, line ministries and CSO personnel trained		2005, 3rd Qtr		As 8.3.3. above
	7.3.5 Conduct training on data collection	1000	50% female		National, state and local govt	NACA, SACA, LACA	1000 SACA, line ministries, CSO and LACA personnel trained.		2006, 1st Qtr		As 8.3.3. above
	7.3.6 Conduct training on gender issues in	1000	50% female		National, state and local govt	NACA,SACA,LACA	1000 SACA, line ministries,		2006, 1st Qtr		As 8.3.3. above

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	M & E at all levels						CSO and LACA personnel trained.				
	7.3.7 Establish mechanism to share, review information on effective responses to gender related HIV/AIDS issues in M & E and programme implementation				National, state and local govt		Mechanism to share information regularly established	Functional mechanism in place	2006, 2nd Qtr		
	7.3.8 Advocate for 10% HIV/AIDS budgetary allocation for M & E at national, line ministries, state and local government level				National, state and local govt	NACA, Line ministries, SACA, LACA	36 states + FCT with 10% M& E allocation 774 local governments with 10% allocation 40 line ministries with 10% allocation		2006, 1st Qtr		Assumption: Advocacy activities will be geared to achieving this before the 2006 budget is approved
	7.3.9Develop institutional M & E plans				State and local government	SACA, LACA	36 states + FCT, 774 LGAs, 40 line ministries with M&E plan		2005, 2nd Qtr		Assumption: these plans will be developed as a follow up to the M & E training sessions
	7.3.10 Establish training centres for M & E within relevant institutions				National	NACA, other partners	1 centre functional by June 2006, 1 additional by Dec 2008		2008, 4th Qtr		Assumption: Various established training institutions will be assessed for suitability
7.4 To promote Research	7.4.1 Conduct				National	NACA	Information	Reports	2006, 4th		Assumption:

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	gender disaggregated studies on sectoral impact of HIV/AIDS						collected, analysed and disseminated	published and disseminated	Qtr		Studies will be commissioned by December 2005
	7.4.2 Mapping of CSOs				National	NACA/CISNAN	Information collected, analysed and disseminated	Map of CSO service delivery points available for NNRIMS	2005, 2nd Qtr	CISNAN	Assumption: Ongoing CSO mapping exercise will be completed by 2005, 1st Qtr
	7.4.3 Disseminate vaccine plan				National	NACA, NIPRD, Other stakeholders	Vaccine plan disseminated	Vaccine plan protocol implemented by appropriate institutions	2005, 1st Qtr		Assumption: Vaccine plan has already been developed.
	7.4.4 Disseminate ethical guidelines for HIV research				National	NACA, NIPRD, Other stakeholders	Guidelines for HIV research disseminated	HIV research protocol implemented by appropriate institutions	2005, 1st Qtr		Assumption: ethical guidelines are available but not widely disseminated
	7.4.5 Strengthen coordination mechanism for HIV research				National	NACA, NIPRD, Other stakeholders	Coordination mechanism strengthened	Functional coordinating mechanism established	2005 ongoing		
	74.6 Conduct workshops to Identify and prioritize research needs				National	NACA	Research needs identified and prioritized for 8 thematic groups	16 Key research priority areas identified and disseminated	2005, 2nd Qtr		Assumption: (1) This workshop will be attended by consultants and researchers from relevant institutions. (2) Gender issues will be given priority in establishing research needs
	7.4.7 Disseminate research priorities				National	NACA	Research priorities identified		2005, 2nd Qtr		
	7.4.8 Mobilize resources for				National	NACA	Adequate resources	Identified priority	Ongoing		

Strategies	Activities	Target Beneficiaries			Levels of Implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr	Funding Source	Risks/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	identified HIV/AIDS research priorities						mobilized	researches funded			
	7.4.9 Advocate for the local development of appropriate technology for the management of HIV in Nigeria				National	NACA, NAFDAC, NIPRD	Establishment of at least 3 facilities for production of approximate technology	Production of appropriate technology commenced. 1 facility by 2006 1st Qtr, additional 1 by 2008 1st Qtr	2009, 4th Qtr		Assumption: Ongoing negotiations to this effect will be completed by 2005, 3rd Qtr.
	7.4.10 Study and produce Nigerian best practice publication on "Integrated HIV/AIDS Care, Treatment, Support and Impact Mitigation by FAHPAC", "VCCT by Salvation Army","PLACA and Lagos State HIV/Aids Agency as SACA Models"				Federal, State, Community	Consultants, FAHPAC, Salvation Army, PLACA, LASG HIV/AIDS Agency	No of studies conducted	Best practice publications produced and desiminated			

