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Plan for AIDS Relief (PEPFAR)

**Country Operational Plan (COP)
for Nigeria**

RELEASED IN PART
B5.

Plan Period: FY2004

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Acronyms

AB	Abstinence and Be Faithful
AFY	Advocates for Youth
ANC	Antenatal Care Services
APHL	American Public Health Laboratories
APS for FBOs	Annual Program Statement for Faith Based Organizations
APIN	AIDS Project in Nigeria
APS	Annual Program Statement
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
CAPA	Catchment Area Planning and Action
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
COE	Center of Excellence
CRS	Catholic Relief Services
CSO	Civil Society Organizations
DFID	Department for International Development (United Kingdom)
DOTS	Direct Observation Therapy Strategy
EE RFA	Enabling Environment Request for Assistance
FBO	Faith-Based Organization
FCT	Federal Capital Territory
FGON/GON	Federal Government of Nigeria
FHI	Family Health International
FLE	Family Life Education
FMOH	Federal Ministry of Health (Nigeria)
FY	Fiscal Year
HHS	United States Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information Education Communication
IFESH	International Foundation for Education and Self Help
IQC	Indefinite Quantity Contract
JHU/CCP	Johns Hopkins University Center for Communication Programs
KABP	Knowledge, Attitude, Behavior and Practice
LACA	Local Action Committee for AIDS
LDD	Long Distance Drivers

LGA	Local Government Area
M&E	Monitoring and Evaluation
MARP	Most At-Risk Populations
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
NACA	National Action Committee on AIDS
NBTS	National Blood Transfusion Service
NDI	National Democratic Institute
NGO	Non Governmental Organization
NIBUCAA	Nigerian Business Coalition Against AIDS
NIPRD	Nigerian Institute of Pharmaceutical Research and Development
OD	Organizational Development Team
PACA	Parish Action Committee on AIDS
PE	Peer Educators
PHC	Primary Health Care
PLWA	People Living With AIDS
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PMTCT +	Prevention Mother-To-Child Transmission Plus Additional Services
PSRHH	Promoting Sexual and Reproductive Health and HIV/AIDS Reduction
QED	Quasi-Experimental Design
RFA	Request for Application
RH	Reproductive Health
SACA	State Action Committee for AIDS
SBFAF	Safe Blood for Africa Foundation
SRP	Scientific Research Products
STD/I	Sexually Transmitted Disease/Infection
TA	Technical Assistance
TB	Tuberculosis
TBCTA	The TB Coalition for Technical Assistance
UMD	University of Maryland
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTAP	University TA Project
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YARN	Youth Action Rangers of Nigeria

Executive Summary:

Nigeria has 36 states and the USG strategy is to focus on seven of those states and the Federal Capital Territory (FCT). The initial seven USG focus states---Anambra, Bauchi, Edo, Lagos, Kano, Nasarawa, and Rivers---and the FCT have a combined population of 36 million or 27% of the nation's total population. They constitute 29% of Nigeria's AIDS disease burden with an estimated 1.18 million HIV positive persons. These states are also representative of the nation's six geopolitical zones as it is a political imperative for the USG to program in all six zones. The USG has already supported HIV/AIDS, health, and other successful development interventions in these states¹; they present possibilities for synergies with other USG supported programs (e.g. microcredit); and, if funding permits, they form an excellent platform from which to expand into neighboring states. Fourteen of the Government of Nigeria's (GON) 25 anti-retroviral treatment (ART) centers and six of the eleven national PMTCT sites are located in the focus states.

Prevention of Mother to Child (PMTCT) activities will form the base for the USG's entry into ART and for the expansion of its care, support and prevention interventions in six of the eight states. Presently, the USG supports national PMTCT activities at four tertiary care institutions that are referred to as centers of excellence (COEs) and nine associated secondary level health care sites referred to as satellites. The four USG-supported COEs, which are also among the 25 national ART sites, and the nine satellites are located in four of the focus states: Edo, Kano and Anambra states and the FCT. Two other focus states, Lagos and Rivers, have national PMTCT sites supported by UNICEF. The USG will collaborate with the Federal Ministry of Health (FMOH) and UNICEF to strengthen ART and PMTCT services at these sites. It will work with the private sector, including faith based organizations (FBOs) to expand these and community based care, support and prevention services in all eight focus states. FBOs and their networks of medical facilities and community programs will receive technical and financial support to develop services in Nasarawa State; the Nigerian Business Coalition against AIDS (NIBUCAA) will receive technical support to develop the capacity of the petroleum industry and its related health facilities and outreach programs to provide services in Rivers State.

A map of Nigeria, which delineates the eight focus states, is included on the following page. The three focus states that received USG support for HIV/AIDS activities during the past four years (1999-2003) are colored in yellow; the two that were added in 2002 as part of the PMTCT strategy are colored in green; and the three new states that will be added under the Emergency Plan are blue. A list of COEs and satellites sites is included in Table One.

¹ Future references to the eight states include the FCT as the eighth "state".

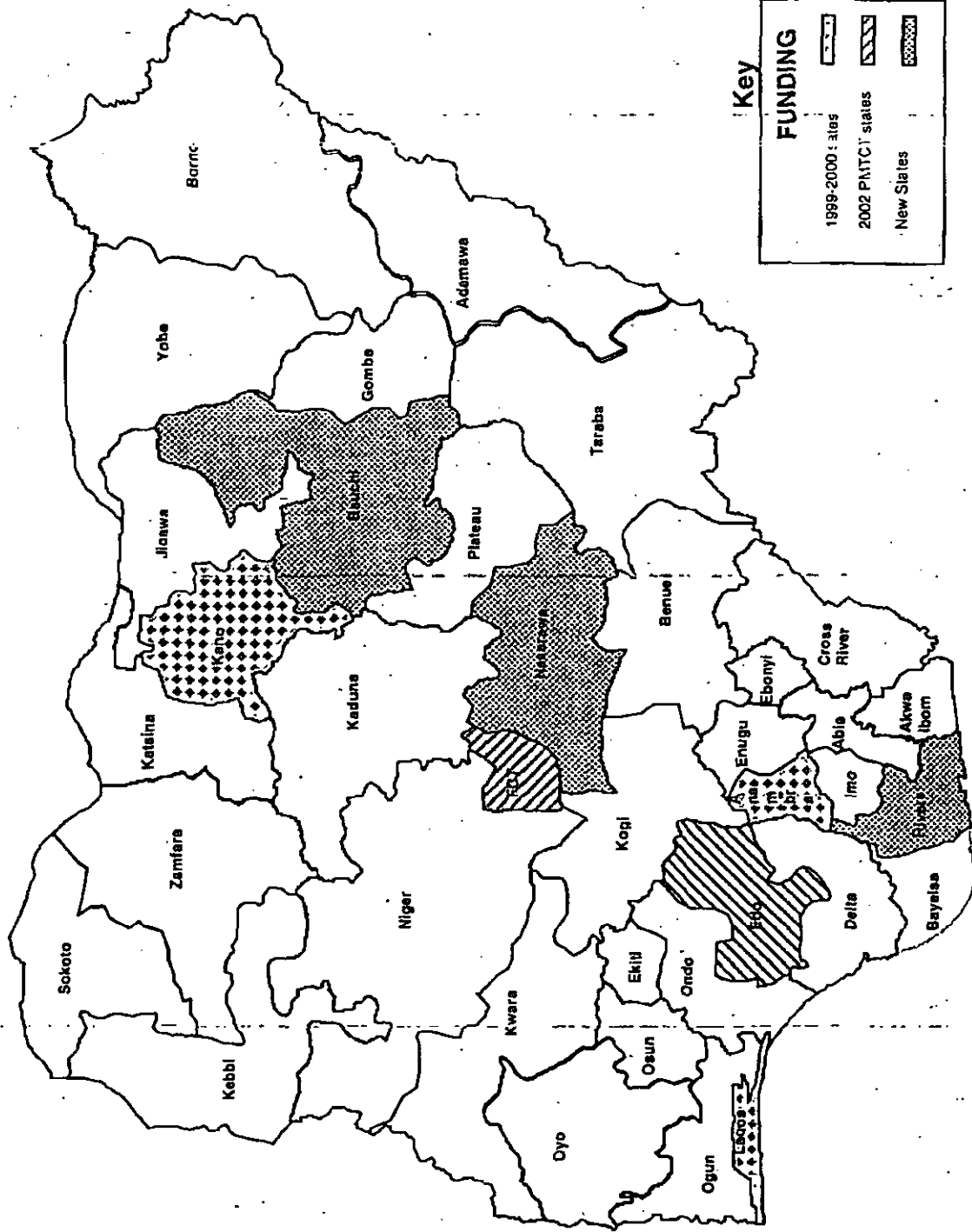


Table One:
USG-Supported Sites by State

USG-supported Centers of Excellence (tertiary institutions) in Focus States	Associated secondary level institutions (Satellite Sites)
<u>Anambra:</u> Nnamdi Azikiwe University Teaching Hospital	Our Lady of Lourdes Hospital St. Charles Borromeo Hospital
<u>Edo:</u> University of Benin Teaching Hospital	Irrua Specialist Hospital St. Philomena Hospital
<u>FCT:</u> National Hospital Abuja	Gwagwalada Specialist Hospital Wuse General Hospital St. Mary's Hospital
<u>Kano:</u> Aminu Kano Teaching Hospital	Murtala Mohammed Hospital Wudil Hospital

A number of contractual mechanisms supporting USG activities end on September 30, 2004 and these are specified throughout the tables. Although some will terminate at that time, most ongoing activities in the focus states will be picked up by new USG mechanisms, including two Requests for Assistance (RFA) that went out for competition in December, 2003 and will be awarded by May 1, 2004; and two new Annual Program Statements (APS) that will be issued in May and awarded in August. Some activities will continue under field support mechanisms (e.g. the University Technical Assistance Project, the DELIVER Project). One RFA will target comprehensive activities in the focus states and the other will support national level policy efforts and institutions. One APS will support faith-based organizations (FBO) and local NGO initiatives and the other will focus on most at risk populations (MARP) with targeted services and messages. All activities, whether new or ongoing, will be managed by the USG HIV/AIDS Coordinating Committee (see Table 3) and, to avoid duplication, a USG Training Committee will coordinate all trainings conducted by the various partners. New and continuing USG mechanisms that will be used to support the Emergency Plan objectives are summarized in Table Two.

Table Two:
New or Continuing Mechanisms to be Employed during 2004 to Support The Emergency Plan Objectives (Track 2).

Mechanism	Table 4.1	Table 4.2	Table 4.3	Table 4.4	Table 4.5	Table 4.6	Table 4.7	Table 4.8	Table 4.9	Table 4.10	Table 4.11	Table 4.12	Table 4.13	Table 4.14
Advocates for Youth					X	X								
APHL								X			X			X
APS for FBOs		X						X						
APS for MARP					X							X		
Baylor Univ.								X		X				
Crown Agents	X					X						X		
CRS	X						X	X						
Deliver Project					X		X			X				
EE RFA									X	X			X	
FHI														
IFESH	X													
IQC for TA													X	
JHU/CCP														
Linkages Project	X													
NDI													X	
NIPRD												X		
Emergency Plan Services RFA	X	X			X	X	X	X	X	X	X	X		
PAS/DOS													X	
TBCTA														
UMD	X						X	X		X	X			X
SRP	X													
STI/CDC					X									
SBF/AF							X							
UTAP													X	
PHR+										X				
Solidarity Centre					X									

Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile

Background: Nigeria successfully concluded a second round of democratic elections in 2003, ushering in the first civilian-to-civilian electoral transition in its 43 years of independence. The country is now in a position to address the damage and neglect inflicted by three decades of military rule that at best was indifferent to the needs of the people and at worst flagrantly violated their human rights. Nigeria's size, with approximately 135 million people; complexity, with over 300 indigenous ethnic groups; and large revenue generations from petroleum exports make it significantly different from other developing nations on the continent, more like a region than a single country.

Location: Western Africa, bordering the Gulf of Guinea, between Benin and Cameroon

Area: *total:* 923,768 sq km; *water:* 13,000 sq km; *land:* 910,768 sq km

Population: 135,000,000

Age structure: *Under 14 years:* 44%; *15-64 years:* 53%; *65 years and over:* 3% (2003 est.)

Median age: *total:* 18 years; *male:* 18.1 years; *female:* 17.9 years (2002)

Population growth rate: 2.8% (2003 est.)

Birth rate: 38.75 births/1,000 population (2003 est.)

Death rate: 13.76 deaths/1,000 population (2003 est.)

Infant mortality rate: 100/1000

Child Mortality rate (under five): 203/1000

Life Expectancy: *male:* 50.89 years; *female:* 51.14 years (2003 est.)

Total fertility rate: 5.7 children born/woman (2003 est.)

Literacy: definition: age 15 and over can read and write: total population: 50%; male: 59%; female: 41%

<p>1.1 Country Profile</p>	<p>GDP: real growth rate: 3.3% (2002 est.); per capita: - \$270; composition by sector: agriculture: 45%, industry: 30%, services: 35% (2002 est.)</p> <p>Population below poverty line: 70% (2000 est.)</p> <p>Sources: NDHS(2003), NIC, UNAIDS, The World Factbook – www.cia.gov/cia/publications/factbook/geos/ni.html</p>
<p>1.2 HIV/AIDS Statistics</p>	<p>HIV prevalence in pregnant women:</p> <ul style="list-style-type: none"> 15-19 years- 6.0% 20-24 years- 5.8% 25-29 years- 6.5% 30-34 years- 4.9% 35-49 years- 4.8%
<p>Estimated number of HIV-infected people in 2003: 4,000,000 people</p>	<p>Estimated number of individuals on anti-retroviral therapy: 14,000 people</p>
<p>Estimated number of AIDS orphans in 2003: 1,000,000</p>	<p>Source(s) data: UNAIDS(Epidemiological Fact sheet 2002 update), Federal Ministry of Health(Technical Report Dec 2001), CIA Factbook</p>
<p>1.3 Characteristics of the HIV/AIDS Epidemic</p>	<p>Populations at comparative high risk: Children of HIV infected mothers, youth, mobile populations particularly the unformed services; and truck drivers, prostitutes, health care providers and injecting drug users, blood transfusion users.</p> <p>Risk factors related to comparative high risk: Ignorance and HIV/AIDS related stigma discrimination and denial leading to low perception of self risk. Poverty, cultural practices (e.g. Female genital cutting), inadequate HIV/AIDS interventions, Poor quality health care services, leading to high prevalence of TB and STIs and exposure to workplace HIV/AIDS hazards. Mobility for employment and peace keeping reasons.</p> <p>HIV/AIDS prevalence by gender: Adults (15-49) 5.8%, 3,200,000 adults and 1,700, 000 are women</p> <p>HIV/AIDS prevalence by age groups: 0-14 yrs – 1.7%; 15-19 yrs – 6.1%; 20-24 yrs – 6%; 25-29- 6.5%; 30-34 – 5%; 35-49-4.9%.</p>

1.1 Country Profile

HIV/AIDS prevalence by urban versus rural by zones: South East Urban- 6.2%, Rural-4.8%; South West Urban- 2.5% , Rural-5.5%; Northwest Urban - 5.7%, Rural-5.3%; Northeast Urban-5.6% , Rural-6.0%; North Central Urban-8.45% , Rural-7.64%; and South South Urban - 6.7, % Rural-7.8%.

ANC surveillance trends (specify years compared): 1% in 1991, nearly 5% in 1999; in 1999, peak infection among women less than 25 years was 6%. In 2001, HIV prevalence among ANC attendees was 5.9% for those 15-19 years, 6.0% for those 20-24, and 6.3% for those 25-29 year s.

BSS surveys trends (specify years compared): Sexual Behavior - 83% females and 76% males had ever had sex and 7% of female and 12% of males have at least one sexual partner. 9% of females and 18% males had sex with boyfriends and girlfriends respectively in 12 months preceding the survey. Knowledge, Attitudes and Practices - HIV transmission and prevention 59% (63% males and 56% females- knowing all four routes of transmission), 51% (42% females and 60% males) believe that one can reduce the risk of contracting HIV by being faithful. 72% (75% females and 69% males) believe they stand no chance at all of HIV infection. This applies to both rural and urban groups. Knowledge about condoms 76% males and 55% females. 22% of sexually active had ever used condoms, and 8% of female and 23% of male sexually active were using condoms at the time of the survey. Condom use in non-marital sex during the last sexual intercourse 32% of females and 50% males(NARHS 2003)

DHS surveys trends (specify years compared): (DHS 2003): 97% of men and 86% of women have heard of AIDS, 85% of men and 65% of women believe there is a way to avoid AIDS. 50% of women and 75% of men know at least 2 ways to avoid HIV infection and an additional 14% of women know one way. Overall 5% of women used a condom during their last sexual intercourse, 2% used a condom with their spouse or cohabiting partner while 23% used a condom with a non cohabiting partner. 16% of men compared to 5% of women reported use of a condom with any partner, 46% of men used a condom with a non cohabiting partner.

HIV/AIDS epidemic projections: HIV prevalence, percent of adults 15-49, 2001-5.8%, 2010-9%, death due to AIDS among children under five 2001-6%, 2010-12.8%, People living with HIV/AIDS, 2001-3.5 million, 2010-7.4 million, New AIDS cases annually 2001- ~250,000, 2010- 719,000, Maternal orphans 0-14 due to AIDS (cumulative), 2003: 1 million, 2010--3.25 million. (Sources: The Policy Project, HIV/AIDS, What it Means for Nigeria, 2002 (high scenario)

STI statistics: In 1999 in all sites including FCT -5.4%. Seroprevalence of syphilis among ANC attendees tested at 72 sites in 1999 was 2.3% while in 2001, the seroprevalence of syphilis from 86 sites ranged from 0.3% to 2.9%.

TB statistics: 300,000 cases and an incidence rate of 238/100,000 population. HIV prevalence among TB patients rose from 2.2% in 1991 to 19% in 2000

Source(s) data: HIV/AIDS in Nigeria Overview of the Epidemic FMOH(March 2002) , Update on TB control in Nigeria WHO/NPO/TUB (2003), UNAIDS (Epidemiological Fact sheet 2002 update), National HIV/AIDS and Reproductive Health Survey (NARHS) Nigeria 2003

Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
Inter ministerial Presidential Council on AIDS	Top level policy/decision-making body on the multisectoral response to HIV/AIDS chaired by the President, with membership of ministers from the different line ministries to advise and inform the President on HIV/AIDS programs in their ministries.
National Action Committee on AIDS (NACA), States and Local Governments Action Committees on AIDS (SACA and LACA)	A statutory body situated in the President's Office which coordinates the national multi sectoral response to HIV/AIDS. It encompasses representatives from line ministries, civil society, the private sector and academia. The SACAs and LACAs are state and local government area level replicas of NACA. There are currently SACA in all 36 states but an unknown number of LACA nationally.
National TB and Leprosy Control Program (NTBLCP)	Composed of International NGOs and donors and recently joined by the government. Nigeria has developed a 2001-2005 plan for TB control, paving the way for expansion of Direct Observation Therapy Strategy (DOTS) nationwide. The total budget for the NTBLCP in 2003 is \$10.8 million of which only \$5.7 million is currently available, with the majority of these funds coming from donors.
Civil Society Consultative Group on HIV/AIDS-Nigeria (CISGHAN)	CISGHAN is a network of civil society organizations which coordinates, facilitates and advocates in order to ensure that the needs and issues of CSOs working in HIV/AIDS are addressed.
National Project Team - World Bank	The National Project Team is the coordinating body for the World Bank Assisted HIV/AIDS Program. This team is responsible for the implementation of the HIV/AIDS Emergency Action Plan (HEAP), a multi-track, multi-sector response to the AIDS pandemic which is being implemented at the national, state and local government levels. The team is responsible for coordination of the public sector response, management of the HIV/AIDS Fund and capacity building for the public sector (NGOs and CBOs).
UNAIDS Theme Group	A committee comprised of representatives from UN agencies, multilateral and bilateral donors agencies, government, national and international implementing partners and civil society active in supporting the national response to HIV/AIDS in Nigeria. It aims to strengthen coordination and information sharing between development partners, promote partnership and coalition building, help leverage international financial and technical resources and contribute to policy development.
Country Coordinating Mechanism (GFATM)	Coordinating body with wide stakeholder representation (GON, NGOs, CBOs, FBOs, PLWHA) set up to coordinate all matters relating to the Global fund such as the accountability and transparent distribution of funds, development of a periodic integrated national proposal to GFATM and monitoring and evaluation of all Global Fund supported programs to ensure that they accomplish predetermined goals.

