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Condensed COP Report

Nigeria

2005

Country Operational Plan (COP)

Country Name: Nigeria

Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1 National Response

The FGON responded to the HIV/AIDS epidemic as early as 1987 by creating the National AIDS Prevention and Control Program (NASCP) within the Federal Ministry of health (FMOH). Multi-sector support did not arise for several years, coordination was lacking, and the federal budget for HIV/AIDS was only \$3,000 in 1997. Data from the 1999 seroprevalence survey encouraged President Obasanjo to form a Presidential AIDS Commission (PAC). PAC is comprised of ministers from all sectors with the President serving as Chairperson. This led to formation in 2000 of the National Action Committee on AIDS (NACA) based in the Office of the Presidency.

NACA emphasizes a multisectoral approach. Membership includes line Ministries, the private sector, NGOs and networks of persons living with HIV/AIDS. State and Local Action Committees on AIDS (SACA and LACA) are also being formed to spearhead the local multisectoral response. NACA prepared the HIV/AIDS Emergency Action Plan (HEAP), which was approved in 2001 for a 3-year period. A new national plan is currently being drafted and will not be available until December 2004 at the earliest.

Key donor and technical support agencies involved with NACA to date include the World Bank, UNAIDS, DfID, JICA, CIDA, WHO, UNICEF, the CCM (GFATM) and USAID. Others include ADB, CDC, ILO, Italian Cooperation, NIH, UNDP, UNDCP, UNFPA, UNIFEM, the U.S. Departments of Defense and Labor. A World Bank/IDA 5-year credit worth \$105 million is available for 18 states and the FGON. UNICEF has done innovative work in training peer educators among National Youth Service Corps members prior to their community postings. CIDA is preparing to launch a \$5 million project to support community based grants. The Bill and Melinda Gates Foundation is the largest source of private foundation support, in addition to the Ford, Packard and McArthur Foundations. A unique example of donor collaboration is the joint DfID-USAID "Make We Talk" Project that combines community mobilization and mass media communication to prevent HIV transmission in hotspot communities across the nation.

Civil Society involvement ranges from NGOs/CSOs/FBOs that provide support and care represented by CISONHAN to a coalition comprised of PLWHAs, the NEPWAN. Other groups representing women (NCWS), unions (NLC), health professionals (NMA, NANNM) and faith based concerns (CHAN, IMAN, Interfaith Council) are involved. Both the Nigerian President and the US Ambassador were active in rallying support from the business community and creating the Nigerian Business Coalition against HIV/AIDS (NIBUCAA).

1.1.1

National HIV/AIDS Action Framework

The three-year The HIV/AIDS Emergency Action Plan (HEAP) developed in 2001 currently serves as the national action framework. In light of revised seroprevalence data and greater experience in implementation and coordinating, NACA is revising the framework and expects to have a finished product by December 2004. In order to ensure that the USG strategy and FY05 COP contributed to national strategy, USG partners held a series of meetings with NACA and FGON staff to learn about the ideas that would form the basis of the new framework.

Ideally each Ministry in the Federal Government is expected to develop a response. A major challenge to a unified framework and response is the diversity of response partners and levels. These plans are also currently under development.

1.1.2

National HIV/AIDS Coordinating Authority

Data from the 1999 seroprevalence survey encouraged President Obasanjo to form a Presidential AIDS Commission (PAC). PAC is comprised of ministers from all sectors, with the President serving as Chairperson. This led to formation in 2000 of the National Action Committee on AIDS (NACA) based in the Office of the Presidency. While the PAC in theory is the national-coordinating authority, NACA in practical terms serves this role. NACA emphasizes a multisectoral approach to AIDS. Membership includes line Ministries, the private sector, NGOs and networks of persons living with HIV/AIDS. State and Local Action Committees on AIDS (SACA and LACA) are also being formed to spearhead the local multisectoral response.

Since much of actual implementation takes place at the state level and below, it is important to heed the findings of a 2004 APIN-sponsored survey of 12 SACAs, which showed wide variation in the capacity and understanding of the SACAs. There is a lack of clarity among SACA members regarding both the goals of SACA, and the roles/responsibilities of the members within the organization. While many respondents said they understood that they should be a coordinating body, they didn't understand what that meant. The SACAs were largely in a passive mode waiting for NACA to tell them what to do and to provide funding. This is inconsistent with the role that NACA sees for the SACA.

1.1.3

National HIV/AIDS M&E System

Nigeria is developing the Nigerian National Resource Information Management System (NNRIMS), an integrated health information and management system. Since much AIDS activity takes place in the private and NGO sector, there is urgent need to develop coordinating M&E mechanisms. Effort is being made such that information systems in other sectors, for example, the National Health Information Management System (NHIMS) in the Federal Ministry of Health (FMOH), are integrated into the NNRIMS.

1.2

Network Model

While the Nigerian health care system can be characterized by many levels and types of health care, it cannot be said to have well integrated health care networks. There is not a natural referral system among these levels. Clients self-select whether they wish to start their care at the general outpatient department of a university teaching hospital or the dispensary of a LGA health facility largely dependent on location and perceived availability of drugs.

The private sector accounts for a large portion of care, but accurate lists of licensed private clinics and patent medicine vendors are difficult to obtain. Because teaching hospitals are managed under the FMOH and general hospitals under a state hospitals management board, there are no naturally established links for in-service training and supervision. Donors and the GON will have to forge such links from scratch.

Training and human resource development programs are severely limited in all sectors, and this will hamper program implementation at all levels. Nigeria lacks a critical mass of skilled manpower in nearly all service areas e.g. counselors, community based workers, social workers, nurses, doctors, pharmaceutical industry (e.g. drug management, logistics systems).

Many trained professionals are overstretched and work simultaneously in multiple health care programs, reducing the number of staff dedicated solely to HIV/AIDS service provision. While the public sector may generally pay health staff more than the private sector, lack of motivation arises from irregular payment of salaries, poor working conditions, and debilitated hospital equipment and supplies and facilities that make it difficult to provide quality services. Private sector facilities are poorly regulated and often lack trained staff. Auxiliary nurses trained on-the-job provide much of the care. Medical social workers are found mostly at the tertiary level, from communities where the need is greatest.

There is an urgent need to consider how Nigeria will be able to scale up its ARV treatment activities given the low numbers of trained health professionals. While there is a large number of public sector health staff from primary through tertiary levels, few as yet are trained in skills ranging from ART management to counseling. Care and support is limited or non-existent in the public sector due to the fact that "existing staff are overstretched and most have insufficient training in key technical areas (counseling, nutrition, and social services) to provide complete HIV services, which include VCT, patient education, adherence support, patient monitoring, legal counseling, and other care and social support services," (Deliver et al., 2004). OVC services are limited to the NGO sector and offered only in scattered locations. Formal government social services are much weaker than even the health sector services.

Continuing education and staff development policies in both the public and private sectors are notably missing. The August 2004 Rapid Assessment of HIV/AIDS Care in the Public and Private Sectors found that poor staff development policies were observed at nearly all government and private facilities visited. Too few staff had adequate and updated training, and the opportunity for reinforcement of training was limited. Previous USG partner interventions to establish continuing education units in nine states in the late 1980s were not sustained. At present in-service training is dependent on donors.

Management and logistics systems urgently require staff with financial, administrative and management skills to address problems such as over-enrollment of patients, budgetary shortfalls, delays in budget release, ARV drug shortages, budgetary inconsistencies, and absence of centralized inventory control and distribution systems, according to the recent USAID-sponsored assessment (Deliver et al., 2004). Another recent assessment found that drug management staff have received little if any formal training in inventory management procedures. Management and logistics systems capacity can be strengthened at all levels, federal, state and LGA.

Laboratory capacity appears to be adequate. Tertiary public sector laboratory facilities are generally capable of conducting a full range of HIV-related tests. The USG's support of laboratory Centers of Excellence will help build capacity at a number of regional laboratories.

Urgent need for scale-up: In order to reach the 2-7-10 targets, Nigeria will need to dramatically scale up the number of trained health professionals available to provide needed treatment, care and support services. A recent projection estimated to treat 262,000 patients, Nigeria would need additional staff of approximately 640 doctors, 640 counselors and nurses, 160 nutritionists, 160 lab technicians, and 240 pharmacists (PHRplus, 2004).

The USG team will use a multi pronged approach to implementation, partnering with a multitude of organizations to reach the Emergency Plan goals. The USG will look for new innovative ways to partner with the public sector, private sector, faith based, civil society, non-governmental and other indigenous organizations. The USG has supported over a hundred indigenous faith based organizations, and will build upon these partnerships to expand support and capacity building to Nigerian institutions.

New partners. USG will identify and explore ways of engaging indigenous partners. The USG team will continue to identify and expand on new partner groups, including faith-based and professional associations e.g. the Nigerian Medical Association, Islamic Medical Association of Nigeria, Association of Nurses and Midwives, PLWHA and other community groups. A critical partner in scaling up USG programs is the Government of Nigeria at the federal, state and local levels.

The USG team will continue to use more established organizations to build technical and managerial capacity in indigenous institutions. This capacity building will provide the basis for contract directly with indigenous institutions in years to come.

Each USG partner will explore innovative ways of scaling up new partners. The USG will propose two Network RFAs, one focused on ART and the other focused on community care and support. Public-private partnerships will also be explored. The number of new partners is expected to greatly increase over the next five years.

USG faces several challenges to scaling up new partners. Nigeria's nascent civil society limits the pool of potential local organizations with sufficient capacity to manage and implement programs using USG funds. USG has had difficulty tracking cooperative agreements and grants that have been awarded to public sector entities. Any increase in the number of new partners will need to be matched to an increase in USG staffing to manage these new partners.

1.4.1

Public-Private Partnerships

According to the 2004 Rapid Assessment of HIV/AIDS Care in Nigeria, "Public-private partnership is virtually non-existent, and the majority of the private sites do not receive any form of support from the government. There are no formal linkages between private and the public sector ART programs, except for the referral of patients for drugs and other laboratory-related services. Many private sector facilities expressed the desire for greater collaboration between the public and private sector to ensure better service delivery and follow-up care and treatment for patients. The assessments teams observed a unified aspiration among leaders in the private sector sites for better collaboration between the public and private sectors."

The Nigerian health care system can be characterized by many levels and types of health care with varying levels of capacity. Overall, the public sector has great potential to scale up HIV/AIDS services. Little is known about private sector capacity as it is poorly regulated. Community-based organizations also have tremendous potential to deliver services but much more work needs to be done to strengthen their capacity.

Public sector services relating to prevention, treatment and care have been evolving slowly over the 18 years since HIV was first identified in the country. At present there are just over 100 VCT centers and 11 PMTCT centers. The FGON began its ART program in 2002 at 25 sites in various parts of the country. Formal government social services are much weaker than even the health sector services. All states and over half of the LGAs offer DOTS programs, although these have yet been linked to HIV control efforts. In general, organizational capacity in the public sector is characterized by low management capabilities, coordination, and weak planning at national and sub-national levels.

The private sector accounts for a large portion of care, but accurate lists of licensed private clinics and patent medicine vendors (PMVs) are difficult to obtain. Private sector involvement in ART is not well documented, and generally the private sector is poorly regulated. The pharmaceutical Council of Nigeria is currently trying to devise a national policy on PMVs to replace the loose state licensing systems, and it is hoped that greater opportunities for training and quality control will result.

FBO/NGO/CSO & Communities have been key USG partners and will remain so. Nigeria has a nascent civil society that is slowly gaining strength. HIV-related NGO numbers in Nigeria are notable. CISNHAN is a coordinating body of over 500 Civil Society Organizations involved in prevention, treatment and care/support activities. They have recently benefited from an organizational strengthening grant from GFATM. The Christian Health Association of Nigeria has over 400 affiliated health facilities in all zones. NEPWHAN has PLWHA support groups in all but Bayelsa State. The Interfaith Alliance involves Muslim and Christian congregations from all major denominational groups. Several of these NGOs are engaged in mapping exercises.

USAID's experience with organizations such as the Catholic Church (18 million congregants) and the Nigerian Labor Congress (6 million members) has demonstrated that targeting such institutions is an effective way of going to scale, extending reach from the national to the grassroots level, and ensuring that grassroots concerns are heard in national forums. Proactive involvement of religious leaders and gatekeepers of behavior is pivotal to prevention of HIV, treatment adherence, and care and support activities for PLWHA and PABHA. Religious organizations control networks of schools and health facilities and wield enormous political and social influence. While progress is being made, CSOs need technical assistance and training in organizational, programming and management skills in order to provide treatment, care and support.

Gender

Gender inequalities and gender violence breed vulnerability, disempowerment, oppression and isolation, and thus greater susceptibility to HIV. In the Nigerian context, a complex interplay of social, cultural and economic factors relegate women to lower status thereby increasing their vulnerability both to HIV and TB infection and decreasing their access to resources and services. Cultural practices vary by zone and include seclusion of women, female genital cutting and denial of property inheritance.

Cultural norms that condone or encourage men to adopt risky sexual behaviors also inhibit male demand for and access to HIV/AIDS services. These factors help drive virus transmission. The widespread acceptance of polygamy also reinforces the practice of men having multiple partners. In some cases the definition of marriage is loosely defined as having had a child together.

According to the 2003 NDHS, 89% of women and 95% of men believe that a woman is justified to either refuse sex with or demand condom use by her husband when they suspect he has an STI. This contradicts Nigeria's cultural norms where men may exert absolute advantage in sexual relations, and where many men have difficulty acknowledging their limited knowledge about reproductive health and HIV/AIDS.

Stigma against PLWHA and PABA has been most pronounced in areas with high prevalence. One community protested against establishment of services for AIDS orphans in Benue State. Stigma apparently follows closely on the heels of awareness. Reports come from hospitals across the country that HIV testing is being done unbeknownst to women attending ANC so that doctors and nurses can avoid contact with infected clients. USG staff has been told pointedly by prominent indigenous leaders that they prefer programs geared to their healthy subjects, not those infected by HIV.

Reports have been received of religious leaders who refer to HIV as a curse from God for sins and demand tithes and prayers instead of referring people for care. In contrast, The Anglican and Catholic churches have HIV/AIDS policies that address stigma and discrimination.

A study of children in households affected by AIDS in Ibadan and Lagos found that parents are reluctant to discuss their HIV status to shield children from stigma. Many relayed accounts of verbal abuse or avoidance suffered by their children. Stigma fears also prevented some parents from making future arrangements for their children as this may require revealing their HIV status (Odumosu et al., 2004).

The environment for family based care and support appears weak. Respondents to the National HIV/AIDS and Reproductive Health Survey (2003) did not express a very high level of willingness to care for an infected relative. Only about 55% would do so, and ironically a greater proportion of male respondents (61%) were willing to provide care than female respondents (48%) when in most families provision of care is primarily a female role. Willingness to provide care was greater in the northern zones (66%) than in the south (43%).

Stigma affects the voice of the PLWHA movement. NEPWHAN reported that the majority of its members are widows living in poverty. Although the epidemic does not discriminate by social class, higher social class victims, who could serve as potent political advocates for HIV care, prefer to keep their HIV status secret and seek more expensive care in the private sector.

Incidents of discrimination are becoming common. For example this year, a journalism student's registration was annulled after he had shared his status. Some institutions of higher learning are now insisting on mandatory testing before enrollment. JAAIDS took the student's case to court, and is using the media to denounce discrimination by PLWHA.

In response to stigma in religious communities, CEDPA, FHI and PATHFINDER have facilitated the integration of HIV/AIDS in the liturgy, worship and in other faith related activities in both Christian and Muslim congregations. Some parishes are now offering support to PLWHA, enhancing access to services and organizing home-based care.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 1,145,545			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		3,870	7,110	7,110
Number of pregnant women who received PMTCT services in FY05		64,500	118,500	118,500
Care	Target 2008: 1,750,000			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		149,000	0	149,000
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		13,700	61,700	61,700
Number of individuals who received counseling and testing in FY05		364,000	867,000	867,000
Number of OVCs being served by an OVC program at the end of FY05		12,000	312,000	312,000
Treatment	Target 2008: 350,000			
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		387	711	711
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		24,917	74,917	74,917

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID:
 Mech Type:
 Mech Name:
 Agency:
 Funding Source:

Prime Partner: To Be Determined

Mech ID: 549
 Mech Type: Locally procured, country funded (Local)
 Mech Name: CSO and FBO Network APS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Mech ID: 1,533
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Network RFA
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,539
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Supply Chain
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Prime Partner: Abt Associates

Mech ID: 585
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: PHRplus
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 414
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: Baylor University

Mech ID: 633
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: UTAP

Prime Partner: Baylor University
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 473
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Catholic Relief Services
Mech ID: 551
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 7
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Archdiocese of Abuja
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Archdiocese of Benin City
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Archdiocese of Jos
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Archdiocese of Kaduna
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Catholic Secretariat of Nigeria
Sub Partner Type: FBO
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

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Prime Partner:

Catholic Relief Services

Sub-Partner Name: Diocese of Idah
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Kalanchan
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Iafia
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Diocese of Minna
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Mildmay International
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Mech ID: 1,585
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 7
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner:

Christian Aid

Mech ID: 540
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: OVC APS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 885
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner:

Crown Agents

Mech ID: 2,040

Prime Partner: Crown Agents
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Procurement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 422
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Family Health International
Mech ID: 552
Mech Type: Locally procured, country funded (Local)
Mech Name: GHAIN
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: American Red Cross
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Axios Foundation
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Centre for Development and Population Activities
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Howard University
Sub Partner Type: University
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: The Futures Group International
Sub Partner Type: TBD
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 1,554
Mech Type: Locally procured, country funded (Local)
Mech Name: GHAIN 04 Deferred Funds

Prime Partner: Family Health International
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Food for the Hungry
 Mech ID: 541
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: ABY APS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 886
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Harvard University School of Public Health
 Mech ID: 544
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 478
 Prime Partner Type: University
 Local: No
 New Partner: No

Sub-Partner Name: 68 Military Hospital, Lagos
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: AIDS Alliance Nigeria
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Jos University Teaching Hospital, Plateau
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Lagos University Teaching Hospital, Lagos
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

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Prime Partner:

Harvard University School of Public Health

Sub-Partner Name: National Institute of Medical Research, Lagos
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Plateau State Specialist Hospital, Plateau
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: University College Hospital, Ibadan
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: University of Maiduguri Teaching Hospital
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Mech ID: 1,581
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: APIN
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 478
 Prime Partner Type: University
 Local: No
 New Partner: No

Prime Partner:

Henry Jackson Foundation

Mech ID: 554
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: DOD HIV/AIDS Contract
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHA account)
 Prime Partner ID: 890
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner:

Hope Worldwide South Africa

Mech ID: 542
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: ABY APS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 762
 Prime Partner Type: FBO

Prime Partner: Hope Worldwide South Africa

Local: No
New Partner: No

Mech ID: 543
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: OVC APS
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 762
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: International Foundation for Education and Self-Help

Mech ID: 555
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 891
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: John Snow Inc

Mech ID: 545
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Safe Injections
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Academy for Educational Development
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 556
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: DELIVER
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes

Prime Partner: John Snow Inc
 New Partner: No

Prime Partner: National Democratic Institute
 Mech ID: 559
 Mech Type: Locally procured, country funded (Local)
 Mech Name: USAID Policy Mechanism
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 892
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Safe Blood for Africa Foundation
 Mech ID: 546
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Safe Blood
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 212
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 587
 Mech Type: Locally procured, country funded (Local)
 Mech Name: USAID Funded Safe Blood
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 212
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Society for Family Health
 Mech ID: 589
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 681
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Sub-Partner Name: Exp Momentum
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner:**Society for Family Health**

Sub-Partner Name: Make We Talk'
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Marketing Promotion Concepts
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Population Services International
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Prime Partner:**StopAIDS**

Mech ID: 615
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: StopAIDS
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 940
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner:**The Christian Health Association of Nigeria**

Mech ID: 684
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 889
 Prime Partner Type: FBO
 Local: Yes
 New Partner: No

Prime Partner:**The Futures Group International**

Mech ID: 553
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 435
 Prime Partner Type: TBD
 Local: No
 New Partner: No

Prime Partner:

The Futures Group International

Sub-Partner Name: Academy for Educational Development
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Action AID
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Africare
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Internews Network
 Sub Partner Type: Private Contractor
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Johns Hopkins University Center for Communication Programs
 Sub Partner Type: Private Contractor
 Planned Funding Amount: -- Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Pathfinder International
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner:

University of Maryland

Mech ID: 632
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: UTAP
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 493
 Prime Partner Type: University
 Local: No
 New Partner: No

Prime Partner:

University of Maryland

Sub-Partner Name: Amino Kano Teaching Hospital
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Asokoro Hospital
 Sub Partner Type: Private Contractor
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Gwagwalada Specialist Hospital
 Sub Partner Type: TBD
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Lagos University Teaching Hospital, Lagos
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: National Hospital Abuja
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Nnamdi Azikiwe Teaching Hospital
 Sub Partner Type: University
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: University of Benin Teaching Hospital, Benin
 Sub Partner Type: TBD
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Mech ID: 1,553

Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: UTAP 04 Deferred Funds
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHA1)
 Prime Partner ID: 493
 Prime Partner Type: University
 Local: No
 New Partner: No

Prime Partner: University of North Carolina
Mech ID: 558
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Measure Evaluation
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 589
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: John Snow Inc
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: The Futures Group International
Sub Partner Type: TBD
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Prime Partner: US Agency for International Development
Mech ID: 1,532
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID Staffing and Management
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 550
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC Procurement Mechanism - Base
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Sub-Partner Name: Crown Agents
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: No
New Partner: No

Mech ID: 1,530
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/CDC Staffing and Management - Base
Planned Funding Amount:
Agency: HHS

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Prime Partner: US Centers for Disease Control and Prevention
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,561
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS/CDC Staffing and Management - GAC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Defense
Mech ID: 1,550
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: DOD Staffing and Management
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: Yes
New Partner: No

Prime Partner: US Embassy - Public Affairs
Mech ID: 1,551
Mech Type: Locally procured, country funded (Local)
Mech Name: U.S. Embassy Staffing
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,944
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,555
Mech Type: Locally procured, country funded (Local)
Mech Name: State Department Deferred Funds
Planned Funding Amount:
Agency: Department of State
Funding Source: Deferred (GHAI)
Prime Partner ID: 1,944
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Health Organization
Mech ID: 634
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency

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Prime Partner:	World Health Organization
Local:	No
New Partner:	No

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1: Results 1: Increased access to PMTCT services
 USG support for PMTCT will increase access to PMTCT services in the 6 geo-political zones in Nigeria. The goal of USG support for the national PMTCT program is to reach an estimated 64,500 pregnant women and provide ARV prophylaxis to at least 3,870 of these women. USG support will be implemented by six partners working in 69 health facilities in 15 states – SW: Lagos, Ogun, Oyo, Osun; SE: Anambra, Imo; SS: Edo, Rivers, Cross Rivers; NC: Plateau, Benue; NE: Borno, Taraba; NW: Kano, Kaduna and the FCT. Service provision will be at different levels of health care delivery: Mission hospitals, community hospitals, military hospitals, secondary and tertiary care facilities. Social mobilization programs in communities surrounding the PMTCT sites will create awareness and demand for PMTCT services.

Results 2: Quality PMTCT services integrated into routine maternal and child health services
 Pre and post test counseling will be integrated into routine antenatal care (ANC) health education packages delivered by nurses and social workers in ANC clinics. Staff capacity to implement PMTCT will be strengthened through comprehensive training packages addressing all components of PMTCT. Side laboratories for HIV testing in ANCs will be established or strengthened where they exist to facilitate testing for all ANC attendees. VCT will become an integral part of antenatal care; counseling facilities will be established or renovated in the antenatal clinics. HIV/AIDS testing will be strengthened and side laboratories established or upgraded to facilitate testing and retrieval of results. The network model will be applied to states, whereby referral and linkages occur between the mission /community hospitals and the secondary care and referral/tertiary care facilities.

Results 3: Strengthened linkages with ART and palliative care programs as well as care and support initiatives.
 HIV/AIDS committees will be established at the health facilities to: 1) integrate PMTCT, ART, and palliative care services into existing services and 2) strengthen linkages with community based organizations including FBOs. Referral systems will be established between facilities offering ART, palliative care, and TB programs. PMTCT HMIS training targeting different cadres of health workers will be strengthened and linked to patient tracking systems developed for ART programs. Strong linkages will be developed with CSOs, through social workers and CSO/FBO representatives on the HIV/AIDS committees. To ensure that there is a strong PMTCT plus component, 24 tertiary and secondary care facilities providing PMTCT services will also provide, where ARV services.

Results 4: Enhanced capacity of indigenous partners to implement PMTCT activities.
 A critical pool of health services providers will be trained to deliver comprehensive PMTCT services and manage the coordination of PMTCT, ART and home-based care services. Approximately 685 different cadres of health providers such as counselors, laboratory technicians, physicians and nurses and social workers will be trained. In new PMTCT sites, side laboratories, tertiary level reference laboratories and counseling units will be established / renovated as appropriate.

Results 5: Internationally approved PMTCT curriculum adapted and implemented
 USG will continue to support the activities of the National PMTCT task team in the review and development of National PMTCT guidelines, training curriculum, standard operating procedures/ minimum requirements for PMTCT service delivery. USG will continue to support the activities of the National PMTCT task team to strengthen PMTCT activities as outline in the national PMTCT scale up plan.

Total Funding for Program Area (\$): **Current Program Context:**

In 2002, the national PMTCT program was started in the 6 geo-political zones in 11 pilot sites and has expanded to 67 sites in 2004. The goal of the national program is to reduce the proportion of infants infected by HIV from their mothers by 50% and to mitigate the impact of the infection on women and their families by 2010. USG support for PMTCT services in Nigeria focuses on 3 critical objectives to accomplish this goal: strengthening and upgrading of laboratories and HMIS systems and VCT services, staff development, and strengthening of community support services and linkages. USG supports PMTCT service delivery in 8 tertiary and 9 secondary facilities in Kano, Anambra, Edo, Lagos, Oyo, Borno, Plateau states and FCT. A major component of USG support for the PMTCT program has been training in VCT, PMTCT and clinical management of adult and pediatric patients in the 11 pilot tertiary facilities and 9 secondary satellite facilities. Four state-of-the-art laboratories and 13 side laboratories have been established in antenatal clinics in 17 health facilities. With USG support, community based organizations and faiths based organizations, are providing community and home based care and support services. These services are closely linked to facility based PMTCT services in Kano, Anambra, Edo, and FCT. USG provided technical assistance for the National program to develop a monitoring system for PMTCT in the 11 pilot sites, which feeds into the National Response Management Information System (NRRIMS) for HIV/AIDS. UNICEF has been a major stakeholder in the national PMTCT program from inception and has been providing technical support for the development of guidelines and training manuals, capacity building of staff. UNICEF supported provision services in six of the initial pilot sites and recently increased support to 50 additional new sites in a total of 8 states. The Global Fund to Fight AIDS, TB and Malaria, Canadian International Development Agency's (CIDA) and UNFPA are also supporting and scale up and strengthening of the national PMTCT program.