7. 5 Addressing new HIV technologies	7.5..1. Establish a national working group on new HIV technologies to focus on policy formulation, monitoring, and evaluation of all clinical				Fed	NACA	National Advisory Committee (NAC) and subcommittee on new HIV technologies created.	NAC inauguration and meeting reports	4th qtr 2005		

	trials on new HIV technologies in the country										
	7.5.2. Expand NAFDAC's functional scope to include the regulation of New HIV technologies				Fed	FMOH, NACA, House of Assembly, NAFDAC	Scope of NAFDAC operational mandate expanded to include regulation of all new HIV technologies	New NAFADAC operational mandate	4th qtr 2006		
	7.5.3. Advocate for the inauguration of NERB				Fed	FMOH, NACA	Legislation and Inauguration of NERB	Meeting report	3d qtr 2005		
	7.5.4. Facilitate the establishment of functional Institutional Review Boards (IRBs) in all research institutions				Fed	FMOH, NACA	Number of research institutions with functional IRB	Meeting reports	4th qtr 2006		
	7.5.5. Develop guidelines for clinical trials for research into new HIV technologies				Fed	FMOH, NACA	Minimum standard of care for clinical trial participants in HIV technologies research defined for Nigeria	Document on minimum standard of care guideline for researchers	4th qtr 2005		Collaborate with relevant and community advocates for this process
	7.5.6. Advocate for increased funding of local research efforts for new HIV technology with public/private sector initiatives				All	Fed Min of Education, Fed Min of Science and Technology, Universities, Research institutions, Private sector	At least 30% increased funding for local research on HIV/AIDS issues	National HIV/AIDS budget	4th qtr 2009		
	7.5.7. Establish and conduct national HIV strain surveillance				Fed	FMOH, NACA	National HIV strain surveillance system established and conducted	National HIV strain surveillance results	2nd qtr 2006and ongoing		
	7.5.8. Support the manufacture of HIV test kits in Nigeria				Fed	NACA, FMOH, NAFDAC, Fed Min of Finance, Fed Min of Commerce, NIPRD	Locally manufactured test kits	Manufactured kit	4th qtr 2005		
	7.5.9. Support the manufacture of generic ARV drugs in Nigeria				Fed	NACA, FMOH, NAFDAC, Fed Min of Finance, Fed Min of Commerce	ARV drugs manufactured in Nigeria	Manufactured ARV drug	4th qtr 2009		
	7.5.10. Develop a				Fed	FM of Science and	HIV/AIDS	Developed	4th qtr 2006		

	gender, human right and HIV/AIDS integrated R & D policy for Nigeria					Tech, NACA, FMOH	mainstreamed into R & D policy	gender, human right and HIV/AIDS mainstreamed R&D policy			
	7.5.11. Integrate New HIV prevention technologies and treatment literacy into schools' and NYSC HIV/AIDS training curriculum				Fed, community	Fed Min of Education, SOME, relevant CCE	New HIV technologies and treatment literacy incorporated into all school based and NYSC HIV/AIDS training curriculum	Number of school based and NYSC training curriculum with information of new HIV technology and HIV treatment	1st qtr 2006		
	7.5.12. Integrate information on New HIV prevention technology and HIV treatment into all HIV/AIDS training materials				Fed, community	NGOs	At least 80% of all HIV/AIDS training materials contain information on new HIV technologies and HIV treatment	Number of HIV/AIDS training materials with information of new HIV technology and HIV treatment	4th qtr 2009		
	7.5.13. Integrate New HIV prevention technology and treatment literacy into all IEC materials developed and produced in the country				Fed, community	NACA, NGOs	At least 80% of all IEC materials produced in the country incorporates new HIV technologies and treatment literacy	Number of produced IEC materials with information of new HIV technology and HIV treatment	4th qtr 2009		
	7.5.14. Empower NGOs to provide new HIV technologies and treatment literacy training and information to the general population				Fed, community	NACA, relevant CCE	At least 30% of the general population acquire knowledge of new HIV technologies and HIV treatment		4th qtr 2009		
	7.5. 15. Conduct baseline survey of existing research on new technologies and emerging issues						No of existing clinical trials taking place	Result of survey published and disseminated			
	7.5. 16. Develop and produce guidelines for	PABA PLWHA	60% males	MARP		FMOH Min Justice	Guidelines for clinical	Published and			-That sero positive

	clinical trials in emerging technologies such as microbicides and vaccines						trials developed	disseminated guidelines			participants in such new HIV technology trials, will further access ART. -That policies on such trials ensures cost reduction of new technology for participating country
	7.5. 17. Developmental research into local sources of breast milk supplements (BMS)					FMSc.TechFMOAgric IITA	Research done	Results reported and disseminated			That availability of BMS will reduce risk of MTCT via breast milk - That locally sourced and produced BMS will reduce cost and ensure sustainability -That community will not stigmatize non breastfeeding positive mothers
	7.5. 18. Developmental research on simplified alternatives, which are inexpensive for identifying PLWHA who need to commence ARV drugs and monitoring response to ART (e.g. use of oral	387 data collection centers (at least one center for 2 LGAs)		PLWHA	VCT centers ART program clinics	-WHO/ ICOH Jos. -Tertiary level Dental institutions	No. of VCT/ART program centers involved in such research	Records of published research results	2006 end of 3rd Qtr	? WHO Fed. Govt	That capacity for such research exists

	manifestations of HIV/AIDS as a pointer for commencement of ART.[2])										
	7. 5. 19 Establish collaboration and communication systems and processes that enable sharing and replication of new knowledge and successes				ALL	Relevant CCEs	No of systems established	Publications produced and disseminated		JAAIDS eforum	That such systems have the capacity to rapidly identify, document and disseminate widely success stories and best practice models
	7.5.20 Identifying and funding specific operations research needs				ALL	NACA	No of operations research needs identified for funding	No of operations research agenda funded			

[2] WHO: 5th World Workshop Oral diseases in HIV/AIDS "Phuket Declaration" 2004