<p>2.1 National HIV/AIDS Coordinating Body</p>	<p>Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership</p>
<p>Interfaith HIV/AIDS Council</p>	<p>The formation of the Interfaith HIV/AIDS Council was facilitated by Bahr. In Gilead which remains this organization's major source of support and capacity building. It aims to empower Muslim and Christian religious organizations to play a leadership role in stopping the spread of HIV/AIDS in Nigeria, developing awareness among religious leaders, and unifying their efforts at combating the scourge. It also aims to support those infected with and affected by the virus. Presently sourcing funds for take off, the plan is to collaborate with both public and private sector stakeholders.</p>
<p>Catholic Secretariat of Nigeria</p>	<p>The Catholic Church in Nigeria is the largest faith institution in the country, with over 18 million congregants. The church has comprehensive programs encompassing care to PLWHA and PAEHA. In 2002, the Catholic Secretariat of Nigeria developed a HIV/AIDS policy which provides a framework for the church's response to the pandemic. Through this policy, the Parish Action Committees on AIDS (PACAs) were formed. The church currently operates a network of health and social services with 272 health institutions spread over 48 diocese and archdioceses providing quality medical care regardless of religious persuasion.</p>
<p>Christian Health Association of Nigeria (CHAN)</p>	<p>CHAN is an umbrella NGO formed by the Catholic Bishops conference of Nigeria, the Christian Council of Nigeria and the Northern Christian Medical Advisory Council of Nigeria to strengthen and coordinate church sponsored health care programs. CHAN has 358 registered member institutions with a spread of 3,500 health facilities from over 15 denominations.</p>
<p>National Association of Nigerian Nurses and Midwives (NANNM)</p>	<p>NANNM is the umbrella body of all nurses and midwives in the public sector. The association doubles as a trade union and professional body with a membership strength of over 40,000 in all the 36 states and Abuja. It promotes high professional standards and continuing education for nurses.</p>
<p>Nigerian Medical Association (NMA)</p>	<p>The NMA is the largest medical association in the West African sub-region with over 21,000 subscribing members from all 36 state branches and Abuja. The Association is involved in influencing health policy formulation by making unsolicited recommendations to government on various health issues and also by making inputs whenever invited. It has several on-going projects including training courses for doctors on HIV/AIDS/ family planning/ primary health care projects. The Association collaborates in specific projects on health issues with individual NGOs and with the National Association of Non-governmental Organizations on health (NANGO). It is also the host of the permanent Secretariat of the Confederation of African Medical Associations and Societies (CAMAS).</p>

<p>2.1 National HIV/AIDS Coordinating Body</p>	<p>Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership</p>
<p>Nigerian Network of People living with HIV/AIDS (NEPWHAN)</p>	<p>NEPWHAN is an umbrella body under which many PLWHA support groups operate. In order to boost the national response to HIV/AIDS, NEPWHAN facilitates the involvement and representation of PLWHA in decision making, policy formulation, implementation, monitoring and evaluation of program on HIV/AIDS, advocacy for the rights of PLWHA, promotion of cooperation and collaboration within member support groups as well as capacity building of member groups. It also serves as an information resource centre and facilitates the formation of support groups where none exist. By putting a human face on the epidemic, NEPWHAN is challenging stigma and discrimination.</p>
<p>Ministry of Women Affairs and Youth Development</p>	<p>Federal Ministry of Women Affairs and Youth Development is responsible for the promotion of the welfare and advancement of Nigerian women, children and youth. It is expected to provide policy guidelines, carry out programmes and monitor other operators in the field to ensure the full utilization of the potentials of these target groups, so that they can fully contribute their own quota to national development. The Ministry is mandated to carry out projects and provide service delivery to achieve its stated broad objectives which among others include promoting the welfare of the child and guaranteeing conducive /adequate environment and opportunities for the total development of the child's personality. The Ministry is also responsible for integrating issues of gender and youth development into the national policy framework and for monitoring and encouraging follow-up action with respect to the Beijing Platform for Action.</p>
<p>National AIDS and STD Control Program (NASCAP - FMOH)</p>	<p>A unit in the Department of Public Health in the Federal Ministry of Health, it is composed of health professionals employed by the Federal Civil Service. It coordinates the health sector response to HIV/AIDS and STD control; develops with stakeholder consultation, policies, strategic plans and guidelines for different components of the health sector. Responsible for related activities in federal health facilities.</p>
<p>Nigerian Medical/Dental Council</p>	<p>The Medical and Dental Council of is responsible for determining the standards of knowledge and skill to be attained by aspiring medical or dental professionals, securing the establishment and maintenance of registers of qualified practitioners and preparing the code of conduct for the practice of the professions in Nigeria to enable doctors and dentists in Nigeria to maintain universally acceptable professional standards of practice and conduct.</p>
<p>National Assembly Response to HIV/AIDS (NASSRA)</p>	<p>NASSRA was formed in April 2002 with support from NACA and UNAIDS to accelerate the legislative agenda for HIV/AIDS prevention, galvanize support through advocacy and education, and encourage popular participation and social mobilization in the ongoing efforts. NASSRA is formulating a constituency outreach plan designed to support each legislator's efforts to mobilize his or her constituents against HIV/AIDS.</p>

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
National Primary Health Care Development Agency (NPHCDA)	NPHCDA was set up in 1992 to ensure sustainability of primary health care nationwide and especially to extend services to the rural areas, a role it took over from the Federal Ministry of Health. Among the fundamental goals and objectives of the Agency is the promotion of safe motherhood through the improvement of existing maternal and child health care facilities.
National Food and Drug Administration and Control Agency (NAFDAC)	NAFDAC was established by Decree No. 15 of 1993 (as amended) as a Parastatal of the Federal Ministry of Health with the mandate to regulate and control quality standards for foods, drugs, cosmetics, medical devices, chemicals, detergents and packaged water whether imported or manufactured locally and distributed in Nigeria. NAFDAC activities include inspection of facilities of manufacturers of such products in Nigeria and abroad to ascertain their compliance status, laboratory evaluation of regulated products, registration, drafting regulations that guide the manufacture, importation, advertisement, distribution, sale and the use of regulated products, enforcement of the regulations and laws, inspection of regulated products at ports of entry and land borders.

2.3 Major Donor/Partner Organizations ²	Primary activities supported that are related to the Emergency Plan goals	Estimated 2004 Budget
World Bank	<p>The World Bank IDA credit (\$95.8 million for 5 years) supports system-wide HIV/AIDS programs. It has 3 components - 1) Federal Capacity Building. (\$30.6 million) which is to evaluate and approve proposals form sector ministries, monitor and evaluate implementation of HEAP, develop an information clearinghouse and provide overall project management including M&E); 2) State Capacity Building (\$31million) supporting activities to be carried out by state line ministries; 3) HIV/AIDS Community Fund (\$33.9 million)in support of technical assistance, training and implementation to non government and community based organizations as well as the private sector.</p>	\$18 million
UN Community (UNAIDS, UNDP, UNFPA, UNDCP, UNESCO, UNHCR, UNICEF, UNIFEM, WHO, ILO)	<p>Combined commitment of \$20.3 million over 3 years in prevention, care, treatment and support and impact mitigation. Activities include strategic planning, policy formulation, capacity building, people affected by HIV/AIDS (especially children), PMTCT, surveillance and workplace programs, BCC,OVC, VCT centers, ARV therapy, home-based care, clinic based care, research, sero-prevalence survey, income generation, faith based stigma and discrimination activities, women empowerment, logistics systems.</p>	\$ 6.75 Million
Global Fund to Fight HIV/AIDS, TB and Malaria(GFATM)	<p>A multilateral private public partnership to contribute to the HIV/AIDS response. Nigeria has been awarded funds in Round 1 for ARV, PMTCT and NGO capacity development. In Round 2 funds were awarded for TB and malaria with a minimum amount for HIV/AIDS. Nigeria submitted requests in Round 3 for youth programs (with UNICEF), programs for orphans and vulnerable children (OVC) and programs through faith-based organizations.</p>	<p>Round 1 - HIV/AIDS Total Funding Request: \$115,206,267 2-year approved funding: \$45,997,194 Total funds disbursed: \$2,522,672</p>

² This list of partner organizations does not include implementing partners funded by the CDC and USAID, e.g. University of Maryland, Family Health International. All USG implementing partners are including in the activity tables.

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to the Emergency Plan goals	Estimated 2004 Budget
<p>Department for International Development (DfID)</p>	<p>DfID is involved with strengthening the National Response to HIV. Their program spans prevention, care, treatment and support, and impact mitigation. Activities include blood safety, condom social marketing, STI diagnosis and treatment, BCC awareness advocacy, PMTCT, tuberculosis, VCT, HIV/AIDS counseling, ARV therapy, home and clinic based care, policy development, research, sero-prevalence survey, legal support, faith based support, stigma and discrimination, women empowerment, capacity building. They have STD management projects in Benue, Jigawa, Enugu, and Ekiti States and a \$128 million program for 5 years with USAID - Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHH)</p>	<p>\$ 26 Million</p>
<p>National TB and Leprosy Control Program (NTBLCP)</p>	<p>An estimated 95 percent of operating funds for the National TB and Leprosy Control Program (NTBLCP) comes from a donor coalition, including WHO and various NGOs. The German Leprosy Relief Association, DfID, International Union against Tuberculosis and Lung Disease (IUATLD), the Damien Foundation. CIDA, WHO and the Global Drug Facility along with others is providing drugs. Even with this support, coverage is estimated at only 15 percent. As part of its HIV/AIDS loan, the World Bank is providing \$6 million specifically for TB.</p>	<p>\$ 4.75 Million</p>
<p>CIDA - Canadian International Agency for Development</p>	<p>CIDA is supporting a reproductive health program with spin-off benefits to HIV/AIDS research and awareness. Their HIV program spans prevention, care, treatment and support, and impact mitigation. Activities include BCC awareness advocacy, HIV/AIDS counseling, home based care, children affected by AIDS, policy development, research, legal support, stigma and discrimination, women's empowerment, capacity building, logistics systems.</p>	<p>Canadian \$11,067,000 US: \$8,298,590</p>

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to the Emergency Plan goals	Estimated 2004 Budget
<p>JICA - Japanese International Cooperation Agency</p>	<p>JICA is developing a program to fund both HIV/AIDS and infectious disease prevention. This initiative is still in the embryo stage as consultation and negotiation with the Ministry of Health is still ongoing. They have conducted a sero prevalence survey and are interested in children affected by HIV.</p>	<p>\$3.2 million</p>
<p>The Bill and Melinda Gates Foundation</p>	<p>The Bill and Melinda Gates Foundation is the largest source of private funding support with \$25 million to the Harvard School of Public Health (HSPH) to implement the AIDS Prevention Initiative in Nigeria. This initiative involves the study of HIV infection and supports prevention efforts especially among children, microbicide research, standardize screening and data collection for seroprevalence, STD diagnosis and treatment, PMTCT, ART, capacity building, faith based support, HIV/AIDS counseling.</p>	<p>\$5 Million</p>
<p>Nigerian Business Coalition against HIV/AIDS (NIBUCAA)</p>	<p>This newly formed coalition was created with a goal to engaging business leaders in the fight against HIV/AIDS. The forum is co-chaired by the Chairman of MTN, a major telecom provider in Nigeria, and the CEO of Chevron Texaco Nigeria. The major focus of the initiative is to strengthen workplace policies and environments regarding HIV/AIDS, and to support a national effort to mobilize youth against the epidemic. The forum has pledged the core competencies of the business sector to the national response.</p>	<p>No budget as yet</p>

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-20083.1 President's Emergency Plan In-Country Coordination

Within USG: The USG HIV/AIDS Coordinating Committee, which first came together to formulate a Mission work place policy, is chaired by the Ambassador and includes representatives from DOS/PAS, the Consulate General/Lagos, CDC, USAID, DOL, and DOD. All USG mechanisms (e.g. RFA, APS, and field support mechanisms) will be jointly managed by this Committee although different USG partners will serve as the lead agency for specific interventions (e.g. CDC will serve as the lead for technical oversight of treatment and lab support efforts).

Between USG and other international partners:

- **Global Fund:** USAID staff attend the CCM meetings regularly and several of its cooperating agencies (CAs) provide technical assistance, e.g. for proposal writing and organizational development.
- **World Bank-MAP:** CDC and USAID staff are part of the committee that reviews civil society proposals for MAP funding and the World Bank, DfID, and USAID representatives meet regularly to work on a number of issues, including institutional development of the National Action Committee on AIDS.
- **Other (specify):** USAID has an extremely close relationship with DfID with which it co-funds the largest behavior change program in West Africa targeted at high risk groups. UNAIDS and CDC are currently collaborating on restructuring the UN Theme Group and USAID is the lead donor focused on building the capacity of the Nigerian Business Coalition Against AIDS (NIBUCA).

Between USG and host government: CDC and USAID representatives sit on a number of committees (i.e. the PMTCT Core Partners Group, the NACA Behavior Change Communications Steering Committee, the TB Working Group, the National OVC Committee, the STI Working Group, the National ARV Committee, Survey Management Committees and the National PMTCT Task Team).

Between USG and other in-country organizations (specify): USAID supports 110 local NGOs, of which 55 are faith based organizations, and is the major supporter of PLWHA national networks, including two for positive women, and local groups. USAID is also supporting the Nigerian AIDS Research Network and it upcoming national conference. The Ambassador and the USAID Mission Director also served as the catalysts for the formation of NIBUCA.

3.2 President's Emergency Plan Targets for 2004 - 2008							
Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted							1,145,545
# Infections averted: PMICT							
PMTCT							
# Infections averted: Other (not PMICT)							
Total # receiving Care and Support	12,000	75,000	275,000	950,000	1,750,000	N/A	
# OVC receiving Care and Support	3,000	25,000	75,000	200,000	400,000	N/A	
# receiving Palliative Care	5,000	75,000	250,000	750,000	1,350,000	N/A	
# receiving ART	30,000	70,000	150,000	250,000	350,000	N/A	

Table 4: M&E Current status of program in country	Prevention of Mother-to-Child Transmission (PMTCT)
	<p>National Goal: To reduce mother to child transmission of HIV/AIDS by 50% by 2010.</p> <p>National Targets: Reach 18,000 pregnant women with services in the first year of program implementation.</p> <p>Status:</p> <ul style="list-style-type: none"> • National program implemented by FMOH and other stakeholders in July 2002 • Operational in 11 tertiary health care facilities/national antiretroviral treatment sites in 10 states and the FCT. • UNICEF supports 6 tertiary sites: Lagos, Enugu, Kaduna, Bornu and Rivers states, FCT • Harvard University's AIDS Project in Nigeria (APIN) supports 2 tertiary sites: Plateau and Oyo states. • USG supports 4 tertiary and 9 associated satellite sites: Kano, Anambra, Edo states and FCT (co-supported with UNICEF). <ul style="list-style-type: none"> ○ training in VCT, PMTCT and clinical management of adult and pediatric HIV/AIDS in all sites nationwide ○ care and support services with 2-3 FBOs and CSOs per site. ○ assessment of laboratory procurement and distribution systems ○ assistance to national M&E framework ○ Red and White Ribbon Coalition to support PMTCT and PLWHA <p>Recommended Regimen for PMTCT prophylaxis:</p> <ul style="list-style-type: none"> • Single dose Nevirapine to mother at onset of labor and to the baby within 72 hours of delivery. <p>December 2002 to June 2003: 60,171 women registered for ANC services at the national PMTCT sites, of which 2,382 or 4% accepted VCT. 208 were positive for HIV; 138 accepted ARV prophylaxis.</p>

³ All national goals and targets are taken from the National Policy on HIV/AIDS 2003; FGO

Prevention of Mother-to-Child Transmission (PMTCT)

Through the effective program described below, infections will be averted, mothers placed on HIV care and treatment, and family members reached to further prevent infections and/or placed in HIV care and treatment programs.

- By strengthening existing national PMTCT sites in six of the eight focus states (Anambra, Edo, FCT, Lagos, Kano, Rivers) and expanding services to additional sites in these states
- By creating PMTCT services in two new states (Nassarawa and Bauchi)
- By expanding access to nevirapine prophylaxis through new private sector, largely faith based, facilities
- By expanding access to VCT for pregnant women and their families
- By providing appropriate post-test counseling consequent on HIV status
- By strengthening laboratory and data management systems
- By procuring test kits and supplies
- By instituting management of pediatric HIV
- By supporting community based systems for care and support
- By strengthening national ARV program as current national PMTCT sites are also ART sites
- By complementing Global Fund activities also focused on strengthening PMTCT and ARV services
- By improving the infant feeding information given to HIV positive mothers
- By linking to treatment, care and support and other USG funded programs (e.g. microcredit) for HIV positive pregnant women and their families
- By building the capacity of public/private sector health providers to provide PMTCT related services in both USG and other donor supported sites.

4.1.2 How new activities will contribute to the Emergency Plan targets, linkages to other activities

4.13 Existing activities initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT S/GAC)	Track (1,1.5,2)
CEDPA	FBO? Yes/No (Two FBO partners)	By Sept. 04: Increase capacity of 2 FBOs and 8 CBOs (6 new and 2 existing partners) in Kano and Anambra states for community based PMTCT support services through training/support of 850 staff members	<ul style="list-style-type: none"> Develop locally acceptable training manuals Train staff from FBOs/CSOs to provide home-based care services, linkages and referrals to other PMTCT and VCT services Build capacity of PLWHA support groups especially positive women groups to support PMTCT 	USAID		PMTCT FY 03 S/GAC	Track 1.5
		Strengthen community support for PMTCT by reaching 1,800 men, women and youth with sensitization	<ul style="list-style-type: none"> Establish a National White/Red Ribbon Alliance⁴ in support of PMTCT 				
		Create national advocacy structure to support PMTCT	<ul style="list-style-type: none"> Using the White/Red Ribbon symbol conduct social mobilization campaigns for advocacy and sensitization in Kano and Anambra states. Conduct formative research to inform campaigns and services Conduct 3 community stakeholder workshops to ensure coordination and present formative research results 				

⁴ The White/Red Ribbon Alliance combines the white ribbon for safe motherhood and the red AIDS ribbon to use as the symbol for national PMTCT promotion.