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

The AIDS Prevention Initiative in Nigeria (APIN) funded by the Bill & Melinda Gates Foundation has supported PMTCT efforts in Nigeria beginning in 2002. All 4 APIN PMTCT sites are Federal designated PMTCT sites. These will continue to be supported by the Gates Foundation till November 2005. These sites include: University College Hospital (UCH), Ibadan; University of Maiduguri Teaching Hospital (UMTH), Maiduguri; Jos University Teaching Hospital; and Jos Plateau State Specialist Hospital.

Harvard will scale up PMTCT services for these tertiary care institutions and will coordinate local PMTCT efforts at 4 additional satellite or partner maternity service clinics. UCH will develop PMTCT at Adeoyo Maternity Hospital, Oluyoro Catholic Hospital, Oneyannin Maternity Clinic and UMTH will partner with the state general hospital. APIN will support PMTCT services in Lagos, Oyo, Borno and Plateau states.

As part of the integration of the APIN (Gates Foundation) program integration with the Emergency Plan in Nigeria, treatment and care will be integrated into existing PMTCT programs. This will include providing care to HIV infected pregnant women, and ART to eligible women and infected babies. All diagnostic, monitoring and clinical care costs including ART will be supported by Emergency Plan funds; 20,500 ANC attendees will be reached with counseling and testing services and 1,230 HIV positive women will receive ARV prophylaxis.

Approximately 260 health care workers will be trained in the provision of PMTCT, VCT, infant feeding and clinical management of HIV positive patients.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Nigeria FY 2005

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<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Health Care Financing	
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Needs Assessment	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	260	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,230	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	20,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	11	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Family planning clients
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Borno	ISO Code: NG-BO
State Province: Lagos	ISO Code: NG-LA
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

FHI will work in partnership with UMD in 15 secondary and tertiary level facilities which are referral sites in the health care system in Nigeria. FHI will also build the capacity of an additional 10 secondary level facilities to establish PMTCT services.

In collaboration with UMD, FHI will continue to work in 13 health facilities in Kano, Anambra, Edo and the FCT to strengthen PMTCT and VCT services within antenatal clinics and referral systems to ART and community based care and support services. Also in collaboration with UMD FHI will establish new PMTCT sites in two health facilities in Cross River state. FHI's primary responsibility in the sites in the joint UMD/ FHI sites is to strengthen / establish counseling and testing services in antenatal clinics, train and build capacity in VCT, establish side laboratories in antenatal clinics, establish / strengthen of HIV/AIDS committees within health facilities to manage and coordinate PMTCT and ARV services where applicable. The FHI/ UMD partnership will support the following 15 sites:

Edo State: University of Benin Teaching hospital, Irrua Specialist hospital, St. Philomena's Catholic hospital; Kano State: Aminu Kano university teaching hospital, Wudil Specialist hospital; Kano, Muntala Mohammed, Kano; Anambra State: Nnamdi Azikwe university teaching hospital, Our Lady of Lourdes Catholic hospital, St. Charles, Borromeo Catholic hospital; Abuja: National hospital Abuja, Gwagwalada specialist hospital, St Mary's Catholic hospital Gwagwalada, Asokoro specialist hospital, Gwagwalada; Cross River State: University of Calabar teaching hospital, General hospital Calabar; In line with the FMOH's scale up plan, FHI will provide support and technical assistance to 10 secondary level facilities providing antenatal services to establish PMTCT services. The 10 facilities are: Anambra State: General hospital Ekwulobia, General hospital Awka; Kano State: General hospital Kura, Danbata general hospital; Lagos state: Lagos Island Maternity hospital, Surulere General hospital; Edo State: Central hospital Benin, Central hospital Agbor; Cross River state: General hospital Ugep

FHI will build the capacity of administrative and clinical staff to implement PMTCT services as outlined below

- Create Demand: CSO including FBOs will increase demand for services through communities campaigns.
- Infrastructure development: Based on assessments, renovations will be provided where needed as well basic equipment needed to provide the comprehensive services and collect data for program monitoring and reporting.
- Counseling and testing: all women visiting ANC will be counseled and offered HIV testing. They will also receive post test counseling and depending on test results will be referred for prevention or care and support services.
- Preventive therapy: HIV positive women will be given prophylactic therapy following national guidelines and will have access to standard obstetric measures for reducing the probabilities of infection.
- ARV treatment – HIV positive women and their infants will be provided with ART based on national guidelines. These guidelines may be modified over time as resistance patterns emerge..
- Infant feeding counseling and support will be based on national guidelines and local norms. Women will be provided with the current state of the art information to help with decision making
- Linkages to care and support are vital to this program. HIV positive mothers and their families will be referred to both facility-based and community based programs to provide the wide range of care and support services described in the COP. In addition, referral linkages for laboratory and ART services between the tertiary PMTCT sites and secondary care sites will be strengthened.

PMTCT will be used as an entry point to ART, HIV/AIDS prevention, care and support services for 26,500 mothers; their infants and other family members.

Antiretroviral prophylaxis will be made available for approximately 1,590 HIV positive women who deliver in these facilities. HIV-infected mothers and their families will be referred to the ART program in the health facilities and community based care and support groups working in collaboration with the health facilities. Management committees will be established and strengthened in all secondary and primary facilities to oversee all PMTCT activities and coordinate appropriate referral and follow up of positive mothers. In collaboration with University of Maryland, 150 health care workers in tertiary and secondary health facilities will be trained in the provision of PMTCT, VCT, infant feeding and clinical management of HIV positive patients. 50 health workers in the primary health facilities will be trained in the provision of PMTCT, VCT, infant feeding and care of HIV positive patients. FHI will

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continue to provide technical assistance to establish and strengthen PMTCT HMIS systems at all levels.

In collaboration with APIN, FHI will support the National AIDS and STD control program (NASCP) in implementing the scale up plan for PMTCT. Support will focus on finalizing the review of national PMTCT guidelines, development/adaptation of a PMTCT curriculum and training different cadres of health workers.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Health Care Financing	
<input checked="" type="checkbox"/> Human Resources	
<input checked="" type="checkbox"/> Information, Education and Communication	44%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	
<input checked="" type="checkbox"/> Local Organization Capacity Development	
<input checked="" type="checkbox"/> Logistics	
<input checked="" type="checkbox"/> Needs Assessment	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	19%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	
<input checked="" type="checkbox"/> Training	23%
<input checked="" type="checkbox"/> Workplace Programs	

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,590	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	28,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Family planning clients
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Orphans and other vulnerable children
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Futures Group International

Planned Funds:

Activity Narrative:

The ENHANSE Project will work with the relevant government ministries especially, the FMOH and private sector organizations on the development of policies, strategic plans, guidelines and protocols and in program monitoring and evaluation activities to ensure effective implementation of PMTCT in the country. The Project will also build on our achievements under the POLICY Project by engaging in capacity building activities in advocacy, program leadership and management in the coordination of PMTCT activities in the country. ENHANSE will continue to collaborate with USG partners, the PMTCT and ART committees to ensure a harmonized implementation of the joint work plan and the leveraging of resources. As the government of Nigeria is embarking on rapid scaling up of PMTCT, ENHANSE will also work with the government on scaling up plans and provide training on the use of the PMTCT model for target setting, advocacy, resource allocation and mobilization and in the reduction of barriers to the implementation of PMTCT in the country. ENHANSE will also work to build the capacity of PLWHAs and the communities to be better involved in PMTCT.

The expected results from our intervention will include:

- Increased support of political leaders to PMTCT
- Increased engagement of civil society in PMTCT
- Increase in the number of policies, guidelines and protocols favorable to PMTCT
- Improvement in the capacity of government and private sector organizations to provide leadership and effective coordination to PMTCT in Nigeria
- Increase in the number of modernizations advocating for PMTCT
- Increase in the number of health workers trained in PMTCT advocacy
- Increased use of quality program data and evaluation plans to improve program efforts.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	8%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	8%
<input checked="" type="checkbox"/> Local Organization Capacity Development	8%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%

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- Training 15%
- Workplace Programs 12%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <li style="padding-left: 20px;"><input checked="" type="checkbox"/> Men <li style="padding-left: 20px;"><input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Military | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|
-
- Police
 - Ministry of Health staff
 - National AIDS control program staff
 - Orphans and other vulnerable children
 - People living with HIV/AIDS
 - Pregnant women
 - Program managers
 - Religious/traditional leaders

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative:

The NMOD presently funds PMTCT services at nine of its 25 medical facilities. PMTCT programs at four sites (Defense Headquarters, 68th Nigerian Army, 3D Division and 330th Nigerian Air Force Hospitals) will benefit from increased laboratory support and improved quality assurance/quality control measures. 25 NMOD obstetrical providers will be trained in PMTCT (WHO/FMOH guidelines) with 5 as PMTCT instructors. The CDC developed and IHV/CDC modified PMTCT-MIS curriculum and database will be utilized and taught to ensure compatible data collection standards across the FGON. The expanded number of providers will increase access and capacity will be increased by establishment a NMOD PMTCT course for expansion of services in FY06. DOD will support PMTCT services in Plateau, FCT, Lagos and Kaduna.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	25	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	270	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	4,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Women*
- Family planning clients*
- HIV/AIDS-affected families*
- HIV+ pregnant women*
- Infants*
- Military*
- Pregnant women*
- USG in country staff*
- USG Headquarters staff*
- Women of reproductive age*

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs*

Coverage Area:

State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Lagos	ISO Code: NG-LA
State Province: Plateau	ISO Code: NG-PL
State Province: Sokoto	ISO Code: NG-SO

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Foundation for Education and Self-Help

Planned Funds:

Activity Narrative:

IFESH will conduct PMTCT programs in 14 sites in Rivers State, reaching 20,000 women. They expect to provide prophylaxis to 100 women. They will train 50 health care workers.

IFESH has eight closely related objectives, all focused on helping to achieve the project goal. The first six (6) months of the program will focus on training health workers in the provision of PMTCT, VCT, infant feeding and clinical management of HIV positive patients. The next twelve (12) months will be dedicated to program implementation in the chosen centers to attain planned program beneficiary levels. This will focus on counseling; voluntary testing for HIV, provision of anti-retroviral drugs, administration of Nevirapine to antenatal women at the onset of labor, administration of Nevirapine syrup to infants within 24-72 hours of birth and provision of breast milk substitute to mothers who cannot afford the cost of infant formula and choose not to breast feed their infant for the first six months.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	3%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Health Care Financing	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	2%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

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|---|-----|
| <input checked="" type="checkbox"/> Logistics | 5% |
| <input checked="" type="checkbox"/> Needs Assessment | 5% |
| <input checked="" type="checkbox"/> Policy and Guidelines | 10% |
| <input checked="" type="checkbox"/> <i>Quality Assurance and Supportive Supervision</i> | 10% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 15% |
| <input checked="" type="checkbox"/> Workplace Programs | |

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	420	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	7,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	14	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Health Care Workers <input checked="" type="checkbox"/> Health Care Workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> National AIDS control program staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Girls |
|--|--|

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Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Rivers

ISO Code: NG-RI

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

Activity Narrative:

In partnership with FHI, UMD will be providing PMTCT services at 15 sites, which will serve 21,000 women. UMD's role in the partnership with FHI is to strengthen / establish 5 tertiary level reference laboratories and 6 secondary level laboratories in Anambra, Kano, Abuja, Edo and Cross River states, provide competence based supervision and proficiency evaluation of all laboratories, establish 2 of the laboratories as resource training sites, provide clinical training and on-site capacity building for provision of PMTCT services. Comprehensive PMTCT training of 150 physicians and nurses will be carried out using the recently developed WHO 5 Day Curriculum that will be modified to be consistent with Nigerian PMTCT Guidelines. Individuals involved in PMTCT-MIS will be trained using the CDC developed and IHV/CDC modified PMTCT-MIS curriculum and database. This system was modified specifically for Nigeria in conjunction with the Nigerian FMOH and PMTCT task team. We anticipate utilizing Nigerian obstetric and pediatric faculty trained under the UTAP program. We plan to develop the expertise of Nigerian nurses by using a train-the-trainer model.

To facilitate rapid scale up at sites, UMD will subcontract sites to hire or redirect additional staff to provide medical assessment, nursing care, counseling services, laboratory testing, medical records management, and data collection for M&E. This will be negotiated through a MOU mechanism with funding linked to meeting site-specific goals. UMD will also provide sites with appropriate equipment and consumables for universal precautions, particularly in the antenatal setting.

Expert physicians and nurses from the UMD faculty/staff will spend 1-2 weeks per year at each site in residence working with site physicians and nurses to transfer expertise and insure that quality care is ongoing. For PMTCT, this will be particularly important in the areas of maternal evaluation and infant follow-up care. In addition, UMD will utilize periodic site visits and evaluation of M&E data to insure ongoing quality of care at each site.

As is the current practice in Nigeria, services within a region will be developed with secondary sites linked to a regional referral hospital. To foster referral and expertise sharing among PMTCT staff, staff from the regional referral hospital will be hired as consultants and participate in needs assessment and capacity development activities at secondary sites.

Sites will be provided with appropriate monitoring tools as well as funding for supplemental staffing to provide data to the UM/IHV central office in Abuja so that Emergency Plan indicators are tracked and reported appropriately. The joint UMD/FHI sites have been listed in the FHI's activity description.

NOTE: To avoid duplicate counts, the number of persons served and the number of persons receiving prophylaxis are listed as zero because UMD is working with FHI at each of these sites. The numbers served are listed under FHI.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	
<input checked="" type="checkbox"/> Infrastructure	
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	15	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Private health care providers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Midwives | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Street youth | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> University |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> HIV+ pregnant women | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Country coordinating mechanisms | <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Infants | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> M&E specialist/staff | <input checked="" type="checkbox"/> USG Headquarters staff |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Media | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Ministry of Health staff | <input checked="" type="checkbox"/> Widows |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Mobile populations | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> National AIDS control program staff | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Pharmacists | | |
| <input checked="" type="checkbox"/> Traditional birth attendants | | |

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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Anambra
State Province: Cross River
State Province: Edo
State Province: Federal Capital Territory
(Abuja)
State Province: Kano

ISO Code: NG-AN
ISO Code: NG-CR
ISO Code: NG-ED
ISO Code: NG-FC
ISO Code: NG-KN

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Christian Health Association of Nigeria

Planned Funds:

Activity Narrative:

The Christian Health Association of Nigeria will strengthen PMTCT services 12 mission health institutions belonging to 6 christian denominations in 10 states (Edo, Akwa Ibom, Rivers, Cross Rivers, Taraba, Benue, Plateau, Ogun, Osun and Anambra) spread in the six geographical zones of the country. A total of 6,000 antenatal clinic attendees will receive counseling and testing services and approximately 360 positive women who deliver in these facilities will receive ARV prophylaxis in accordance with national guidelines. VCT services will be strengthened by establishing / strengthening side laboratories and counseling units in the 12 health facilities. Approximately 384 staff members (physicians, nurses, counselors, laboratory scientists) and volunteers will be trained in the provision of PMTCT, VCT, infant feeding and clinical management of HIV positive patients. HIV-infected mothers and their families will be referred to the existing ART programs in and community based care and support groups working in collaboration with the health facilities. Management committees will be established / strengthened in all health facilities to oversee all PMTCT activities and coordinate appropriate referral and follow of positive mothers. There will be on going technical assistance to establish and strengthen PMTCT HMIS systems at all levels.

Awareness and demand creation campaigns reaching 12,000 persons will be conducted in communities serving the health institutions. Linkages will be established between CSO providing HIV/AIDS care and support services and the health facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	84%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	2%
<input checked="" type="checkbox"/> Logistics	
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	2%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	360	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Women Girls
- Caregivers Boys
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Traditional healers
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Media
- Ministry of Health staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Religious/traditional leaders
- Sex partners
- Trainers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Widows
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Akwa Ibom	ISO Code: NG-AK
State Province: Anambra	ISO Code: NG-AN
State Province: Benue	ISO Code: NG-BE
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Imo	ISO Code: NG-IM
State Province: Ogun	ISO Code: NG-OG
State Province: Osun	ISO Code: NG-OS
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Taraba	ISO Code: NG-TA

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP 04 Deferred Funds / University of Maryland

Planned Funds:

Activity Narrative: in deferred funds will be used to evaluate the national PMTCT HMIS system as requested by the FMOH and because of the urgent need to add ARV related issues to the systems and to ensure linkage between PMTCT and ARV data collection for national indicators. CDC and UMD will make all monitoring tools and registers available to at least 100 PMTCT sites including all USG supported sites. UMD will train on the PMTCT HMIS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Needs Assessment	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%

Targets:

Target	Value	Notes
		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Trainers
- Community-based organizations
- Volunteers
- Country coordinating mechanisms
- Women of reproductive age
- Community health workers
- Private health care providers
- Implementing organization project staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

Gender

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1:

Result 1: A&B prevention messages in faith-based and community networks strengthened
The USG will support civil society organizations including faith based organizations to implement community based 40 AB focused outreach programs. Training curricula appropriate for faith based communities will be developed and integrated into standard curricula in religious institutions. Civil society organization networks will be strengthened through training and organizational capacity development to expand the reach of AB interventions.
Multiplier organizations such as the Catholic Secretariat of Nigeria, the Anglican communion of Nigeria, the Redeemed Christian Church of God, Christian Health Association of Nigeria, the Islamic Medical Association of Nigeria, Federation of Muslim Women association, Evangelical Churches of West Africa, Association of Muslim Professionals, Nigeria Fellowship of Evangelical Students, Ja'amatul Islam and the Society for Family Health will partner with the USG to expand the reach of AB interventions and strengthen community networks in and beyond USG focus states.
Result 2: Changed social and community norms to reduce high risk behaviors
Community mobilization activities will address attitudes, values and behaviors and will target in school and out-of-school youth. Fifteen (15) youth abstinence campaigns including mass media campaigns, targeted peer education, community events with drama and music will reach over a million youths nationwide.

Total Funding for Program Area (\$):

Current Program Context:

The national targets are to: 1) increase the knowledge, attitude, behavior and practice (KABP) of high-risk populations, including youth and adolescents, of HIV/AIDS by 20% by year 2005 and 40% by 2010 and 2) increase the knowledge, attitude, behavior and practice (KABP) of the general population and high-risk groups related to safe sex by 20% by year 2005 and 40% by 2010. Real knowledge about HIV/AIDS, as opposed to awareness or pre-knowledge is still low among youth and other priority audiences. The percentage of women who have never heard about HIV/AIDS is still higher in Nigeria than in other sub-Saharan countries and the percentage that considers itself at risk is significantly lower. Compared to 85% of men, only 65% know a way to avoid AIDS and the youngest women and men have the least knowledge. Forty four percent of Nigerians under 15 years of age represent a potential second, even larger wave of HIV infections. Sixty percent of new infections occur in young Nigerians and prevalence is highest in the 15-29 year age group (6.0%). The vulnerability of persons between the ages of 15-24 years is characterized by early sexual debut (more than 25% of women by age 15 and 50% of women by age 18), sexual experimentation, and establishment of sexual behavior patterns. Out-of-school youth, who form over half of this population, are particularly vulnerable. Further research is required to identify the most vulnerable sub-groups. Behavior Change Communications (BCC) interventions are needed to provide youth with the perceptions, skills and social support needed to make healthy sexual behavior choices, and to engage them to contribute their time and energy toward supporting PLWHA and educating the general public. The National Policy fully subscribes to abstinence and faithfulness programs and these priority interventions are reiterated in the recent National BCC Strategy draft. The BCC Strategy emphasizes improved parent-child communication around life skills and values. It is also mandatory for all mass media promoting condoms to promote A/B as the best protection strategies. FBOs also play an important role in promoting A/B. In 2004, the first National coalition for abstinence was formed. To step up its activities in 2004 it launched the country's first major integrated campaign on delayed debut known as Zip Up. Devised as a streetwise and fashionable approach for young people weary of being lectured to by government and other institutions, it used TV and radio spots plus eye catching billboards to galvanise young opinion behind abstinence behaviours. In partnership with a major Nigerian advertising agency, over a 10 week period SFH deployed large numbers of materials across all outputs: (5,112 radio spots aired on 51 stations nationwide in three months; 3,162 TV spots aired on 49 stations nationwide in three months; 224 Billboards in all States nationwide). SFH also produced Zip Up cards in the style of mobile phone recharge cards that give hints on relationship negotiation for those who are seeking to abstain. Collaboration with Johns Hopkins University and NACA also yielded a reprint of the "10 Reasons to Abstain form Sex Until Marriage" leaflet. These were distributed throughout the country at 16 locations. It is too early to judge the impact of the campaign as the first major research on is being conducted in February. This will continue throughout 2005. Anecdotally the campaign has been a huge success. NACA are so impressed that they have ordered extra ZIP Up materials for their own use and paid for airings of the TV spots from their own funds. SFH field staffs throughout Nigeria are being greeted by enthusiastic "Zip Up" greetings wherever they go to promote the message. Further outputs include a Hausa TV spot to be shot in November and materials based on a new theme: "What Makes a Man (woman) a real man (woman)" are planned for the near future.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ABY APS / Food for the Hungry

Planned Funds:

Activity Narrative:

Track 1 - Information will be available at a later date

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ABY APS / Hope Worldwide South Africa

Planned Funds:

Activity Narrative: Track 1 - Information will be available at a later date

Activity Category **% of Funds**

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

This program will strengthen A/B prevention messages in faith-based and community networks. CRS will work with the Catholic Secretariat of Nigeria HIV/AIDS to develop an HIV/AIDS curriculum for clergy. Community members will be trained in home based care and counseling. Trained counselors will provide information to assist individuals make decisions about preventing HIV transmission that are consistent with their religious convictions and based on their knowledge and understanding of the risks of their individual situation. CRS Church partners who are supported by project funds will disseminate this message to the community volunteers, who in turn will inform the beneficiaries of the benefits of A/B, while also providing information on condoms. Each diocese will hold workshops to sensitize clergy on HIV/AIDS and discuss messages which will focus on A/B as the safest method of prevention. Overall, CRS will conduct 8 community outreach programs reaching 48,345. They will work in Edo, Kaduna, Kogi, Nassarawa, Niger, and Plateau.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	40%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	48,345	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Community health workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Trainers
- USG Headquarters staff

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	48,345	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Community health workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Trainers
- USG Headquarters staff

Key Legislative Issues:

- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Edo	ISO Code: NG-ED
State Province: Kaduna	ISO Code: NG-KD
State Province: Kogi	ISO Code: NG-KO
State Province: Nassarawa	ISO Code: NG-NA
State Province: Niger	ISO Code: NG-NI
State Province: Plateau	ISO Code: NG-PL

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

FHI and its partners will conduct 11 community outreach programs that are primarily abstinence focused, 40 that are A/B focused, and 6 A/B focused mass media campaigns. These campaigns will reach 2.7 million people. They will work in Adamawa, Anambra, Cross River, Edo, FCT, Kano, and Lagos.

FHI will work in partnership with CHAN, the Islamic Medical Association of Nigeria (ISMA), ARC/NRC and CEDPA to implement a wide reaching program to build the capacity of local public, NGO and FBO organizations to promote prevention of HIV through abstinence and faithfulness (A/B) in all project states. FHI will work with the state partners to develop statewide communications strategies that will be the framework for other partners to build upon.

CEDPA will implement community mobilization activities that will address norms, attitudes, values and behaviors and will work specifically with out-of-school youth. The ARC/NRC will expand its coverage of in-school youth. FHI will work with CHAN and the ISMA to strengthen their capacity to work with their communities to expand the reach of these prevention efforts.

Methodologies to promote behavior change will include mass media campaigns appropriately targeted, peer education, work place program, community activities such as drama and music. All materials will be based on assessments and formative research and will fit within the strategic framework. They will have complementing and supporting messages. All will be targeted and appropriate to the local culture. Activities will include:

- Formative research
- Work with partners to develop communication strategy and framework
- Develop sub-agreements with local organizations to provide funding and organizational development.
- Coordinate all partners in implementation of the communication strategy.
- Develop mass media materials focusing on A&B
- Build capacity in BCC through training and technical assistance.

FHI partners will include: Redeemed Christian Church of God, Nigeria; Anglican Communion Nigeria; Catholic Church of Nigeria; Muslims Against AIDS, Lagos; Federation of Women Muslim Association of Nigeria; and Development Research and Policy Center (dRPC).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	19%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Health Care Financing	1%
<input checked="" type="checkbox"/> Information, Education and Communication	23%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	3%
<input checked="" type="checkbox"/> Workplace Programs	7%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	2,700,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,700,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	11	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	620,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	105,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	550	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,550	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> HIV/AIDS-affected families |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Military |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Police |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Brothel owners | <input checked="" type="checkbox"/> Primary school |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Secondary school |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> University |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Seafarers/port and dockworkers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Street youth | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Adamawa

ISO Code: NG-AD

State Province: Anambra

ISO Code: NG-AN

State Province: Cross River

ISO Code: NG-CR

State Province: Edo

ISO Code: NG-ED

State Province: Federal Capital Territory

ISO Code: NG-FC

(Abuja)

State Province: Kano

ISO Code: NG-KN

State Province: Lagos

ISO Code: NG-LA

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Society for Family Health

Planned Funds:

Activity Narrative:

The Society for Family Health will build local capacity to implement mass media and community based behavior change communication programs. They will also produce and air abstinence, partner reduction and HIV risk perception messages through the mass media. SFH will collaborate with and build the capacity of faith based organizations to promote abstinence among the youth and mutual fidelity among couples. Their programs will target primarily youth for abstinence campaigns and high risk men and women for partner reduction/faithfulness to partner messages. They will work in Abia, Bauchi, Benue, Borno, Cross River, Edo, Enuga, FCT, Kaduna, Kano, Lagos, Oyo, Plateau, Rivers, and Sokoto.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	3%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	5%
<input checked="" type="checkbox"/> Workplace Programs	8%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	22,000,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	640	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	24,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	15,000,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,260	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> M&E specialist/staff | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Military | |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Peacekeeping personnel | |
| <input checked="" type="checkbox"/> Brothel owners | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Truckers | |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Students | |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Primary school | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Secondary school | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> University | |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Sex partners | |
| <input checked="" type="checkbox"/> Private health care providers | <input checked="" type="checkbox"/> Teachers | |
| <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Trainers | |
| <input checked="" type="checkbox"/> Partners of sex workers | <input checked="" type="checkbox"/> USG in country staff | |
| <input checked="" type="checkbox"/> Street youth | <input checked="" type="checkbox"/> Women of reproductive age | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Youth | |
| <input checked="" type="checkbox"/> Host country national counterparts | | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Abia	ISO Code: NG-AB
State Province: Bauchi	ISO Code: NG-BA
State Province: Benue	ISO Code: NG-BE
State Province: Borno	ISO Code: NG-BO
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Enugu	ISO Code: NG-EN
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Sokoto	ISO Code: NG-SO

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

Result 1: Results 1: A national blood transfusion service will be expanded Within the next three years, the successful development and implementation of the Abuja Blood Centre by the MOH in collaboration with Safe Blood for Africa Foundation will be expanded into Rivers and Nassarawa State. This plan will implement a new blood center in Rivers State and roll out two new satellite Blood Donation Facilities in Nassarawa State starting in year three. By the end of that year, the new Rivers State Blood Transfusion Center located at Port Harcourt will be able to provide safe blood components to the regional Hospitals of Rivers State. The two satellite centers located in Nassarawa State will operate as blood collection and distribution centers for the Abuja center. The Abuja center that has been established shall act as the headquarters of the National Blood Transfusion Service.