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5,2)
<p>Engender Health. FBO? Yes / No (one FBO partner) (Objectives will be subsumed under services RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> Increase PMTCT service capacity in the 4 COEs and 11 satellites in Edo, Kano, Anambra and FCT through infection prevention and client oriented care training for 225 health workers in target facilities Increase capacity of 12 associated communities in Anambra, Kano, Edo and the FCT to support PMTCT services by training 180 community workers in male involvement interventions 	<ul style="list-style-type: none"> Conduct community and facility-based assessments of knowledge of client oriented or centered care and infection prevention Conduct community client oriented exercises for providers in the USG supported sites Conduct training in infection prevention and do pre-and post-training evaluation. Conduct community assessment of gender relationship as they relate to PMTCT Prepare curriculum based on assessment and adapted to local context Distribute training curriculum for male involvement workshops and conduct workshops in associated communities. 	USAID		PMTCT FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT S/GAC)	Track (1,1.5,2)
<p>Pathfinder International</p> <p>FBO? Yes/No</p> <p>(five FBO partners)</p> <p>(Objectives and activities will be subsumed under the Emergency Plan RFA)</p>	<p>By Sept. 04: Increase community PMTCT capacity and support through capacity building of 6 CSOs in Edo and FCT to provide community based PMTCT services and referrals by training/support to 15 staff</p> <p>Strengthen community support in Edo and FCT for PMTCT by reaching 1,800 men, women and youth with sensitization</p>	<ul style="list-style-type: none"> ▪ Enhance the capacity of 6 CSOs to provide PMTCT care and support to HIV+ mothers and children. ▪ For 3 CSOs, train PLWHA and care givers on prevention and care ▪ Establish a strong referral linkage between the satellite health facilities and the COEs and the 3 CSOs at each project site. ▪ Conduct health care worker training on palliative care ▪ Conduct sensitization and advocacy workshops ▪ Conduct health fairs as part of service launch ▪ Provide TA to strengthen social mobilization efforts of 6 CSOs and implement campaigns in Edo and FCT 	<p>USAID</p> <p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 50px;"></div>	<p>PMTCT</p> <p>FY 03</p> <p>S/GAC</p>	<p>Track 1.5</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5,2)
<p>BASICS</p> <p>FBO? Yes or No</p> <p>(Each CAPA has at least one FBO as member)</p>	<p>By Sept. 04:</p> <p>Increase capacity of 70 Kano State Catchment Area Planning and Action (CAPA) committees to provide/support PMTCT services by training 900 members from CAPA participating community organizations</p> <p>Train 300 PHC workers on injection safety and infant feeding options for HIV positive women</p>	<ul style="list-style-type: none"> ▪ Develop CAPA PMTCT orientation guide ▪ Incorporate information on HIV/AIDS, PMTCT, infant feeding options and injection safety into existing training modules ▪ Collaborate with JHU and other partners to develop locally appropriate BCC materials ▪ Collaborate with partners to develop PMTCT advocacy messages and materials for policy makers ▪ Collaborate with JHU and CEDPA to conduct state-wide mass media campaign ▪ Develop job-aids to assist in counseling of HIV positive pregnant women and nursing mothers ▪ Work with other partners in empowering CBOs to provide home-based care services, linkages and referrals to PMTCT and VCT services ▪ Collaborate with CEDPA and JHU to implement social mobilization campaign 	<p>USAID</p> <p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<p>PMTCT</p> <p>FY 03</p> <p>Child Survival Base</p>	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5, 2)
<p>Family Health International</p> <p>FBO? Yes/No</p> <p>(Three FBO partners in PMTCT)</p> <p>(Objectives will be subsumed under services RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase PMTCT service capacity by training 120 healthcare workers nurses at the 4 COEs and 9 satellites in VCT and PMTCT nursing care. Increase FCT and Edo, Anambra, Kano and Lagos state capacity to support PMTCT of 33 VCT centers and continued support to two existing centers 	<ul style="list-style-type: none"> Establish counseling and testing for PMTCT services, including renovations in the COEs, satellite, and referral facilities Establish M&E system for satellite sites. Procure equipment and reagents for new centers and continued stock of reagents for established centers Work with facility management to schedule and implement VCT staff training Establish referral links between VCT sites and PMTCT sites 	USAID		PMTCT FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1,1.5, 2)
<p>Johns Hopkins University/ PCS</p> <p>FBO? Yes or No</p> <p>(Objectives will be subsumed under services RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> Increase demand for PMTCT through support to the national committee to create unified national campaign Increase PMTCT demand by developing mass media campaigns and in the FCT and Kano, Lagos, Anambra, Edo states 	<ul style="list-style-type: none"> Collaborate with core partners to develop promotional materials with core messages for national PMTCT services, including logo Provide TA as necessary on campaign design issues Collaborate with partners to conduct national media PMTCT campaign Collaborate with state partners to develop locally appropriate media campaigns to complete community based PMTCT education/promotion Conduct advocacy with local media managers and journalists 	<p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<p>PMTCT FY 03</p>	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (1,1.5,2)
<p>Policy Project</p> <p>FBO? Yes / No</p> <p>(Objectives will be continued under new Enabling Environment RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> ▪ Mobilize policy makers by conducting two advocacy events ▪ Increase national capacity to implement PMTCT programming by contributing to two new policy documents 	<ul style="list-style-type: none"> ▪ Provide TA for the review of national PMTCT policy and service guidelines and for development of a strategic PMTCT plan ▪ Support launch and dissemination of National MTCT Policy, guidelines, and infant feeding guidelines ▪ Provide technical assistance to the National AIDS and STD control Program for coordination of national program and support Task Force meetings ▪ Conduct advocacy trainings to mobilize policy makers 	<p>USAID</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>PMTCT</p> <p>FY 03</p>	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (1,1.5,2)
University of Maryland (UMD) FBO? Yes / No	<ul style="list-style-type: none"> ▪ Increase capacity of 11 national PMTCT sites (including 4 USG COEs and 9 satellites) by training 240 health care workers to provide PMTCT services by end of FY04 ▪ Increase capacity of the 4 COEs in Anambra, Edo, Kano and FCT to implement facility based monitoring and evaluation systems 	<ul style="list-style-type: none"> ▪ Train 12 master trainers in the US on PMTCT and treatment and care issues ▪ In collaboration with master trainers and FHI, train health workers from all national PMTCT sites including 11 USG, 5 UNICEF, and 2 Harvard supported sites on PMTCT and VCT service provision. ▪ Begin to develop a PMTCT MIS System and train data entry personnel from all PMTCT sites ▪ Staff 3 Field Offices in 3 USG COEs to support PMTCT service provision and expansion statewide. 	HHS/ CDC	[]	PMTCT/ UTAP funding FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/C/A/C)	Track (1,1.5, 2)
CDC/ Country Office	<ul style="list-style-type: none"> Strengthen CDC country office to support PMTCT programming in 4 USG focus states (Anambra, Edo, Kano and FCT) Strengthen National PMTCT program through financial support for PMTCT taskforce meetings, and participation in workshops 	<ul style="list-style-type: none"> Employ PMTCT and M&E personnel Purchase start up office equipment and vehicles Purchase basic start up lab equipment and consumables for PMTCT and ARV service provision at 3 COEs Minor renovation of 3 COE clinical facilities for PMTCT service provision Support the National PMTCT task force through TA for guideline review, financial support for meetings, and conference participation. Support logistics for trainings 	HHS/ CDC		PMTCT FY 03	

4.1.4 Proposed new activities in FY 04	FY04 Objective	Agency	Budget
<p>Partner: Catholic Relief Services New Partner FBO? Yes / No (Supports 255 parishes in 8 dioceses)</p>	<ul style="list-style-type: none"> ▪ support/provide PMTCT services in FCT and Edo⁵ dioceses by training 20 clergy, 20 community and 20 health care workers ▪ Establish PMTCT services/support programs in 10 facilities/parishes ▪ While establishing new programs, provide 100 HIV positive women with or refer to PMTCT services 	<p>USAID</p> <ul style="list-style-type: none"> ▪ Conduct HIV/AIDS and PMTCT sensitization training with clergy, religious groups, and Catholic health care workers ▪ Develop a HIV/AIDS curriculum and manual for clergy focusing on stigma ▪ Develop support groups for PMTCT female clients and couples ▪ Provide nutritional supplementation for HIV positive support group members (CRS in-kind contribution) ▪ Establish referral systems between Parish Action Committee on AIDS (PACAs) and Catholic Health Care Institutions, COEs and satellite centers ▪ Provide comprehensive IEC packages for PMTCT and safe motherhood interventions ▪ Train healthcare workers to provide preventive and safe motherhood counseling for all pregnant women receiving services ▪ Assess renovation needs of collaborating health facilities and develop plan ▪ Provide counseling to mothers and couples ▪ Establish outreach activities and train community workers in home based care 	<p>(Track 2 S/GAC)</p>

⁵ CRS will work closely with the RFA for services and other partners in these two states but its interventions will be confined to Catholic institutions. The the Emergency Plan Services RFA will support interventions with public sector and other FBOs in these two states.

Partner	FY04 Objective	Agency	Budget
<p>Emergency Plan RFA: TBD</p>	<ul style="list-style-type: none"> Continue support to CBOs providing PMTCT community based services and referrals in the 4 established USG PMTCT states: Anambra, Edo, Kano, and FCT. 	<p>USAID</p>	<p>(Track 2 S/GAC)</p>
<p>New Partner FBO? TBD</p>	<ul style="list-style-type: none"> Establish PMTCT services at 20 FBO/ private facilities in the eight USG focus states 		
<p>(Will support a minimum of five FBOs)</p>	<ul style="list-style-type: none"> Increase private sector capacity to support/provide PMTCT services by training 50 religious, business sector, community and health care workers in new sites in the eight USG states 500 HIV positive women provided or referred to PMTCT services In collaboration with UMD and other core national PMTCT partners, increase capacity for M&E for PMTCT nationally and in the eight USG states. In collaboration with the FMOH, APIN, UNICEF and other members of PMTCT taskforce and core partners, build national capacity to implement PMTCT activities through provision of TA and other resources as necessary 		
		<ul style="list-style-type: none"> Develop transfer plan with previous contractual mechanisms and develop new agreements In collaboration with SACAs, establish state PMTCT coordination mechanisms Use DELIVER survey to identify ANC facilities ready to provide PMTCT services and negotiate agreements Conduct assessments in target facilities and develop procurement/renovation plans Identify new CBOs for PMTCT activities and provide TA and funding Conduct sensitization workshops with health care providers and community stakeholders In collaboration with CRS and other FBO partners, develop curriculum for clergy focusing on denial and stigma Establish linkages and referral systems between CBOs and health facilities Provide TA and funding to support groups for HIV positive female-clients and couples Develop locally adapted IEC packages for comprehensive PMTCT interventions Train different cadres of health care providers in VCT, universal precautions, and safe motherhood counseling Collaborate with UMD to delineate M&E roles and responsibilities. 	

Partner	FY04 Objective	Agency	Budget
<p>LINKAGES Project</p> <p>New Partner FBO? Yes / No</p> <p>(Will support a minimum of three FBOs)</p>	<ul style="list-style-type: none"> Increase capacity of 16 health care workers to become infant feeding and master trainers through training and supportive supervision in the eight USG focus states Increase capacity of two positive women's network to promote PMTCT through training of 20 members to become infant feeding and master trainers through training and supportive supervision Provide 200 HIV positive women with counseling and on-going support 	<p>USAID</p> <ul style="list-style-type: none"> Conduct training needs assessment Design/adapt curricula and pre-test Provide state of the art training for infant feeding Train master trainers (15-20, 2 per site) Conduct post-test and write report In collaboration with the Emergency Plan RFA, pilot HIV positive women as counselors in private sector facilities 	<p>(Track 2 S/GAC)</p>
<p>University of Maryland</p> <p>FBO? Yes / No</p>	<ul style="list-style-type: none"> Increase capacity of 180 health care workers from all PMTCT sites in the 8 target states and in UNICEF and Harvard supported sites outside the focus states to provide quality lab and PMTCT clinical care Increase capacity of M&E/MIS systems in support of PMTCT at national level and at site level in the states described above. Provide TA to the MOH and other donor agencies including UNICEF and APIN in the provision of PMTCT services nationwide 	<p>HHS/CDC</p> <ul style="list-style-type: none"> Adapt/develop/revise laboratory and PMTCT curricula Train at least 180 laboratory scientists and other PMTCT health care workers on lab and PMTCT related issues respectively Support PMTCT service provision through monitoring/ supervisory follow-up. In collaboration with FMOH and other partners: <ul style="list-style-type: none"> Complete development of PMTCT M&E/MIS systems Develop curriculum and training manuals Train data entry personnel to collect and report PMTCT facility based data Develop registers and distribute 	<p>(Track 2) PMTCT Base FY 04 (Additional funds for lab support under Table 4.14)</p>
<p>Crown Agents</p> <p>FBO? Yes / No</p>	<ul style="list-style-type: none"> Support the capacity of at least 20 labs in all PMTCT sites to perform HIV tests 	<p>HHS/CDC</p> <ul style="list-style-type: none"> Procure 120,000 units of Capillus, 32,000 units of Genie II and 30,000 units of Determine HIV test kits for at least 20 PMTCT and 2 VCT sites nationwide 	<p>(Track 1.5) PMTCT</p>

Partner	FY04 Objective	Agency	Budget				
International Foundation for Education and Self-Help FBO? Yes / No	<ul style="list-style-type: none"> Support 2 hospitals in Rivers State to provide PMTCT services to 30,000 women by 36 months of project inception 	HHS/CDC	(Track 2) PMTCT FY 04 Base				
Scientific Research Product (SRP) FBO? Yes / No	<ul style="list-style-type: none"> Support adherence to Universal Precaution practices 	HHS/CDC	(Track 2) PMTCT FY 04 Base				
Total partners: 6	<table border="1"> <tr> <td>New Partners</td> <td>3</td> </tr> <tr> <td>FBOs</td> <td>1</td> </tr> </table>	New Partners	3	FBOs	1	Total budget:	
New Partners	3						
FBOs	1						

Table 4.2

Current status of program in country

Abstinence and Faithfulness Programs

National Goals/Objectives: 1) Foster behavior change as the main means of controlling the epidemic. 2) Ensure prevention programs are developed and targeted at vulnerable groups such as women and children, adolescents and young adults, prostitutes, long distance commercial vehicle drivers, prison inmates, migrant labor, etc.

National Targets:

- 1) Improve the knowledge, attitude, behavior and practice (KABP) of high-risk populations, including youth and adolescents, to HIV/AIDS by 20% by year 2005 and 40% by 2010.
- 2) Improve 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.

Status: 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 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.

The 44% 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 yr age group at 6.0%. In 2001 there was a shocking 1.7% seroprevalence among pregnant women less than 15 years old. 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. 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 PLV/HA 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. Furthermore, recognizing that behavior skills determine whether even well informed and -motivated individuals are capable of practicing prevention effectively, 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 and B as the best protection strategies.

Abstinence and Faithfulness Programs

42 How new activities will contribute to the Emergency Plan targets, linkages to other activities

New activities will contribute to the Emergency Plan targets for HIV infections prevented through an integrated public/private sector approach to promoting A and B that focuses on FBOs and other "multiplier" organizations with national structures and state and local chapters. In addition to other Emergency Plan specific activities, linkages will be made with youth and men's groups in other USG supported interventions, including health, democracy and governance, agriculture and economic growth. Activities in 200- will include support to new partners to implement AB programming and the inauguration of a major youth abstinence and return to abstinence *multi-media social marketing campaign*.

4.2.3 Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PM/CT, SIGAC)	Track (1, 1.5, 2)
<p>Johns Hopkins University</p> <p>FBO? Yes / No</p> <p>(Objectives will be subsumed under services RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase national capacity to promote AB messages through support to National Action Committee on AIDS (NACA) for the finalization of comprehensive, evidence-based youth abstinence strategies Develop Lagos hotline and call-in radio show to reach over 4 million youth with AB messages. 	<ul style="list-style-type: none"> In partnership with NACA, hold stakeholder workshop to elicit comments on draft Incorporate comments and finalize draft Organize dissemination workshop and disseminate national communication strategy Conduct 10 youth outreach activities events to sensitize and mobilize youth for sexual responsibility, delay of sexual debut and abstinence Produce TV/radio spots / targeting youth to encourage behavior change, delay in sexual debut and abstinence Produce miniature billboards and promotional materials for distribution in secondary schools and tertiary institutions Support local NGOs in Lagos state to provide confidential telephone counseling on HIV/AIDS and related reproductive health issues 	USAID		Base FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (B, I, C, PM, I, CT, S/GAC)	Track (1, 1.5, 2)
<p>PSRHH Program through AIDSMark (Jointly funded with the UK Department for International Development - DFID)</p> <p>FBO? Yes / No (Two FBO partners)</p> <p>(Objectives and activities will be continued under APS for MARP intervention)</p>	<p>By Dec. 04:</p> <ul style="list-style-type: none"> Increase national capacity and that of two FBO partners' capacity to implement youth abstinence programming through development of national multi-media campaign to reach 4 million youth in the initial phase 	<ul style="list-style-type: none"> In collaboration with FBO partners, use survey and focus group data on risk perception to identify core campaign targets Bid campaign, select winning proposal, and in collaboration with FBOs, finalize campaign messages and approaches Launch campaign and work with other partners to adapt to local areas and integrate into mid-media and interpersonal communications 	USAID		Base FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (B, C, PMTCT, SCAC)	Track (1, 1.5, 2)
<p>Family Health International</p> <p>FBO? Yes / No</p> <p>(Seven FBO partners)</p> <p>(Objectives will be subsumed under services RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase the capacity of 7 FBOs working with youth to implement AB programming by training/supporting 1,000 religious leaders, 200 seminary tutors, 2,500 peer educators, exchange visits for 4 Islamic clergy, and training of 90 Islamic clergy in four USG focus states Build capacity of youth serving NGOs by training 3,000 peer educators to reach 400,000 in- and out of school youth 	<ul style="list-style-type: none"> Support clergy/religious leaders to provide information and counseling and referrals to services for their congregation, to integrate into routine programs Train seminary tutors to lecture students using curriculum integrating HIV/AIDS education and information Support FBOs to train peer educators in women's groups, men's groups and youth groups within churches and mosques Support visits of Umah (clerics) to Islamic programs that successfully implement HIV/AIDS activities Train Islamic clerics to disseminate HIV/AIDS and reproductive health information Support Nigerian Union of Islamic groups/congregations Support state chapters to provide education, information and counseling to students in 700 secondary schools in 5 states Support anti-AIDS clubs activities in 700 secondary schools. 	<p>USAID</p>	<p>[Empty Box]</p>	<p>Base FY 03</p>	<p>[Empty Box]</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (B,isc, PM, CT, S/GAC)	Track (1,1,5, 2)
	<ul style="list-style-type: none"> Support 4 NGOs to implement interventions with peer educators providing group and interpersonal counseling and establishing anti-AIDS clubs among students in 13 tertiary institutions in Kano, Lagos, Anambra, and Taraba Increase the capacity of Kano, Lagos, Anambra and Taraba state action committee on AIDS (SACAs) and 85 local committees (LACAs) to design AB strategies that tap into social networks and channels to support individual and community change through training of 40 state and LGA opinion leaders/gatekeepers and 800 health workers Increase capacity to promote appropriate AB strategies through support to three USG focus state (Anambra, Kano, Lagos) BCC steering committees 	<ul style="list-style-type: none"> Support NGOs to implement HIV/AIDS interventions with peer educators providing group and interpersonal counseling, and establishing anti-AIDS clubs among out of school youth Provide TA in supportive supervision for young PEs Work with SACA and LACA to ascertain sensitization needs Design and organize trainings Conduct sensitization seminars for state and LGA executive councils, directors, judiciary and legislature TA to develop state BCC strategy for AB interventions Conduct training for health workers on implementation of HIV/AIDS interventions that target the general population and youth Develop, produce and distribute BCC materials 				

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source	Track (1,1-5, 2)
<p>CEDPA</p> <p>FBO? Yes / No</p> <p>(3 FBO partners)</p> <p>(Activities located in focus states will be subsumed under services RFA)</p>	<p><u>By Sept. 04:</u></p> <p>Increase capacity of 4 women-oriented NGOs, one positive women's network and 3 FBOs to increase positive attitudes towards PLWHA and promote abstinence among youth and fidelity among the married by training and supporting 90 staff (not all activities are located in focus states)</p> <p>Reach 50,000 youth and 100,000 general public with AB interventions and messages (not all activities are located in focus states)</p>	<ul style="list-style-type: none"> ▪ Develop/adapt a combination of educational, informational and motivational strategies to promote AB ▪ Create/distribute new IEC materials about "Saving for the best" (abstinence), general HIV/AIDS information, including HIV testing ▪ Support capacity building at youth oriented NGOs to create and sustain youth HIV/AIDS Hotline. 	<p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<p>Base FY 03</p>	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source	Track (1,1.5,2)
<p>Pathfinder International</p> <p>FBO? Yes / No</p> <p>(5 FBO partners)</p> <p>(Activities located in focus states will be subsumed under services RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> Increase capacity of 9 sub-grantees and 6 CSOs and adolescents (in and out of school) and women's groups in churches, mosques, armed forces and the police barracks to promote AB as the best prevention methods programs in integrated RH and HIV/AIDS programs (not all activities are located in focus states) Reach 60,000 adolescents through family life education promoting safe health behaviors and responsible parenthood (not all activities are located in focus states) 	<ul style="list-style-type: none"> Print and distribute 3,500 posters printed to reinforce AB messages Distribute exercise books with A and B messages in post-primary institutions. Provide TA and funding support to religious and education partners to implement FLE Provide opportunities for partners to come together to share materials and best practices Publish report on best practices 	<p>USAID</p> <p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 40px;"></div>	<p>Base FY 03</p> <p>Pop. Funds FY 03</p>	