Result 2: Standard blood safety precautions in public and private hospitals will be strengthened. UMD will train staff in standard blood safety precautions at each of the tertiary centers in which they will initiate ART programs. They will also train staff at each of the primary and secondary sites served by the tertiary center. FHI will train staff in the PMTCT centers they support.

Total Funding for Program Area (\$): **Current Program Context:**

Blood transfusion remains a major risk of HIV transmission: Sixty percent or more of blood transfused to patients is not screened for infectious diseases. Only 8% of hospitals test blood for HIV before it is transfused into patients. The blood services are fragmented, acutely underdeveloped, and have severe supply chain, training and quality challenges. There is no coherent strategy to recruit and retain non-remunerated blood donors. Consequently most of the blood is collected from paid donors, whose risk profile is recognized the world over to be unacceptably high. Thus far, the USG has provided about \$3 million for Medical and Blood Safety Programs. The current approach is based on interventions already initiated and models developed to guide expansion. The Safe Blood for Africa Foundation (SBFAF) is presently supplying technical assistance to the FMOH to develop national transfusion standards and protocols to disseminate nationally and to build overall FMOH capacity in the blood safety area. In collaboration with its Global Development Alliance partners, the organization has also developed a sustainable model transfusion service for the Federal Capital Territory that will use lessons learned to expand into three additional focus states. The Abuja Safe Blood Demonstration Project is a public/private partnership congressionally mandated to develop a demonstration blood transfusion service center to combat HIV transmission through blood transfusion. The objectives are to:

- 1) Demonstrate that a proper transfusion service can reduce the rate of transmission of HIV and other blood related infectious diseases, particularly among women and children.
- 2) Demonstrate that a modular blood transfusion system is the most cost-effective means of providing uniform levels of quality and service nationwide.
- 3) Build, operate and transfer a fully functioning modular blood donor center with established operating systems and procedures that can meet the blood product needs of the FCT.

Finally, the Nigerian military presently tests all collected blood products through immunoassays; this program will be expanded through standardization with national standards and monitoring and evaluation feedback indices. The NMOD maintains a blood program; however, little record keeping is maintained. HIV diagnostics occur at 19 of its 25 facilities. FY05 will see improvement in both records/data collection and assessable reports through improved laboratories at four facilities. An assessment will be performed and expansion/improvement of services in FY06.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Safe Blood / Safe Blood for Africa Foundation

Planned Funds:

Activity Narrative: Track 1 Activity. Information to be provided later.

Activity Category **% of Funds**

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Funded Safe Blood / Safe Blood for Africa Foundation

Planned Funds:

Activity Narrative:

In addition to their Track 1 activities, SBFAF will establish a public/private partnership to implement additional Regional Blood Transfusion Service Centers in Nigeria to help combat the nationwide crisis of HIV transmission through blood transfusion. A major partner for this initiative is Exxon Mobil Corporation, who has provided funding for the development of training programs, training centers and a blood center operation in Akwa Ibom leveraging the funds provided by the USG. The downstream effects of this initiative will be to promote economic growth in Nigeria by preserving the lives of economically active people and the social fabric of its communities. Their plan's main objective is to replicate the successful development and implementation of the Abuja Blood Centre into Rivers State and Nassarawa State within the next three years. This plan will implement a new blood center in Rivers State and roll out two new satellite Blood Donation Facilities in Nassarawa State starting in year three.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	40	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
 - Private health care providers
 - Street youth
- Host country national counterparts
- Infants
- International counterpart organization
- Media
- Military
- Police
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Pregnant women
- Religious/traditional leaders
- Students
 - Secondary school
 - University
- Teachers
- Trainers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:**Coverage Area:**

State Province: Federal Capital Territory
(Abuja)
State Province: Lagos
State Province: Nassarawa
State Province: Rivers

ISO Code: NG-FC
ISO Code: NG-LA
ISO Code: NG-NA
ISO Code: NG-RI

Program Area: Medical Transmission/Blood Safety
 Budget Code: (HMBL)
 Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland
 Planned Funds:

Activity Narrative: UMD will provide comprehensive training to laboratorians at the UM IHV Laboratory Training Center at Asokoro Hospital in the FCT. This training will address standard blood safety precautions. In addition, laboratory specialists from the UM IHV central office in Abuja will travel to sites and provide training on-site as needed. The focus will be proper use of rapid HIV testing for screening of donated blood with a focus on quality assurance (proper storage of reagents, proper laboratory record keeping, proper blood storage, proper testing of donor blood, and proper use of controls). UMD will provide technical expertise to the GON in the development of Nigerian Blood Banking Guidelines. Model SOPs will be developed and made available to USG focus sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

	<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	33 <input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	11 <input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Country coordinating mechanisms
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

Activity Narrative:

UMD will provide comprehensive training to laboratorians at the UM IHV Laboratory Training Center at Asokoro Hospital in the FCT. This training will address standard blood safety precautions. In addition, laboratory specialists from the UM IHV central office in Abuja will travel to sites and provide training on-site as needed. The focus will be proper use of rapid HIV testing for screening of donated blood with a focus on quality assurance (proper storage of reagents, proper laboratory record keeping, proper blood storage, proper testing of donor blood, and proper use of controls). UMD will provide technical expertise to the GON in the development of Nigerian Blood Banking Guidelines. Model SOPs will be developed and made available to USG focus sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	33	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	11	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Country coordinating mechanisms
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Anambra

ISO Code: NG-AN

State Province: Cross River

ISO Code: NG-CR

State Province: Edo

ISO Code: NG-ED

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kano

ISO Code: NG-KN

State Province: Lagos

ISO Code: NG-LA

UNCLASSIFIED

Coverage Area:

State Province: Anambra
State Province: Cross River
State Province: Edo
State Province: Federal Capital Territory
(Abuja)
State Province: Kano
State Province: Lagos

ISO Code: NG-AN
ISO Code: NG-CR
ISO Code: NG-ED
ISO Code: NG-FC
ISO Code: NG-KN
ISO Code: NG-LA

UNCLASSIFIED

Coverage Area:

State Province: Anambra

ISO Code: NG-AN

State Province: Cross River

ISO Code: NG-CR

State Province: Edo

ISO Code: NG-ED

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kano

ISO Code: NG-KN

State Province: Lagos

ISO Code: NG-LA

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Increased adherence to universal safety precautions and procedures. The centrally funded Safe One Injection Project will develop action plans to ensure the adoption of universal safety precautions. They will help to disseminate these policies to the states. The project will also assist SACA and state ministries of health to create state action plans. UMD will train staff in standard blood safety precautions at each of the tertiary centers in which they will initiate ART programs. They will also train staff at each of the primary and secondary sites served by the tertiary center. FHI will train staff in the PMTCT centers they support.

Total Funding for Program Area **Current Program Context:**

The national policy stipulates that all healthcare workers observe universal safety precautions and procedures in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials. The policy also states that all traditional health care providers using skin piercing instruments shall be educated on sterilizing techniques before being subsequently licensed to practice and activities of all diagnostic laboratories should be regulated to conform to guidelines from the federal and state ministries of health. However, adherence to guidelines is not uniform at the national or at the state levels and varies with each institution. In general adherence is likely to be higher with increasing levels and sophistication of health care from primary, secondary and tertiary levels in both the public and private sectors. There is a considerable volume of health care services provided by untrained or inadequately trained individuals and groups in the informal private sector. These services are often easily accessible at a lower cost than the formal health sector. Adherence and enforcement of universal safety precautions in such settings is a great challenge. The spread of HIV through the use non-sterile sharp instruments, infected skin piercing instruments and transfusion with infected blood and blood products is estimated to account for at least 10% of the nation's infections.

UNCLASSIFIED

UNCLASSIFIED

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Safe Injections / John Snow Inc

Planned Funds:

Activity Narrative:

The centrally funded Safe Injection Project will continue its present efforts to ensure adoption of national policies and action plans and will disseminate these policies to the states. The project will also assist SACA and state ministries of health to create state action plans. In addition to the Safe Injection Project, other cooperating agencies will engage professional multiplier associations such as the Nigerian Medical Association and the National Association of Nurse-Midwives (NANM) to encourage adoption of universal precaution guidelines. Medical personnel constitute a significant risk group and due to their profession allegiances, they can also be utilized as change agents. For example, local chapters of the NANM are already engaged in lobbying hospital administrators for protective gear. The goal of these activities is to ensure that health care workers handling potentially infectious instruments and body fluids and wastes are adequately protected and that consumers of health care services are not exposed to infection through the use of non-sterile and infected instruments (as simple as needles, syringes and scalpels).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	61%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Information, Education and Communication	4%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Policy and Guidelines	4%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	4%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	5,620	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- International counterpart organization
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- University
- Trainers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Volunteers

Coverage Area:

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kano

ISO Code: NG-KN

State Province: Lagos

ISO Code: NG-LA

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Increased access to HIV/AIDS prevention services for high risk populations\nThe Society for Family Health (SFH) will continue to focus its efforts on Most at Risk Populations (MARP). Among other interventions, they will use street drama and peer educators to encourage sex workers to seek HIV testing, diagnosis and treatment of STI, and correct (including the use of lubricants) and consistent condom use. They will also distribute condoms to MARP. Finally, SFH will use social mobilization to increase demand for STI treatment, VCT, TB DOTS among the most at risk population (MARP).

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$):

Current Program Context:

The national strategic focus on Most at Risk Populations (MARP) emphasizes the identification and targeting of groups that fuel HIV/STI transmission rates along with appropriate strategies for reaching them with messages and interventions. The government promotes condom use as a method of preventing HIV/STI transmission with MARP and it is mandatory for all mass media promoting condoms to promote A and B as the best protection strategies. The national BCC guidelines were launched in 2004. These will facilitate harmonization of the messages as well as improve the quality of messages delivered.\nEarly sexual debut and sexual experimentation characterize certain youth sub-groups, e.g., out-of-school youth who form over half of the youth population and who are particularly vulnerable to pressures to engage in risky sexual behavior.\nWith an estimated population of 100,000 personnel and 600,000 dependants, the uniformed services are one of the nation's largest MARP. The USG is the only donor addressing this critical population. Advocacy and policy development efforts have mobilized funds and staff from the armed forces and police establishments and AIDS control units are in place but require strengthening and decentralizing.\nThe Society for Family Health, the largest indigenous NGO, provides over 80% of the national condom supply. In CY 2003, 135,434,304 condoms were distributed via social marketing: 4,835,950 were distributed to the armed forces and another 655,557 were distributed free of charge elsewhere. DfID provides funds to SFH to purchase condoms. SFH sells many of the condoms it distributes.\nNational PLWHA networks and local support groups have been established and these groups are supported by the USG to promote prevention measures.\nThe NMOD, through the Nigerian Armed Forces Program on AIDS Control (AFPAC), funds behavior change and educational programs at 18 of its medical facilities. In addition, most Battalion level units also maintain peer education programs and pre/post deployment education/awareness programs. AFPAC will continue to fund FY05 activities and will not see a USG funded increase in these programs. FY05 will see measures to increase data collection and an assessment performed of the numbers of individuals reached. This assessment will be performed by the NMOD with technical consultation provided by DOD. Expansion of services will be submitted for FY06.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

Other prevention activities will be targeted at MARPS including transport workers, prostitutes, men and women in the workplace and other emerging MARPS such as some youth, men having sex with men and PLWHA. Men and women in the uniformed services are also a MARP and will be reached initially through comprehensive reproductive health services funded by separate population funds. FHI will work with certain key partners to identify and build the capacity of indigenous NGOs, and FBOs to expand prevention services. Key indigenous partners in prevention activities for MARPS will include such Nigerian umbrella organizations as the National Union of Transport Workers (NURTW) for transport workers, Nigeria Union of Teachers (NUT) for youth in school, Nigeria Employers Consultative Association (NECA), and Nigeria Business Coalition Against AIDS (NIBUCCA) for men and women in the workplace in Rivers State. CEDPA's community mobilization activities will support these and reach wider targets. Other potential partners include those that have been implemented interventions with MARPS in the past including. For a complete listing of these partners and their target populations, see Table 1.

The prevention strategy will include communication to change behaviors and social norms, improved access and treatment for STI, communication to increase demand for counseling and testing as well as community mobilization to reduce stigma. Messages will be tailored appropriately to the target populations, their behaviors and the cultural context in which they live. All activities will focus on self risk assessment and on methods to eliminate or greatly reduce risk. Activities will include:

- Capacity building workshops to develop action plans
- Communications materials designed within the framework of the communications strategy and targeted for the appropriate MARP and cultural setting
- Peer education programs in schools, brothels, workplaces and in communities
- Training of trainers for partner organizations in community mobilization and advocacy; basics of HIV/AIDS/stigma, family life education and counseling.
- Community mobilization activities targeting religious leaders, local businesses and community members.
- Hold an FBO summit to bring faith-based groups together to share lessons and develop action plans
- Increase access and referral to STI clinics
- Build capacity of community based organizations to provide prevention services through small sub-grants with funding and technical assistance in HIV/AIDS as well as organizational development.
- Referral systems for C&T, STI and TB

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	2%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Health Care Financing	1%
<input checked="" type="checkbox"/> Information, Education and Communication	12%
<input checked="" type="checkbox"/> Infrastructure	21%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Training	6%
<input checked="" type="checkbox"/> Workplace Programs	4%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community members
- Community-based organizations
- Factory workers
- Faith-based organizations
- Family planning clients
- Health Care Workers
 - Community health workers
- High-risk population
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Media
- Military
- Police
 - Truckers
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Students
 - Primary school
 - Secondary school
 - University
- Seafarers/port and dockworkers
- Sex partners
- Teachers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Rivers

ISO Code: NG-RI

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Society for Family Health

Planned Funds:

Activity Narrative:

The Society for Family Health will engage in a variety of activities to reduce risky behaviors. They will use road shows (i.e., street drama) to target prostitutes, their clients, military, and transport workers. Peer educators will be used to encourage sex workers to seek HIV testing, diagnosis and treatment of STI, and correct (including the use of lubricants) and consistent condom use. They will also distribute condoms to MARP. Finally, SFH will use social mobilization to increase demand for STI treatment, VCT, TB DOTS among the most at risk population (MARP).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	21%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%
<input checked="" type="checkbox"/> Health Care Financing	3%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Information, Education and Communication	7%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	6%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	4%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%

UNCLASSIFIED

- Training 5%
- Workplace Programs 7%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	12,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	320	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community-based organizations
 - Family planning clients
 - Health Care Workers
 - Community health workers
 - Doctors
 - Partners of sex workers
 - Street youth
- Host country national counterparts
- Implementing organization project staff
 - M&E specialist/staff
- Military
- Police
- Peacekeeping personnel
- Mobile populations
- Sex partners
- USG in country staff

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Abia	ISO Code: NG-AB
State Province: Bauchi	ISO Code: NG-BA
State Province: Benue	ISO Code: NG-BE
State Province: Borno	ISO Code: NG-BO
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Enugu	ISO Code: NG-EN
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Sokoto	ISO Code: NG-SO

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: StopAIDS / StopAIDS

Planned Funds:

Activity Narrative:

STOPAIDS will focus their prevention effort at Mile 3 and Abali major interstate motor marks in Port Harcourt, Rivers State. They will target out of school youth (13-30). They will involve youth in a participatory manner and encourage them to reduce or eliminate risky behaviors.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
- High-risk population
- Partners of sex workers
- Mobile populations
- Truckers
- People living with HIV/AIDS
- Women of reproductive age
- Girls
- Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Rivers

ISO Code: NG-RI

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Improved availability of and access to HIV CT services\nRapid expansion of demand for and access to C&T services in public, private and NGO sector facilities. Over 364,000 individuals will be tested for HIV (331,000 by FHI, 5,000 by CRS, 8,000 by SFH, 10,000 by StopAIDS and 10,000 by CHAN). To increase uptake of diagnostic C&T services at the health facility level, routine counseling and testing will be implemented (based on an opt-out approach) in all collaborating PMTCT/ANC, STI, TB, and family planning sites. Rapid tests will increasingly be used to reduce the need for specialized storage and increase ease of use. Counseling will be instituted and standardized in all USG supported testing sites, in FCT; Anambra, Edo, Kano, Lagos and Cross Rivers. Family VCT will be piloted in 4 states to be determined after the rapid assessment and, if successful it will be promoted in all target states. 74 Stand-alone VCT sites in franchised clinic will be developed and linked to treatment and care services. Finally, user-friendly VCT services, especially for youth and MARP will be established. Approximately, 24,000 TB patients (14,000 FHI, 10,000 WHO) will be tested and referred for HIV services in 24 DOTs sites. Approximately 306,538 women will receive counseling and testing for HIV in ANC clinics in these facilities.\n\nResult 2 Improved quality of existing C&T services\nUSG will improve the quality of counseling by: 1) improving the quality of training, 2) expanding topics to include disclosure and domestic violence, and 3) training more counselors, refresher courses for existing counselors and training lab technicians. USG program will support the refining of the national policy on counseling and testing will provide the foundation for standardized, quality services throughout the country. Improving and Using existing training materials 1,000 health workers and counselors will be trained in diagnostic CT, VCT, basic counseling and quality preventive, adherence, crisis, spiritual, couple and bereavement (on going) counseling. Counselors will be included in team trainings at the treatment sites described in the treatment section. US DoD will also support the Nigerian military through these courses. To ensure cost effective sustainability and improve quality 100 national trainers of counselors will be trained. Based on need, sites will be refurbished and renovated to ensure efficient patient flow and confidentiality of counseling sessions and records (recruit trained personnel, space for laboratory tests, counseling and screening rooms, equipment, Supplies-HIV kits, gloves, sharp disposal containers, disinfectants). Other barriers such affordability of C&T services will be addressed, (e.g. free or subsidized cost) and performed in client friendly, confidential settings. Quality tools (SOPs, flowcharts, forms and records) will be systematically used to ensure the quality of services. Processes will be monitored and evaluated for their performance. Biological tests will be assessed to guarantee accurate tests results, using internal and external controls procedures, under the guidance of UMD. For liability, issues of quality assurance, confidentiality, counseling, proper record keeping and safety precautions are entrenched in the operational system of all the sites as a key measure of quality and outcome of the project.\nQuality assurance will be promoted in all C&T sites to ensure the provision of quality counseling and laboratory services. Measures will be instituted in all USG supported sites to assess staff competency, client satisfaction and adherence to C&T protocols to better inform the expansion plan.\n\nResult 3: Strengthened linkages and existing health care networks\nEstablished and strengthened linkages between counseling and testing sites and HIV-related services will increase the efficiency and effectiveness of comprehensive services delivery e.g., CD4 testing for positives, prevention, care, and support. This

Total Funding for Program Area (\$): **Current Program Context:**

The National Objective is to establish and support a network of Voluntary Counseling and Testing (VCT) centers. GON target is to ensure access to quality C&T services to at least 50% of Nigerians by 2010. The number of trained VCT counselors and testing centers is improving but activities are generally limited to very few states and many states have no services. There are only 108 VCT centers nationally and the quality of most of these needs improvement. There is a limited number of pre and post test counselors and even less counselors for on going counseling in Nigeria. Most of the counselors undergo a five-day training course which is equivalent to an AIDS orientation course in settings like, Southern Africa. Due to the high stigma and denial, low uptake of voluntary counseling and testing is a major obstacle to access to VCT services. The Nigerian Demographic Health Survey 2003 reports that only 6% of women and 14% of men have ever been tested and received results of their HIV test. Only 3% of women and 6% of men have been tested and received results during the 12 months preceding the survey. The vast majority of the population 135 million (approximately eight in ten) has never been tested for HIV. Data from a variety of ANC revealed that overall almost one-quarter of women received counseling about HIV/AIDS during an antenatal care visit. A majority of women in the South East and South West (about six in ten) received AIDS counseling. Among women in other regions, those who received any information were in the minority, especially in the North East and North West where less than two in ten received HIV/AIDS counseling. In Nigeria most of the emphasis has been on VCT due to the high levels of stigma and denial. However, routine testing is common in the Nigerian health settings and the uptake is substantially high. This makes the introduction of HIV routine testing and/or diagnostic HIV testing more acceptable. During 2004 USG will support the review and updating of the Counseling and Testing protocol and guidelines to integrate diagnostic testing in health facilities, which will strengthen the practice which so far has been viewed as mandatory testing as well as assist in providing comprehensive HIV information to the patients. VCT is a key component to the program's prevention, care and treatment interventions. In support of the government policy the program will support the GON policy as well as use the approved tests to ensure that the clients receive their results on the same day. The program will build on existing interventions to develop sub agreements with NGOS, governmental and FBO organizations in each collaborating state to implement CT services, and will provide technical assistance to strengthen their capacity both to implement high quality CT and to manage programs with the ultimate goal of local organizations/institutions working independently. There are no other donors or international partners working specifically in the area of counseling and testing. However, the USG initiated the first two stand

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS supports comprehensive care and support services in eight dioceses in 5 states, FCT, Edo, Plateau, Kaduna, Nassarawa and Niger. CRS works with 10 partners; Catholic Secretariat of Nigeria, Archdiocese of Abuja, Archdiocese of Jos, Archdiocese of Kaduna, Archdiocese of Benin City, Diocese of Kafanchan, Diocese of Idah, Diocese of Lafia, Diocese of Minna, Mildmay International. The program supports multiple trainings and ongoing monitoring and support for Parish AIDS Volunteers (PAVs), as well as the establishment of formal referral networks with Catholic health facilities to facilitate access to CT services. During the fiscal year, C&T will start in February 2005 and the eight sub-grantees will provide CT services to approximately 1,568 people in 8 Catholic dioceses. 24 diocesan staff will be trained in CT within the Fiscal Year. In the award year the sub-grantees will provide CT services to approximately 5,000 people in 8 Catholic dioceses. 48 Catholic health facility staff from 24 health facilities will be trained in CT. The program will take advantage of the wide network of the Catholic health facilities to expand service provision. All HBC services will include a CT component and 25 diocesan participants will be trained as trainers, 25 Health Care Workers will be trained in HBC, 400 community volunteers will be trained by Diocesan staff and 21 lab technicians will be trained on rapid test use.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	29%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	26%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	446	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	24	<input type="checkbox"/> Not Applicable

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	2%
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	1%
<input checked="" type="checkbox"/> Health Care Financing	1%
<input checked="" type="checkbox"/> Information, Education and Communication	12%
<input checked="" type="checkbox"/> Infrastructure	21%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Training	6%
<input checked="" type="checkbox"/> Workplace Programs	4%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Trainers
- Volunteers
- Women of reproductive age

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Edo
State Province: Federal Capital Territory (Abuja)
State Province: Kaduna
State Province: Nassarawa
State Province: Niger
State Province: Plateau

ISO Code: NG-ED
ISO Code: NG-FC
ISO Code: NG-KD
ISO Code: NG-NA
ISO Code: NG-NI
ISO Code: NG-PL

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

In FY04, FHI is providing ongoing support to the 35 established VCT sites and plans to expand to 40 new sites in the 11 focus states, establish VCT centers in 4 military clinics, and test 331,000 individuals for HIV. In the award year, FHI and GLRA will continue to expand HIV testing and counseling in tertiary and secondary health facilities in 11 states. Sub agreements will be developed with the Ministry of Health and private health facilities in each State to support service delivery. Renovation and refurbishment of sites will be completed as needed. National guidelines on HIV counseling and testing, referrals and record keeping will be adapted for use at health facilities alongside standard operating procedures (SOP). In the fiscal year FHI will support trainings and refresher courses for 71 health workers and counselors in HIV counseling and testing based on national guidelines and 151 for the award year. In the fiscal year 31,250 people will receive C&T and approximately 331,000 people in the award year. M&E training will also be provided to 20 health workers ensure data quality and timely reporting. Referral mechanisms will be strengthened from and between health facilities (TB clinics and HIV- clinical care services) as well as to community socio-economic programs. Mass media communication will be extensively developed to help create and increase the demand for HIV testing; it will include TV and radio spots. FHI will support and encourage CT integrated services, such as family planning, prophylaxis for HIV positive TB clients with inactive TB; youth friendly services and post-test clubs. FHI will also pilot family testing in the four states and if successful it will be integrated in the USG program as a fully-fledged approach to expansion of CT in Nigeria. All the 71 outlets will provide screening for HIV in the TB clinics, out of the 331,000 individuals tested 31,250 TB clients will receive CT services. FHI will continue to provide technical oversight on counseling and testing within ANC including (1) training on CT as part of the bigger PMTCT training, (2) infrastructure for CT at some sites that have not been developed (13 sites already have the CT infrastructure). FHI and UMD will work synergistically within the tertiary level facilities. FHI will strengthen the CT activities within the relevant Units of these hospitals. FHI will identify new partners in the states, building on experience and lessons learned from these partners to rapidly expand services. All partners will be linked with other members of the integrated network to ensure collaboration and effective referral mechanisms.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	33%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Local Organization Capacity Development	23%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	16%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	12%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	252	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	323,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	71	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Clients of sex workers
- Commercial sex workers
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Disabled populations
- Factory workers
- Faith-based organizations
- Family planning clients
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Traditional healers
 - Private health care providers
 - Midwives
- High-risk population
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- M&E specialist/staff
- Military
- Police
- Peacekeeping personnel
 - Truckers
- National AIDS control program staff
- Orphan's and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Prisoners
- Program managers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Adamawa	ISO Code: NG-AD
State Province: Anambra	ISO Code: NG-AN
State Province: Bauchi	ISO Code: NG-BA
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Nassarawa	ISO Code: NG-NA
State Province: Niger	ISO Code: NG-NI
State Province: Rivers	ISO Code: NG-RI