Partner	FY04 Objectives	Activities for each objective	Agency	Budget Amount (\$)	Budget Source	Track (1, 1.5, 2)
<p>POLICY Project</p> <p>FBO? Yes / No</p> <p>(Objectives will be continued under the Enabling Environment RFA)</p>	<p><u>By Sept. 04:</u></p> <p>Increase national capacity to support AB programming for young adults and adolescents through revision of national policies and guidelines</p>	<ul style="list-style-type: none"> ▪ Support meetings with a variety of stakeholders and interest groups to support the development of youth policies; ▪ Support draft revisions of national policies and guidelines concerned with young adults and adolescents 	USAID	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Base FY 03	
<p>International HIV/AIDS Alliance</p> <p>FBO? Yes / No</p> <p>(Two FBO partners)</p> <p>(Activities are in non-focus states and will not be continued under new mechanisms)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> ▪ Increase capacity of 8 CBOs (including 2 FBOs) to support A and B interventions reaching 65,000 children less than 15 years; 70,000 youth of age 16-25; and 45,000 adults ▪ Build capacity by training/support of 2,000 peer educators to reach 400,000 in- and out-of-school youth 	<ul style="list-style-type: none"> ▪ Provide TA and funding support to CSO/NGOs to develop and implement abstinence and return-to-abstinence campaigns ▪ Work with CSOs and NGOs to adapt a combination of locally appropriate educational, informational and motivational strategies and materials including one-on-one and group interventions to promote AB to youth 	USAID	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Base FY 03	

			Agency	Budget:
			USAID	
	upported			
	ng needs			

4.2.4) Proposed new activities in FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget
Annual Program Statement for FBOs/Other multiplier organizations FBO: Yes New partner	Increase capacity of five national or regional FBOs/multiplier organizations with local chapters in focus and non focus states to develop abstinence/ return-to-abstinence and be faithful programs	<ul style="list-style-type: none"> Develop program description and place solicitation of proposals on web Form committee to review proposals, select winners, and develop agreements Conduct assessment of organizational development needs of new partners Implement strategic planning exercise for new grantees that includes needs assessments with local chapters Provide assistance to the development of implementation and work plans, additional TA as needed and funding for program start up 	USAID	[] (Track 2)	
Total partners:	3	New partners:	3	Total budget:	[]
FBOs:	1	Total budget:	[]	Total budget:	[]

<p>Table 4.3</p> <p>4.3.1 Current status of program in country</p>	<p>Blood Safety</p> <p>Objective: Remove all possible barriers</p> <p>Target: By 2010, 100% of local government areas will have at least one safe effective blood banking service.</p> <p>Status: 60% 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.</p>
<p>4.3.2 How new activities will contribute to the Emergency Plan targets, linkages to other activities</p>	<p>New activities will contribute to the Emergency Plan targets for infections averted by developing safe blood transfusion services and a corps of volunteer donors:</p> <p>Under track 1, FMOH will develop a national blood transfusion service that will screen all blood for HIV and prevent transmission of HIV through unsafe blood. Additionally, the blood banks at the four USG-supported COEs will be strengthened to prevent HIV transmission through blood and blood products.</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>The Abuja Blood Center can be replicated in the five other geo-political zones, thus becoming a self sustaining National Blood Transfusion Service.</p>

4.3.3 Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PMTCT / SIGAC)	Track (1,1, 5,2)
Univ. of Maryland	Strengthen capacity of laboratories and systems of 4 COEs in 4 states to ensure that every pint of blood for transfusion is screened for HIV antibodies	<ul style="list-style-type: none"> Training of lab personnel on screening of blood for HIV 	HHS/ CDC	part of UMD's PMTCT funding	PMTCT FY 03	

434 Proposed new activities in FY 04				Agency	Budget
Partner	FY04 Objective	Activities for each objective	Agency	Budget	
Safe Blood for Africa Foundation New partner? Yes FBO? Yes / No	<ul style="list-style-type: none"> Increase national capacity for safe blood transfusions by creation of 1) national blood donor strategy and 2) education campaign based on WHO slogan, "safe blood starts with me" Recruit 7,000 initial blood donors 	<ul style="list-style-type: none"> Select FMOH building to house facility per MoU Set up staff structures and training Procure lab and IT equipment Discuss blood donor issues with local CSOs; draft national donor strategy with FMOH and achieve approval by end of 2004 Identify BCC partners and advertising firms; develop materials 	USAID	[Redacted] (Track 2) Base	
FMOH blood safety - proposal	<ul style="list-style-type: none"> Build national blood transfusion service (NBTS) 	<ul style="list-style-type: none"> Specific activities not yet available 	HHS/CDC	\$0.0 (track 1.0)	
Scientific Research Products (SRP)	<ul style="list-style-type: none"> Strengthen blood safety at focus sites by procurement of needed supplies 	<ul style="list-style-type: none"> Procure and supply test kits Screening of all blood samples at the centers of excellence 	USAID	[Redacted] (Track 2) (\$/GAC: [Redacted] Base: [Redacted])	
Total partners: 2	New partners: 2	FBOs: 1	Total budget: 0		

<p>Table 4.4 Safe Injections and Prevention of Other Medical Transmission of HIV</p>	<p>4.4.1 Current status of program in country</p>
<p>National goal: All health care institutions shall provide equipment and materials for proper observation of the universal safety precautions and procedures within their institutions.</p> <p>National Target: None</p> <p>Status: 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 will vary 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.</p> <p>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.</p> <p>The new activities will contribute to averting HIV in the course of providing or receiving health care services. It will do so by ensuring 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).</p>	<p>4.4.2 How new activities will contribute to the Emergency Plan targets, linkages to other activities</p>

4.4.3 Existing activities initiated prior to FY 04		Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMIC, S/GAC)	Track (1, 1.5, 2)
Partner						
EngenderHealth FBO? No	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Reduce the spread of HIV infection in 19 health care facilities through universal precaution training for 325 health care providers in non-focus states 	<ul style="list-style-type: none"> Train health providers in prevention of HIV infection and universal safety precautions as well as reduction of stigma and discrimination toward HIV infected persons 	USAID		Base FY 03	
4.4.4 Proposed new activities in FY 04		Activities for each objective	Agency	Budget		
Partner						
John Snow, Inc. New Partner	<ul style="list-style-type: none"> To build national capacity to prevent medical HIV infection by producing an assessment of current injection practices, the development of a national injection safety action plan, and the design of a pilot project to enhance injection safety 	<ul style="list-style-type: none"> Stakeholder meetings on injection safety issues Cross-sectional observational surveys conducted in 80 health facilities Dissemination of injection assessment results National injection safety taskforce established Technical assistance to National Injection Safety Task Force to draft action plan Design and field testing of injection safety interventions Selection of project sites 	HHS/CDC			(TRACK 1)
Total partners	1	New partners	1	FBOs	0	Total budget

Table 4.5

4.5. Current status of program in country

Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)

National Objectives: Increase awareness and sensitization among the general population about HIV/AIDS; foster behavior change as the main means of controlling the epidemic

National Targets:

- Improve knowledge, attitudes, behavior and practices of high risk populations, including youths and adolescents to HIV/AIDS by 20% by 2005 and 40% by 2010
- Improve knowledge, attitude, behavior and practice of the general population related to HIV/AIDS by 10% by 2005 and 15% by 2010
- Improve behavior and practice of the general population and high risk groups related safe sex by 20% by 2005 and 50% by 2010
- Reduce the prevalence and incidence of sexually transmitted infections in Nigeria by 50% by 2010

Status: The national strategic focus on Most at Risk Populations (MARPs) 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, which will facilitate harmonization of the messages as well as improve the quality, are under draft and will be launched in June 2004.

With an estimated population of 100,000 personnel and 600,000 dependants, the uniformed services are one of the nation's largest MARPs. 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.

STI syndromic management has been adopted as the national clinical approach. All first and secondary level public health facilities have specialized STI units but these generally have insufficient drug supplies. Most STIs are managed from the informal sector by pharmacists, quacks, traditional healers and over the counter self-treatment.

The 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.

Sixty percent of new HIV/STI infections occur in young Nigerians ages 15-24. Early sexual debut and sexual experimentation characterize certain youth sub-groups, for instance 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.

National PLWHA networks and local support groups have been established and these groups are supported by the USG to promote prevention measures.

4.5.2 How new activities will contribute to the Emergency Plan targets/linkages to other activities

New activities will contribute to the Emergency Plan targets for HIV infections prevented through an integrated approach to reducing HIV/STI transmission in public and private institutions through proper diagnosis and treatment as well as behavior change communication and targeted promotion of condoms to MARP. In addition to other Emergency Plan specific activities, linkages will be made with community groups and medical facilities supported by other USG health interventions. Activities include:

- Support to a comprehensive package of risk avoidance/reduction strategies using mass and mid-media and interpersonal communication that underscores A and B as the best prevention practices
- Increased public advocacy for risk avoidance/reduction interventions
- Improved information about condom use emphasizing A and B as the best prevention, while increasing points of condom distribution to MARP and, in collaboration with other donors, ensuring a sustainable supply of quality condoms.
- Build capacity of PLWHA Networks to play a major, national role in HIV risk avoidance/reduction advocacy and the development of PLWHA and community/friendly STI and TB services
- Introduce and facilitate the establishment of M&E systems to track the progress of the activities and make evidence based implementation plans
- Contribute to quality STI management in private and public services through training in syndromic management, provision of needed equipment and supplies, and supportive supervision.
- Create demand for STI and TB services through social mobilization and link to VCT and HIV/AIDS care and treatment programs
- Contribute to the improvement of the procurement and distribution system to ensure a sustainable STI drugs supply
- Together with other donors and stakeholders, advocate for improved affordability and availability of STI drugs.

453 Existing activities initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Basic, PNTCT, SIGAC)	Track (1/1, 2)
PSRHH Project jointly funded with DHD through AIDSMark FBO: No (10 FBO partners) (Objectives and activities will be continued under Targeted MARP APS)	By Dec. 04:	<ul style="list-style-type: none"> Increase national capacity to program MARP interventions by developing 2-3 evidence based models for national scale up Increase capacity of 20 groups (10 FBO, 10 CBOs) to implement MARP programs Prevent HIV/STI transmission through 9,000 partner reduction messages targeted at MARP on radio and TV Reach an estimated 20 million people aged 15-49 with ABC messages on weekly radio drama Increase national M&E capacity to monitor MARP services through development of appropriate national indicators. Expand targeted condom distribution including increased rural access, by 10% by the end of 2004. Prevent HIV/STI infection through the targeted sale of 130 million condoms 	<ul style="list-style-type: none"> Conduct review of pilot program research results and select 2-3 models to scale up and write up findings In collaboration with NACA, conduct workshops to disseminate findings on pilot results: Select communities in focus states in which to implement models Conduct needs assessments of community based partners Provide financial and technical assistance to FBOs and CBOS based on needs assessments Develop SOW for mass media campaign and put out tender Form committee to select campaign agency, select winner, negotiate and sign agreement Develop SOW for radio drama and put out tender Form committee to select drama production agency, select winner, negotiate and sign agreement Work with NACA and NASCP on the development of MARP indicators and data collection systems 	USAID		Base FY 03	

<p>Pathfinder International FBO: No (Activities in non-focus states will not be continued)</p>	<p>By Sept. 04: Provide STI services to 2,500 MARP in non-focus states</p>	<ul style="list-style-type: none"> Develop master plan for increased distribution; write SOW for new distributors and put out tender; sign agreement Work with DFID to ensure steady supply of quality product 	<p>USAID</p>	<p>Base FY 03</p>	<p>Pop. Funding</p>	<p>(Track 2) Base</p>
<p>Solidarity Center FBO: No (Objectives and activities will be continued under Enabling Environment RFA)</p>	<p>By Dec. 04: Strengthen capacity of 2 national union federations and 5 sector unions (e.g. transport workers) to develop policies and HIV/AIDS/STI programs</p> <ul style="list-style-type: none"> Strengthen capacity of trade unionists to avoid HIV infection through the training of 25 master trainers /outreach workers 	<ul style="list-style-type: none"> Continue follow up technical support to STI facilities and staff, MARP peer educators, community awareness programs Conduct assessment of quality of STI service provision 	<p>USAID</p>	<p>S/GAC</p>		
		<ul style="list-style-type: none"> Conduct workshops with union leadership to provide them with overview of situation in country and the best practices in policy development by unions elsewhere Provide leadership with addition TA in policy development as necessary Coordinate national interventions with FHI state level interventions Adapt South Africa trade union training materials for use in Nigeria. Conduct regional trainings for master trainers in each geopolitical zone Conduct pre and post test evaluations 	<p>USAID</p>			

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PVT, CT, S/GA)	Track (1,1.5,2)
<p>Policy Project</p> <p>FBO: No</p> <p>(Objectives and activities will be continued under Enabling Environment RFA)</p>	<p>By Sept. 04:</p> <p>Build the capacity of two key national institutions to develop/support policies and guidelines for MARP interventions</p>	<ul style="list-style-type: none"> Convene variety of stakeholders and interest groups to support development of HIV/AIDS/STI policies in the unformed services Spearhead draft of uniformed services policy and guidelines Spearhead revision of national policies and guidelines; and implementation of young adult and adolescent advocacy for HIV/AIDS/STI. 	USAID	<input type="text"/>	Base FY 03	
<p>CEDPA</p> <p>FBO: No</p> <p>(Three FBO partners)</p> <p>(Objectives and activities in focus states will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase capacity of 4 women-oriented NGOs/networks, 1 national positive women's network and 3 FBOs to increase positive attitudes towards PLWHA and promote adoption of healthy behaviors in 7 states Reach 50,000 MARP clients with risk reduction messages and interventions 	<ul style="list-style-type: none"> Implement combination of educational, informational and motivational strategies to increase positive attitudes towards PLWHA and target MARP to promote the adoption of healthy behaviors and reduction of risky ones 	USAID	<input type="text"/>	Base FY 03	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Basic PMTCT S/GAC)	Track (1, 1.5, 2)
<p>Family Health International</p> <p>FBO: No</p> <p>(5 FBO partners)</p> <p>(Objectives and activities in focus states will be continued under the Emergency Plan RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> • Increase the capacity of 29 NGOs, four SACAs, and 85 LACAs to implement MARP policy and prevention interventions in Anambra, Lagos, Taraba and Kano • Increase capacity through training/support of 1,100 MARP peer educators in above listed states • Increase capacity of MARP to reduce risky behaviors by reaching 250,000 clients in Anambra, Lagos, Taraba, Kano states with avoidance and reduction services and messages. • Reach 30 million clients with broadcast media HIV risk avoidance/reduction messages in above listed states 	<ul style="list-style-type: none"> • Conduct trainings/follow up sessions for unformed services, prostitute, out-of-school youth, transport worker and vulnerable women peer educators • Coordinate state level union interventions with Solidarity Center and national level interventions • Conduct end of project workshop for MARP partners to present best practices and lessons learned and prepare report • Continue providing TA and funding to MARP serving NGOs, SACAs and LACAs • Continue providing TA and funding to MARP serving media 	<p>USAID</p>	<p>[Empty Box]</p>	<p>Base FY 03</p>	<p>[Empty Box]</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PNICT, S/GA, ...)	Track (1, 1.5, 2)
<p>International HIV/AIDS Alliance</p> <p>FBO: No</p> <p>(1 FBO partner)</p> <p>(Activities in non-focus will not be continued)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Build capacity of 17 new NGOs to increase community awareness and knowledge of HIV risk avoidance and reduction behaviors through training 2,000 peer educators in non-focus states Reach 70,000 MARP clients Provide 2,000 MARP with condoms 	<ul style="list-style-type: none"> Provide technical and financial support to NGOs to carry out projects Support creation of nodal services linkages with other area NGOs providing complementary services Develop supportive supervisory systems of peer educators Organize workshops on MARP specific messages and services Test new ways to transmit risk reduction/avoidance messages Distribute condoms to vulnerable groups such as prostitutes and PLWHA 	USAID	<input type="text"/>	Base FY 03	
<p>JHU/CCP</p> <p>FBO: No</p> <p>(Similar objectives and activities will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase NACA capacity to promote HIV risk avoidance/reduction messages through finalization of comprehensive, evidence based strategies for use with MARP 	<ul style="list-style-type: none"> Draft BCC logo for strategy cover Hold stakeholder meeting on strategy draft and come to resolution on final draft Incorporate revisions, print document and distribute Conduct final evaluation with lessons learned 	USAID	<input type="text"/>	Base FY 03	

Partners	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PM/CT, SGAC)	Track (1, 1.5, 2)
<p>Lincoln University</p> <p>FBO: No</p>	<ul style="list-style-type: none"> Build national capacity of armed services personnel to prevent HIV infection through the training/support of 75 peer educators. Increase national capacity of armed services personnel to reduce risky behaviors by reaching 250,000 clients with risk avoidance/reduction services. 	<ul style="list-style-type: none"> Continue training/support to peer educators Collect PE reports on lessons learned and incorporate into final report Adapt risk avoidance/reduction services materials for local use 	DOD	<input type="text"/>	Base FY 03	

<p>SMARTWork FBO: No</p>	<p>Build capacity of 25 firms and organizations in Lagos, Enugu and Oyo states i.e. (1 focus and 2 non-focus states) to implement workplace programs</p>	<ul style="list-style-type: none"> ▪ Provide TA to workplace program planning committees within targeted enterprises ▪ Expand assistance from 15 to 25 firms in target states ▪ Provide continued TA to the Federal Ministry of Labor and Productivity in its HIV/AIDS policy and program initiatives ▪ Add two professional staff/trainers to staff SMARTWork ▪ Train at least two trainers in at least 10 key partner organizations who will be able to offer workplace workshops. ▪ Collaborate with NIBUCAA on a targeted interpersonal and media campaign to engage small and medium enterprises (SMEs) in national response ▪ In collaboration with Solidarity Center, offer workshops for business and labor union representatives from same companies and provide follow-up TA ▪ Introduce seed grants program based on Zimbabwe experience to companies and unions with interest but limited resources 	<p>DOL</p>	<p>Base FY 03</p>	
<p>Vision Project FBO: No (Objectives and activities in Bauchi, a focus state, will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04: Build the capacity of, 3 State MOHs and 16 NGOs, FBOs, and professional associations, and three teaching hospitals in HIV/AIDS counseling and lab procedures to diagnose STIs through training of 20 staff in 3 reproductive health focus states including Bauchi</p>	<ul style="list-style-type: none"> ▪ Train/continue technical assistance to trainees ▪ Write final report detailing lessons learned and recommendations • Conduct final audit 	<p>USAID USAID</p>	<p>Base FY 03 Pop. Funds</p>	

4.5.4 Proposed new activities in FY 04	FY 04 Objective	Activities for each objective	Agency	Budget
Partner: The [] BD FBO: TBD New partner	<ul style="list-style-type: none"> Increase capacity to provide quality VCT services linked to STI and TB services in the FCT, Kano and Lagos (three focus states) by creating state strategies and training 30 master trainers Link 2000 VCT MARP clients Increase capacity in the 3 focus states to monitor MARP services by support to improved M&E systems and training 	<ul style="list-style-type: none"> Convene stakeholders meeting in each state to discuss linkage opportunities and challenges Draft strategies and reach agreement with SACAs and other stakeholders Conclude agreements with service providers as necessary to provide inputs 	USAID	[] (Track 2) Base [] of this funding goes to VCT services for the military)
USG STI consultation (CDC) Deliver Project FBO: No New partner	<ul style="list-style-type: none"> Determine existing capacity to identify and treat MARP clients for STIs at public and private clinics in the 8 focus states Procure STI drugs for 10,000 clients (@ approximately [] treatment plus funding for quantification study) 	<ul style="list-style-type: none"> Conduct STI service assessment and analyze results Based on results, develop/adapt TOT for STIs Train master STI trainers to train health care workers to treat STI in MARP clients Assess drug situation in focus states and, based on findings of CDC consultation, procure and deliver drug supply 	HHS/CDC	[] (Track 2) Base [] (Track 2) Base

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>[Redacted]</p> <p>FBO: No</p>	<p>Strengthen and support Youth Action Rangers of Nigeria (YARN), a youth led and youth focused Nigerian NGO to increase the number of actual youth leaders involved in policy decision making bodies related to sexual and reproductive health programmes</p> <p>Support YARN to develop an interactive sexual health related website for youth throughout Nigeria</p>	<ul style="list-style-type: none"> ▪ Train at least 75 youth to participate in policy making process ▪ Identify at least 10 policy formulating and influencing bodies to be influenced regarding youth specific sexual and reproductive health policies ▪ Develop at least 4 advocacy IEC strategies to disseminate to policy makers and the general public to mobilize support for adolescent sexuality and reproductive health • Provide hardware and software and train 2 youths from YARN on Website design and management • Launch website 	<p>HHS/CDC</p>	<p>[Redacted]</p> <p>(Track 2) S/GAC</p>

<p>FBO: TBD</p> <p>New Partner</p>	<ul style="list-style-type: none"> Increase capacity of 20 local groups (FBOs and CBOs) to implement MARP programs in 20 high risk communities in the eight focus states Increase MARP knowledge and skills through comprehensive, linked interpersonal and mid-media partner reduction messages reaching 5,000 MARP Produce national weekly radio drama to reach 20 million people aged 15-49 with ABC messages Increase national M&E capacity to monitor MARP services by providing TA to NACA and development of appropriate national indicators. Prevent HIV/STI infection through the targeted sale of 130 million condoms Build national capacity to provide MARP services linked to STI/TB through development of franchise models 	<ul style="list-style-type: none"> Select communities in the focus states in which to implement models Conduct needs assessments of community based partners Provide financial and technical assistance to FBO and CBOs based on needs assessments In collaboration with mid-media implementer, FBO and CBOs develop appropriate and linked IPC campaigns Develop SOW for mid media campaign and put out tender Form committee to select campaign agency, select winner, negotiate and sign agreement Develop SOW for radio dram and put out tender Form committee to select drama agency, select winner, negotiate and sign agreement Work with NACA and NASCP on the development of MARP indicators and data collection systems Develop master plan for increased distribution, write SOW for new distributors and put out tenders; sign agreements Work with DFID to ensure steady supply of quality product Based on experience in other countries and in collaboration with stakeholders, develop several options for franchised linked services Pilot models 	<p>USAID</p> <p>(Track 2) Base</p>
<p>Total partners: 4</p>	<p>New partners: 3</p>	<p>FBOs: TBD</p>	<p>Total budget:</p>

Table 4.6

4.6.1 Current status of program in country

Voluntary Counseling and Testing

National Objective: Establishment and support of a network of Voluntary Counseling and Testing (VCT) centers

National Targets: By 2010, at least 50% of Nigerians shall have access to quality VCT services

Status: Government policies and strategies include

- Universal availability and access to VCT
- Appropriate counseling and confidentiality assurance for any HIV testing procedure
- All screening facilities to follow the prescribed National HIV testing protocol
- Routine non-mandatory VCT offered to all couples applying for marriage licenses and women attending antenatal care clinics
- Pre and post test counseling is an integral part of VCT
- All centers providing VCT to be certified by the Government
- All new HIV screening reagents shall be certified by NAFDAC in collaboration with NACA and FMOH
- Period random quality assurance tests will be carried out on the reagents
- On-going counseling to provide meaningful information for prevention of further spread and to enable a client to cope with the diagnosis and disease.