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative:

FY05 will strengthen VCT clinics at 10 NMOD medical facilities, train 25 new VCT counselors, and test over 80,000 individuals for HIV seroreactivity. Refresher courses will be organized and implemented at existing VCT sites. Appropriate National testing and counseling guidelines, referral procedures, data collection and reporting procedures will be standardized.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	25	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacist
 - Midwives
- High-risk population
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Peacekeeping personnel
- Miners
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Sex partners
- USG in country staff.....
- USG Headquarters staff
- Widows
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kaduna

ISO Code: NG-KD

State Province: Lagos

ISO Code: NG-LA

State Province: Plateau

ISO Code: NG-PL

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Society for Family Health

Planned Funds:

Activity Narrative:

SFH will work with Population Services International, Exp Momentum, Marketing Promotion Concepts 8, and 'Make We Talk' MARC franchised clinics. CT is deployed as an entry point to prevention, treatment, care and support for the MARPs. SFH community level intervention will expand from 29 communities by the end of 2004 to 45 communities by the end of 2005. Each community will have one service delivery outlet (which will be a network member of the proposed franchised network). Three service providers comprising of nurses/community health extension workers and doctors will be trained per clinic in service delivery, including counseling and testing. Each outlet will in turn establish referral linkages with at least 2 other outlets, in cases where the community clinics are unable to provide full counseling and testing services. In fiscal year, approximately 1,392 people will be referred and followed up and this will be increased to 2,160 by the end of the award year. It is estimated that each service delivery outlet will provide counseling and testing services to at least 20 clients per month. Approximately 8,000 MARPs will be tested and counseled. To increase demand for CT SFH will develop BCC interventions such as mass media campaigns to complement the community live drama and interpersonal communication activities to be carried out by the PSRHH team (co-funded with DfID), 100 civil society organizations partners and peer facilitators/educators who will be trained in effective communication for community outreach. The 45 communities will be spread over approximately 15 states of Nigeria, in Lagos, Kano, FCT, Oyo, Edo, Rivers, Cross Rivers, Abia, Enugu, Benue, Plateau, Bauchi, Kaduna, Borno and Sokoto.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Nigeria FY 2005

UNCLASSIFIED

<input checked="" type="checkbox"/> Commodity Procurement	3%
<input checked="" type="checkbox"/> Community Mobilization/Participation	11%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Health Care Financing	5%
<input checked="" type="checkbox"/> Human Resources	4%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Needs Assessment	9%
<input checked="" type="checkbox"/> Policy and Guidelines	4%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	4%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	225	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	45	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Commercial sex industry <input checked="" type="checkbox"/> Brothel owners <input checked="" type="checkbox"/> Clients of sex workers <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Health Care Workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Military <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Mobile populations <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth |
|--|---|

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Abia	ISO Code: NG-AB
State Province: Bauchi	ISO Code: NG-BA
State Province: Benue	ISO Code: NG-BE
State Province: Borno	ISO Code: NG-BO
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Enugu	ISO Code: NG-EN
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Sokoto	ISO Code: NG-SO

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: StopAIDS / StopAIDS
 Planned Funds:

Activity Narrative:

StopAIDS will implement VCT in Lagos state. VCT services will complement care and support program as an integral component. Free VCT services will be piloted in Lagos metropolis/sate. The VCT activities will adopt a multi-faceted approach targeting the grassroots population at 5 operational major interstate/international motor parks iddo, idi-Magoro, Mile 2, Ojota and Oshodi. In addition the program will strengthen and expand the existing linkages with private and public health facilities for screening/testing of HIV and related diseases. It will feed into the care and support services which will be implemented in Lagos. The program will train 5 health workers in each post and provide CT services for 10,000 people. Activities include: Renovation and refurbishing of sites; Support for development and dissemination of guidelines and policies; Training of counselors; Quality assurance; Demand creation; Strengthen referral networks; and capacity development for local institutions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	25	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- High-risk population
- Partners of sex workers
- Mobile populations
- Truckers
- People living with HIV/AIDS
- Girls
- Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Lagos

ISO Code: NG-LA

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Christian Health Association of Nigeria

Planned Funds:

Activity Narrative:

CHAN intends to establish 3 CT centers to provide minimum acceptable standard working equipment and materials (HIV test kits and reagents), and train 150 relevant staff in counseling, testing and screening techniques. Each VCT center will be strengthened through renovation and refurbishment. Like all other sites quality assurance, confidentiality, counseling, proper record keeping and safety precautions are entrenched in the operational system of all the sites as a key measure of quality and outcome of the project. The centers will establish linkages with all the community support groups, PLWAs clubs and available reliable public and private laboratories for credibility of results and assurance of quality. Networks will also be built across the three established VCT centers by periodic review of techniques, strategy and quality assurance. Biannual quality assurance meetings will be supported in the two-year project.

The CT centers are expected to be accommodated in the MIs in the 3 designated towns-(Mambilla Baptist Medical Convention Gembu in Taraba State; Holy Rosary Hospital Emekuku Owerri in Imo State and Our Saviour Hospital Elele in Rivers State). 12-mission health institutions will be provided HIV test kits and which will provide laboratory referral services in the adjoining MI in the States in the Zones. The CT centers will be the bases for community awareness and Home Based Care and support for HIV infected mothers. The CT centers will initially be established by the project and test run for about 2 years of the project and if successful and sustainable will be scaled up with support of interested denominations, approximately 10,000 pregnant women will be tested.

Twelve community campaigns to sensitize and mobilize the communities served by the selected health institutions will be carried out to further create awareness among the communities on the benefits and availability CT services and other HIV/AIDS related services. The process will identify and create community vanguards on HIV/AIDS composed of mainly volunteers in the communities who will form a liaison between established institutions for HIV/AIDS services and the communities. Directly, about 2400 will be sensitized in a community awareness seminar but 12,000 community members are likely to attend in the 12 communities where the selected MIs are situated.

Activity Category

% of Funds

UNCLASSIFIED

<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	150	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders
- Widows
- Girls
- Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Imo
 State Province: Rivers
 State Province: Taraba

ISO Code: NG-IM
 ISO Code: NG-RI
 ISO Code: NG-TA

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW**Result 1:**

Result 1: Strengthened delivery of integrated HIV and TB services at Emergency Plan ART POS. According to the PHRPlus report from January 2004, the cost of biannual testing and treatment of TB in ART delivery sites in Nigeria is less than per client. Through activities in the FY05 COP, USG-Nigeria is investing in all three of its major ARV partners (FHI, UMD, and Harvard) to incorporate TB diagnosis and treatment as standard of care at each POS. In each site we will fund activities designed to insure that all HIV patients suffering from TB infection are accurately diagnosed and treated. Since most ART sites are being planned in tertiary or secondary centers a minimal investment in infrastructure should be required and our activities will focus on training and networking. In all ART service delivery sites, clinical staff and counselors will be trained to recognize TB infection in HIV+ clients and provide appropriate treatment or prophylaxis. Approximately 335 medical personnel will be trained (100 UMD, 100 Harvard, 100 FHI, 35 DOD). Comprehensive HIV care training of physicians and nurses will be carried out using a standardized curriculum which will include proper management of TB co-infection. Laboratory facilities that are currently conducting HIV testing, or those upgraded with Emergency Plan funds to perform HIV testing, will be cross-trained to ensure quality sputum-smear microscopy capacity. To facilitate rapid scale-up at sites, USG will hire or redirect additional staff to provide medical assessment, nursing care, counseling services, laboratory testing, medical records management, and data collection for M&E. Approximately 13,700 HIV+ clients (4,500 tested by UMD, 8,000 tested by Harvard, and 1,200 by the DOD) will be tested and treated for TB in each of the 17 major ART sites.

Result 2: Strengthened capacity of health professionals to diagnose and care for HIV-infected TB patients at existing TB DOTS centers. Integrated TB/HIV services will be initiated in 24 DOTS sites in 6 states in collaboration with TB Control Program in the FMOH, the WHO and FHI. In these selected DOTS centers we will work to ensure that every TB patient is tested for HIV. These centers will provide integrated VCT access and a referral and tracking systems for all newly diagnosed TB patients in centers within 20km of a designated USG or GON ART center. Center at Zaria. Approximately, 24,000 TB patients (14K FHI, 10K WHO) will be HIV tested and referred for HIV in 24 DOTs sites.

Result 3: Strengthened institutional capacity of FMOH DOTS training facilities and indigenous organizations caring for HIV+ TB patients. A critical component of the TB/HIV strategy is to build and improve the strengths of the existing TB DOT network in Nigeria. This is anchored around a single training facility in the city of Zaria in Northern Kaduna State. FY05 Emergency Plan activities will upgrade the National Tuberculosis and Leprosy Training Center to provide a platform for cross-training and quality control of TB/HIV activities in Nigeria. This facility currently provides initial and refresher training to integrated teams from all nationally recognized DOT centers on a regular basis. NLR and the FMOH currently fund the training facility although clients pay a tuition fee from either parastatal or NGO supported LGA DOT centers. USG will support curriculum development, teaching laboratory upgrades, and staff support to fully train staff from the 24 DOTS/VCT demonstration facilities described in Result 2. Through this activity in FY05 USG support will allow the training of 120 DOTS service providers at TB clinics in VCT and HIV testing procedures (standard training units are teams of four-five including physicians, laboratorians, health care workers and HMIS personnel from each DOT center). A standardized training curriculum will be adapted for the local context and integrated into the normal "refresher" training protocols at Zaria as well as into traini

Total Funding for Program Area (\$) **Current Program Context:**

Nigeria has one of the highest tuberculosis burdens in the world. Available data indicate that between 25-50 percent of Nigerian TB patients also have HIV, but no systematic survey of co-infection rates has been conducted since 2000 (FGON, 2001, WHO 2003). Unfortunately only 10-15% of an estimated 320,000 cases have been detected. Given the low overall rate of HIV in the Nigerian population, and the high rate of co-infection of TB patients with HIV, TB patients offer a natural pre-screened pool of potential ART clients. It is essential to utilize this pool of TB patients if the long-term goals for ART are to be achieved in Nigeria, 350,000 ART clients cannot be practically identified by VCT in the general population. However, fully utilizing this infrastructure must be done carefully so as to not compromise the quality of service offered by the NTP. Investment in the existing infrastructure to improve the case detection rate is a cost-effective and sustainable means to enhance HIV services in this high-risk population. In the first of several years of planned programming this investment will focus on providing quality TB care to HIV patients, providing VCT services and ART referral to TB patients in a few DOT centers, investing in a national capacity to roll-out VCT services to all TB patients, determining the exact prevalence of HIV in new TB patients, and strengthening the nationwide system for TB diagnosis and treatment. In subsequent years USG efforts will support full access of TB patients to VCT services and integration of ART services into outlying rural TB DOTS centers. As of February 2004, the Nigerian National TB Program (NTP) had implemented Directly Observed Therapy Short-Course (DOTS) programs in nearly all states and the FCT. It is estimated that 1,659 health facilities accounting for 33% of eligible health facilities have DOTS treatment centers in 400 of 774 Local Government Areas located in 33 of 36 states and the FCT. DOTS programs in 14 states, Benue, Kaduna, Akwa Ibom, Cross Rivers, Kano, Rivers, Adamawa, Bauchi, Oyo, Delta, Ebonyi, Edo, Ogun and Ondo are quite strong. Initially, the USG will target activities in agreed-upon focus states (Cross Rivers, Kano, Rivers, Adamawa, Bauchi, Edo, and Kaduna) and progressively expand to include additional states. In 2003, 42,974 new cases of TB were reported in these facilities (WHO-USAID-NMOH Mission Report, March, 2004). This corresponds to approximately 13,000 to 21,000 TB-HIV co-infected individuals annually. Patients benefiting from the TB control program are not necessarily aware of their HIV status and management of HIV infection and treatment of OI is not linked on significant scale with TB control activities. Twenty-five tertiary institutions are currently implementing the National ARV access program. Linkages need to be made to strengthen development of a comprehensive care package for PLWHA who are co-infected with TB at these institutional sites. Surveillance and monitoring are being undertaken by NTBLCP and NASCP but the other interventions are sub-optimally implemented. NACA has strong community and home-based development projects in several selected states, which can be used to further bolster TB-HIV referral systems. The FMOH has indicated a strong interest in integrating the NTP with national ART scale-up activities. Leadership changes within the NTP have also created a climate conducive to integration of VCT/ARV components.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

In the first year of the program, the long waiting lists at Harvard/APIN sites decreased the need for large HIV screening efforts. It is anticipated that significant HIV screening efforts may be needed in 2005, which will identify large numbers of HIV infected people, a fraction of whom will be TB coinfectd. APIN estimates that over 70% of these individuals will not meet the National ARV Guidelines for ART therapy and may require TB/HIV care.

At the 11 EP/APIN Plus sites Harvard plans a comprehensive care program. This includes diagnosis and treatment for STDs, OIs and TB. TB will be diagnosed by sputum and chest radiograph following the National TB guidelines. APIN estimates TB treatment will be required in 20% of HIV infected individuals identified. In addition, APIN will monitor CD4 cell count levels in order to provide ART when eligibility criteria are met. Approximately 100 physicians, nurses and counselors will be trained at the National Tuberculosis and Leprosy Training Center in Zaria to reinforce secondary prevention messages to HIV infected individuals and their families. APIN's conservative estimate for the care program is 8,000 HIV infected individuals based on a rate of per year of care.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	2%
<input checked="" type="checkbox"/> Logistics	3%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	3%

Targets:

Target	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	11	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Family planning clients
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Miners

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Borno
State Province: Lagos
State Province: Oyo

ISO Code: NG-BO
ISO Code: NG-LA
ISO Code: NG-OY

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

Activity 1: Incorporate and improve TB diagnosis and treatment into the 12 FHI points of service offering ART. Activities include: facilitating training in sputum smear microscopy capacity at centers that will be offering ART and VCT, coordinate logistics at these centers to assure integration of TB diagnosis and treatment of co-infected patients, integrate with the NTP of the FMOH to standardize diagnosis and treatment of co-infected patients, provide antituberculosis medications to HIV+ clients with concomitant TB infection.

Activity 2: Strengthen laboratory diagnostic capacities for TB patients in FHI ARV POS. In the three highest volume ARV clinics, FHI will acquire and install fluorescence microscopy capacity. In all 12 centers, FHI will provide for training of staff in TB diagnosis and management through sponsoring training at the National Tuberculosis and Leprosy Training Facility in Zaria.

Activity 3: Coordinate sample acquisition and HIV testing for HIV-TB co-infection national prevalence survey conducted by the WHO/FMOH. Activities include: coordinate with WHO/FMOH on issues surrounding protocol design and sample acquisition logistics, acquire and test blood samples from TB centers for HIV infection, report results to WHO/FMOH, participate in final study report generation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Infrastructure	43%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	55%
<input checked="" type="checkbox"/> Training	1%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,750	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	60	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Midwives
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Program managers
- USG in country staff
- USG Headquarters staff
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative: FY05 will demonstrate a DoD/NMOD focus that will strengthen four present DOTS centers (DHQ, 68th, 330th, and 3rd Division) presently and ensuring VCT services offered to every TB patient. Human resources will be expanded through the training of 35 medical personnel in diagnosis and 10 nursing personnel in DOTS. 1200 HIV(+) patients will be tested for TB and treated as necessary. A goal of contacting family members of infected individuals will be implemented with treatment implemented as necessary.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	45	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community members
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- High-risk population
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Miners
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Students
- Sex partners
- Teachers
- USG in country staff
- USG Headquarters staff
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:**Coverage Area:**

State Province: Federal Capital Territory
(Abuja)
State Province: Kādūnā
State Province: Lagos
State Province: Plateau

ISO Code: NG-FC

ISO Code: NG-KD

ISO Code: NG-LA

ISO Code: NG-PL

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

Activity Narrative: UTAP/UMD will sponsor TB/HIV training at the National Tuberculosis and Leprosy Training facility in Zaria for TB diagnosis and treatment as necessary to physicians that will be managing ART at UTAP/UMD sites. Implementation of quality, comprehensive TB/HIV diagnosis and treatment programs will be done at UMD ART centers for 4500 patients for a total cost of . Tuition expenses at this facility will be approximately . In addition, UTAP/UMD will undertake teaching laboratory renovation and equipping at the National Tuberculosis and Leprosy Training Center in Zaria in support of the overall USG program for . Teaching laboratory equipment necessary at Zaria will be procured and installed, additional laboratory reagents and equipment at UTAP/UMD ART sites will also be acquired. UMD will participate in laboratorian curriculum development for HIV testing specifically for TB DOT laboratory staff. This facility will be designed to provide cross-training for 24 TB laboratorians in HIV diagnostics and other hospital laboratory technicians in simple TB diagnostic techniques. In addition, laboratory specialists from the UMD-IHV central office in Abuja will travel to sites and provide training on-site as needed. The focus will be proper use of rapid HIV testing and confirmatory HIV testing with a focus on quality assurance (proper storage of reagents, proper laboratory record keeping, and proper use of controls). Proficiency testing and external QA carried out for all sites. UMD- IHV Abuja central office laboratory staff will arrange periodic site visits for QA monitoring and refresher training. The total cost of these supportive activities will be .

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	45%

Targets:

Target Description	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	13	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Program managers
- USG in country staff
- USG Headquarters staff
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Health Organization

Planned Funds:

Activity Narrative:

During FY05, WHO will focus on four objectives: 1) ensuring collaboration between HIV/AIDS programs and TB services; 2) scaling up and strengthening 24 DOTS sites as a pilot program to offer VCT services to every TB patient; 3) strengthening human resources; and 4) working with the FMOH to design and implement a national TB/HIV co-infection prevalence survey. WHO's TB/HIV/AIDS collaborative activities will start at selected TB DOTS sites in 4 LGS within 6 States. A total of 24 DOTS centers will offer TB-HIV testing services.

Activity 1: Design a framework for collaboration between HIV/AIDS and TB for the provision of integrated services. Activities include: establishing TB/HIV/AIDS working groups at the state and federal levels; evaluation of demonstration activities and cost-effectiveness of these activities at TB/HIV DOTS centers. (Budget:)

Activity 2: Scale up and strengthen DOTs sites to integrate HIV VCT services. Service delivery in 24 pilot DOTS TB clinic sites. These activities will include: strengthening TB/HIV/AIDS testing and counseling services, providing basic treatment kits for OIs, service delivery in VCT-ARV pilot sites, and strengthening TB case detection. (Budget: Training equipment/renovation total:)

Activity 3: Strengthen HR development for implementation of collaborative TB/HIV activities. Activities include: assisting in curriculum development and program design for TB VCT training at Zaria; providing tuition for training of TB DOTS clinic staff in HIV testing at Zaria; harmonizing in-service training materials; assess human resource needs to maintain high quality DOTs services; work with stakeholders to develop retention mechanisms and adequate remuneration. (Budget:)

Activity 4: Work with the FMOH to design and implement a national TB/HIV co-infection prevalence survey. Activities include: protocol design and adoption, training of staff at DOTS centers in data recording and capture, establishing sample collection protocols and referrals to USG HIV testing centers, conducting monthly and quarterly monitoring visits, final study report generation. (Budget:)

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	9%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	5,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	120	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	24	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Pharmacists
 - Private health care providers
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Trainers
- USG in country staff

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Improve and increased extent of Basic Care and Support Services
 Rapid expansion of basic care and support services in public, private and NGO sector facilities in 57 sites. These sites are located in FCT, Anambra, Edo, Kano, Cross Rivers, Jos, Idah, Kafanchan, Kaduna, Benin City, and Lagos. Expansion of these services will greatly contribute toward achieving emergency plan basic care and support services targets. Approximately 149,608 clients (proposed from FHI, CHAN, CRS, StopAIDS, DoD, and FBO/CSO Network APS) will be provided with Basic care services and procurement of OI treatments. Increased capacity of USG- supported health care facilities (4 COE and 9 satellites) in 8 focus states for OI diagnosis and management. Supporting the provision of ongoing comprehensive care and treatment for 5,000 persons infected with HIV in hospital and clinical sites the 8 focus states. Improve the quality of care services from USG by: 1) improving the quality of training by update guidelines and training materials on Home base care (HBC) and palliative care, DOTS and ARV adherence/counseling and referral mechanisms 2) increase in HBC recipients by identifying people of need 3) training of 991 medical staff, community health workers, existing HBC facilitators, newly recruited facilitators and HBC volunteers in all targeted states to ensure cost effective sustainability and improve quality.
Result 2: Increased geographical access to quality Basic Care and Support services
 USG Nigeria will strengthen organizational capacity to promote long-term sustainability of basic care and support services throughout the country. Improved quality of basic health care clinical services includes the provision of the Basic Care Package (safe drinking water, cotrimoxazole and isoniazid prophylaxis, insecticide-treated bednets, and micronutrients). These services within 10 states will be developed at primary sites linked to secondary sites and secondary sites linked to a regional referral hospital to ensure statewide coverage and increased geographical coverage. Community based groups will promote improved quality of basic health care clinical services for HIV+ patients through community socio-economic promotion programs and referral mechanisms to provide home-based care services to PLWHA's resulting in increased participation in basic care services in wellness programs by PLWHA and their families.
Result 3: Strengthened linkages and existing health care networks
 All these partners will be part of the care and treatment network, which will include the tertiary and federal hospitals under the technical assistance of UMD, the secondary and primary health care facilities under the technical support of FHI. All the Partners will be brought together through various training opportunities to ensure high quality of services, adequate referrals in all directions, efficient use of media and tools and cross learning. Established and strengthened linkages between counseling and testing sites and HIV-related services will increase the efficiency and effectiveness of comprehensive services delivery e.g. testing for positives, prevention, care, and support.
Result 4: Enhanced capacity of indigenous partner
 Strengthen partnerships and collaboration with local FBOs and CBOs, particularly in relation to involvement and supervision of volunteers, to manage the increase in HBC beneficiaries. Technical assistance and sub-agreements will be provided to the major partners to implement programs with FBO's and CBO's in each of the states. These sub- agreements will provide funding, overall guidance for standardization of protocols and required linkages between network partners. Technical assistance will be provided to set standards, share tools, monitor quality. This technical assistance will also focus on organizational development to encourage sustainability. It will include assistance in resource development, strategic planning, program and financial

Total Funding for Program Area (\$): **Current Program Context:**

The need for Basic care and support has been recognized by the FGON. The FGON has set a National Target to ensure that by 2010, 50% of health institutions will be able to offer effective quality care and management for HIV/AIDS. They also want to ensure that at least 20% of all local government areas (LGA) will be able to offer home based care (HBC) services to PLWHA in their communities. Until now, Basic care services relating to treatment and care have been slow to develop considering that the HIV/AIDS epidemic has been identified in the country for over 18 years. The Basic care and support infrastructure is limited due to the fact that existing staff are overstretched and most have insufficient training in key technical areas (counseling, nutrition, and social services) to provide complete HIV care services, which include, patient education, adherence support, patient monitoring, legal counseling, and other care and social support services. Furthermore, there is shortage of human resources, lack of diagnostic facilities and limitation of treatment option. In addition OI prophylaxis is not widely practiced in the country. The FMOH has now trained staff on clinical management of symptomatic disease in seven states and expect Basic care and support services to increase in 2004. In addition the USG initiated the first two stand-alone VCT centers in the country and a national target has been set to ensure that by 2010, 20% (18% by 2008) of communities affected by HIV/AIDS will have VCT centers designed to provide basic care services for people infected and (affected) by HIV/AIDS. At present Basic care and support services are targeted in 4 Centers of Excellence sites and 9 satellite clinics. Activities under emergency plan will focus on expanding provision of Basic care and support services at the current sites and other states designated by FMOH throughout the country. These services will be integrated with VCT, PMTCT, prevention and treatment of STI, TB, and ART services.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CSO and FBO Network APS / To Be Determined
Planned Funds:

Activity Narrative:

The CSO/FBO Network APS will support up to 30 indigenous NGOs or FBOs to be expanded to 60 by 2009 through the umbrella funding mechanisms in six different geopolitical zones. The umbrella funding mechanisms will be funded to 1) Build organizational and technical capacity of national and regional indigenous Nigerian CSOs including FBOs to manage and support their local chapters and other smaller CSOs; and, in the process, 2) Strengthen and support the ability of faith-based and community-based organizations to design, implement, monitor and expand delivery of HIV/AIDS prevention, care and support services in their communities. In the bid to build sustainable programs and increase ownership of the programs by the indigenous communities the recipient will build the organizational capacity of the indigenous organizations to enable them access funding directly from donors like the USG. The APS will complement what FHI is doing and will target the states with highest need that are not reached by FHI or any other donor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional birth attendants <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> Midwives <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

CRS plans to expand the scope of care and support services (in seven states in 8 services outlets) offered to people living with HIV/AIDS (PLWHA) in seven dioceses, increase the geographic coverage to accommodate 14,528 people in the Archdioceses of Abuja and Jos, and the Dioceses of Idah and Kafanchan. Four additional dioceses supported with USG funds are the Archdioceses of Kaduna and Benin City, and the Dioceses of Lafia and Minna. CRS Basic care and support activities are provided to community members by Parish AIDS Volunteers (PAVs), which will ensure indigenous capacity building. The project supports comprehensive care and support services including voluntary confidential counseling and testing (VCCT) services, home-based care (HBC), support groups for PLWHA, nutritional food supplements, and subsidized drugs for opportunistic infections (the last is privately funded).

PAVs are trained and supported by the project-funded HIV/AIDS teams in each of the seven Dioceses. CRS plans to training for 450 people this year. Support groups provide psychosocial support, create a supportive atmosphere in which to share experiences and learn from other members, and promote positive living. Support group meetings also serve as a venue for the distribution of food supplements and an opportunity for members to consult with volunteer doctors. The project provides PAVs with home-based care kits containing basic drugs (privately funded) and disinfectants needed for the care of PLWHA. To ensure quality services, CRS's project supports multiple trainings and ongoing monitoring and support for PAVs.

Activities in the award/fiscal year will focus on strengthening the infrastructure and organization of all the basic care and support activities, particularly focusing on the aspects of referral networks, provision of VCCT, expanding support group membership and activity, and training PAVs. To ensure quality services, the project supports multiple trainings and ongoing monitoring and support for PAVs, as well as the establishment of formal referral networks with Catholic health facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	9,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Traditional birth attendants
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Trainers
- Volunteers

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kaduna

ISO Code: NG-KD

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

FHI are concentrating their efforts on facilitating the provision of basic care services in 12 selected secondary and primary health care facilities in FCT, Edo, Kano, Anambra, Lagos, Cross-Rivers. Clients will also be linked to ARC/NRCS for home-based care services at the community level where approximately 60,000 people will receive basic care and support services including nursing care, psycho-social and spiritual support, palliative care as well as adherence monitoring/counseling for TB/ART and drugs for opportunistic infections, palliative and home-based care kits (procured by FHI).

FHI will work with the American Red Cross, the Nigerian Red Cross (ARC/NRCS), CHAN and other local organizations in each state to strengthen the capacity of community groups and health care workers to provide Basic care and support. FHI plan to work with and strengthen its associate partner, the Christian Health Association of Nigeria (CHAN) to provide medical care, medical advice/support, nutritional care, nutritional advice, psychosocial support, home visits, and hospital visits. ARC in collaboration with NRCS will identify scale up priorities for HBC/basic care services for the second year and develop a detailed implementation plan.

In collaboration with other key partners, (ARC/NRCS) FHI plans to update guidelines, training materials and train 150 people on HBC and palliative care, DOTS and ARV adherence/counseling and referral. ARC/NRCS will also hold HBC trainings for existing HBC facilitators and newly recruited facilitators and HBC volunteers throughout the second year in basic nursing care, PSS and spiritual support, and adherence monitoring/counseling. FHI also plans to strengthen partnerships and collaboration with local FBOs and CBOs, particularly in relation to involvement and supervision of volunteers, to manage increase in HBC beneficiaries.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	52%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	1%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	22%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	9%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	70,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	150	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Twinning
- Volunteers

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative:

DoD/NMOD basic care will commence in two newly developed ART sites (Defense Headquarters, 68th Hospitals) and strengthen current sites of ART (330th, 3rd Division). 1200 new patients and 100 presently treated (non PEPFAR) patients will be supported through this program. Basic care packages will include cotrimoxazole and isoniazid prophylaxis, bednets and micronutrient support.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Host country national counterparts
- M&E specialist/staff
- Media
- Military
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Religious/traditional leaders
- USG in country staff
- USG Headquarters staff
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Kaduna	ISO Code: NG-KD
State Province: Lagos	ISO Code: NG-LA
State Province: Lagos	ISO Code: NG-LA
State Province: Plateau	ISO Code: NG-PL
State Province: Plateau	ISO Code: NG-PL

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: StopAIDS / StopAIDS

Planned Funds:

Activity Narrative:

StopAIDS will implement Basic care and support in Lagos state. Basic care and support services will complement care and support program as an integral component. Free Basic care and support services will be piloted in Lagos metropolis/sate. The activities will adopt a multi-faceted approach targeting the grassroots population at 5 operational major interstate/international motor parks iddo, idi-Magoro, Mile 2, Ojota and Oshodi. In addition the program will strengthen and expand the existing linkages with private and public health facilities for screening/testing of HIV and related diseases. It will feed into the care and support services which will be implemented in Lagos. The program will train 25 health workers in each post and provide Basic care and support services for 2,000 people. All the above activities will contribute to, 1) Improved availability of and access to of HIV Basic care and support services, 2) Increased use of HIV Testing and Basic care and support Services, 3) Enhanced quality of Basic care and support services and 4) Expanded linkages between Basic care and support services and care and treatment facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Discordant couples*
- People living with HIV/AIDS*

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Volunteers

Coverage Area:

State Province: Lagos

ISO Code: NG-LA

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

Activity Narrative:

UMD will focus on expanding basic care and support services including malaria care to 6 outlets in FCT, Edo, Kano, Anambra, and Cross-Rivers. UMD activities are centered on strengthening organizational capacity to promote long-term sustainability of Basic care and support services throughout their targeted states. These 6 service outlets within a region will be developed with primary sites linked to secondary sites and secondary sites linked to a regional referral hospital to ensure statewide coverage to approximately 31,950 people.

UMD plans to hire new and redirecting additional staff and provide training for 66 physicians and nurses in medical assessment, nursing care, counseling services, laboratory testing, medical records management, and data collection for M&E to help facilitate rapid scale up of new and existing sites. Rapid scale up activities also include enhancing linkages, referral systems and expertise sharing among physicians from the regional referral hospital to contribute to capacity development activities and network interaction at sites throughout the region.

UMD plans to work with community-based groups to promote and improved quality of basic health care clinical services for HIV+ patients and provide home-based care services to PLWHAs. This will result in increased participation in basic care services in wellness programs by PLWHA and their families. Expansion of these services will greatly contribute towards achieving PEPFAR basic care and support services targets.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	27,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	66	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- High-risk population
 - Discordant couples
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Military
- Ministry of Health staff
- Mobile populations
 - Migrant workers
 - Refugees/internally displaced persons
 - Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Prisoners
- Program managers
- Sex partners
- Teachers
- Trainers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP 04 Deferred Funds / University of Maryland
 Planned Funds:

Activity Narrative:

In collaboration with USG Implementing Partner FHI, comprehensive HIV care training of physicians and nurses will be carried out using a standardized curriculum. UMD will collaborate with the Nigerian Institute of Medical Research (NIMR), the Nigerian FMOH, Harvard APIN, and Catholic Relief Services to update and expand a curriculum developed by NIMR in the past so that a country-wide standard curriculum is in use. UMD will use Nigerian medicine and pediatric personnel trained under the UMD program as faculty for these training activities. UMD plans to develop Nigerian nursing and counseling training expertise utilizing a train the trainer model. They will collaborate with FHI and its partners in the training of pharmacists.

Deferred funds will enable to provide care services in a greater number of sites to an increased number of individuals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	7,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	75	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> Injecting drug users <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Mobile populations <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Migrant workers <input checked="" type="checkbox"/> Refugees/internally displaced persons <input checked="" type="checkbox"/> Truckers <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Prisoners | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN 04 Deferred Funds / Family Health International

Planned Funds:

Activity Narrative:

FHI will provide sub grants to faith based and indigenous organizations to build and strengthen community care and support networks. In addition to financial support, FHI will provide technical assistance and capacity building to local organizations to standardize the quality of services offered and to improve their administrative and fiscal management practices. FHI will also work with all sub grantees to link their services to clinical care and ART, counseling and testing and PMTCT services. It is anticipated that these deferred funds will provide care and support services for 50,000 people affected by HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	19	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Lagos	ISO Code: NG-LA

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW**Result 1:**

Result 1: The USG and its partners will increase the extent of care and support services for orphans and vulnerable children (OVC). The USG will fund a community led response to caring for OVC that will strengthen existing family structures to support OVC without undermining the 'safety net' of social values in Nigeria. At least 102,000 OVC will receive services as need arises such as health care, nutrition, education, economic, and psychosocial support. Families and communities with OVC will be supported through training (counseling for children, development of memory books, peer support clubs) and establishment of income generating activities. USG through the OVC task force chaired by the Federal Ministry of Women Affairs will support the development of the national OVC policy.

Result 2: The USG and its partners will improve the quality of existing OVC programs. The USG and its partners will use best practices with a clear plan to collect meaningful measures, find gaps that exist in orphan care, and evaluate the effectiveness of interventions. The findings will be used to inform the National OVC policy. FHI will provide technical assistance in all aspects of OVC programming. The program will also provide assistance in organizational development focusing on strategic planning, program management, program and financial reporting, and monitoring and evaluation with the ultimate objective of these organizations managing funding and programs independently. The USG and its partners will also facilitate the development of community driven action plans that robustly tackle issues including: stigma reduction, the provision of resources for community OVC initiatives, the elimination of systemic and structural obstacles to overcoming stigma and discrimination; and the recruitment of leaders to serve as OVC advocates. Finally, the USG and its partners will help protect vulnerable children through continued participation in the policy making process. The USG will continue to contribute to the OVC task force chaired by the Federal Ministry of Women Affairs. The program will also increase child protection through effective legal and institutional support systems such as policy efforts to protect property, succession and pension rights and/or to protect OVC rights to education, health, social and legal services. Working with community leaders to access political leaders at all levels.

Result 3: The USG and its partners will utilize networks, linkages and referral systems to better serve OVC. OVC programs will provide a range of services while making a concerted effort to avoid creating unnecessary parallel structures. Programs will be linked to public sector led community based interventions; government funded services; non-HIV/AIDS related poverty eradication programs; and other Emergency Plan prevention, care, and treatment programs. Activities will be based in the same communities as many of the other USG funded interventions, further strengthening the multidirectional referrals within an integrated health network. OVC programming will be integrated into the home-based care programs described throughout the COP strengthening caregivers to provide psychosocial support for children with HIV/AIDS and children of PLHWA. USG partners, CHAN, UMD, FHI, IFESH and DD will be integrating OVC care into PMTCT programs, ensuring follow-up care for children of infected mothers. In addition to this, the USG will promote an improved understanding of challenges facing OVC programs in Nigeria through information exchange and collaborative efforts between partners that offer an array of services.

Result 4: Enhance capacity of indigenous partners to implement OVC interventions. USG supported FBOs and CBOs will provide caregivers with resources that will allow them to provide better care to OVC. The USG program will support activities to 1) identify and monitor vulnerable households, 2) Provide care and support for orphans and

Total Funding for Program Area (\$) **Current Program Context:**

There are 1.8 million children orphaned by HIV/AIDS in Nigeria. The policy project assessment of the OVC situation in Nigeria projected at least 3.25 million OVC by 2010. There are significant regional differences in the proportion of orphans in Nigeria. The highest proportions are in the southeast (10.6%) and the lowest (2.6%) in the northwest. It is estimated that nationally, around 270,000 of these orphans are infected with HIV/AIDS. The consequences of HIV/AIDS and other causes of mortality have resulted in one out of every ten Nigerian households caring for at least one orphan. In communities with a high prevalence of HIV/AIDS, such as Benue state, the average number of orphans being cared for by each family is 3 to 4 children. Consequently, families that are not infinitely elastic are becoming overextended and economically burdened. Nigeria has been exceedingly slow to respond to this crisis. This meager response is largely due to three constraints: First, the Nigerian Government has been slow to identify children in need of care and support and then mobilize resources for them (although an OVC National Policy is now being developed); Second, community organizations have limited capacity to implement larger scale programs due to organizational weaknesses and stigma and denial; Finally, interventions that have been used have failed to leverage the vast pools of resources that have gone to other development programs. As a result, the current scale and coverage of existing OVC programs does not reflect the magnitude and dimension of the OVC challenges in Nigeria. For the most part, the services that do exist are provided by faith based organizations, churches, mosques and an array of CBOs. These programs are small in scale, and usually cater to as few as 8 orphans. Only a few programs are able to reach thousands of children. Only a portion of the programs surveyed in Nigeria are supported by the Nigerian government (one out of every eight). The public sector response in Nigeria appears to be leaning away from the social welfare paradigm which promotes institutionalized care. Even though institutional care is not aligned with cultural practices and norms, there are several hundred orphanages in Nigeria and qualitative data suggests that many of the public and private orphanages are poorly funded and in physical disrepair. The Nigerian government has taken a crucial first step forward by adopting the Yamassoukro Common Platform for Action, to guide its efforts towards establishing a national OVC program. However, the National HIV Emergency Action Plan of Nigeria does not contain specific guidelines on care and support for OVC. While some momentum has been shown by NACA and the Federal Ministry of Women Affairs in the area of OVCs, most state level committees are still grappling with their roles within the national context. The USG has been involved with the Nigerian government in a core steering committee convened by UNICEF, USAID, the Federal Ministry of Women's Affairs, National Action Committee on AIDS (NACA), the World Bank, and UNAIDS. The committee recently carried out a rapid assessment on the OVC situation, which came up with some specific direction which will inform the OVC policy. The committee has been reconstituted into the National OC task force chaired by the Federal Ministry of women affairs. Most of the funding for OVC programs comes from USAID, DFID or UNICEF. These activities offer important opportunities to learn about implementing OVC programs in the Nigerian context. Implementing partners such as Family Health International (FHI), the Center for Development and Population Activities (CEDPA), The Futures Group POLICY Project and the ENHANSE Project will provide technical assistance for OVC policy development and advocacy and advocacy.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: OVC APS / Christian Aid

Planned Funds:

Activity Narrative:

Christian Aid currently works with two Christian partners, one inter-faith group, two organizations that work with Islamic leaders, and one PLHA support network in Nigeria. Most of Christian Aid's work focuses on reducing stigma and HIV/AIDS awareness. With Track 1 funds, Christian Aid will work with "two Anglican Dioceses to disseminate lessons more widely in support of the implementation of the Anglican Church's national HIV Strategic Action Plan" in Enugu and Jos. It appears as though Christian Aid plans to wait to implement their actual program in Nigeria in the third year of their award, which is not responsive to the high demand for OVC interventions.

It is unclear to the USG how this activity will complement the work that Christian Aid is already doing with the two Dioceses in Nigeria. It is also unclear how the amount allocated for Nigeria in their proposal, roughly would be enough to benefit a substantial number of OVCs. To further complicate this issue, Christian Aid proposes to work in Jos, which is not a GON priority. While the USG has assured the President of Nigeria that Emergency Plan funds will support the GON national program, this adds yet another activity in a region where activities are clustered.

While the Anglican Diocese may be able to provide effective interventions for OVC, it may require careful management and coordination.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	200,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Enugu

ISO Code: NG-EN

State Province: Plateau

ISO Code: NG-PL

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: OVC APS / Hope Worldwide South Africa

Planned Funds:

Activity Narrative:

Over five years, the Africa Network for Children Orphaned and at Risk (ANCHOR) will strengthen and scale up community-based interventions to provide comprehensive care for orphans and vulnerable children in disadvantaged communities located in Lagos. ANCHOR is a partnership of five organizations: HOPE worldwide, South Africa (HOPE), the Rotarian Fellowship for Fighting AIDS (RFFA), Coca-Cola/Africa (CC), the Schools of Public Health and Nursing at Emory University (Emory), and the International AIDS Trust (IAT). It is unknown how many of these sub-partners will be working in Nigeria. HOPE Worldwide's proposal has allocated \$235,602 for work in Nigeria in the first year of the award. HOPE's OVC care and support approach is based on the Siyawela model, which facilitates the development of support groups for OVC within existing community structures such as primary health clinics, and promotes multi-level OVC care and support through community resource mobilization and local stakeholder participation. Sub-grants will be provided to selected community groups to build capacity and scale up care and support to OVC. HOPE worldwide South Africa will be the lead agency, coordinating program management through its African headquarters office in Johannesburg, while staff and volunteers will administer and implement the programs in Nigeria. Through a phased approach, ANCHOR will strengthen OVC responses where partners have ongoing activities. In Phase 1, activities will be scaled up rapidly and within the first six to nine months community groups will be mobilized OVC served at each of the sites. Other community program sites will be targeted in Phase 2 and 3 will target additional communities that will first need assessments and capacity building before they can scale up activities and measurable impacts. HOPE Worldwide will be supporting best practices and mobilization strategies, mentoring and training, and linkages with host country HIV/AIDS infrastructure. Emory provides expertise in monitoring and evaluation components that will track program quality and effectiveness and add to the pool of information about effective responses to OVC issues. RFFA and Coca-Cola activate civic and business leaders to support community and workplace interventions, and contribute to national advocacy and resource mobilization efforts. IAT will be engaged with national leadership on the effective use of resources to address HIV/AIDS and assists in establishing sustainable policies and programs. If HOPE Worldwide widened the scope of their proposal to include more than Lagos, or if a different state with high HIV/AIDS incidence and greater demand is chosen, they may have the potential to reach many more targets than the number currently planned.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	150	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources

Coverage Area:

State Province: Lagos

ISO Code: NG-LA

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CSO and FBO Network APS / To Be Determined

Planned Funds:

Activity Narrative:

The CSO/FBO Network APS will support up to 30 indigenous NGOs or FBOs to be expanded to 60 by 2009 through the umbrella funding mechanisms in six different geopolitical zones. The umbrella funding mechanisms will be funded to 1) Build organizational and technical capacity of national and regional indigenous Nigerian CSOs including FBOs to manage and support their local chapters and other smaller CSOs; and, in the process, 2) Strengthen and support the ability of faith-based and community-based organizations to design, implement, monitor and expand delivery of HIV/AIDS prevention, care and support services in their communities. In the bid to build sustainable programs and increase ownership of the programs by the indigenous communities the recipient will build the organizational capacity of the indigenous organizations to enable them access funding directly from donors like the USG. The APS will complement what FHI is doing and will target the states with highest need that are not reached by FHI or any other donor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	12%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	2,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Private health care providers
- Midwives
- High-risk population
- Street youth
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- University
- Teachers
- Trainers
- USG in country staff
- Volunteers
- Widows
 - Girls
 - Boys

Key Legislative Issues:

Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

FHI will work with 30 indigenous NGOs including faith based organizations to strengthen the capacity of families and communities to increase access to sustainable services that mitigate the impact of the epidemic and help prevent further spread of HIV in this vulnerable population. FHI will use a multi-sectoral approach that will address the educational, medical, and psychosocial needs of families along with providing economic support. FHI will be working in six different states: FCT, Anambra, Edo, Kano, Lagos, and Cross Rivers. In FY04 FHI will work in 12 sites, train 130 individuals in OVC care and support an organizational development and 54,000 OVC will receive services.

Linkages and referrals for children infected and affected by HIV/AIDS will be established with all care and support and treatment services provided by FHI and other partners described elsewhere in the COP. Activities will be based in the same communities as many of the other interventions described, further strengthening the multidirectional referrals within the integrated health network. Activities include:

- Grants programs to fund well established indigenous organizations to provide services to families and communities. These organizations will be identified within the integrated health network described elsewhere. With additional funding, access will be increased. These organizations will include local faith-based organizations with experience in OVC support and will require little capacity building such as Justice and Development Program in Anambra State.
- Small grants program to nascent community based organizations to strengthen their capacity to provide services. These services may include any aspect of a comprehensive program addressing the short and long-term needs of OVC. FHI will provide considerable technical assistance not only in helping these organizations serve OVC, but also in developing their own organizational skills including resource development, strategic planning, financial and programmatic monitoring and reporting.
- Develop a communication strategy to increase awareness of and demand for services for OVC and to help reduce stigma. Most of the messages will be integrated into broader prevention and care campaigns at all levels but some will be specifically targeted at the community level based on formative research.
- Integrate care for OVC into home based care programs described elsewhere strengthening caregivers to provide psychosocial support for children of PLWHA.
- Integrate OVC care into PMTCT programs, ensuring follow-up care for children of infected mothers.
- Provide technical assistance in all aspects of OVC programming.
- Increase child protection through effective legal and institutional support systems such as policy efforts to protect property and pension rights and/or to protect OVC rights to education, health, social and legal services. Working with community leaders to access political leaders at all levels.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	17%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	1%
<input checked="" type="checkbox"/> Local Organization Capacity Development	38%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	24%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	1%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	490	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Faith-based organizations
- Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Students
 - Primary school
 - Secondary school
- Widows
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

Result 1:

A considerable proportion of monies for antiretroviral therapy will be spent on procuring ARVs. The most desirable and cost-effective way to procure drugs is to use a central procurement mechanism. This will ensure the lowest costs by pooling orders and should result in standardization of quality drugs and timely access for all program sites. We anticipate moving towards central procurement in earnest following the award of the USG supply chain contract. This mechanism would be activated by June 2005 and we hope to place our initial orders with the supply chain contractor at that time. To date, our implementing partners have been ordering their ARVs in an ad hoc manner with varying degrees of success. To reduce redundancy and minimize the risk of ARV stockouts we propose that procurement of ARVs be done using two prime partners: Harvard and FHI. These two partners will procure all ARVs for USG sponsored sites either directly or via their sub-partners. We will procure only first and second line ARV regimens approved by the Government of Nigeria. Branded drugs will be procured for a short period of time until generic drug companies can be certified by the US Food and Drug Administration, after which, generic drugs will be procured.

Result 1: Access to anti-retroviral drugs is increased. FHI and Harvard will procure the ARVs and associated supplies for the direct assistance portion of the USG program in Nigeria. The USG will procure ARV drugs for 25,320 patients in FY 05. Procurement will entail forecasting, actual procurement, logistics, storage and warehouse management and distribution to all USG supported service delivery sites.

Result 2: Linkages between existing drug logistics systems is strengthened. FHI and its sub partner, AXIOS, will partner with CHAN and target State Ministries of Health to improve the drug logistics system linkages between the public and private/faith based facilities incorporated in the UMD/FHI ART health system network. Currently the public and private/faith based systems have parallel drug logistics systems. At the State level, Axios will work to create synergies between these two forecasting, logistics and warehousing systems.

Result 3: The capacity of the national ARV drug procurement and logistics system in Nigeria is enhanced. JSI/Deliver will work with NAFDAC and the FMOH to strengthen national procurement and drug logistics systems in Nigeria.

Estimated Percentage of Total Planned Funds that will Go Toward ARV
 Drugs for PMTCT+ 2%
 Percent of Total Funding Planned for Drug Procurement 16%

Total Funding for Program Area (\$): **Current Program Context:**

Currently the Government of Nigeria is procuring generic anti-retroviral drugs for approximately 13,500 people. While the Federal ART program has had some successes, there is urgent need for ARV drug logistics, forecasting and management improvement. The lack of an information system to collect data and disseminate information supports the finding of a lack of communication between the central supply system and between centers. Data on prescriptions, stock cards and patient data that is needed for closer monitoring of the program is not easily available. ARVs are procured from the pharmaceutical company offices locally, and there are warehoused centrally in the Central Medical Stores in Oshodi, Lagos. The national program has insufficient funds to deliver stocks to each of the treatment sites, and consequently, each site is required to arrange for collection of its supplies. The Government of Nigeria's policy is to provide ART at the most competitive price to all who need it. Two manufacturers of generic ARV drugs have had local office representatives and are supplying the government program. The Government of Nigeria is encouraging local production of generic pharmaceuticals. The Federal Ministry of Health has agreed to let the USG procure branded drugs for a limited time period until generic drug companies can be certified by the U.S. Food and Drug Administration. The procurement and supply management of drugs and related commodities must be strengthened in order to achieve efficiencies in service and to improve accessibility. This will involve investment in an information system that links the central medical stores with all centers that provide treatment as well as investment in re-training of staff. Budgetary shortfall, ARV stockouts, over-enrollment and lack of recording and monitoring of patients have compounded the delivery of this needed service. Although ART is available in the private sector, it is expensive and out of reach for most Nigerians. Consequently, many are referred back to the nearest public health facilities that are known to provide treatment. In FY 04, USG ART implementing partners each procured their own drugs with the exception of the FHI/UMD partnership which is procuring together with their sub-partner, Axios. These individual drug procurement programs are building local capacity in their respective target areas to improve forecasting, procurement, logistics and storage to ensure a continuous supply of ARV drugs at all USG supported facilities (This includes 14,400 patient months of ARV for DoD. DoD cannot purchase ARVs, and award was given to Axios to consolidate USG procurement). In addition, JSI Deliver has been working at the national level to improve the national logistics systems to address the gaps in the Government of Nigeria program. In FY 05, the USG will continue to consolidate ARV drug procurement in preparation for the supply chain contract which will centralize these programs. In FY 04, JSI Deliver will build upon achievements in FY 05 to ensure that the USG supported logistics systems feeds into the national logistics system.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Harvard will procure ARV drugs for the additional 2005 patients initiated at Harvard PEPFAR sites. By the end of 2005, Harvard will have approximately 16,000 patients on ART. Many of Harvard year 1 patients who initiated ARV 6-12 months ago will require second line and salvage drug regimens were increased. Over the course of the year, Harvard anticipates that 30% of those patients will require replacement ARV for toxicity or switching to second line regimens and 10% will require salvage regimens. Drug resistance testing will be needed for approximately 60% of patients with clinical or virologic/immunologic failure requiring drug switching. Costs include drug procurement, distribution and storage. Expansion and renovation of pharmaceutical storage areas at all sites will be provided for to accommodate increased needs. Training of additional pharmacy staff will be provided for with capacity building to scale up recording keeping and projection needs.

The costs requested here will be used for the new 8,000 patients that are put on therapy in 2005, most of these will be treatment naive but we still anticipate that 20-30% will require alternative or switched regimens over the year. Training costs for pharmacy staff at each site will help build the capacity of this critical part of the program.

Activity Category

- Commodity Procurement
- Infrastructure

% of Funds

75%
25%

Targets:

 Not Applicable

Target Populations:

- Men
- Women
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- Family planning clients
- Health Care Workers
- High-risk population
- Partners of sex workers
- Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Miners
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

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Coverage Area:

State Province: Borno
State Province: Lagos
State Province: Oyo

ISO Code: NG-BO
ISO Code: NG-LA
ISO Code: NG-OY

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative: FHI Sub-partner Axios Foundation

Results: ARVs procured and delivered to health facilities to put 17,320 people on ARV treatment. Capacity in drug forecasting at site and central levels will be improved. Functional system for stock management in place. Improved and expanded warehousing and distribution.

Axios Foundation will be responsible for procurement of ARV as well as supply chain management, delivering the required ARV drugs for PLWHA meeting criteria for ART, including PMTCT +, to USG partners including UMD, FHI and DOD. Axios is a new USG partner bringing significant experience in drug management and logistics from their work in other African countries, most specifically in the delivery of Nevirapine for PMTCT, test kits for VCT and Diflucan for management of severe fungal diseases. Axios will link with partners in Nigeria to operate as a functional network providing consistent, secure and high quality service meeting USG regulations. The supply chain includes forecasting, procurement, delivery distribution to sites, stock management, and reporting. This same supply chain will be used to deliver OI drugs and other related diagnostic and treatment commodities however they are addressed under different components such as care and support or counseling and testing.

Axios will not only establish and feed the system but will build the capacity of health facilities at the primary, secondary and tertiary level to forecast and manage stock through training of health care workers and implementation of computerized systems for stock management. They will work with both private and public warehousing and distribution centers to build capacity at the central and state level. Axios will sub-contract with CHAN to support delivery within their network and provide technical assistance to build their capacity in managing the supply chain for the hospitals that participate in their Christian healthcare network.