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 63 VCT centers nationally and the quality of most of these is questionable. The USG initiated the first two stand-alone centers in the country and in 2004 will increase the number of VCT services by over 50 percent.

4.6.2 How new activities will contribute to the Emergency Plan targets, linkages to other activities

New activities will support the Emergency Plan targets for treatment by rapidly expanding access to and demand for VCT services in public, private and NGO sector facilities as treatment entry points. They will also support targets for HIV infections averted by creating user-friendly VCT services, especially for MARP, and linking these services with TB and STI services. The new activities will also develop short, medium and long range responses to the nation's logistics and supply crisis, including HIV test supplies, which presently negatively impact on VCT programming. In the short term this response will include procurement of test kits and reagents but will also include medium and long term plans to assist the government to resolve the crises.

4.6.3 Existing activities initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1.1.5, 2)
CEDPA FBO: No (One FBO partner) (Objectives and activities will be continued under Enabling Environment RFA)	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Strengthen capacity of one FBO to provide quality VCT services by establishing 1 VCT center and training 40 health personnel Strengthen capacity of one positive women network to provide counseling and referrals through training/support of 4 trainers and 15 counselors Provide/refer 6,000 MARP clients with VCT services. 	<ul style="list-style-type: none"> Provide training/continued followup to trainees through project duration Renovate/refurbish lab as necessary Train staff in pre- and post counseling Provide financial and technical assistance to network, especially TA in strategic planning Train/provide continued follow up to trainees Provide with appropriate BCC materials Monitor services for quality assurance of referral/testing services 	USAID	<input type="text"/>	FY 03 funding	Track 1.5	
Crown Agents FBO? Yes / No	Support the capacity of 20 labs in PMTCT and VCT sites in the eight focus states to perform HIV tests.	<ul style="list-style-type: none"> Procure HIV test kits (120,000 units of cappillus, 32,000 units of Genie II and 30,000 units of Determine) 	HHS/C DC	<input type="text"/> (Track 1.5 under Table 4.1 PMTCT)	S/GAG	Track 1.5	

<p>Family Health International</p> <p>FBO: No</p> <p>(Objectives and activities will be continued under Enabling Environment RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> • Increase national capacity to provide VCT by establishing 33 new centers and continued support for two existing centers in four focus states (Kano, Lagos, FCT and Anambra) • Provide 30,000 clients with VCT services 	<ul style="list-style-type: none"> • Assess lab and counseling needs in each potential partner institution • Develop agreements with the 33 institutions stipulating rights and responsibilities of each party • Procure equipment and refurbish labs and counseling rooms as necessary • Train/support lab and counseling personnel 	<p>USAID</p>	<p>[]</p>	<p>FY C3 funding</p>	<p>[]</p>
<p>Pathfinder International</p> <p>FBO: No</p> <p>(Two FBO partners)</p> <p>(Objectives and activities will be continued under Enabling Environment RFA)</p>	<p><u>By Sept. 04</u></p> <p>Develop capacity of three private hospitals and five CSOs to provide/support VCT services in integrated RH program states and in Edo and FCT</p>	<ul style="list-style-type: none"> • Renovate 8 VCT centers • Train 16 service providers in pre and post test counseling • Provide training/continued followup to trainees through project duration • Write final report and audit 	<p>USAID</p> <p>USAID</p>	<p>[]</p>	<p>FY 03 funding</p> <p>Pop. Funds</p>	<p>[]</p>
<p>Univ. of Maryland</p> <p>FBO Yes/No</p>	<ul style="list-style-type: none"> • Establish laboratory infrastructure and capacity to support VCT centers. Train health care providers on prevention programs, including VCT. 	<ul style="list-style-type: none"> • In collaboration with FHI, train 180 different cadres of health care workers, including laboratory/scientists on VCT 	<p>HHS/ CDC</p>	<p>(See budget under PMTCT Table 4.1)</p>	<p>PMTCT</p> <p>FY 03 funding</p>	<p>[]</p>

4.6.4 Proposed new activities in FY04		Agency	Budget
Partner	FY04 Objective	Activities for each objective	Agency
[Redacted]	<ul style="list-style-type: none"> Provide ongoing support to the 35 established VCT centers and develop plan to expand services to 40 new facilities in the 8 focus states (Non-UMD sites) Establish/support VCT centers in four military clinics Test 175,000 individuals 	<ul style="list-style-type: none"> Conduct needs assessments in new focus state sites and military bases Develop action plan and timeline Provide training to counselors to support VCT testing Renovate laboratories as necessary Provide continued TA and financial support to existing centers 	USAID [Redacted] (Track 2) Base
FBO: TBD New Partner	<ul style="list-style-type: none"> Support YARN to implement youth friendly VCT services by the end of the first year 	<ul style="list-style-type: none"> Conduct community VCT promotion events to create VCT demand Train key YARN staff members to provide VCT services 	HHS/CDC [Redacted] (Track 2) Base
Crown Agents New Partner	<ul style="list-style-type: none"> Strengthen capacity of 35 VCT centers to conduct HIV tests through procurement of tests 	<ul style="list-style-type: none"> Procure an additional 600,000 HIV test kits (300,000 Capillus, 150,000 Genie II, 150,000 Determine) for 35 VCT centers set up by FHI 	HHS/CDC [Redacted] (Track 2) S/JAC Base
Total partners: 4	New partners: 3	FBO: 0	Total budget: [Redacted]

HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)

Table 4.7
4.7.3 Current status of program in country

National Goal: No goal but the National Policy states "guidelines on the medical care for HIV related illness shall be written, reviewed and revised periodically to provide facility based health care workers...with direction in the prevention and treatment of OI for HIV+ individuals".

National Target: Ensure that by 2010, 50% of health institutions will be able to offer effective quality care and management for HIV/AIDS

Status: The FMOH has trained some staff on clinical management of symptomatic disease, but the quality of services provided is negatively affected by the progressive deterioration of the health care delivery infrastructure and "brain drain". There is no information on the number of PLWHA who are receiving clinical care but the draft of a recent survey indicates that less than 10% of ARV sites are providing OI treatment.

Traditional general practice and primary health care and direct purchase of drugs from pharmacies, chemists, and drug hawkers remain the first point of contact for treatment and care of common OIs. Most treatment is provided without the patient or provider having any knowledge of the patient's HIV status. It is therefore difficult to accurately estimate the number of PLWHA who have received or are receiving care for OI.

There continue to be pockets of training for health workers in the management of HIV positive patients, but large scale training programs linking management of OI to HIV infections and psychosocial care remains a pressing need. The FMOH has trained some staff on clinical management of symptomatic disease; however, these trainings need continuous revision and replication to ensure a minimum standard of care nationwide.

The strategy for the control of TB adopted by the National TB and Leprosy Control Program in the Department of Public Health, FMOH, is the Directly Observed Treatment, Short course Chemotherapy (DOTS). It is estimated that 1,659 health facilities accounting for 33% of eligible health facilities have DOTS treatment centers in 400 Local Government Areas (total 774) located in 33 of 36 states and the FCT. 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.

The USG working through the four COE complements the FMOH's efforts to train clinicians in state of the art approaches to disease management, including prevention and treatment of OIs, pain management and community home-based care linked to clinical services. Medical use of narcotics to manage pain and/or induce anesthesia is allowed if indicated, especially in cases of terminal diseases and severe trauma. For these purposes, Xylocain, Pethidine and Morphine are commonly used.

4.7.2 How new activities will contribute to the Emergency Plan targets, linkages to other activities

Proper diagnosis and management of TB and other OIs will decrease morbidity and mortality and increase the quality of life for PLWHA as well as contributing to the Emergency Plan goal of providing care and support. The new activities will increase access to quality treatment and care of TB and other OIs and they will create linkages between the Emergency Plan services and existing TB and OI services, including other USG supported services such as malaria prevention. These activities will also build the capacity of health care providers and private and public institutions working at the primary health care level that are the point of entry for most health services.

4.7.3 Existing activities initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PMTC S/GAC)	Track (1, 1.5, 2)
	<p>Tuberculosis Coalition for Technical Assistance (TBCTA)</p> <p>FBO? No</p> <p>(Supports FBO health facilities nationwide providing DOTS services)</p>	<p>To support national efforts to accelerate progress towards achieving 70% case detection and 85% cure rate within the framework of the national DOTS expansion plan</p>	<ul style="list-style-type: none"> • Establish 48 new TB microscopy centers and 96 new treatment centers in 16 states • Procure microscopes, TB lab reagents and consumables • Support lab supervision at state level • Train 192 health workers and 48 community workers in health facilities • Procure computers and software for management information system • Advocacy and social mobilization • Recruitment of 3 zonal TB officers • Work with stakeholders to increase linkages between national TB and HIV/AIDS responses 	USAID	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Non - Emergency Plan TB funding	

<p>Family Health International FBO? No (Objectives and activities in Kano, a focus state, will be continued under the Emergency Plan RFA)</p>	<p><u>By Sept. 04:</u></p> <ul style="list-style-type: none"> • Build capacity of Ministry of Health to integrate TB control and HIV/AIDS care and support services in Kano State by training 90 healthcare workers. • Build capacity of two community based organizations to integrate TB control into activities in Kano State by training 80 outreach workers • Build national capacity of two professional associations to improve HIV/AIDS clinical and nursing management skills by training 90 health professionals 	<ul style="list-style-type: none"> • Conduct a rapid assessment of current TB situations in Kano State. • Conduct a stakeholders forum on TB/HIV Integration • Establish a technical work group on TB and HIV/AIDS integration • Conduct training of outreach workers on TB symptom recognition. • Conduct training of outreach workers on TB symptom recognition. • In collaboration with JHU, conduct a 5-day BCC material adaptation workshop for health care workers (HCW). • Conduct rapid assessment of current level of knowledge and skills in professional associations • Adapt curriculum to identified needs and organize course • Conduct pre and post course evaluations 	<p>USAID</p>	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	<p>TB funds FY 03 funding</p>	
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Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PMTCI S/GAC)	Track (1,1,5,2)
<p>JHU</p> <p>FBO? No</p> <p>(BCC objectives and activities will be continued under the Emergency Plan. RFA)</p>	<p>By Sept. 04: Increase national awareness of TB control services (DOTS) in the general population through media campaigns</p>	<ul style="list-style-type: none"> • In collaboration with stakeholders, design messages for awareness creation campaign • Write SOW for campaign and put out tender; create committee to evaluate proposal; select winner and negotiate contract • Supervise campaign agency and oversee outputs 	<p>USAID</p>	<p>[Empty Box]</p>	<p>TB Funds FY 03 funding</p>	

4.7.4 Proposed new activities in FY04			
Partner	FY04 Objective	Activities for each objective	Agency
<p>CRS</p> <p>FBO? Yes</p> <p>New Partner</p>	<ul style="list-style-type: none"> Build capacity in Catholic institutions nationally through the development/adoption of guidelines and policies Increase access to cost subsidized OI drugs for 1,000 PLWHA 	<ul style="list-style-type: none"> Compile an inventory of Catholic healthcare and social welfare services and facilities. Contribute to the development of consensus on national guidelines for clinical care for adults and children, management of OIs, nutrition, referral and adherence to counseling Conduct needs assessment of health facilities and draw up procurement plans Procure OI treatment for 1,000 PLWA. Train health care workers in basic counseling, basic case management Provide treatment of OI where applicable. 	<p>USAID</p>
			<p>Budget: (TRACK 1.5) Base</p> <p>(CRS provides \$60,350 in-kind funding for care and support services)</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>[Redacted]</p> <p>FBO: TBD</p> <p>New Partner</p>	<ul style="list-style-type: none"> Build capacity of 10 private and public primary care facilities to provide treatment for TB and OIs through needs assessments, development of action plans, and renovations as necessary in Lagos, Kano, FCT, and Nasarawa states In collaboration with WHO, provide DOTS to 1,000 PLWHA in Lagos, Kano, FCT, and Nasarawa states Provide treatment for OIs to 2,000 PLWHA in non-UMD sites in Lagos, Kano, FCT, and Nasarawa states 	<ul style="list-style-type: none"> Assess TB clinics to determine renovations/ refurbishments required Train health care workers in non-UMD sites in OI diagnostics and treatment Support monitoring/supervisory visit Strengthen labs for clinical monitoring of TB/HIV clients Develop M&E component for following up on patients receiving care Contribute to the development of consensus on national guidelines for clinical care for adults and children, management of OIs, nutrition, referral and adherence to counseling Train health care workers in basic counseling, advanced counseling, basic and advanced HIV/AIDS management Assess feasibility of providing prophylaxis for OI and TB where applicable 	<p>USAID</p> <p>USAID</p>	<p>[Redacted] TB funding (Non Emergency Plan funding)</p> <p>[Redacted] (Track 2) Base</p>
<p>Deliver Project</p> <p>FBO: No</p> <p>New partner</p>	<p>Procure drugs for 12,000 treatments at [Redacted] treatment in the eight focus states</p>	<ul style="list-style-type: none"> Assess needs at each COE and satellite center and make estimates for new sites Conduct quantification survey, tabulate order and procure drugs Institute ordering and storage systems 	<p>USAID</p>	<p>[Redacted] (Track 2) Base</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
University of Maryland	<ul style="list-style-type: none"> Increase capacity of USG-supported health care facilities (4 COE and 9 satellites) in 8 focus states for OI diagnosis and management Support provision of ongoing comprehensive care and treatment for 5,000 persons infected with HIV in the 8 focus states 	<ul style="list-style-type: none"> Train about 100 HCWs in OI diagnostics and treatment In collaboration with the Emergency Plan RFAs, assess TB clinics to determine renovations/ refurbishments Support monitoring/supervisory visit Strengthen labs for clinical monitoring of TB/HIV client Develop M&E component for following upon patients receiving care 	HHS/CDC	<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> (Track 2)
Total partners: 4	New partners: 3	FBOs: 1	Total budget:	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>

<p>Table 4.8 4.8: Current Status of program in country</p>	<p>Palliative Care</p> <p>National Goal: Provide access to cost-effective care and support for those infected, including ARV</p> <p>Target: Ensure that at least 20% of all local government areas will be able to offer home based care (HBC) services to PLWHA in their communities by 2010.</p> <p>Status: Care and support, including palliative care, for people living with PLWHA is not clearly spelled out in any national document, but is subsumed in discussions of clinical and community care. The USG is the largest supporter of care and support projects in the country, including home based care and support to PLWHA networks and groups, but stigma and discrimination constitute serious barriers to access to all types of care and support.</p> <p>Palliative Care: Medical use of narcotics to manage pain and/or induce anesthesia is allowed if indicated, especially in cases of terminal diseases and severe trauma; for these purposes, Xylorcin, Pethidine and Morphine are commonly used. Only doctors are authorized to prescribe and administer narcotics.</p>
<p>4.8.2: How new activities will contribute to the Emergency Plan targets; linkages to other activities</p>	<p>New activities will build on existing care and support activities and contribute to the Emergency Plan targets for number of PLWHA receiving services by:</p> <ul style="list-style-type: none"> ▪ Enlisting FBOs and other multiplier organizations with humanitarian objectives as the major providers of services ▪ Targeting stigma reduction which is a pre-condition for increased demand and use of services through social mobilization of communities and their leaders ▪ Increasing access to home based care; including basic nursing care, counseling, first aid, nutritional education and counseling, help with household chores, palliative care, and training of family members to provide basic services ▪ Building capacity of PLWHA networks and groups to increase their participation in the design and implementation of care and support.