Procurement of ARV drugs will be based on first and second line drug regimens approved by the government of Nigeria, USG procurement regulations, and availability of registered drugs through local suppliers. Respecting the Government of Nigeria's guidelines, generic drugs will be procured once they are approved by the USG. Specific activities include:

- Site assessment and planning
- Technical assistance in forecasting for pharmacists and prescribers through training and mentoring
- Development and implementation of a stock management system that links to patient information provided in HMIS
- Procurement and shipment of drugs and other commodities
- Improvement of warehousing and distribution systems at the central and state levels as well as through the CHAN network.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	74%
<input checked="" type="checkbox"/> Infrastructure	12%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%

Targets:

Not Applicable

Target Populations:

- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative: DoD cannot purchase ARV drugs. Axiom will provide 14,400 patient months of ARV to DoD, and funding has been awarded directly to FHI/Axiom. The DoD/NMOD FY05 plan will strengthen pharmacy services and accountability through improved facilities and patient/stock records.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	65%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	15%
<input checked="" type="checkbox"/> Training	5%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- Family planning clients
- Health Care Workers
- High-risk population
- Partners of sex workers
- Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Miners
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

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Coverage Area:

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Kaduna

ISO Code: NG-KD

State Province: Lagos

ISO Code: NG-LA

State Province: Plateau

ISO Code: NG-PL

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

Activity Narrative:

The principal activity of DELIVER in Nigeria will be to work with local stakeholders to develop a logistics strategy to assure the supply of ARVs and other essential commodities in order to expand access to ART for qualified HIV positive persons. As a logistics project, DELIVER will work to strengthen pharmaceutical and commodities management, strengthen national management support systems, expanded access to ARV treatment at PMTCT+ sites, and improve the availability of a full supply of related pharmaceuticals and diagnostics at ART sites. DELIVER will work to strengthen national capacity in planning and resource allocation for HIV/AIDS programs, working with the GON and partners like GAIN and ENHANSE to develop a commodity security strategy and to improve national level financial planning and resource allocation for HIV/AIDS.

DELIVER will work to develop a cadre of Nigerians trained in public health commodity logistics, by providing its general logistics management course in Nigeria to 30 - 60 persons from whom a number will be identified to begin the development of the national ARV logistics strategy. The ART assessment conducted in March 2004 identified procurement and financing as particular gaps. At the national level, it is clear that sustainability, being dependant on getting best price, will require development of bulk purchasing agreements with the manufacturers, and that will require pooling procurement from as many states or sites as would be willing to participate in a pooled procurement strategy. However, at this early stage, it is not clear whether the program should focus on strengthening financing, procurement and distribution within the Federal Ministry System or within an NGO like the Christian Health Association of Nigeria or through a new parastatal. Once a clear policy is established, the selected agency would be developed as the major supplier to the State Governments and their ART centers. Because the original definition of "full supply" precludes rationing, DELIVER will work on a policy level with national and international stakeholders and USAID-funded partners like ENHANSE to define "Full Supply" in the context of Nigerian ART services.

At the state level, it is likely procurement and financing capacity will need to be strengthened. Standard operating procedures and bidding documents will be developed to help make the process more transparent, and procurement performance indicators will be identified and monitored so that program managers will be able to hold each other accountable for the steps of the procurement process. DELIVER will support a training needs-assessment and development of curricula and job aids in coordination with FHI and AXIOS. Also, as the program expands, a more efficient routine re-supply and distribution system should replace the non-system of ad hoc procurements and waiting for the individual sites to pick up their supplies from the central level.

At the service delivery point level, in year one, DELIVER will work closely with FHI/AXIOS to develop tools, training, supervision guidelines and other job aids to support the distribution of ARVs and other essential commodities. While AXIOS focuses on serving the UMD/FHI project sites, DELIVER will focus on preparing new sites for expansion of ART. The USG will ask DELIVER to do ART readiness assessments in expansion states to inform the FY 06 COP development process. One key element will be the Logistics management information system to track and share the three essential data items (Stock-on-hand, consumption and Losses/Adjustments) for strengthening and informing distribution and forecasting. The LMIS should integrate seamlessly into inventory control operating procedures and should feed data for decision making to State and Federal program managers responsible for forecasting, financing, procurement and distribution of ARVs and other essential commodities.

DELIVER will provide general logistics training to key program managers to improve their understanding of logistics' importance in delivering quality HIV/AIDS-related services in support of current efforts. In FY 05, DELIVER will work to identify a Nigerian partner-organization to whose technical training capacity can be developed. Deliver will partner with this organization to build local capacity to take on this function.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Health Care Financing	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Needs Assessment	15%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Target Populations:

- Pharmacists*
- Ministry of Health staff*
- Nongovernmental organizations/private voluntary organizations*
- Program managers*
- USG in country staff*

Key Legislative Issues:

Coverage Area:

State Province: Bauchi	ISO Code: NG-BA
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Christian Health Association of Nigeria

Planned Funds:

Activity Narrative:

The Christian Health Association of Nigeria (CHAN) coordinates a church sponsored health care network including member networks and individual church sponsored health facilities. CHAN is a new partner in delivery of ART, an FBO and is well placed to rapidly scale up delivery of ARV. CHAN brings a strong network and leadership capabilities. They have existing distribution system with refrigerated warehouses. They need assistance to strengthen and computerize their forecasting and Axios will work closely with CHAN to strengthen their capacity to delivery ARV drugs to the hospitals within the CHAN network and eventually to link with the public sector facilities in the region. Axios will procure the drugs and then "twin" with CHAN and work closely to build the systems, train the staff and manage the supply chain for the network.

- CHAN and Axios will do site assessment and planning
- Forecast needs
- Develop and computerize their stock management system
- Integrate ART within their existing warehouse and distribution centers.

In addition to the assistance from Axios, FHI will provide assistance to CHAN to strengthen its management capabilities with the ultimate goal of managing the supply chain independently. Assistance will be provided in resource development, strategic planning, program and financial management, contracts and grants management based on assessed needs. Based on the following bench marks, it is anticipated that CHAN will be able to accept and manage funding directly from the USG and other funding agencies within 3 years:

- Develop successful proposals
- Successfully pass USG pre-award assessment
- Successfully manage grants of or more
- Submit approved program and financial reports

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	75%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

Targets:

Not Applicable

Target Populations:

- HIV+ pregnant women
- People living with HIV/AIDS

Key Legislative Issues:

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Coverage Area:

State Province: Adamawa	ISO Code: NG-AD
State Province: Akwa Ibom	ISO Code: NG-AK
State Province: Anambra	ISO Code: NG-AN
State Province: Benue	ISO Code: NG-BE
State Province: Borno	ISO Code: NG-BO
State Province: Ebonyi	ISO Code: NG-EB
State Province: Edo	ISO Code: NG-ED
State Province: Ekiti	ISO Code: NG-EK
State Province: Enugu	ISO Code: NG-EN
State Province: Imo	ISO Code: NG-IM
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Osun	ISO Code: NG-OS
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Taraba	ISO Code: NG-TA

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Network RFA / To Be Determined

Planned Funds:

Activity Narrative: Successful applicants will be directed to procure ART drugs through an existing USG partner mechanism.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	5%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Supply Chain / To Be Determined

Planned Funds:

Activity Narrative: The most desirable and cost-effective way to procure drugs is to use a central procurement mechanism. This will ensure the lowest costs by pooling orders and should result in standardization of quality drugs and timely access for all program sites. We anticipate moving towards central procurement in earnest following the award of the USG supply chain contract. This mechanism would be activated by June 2005 and we hope to place our initial orders with the supply chain contractor at that time.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

Not Applicable

Target Populations:

- Caregivers
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

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Program Area:

Budget Code:

Program Area Code:

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Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Through the 05 COP the USG-Nigeria team will implement the first stages of the four-pronged approach to scaling up ARV treatment in Nigeria described in our Five Year Emergency Plan strategy. Approach 1: Scale up activities in existing points of service and use existing partners to expand coverage to new service sites. The USG will scale up ARV treatment in a total of 11 states in FY 05. The USG will build on the success of our existing Track 1 partner, Harvard University to scale up their ART services in Borno, Oyo and Lagos States. Harvard APIN+ and AIDS Relief will maintain current levels of activities in Jos, Plateau State but, consistent with the desires of the GON, will not expand these activities to new centers. The University of Maryland/Family Health International partnership, funded through the RFA for care and treatment from the FY 04 COP will scale up ART care in four moderate to high prevalence states (Kano, Edo, Anambra, Cross River) and the Federal Capital Territory. Building on the comparative advantages of these two partners, UMD will expand ART services in tertiary level teaching hospitals while FHI will add depth to the network by including secondary service sites and community level services. FHI will also build upon assets in Lagos to expand ART in the Harvard/APIN network to a secondary level facility. Current estimates are that there are about 10,000 patients on waiting lists or in GON ART programs in the centers for which expansion is being proposed. FY 05 activities will focus on absorbing clients on waiting lists and transferring patients from GON ART initiatives (which are not being sustained) into Emergency Plan activities. Approach 2: Adopt new, indigenous/local partners in strategically- selected high prevalence states. Local partners are more knowledgeable about communities and other informal networks, have increased access to lower levels of health care, and are better positioned to develop sustainable programs through stronger, more natural community linkages, ownership and informal networks. Nigeria has a comparative advantage among Emergency Plan countries in that it has a cadre of well-trained medical personnel in indigenous health care systems that can be induced to participate in strategically vital geographic areas. In FY 05, the USG will issue a request for proposal (RFA) for indigenous health care networks owned and operated by Nigerians. Through this mechanism, the USG will fund the expansion of existing quality health system networks with service delivery outlets in one or more of the USG target states. In addition, the USG will fund directly the Christian Health Association of Nigeria (CHAN), a premier example of an indigenous health care network, to build their capacity and implement ART in two of their partner health clinics. These clinics will be located within the UMD/FHI network to ensure laboratory support and quality assurance. Approach 3: Integrate VCT into the National TB Control Programs (NTP). The NTP DOTS is well established in Nigeria, covering all 36 states and the FCT. In 2003, 42,974 new cases of TB were reported in the NTP DOTS facilities. The estimated co-infection rate of 25-50% represents 12,892-21,487 patients who need to be tested and probably treated for HIV. Over the next four years, the USG will build the capacity of these DOTS clinics to test, treat and monitor co-infected patients that are already accessing these services. In FY 05, the USG will focus on putting in place the building blocks for initiating ARV treatment within the existing NTP. The USG will work through the World Health Organization to upgrade the national training facility in Zaria, Kaduna State to target service providers at TB clinics in Counseling and HIV testing procedures. The German Leprosy Relief Association (GLRA) will integrate counseling and testing into selected pilot DOTS clinics. Both mechanisms will strengthen linkages and referral sys

Result 2: Result 1: Through the 05 COP the USG-Nigeria team will implement the first stages of the four-pronged approach to scaling up ARV treatment in Nigeria described in our Five Year Emergency Plan strategy. (1) Scale up activities in existing points of service and use existing partners to expand coverage to new service sites. The USG will scale up ARV treatment in a total of 11 states in FY 05. The USG will build on the success of our existing Track 1 partner, Harvard University to scale up their ART services in Borno, Oyo and Lagos States. Harvard APIN+ and AIDS Relief will maintain current levels of activities in Jos, Plateau State but, consistent with the desires of the GON, will not expand these activities to new centers. The University of Maryland/Family Health International partnership, funded through the RFA for care and treatment from the FY 04 COP will scale up ART care in four moderate to high prevalence states (Kano, Edo, Anambra, Cross River) and the Federal Capital Territory. Building on the comparative advantages of these two partners, UMD will expand ART services in tertiary level teaching hospitals while FHI will add depth to the

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network by including secondary service sites and community level services. FHI will also build upon assets in Lagos to expand ART in the Harvard/APIN network to a secondary level facility. Current estimates are that there are about 10,000 patients on waiting lists or in GON ART programs in the centers for which expansion is being proposed. FY 05 activities will focus on absorbing clients on waiting lists and transferring patients from GON ART initiatives (which are not being sustained) into Emergency Plan activities.

2) Adopt new, indigenous/local partners in strategically-selected high prevalence states. Local partners are more knowledgeable about communities and other informal networks, have increased access to lower levels of health care, and are better positioned to develop sustainable programs through stronger, more natural community linkages, ownership and informal networks. Nigeria has a comparative advantage among Emergency Plan countries in that it has a cadre of well-trained medical personnel in indigenous health care systems that can be induced to participate in strategically vital geographic areas. In FY 05, the USG will issue a request for proposal (RFA) for indigenous health care networks owned and operated by Nigerians. Through this mechanism, the USG will fund the expansion of existing quality health system networks with service delivery outlets in one or more of the USG target states. In addition, the USG will fund directly the Christian Health Association of Nigeria (CHAN), a premier example of an indigenous health care network, to build their capacity and implement ART in two of their partner health clinics. These clinics will be located within the UMD/FHI network to ensure laboratory support and quality assurance.

3) Integrate VCT into the National TB Control Programs (NTP). The NTP DOTS is well established in Nigeria, covering all 36 states and the FCT. In 2003, 42,974 new cases of TB were reported in the NTP DOTS facilities. The estimated co-infection rate of 25-50% represents 12,892-21,487 patients who need to be tested and probably treated for HIV. Over the next four years, the USG will build the capacity of these DOTS clinics to test, treat and monitor co-infected patients that are already accessing these services. In FY 05, the USG will focus on putting in place the building blocks for initiating ARV treatment within the existing NTP. The USG will work through the World Health Organization to upgrade the national training facility in Zaria, Kaduna State to target service providers at TB clinics in Counseling and HIV testing procedures. The German Leprosy Relief Association (GLRA) will integrate counseling and testing into selected pilot DOTS clinics. Both mechanisms will strengthen linkages and referral systems between TB clinics th

Total Funding for Program Area (\$):

Current Program Context:

Nigeria was the first country in Africa to adopt a national program for antiretroviral (ARV) treatment fully funded and managed by the government. All sectors of Nigeria's health care system are beginning to scale up ART. The public sector has more experience than the private sector in managing ART. As of August 2004 an estimated 14,300 patients were receiving ART through public sector based outlets, with an additional 10,000 on treatment in the private sector. Still, the ART supply in the government program is far from meeting the needs of patients requiring treatment. Almost all of the treatment sites have exceeded their quotas, and many have over 1000 patients on waiting lists. Government and NGO partners are in the process of strengthening state TB control programs which cover approximately half of the nation's LGAs and where patients infected with HIV can be reached. The Nigerian military has begun providing limited ART within its own well-established health care system. The World Bank MAP project has recently been restructured to provide the opportunity for States to gain access to loans to support State level ART programs and strengthening of the State Action Committee for HIV/AIDS. The World Bank has funding of over 5 years (2002-2007). This support is expected to enable State level facilities to fund their own ART programs independent of the Federal Ministry of Health. The Global Fund has not yet been successful in disbursing funds in Nigeria. Given the current situation, it seems unlikely that a solution will be found for using these funds in the near future. USG is building upon these existing systems to implement a network approach to providing treatment. USG is using public sector-based centers of excellence (COE) linked to both public and private sector (NGO, faith-based, for-profit) secondary and primary satellite facilities, which in turn are linked to the community level through strong referral and monitoring and evaluation systems. Four COEs and nine satellite clinics were established under the PMTCT program. This PMTCT program has strengthened the health care services and provided the foundation for the provision of ART. Through FY 04 funding released in August 2004, UMD and FHI are in the process of strengthening or implementing ART services in these service delivery points. PMTCT Plus programs are being fully integrated into the ART service delivery program.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Harvard PEPFAR will provide ARV services for ~16,000 patients during 2005. This includes regular clinical monitoring and follow-up with physicians, nurses, counselors and pharmacists. Patients will be evaluated monthly for the first 3 months of ARV and then every 3 months with clinical exams, CD4 cell counts and viral loads. Chemistries and hematology assays will be performed and STI, OI and TB diagnostics as needed after baseline. Referrals and hospitalizations will be provided as needed through a capped fund per site requiring team decisions. Through a Gates Foundation funded project at Kuramo Beach, Lagos, and Harvard has developed a community program for the Kuramo village population of 20,000. This population of poor, homeless sex and resort workers has been considered very high risk – and preliminary survey data indicates rates in excess of 70%. Harvard will work to incorporate ARV provision and care for this population through the LUTH site in 2005. Training will be provided on regular basis for all staff and increased clinic staff will be provided for scale-up. Local PLWA groups will provide ARV adherence and education-support for patients accessing ARV services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	3%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	11	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	135	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	16,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	8,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- Traditional birth attendants
- High-risk population
- Partners of sex workers
- Students
- Secondary school
- USG in country staff
- USG Headquarters staff
- Women of reproductive age
- Girls

Key Legislative Issues:

Coverage Area:

State Province: Borno	ISO Code: NG-BO
State Province: Lagos	ISO Code: NG-LA
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative: Please see UMD's Treatment Activity Description for information on FHI's activities. Since they are working in close collaboration, a combined description has been listed.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	12%
<input checked="" type="checkbox"/> Infrastructure	12%
<input checked="" type="checkbox"/> Local Organization Capacity Development	19%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	18%
<input checked="" type="checkbox"/> Training	14%

Targets:

Target Description	Value	Applicability
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	875	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	42	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	4,540	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,665	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative: DoD, as both the program manager and primary implementing partner will directly assist the NMOD in ART as defined by the COP's guidance. Increasing access to ART will be conducted within the Nigerian Military System by introducing two new locations for delivery of ART services (Defense Medical Headquarters, Abuja, and 68th Nigerian Army Reference Hospital, Lagos), and providing 1,200 individuals with ART. This will be accomplished through increasing quality of ART by training eight physicians/medical officers (four each location) in ART delivery and six obstetric providers (physicians/midwives- three each location) in PMTCT. Standardization of monitoring and evaluation (M&E) data collection and credentialing/training files will be ensured with the training of four records clerks (two per location) with appropriate forms and dual electronic/hardcopy files. The credentialing and M&E standards will also be expanded to the other seven NMOD ART providing sites. Network linkages between service delivery levels will be strengthened through policy development and referral instructions established by the Command levels and disseminated throughout the NMOD health services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	55%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	10	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	200	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- Family planning clients
- Family planning clients
- Health Care Workers
- Health Care Workers
- High-risk population
- High-risk population
- Partners of sex workers
- Street youth
- HIV/AIDS-affected families
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Miners
- Mobile populations
- People living with HIV/AIDS
- People living with HIV/AIDS
- Pregnant women
- Pregnant women
- Youth

Key Legislative Issues:

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Coverage Area:

State Province: Federal Capital Territory
(Abuja)

ISO Code: NG-FC

State Province: Lagos

ISO Code: NG-LA

State Province: Plateau

ISO Code: NG-PL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

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Activity Narrative:

UMD and FHI will work in close partnership to develop and implement a strong integrated network of treatment services for HIV/AIDS at all levels in 5 states and the FCT in Nigeria. This network will have multiple referral links in all directions from the tertiary level to the community to ensure 1) rapid provision of quality services 2) rapid expansion of capacity and service 3) wide and timely availability of other care and support services 4) a range of specialty and routine treatment options.

UMD will provide technical leadership and a full range of treatment services at the national and state tertiary hospitals while coordinating laboratory quality assurance throughout the system. UMD will build laboratory and clinical capacity at the tertiary level to provide treatment for complicated cases. FHI will provide ART treatment at the secondary and primary health care level, referring complicated cases (treatment failures, drug-related toxicities, etc) to the tertiary level. FHI will also provide ARV drugs and counseling and testing services at all levels of service delivery throughout the network.

Sites were selected based on their state of readiness, using the JSI Deliver assessment results, and on their geographic proximity to other facilities in the integrated network and on a desired mix of government and faith based institutions.

Training: UMD and FHI will work together to provide comprehensive clinical ARV training of 72 health care professionals with an average of 3 physicians and 3 nurses from 12 referral and secondary sites. Comprehensive ARV training of physicians and nurses will be carried out using a standardized curriculum. UMD will have prime responsibility for clinical aspects of training at all service delivery levels. UMD and FHI will collaborate with the Nigerian Institute of Medical Research (NIMR), the Nigerian FMOH, Harvard APIN, and Catholic Relief Services to update and expand a curriculum developed by NIMR in the past so that a country-wide standard curriculum is in use. UMD anticipates utilizing Nigerian medicine and pediatric personnel previously trained under the IHV-UMD UTAP program to serve as faculty for in-country training activities.

At the secondary and primary levels of care, FHI will collaborate with UMD to ensure that the clinical curriculum is adapted for administration of uncomplicated ART. FHI will ensure that training at these levels will build a team that is ready to rapidly translate their new skills into a work system. FHI will also be responsible for training counselors and education on therapy adherence for ART.

Human Resources: To facilitate rapid scale up at sites, UMD and FHI will subcontract sites to hire or redirect additional staff to provide medical assessment, nursing care, counseling services, laboratory testing, medical records management, and data collection for M&E. This will be negotiated through a subcontract mechanism with funding linked to meeting site-specific goals.

Capacity building: Based on site selection, faith-based facilities or government health facilities will become implementing partners. UMD and FHI will develop sub-agreements with the facility providing them with key benchmarks and funding. Through this mechanism, UMD and FHI will also build their capacity in resource development, financial and contractual management and reporting. The ultimate goal is to have ART managed by the public and private health facilities without assistance from UMD, FHI and their partners. The success of capacity building efforts will be judged by the number of sustained satisfactory quality assessments and evidence of well-maintained systems and patient data.

Commodity: UMD will provide sites with appropriate ARV service related equipment and consumables for universal precautions, particularly in the clinic settings.

Quality Assurance: In-country program staff and Nigerian program consultants will conduct periodic site visits and evaluation of M&E data to insure ongoing quality of care at each site. Additionally, expert physicians and nurses from the UM

facility/staff will have extensive visits at each referral site working with site physicians and nurses to transfer expertise and insure that quality care is ongoing. For ARV Care, this will be particularly important in the areas of initial evaluation of patients for ARV therapy, programs to optimize adherence, therapy initiation, management of therapy complications, and assessment and management of therapy failure. FHI will play an important role in bringing this quality assurance system to the secondary and primary levels of service.

Linkages/Capacity Development/Needs Assessment: As is the current practice in Nigeria, services within a region will be developed with primary sites linked to secondary sites and secondary sites linked to a regional referral hospital. To foster referral and expertise sharing among physicians, physicians from the regional

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referral hospital will be hired as consultants and participate in needs assessment and capacity development activities at secondary and primary sites. FHI will ensure linkages from the service delivery sites to home based care networks.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	2,865	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	66	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	12	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	13,937	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	11,072	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Country coordinating mechanisms
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Midwives
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Program managers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Women of reproductive age
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Adamawa	ISO Code: NG-AD
State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Niger	ISO Code: NG-NI

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Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Baylor University

Planned Funds:

Activity Narrative: Baylor University will conduct pediatric HIV workshops for 90 doctors, nurses and health professionals. Written materials, including a 218-page HIV Curriculum for the Health Professional, will be provided for all trainees. Trainings will be designed to develop a cadre of health professionals capable of setting up pediatric ARV programs in USG supported ART service delivery sites.

Activity Category Training % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	90	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Health Care Workers
- Doctors
 - Medical/health service providers
 - Nurses
- Infants
- Pregnant women
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Christian Health Association of Nigeria

Planned Funds:

Activity Narrative:

The USG, following its commitment to directly contract with new, indigenous partners in the Emergency Plan will support CHAN to begin ART treatment in two of their member service delivery institutions, reaching 545 clients in FY 05. CHAN supported facilities will be situated in the UMD/FHI network of care to benefit from UMD/FHI support in clinical and counseling training, laboratory and quality assurance support. FHI will provide fiscal management and capacity building to ensure that CHAN has the necessary management infrastructure to successfully manage USG funds directly.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	6%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	12%
<input checked="" type="checkbox"/> Information, Education and Communication	1%
<input checked="" type="checkbox"/> Infrastructure	12%
<input checked="" type="checkbox"/> Needs Assessment	1%
<input checked="" type="checkbox"/> Policy and Guidelines	11%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%
<input checked="" type="checkbox"/> Training	34%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	25	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	80	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	225	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	545	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <li style="padding-left: 20px;"><input checked="" type="checkbox"/> Men <li style="padding-left: 20px;"><input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional birth attendants <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|---|--|

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Key Legislative Issues:

Coverage Area:

State Province: Adamawa	ISO Code: NG-AD
State Province: Akwa Ibom	ISO Code: NG-AK
State Province: Anambra	ISO Code: NG-AN
State Province: Benue	ISO Code: NG-BE
State Province: Borno	ISO Code: NG-BO
State Province: Cross River	ISO Code: NG-CR
State Province: Ebonyi	ISO Code: NG-EB
State Province: Edo	ISO Code: NG-ED
State Province: Ekiti	ISO Code: NG-EK
State Province: Enugu	ISO Code: NG-EN
State Province: Imo	ISO Code: NG-IM
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Osun	ISO Code: NG-OS
State Province: Oyo	ISO Code: NG-OY
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Taraba	ISO Code: NG-TA

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Network RFA / To Be Determined

Planned Funds:

Activity Narrative: USG Nigeria is committed to reinforcing already existing indigenous health systems networks to deliver ART services. To rapidly expand antiretroviral for HIV- infected persons and develop linkages within and between organizations providing treatment, care and prevention in support of the Nigerian HIV/AIDS strategy. The USG will issue a request for proposal to encourage new and indigenous partners to develop the capacity to provide ART in their existing networks. This RFA will be used to fill in gaps in coverage of ART in target states. The RFA will result in the provision of ART for 1,090 patients in FY 05.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Human Resources	8%
<input checked="" type="checkbox"/> Infrastructure	13%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	760	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: APIN / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

The Harvard School of Public Health (HSPH) is funded under Track 1 and their in-country agreement with PEPFAR Nigeria was signed on April 13, 2004.

The Bill & Melinda Gates Foundation has funded the AIDS Prevention Initiative in Nigeria (APIN) for the past four years with significant support for the infrastructure building, training and collaborative project with most of the HSPH PEPFAR sites. Development of HIV/STI laboratories with equipping and training in HIV serology, laser based lymphocyte enumeration, PCR diagnosis of infants and viral load determination has been implemented fully in 4 of 7 sites, and ongoing in an additional two. Training in ART for physicians and laboratory workers has been conducted through a National ARV Training modules developed through the National Institute of Medical Research; now delivered to workers from all 25 National ARV sites in several rounds of week long training sessions. Training efforts in Nigeria are also supported by a Fogarty ATIRP grant to the HSPH.

HSPH PEPFAR is supporting sites in the following states: Borno, Lagos, Plateau, and Oyo. They estimate the number to treat in each of these states as follows: 480,000; 82,500; 240,000; and 180,000. Four PMTCT programs have been developed through APIN and will be transitioned to PEPFAR PMTCT Plus programs as soon as drugs can be acquired for the PMTCT and pediatric regimens.