4.8.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTC, S/GAC)	Track (1-5, 2)
<p>CEDPA FBO? No (Four FBO partners) (Objectives and activities in focus states will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04: Increase the capacity of 4 FBOs and 2 NGOs to provide care and support including HBC to 400 clients in Kano and Anambra states</p>	<ul style="list-style-type: none"> ▪ Train /continue support to trainees ▪ Conduct field visits to provide TA and ascertain progress ▪ Write final report with lessons learned and contract audit 	USAID		Base FY 03 funding	
<p>Family Health International FBO? No (Two FBO partners) (Objectives and activities in focus states will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04: Increase the capacity of 14 PLWHA groups and nine FBO/CBOs to provide care and support to 3,500 clients in Kano, Lagos, Anambra (focus states) and one non-focus state</p>	<ul style="list-style-type: none"> ▪ Train /continue support to trainees ▪ Conduct field visits to provide TA and ascertain progress ▪ Write final report with lessons learned and contract audit 	USAID		Base FY 03 funding	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PMTCT S/GAC)	Track (1.1.5.2)
International AIDS Alliance FBO? No (Two FBO partners) (Activities in non-focus states will not be continued)	By Sept. 04: Increase the capacity of 2 PLWHA groups and five FBO/CBOs to provide care and support to 500 clients in non-focus states	<ul style="list-style-type: none"> ▪ Train /continue support to trainees ▪ Organize exchange visits between groups ▪ Conduct field visits to provide TA and ascertain progress ▪ Write final report with lessons learned and contract audit 	USAID	<input type="text"/>	Base FY 03 funding	
Pathfinder FBO? No (One FBO partners) (Objectives and activities will be continued under the Emergency Plan RFA)	By Sept. 04: Strengthen capacity of five CBOs to deliver home-based care services to 300 PLWHA in FCT and Edo	<ul style="list-style-type: none"> ▪ Train care givers on the treatment of opportunistic infections and pains ▪ Strengthen network of support groups of PLWHA ▪ Contribute to activities alleviating the impact of HIV/AIDS on orphans and vulnerable children 	USAID	<input type="text"/>	Base FY 03 funding	

<p>4.8.4) Proposed new activities in FY 04</p>	<p>Partner:</p> <p>[Redacted]</p> <p>TBD</p> <p>New Partner</p> <p>FBO: TBD</p>	<p>FY04 Objective</p> <ul style="list-style-type: none"> In collaboration with Enabling Environment RFA, build the capacity of two state PLWHA network chapters, including one for positive women to assume leadership role in the identification and design of care and support project in the 8 focus states (16 chapters at [Redacted] per chapter or [Redacted]) In collaboration with APS for FBOs, CRS and PLWHA networks, build the capacity of 24 FBOs (at approximately [Redacted] per FBO or [Redacted] and other state level multiplier organizations to design sustainable care and support projects in the 8 focus states and provide funding Build capacity of SACAs in the 8 focus states to provide comprehensive outreach to PLWHA focusing on advocacy, home-based care, psychosocial support, nutrition, development of peer support groups, and legal aid through needs assessments, strategic planning and training (8 SACAs at [Redacted] per SACA or [Redacted]) 	<p>Activities for each objective</p> <ul style="list-style-type: none"> Assist networks to conduct needs assessments and develop strategic action plans Provide TA and grants to networks to support organizational development and to design and implement programs Provide assistance to the networks to help PLWHA groups in the 8 states to do needs assessments and develop strategic action plans and design programs Collaborate with SACAs to map ongoing CARE AND SUPPORT activities and identify gaps Assist target organizations to conduct community based needs and resource assessments Conduct strategic planning workshops and project design workshops that emphasize best practices and lessons learned Provide TA to fine tune proposals, identify organizational development needs and provide TA and grants Continue assistance to previous SACAs and determine future needs for TA and other resources In collaboration with other stakeholders, do needs assessments of SACAs in new focus states and help them develop strategic and action plans and to assume multisectoral coordination and leadership role 	<p>Agency:</p> <p>USAID</p>	<p>Budget:</p> <p>[Redacted] TRACK 2</p> <p>(Base: [Redacted])</p> <p>S/GAC: [Redacted]</p>
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Partner	FY04 Objective	Activities for each objective	Agency	Budget
	<ul style="list-style-type: none"> Increase M&E capacity of SACAs in the eight states to monitor community based care and support activities through systems development and training <input type="text"/> per SACA or <input type="text"/> 	<ul style="list-style-type: none"> Assist SACAs to map ongoing care and support activities and to identify needs and work with stakeholders to fill gaps Assess M&E needs in the SACA Procure hardware, software and train staff as necessary Provide continued support as necessary 		
<p>CRS</p> <p>New Partner</p> <p>FBO? Yes</p>	<ul style="list-style-type: none"> Build capacity of National Catholic Secretariat to provide assistance to dioceses to design/implement care and support programs. Build capacity of 100 Parish Action Committees on AIDS (PACAs) to provide comprehensive outreach focusing on advocacy, home-based care, psychosocial support, nutrition, peer support groups, and legal aid in 3 dioceses in 3 focus and 5 non-focus states Provide 300 PLWHA with home based care and psychosocial and 200 with nutritional support in 3 focus and 5 non-focus states 	<ul style="list-style-type: none"> Hire appropriate personnel and develop a Catholic Secretariat HIV/AIDS office in Abuja to better position church to network/engage in advocacy Assist Secretariat to plan and implement a national strategic planning exercise to delineate care and support and treatment policies and objectives Explore opportunities for collaboration with Church's Justice Commission on legal issues related to PLWHA Conduct needs assessments of PACA and in collaboration with focus diocese and parish representatives, develop action plans and identify training and other resources needs Develop agreements with dioceses to meet PACA needs and finalize Develop/adapt PACA curriculum and conduct trainings Assist dioceses in the development of supportive supervisory systems In collaboration with PLWHA groups, identify PLWHA in need of support. 	<p>USAID</p> <p>CRS</p>	<p><input type="text"/></p> <p>(Track 1.5) Base</p> <p>Will provide in-kind nutritional support</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>for [] Multipl er Organization Projects New Partner FBO: TBD</p>	<ul style="list-style-type: none"> o Build capacity of 5 national/regional FBOs and other multiplier organizations to design and implement comprehensive care and support programs including community outreach, PLWHA support groups, advocacy, home-based care, psychosocial support, nutrition, and legal aid nationally and in focus and non-focus states 	<ul style="list-style-type: none"> Conduct advocacy and sensitization workshops with FBO hierarchies Assist FBOs to conduct community based needs assessments Conduct strategic planning and design workshops for FBO/ CBO staff; identify technical assistance and funding needs Prepare and finalize agreements, provide funding and TA including help to monitor and evaluate project progress 	USAID	<p>[] Base</p>
University of Maryland	<ul style="list-style-type: none"> • Support management of severe/terminal clinical conditions by training of 100 health care workers on management of severe/terminal clinical conditions • Support management of severe/terminal clinical conditions by training 25 FBO/CBO staff on home management of patients 	<ul style="list-style-type: none"> Train health care workers on management of severe/terminal clinical conditions, including the use of narcotics (pethidine, morphine, xylocain) either to effect local anesthetic or control severe pain. Train CBOs/FBOs on home management of patients (pain relief, bedside nursing, hygiene and simple sterilization methods) 	HHS/C DC	<p>[] (Included in budget for PMTCT+ and ART)</p>
Baylor College of Medicine	<ul style="list-style-type: none"> • Support management of severe/terminal clinical conditions in children by training 100 health care workers in pain management techniques 	<ul style="list-style-type: none"> Train health care workers on management of severe/terminal clinical conditions in children, including the use of narcotics (pethidine, morphine, xylocain) either to effect local anesthesia or control severe pain 	HHS/C DC	<p>[] (Included in budget for PMTCT+ and ART)</p>
Total partners:	6	New partners: 3	Total budget:	[]

<p>Table 4.9</p> <p>4.9.1 Current status of program in country</p>	<p>Support for Orphans and Vulnerable Children</p> <p><u>National Goal:</u> All three tiers of the government shall commit to facilitating and promoting community issues and initiatives to sustain the necessary level of care for children affected and infected by HIV/AIDS.</p> <p><u>Government Targets:</u> Ensure that by 2005 10% - and by 2010, 20% - of communities affected by HIV/AIDS will have programmes designed to provide social safety nets for people infected and (affected) by HIV/AIDS.</p> <p><u>Status:</u> Although it has an estimated 1 million AIDS orphans and this number is projected to increase to at least 3.25 million by 2010, Nigeria has been exceedingly slow to respond. The line ministry with paramount responsibility for OVC, the Ministry of Women Affairs and Youth Development, just convened a national workshop in February with USG support to bring together stakeholders to share information and to inform the development of an OVC policy. The USG has been the leader in this area with the development of two community based pilot projects and capacity-building efforts with state and local government AIDS committees.</p>
<p>4.9.2 How new activities will contribute to the Emergency Plan targets linkages to other activities</p>	<p>The new activities will contribute to the Emergency Plan targets for care and support of those affected by HIV/AIDS through support to FBO and other multiplier organizations with national structures and state and local chapters to design and implement sustainable OVC programs based on their own needs and organizational and human resources. Partners will be provided with the information and other resources needed to develop comprehensive models based upon lessons learned in Nigeria and elsewhere.</p>

4.9.3 Existing activities, initiated prior to FY 04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTC, S/GAC)	Track (1,1.5,2)
CEDPA FBO? No (One FBO Partner) (Activities in this non-focus state will be transferred to another donor or phased out)	<p>By Sept. 04 in <u>Benue State (non-focus state):</u></p> <ul style="list-style-type: none"> ▪ Increase the capacity of one FBO and four CBOs to implement OVC programs by training/supporting 18 staff ▪ Reach 1,500 clients (OVC and caregivers) with services ▪ Strengthen knowledge base of 100 caregivers on good nutrition 	<ul style="list-style-type: none"> ▪ Provide support to FBOs/CBOs to provide school fees, uniforms, and books for OVC and income generating activities and psychosocial support for caregivers ▪ Provide FBOs/CBOs with capacity building in advocacy with decision makers to provide psychosocial and material support for OVC and caregivers ▪ Adapt/develop nutrition curriculum based on local food resources ▪ Train staff in new curriculum and participatory teaching methods and then train caregivers 	USAID	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	FY 03		

4.9.3 Existing activities initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (FY 5-2)
<p>Africare</p> <p>FBO?: No</p> <p>(Objectives and activities in this focus state will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04 in Rivers State (focus state):</p> <ul style="list-style-type: none"> • Increase the capacity of one FBO and four CBOs to implement OVC programs through training/support to 30 staff • Reach 1,500 clients with services 	<ul style="list-style-type: none"> • Provide support to CBOs to provide school fees, uniforms, and books for OVC. • Initiate collaboration with PRISMS Project to continue microcredit activities for caregivers • Provide CBOs with capacity building in advocacy with decision makers to provide psychosocial and material support for OVC 	<p>USAID</p>	<p>[Empty Box]</p>	<p>FY 03</p>		

49:3 Existing activities initiated prior to FY 04	Partner	FY 04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTC, S/GAC)	Track (1, 5, 2)
FHI FBO?: No (Objectives and activities in focus states will be continued under the Emergency Plan RFA)		<p><u>By Sept. 04 in one focus and two non-focus states:</u></p> <ul style="list-style-type: none"> • Build capacity of three SACA and 16 LACA to design OVC strategies • Train 75 SACA, LACA and NGO representative in psychosocial support skills • Provide vocational skills support to 500 households • Provide 600 OVC with educational support 	<ul style="list-style-type: none"> • Conduct advocacy, sensitization seminars and community mobilization exercises with opinion leaders / gatekeepers and policy makers • Conduct psychosocial support skills training for SACA, LACA and NGO representatives • Develop memo of understanding between SACA, LACA, and NGO/CBO delineating what each brings to initiative • Collaborate with SACA, LACA and NGOs to identify most needy households and OVC • Provide caregivers and older OVC with vocational training and young OVC with school tuition • Develop plans for ongoing support to households and OVC after project ends 	USAID	[Redacted]	FY 03	

4.9.3 Existing activities, initiated prior to FY 04		Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMIC, S/GAC)	Track (1, 1.5, 2)
Partner	FY04 Objective					
<p>POLICY Project</p> <p>FBO: No</p> <p>(Objectives and activities will be continued under Enabling Environment RFA)</p>	<p><u>By Sept. 04:</u></p> <p>Increase capacity of Ministry of Women and Youth Affairs to coordinate OVC efforts through the implementation of a national workshop</p>	<ul style="list-style-type: none"> • Provide TA to Ministry on workshop development, program, list of invitees, speakers, etc. • Draft report of proceedings and circulate; incorporate comments and finalize draft • Distribute final draft to all stakeholders 	USAID		FY 03	

4.9.4 Proposed new activities in FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>[Redacted]</p> <p>New partner</p> <p>FBO: TBD</p>	<ul style="list-style-type: none"> In collaboration with APS for FBOs, lay the foundation for serving up to 1 million OVC by develop capacity in state chapters of 16 FBOs and other multiplier organizations to develop sustainable, comprehensive OVC programs in the 8 focus states 	<ul style="list-style-type: none"> In collaboration with APS mechanism, support training and capacity building for FBOs/ CBOs to support OVC programs, including advocacy, sensitization and training for community members Assess M&E needs of SACA and develop assistance packages for each Procure software and conduct trainings 	<p>USAID</p>	<p>[Redacted]</p> <p>(Track 2) Base</p>	

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>and Multiplier Organizations New partner FBO: TBD</p>	<ul style="list-style-type: none"> In collaboration with the Emergency Plan RFA, build capacity of 5 national or regional FBOs/other multiplier organizations to design comprehensive, sustainable OVC policies and programs including community outreach, PLWHA support groups, advocacy, psychosocial support, nutrition, and legal aid 	<ul style="list-style-type: none"> Write program description and put out tenders for proposals In collaboration with RFA mechanism, set up selection committee, select winning proposals, and negotiate agreements Provide technical assistance and funding for community based needs assessments Provide training in advocacy techniques with policy makers and religious hierarchies at national and sub national levels 	USAID	<p>(Track 2) Base</p>
<p>N/A: TBD New partner FBO: TBD</p>	<ul style="list-style-type: none"> Build capacity to support OVC initiatives through development of a draft OVC policy 	<ul style="list-style-type: none"> Review documents produced during national workshop Convene stakeholders for a draft policy meeting and divide up roles and responsibilities Prepare first draft of policy and submit to all stakeholders 	USAID	<p>(Track 2) Base</p>
<p>Total partners: 3</p>	<p>New partners:</p>	<p>FBOs: 3</p>	<p>Total budget:</p>	<p>TBD</p>

Table 4:10

410 Current status of program in country

Anti-Retroviral Therapy (non-PMTCT) Plus

National Goal: Ensure access to antiretroviral drugs in all states of the federation by 2010

Government Targets: Originally targeted 10,000 adults and 5,000 pediatric clients but as many as 14,000 adults presently enrolled. Services have yet to begin for children.

Status: The government policy stipulates cost-effective, affordable ART should be made accessible to all HIV positive persons and that the sale and use of ARV should be under medical supervision and governed by existing guidelines. ARV drugs have been available in the country since the late 1990s but their cost made them unaffordable to the average PLWHA. Those who could afford to pay received either double or triple therapy and the private sector continues to provide treatment.

At the 2001 Abuja Summit of African leaders, President Obasanjo announced his government's plan to treat 10,000 adults and 5,000 children in 25 tertiary health facility sites across the six geo-political zones. Three drugs, Lamivudine (3TC), Nevirapine (NVP) and Stavudine (d4T) are provided as one cocktail which costs approximately [redacted] patient/annually including logistical support. The total annual per-patient cost of ART is [redacted]. The government pays approximately 51% of the total cost including 77% of drug costs, and all capital, training, and labor costs. The patients pay approximately 23% of the total drug cost and almost 100% of laboratory and monitoring and OI treatment costs annually. Generic drugs were purchased from Cipla at [redacted] and Ranbaxy at [redacted] per person per year. The program is coordinated by the National AIDS and STI control Program (NASCP) in the Federal Ministry of Health. There is a National HIV/AIDS policy but no dedicated ARV policy. ARV guidelines need to be revised, procurement and distribution systems are weak and inefficient, and large-scale training of health workers on the clinical care and management of HIV positive persons is a pressing need.

As early as November 2003, there were reports of stock outs and expired drugs from a number of centers. By mid-January the President had approved the release of [redacted] for the purchase of ARVs. Also in mid-January, the first allotment of the Global Funds monies for ARV program strengthening was released. However a significant proportion of clients have not had access to subsidized drugs for one to three months and those who can afford it have been forced to purchase drugs from the private sector.

4.10.2 How new activities will contribute to the Emergency Plan targets/linkages/other activities

Building upon the platform created by the PMTCT and other USG interventions and the Global Fund, the new activities will contribute to the Emergency Plan targets by rapidly expanding the national treatment capability through human, logistical and laboratory capacity development and the purchase of ARV. Quality ART will enable the USG program to expand into comprehensive PMTCT Plus and will be directly linked to its palliative care and support and prevention efforts and other health funded programs (e.g. STIs and tuberculosis). The goal is to provide ARV treatment to 7,750 persons, including PMTCT+ clients, by the end of 2004.

The new service activity specifically will contribute to the Emergency Plan treatment goals by:

Increasing population coverage. Initial the Emergency Plan focal states were selected in part due to their population size and disease burden. They represent over 25% of the country's population and disease burden. Expanding coverage to each geopolitical zone. It is imperative for the USG to be represented in each zone. Focus in these states will permit rapid treatment scale up to other states in the zone as funding permits.

Build on previous USG investments, including its layered network of centers of excellence, FBO and other public/private satellite health centers, and community service organizations. The activity will also build on USG investments in other non-health sectors.

Build on best treatment practices in Nigeria and elsewhere.

Targeting groups according to their potential to address the Emergency Plan treatment goals. The primary focus is HIV+ pregnant women, their family members and other PLWHA.

Linking tuberculosis (TB) treatment whose primary targets are both HIV uninfected and HIV infected individuals with active disease, and TB infected PLWHA who are at risk of developing active disease.

Focusing on FBOs and other "multiplier organizations" with national structures that reach to the grassroots-level and with the moral authority and institutional capacity to support treatment.

Implementing community-grounded strategies to ensure stakeholder participation and support for treatment. Integrating health sector funded facilities to create synergies and help overcome the constraints of limited resources.

4.10.3 Existing activities initiated prior to FY04	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/G/C)	Track (1, 1.5, 2)
Partner Univ. of Maryland	<ul style="list-style-type: none"> Increase capacity of health care workers from 4 COEs in Anambra, Edo, FCT and Kano States to provide ARV treatment services Increase capacity of 45 health care workers in 11 PMTCT sites and 9 satellite sites to provide pediatric ARV services Increase national capacity to provide pediatric ART 	<ul style="list-style-type: none"> Train 12 master trainers in the US In collaboration with master trainers, complete training of physicians and nurses from the COEs and other centers on ARV management and related issues. In collaboration with Baylor, conduct 5-day in-country training for 45 key medical staff from the 11 FMOH designated pediatric ARV treatment sites. In collaboration with FMOH and Baylor College begin to provide TA for the review and use of pediatric ARV treatment and care guidelines by health care workers. Provide forum that brings together all national stakeholders Review pediatric guidelines 	HHS/ CDC	<div style="border: 1px solid black; padding: 5px;"> from <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> under PMTCT </div>	PMTCT	

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Basic, PMTCT, S/G/C)	Track (1-5)
<p>Family Health International</p> <p>FBO: No</p> <p>(Objectives and activities will be continued under the Emergency Plan RFA)</p>	<p>By Sept. 04:</p> <ul style="list-style-type: none"> Increase capacity by training 60 health care workers at 13 USG sites in four focus states to provide ARV (adult and pediatric) services Provide continued support to Abuja National Hospital for PCR and CD4/CD8 and other lab equipment 	<ul style="list-style-type: none"> In collaboration with UMD, train physicians and nurses from the COEs, satellite clinics and other centers on ARV management and related issues. 	<p>USAID</p>	<p>[Redacted]</p>	<p>FY 03</p>	<p>[Redacted]</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PM/ICT, S/GAC)	Track (1, 1.5, 2)
Baylor University	<ul style="list-style-type: none"> Increase capacity by training 45 health care workers at target sites to provide pediatric ARV services Increase national capacity to provide pediatric ART by developing pediatric ARV guidelines 	<ul style="list-style-type: none"> In collaboration with UMD, conduct training for 45 key medical, nursing, and pharmacy staff from the 11 FMOH designated pediatric ARV treatment sites. Provide TA for the development of national pediatric ARV policies and guidelines Provide forum that brings together all national stakeholders Develop, draft, obtain comments, and finalize guidelines 	HHS/ CDC	[]	FY 03	
POLICY Project FBO: No (Objectives and activities will be continued under Enabling Environment RFA	By Sept. 04: Increase national capacity to provide ART by developing ARV and management of HIV/AIDS patients guidelines	<ul style="list-style-type: none"> In collaboration with CDC/HQ, review guidelines Develop plan and timeline for guideline draft 	USAID	[]	FY 03	

4.10.4 Proposed new activities in FY04	FY04 Objective	Activities for each objective	Agency	Budget
<p>Partner</p> <p>[Redacted]</p> <p>New Partner</p> <p>FBO: TBD</p>	<ul style="list-style-type: none"> Provide comprehensive HIV treatment (including ART and treatment monitoring) in Lagos, Anambra, Edo, FCT, Kano, Rivers, Bauchi, Nasarawa (the eight focus states) for 7,000 clients with advanced HIV infection at public, FBO and private sites In collaboration with UMD, increase capacity through training of 200 health care workers in Lagos, Anambra, Edo, FCT, Kano, Rivers, Bauchi, Nasarawa (the eight focus states) to provide ARVs to clients with advanced HIV infection Increase capacity of thirteen USG supported facilities to monitor treatment in the 8 focus states by procurement of lab supplies 	<ul style="list-style-type: none"> Procure 7,750 ARV treatments, including treatments for PMTCT+ clients Coordinate with UMD on areas of collaboration (e.g. opportunities for joint training) Confer with PHR+ and Deliver projects to identify top private facility candidates from ART assessment Discuss program startup with identified private sector facilities, agree on inputs, and prepare agreements Provide inputs including TA and ARV Collaborate with UMD to train staff Procure reagents and lab consumables (e.g. for basic blood tests, liver function tests, CD4 counts, viral load) and universal precaution consumables 	<p>USAID</p>	<p>[Redacted]</p> <p>(Track 2) S/GAC</p>
<p>Partner</p> <p>[Redacted]</p> <p>New Partner</p>	<ul style="list-style-type: none"> Provide comprehensive HIV care including ART and clinical care Plateau, Oyo, Borno, Lagos states for 8,000 clients with advanced HIV infection, including one military site 	<ul style="list-style-type: none"> Hold discussions with partner institutions and others on the ground to identify areas of collaboration Procure ARVs 	<p>HHS/ HRSA</p>	<p>[Redacted]</p> <p>(Track 1)</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>Catholic Relief Services</p> <p>New Partner: yes</p> <p>FBO: Yes</p>	<ul style="list-style-type: none"> • Provide comprehensive HIV care (including ART and clinical care) for 600 clients with advanced HIV infection in selected FBO sites to be identified (first year in Plateau State) 	<ul style="list-style-type: none"> • Conduct COE capacity, program and drug supply assessments • Action plan signed between COEs and participating Health Network Programs • Hire and Train staff • Begin drug procurement • Develop and commence community mobilization plan • Procure and deliver lab equipment and drugs • Begin to deliver ART 	<p>HHS/ HRSA</p>	<p>(Track 1)</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>University of Maryland</p>	<ul style="list-style-type: none"> • Increase capacity to assure quality laboratory services in the delivery of ART in 8 focus states • Increase capacity of at least 60 health care workers through supervisory monitoring and training on providing ARVs to clients with advanced HIV infection • Increase capacity to strengthen M and E capability to report on clients receiving ART services 	<ul style="list-style-type: none"> • Adapt/revise laboratory and PMTCT curricula • Train laboratory scientists in HIV diagnosis and ARV monitoring • Conduct training for 60 doctors, nurses and pharmacists from 25 health care sites to provide ARV treatment services • Conduct monitoring and supervisory follow-up visits • Collaborate with FMOH and other stakeholders to review and or revise M&E system for ART • Begin to develop ART M and E/MIS systems • Implement ART reporting system at ART facilities in 4 states 		<p>(funded in Table 4.11, PMTCT+)</p> <p>[Redacted Box] (TRACK 2) S/GAC</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Baylor University	<ul style="list-style-type: none"> Increase national capacity to provide pediatric ART by finalizing pediatric ARV guidelines. Increase capacity of 50 health care workers from 8 focus states to provide pediatric ARV services through training 	<ul style="list-style-type: none"> Conduct review of draft pediatric ARV treatment guidelines with all stakeholders Incorporate suggestions into new guidelines Conduct workshops with all stakeholders Incorporate their suggestions into a draft policy and circulate Finalize Pediatric ARV guideline Train about 50 health care staff on the use of Pediatric ARV guidelines 	HHS/ CDC	<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> (Track 2) S/GAC
<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> New partner FBO: No	<ul style="list-style-type: none"> Establish ARV costing in public institutions and assess readiness of a sample private sector institutions to participate in program by August 2004 	<ul style="list-style-type: none"> Develop SOW and survey instruments Contract survey organization, train field workers and field test instruments Conduct survey and analyze results Submit draft to stakeholders and incorporate their comments into report Final report submitted, printed and presented at dissemination workshop 	USAID	<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> (Track 2) Base

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Deliver Project New partner FBO: No	<ul style="list-style-type: none"> Strengthen national capacity by developing a plan with short, medium and long-term recommendations for the national logistics procurement systems by June 2004. 	<ul style="list-style-type: none"> Develop SOW and analysis instruments Conduct assessment and analyze results Submit draft to stakeholders and incorporate their comments into report Final report submitted and results presented at dissemination workshop 	USAID	<input type="text"/> (Track 2) Base

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>[Redacted]</p> <p>TBD</p> <p>New partner</p> <p>FBO: TBD</p>	<ul style="list-style-type: none"> By the end of 2004, selected legislative and executive arms of government and religious and traditional leaders will be knowledgeable about the Emergency Plan and its ART objectives Update ART treatment guidelines by the end of 2004 Develop draft ARV policy by the end of 2004 Increase NACA and NASCP capacity to monitor ART programming through strengthened M&E capability 	<ul style="list-style-type: none"> In collaboration with PAS, conduct workshops for targets focused on the Emergency Plan and its ART objectives. Continue to provide stakeholders with updated the Emergency Plan materials as available Conduct review of treatment guidelines with all stakeholders Incorporate suggestions into new guidelines draft and circulate Finalize ARV treatment guidelines and disseminate through workshops Conduct workshops with all stakeholders Incorporate their suggestions into a draft policy and circulate Monitor and evaluate activities 	<p>USAID</p>	<p>[Redacted]</p> <p>(Track 2) Base</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Association of Public Health Laboratories (APHL) New partner	Provide technical assistance to rapidly upgrade existing laboratory support to meet the demands of expanded treatment services anticipated under the Emergency Plan	Procure laboratory equipment and consumables to be used to upgrade the capability of 2 laboratories within the network of health care institutions receiving direct USG support, for training and diagnostic purposes. Train laboratory scientists on patients' immune profile and treatment monitoring.	HHS/CDC	(see lab budget 4.14)
Total partners	9	New partners	4	Total budget
		#FBOs	TBD	

PMTCT Plus (access to care and treatment by women and families) through PMTCT

National Goal: Ensure access to antiretroviral drugs in all states of the federation by 2010

Targets: To provide PMTCT Plus services in all facilities offering Antiretroviral Therapy

Status: The national HIV policy states that antenatal care services shall offer VCT for all women of childbearing age, including pregnant women, as a part of existing integrated reproductive health care services and shall include referrals for family planning counseling and services when necessary. Testing, however, is not to be mandatory. All maternity services are mandated to provide counseling on risks associated with the possible transmission of HIV from mother to child during pregnancy delivery and breastfeeding. All institutions offering antenatal care or child health care are also mandated to provide services focused on maintaining the nutritional status of HIV positive women and children born to them.

The National PMTCT program is currently implemented by the FMOH in partnership with USG, UNICEF, and the AIDS Prevention Initiative in Nigeria in 11 tertiary health care facilities which also provide subsidized ART as a part of the national program. However, due to inadequate ARV supplies and patient waiting lists that outnumber drug supplies, women receiving PMTCT services at these sites may not benefit from subsidized ARVs. The PMTCT program can be described as a pilot project, which is in no way sufficient to meet national or even state wide demands for PMTCT or PMTCT Plus services. The mix of basic health care services needed for PMTCT Plus (obstetrics and gynecology, pediatrics and family planning) exist in most tertiary and secondary level health facilities nationwide. However, because of weak health information systems, it is difficult to determine the exact number of facilities outside of the national PMTCT program offering PMTCT Plus services.

Table 4.1.1
4.1.1.1 Current status of program in country

[The table content is obscured by a heavy black redaction mark.]

4. How new activities will contribute to the Emergency Plan targets, linkages to other activities

Building upon the platform built by PMTCT and other USG interventions and the Global Fund, the new activities will contribute to the Emergency Plan targets by rapidly expanding the national treatment capability through human, logistical and laboratory capacity development and the purchase of ARV. Quality ART will enable the USG program to expand into comprehensive PMTCT Plus and will be directly linked to its palliative care and support and prevention efforts and other health funded programs (e.g. STIs and tuberculosis). The goal is to provide PMTCT Plus to 750 family members by the end of the 2004.

The new Emergency Plan service activity specifically will contribute to the Emergency Plan treatment goals by: Increasing population coverage. Initial Emergency Plan focal states were selected in part due to their population size and disease burden. They represent over 25% of the country's population and disease burden. Expanding coverage to each geopolitical zone. It is imperative for the USG to be represented in each zone. Focus in these states will permit rapid treatment scale up to other states in the zone as funding permits.

Build on previous USG investments, including its layered network of centers of excellence, FBO and other public/private satellite health centers, and community service organizations. The activity will also build on USG investments in other non-health sectors.

Build on best treatment practices in Nigeria and elsewhere.

Targeting groups according to their potential to address the Emergency Plan treatment goals. The primary focus is HIV+ pregnant women, their family members and other PLWHA.

Linking tuberculosis (TB) treatment whose primary targets are both HIV uninfected and HIV infected individuals with active disease, and TB infected PLWHA who are at risk of developing active disease.

Focusing on FBOs and other "multiplier organizations" with national structures that reach to the grassroots-level and with the moral authority and institutional capacity to support treatment.

Implementing community-grounded strategies to ensure stakeholder participation and support for treatment.

Integrating health sector funded facilities to create synergies and help overcome the constraints of limited resources.

4.113) Existing activities initiated prior to FY 04	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
Partner Univ. of Maryland	<p>Increase capacity of health care workers from 4 COEs in Anambra, Edo, FCT and Kano states to provide ARV treatment services</p> <p>Increase capacity of 45 health care workers in 11 PMTCT sites and 9 satellite sites to provide pediatric ARV services</p> <p>Increase national capacity to provide pediatric ART</p>	<ul style="list-style-type: none"> In collaboration with Baylor and FHI, conduct a 5-day in-country training for 45 key medical staff from the 11 FMOH designated pediatric ARV treatment sites UMD with 12 master trainers will train and sensitize an estimated 160 health workers from 4 USG centers, 8 satellite centers and 5 UNICEF and 2 Harvard supported ARV/PMTCT centers in Nigeria In collaboration with FHI, UMD will train 60 physicians and nurses from the COEs, satellite clinics and other centers on ARV management and related issues A national ARV training will be conducted for 100 physicians 	CDC	Part of [redacted] shown under PMTCT	PMTCT Fy03	

<p>Family Health International (Objectives and activities will be continued under the Emergency Plan RFA) FBO: No</p>	<p><u>By Sept. 04</u></p> <ul style="list-style-type: none"> Increase the capacity of 11 USG supported sites in the existing four focus states by training 45 healthcare workers 	<ul style="list-style-type: none"> In collaboration with UMD and Baylor University, conduct training for key medical, nursing, and pharmacy staff from the 11 FMOH designated pediatric ARV treatment sites In collaboration with UMD, train physicians and nurses from the COEs, satellite clinics and other centers on ARV management and related issues 	<p>USAID</p>	<p>[]</p>	<p>FY03 Funding</p>	<p>[]</p>
<p>Baylor University</p>	<ul style="list-style-type: none"> Increase capacity of 45 health care workers in 11 PMTCT sites and 9 satellite sites to provide pediatric ARV services Increase national capacity to provide pediatric ART by developing pediatric ARV guidelines 	<ul style="list-style-type: none"> In collaboration with UMD and FHI, conduct training for key medical, nursing, and pharmacy staff from the 11 FMOH designated pediatric ARV treatment sites In collaboration with UMD, FMOH and CDC, provide TA for the development of pediatric ARV treatment and care guidelines In collaboration with UMD and FHI, conduct training for 45 key medical, nursing, and pharmacy staff from the 11 FMOH designated pediatric ARV treatment sites 	<p>HHS/ CDC</p>	<p>[] (see 4.10 - ART)</p>	<p>FY03 Funding</p>	<p>[]</p>

<p>POLICY Project</p> <p>FBO: No (Objectives and activities will be continued under Enabling Environment RFA)</p>	<p>Strengthen national capacity to support PMTCT+ services through development of policies for ART and the management of HIV/AIDS patients</p>	<ul style="list-style-type: none"> • Builds support for development of guidelines through advocacy visits and sensitization meetings • Provide stakeholders with good policy models from other sub-Saharan African countries 	<p>USAID</p>	<p></p>	<p>FY03 Funding</p>	<p></p>
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451174 Proposed new activities in FY04	FY04 Objective	Activities for each objective	Agency	Budget
<p>Partner: University of Maryland</p>	<ul style="list-style-type: none"> ▪ Support comprehensive HIV treatment (PMTCT plus) for at least 500 family members with HIV infection in four focus states (Anambra, Edo, FCT, Kano) ▪ Increase capacity of 60 health care workers to provide ARV services according to national guidelines to women and children with advanced HIV infection ▪ Increase capacity to strengthen M&E capability 	<ul style="list-style-type: none"> • Provide on going supervisory monitoring at ARV sites • Train at least 60 health care workers to provide PMTCT plus services • Develop M&E/MIS systems for PMTCT plus activities 	<p>HHS/CDC</p>	<p>[Redacted] (Track 2) S/GAC</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Association of Public Health Laboratories (APHL)	<ul style="list-style-type: none"> Provide technical assistance to rapidly upgrade existing laboratory support to meet the demands of PMTCT+ services 	<ul style="list-style-type: none"> Provide TA to rapidly upgrade existing laboratory support to meet the demands of expanded treatment services anticipated under the Emergency Plan Procure lab equipment and consumables to be used to upgrade the capability of 2 laboratories within the network of health care institutions receiving direct USG support, for training and diagnostic purposes 	HHS/CDC	(see Table 4.14)
New Partner FBO: TBD	<ul style="list-style-type: none"> Expand national PMTCT+ programming by building capacity of two new FBOs to provide comprehensive HIV treatment for 250 family members with HIV infection in 2 new FBO sites in two new states, Bauchi and Nasarawa⁶ Strengthen capacity of two FBOs to provide PMTCT+ services in Bauchi and Nasarawa states by training of 20 healthcare workers Increase SACA capacity to monitor and evaluate PMTCT+ services in Bauchi and Nasarawa states 	<ul style="list-style-type: none"> Using PHR+ survey, identify PMTCT+ delivery candidates and negotiate agreements Provide FBOs with equipment and consumables In collaboration with UMD and Baylor and building on past mechanism, develop/adapt PMTCT+ curricula for health and community workers Train health care workers to provide PMTCT plus services Provide on going supervisory monitoring at new PMTCT+ sites In collaboration with SACA, UMD and Baylor, develop procedures to collect data on PMTCT plus indicators 	USAID	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> (Track 2) S/GAC

⁶ These are two new sites that will require intensive capacity building, institutional human resources and service delivery

Partner	EX04 Objective	Activities for each objective	Agency	Budget
Scientific Research Product (SRP)	<ul style="list-style-type: none"> Support adherence to Universal Precaution practices 	<ul style="list-style-type: none"> Procure and supply protective gear (latex gloves, elbow length gloves, face masks, aprons, boots etc) and other materials(e.g. disposable syringes and needles, sterilizers, antiseptics), etc. 	HHS/CDC	(See Table 4.1)
Total partners:	4	New partners:	Total budget:	
		3	TBD	

Table 4.12: Current status of program in country

Strategic Information: Surveillance, Monitoring, Program Evaluation

National Goal: Nigeria shall mandate relevant institutions to collect continuously information on HIV and AIDS and factors that influence the spread of HIV. Nigeria shall support epidemiological surveillance for the purpose of monitoring the growth of the epidemic through unlinked and anonymous screening. In monitoring the growth of the epidemic and the underlying social determinants, confidential behavioral surveillance surveys shall be conducted with full consent of subjects.

Government Targets: None

Status: The FMOH has implemented biennial National HIV/Syphilis Sentinel Seroprevalence 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 the last two years, in collaboration with UNAIDS, the 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.

USG is also providing the FMOH with assistance to resuscitate and strengthen the nation's AIDS Case Reporting System.

Program evaluation: Donors and their implementing partners evaluate activities at the project level using agency-specific M&E frameworks and indicators. Efforts by NACA and the FMOH to begin coordinated, national program evaluation are only very recent and need strengthening. NACA has recently circulated a set of indicators for monitoring and evaluating the country's multi-sectoral response to HIV/AIDS for comments. The USG is providing NACA and FMOH with assistance to develop a national M&E framework and to strengthen the Nigerian National Response Information Management System (NNRIMS).

<p>4.12.2) How new activities will contribute to the Emergency Plan targets, linkages to other activities</p>	<p>The new USG activities will move rapidly to improve the linkage between surveillance activities and service delivery. For instance, efforts will be made to introduce PMTCT+ and support services in the antenatal clinics that serve as sentinel sites for seroprevalence surveys. Similarly, efforts will be made to add biomarkers to population based and special surveys and to offer counseling and other services to those who test positive for HIV and/or STI. Linking surveillance activities to service delivery provides a unique opportunity to facilitate the achievement of 2-7-10 goals.</p> <p>Additionally, the USG will support national efforts to institute sustainable viral resistance monitoring and evaluation to ensure to the extent possible that only effective drug regimens are in use. The USG will also continue assistance to the development of a national M&E framework and to the NNRIMS.</p>		Track	Budget Source (Base)	Budget Amt (\$)	Agency	Activities for each Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective	FY04 Objective
<p>4.12.3) Existing activities initiated prior to FY04</p>	<p>Partner</p>	<p>Federal Ministry of Health (FMOH)</p> <p>FBO? Yes / No</p>	<p>Track</p> <p>(11.5)</p> <p>(2)</p>	<p>FY03</p>	<p></p>	<p>HHS/ CDC</p>	<p>Conclude the 2003 National HIV/Syphilis Sentinel Seroprevalence Surveillance Survey among pregnant mothers attending antenatal clinics nationwide</p>	<p>Build FMOH capacity to conduct ANC seroprevalence surveys through technical assistance and capacity building for 2003 ANC survey</p>	<p>Build the capacity of 14 tertiary health institutions on AIDS Case Reporting.</p>	<p>Conclude ongoing pilot activities in 14 tertiary health institutions on AIDS Case Reporting</p> <p>Expand activities nationwide</p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>
<p>University of Maryland</p> <p>FBO? Yes / No</p>	<p>CDC</p>	<p></p>	<p></p>	<p>FY03</p>	<p></p>	<p>CDC</p>	<p>Conclude ongoing pilot activities in 14 tertiary health institutions on AIDS Case Reporting</p> <p>Expand activities nationwide</p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>	<p></p>

<p>PSRHH jointly funded with DFID through AIDSMark</p> <p>FBO? Yes / No (Objectives and activities will be continued under APS for Targeted MARP Services)</p>	<p><u>By Dec. 04:</u></p> <ul style="list-style-type: none"> Build FMOH capacity to conduct seroprevalence surveys through logistical and financial support to 2003 ANC survey Build national capacity to design evidence based MARP interventions by conducting 2004 BSS among high-risk groups Build national capacity to monitor behavioral antecedents of infection by planning Wave Two of Nigerian AIDS and RR Survey (NARHS- a population based survey) Build national capacity for evidence based MARP programming through dissemination of quasi experimental design (QED) results collected in 26 communities (13 pilot and 13 control) Increase national capacity to target condoms to MARP by night time survey at high risk communities 	<ul style="list-style-type: none"> Conclude the 2003 National HIV/Syphilis Sentinel Seroprevalence Surveillance Survey among pregnant mothers attending antenatal clinics nationwide In collaboration with FHI and NASCP, design BSS methodology. Constitute survey management committee to encourage broad participation and achieve ownership Conduct the field survey, analyze data and write report for each target group (prostitutes, truck drivers, military and sexually active youth). Conduct workshop to review lessons learnt from the conduct of wave one and revise research instruments Pilot field survey; conduct national and state level training of field workers Conduct the survey, analyze data and write report in collaboration with MOH and other partners Organize national and state level dissemination of the research findings. Complete the report writing of the baseline QED in 26 communities Produce and disseminate the baseline research report Conduct the follow up field survey in Q3, CY 2004 Analyze data and write report. Conduct dissemination workshops to share lessons. Develop the research methodology and recruit research agency Conduct the field work (between 9:00pm and 12:00 mid-night) Analyze data and write report. Produce and disseminate research report 	<p>USAID</p>	<p>FY03</p>
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4-12.4 Proposed new activities in FY04		Activities for each Objective	Agency	Budget
Partner	FY04 Objective			
Scientific Research Product FBO: No	<u>Surveillance:</u> Support national MARP HIV/Syphilis seroprevalence surveillance surveys	<ul style="list-style-type: none"> ▪ Provide test kits and consumables ▪ Support Technical assistance ▪ Support training of survey personnel 	HHS/CDC (CDC M&E staff person: 25%)	[] (Track 2) S/GAC: Base: [] Track 2 Base
TBD New Partner FBO: TBD	<u>Surveillance:</u> Increase national capacity to monitor disease burdens through support for MARP prevalence surveys in TB, STI	<ul style="list-style-type: none"> -In collaboration with WHO, CCM, APS for MARP and other stakeholders, develop research methodology and recruit research agency -Conduct the field test of instrument, revise and to field work -Analyze results, write report and disseminate 	USAID (USAID M&E staff person: 10%)	[] Track 2 Base
MEASURE Evaluation New Partner FBO: No	<u>Surveillance & Modeling of Infections Averted:</u> Develop USG and national capacity to measure HIV infections averted through various interventions	In collaboration with international and national stakeholders, disseminate epidemiological projection models and apply to Nigerian data	USAID (USAID M&E staff person: 10%)	[] Track 2 Base
TBD New partner FBO: TBD	<u>Surveillance & Population Survey:</u> -Begin implementation of 2005 NARHS by Jan. 2005 -Analyze baseline behavioral sentinel surveillance data previously collected in the 8 focal states	<ul style="list-style-type: none"> o Meet with FMOH and other stakeholders to draft plan; circulate and finalize o Analyze data and prepare reports with findings recommendations for each state o Conduct workshops for state stakeholders to present findings 	USAID (USAID M&E staff person: 10%)	[] (Track 2) Base