In collaboration with HSPH's Nigerian colleagues, clinical and laboratory protocols have been developed. Patient records for entry, visits, labs, toxicity, clinical/immunologic failure and death have been developed and are entered on a daily basis at each site. An outside logistic consultant has assessed our sites' pharmacies and a program for further training and capacity building has been developed. A central pharmacy at NIMR has been renovated, to provide secure storage of drugs prior to distribution to site pharmacies on a monthly basis. Persons Living With AIDS (PLWA) support groups at each clinic site are funded to provide ARV education and adherence counseling. An umbrella PLWA NGO, AIDS Alliance (Lagos) will coordinate each site's support group activities and help in additional training and development of treatment booklets.

HSPH's sites have initiated enrollment of government slot patients, with complete baseline assessment and diagnosis and treatment of TB as needed. The sites have been phased in based on administrative, personnel and laboratory readiness. Negotiation with drug suppliers and manufacturers began in June 2004 and orders placed in early September with individual manufacturers. Awaiting all drugs to enter the country, we have pre-assessed over 600 patients and anticipate distribution of drugs in the next two weeks. Enrollment to meet our first year targets will be largely dependent on drug delivery. As of the end of September 2004, they have 1,615 on ART.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

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Coverage Area:

State Province: Borno
State Province: Lagos
State Province: Oyo
State Province: Plateau

ISO Code: NG-BO
ISO Code: NG-LA
ISO Code: NG-OY
ISO Code: NG-PL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

In Nigeria, CRS-AIDSR relief activities have commenced at the first point of service, Faith Alive in Jos, Plateau State. One thousand five hundred persons (1,500) living with HIV/AIDS in Nigeria are targeted for initiation on antiretroviral therapy at this point of service by the end of the project year on February 28, 2005. Provided funds are made available per the original CRS proposal to continue expansion of our activities at this facility beyond February 2005, up to a total of two thousand six hundred persons (2,600) are expected to benefit by the end of September 2005 at this facility in Plateau State.

Concurrently, also depending on the availability of funds, AIDSR relief anticipates commencing activities at 8 additional points of services during the second project year, and by the end of September 2005 a total of 9 sites and five thousand persons (5,000) will be initiated on antiretroviral therapy. The targeted geographic areas for expansion are FCT, Lagos, Niger, Edo, Kano and Anambra States. However, if funding for scale-up of AIDSR relief activities is not provided as originally anticipated during the second year of the project, AIDSR relief will continue to support the 1,500 patients initiated on antiretroviral therapy during the first project year. Currently, CRS is being advised it may not have access to additional centralized funding due to budget cuts and therefore will be seeking additional in-country funds to enable expansion.

Implementation of the project will focus on establishing and strengthening HIV/AIDS care at faith-based institutions in Nigeria, including Catholic and non-Catholic sites, with the principal objective to make antiretroviral therapy available to persons living with HIV/AIDS through partnerships with local faith-based and community organizations, and in cooperation with the Nigerian Government (the Federal Ministry of Health and the National Action Committee on AIDS). The project will strengthen, develop, expand and replicate locally appropriate, durable models of HIV/AIDS care in a way that is integrated into the existing health care infrastructure of Nigeria.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Lagos	ISO Code: NG-LA
State Province: Niger	ISO Code: NG-NI

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

Result 1: Result 1: Local health management info systems strengthened
 In collaboration with FGON, USG and its partners will develop one ARV reporting system to be used by both the public and private sectors. Data collection forms will incorporate Emergency Plan core indicators and all data will feed into the Nigerian National Response Information Management System (NNRIMS). USG and its partners will assess the current system and based on this assessment develop and/or adapt standardized national reporting instruments to be used in all ARV sites nationwide; harmonize data collection instruments; and build the capacity of facility personnel to use this system.

Result 2: Implement internal USG/Nigeria results reporting system
 Given the fact that a truly unified national ART monitoring and reporting system will take years to establish, the USG partners will implement a short-term, results reporting system that will allow the USG/Nigeria team to gather necessary data for monitoring and reporting to Washington and Abuja. All program data collected at USG supported sites will also be fed into the national HMIS system (NNRIMS) and work to strengthen local capacity in program monitoring and data collection. This system will incorporate all elements needed to assure data quality and appropriate partner monitoring and evaluation. System elements will include: periodic training to all partners on the results reporting system; quality assurance of data reporting from partners; assuring prime partners establish sub-partner system(s) for collecting results; analyzing information and establishing dissemination schedule of partner results for program monitoring and improvement. The USG will establish a database to store all data collected.

Result 3: Improved national coordination in HIV/AIDS M&E
 The USG will assure completion of the pilot and expansion of the NNRIMS. The M&E department in NASCP and the national FMOH M&E technical working group will be strengthened. A standardized M&E training curriculum will be created using existing resources. Strengthened NNRIMS and other data sources will improve estimates of national coverage of prevention, treatment, and care.

Result 4: Improved human resource capacity for M&E
 The USG will improve human resource capacity for M&E both externally and internally. USG partner organizations will train different cadres of M&E professionals at the national and subnational levels, including: national level staff on data collection and utilization for effective program planning and policy; record clerks; and other monitoring and evaluation staff. A total of 684 monitoring and evaluation specialists will be trained (25 MEASURE, 105 PHRplus, 370 SFH (highly suspect and not included here!), 276 CDC, 60 FHI, 168 Harvard, 50 DOD). To strengthen the internal USG team, agencies will hire SIM&E specialists and one USG database administrator.

Result 5: Increased availability and use of strategic information
 The Strategic Information strategy supports data collection surveys and targeted evaluations. During FY05, USG and its partners will support a National HIV/Syphilis Sentinel Sero-prevalence Surveillance Survey and a National AIDS and Reproductive Health Survey (NARHS). Findings from the Behavioral Surveillance Survey (BSS) will be disseminated. Targeted and facility-based evaluations will assess coverage and performance of USG partners in each program area. Strategic information activities and evaluations will include a TB/HIV seroprevalence survey, finalizing the OVC baseline survey, assessment of ART readiness in expansion states, and performance monitoring to inform the FY06 COP.

Total Funding for Program Area (\$): **Current Program Context:**

Currently, the FGON is investing in a national HIV data collection system. The NNRIMS (Nigerian National Response Information Management System) has recently been launched and is being piloted in five states. But until this system is functioning, Nigeria is relying on non-standardized and incomplete reporting systems to estimate the number of individuals receiving ARVs, supply chain ARV information, and other services. Treatment numbers from the private sector are unavailable but sentinel surveillance at ANCs has been expanded to 96 sites, covering most of the country. The first round of the National AIDS and Reproductive Health Survey (NARHS) is complete. In the last two years, in collaboration with UNAIDS, the Bill and Melinda Gates Foundation and USG partners, the FMOH has conducted two population based behavioral surveillance surveys (BSS): one with youth and one with people 15-49. Results from the latter USG supported population study were made available in December. Behavioral Surveillance Surveys are planned every two years. USG is also providing the FMOH with assistance to resuscitate and strengthen the nation's AIDS Case Reporting System. The FMOH has implemented biennial National HIV/Syphilis Sentinel Sero-prevalence Surveillance Surveys among pregnant mothers attending antenatal clinics nationwide in 1991/92; 1994; 1996, 1999; 2001 and 2003. The main objectives of these surveys are to determine the national HIV/AIDS disease burden and the trends and velocity of the epidemic. Information and data generated are used to mobilize more political support and commitment and properly focus the nation's response in terms of program planning/location and resource allocation. Sentinel survey sites have increased progressively in number from about 13 sites in 1991 to 91 sites in 2003. Since 1999, the USG has provided the FMOH with most of the technical and material assistance needed for the surveys; for instance the USG provided all the required test kits and consumables as well as technical assistance during the 2001 and 2003 surveys. Due to resource constraints, the only national HIV/Syphilis sentinel survey among high-risk groups was conducted in 1996 but with USG assistance, the second one is planned for 2005. USG is rapidly scaling up its internal and external strategic information systems and infrastructure. USG and its partners will conduct critical targeted and facility-based evaluations to establish baseline information on OVC and TB/HIV. They will also assess ART readiness in expansion states. Internally, USG will establish a Strategic Information unit to gather and synthesize data and monitor and evaluate partners.

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Over the past four years the APIN program has made a major effort to partner with the GON to strengthen the policy and institutional capacity of its HIV/AIDS Prevention and Control program. APIN has developed strong collaborative ties between the National Institute of Socio-economic Research, the University of Ibadan and the Harvard School of Public Health. During FY05, APIN's activities will: 1) identify HIV/AIDS policy gaps; 2) build capacity to address these policy issues; and 3) support national HIV planning and costing of HIV interventions and treatment. In addition, each APIN/APIN Plus target state's State Action Committee on AIDS (SACA) will be supported by the program to enhance the capacity and sustainability of state-directed Specific Action Plans for AIDS prevention. Specific objectives include:

- Methodology. Develop methods for the quantitative estimates of total and incremental resource requirements for ART treatment and care.
- Quantitative estimates. Generate quantitative estimates of total and incremental resource requirements for ART treatment and care, using locally available data as well as reasonable assumptions based on international experiences.
- Capacity building and institutionalization. Increase the skills of Nigerian collaborators to undertake similar studies in the future, and to maintain/update the estimates generated under this study. We have partnered with the World Bank in the development of a training course for mid-level government officials to help support the response.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	168	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> M&E specialist/staff | <input checked="" type="checkbox"/> USG Headquarters staff |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Policy makers | |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> USG in country staff | |

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Procurement Mechanism - Base / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

With significant CDC support, the FMOH has implemented biennial National HIV/Syphilis Sentinel Sero-prevalence Surveillance Surveys among pregnant mothers attending antenatal clinics nationwide in 1991/92, 1994, 1996, 1999, 2001 and 2003. The main objectives of these surveys are to determine the national HIV/AIDS disease burden and the trends and velocity of the epidemic. Information and data generated are used to mobilize more political support and commitment and properly focus the nation's response in terms of program planning/location and resource allocation. Sentinel survey sites have increased progressively in number from about 13 sites in 1991 to 91 sites in 2003. Since 1999, the USG has provided the FMOH with most of the technical and material assistance needed for the surveys; for instance the USG provided all the required test kits and consumables as well as technical assistance during the 2001 and 2003 surveys. Due to resource constraints, the only national HIV/Syphilis sentinel survey among high-risk groups was conducted in 1996 but with USG assistance, the second one is planned for 2005.

In FY05, CDC will provide technical assistance to implement the National HIV/Syphilis Sentinel Sero-prevalence Surveillance Survey. Elements of this assistance will include:

- Attending/hosting stakeholder meetings to develop survey protocol and test algorithms (60-70 people consisting of state AIDS directors from each state, laboratorians, consultants)
- Provision of TA for development of survey protocol and test algorithms
- Training 276 doctors, nurses, and laboratorians at each site (3 each from each site, approx. 92)
- Provision of test kits, refrigerators, freezers, and other consumables to support survey
- Logistics support of materials and consumables, including bringing test samples to central laboratory
- Supervision and monitoring of staff during survey period
- Data cleaning, analysis and report writing
- Report dissemination

Overall, this contributes to: Improved human resource capacity for M&E; Increased availability and use of strategic information

Activity Category

% of Funds

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<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 276

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
 - Commercial sex workers
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
- M&E specialist/staff
- Ministry of Health staff
- Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Pregnant women
- Prisoners
- Sex partners
- Trainers
- USG in country staff
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAIN / Family Health International

Planned Funds:

Activity Narrative:

FHI will work closely with all USG partners and all local implementing partners to ensure the adequacy and sustainability of all M&E efforts and ensure that they are meeting the national requirements as well as those of USG. The ultimate goal is to build the national and local capacity on M&E and facilitate the implementation of the three-ones principle on M&E ("One agreed country level monitoring and evaluation system). It is critical to work in close collaboration with national stakeholders such as NACA, FMOH, NASCAP to avoid duplication and ensure high quality, relevant and useful data collection, management and dissemination.

FHI and its partners will implement effective quality management systems (QMS) within the M&E systems to monitor quality of services. The QMS will be harmonized with other quality assurance systems to ensure definitions, tools, process flowcharts and forms are compatible through the integrated network system. Activities will include:

- Program monitoring and data collection for all FHI-funded partnerships including UMD
- Collaborate with all USG partners to develop/adapt standard templates and indicators for M&E plans for all implementing partners through a participatory process
- Identify and gather all relevant national guidelines, norms and standards and distribute to partners.
- Develop standard forms to collect indicator data required for project reporting
- Develop assessment tools for internal and external evaluations
- Strengthen the Nigeria National Response Information Management System for HIV/AIDS (NNRIMS) and advocate for and achieve compatibility with other HMIS including that developed by Futures for USG treatment programs.
- Develop and implement surveillance and research projects including behavioral surveillance, formative research on MSM and IDU
- Provide technical assistance on evaluative studies
- Strengthen capacity of state and national M&E staff through workshops and seminars.

Expected results include:

- Harmonized M&E plans and data
- One agreed upon national M&E system
- Increased relevant data for decisions makers
- Increased capacity to perform M&E
- Sustainable M&E efforts

Overall, this contributes to: Local health management info systems strengthened; Improved national coordination in HIV/AIDS M&E; Improved human resource capacity for M&E.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	1%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	82%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

60

Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative:

The NMOD's network of 25 health facilities reports to the Defense Headquarters. Each facility has a range of capabilities and infrastructure to support the data collection system. Numerator data is predominantly reported from laboratory records, inpatient and outpatient records (paper notebook, some electronic) and forwarded through an established chain of Command. Denominator data is derived from troop strength reports. DoD will facilitate the standardization of data collection, data storage and report generation within the Military, but also so that the data reports will contribute to HMIS and NNRIMS reports. Defense Headquarters Medical Command and DoD will coordinate with MOH, other USG partners and implementing partners to ensure that data collection and reporting are consistent. Data collected from military-specific populations can be considered sensitive, as the readiness of the military can be surmised from these reports. DoD will encourage the Nigerian Military to release these reports to the Ministry of Health and the USG to assess achievement of Emergency Plan goals within the military. The sensitivity of these reports will be reduced by introducing data from the surrounding civilian community. As the military will be providing HIV services to local communities in addition to its military personnel, service delivery data on the entire community will dilute the sensitivity of the military-specific information. This will contribute accurate and larger numbers to HMIS and NNRIMS reports, while military-specific reports can be generated (due to the proposed improvements in data collection) and submitted to the NMOD for disposition determination. Overall, this contributes to: Local health management info systems strengthened; Improved national coordination in HIV/AIDS M&E; Improved human resource capacity for M&E.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	7%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

50

Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- M&E specialist/staff
- Military
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area:

State Province: Benue	ISO Code: NG-BE
State Province: Benue	ISO Code: NG-BE
State Province: Edo	ISO Code: NG-ED
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Kaduna	ISO Code: NG-KD
State Province: Kano	ISO Code: NG-KN
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Lagos	ISO Code: NG-LA
State Province: Plateau	ISO Code: NG-PL
State Province: Plateau	ISO Code: NG-PL
State Province: Rivers	ISO Code: NG-RI
State Province: Rivers	ISO Code: NG-RI

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds:

Activity Narrative:

As an international, centrally funded project, DELIVER's strength in Nigeria will be in disseminating best practices to improve logistics management efficiency and effectiveness from its wider base of experience in sub-Saharan Africa. DELIVER will provide general logistics training to key program managers to improve their understanding of logistics' importance in delivering quality HIV/AIDS-related services in support of current efforts. However, in order to maintain technical capacity in country, one of the most important outputs of DELIVER's activity over the coming years will be the establishment of a logistics training center that focuses on health service delivery within an existing Nigerian institution. In the first year, DELIVER will work to identify a Nigerian partner-organization where this technical training capacity can be developed and conduct a training needs-assessment to measure the market for such training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure Evaluation / University of North Carolina

Planned Funds:

Activity Narrative:

In FY04, MEASURE provided technical assistance to support strategic information systems; strengthened the capacity of the FMOH/NASCP in M&E; conducted data user needs assessment; and provided a resident advisor to assist with coordination of USG reporting and development of systems.

In FY05, MEASURE will continue to provide ongoing TA to support the activities begun in FY04. MEASURE will:

- Continue to support strategic information systems, particularly the pilot Nigerian national information management systems (NNRIMS). The pilot started in FY 04 will be expanded to include USG focal states.
- Provide technical assistance to set up the internal USG/Nigeria results reporting system.
- Continue to build the capacity of the FMOH/NASCP to develop an M&E framework and operational plan.

Overall, this implements an internal USG/Nigeria results reporting system; improves national coordination in HIV/AIDS M&E; and improves human resource capacity for M&E.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable

- Target Populations:**
- Host country national counterparts
 - Implementing organization project staff
 - M&E specialist/staff
 - Ministry of Health staff
 - National AIDS control program staff
 - USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PHRplus / Abt Associates

Planned Funds:

Activity Narrative:

Approximately 15 people will be part of a working group for the development of the reporting system + 30 people (1 person each from 30 facilities making up the core team members) will be trained in reporting system. This totals 45 people trained for the first year of this activity. We estimate an average of 2 additional staff per facility will be trained (60 the first year). In the first year, 105 people trained in the strengthened reporting system.

USG and their partners will work closely with FGON/NACA/FMOH to develop one national ARV reporting system that will feed into the NNRIMS and incorporate Emergency Plan indicators. PHRplus will participate in this process and provide critical technical assistance to help strengthen the management and tracking systems for NACA. PHRplus will provide TA to NACA to develop a standard HMIS system for ARVs for non-USG presence sites. PHRplus will use its experience developing patient management information systems in Zambia to create a similar system in Nigeria.

Specifically, PHRplus will strengthen reporting systems in 61 public and private facilities within the national program in non-USG presence sites. PHRplus will develop comprehensive tools to collect, analyze, and disseminate HIV/AIDS information from 61 public and private sector facilities. Based on the recent assessment conducted by PHRplus, DELIVER and POLICY, most private sector facilities currently providing VCT, PMTCT and ART have no systems in place to monitor and evaluate these services. This activity will not only strengthen the ability of facilities to evaluate their performance; it will also allow the Emergency Plan to understand the potential to scale up HIV/AIDS services. This activity will result in strengthened reporting and accountability for HIV/AIDS services in Nigeria, which will allow for a comprehensive system to gather standardized information from all HIV/AIDS providers.

Overall, this contributes: local health management info systems strengthened; Improved national coordination in HIV/AIDS M&E; Improved human resource capacity for M&E.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers*
- Health Care Workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
 - Private health care providers*
- Implementing organization project staff*
- M&E specialist/staff*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- USG in country staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Society for Family Health

Planned Funds:

Activity Narrative:

Society for Family Health's extensive experience working at the community level will facilitate the implementation of surveys and targeted evaluations. SFH's FY05 activities will include:

- Supporting the the National HIV/AIDS and Reproductive Health Survey (NARHS) and the national BSS among high risk groups in partnership with FMOH, FHI and APIN.
- Conducting operations research in collaboration with the government and other partners to track progress at the 16 intervention community sites.

Overall, this contributes to: Improved human resource capacity for M&E; Increased availability and use of strategic information

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	9%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Health Care Financing	8%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	8%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	11%
<input checked="" type="checkbox"/> Local Organization Capacity Development	13%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	9%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	5%
<input checked="" type="checkbox"/> Workplace Programs	6%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

370

Not Applicable

Target Populations:

- Men
- Women
- Brothel owners
- Clients of sex workers
- Commercial sex workers
- High-risk population
- Partners of sex workers
- Street youth
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

Activity Narrative: In collaboration with other USG partners and FGON, UMD will support the development of and utilize a standard strategic information system which will facilitate data capture and reporting of required HIV surveillance information to the GON and for tracking of all Emergency Plan core indicators at the site level. The necessary HMIS infrastructure will be provided to all referral hospital sites. SOPs will be developed. Staff at the referral hospital sites will be trained extensively in all data capture, entry, and reporting procedures.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	40%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	24	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.12: PROGRAM PLANNING OVERVIEW

Result 1:

Result 1: Strengthened capacity and infrastructure of national laboratory network system

The USG laboratory infrastructure strategy is to support the establishment of a quality assured network of laboratories based on a tiered-model of services. This network will incorporate elements of the laboratory support to primary, secondary, and tertiary health care institutions; provide for recognized Centers of Excellence (COE); and ultimately support the establishment of an overarching national reference laboratory or laboratories. The USG will establish a system to stratify labs by their service capacity and needs using nationally-standardize criteria. In the Nigerian health services system, tertiary health care facilities - usually University Teaching Hospitals - form the hub of the referral networks and are designated Centers of Excellence. USG has supported 4 such referral networks consisting of 4 COEs and 9 satellite centers (secondary level health care facilities). During FY05 USG will strengthen labs in 6 tertiary health care institutions, 5 satellite hospitals, and 11 health care facilities. Services at all of these 21 laboratories will be improved and the facilities renovated as needed. In the military, USG will create one Center of Excellence at Defense Headquarters and refurbish the labs at the 66th NA Reference Hospital, 3d Division Hospital and 330th NAF Hospital.

Result 2: Strengthened human capacity of laboratory staff

The USG will support establishment of regional training centers which will ensure continuing education on diagnostics and patient monitoring procedures; further best laboratory practices; and provide for standardization of specimen tracking and monitoring of laboratory based data. To this end, USG will train/re-train a total of 382 laboratory scientists/technicians in the public sector during FY05. To ensure follow-up these scientists and technicians will be monitored and supervised by master trainers. The COE to be established at Defense Headquarters Medical Reception Station, Abuja will increase human resources in laboratory, clinical and epidemiologic training. Training courses at the Defense Headquarters Medical Center will train NMOD physicians/medical officers in general ART delivery and military specific delivery and laboratorians in management and QA/QC skills, technicians in general laboratory skills.

Result 3: National Lab quality assurance operationalized

The training approach described above emphasizes the integrated nature of quality laboratory services. USG will ensure that appropriate laboratory policies, guidelines and procedures reflecting best laboratory practices are developed and disseminated nationally. FY05 laboratory initiatives will focus on implementing these activities in each of USG supported referral networks and collaborating laboratories. USG will further assist the MoH with dissemination of these guidelines beyond USG-supported facilities. Although no laboratory has been designated as a lead institution for ensuring quality services nationally, USG in collaboration with the COE labs will carry out regular proficiency tests and external quality assessments with their satellite sites. Quality assurance in the Nigerian Military laboratory will be conducted in consultation with the US Military HIV Research program. All sites will be periodically visited for QA monitoring and refresher training. Sub-performing sites will be assessed, equipment will be evaluated, and retraining implemented as needed.

Result 4: Full supply of related diagnostics and medical equipment achieved

An inventory control and forecasting system for laboratory commodities will be developed and implemented at each site in conjunction with USG implementing partners. By the end of FY05, it is anticipated that all of the tertiary hospitals in the USG network systems will be equipped to provide specialized services that include, but are not limited to advanced technologies such as aut

Total Funding for Program Area (\$): **Current Program Context:**

Nigeria's national laboratory system is not currently based on a tiered network of reference and referral labs linking state and federal services. Laboratories mainly exist as a department in a hospital and type of service depends on the cadre of the parent health care institution. The few independent public sector-based laboratories are the Nigerian Institute for Medical Research (NIMR), Lagos, the Public Health Laboratory, Lagos and the Nigerian Institute of Pharmaceutical Research and Development (NIPRD); Abuja. At the inception of the Government of Nigeria's (GON) ART program, GON strengthened 25 laboratories attached to health care institutions that serve as points of ART service. Laboratory personnel in these ART centers were trained on HIV screening and diagnosis and manual estimation of CD4 either using the dyna bead or coulter count methods. Viral load estimation capabilities were limited to two laboratories, NIMR and NIPRD. Such other vital laboratory services like microbiology, immunology, chemistry and haematology were not strengthened and services in these area, though important in the management of HIV disease and related opportunistic infections were to be delivered with existing (or non-existent) capacities. The Nigerian Military has 25 medical facilities distributed over the Country of Nigeria. 21 of these facilities have varying levels of laboratory capability, most with HIV diagnostics (rapid; ELISA; WB), chemistries, hematology and microbiology. Most laboratories have no air conditioning, refrigeration, reagent grade water supply, electrical surge protection or back up generators; and all generally require refurbishment. Harvard School of Public Health, with funding from the Bill and Melinda Gates Foundation, strengthened two of these ART centers in Jos and Ibadan, with sophisticated laser based but more efficient technology for CD4 and viral load enumerations. All of the initial four COEs in the USG/Nigeria network system are among the 25 GON's ART centers. USG strengthened the labs attached to these COEs under the President's PMTCT Initiative through training, infrastructure and equipment upgrade. At the moment, physical space expansion (construction) and/or renovations are taking place in all of the 4 COE labs to accommodate their newly acquired (USG contribution) HIV/OI diagnostics and treatment monitoring capabilities.

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

In FY04, Harvard helped to strengthen 6 tertiary health care facility labs with training, supervision, and upgrading of equipment and infrastructure. In FY05, the expansion of the PMTCT activities to new access sites will require further laboratory infrastructure development. Training of 231 laboratory personnel will be a substantial component of this activity and will include lecture and wet lab training in established Nigerian laboratories and in other reference African laboratories. A total of 11 labs will be strengthened through training, infrastructure and supervision. Infrastructure development, equipment and supplies will be provided to support HIV serology, CD4 enumeration, PCR technologies for PMTCT diagnosis and viral load monitoring. Additional support for clinical laboratory services such as hematology, chemistry and microbiology diagnostics will be provided and upgraded as necessary. The type of technology and assistance provided to each clinic and hospital will be determined after conducting a needs assessment. Quality assurance and control programs will be established and will be linked across all Harvard EP sites. These linkages will extend to national services and other USG implementing partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	231	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Borno
State Province: Lagos
State Province: Oyo
State Province: Plateau

ISO Code: NG-BO
ISO Code: NG-LA
ISO Code: NG-OY
ISO Code: NG-PL

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Futures Group International

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Enabling HIV/AIDS, TB and Social Sector Environment Project (ENHANSE) seeks to foster partnerships of organizations that can be highly-leveraged so as to enhance the environment for integrated health and education programs. A key part of the USG strategy is to work in partnership with national, state and local organizations to leverage support for local communities. This includes building political and popular support at the national and state levels; developing and supporting policy champions, strengthening and increasing NGO advocacy networks, and expanding private sector participation in policy processes. ENHANSE builds upon several years of close collaboration and support to the GON on policy development and dissemination. ENHANSE is the USG's major conduit of support to the GON for the "Three Ones."