<p>KFA: TBD</p> <p>New Partner</p> <p>FBO: TBD</p>	<p><u>HMIS/SHuman Resource Capacity:</u></p> <ul style="list-style-type: none"> -Strengthen Nigerian partner capacity to monitor and evaluate programs through the development of a program M&E system -Strengthen capacity of eight SACA to provide programmatic monitoring and data collection from non-clinical care settings.(OVC, home-based care and prevention) by providing computers, software and training 	<ul style="list-style-type: none"> -Conduct needs assessments of M&E needs of Nigerian partners and develop training package -Install hardware and software as needed -Build capacity of local M&E staff through hands on training -Conduct needs assessments and procure hardware and software -Discuss findings with SACA and negotiate agreements -Install hardware and software and conduct staff training 	<p>USAID</p> <p>(USAID M&E staff person: 15%)</p>	<p>[Redacted]</p> <p>Base</p>
<p>University of Maryland</p> <p>FBO: No</p>	<p><u>Population/Facility Surveys:</u></p> <p>Support AIDS case surveillance and other cohort analyses for morbidity</p>	<ul style="list-style-type: none"> • Provide TA and training for FMOH AIDS Case Surveillance and other cohort analysis for morbidity 	<p>HHS/CDC</p> <p>(CDC M&E staff person: 15%)</p>	<p>[Redacted]</p> <p>(Track 2) Base</p>
<p>[Redacted]</p> <p>FBO: No</p>	<p><u>Program Level Monitoring & Reporting:</u></p> <p>In collaboration with MEASURE/E, support development of integrated M&E reporting system from all reporting centers for NACA and MOH for HIV/AIDS reporting and activities</p>	<ul style="list-style-type: none"> • In collaboration with NACA and FMOH develop an M&E/MIS system for data management • Provide training on data management and reporting tools 	<p>HHS/CDC</p> <p>(CDC M&E staff person: 30%)</p>	<p>[Redacted]</p> <p>(Track 2) Base</p>

<p>MEASURE Evaluation</p>	<p><u>Program Level Monitoring & Reporting:</u> -In collaboration with UTAP, support development of integrated M&E reporting system from all reporting centers for NACA and MOH for HIV/AIDS reporting and activities -Coordinate development and implementation of comprehensive, USG monitoring and evaluation strategies and plans (including performance monitoring plans while developing in-country capacity</p>	<ul style="list-style-type: none"> ▪ In collaboration with NACA and FMOH, develop M&E and MIS mechanisms for data management ▪ Conduct monitoring and evaluation working groups for indicator and tool development ▪ Conduct in-country training for monitoring and evaluation ▪ Contribute to the development of monitoring and evaluation methods that are useful for monitoring program progress on an annual or biannual basis (routine health information systems, facility surveys and qualitative studies) ▪ In collaboration with APS for MARP, provide TA to next round of NARHS 	<p>USAID (USAID M&E staff person: 15%)</p>	<p>Track 2 SGAC Track 2 Base Base TB Funding)</p>
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Partner	FY04 Objective	Activities for each objective	Agency	Budget
Nigerian Institute of Pharmaceutical Research and Development (NIPRD) New partner FBO: No	Targeted Evaluations: Install and commission the use of a Sequencer donated to NIPRD by USG for viral resistance monitoring and evaluation.	<ul style="list-style-type: none"> Develop relevant protocols and guidelines for viral resistance monitoring in collaboration with key stakeholders Commence sample collection from ARV treatment centers for viral resistance monitoring and evaluation 	HHS/CDC (CDC M&E staff person: 20%)	<input type="text"/> (Track 2) Base
All USG Partners	USG Reporting for The President's Emergency Plan	<ul style="list-style-type: none"> Develop operational year plans and semi-annual and annual reports Develop five year strategy 	HHS/CDC USAID (CDC M&E staff person: 10% USAID M&E staff person: 50%)	<input type="text"/>
Total partners: 6	New partners: 3	FBOs: TBD	Total budget:	<input type="text"/>

<p>Table 4.13</p> <p>4.13.1 Current status of program in country</p>	<p>Cross-Cutting Activities</p> <p>As can be seen in the attached list of strategies and documents that outline national HIV/AIDS priorities and objectives, the period since 1999 and the transition to a democratically elected government has been a productive one in terms of policy and guideline development. Nineteen policy related documents have been developed during this time period. However many documents need revision (for example, the HIV/AIDS Emergency Action Plan was for the 2000-2003 period) and other critical documents have yet to be drafted (e.g. palliative care). The USG has been the major donor to support policy development.</p> <p>The USG has been the only donor supporting the nascent National Assembly HIV/AIDS Committee, improved media coverage of the health, social and economic impacts of the epidemic, major FBOs to develop HIV/AIDS policies, and the development of a business sector initiative. It has also been a major donor in support of organizational development for NACA, SACAs, and LACAs.</p>
<p>4.13.2 How new activities will contribute to the Emergency Plan targets; linkages to other activities</p>	<p>New activities will contribute to all the Emergency Plan 2-7-10 targets by building on successful policy and national organizational development initiatives supported by the USG during the past five years and expanding on them during the next five years.</p>

Partner	4.13.3 Existing activities initiated prior to FY04	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTC, S/GAC)	Track (1.1.5.2)
JHU FBO? Yes / No		By Sept. 04: Increase NACA's capacity to coordinate national BCC activities by finalizing national policy	<ul style="list-style-type: none"> • Prepare first draft and circulate to stakeholders • Hold stakeholders meeting to review draft • Incorporate draft and print final strategy, distribute 	USAID		FY03 Funding	

<p>POLICY Project</p> <p>FBO? Yes / No</p> <p>(Works with one FBO)</p> <p>(Objectives and activities will be continued under Enabling Environment RFA)</p>	<p><u>By Sept. 04</u></p> <ul style="list-style-type: none"> ▪ In collaboration with NDI, increase capacity of National Assembly to develop legislation to create new national AIDS agency ▪ Increase capacity of Catholic Church, Nigeria's largest FBO, through development of policy implementation plans ▪ In collaboration with DFID, UNAIDS, World Bank, and CIDA, increase NACA's capacity to coordinate national response by development of new institutional framework ▪ Increase NACA's capacity to coordinate business sector response by hiring/training business advisor 	<ul style="list-style-type: none"> ▪ Provide support to convene public hearing on creation of new agency to replace NACA ▪ Provide support to additional hearings as necessary ▪ TA to draft strategic plan for implementation of new policy ▪ TA to develop M&E indicators ▪ Provide assistance with plan's publication and dissemination ▪ Hire organization development team to assess existing arrangements and make recommendations ▪ Convene retreat with NACA and stakeholders to present to and achieve approval by the Presidential Council on AIDS. ▪ Write SOW, place adverts nationally, create selection panel, and conduct interviews ▪ Negotiate contract ▪ Develop orientation/training plan for successful candidate and implement plan 	<p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 50px;"></div>	<p>FY03 Funding</p>	
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Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMICT, S/GAO)	Track (1, 1.5, 2)
National Democratic Institute FBO? Yes / No	<ul style="list-style-type: none"> ▪ Increase National Assembly capacity to participate in national response through: ▪ Support to legislation creating a new national AIDS agency ▪ Support to legislation for anti-trafficking and other women and children focused initiatives ▪ Training of 100 constituency outreach staff to conduct HIV/AIDS related events 	<ul style="list-style-type: none"> ▪ TA to National Assembly on the HIV/AIDS situation in country including ART, PMTCT, etc. ▪ TA in drafting of legislation on creation of new legal entity to replace NACA and anti-trafficking and the conduct of public hearings ▪ Provide capacity building and training for members of Women's and Children's House and Senate committees ▪ Provide TA for bills' markup ▪ Provide support to additional hearings as necessary ▪ Adapt curriculum for outreach staff and conduct trainings ▪ Evaluate events and provide feedback to outreach staff 	USAID USAID	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	FY03 Funding Base	Track 2

4.13.4 Proposed new activities in FY 04	Partner	FY04 Objective	Activities for each objective	Agency	Budget
		<ul style="list-style-type: none"> Increase capacity of NACA to coordinate national-multisectoral response through TA and support for organizational and staff development Increase capacity of five national platforms (e.g. the Faith Based and Business councils, PLWHA networks including positive women's networks) to support the national response through training in strategic planning and action Increase national research capacity through technical and financial support to the Nigerian AIDS Research Network (NARN) 	<ul style="list-style-type: none"> In collaboration with DfID, UNAIDS, World Bank, and CIDA, provide input into on-going institutional development process as agreed upon by all partners Develop training plan for Business Coalition Liaison and support his/her training and training of other key staff Work with national platforms to conduct needs assessments and analyze results Conduct strategic planning exercises and, based on needs assessments, assist each national platform to develop five year strategic plans Develop TA and funding agreements with each platform with measurable objectives and timelines Assist NARN to develop organizational and staff development plans; negotiate agreement for TA and financial support 	USAID	(Track 2) Base
New partner? Yes	FBO? TBD				

Partner	FY04 Objective	Activities for each objective	Agency	Budget
[]	To increase national Emergency Plan visibility and understanding of its objectives nationally and in the eight focus states	<ul style="list-style-type: none"> ▪ Outreach to 15 universities in the focus states ▪ National and state media work to promote knowledge of the Emergency Plan and its objectives ▪ Implement the Emergency Plan community projects linked to the Ambassador's Self Help Fund 	DOS/PAS	[] (Track 2) S/GAC
[]	Increase capacity of USG to implement the Emergency Plan through TA for monitoring and evaluation and other technical activities	<ul style="list-style-type: none"> ▪ Respond to task orders by finding appropriate consultants to execute SOWs ▪ Develop consulting agreements and make logistical arrangements for consultants ▪ Oversee completion of agreed upon deliverables (e.g. reports) and deliver to the Emergency Plan partners 	USAID	[] (Track 2) Base
Total partners: 3	New partners: []	FBOs: []	Total budget: []	TBD

Laboratory Support

The importance of laboratory support services in patient management cannot be over-emphasized. In Nigeria, every health care facility is expected to have (and in most cases does have) at least one laboratory to assist with medical check-ups, disease diagnosis and treatment monitoring. However, of the 25 centers selected by the FMOH as ARV centers, only four have viral load measurement and automated/computerized CD4 estimation capabilities and these are the four centers of excellence receiving USG support.

The USG is committed to strengthening the laboratories of all health care institutions receiving direct USG support to provide prevention, care and treatment services. Needs assessments have been carried out in all four of the centers of excellence and one of the four has had its laboratory capabilities for HIV screening and confirmation (ELISA), viral load (PCR) and CD4 count (FACS count) estimation upgraded through equipment purchase and installation and staff training.

The new activities will contribute to the Emergency Plan's Nigeria's 2-7-10 goals by upgrading the laboratory services needed to screen large numbers of individuals and recruit eligible ones into PMTCT, care and treatment programs. The new activities will upgrade the diagnostic and treatment monitoring capabilities of the remaining three centers of excellence receiving direct USG support. Furthermore, the capabilities of the laboratories of the nine satellite centers on HIV screening and confirmation, sample collection, storage and transportation will be strengthened. Laboratory capacity to screen and confirm HIV/OI infections and monitor treatment outcomes is essential as it provides the bases to determine who is infected, the severity of the infection and the quality of care and treatment.

Table 4.14
4.14.1 Current status of program in country

4.14.2 How new activities will contribute to the Emergency Plan targets/linkages to other activities

4.14.3 Existing activities, initiated prior to FY04						Track (1,5,2)
Partner	FY04 Objective	Activities for each Objective	Agency	Budget Amount (\$)	Budget Source (Base PMICT S/GAC)	
Family Health International FBO: No (Three FBO partners) (Objectives and activities will be continued under the Emergency Plan RFA)	By Sept. 04: <ul style="list-style-type: none"> Strengthen capacity of 10 USG sites to provide patient management services through needs assessments of 9 satellites and installation of advanced equipment at one COE Providing testing kits and reagents in 13 sites in four focus states (Anambra, Edo, Kano, FCT) 	<ul style="list-style-type: none"> Install an ELISA machine, a PCR machine and a FACS count flow cytometers and their accessories in the National Hospital Abuja Conducted rapid assessments of laboratories in 9 satellite centers and calculate requirements Procure needed lab equipment, testing reagents, and consumables 	USAID		FY 03	
University of Maryland	Build capacity at 4 COEs by assessments of lab capabilities to identify needs	Conducted an in-depth needs assessment of the laboratories at the 4 centers of excellence	HHS/C DC		PMICT FY 03	

⁷ CDC was delegated responsibility for Lab support, however, as a rapid response to POTUS visit, FHI was made responsible for purchase and installation of lab equipment in national hospital

4:14:4) Proposed new activities in FY 04				Agency	Budget
Partner	FY04 Objective	Activities for each objective			
<p>Association of Public Health Laboratories (APHL)</p> <p>New partner</p> <p>FBO: No</p>	<ul style="list-style-type: none"> Strengthen diagnostic, treatment monitoring and training capabilities of two laboratories through equipment procurements Strengthen diagnostic treatment monitoring and training capabilities of six additional laboratories through equipment procurements 	<ul style="list-style-type: none"> Procure lab equipment including ELISA machine and accessories and consumables to for Asokoro National Diagnostic Training Laboratory and Aminu Kano Teaching Hospital Laboratory Procure lab equipment including ELISA machine and accessories and consumables for Azikiwe University Hospital/Anambra and University of Benin Hospital/Edo, and another 4 TBD facilities in 4 states within the network of institutions receiving direct USG support 	HHS/CDC	<p>(Track 1.5)</p> <p>(track 2.0)</p>	

4.14.4 Proposed new activities in FY 04	Partner	FY 04 Objective	Activities for each objective	Agency	Budget
4.14.4 Proposed new activities in FY 04	University of Maryland FBO: No	<ul style="list-style-type: none"> Build capacity at four COEs and one satellite center through training of 10 laboratory scientists as master trainers on HIV/OI diagnoses and treatment monitoring In collaboration with Asokoro National Diagnostic Training Laboratory, train 120 laboratory personnel In collaboration with Aminu Kano Teaching Hospital Laboratory, train 120 laboratory personnel Increase capacity for enhanced TB diagnosis 	<ul style="list-style-type: none"> Train 12 (two from each of the four centers of excellence and two satellite center including 1 FBO site supported by the USG) laboratory scientists in the United States as master trainers to serve as resource persons for in-country cascade training of 60 laboratory scientists working in PMTCT and HIV/AIDS care and treatment centers. Develop Asokoro and Kano hospital labs with minor renovations and refurbishments Engage staff to conduct regular regional trainings Conduct 12 training wet lab sessions to train 120 lab scientists on HIV/OI diagnoses and treatment monitoring. Conduct 12 training wet lab sessions to train 120 lab scientists on HIV/OI diagnoses and treatment monitoring Establish/Strengthen a TB diagnostic laboratory at Asokoro for diagnostic and training purposes 	HHS/CDC	[Redacted] (Track 1.5) [Redacted] (Track 2)
TBD	TBD	TBD	TBD	HHS/NIH	To be funded by NIH from other sources
Total partners: 3	New partners: 2	FBOs: TBD	Total budget: [Redacted]		

Table 5.1 U.S. Agency Management and Staffing – Department of State

U.S. Agency Management Items and Activities (e.g. new management staff, office, equipment, etc.)		U.S. Agency Management and Program Staff, Existing and New, By Category						Budget
Public Affairs Section (PAS), Abuja, will transfer two existing slots filled by Nigerian staff to the Emergency Plan; both will continue to be managed by the existing PAS USDH staff, who will each devote ten percent of their time to the Emergency Plan.		Existing US direct-hire	New US direct-hire for the Emergency Plan	Existing FSN	New FSN for the Emergency Plan	Existing International PSC	New International PSC for the Emergency Plan	Total
U.S. Program Staff		2 (10% of both the CAO and IO's time)	0	0	0	0	2	2.2
U.S. Management Staff		0	0	0	0	0	0	0
Total U.S. Staff, existing and new		0	0	0	0	0	0	2.2

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services

U.S. Agency Management Items and Activities (e.g. new management staff, office equipment, etc.)	Budget
Renovations and Security Upgrade CDC GAP Nigeria "Central Office" - Abuja	
CDC GAP Nigeria "Central Office Staff" - Abuja (salary and benefits)	
Office equipments and maintenance contracts	
ICASS	
CDC GAP Nigeria "Central Office Security staff" (24 hour contractual)	
Building repair and maintenance	
Vehicle fuel and maintenance (office and residential)	
Renovate, equip and staff CDC GAP Nigeria Regional "Field Offices" - Benin City, Kano, Nnewi;	
Information Technology (V-sat; Computers; ISP's; Software/Hardware; Facsimile; telephones; training; Misc.)	
Human Resource and Institutional Capacity Building Technical Development and Training, Local Meeting Exp.	
Field-based Vehicles (3) fuel, security, and vehicle maintenance;	
Uninterrupted power supply, UPS fuel, UPS and office equipment maintenance contracts (3 field offices/labs);	
International and Domestic Travel (Airfare, per diem, lodging, misc.)	
Direct Technical Assistance Costs - 100 person weeks	
Full time M&E position (FSN or TCN)	
Total	

		Proposed US Agency Management and Program Staff Existing and New By Category						
	Existing US direct-hire	New US direct-hire for the Emergency Plan	Existing FSN	New FSN for the Emergency Plan	Existing International PSC	New International PSC for the Emergency Plan	Total	
Program Staff		1	1	15			17	
Management Staff	1	1	5	12			19	
Total Staff, existing and new	1	2	6	27			36	

Table 5.3 U.S. Agency Management and Staffing - USAID

U.S. Agency Management Items and Activities (e.g., new management staff, office, equipment, etc.)		U.S. Agency Management and Program Staff, Existing and New, By Category					Budget
Existing staff:		Existing U.S. direct-hire	Existing FSN	New FSN	Existing International PSC	New International PSC	
New Staff:		New U.S. direct-hire	Existing FSN	New FSN	Existing International PSC	New International PSC	
Program Support Funds - M&E; office space - equipment - supplies - vehicles and drivers - other misc. support costs							
Total							
Number of Program Staff		1 Technical Specialist Program Funded (100%)	1 Program Manager (100%) 1 Training Spec (52%) 1 Program Secretary (100%)	1 Program Assistant (100%)	1 TAACS (100%) 1 TCN (100%) 1 USPSC (52%)	1 TAACS (100%) 1 USPSC/M and E Specialist (100%)	9.04
Number of Management Staff		1 Team Leader OE funded (not paid for by President's Initiative) (100%) 1 Deputy Team Leader Program Funded (100%)	1 Contracts Asst (100%) 1 Financial Analyst (100%) 1 Inventory Spec. (Local American Contractor or FSN) (52%) 1 Data Coord Specialist to support M and E specialist (local American contractor or FSN) (52%)	1 Contracts Asst (100%) 1 PMP Spec (52%)	1 TCN Contracts Officer (80%)	1 Contracts Officer (100%)	8.36 7.36 program funded 1 OE funded
Total Staff, existing and new		3 2 Program funded 1 OE funded	5.56	2.52	3.32	3	17.4 program funded 1 OE funded

Table 6. Budget for the President's Emergency Plan for AIDS Relief Instructions Complete this table for your FY04 budget request. The amount requested should be separated by existing budget, the amount being requested under the President's Emergency Plan, according to the program areas listed in Table 4, and by the implementing agency in the country. The existing budget should also include what has been approved under the President's International Mother and Child Prevention Initiative (PMTCT).

Program/Area	USAID OYB FY04	USAID Emergency Plan Request FY04	HHS Current Budget FY04	HHS Emergency Plan Request FY04	DOD Current Budget FY04	DOD Emergency Plan Request FY04	Other Emergency Plan Request FY04	Total
PMTCT Initiative								
PMTCT+								
Abstinence/faithfulness								
Blood safety								
Safe medical injections								
Other (Condoms, etc)								
OVC								
Palliative care								
HIV clinical care (non-ART)								
ART								
VCT								
Strategic information								
Lab Support								
X Cutting								
System Support (MGMT)								
TOTAL								