Overall, ENHANSE is contributing to: Service delivery guidelines and protocols updated and disseminated; Strengthened national capacity in planning and resource allocation for HIV/AIDS programs; Strengthened capacities of national multisectoral bodies to lead and coordinate the response to HIV/AIDS; Strengthen national level financial planning and resource allocation for HIV/AIDS. The ENHANSE Project will create an environment in which HIV/AIDS programs and strategies can be achieved. During FY05 the project will:

- Provide technical assistance to NACA by providing staff, technical assistance and support for coordination meetings;
- Provide technical assistance to and participate in NACA's National HIV/AIDS Strategic Framework process;
- Provide technical assistance to National Food and Drug Administration and Control Agency (NAFDAC) to reform regulations regarding introduction of new ARVs, OIs and palliative care drugs;
- Provide technical assistance to the National Food and Drug Administration and Control Agency (NAFDAC) to help regulate and standardize prices of ARVs, OIs and palliative care drugs in the public and private sectors.

In the area of PMTCT, ENHANSE will:

- Provide technical assistance to the FMOH/NACSP to train, develop and disseminate PMTCT guidelines.

In the area of abstinence and be faithful programming, ENHANSE will:

- Provide technical assistance to FMOE for developing implementation strategy for the Family Life and HIV/AIDS curriculum in schools;
- Provide technical assistance to Islamic groups (e.g. FOMWAN) to develop and implement an HIV/AIDS policy and plan;
- Provide technical assistance and capacity building to IFCHAN to develop and disseminate interfaith HIV/AIDS guidelines.

In the area of OVCs, ENHANSE will:

- Provide technical assistance and capacity development for the Federal Ministry of Women's Affairs and Youth Development to develop a National OVC Policy and Strategy

In the area of reducing stigma in the workplace, ENHANSE will:

- Provide technical assistance for the development and implementation of private sector work place HIV AIDS and palliative care policies and guidelines in selected large private sector firms.

In the area of treatment, ENHANSE will:

- TA to FMOH/NASCP to disseminate National ART Policy.

Activity Category

- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Health Care Financing

% of Funds

- 6%
- 10%
- 8%

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<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	12%
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	6%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

	<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0 <input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0 <input type="checkbox"/> Not Applicable

Target Populations:

- Business community Boys
- Caregivers
- Community leader
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Medical/health service providers
- Private health care providers
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Media
- Military
- Police
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders
- University
- Teachers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD HIV/AIDS Contract / Henry Jackson Foundation

Planned Funds:

Activity Narrative:

FY05 planning by the NMOD, supported by DoD will establish one Center of Excellence at Defense Headquarters, and refurbishments at 68th NA Reference Hospital, 3d Division Hospital and 330th NAF Hospital.

The COE to be established at Defense Headquarters Medical Reception Station, Abuja, will begin with refurbishments at the existing laboratory (FY04 DHAPP funding). This laboratory contains many of the technical features in civilian COEs (diagnostics, ARV monitoring, OI diagnostics, parasitology, AFB, and electronic records augmenting a paper system, UPS and backup generator) but does not have sufficient space to train more than a small number of laboratorians. The DoD vision of a self-sustaining program is the establishment of a teaching center to increase the internal physical and human resources of the Nigerian Military.

The goal of the teaching center is to increase the professionalization of the Nigerian Military by introducing the organization into the academic community and thus broadening visibility and accountability. The academic medical COE will increase human resource capacity in laboratory, clinical and epidemiologic training.

DoD/NMOD FY05 planning will introduce two training courses at the Defense Headquarters Medical Center. The first will train NMOD physicians/medical officers in general ART delivery in addition to military specific delivery. The second course will instruct laboratorians (scientists in management and QA/QC skills, technicians in general laboratory skills).

The NMOD has agreed to the laboratory and other components, currently estimated at (costs in Abuja are prohibitive). Therefore the COE will be constructed in phases. The laboratory and classrooms for increasing laboratory and clinical capability will be constructed in Phase 1. Receipt of FY05 funding in May 05 will provide the opportunity to begin plans and construction in late FY05/early FY06. DoD assets will be present on station in Nigeria approximately May 05 to facilitate this plan. Delay of construction funding until FY06 will delay completion of the facility until well into FY07, and a serious reduction in the EP capability projection and goals through the out-years will occur.

DoD will coordinate refurbishment and expansion of satellite facilities with the NMOD. During FY05, the 68th NA Reference Hospital will be refurbished and will begin delivery of ART. The laboratories in 3D Division and 330th NAF Hospitals (Jos) These will be refurbished in order to facilitate the scale-up of ART delivery in FY06. Refurbishment for all facilities will include haematology, microbiology, blood chemistry, liver function test, renal function test, HIV screening and confirmation using rapid test, ELISA and Western Blot techniques, CD4 determination.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%

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- Quality Assurance and Supportive Supervision 10%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	50	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
- Military
- National AIDS control program staff
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area:

State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kaduna	ISO Code: NG-KD
State Province: Lagos	ISO Code: NG-LA
State Province: Plateau	ISO Code: NG-PL

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Policy Mechanism / National Democratic Institute

Planned Funds:

Activity Narrative:

For almost three years, the National Democratic Institute for International Affairs (NDI) and its local partner Pathfinder International/Nigeria (PIN/N) have engaged Members of Nigeria's National Assembly (NA) and their constituents in acknowledging effects of the burgeoning HIV/AIDS pandemic at all levels from the community or grassroots, through state elected officials, to the national level. As a consequence of this project, more elected officials than ever before have moved from a state of denial about the existence of AIDS to become proactive champions for addressing the pandemic through the exercise of their three basic functions as legislators: lawmaking, oversight and representation. Activities include:

- Provide technical assistance and support to the fledgling National Assembly HIV/AIDS Committee;
- Support drafting, introducing legislation (such as work place HIV/AIDS Bill of Rights/Code of Conduct), and facilitating development of legislative strategies, especially for statutory authorization of NACA and reducing discrimination and stigma. Technical assistance in developing 1 piece of legislation and conducting 1 public hearing on HIV/AIDS issues;
- Provide intensive TA, skills building and training for Members and staff monitoring budget allocations and implementation for HIV/AIDS prevention, treatment, care and support programs and service delivery to increase federal allocations of HIV/AIDS resources to state HIV/AIDS programs. Revitalization of the National Assembly Response to HIV/AIDS (internal House-Senate action "caucus") by conducting training for 150 Assembly Members and 30 staff on HIV/AIDS issues (4 briefings/seminars);
- Provide intensive TA, skills building and training to State level-lawmakers and staff to manage and increase disbursements and allocations to HIV/AIDS programs at the state level. TA will be provided to USG-supported states;
- Document and disseminate best legislative and constituency outreach practices, focusing on appropriate entry and culturally-based strategies with a major report;

This contributes to the overall strengthening of national multisectoral bodies to lead and coordinate the response to HIV/AIDS, capacity in planning and resource allocation for HIV/AIDS programs.

Activity Category

Community Mobilization/Participation

% of Funds

15%

President's Emergency Plan for AIDS Relief

Country Operational Plan Nigeria FY 2005

12/09/2004

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<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	13	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	200	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Clients of sex workers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> Midwives <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|---|--|
-
- HIV/AIDS-affected families
 - Host country national counterparts
 - Implementing organization project staff
 - Infants
 - International counterpart organization
 - M&E specialist/staff
 - Media
 - Police

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Maryland

Planned Funds:

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Activity Narrative:

In FY04 UMD helped to strengthen of 6 tertiary health care facility labs with training, supervision, and equipment upgrade. During FY05, UMD will build upon its successful COE and satellite center model to strengthen 6 referral and 5 secondary labs. This is described in detail below:

COE Laboratories: The 6 laboratories at this level are equipped to provide specialized HIV-related services which include microbiology, bacterial culture and sensitivity (MCS) tests, haematology, chemistry, liver function test, renal function test, acid fast bacilli (AFB) test, HIV screening and confirmatory tests, CD4 count, PCR and viral load estimation. Furthermore, the information management system of the laboratories will be strengthened electronically and manually. These laboratories also serve as reference labs to the satellite health care institutions within the network systems. To ensure uninterrupted power supply and preservation of lab cold chain, the COE labs will be provided with stand-by generators as a back-up to the public energy system.

In addition to providing specialized services, the COE labs will participate in regional laboratory training, for HIV/AIDS and opportunistic infection (OI) diagnostics and treatment monitoring. The COE lab directors and senior laboratory staff members will be trained as lab master trainers who will continue to train and re-train lab personnel both within the COE and the satellite centers on HIV/AIDS/OI diagnosis and treatment monitoring. A total of 33 laboratory scientists will be trained/re-trained. The master trainers will undertake regular visits to their trainees' workplaces to provide competence-based supervision. In addition, the COE labs at regular time periods, will conduct proficiency evaluations of the laboratories at the satellite centers.

Satellite Center Laboratories: The 5 laboratories at this level will be strengthened with relevant lab equipment and training, to provide basic haematology and MCS including AFB, blood chemistry, liver function test, renal function test, HIV screening and confirmation using rapid test techniques and AFB test. Viral load and automated CD4 enumeration will be referred to the COE labs. Therefore lab personnel at this level will also be trained in sample storage and transportation. Specific activities will include:

Training: Comprehensive training of laboratorians will take place at the UMD IHV Laboratory Training Center at Asokoro Hospital in the FCT (infrastructure for the Asokoro Training Center provided under Track 1.5 award). Additionally, specific training and QA activities will occur at Gwagwalada Specialist hospital where IHV and FHI have previous resource investment. Laboratory specialists from the UMD IHV central office in Abuja will also travel to sites and provide training on-site as needed. The focus will be proper use of rapid HIV testing, confirmatory HIV testing, hemogram, blood chemistry, and CD4 measurement using proven technologies for resource poor settings with a focus on quality assurance (proper storage of reagents, proper laboratory record keeping, and proper use of controls).

Human Resources: To facilitate rapid scale up at sites, UMD IHV will subcontract sites to hire or redirect additional staff to provide laboratory testing. This will be negotiated through a subcontract mechanism with funding linked to meeting site-specific goals.

Logistics: An inventory control and forecasting system for laboratory commodities will be developed and implemented at each site in conjunction with USG Implementing partner FHI and Axios, their subcontractor.

Commodity: UMD IHV will provide proper laboratory equipment to sites and laboratory consumables, with distribution of consumables to be arranged by their FHI partners. All facilities will be equipped to measure CD4 levels, safety labs (hematology, blood chemistry), microbiologic techniques, and HIV testing using rapid technologies.

Quality Assurance: Proficiency testing and external QA system will be developed and implemented for all sites emphasizing best practices. UMD IHV Abuja central office laboratory staff will arrange periodic site visits for QA monitoring and refresher training. Proficiency assessments will be carried out regularly for all sites as part of enhanced SI activities. This assessment will monitor Quality and Proficiency.

Sub-performing sites will be assessed, equipment will be evaluated, and retraining implemented as needed. UMD-IHV central Abuja staff will conduct regular site visits for monitoring and quality assessment activities.

Infrastructure: For sites with significant physical infrastructure limitations, portakabins (Nigerian produced prefab structures) will be provided to house site laboratory activities. For sites with sufficient infrastructure and space, space will be

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optimized for HIV related laboratory activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	83%
<input checked="" type="checkbox"/> Human Resources	3%
<input checked="" type="checkbox"/> Infrastructure	3%
<input checked="" type="checkbox"/> Logistics	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	4%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	163	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

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Coverage Area:

State Province: Anambra
State Province: Cross River
State Province: Edo
State Province: Federal Capital Territory
(Abuja)
State Province: Kano
State Province: Lagos

ISO Code: NG-AN
ISO Code: NG-CR
ISO Code: NG-ED
ISO Code: NG-FC
ISO Code: NG-KN
ISO Code: NG-LA

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Christian Health Association of Nigeria

Planned Funds:

Activity Narrative:

Results: Renovate and upgrade 4 "reference" hospitals, Strengthen 13 secondary and primary FBO health care facility labs through manpower development, Train 25 lab personnel

CHAN proposes infrastructure and equipment upgrades on 4 "reference" laboratories located in the following FBO health care facilities: Sacred Heart Hospital, Obudu, Cross River State; St. Camillus Hospital, Uromi, Edo State; Iyi-Enu Hospital, Ogidi, Anambra State; St. Kizito's Hospital, Lekki, Lagos State.

These laboratories, since they serve as reference labs within CHAN network system should have the capacity to provide specialized HIV-related services which include microbiology, culture and sensitivity (MCS) tests, haematology, chemistry, liver function test, renal function test, acid fast bacilli (AFB) test, HIV screening and confirmatory tests, manual CD4 count (Dyna bead technology) and viral load estimation.

Basically, all the 4 laboratories require renovations which may involve cleaning, painting, and in some cases airconditioning, improved workbenches and laboratory space.

Training: CHAN will train a total of 25 laboratory personnel. Twelve of these personnel will be located in the 4 "reference" laboratories (3 per lab) above while the remaining 13 will be located in 13 secondary and primary FBO health care facilities feeding into the big 4 above. CHAN recommends that training courses should include "state of the art" HIV lab services, reagent and consumable management logistics, blood safety and universal precaution, and standard operational procedures.

QA/QC: The 4 reference hospitals would ensure that quality standards are maintained in the CHAN network by subjecting its 4 reference laboratories to regular proficiency evaluations from any recommended "mentor" institution and ensure that the same standard is applied in all the collaborating laboratories located in secondary and primary FBO health care institutions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	25	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Lagos	ISO Code: NG-LA

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Network RFA / To Be Determined

Planned Funds:

Activity Narrative:

Nigerian indigenous and smaller NGOs, or larger NGOs (working to build the capacity of smaller NGOs) working in Nigeria will be encouraged to submit applications for funding for laboratory infrastructure (physical and human) refurbishments, upgrades and training for their organizations or partner organizations, providing services predominately in rural or underserved communities. Inclusive of but not limited to: new or used equipment, equipment upgrades, facilities improvement (physical, electrical), reagents, test kits, laboratory personnel training, laboratory information systems, quality assurance or quality control programs. This will be a portion of a larger request for funding as a part of ART and ARV delivery programs for overarching HIV treatment programs. The Nigerian Emergency Plan is committed to improving local networks. Due to short lead time and poor infrastructure of these networks in Nigeria, submissions have not yet been received; target data does not exist at this time.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	12	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Procurement / Crown Agents

Planned Funds:

Activity Narrative: Rapid tests to be purchased through CDC and Crown Agents. These will be used for the planned testing of USG counseling and testing programs through Nigeria. Included is a new CDC initiative planned with DoD/NMOD for VCT during peacekeeping/out of country deployments. Soldiers participating in VCT will be counseled and tested for HIV prior to redeployment to Nigeria. This will purchase approximately 100,000 tests. The shortfall of tests will be filled through an existing backorder of test kits.

Activity Category **% of Funds**
 Commodity Procurement 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	364,000	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Health Care Workers
 - Medical/health service providers
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Adamawa	ISO Code: NG-AD
State Province: Adamawa	ISO Code: NG-AD
State Province: Adamawa	ISO Code: NG-AD
State Province: Anambra	ISO Code: NG-AN
State Province: Anambra	ISO Code: NG-AN
State Province: Anambra	ISO Code: NG-AN
State Province: Cross River	ISO Code: NG-CR
State Province: Cross River	ISO Code: NG-CR
State Province: Cross River	ISO Code: NG-CR
State Province: Edo	ISO Code: NG-ED
State Province: Edo	ISO Code: NG-ED
State Province: Edo	ISO Code: NG-ED
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Federal Capital Territory (Abuja)	ISO Code: NG-FC
State Province: Kano	ISO Code: NG-KN
State Province: Kano	ISO Code: NG-KN
State Province: Kano	ISO Code: NG-KN
State Province: Lagos	ISO Code: NG-LA
State Province: Lagos	ISO Code: NG-LA
State Province: Lagos	ISO Code: NG-LA
State Province: Niger	ISO Code: NG-NI
State Province: Niger	ISO Code: NG-NI
State Province: Niger	ISO Code: NG-NI

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1: Ability of USG in country team to manage and administer HIV/AIDS program\nstrengthened\n\nCurrently, the USG team does not have adequate staff to manage the rapid expansion of Emergency Plan prevention, care, and treatment programs. CDC and USAID will be adding both technical and administrative staff to strengthen support for these programs. DoD will also be adding staff to support military related activities.

Total Funding for Program Area (\$) **Current Program Context:**

At present USAID/Nigeria has only four professional technical and program staff, one of whom is OE funded, to manage Emergency Plan activities. The OE funded staff person is the HIV/AIDS Team Leader. The other professional staff include: 1) medical doctor responsible for all clinical care issues; 2) advisor for care and support activities, and 3) advisor responsible for managing prevention and policy. In addition, the team has a program assistant and a secretary to provide administrative support to the professional staff. USAID will expand their staff in 2005 to provide improved technical oversight of the rapidly expanding Emergency Plan activities.\n\nCDC currently has only one program manager, one medical epidemiologist, and one support staff to oversee all of its programs. CDC will significantly increase its staff size in 2005 to provide the management and technical oversight as well as administrative support for it's programs.\n\nBoth will be adding M&E staff to help establish and strengthen M&E systems to collect and report data. One person will serve as overall coordinator of efforts and each program will have a specialized M&E person to help support their respective programs. This is an example of the increased collaboration that USAID and CDC have been striving for in 2005. \n\nPresently there are no DoD assets nor DoD contractors within the Country of Nigeria assigned to execute the Emergency Plan. The DoD will execute a unique staffing profile within the Emergency Plan. DoD, as both a USG partner and implementing partner, will dual use staff members in both the program management and program implementation. The DoD envisions a future program goal of infrastructure development and establishing internal program controls such that at the completion of the 5 years, the Nigerian military may continue the program with direct funding aided by program oversight. \n

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/CDC Staffing and Management - Base / US Centers for Disease Control and Prevention

Planned Funds:

[Redacted]

Activity Narrative:

HHS/CDC plans to increase their staff size to provide technical and administrative support to Emergency Plan targets during the next five years. A major goal of the increase is to strengthen their program management staff. Because the Embassy has been short staffed, the Ambassador has personally requested that CDC provide staff to cover administrative responsibilities that had been covered by the Embassy. By the end of FY 2005, CDC expects to have 46 staff supporting the Emergency Plan. We will locate staff in three field offices: Kano, Benin City, and Nnewi (these are the sites for the Centers of Excellence). In collaboration with USAID, CDC will be increasing their M&E/MIS capabilities. CDC will also add on-site expertise in PMTCT and care and support.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID Staffing and Management / US Agency for International Development

Planned Funds:

UNCLASSIFIED

Activity Narrative:

At present USAID/Nigeria has four professional technical and program staff, one of whom is OE funded, to manage Emergency Plan activities. The OE funded staff person is the HIV/AIDS Team Leader. In addition, the team has a program assistant and a secretary to provide administrative support to the professional staff.

The HIV/AIDS Team Leader provides overall management and leadership for USAID's contribution to the Plan. In addition, this position coordinates USAID inputs with other USG Agencies ensuring a synergistic, collaborative approach to reaching the treatment, care and prevention targets set for Nigeria.

The FSN staff member, a medical doctor, is currently responsible for all clinically related activities, including relating to NGO and Ministry of Health personnel concerned with PMTCT, PMTCT+, ART, TB - HIV, and systems strengthening to support clinical care. In addition, this position has provided USG support to the Global Fund in Nigeria. This has been an overwhelming task that requires additional staff.

The Third Country National (TCN) manages all care and support activities and based on in-depth experience with Uganda's network model is also responsible for adapting this model to the Nigerian context.

The TAACS Advisor is responsible for managing the prevention and policy elements of the program. This position is also responsible for ensuring maximum support to the National Action Committee on AIDS (NACA) and the Ministry of Health's HIV/AIDS program. This includes optimizing the synergy between the Emergency Plan and the national response as well as maximum overall strategic support to the GON to ensure that their contribution to reaching the targets is realized.

In addition, management staff include: 1 financial analyst, 2 contract assistants and a part time contracts officer. Basic staff support includes two drivers.

Approved FY 04 COP

Also approved in the 04 COP were two additional USDH positions, to be hired before year end (staff already identified) to support the HIV/AIDS Team Leader in overall management of the program to ensure maximum synergy with other USG partners.

Additional positions approved in the 04 COP were an M and E specialist (advertised), a full time contracts officer (staff person already identified) and 3 part time positions, which we propose converting to 2 full time positions due to the demands of the Emergency Plan. These 2 full time positions will support the USG SI component of the program, database design (staff already identified) and data entry. CDC will provide staffing for surveillance, while USAID will provide staffing for SI monitoring and evaluation purposes. It is anticipated that these positions will be hired prior to the end of the year.

FY 05 COP

In addition to continuing support for the above identified positions, USAID proposes to hire 4 new professional and 3 new support staff, all Nigerians, as follows to meet the demands of the Emergency Plan: Four additional Nigerian (FSN) program staff to monitor:

- (1) ART Programs, with a focus on secondary and primary level delivery as well as linkages with the community. A Nigerian medical doctor with HIV/AIDS experience will be hired, thereby making the current FSN medical doctor's job more manageable. Our current medical specialist will therefore concentrate on non-ART clinical care including TB/HIV integration, OI and STI treatment;
- (2) an OVC program manager;
- (3) Drug management and logistics specialist; and
- (4) Prevention specialist.

To support this new staff as well as already approved FY 04 COP staff to be hired by the end of the year, 3 additional program assistant and administrative staff will be hired along with three drivers.

USAID is anticipating a total of 27 staff members devoted to the Emergency Plan for AIDS relief by the end of F 2005. At this time, USAID estimates that this level of staffing will be sufficient for the duration of the Emergency Plan.

Activity Category

% of Funds

Targets:

Not Applicable

UNCLASSIFIED

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DOD Staffing and Management / US Department of Defense

Planned Funds:



Activity Narrative:

Presently there are no DoD assets nor DoD contractors within the Country of Nigeria assigned to execute PEPFAR.

The DoD will execute a unique staffing profile within the Emergency Plan. DoD, as both a USG partner and implementing partner, will dual use staff members in both the program management and program implementation. The DoD envisions a future program goal of infrastructure development and establishing internal program controls such that at the completion of the 5 years, the Nigerian military may continue the program with direct funding aided by program oversight. This will be synergized by the addition of Nigerian Military members and the Henry M. Jackson Foundation for the Advancement of Military Medicine (HMJ) as implementation partners. As the military members already receive pay from the FGON, these will be considered non-program funded members and will function as counterparts to the DoD staff in both program management and implementation. Through the evolution of the 5 year EP, the Nigerian military's program management and oversight capability will be developed to compete for US funding awards.

In order to accomplish this vision, the DoD will place the following staff in place during FY05: two Direct US hires (Program funded; active duty uniformed officers); three FSN (Program funded; one program management/admin, one admin/driver); three contract personnel (one Financial advisor/Contracting, two admin/drivers) for a total of 7 personnel. The staff will be led by the senior uniformed officer. This officer will assume the position of Chief of Party, reporting to the ODC for administrative control, to the USAMB and his directed representatives for programmatic decisions, and coordinate directly with USG partners and the Nigerian Ministry of Defense. The junior uniformed officer will provide technical laboratory expertise and assist in program management. The FSNs will provide direct support to these two officers. The three contract personnel will provide program support in the form of contracting capability and operational support. Additionally, the HMJ expertise will develop the Nigerian military's internal controls and management capability. All these positions will be fully funded by the program and all located full time within the Country of Nigeria.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: U.S. Embassy Staffing / US Embassy - Public Affairs

Planned Funds:

Activity Narrative:

The Mission of the Public Affairs Section in Lagos and Abuja is to increase understanding by the Nigerian public of US society, culture, institutions, and policies. We also wish to enrich the dialogue between American citizens and institutions and their counterparts in Nigeria through educational, cultural, and citizen exchange programs.

PAS is engaged in the President's Emergency Plan for AIDS Relief and looks to deepen the awareness and understanding of the Emergency Plan as it unfolds in Nigeria. The target audiences will be the Nigerian media and universities. The scope of work for this position includes the following activities:

- Working closely with the press officers in the Global AIDS Coordinator's office at the State Department to keep up-to-date on press matters and material relating to the Emergency Plan.
- Attend the USG – GON Steering Coordination Committee meetings.
- Broadcast of HIV/AIDS films, book reprints, speakers, and television co-productions will be utilized in promoting HIV/AIDS awareness. Working closely with the print and TV media here in Nigeria to provide them with press releases and contact information when milestones such as antiretroviral procurement, the opening of a new clinic, the training of a new cadre of health care workers occurs.
- Working closely with university faculty and students in the PEPFAR-identified states to promote HIV/AIDS awareness on the campuses and in surrounding communities.
- Working closely with the National Action Committee on AIDS (NACA) for the launch of the Emergency Plan on World AIDS Day, December 1, 2004.

In the FY 2004 Country Operational Plan (COP) PAS received . However this money was unallocated during FY 2004 and is available to be spent in FY 2005. PAS is requesting in the FY 2005 COP. It is expected that during FY 2005 that the two staff slots identified in FY 2004 will become full time on the Emergency Plan.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: State Department Deferred Funds / US Embassy - Public Affairs

Planned Funds:

Activity Narrative: Deferred FY04 funds will support staffing and management costs.

Activity Category: % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS/CDC Staffing and Management - GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Same activity as funded with Base funding. Please see description listed there.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
3. Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
When will preliminary data be available?	February 28, 2006	
4. Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?	92.00	
When will preliminary data be available?	November 30, 2006	
5. Other significant data collection activity:		

Name: National HIV/AIDS & Reproductive Health Survey

Brief description of the data collection activity:

-Nationally representative information/ knowledge survey of men and women (2003 data: 5,128 women aged 15-49, 4,962 men 15-64). Provides information on levels of HIV preventive knowledge and behavior, other STIs, HIV VCT, HIV stigma and discrimination, maternal health, sexual behavior, reproductive behavior, female circumcision and gender violence.

Preliminary data available:

Name: High Risk Sentinel Surveillance

Brief description of the data collection activity:

-Geographically diverse survey of HIV infection among high risk groups: truck drivers, commercial sex workers, STI and TB clinic clients.

Preliminary data available:

Name: Behavioral Sentinel Surveillance

Brief description of the data collection activity:

-Questionnaires administered to high risk groups such as youth, truck drivers, commercial sex workers, STI and TB clinic clients providing information on sexual practices, group norms, and knowledge, attitudes and practices of HIV and STIs risk behavior.

Preliminary data available:

February 01, 2005

UNCLASSIFIED

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?

Yes No

[Empty response box]