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2006

Nigeria

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UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: HARRY R MELONE
DATE/CASE ID: 06 JUL 2006 200504053

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 1,145,545			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		73,075	54,000	127,075
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		4,682	3,448	8,130
Care				
	Target 2008: 1,750,000	183,947	48,000	231,947
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		150,578	0	150,578
Number of OVC served by an OVC program during the reporting period		17,863	0	17,863
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		378,220	503,000	881,220
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		15,506	48,000	63,506
Treatment				
	Target 2008: 350,000	42,489	34,501	76,990
Number of individuals receiving antiretroviral therapy at the end of the reporting period		42,489	34,501	76,990

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 1,145,545			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		107,375	68,371	175,746
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		7,929	5,043	12,972
Care				
	Target 2008: 1,750,000	253,330	67,971	321,301
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		156,888	0	156,888
Number of OVC served by an OVC program during the reporting period		73,713	0	73,713
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		435,100	579,816	1,014,916
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		22,729	67,971	90,700
Treatment				
	Target 2008: 350,000	47,936	38,040	85,976
Number of individuals receiving antiretroviral therapy at the end of the reporting period		47,936	38,040	85,976

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APS

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3715
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

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Mechanism Name: Cooperative Agreement

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3808
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3809
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Public Private Partnerships

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3810
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3688
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Needed for purchase of ARV drugs due to pipeline procurement timeline.

Early Funding Associated Activities:

Program Area: Treatment: ARV Drugs
Planned Funds:
Activity Narrative: ARV procurement and logistics relates to activities in HIV/AIDS Treatment Services, PMTCT (MTCT), a

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Sub-Partner: Futures Group/ENHANSE
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Faith Alive, Jos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Sub-Partner: Al-Noury, Kano City
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Sub-Partner: St. Vincent De Paul Hospital, Kubwa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC

Mechanism Name: 7 Dioceses

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3689
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Archdiocese of Abuja
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Archdiocese of Benin City
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Diocese of Idah, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Archdiocese of Jos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Archdiocese of Kaduna
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Diocese of Kafanchan, Nigeria
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Diocese of Lafia, Nigeria
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Diocese of Minna, Nigeria
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing

Mechanism Name: OVC

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3713
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secretariat of Nigeria
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Archdiocese of Abuja
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Archdiocese of Benin City
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Diocese of Idah, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Archdiocese of Jos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Archdiocese of Kaduna
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Diocese of Kafanchan, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Diocese of Lafia, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Diocese of Minna, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3714
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Christian Aid
New Partner: No

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Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2768
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Columbia University is a new treatment partner funded at the end of COP05. They will advance funding to facilitate the expeditious purchase of core infrastructure equipment for labs, to initiate staff hiring and to purchase ARV drugs and lab consumables for 2nd quarter patients.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: This activity also relates to activities in Counseling and Testing, Palliative Care, PMTCT and HIV/A

Program Area:Laboratory Infrastructure
Planned Funds:
Activity Narrative: This activity also relates to activities in ART, Palliative Care, OVC, VCT and PMTCT. Columbia Univ

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs
Counseling and Testing

Mechanism Name: Procurement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2769
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Crown Agents
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Early funding needed for procurement of test kits due to procurement timelines and to prevent interruption of services.

Early Funding Associated Activities:

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: This activity is a commodity procurement activity by the CDC for supplying HIV test kits for Counsel

Mechanism Name: GHAIN

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2771
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This translates to 50% of total drug and reagent costs ($2,933,322) to enable us place an order for drugs and reagents which takes several months lead time and 25% total operational cos to cope with the high cost of keeping the Offices operational. This request is due to the fact that the COP 05 budget is already constrained and there is no anticipation of carrying over any funds.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: This program element relates to activities in MTCT; HTXS; and HBHC. This activity has varied compo

Sub-Partner: Axios Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: American Red Cross
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support

Sub-Partner: Centre for Development and Population Activities
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Howard University
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support

Sub-Partner: The Christian Health Association of Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Central Hospital Auchi, Edo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT

Sub-Partner: Central Hospital Uromi, Edo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT

Sub-Partner: Tiga General Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Lagos Island Maternity Hospital, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Development Research and Project Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: National Union of Road Transport Workers, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Society for Women And AIDS in Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Fortress for Women
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Youth Society for the Prevention of Infectious Diseases and Social Vices
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Mothers Union Anglican Communion Awka
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: National Association for Nigeria Nurses and Midwives
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Nigerian Medical Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Youth and Environmental Development Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Life Link Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Murtala Mohammed Specialist Hospital
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Massey St. Children's Hospital, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Counseling and Testing

Sub-Partner: Nnamdi Azikiwe
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Our Lady of Lourdes Hosp. Ihiala
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: General Hospital Enugwe Ukwu
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Oko Community Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Immaculate Heart Hospital and Maternity Nkpor
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Iyi Enu Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Regina Caeli Maternity Hospital Awka
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: General Hospital Onitsha
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Holy Rosary Maternity Hospital Onitsha
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Irrua Specialist Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: University of Benin Teaching Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: St. Philomena
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: St. Mary's Hospital, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Gwagwalada Specialist Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: National Hospital Abuja
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: General Hospital Abaji
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: District Hospital Maitama
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Nigerian Custom Hospital, Karu
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: General Hospital Nyanya
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Wudil General Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Amino Kano Teaching Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Mohammed Abdullahi Wase Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Sabo Bakin Zuwo Hospital
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: St. Charles Borromeo
Planned Funding: [redacted]

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: General Hospital Calabar
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Central Hospital Benin
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: General Hospital Wuse
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Lagos Mainland General Hospital, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Counseling and Testing

Sub-Partner: University of Calabar Medical Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Ekwulobia, Anambra
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Awka, Anambra
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Nnamdi Azikiwe University Medical Center Awka
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Federal Polytechnic Medical Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Edel Trant Community Hospital Nkpologu
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Nwafor Orizu College of Education Medical Center Nsugbe
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Comprehensive Health Centre Ikom, Cross River
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Ogoja
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital, Ugep, Yakurr L.G.A
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Holy Family Catholic Hospital Ikom
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Infectious Disease Hospital, Calabar
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Presbyterian Tuberculosis and Leprosy Hospital Mbembe
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: St. Benedict Tuberculosis and Leprosy Hospital Moniaya-Ogoja
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Specialist Hospital Ossiomo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Notre Dame Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Iruekpen
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: All Saints Clinic, Abuja
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Bwari
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Kubwa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Kuje
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Kwali
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Oriade Primary Health Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Orile Agege General Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Oshodi Primary Health Care Clinic, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: Surulere General Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Counseling and Testing

Sub-Partner: General Hospital Kura, Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Danbatta, Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Gwarzo, Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Nuhu Bamalli Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Evangelical Church of West Africa Church and Maternity Ward, Kano

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Hasiya Bayero Pediatric Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Matage Health Center, Kano State
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Sheikh Mohammed Jidda Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Sir Mohammed Sanusi Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: St. Louis Catholic Clinic and Maternity, Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: Salvation Army
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Ajeromi, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: Apapa Comprehensive Health Center, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Badagry, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Ebutte Metta Health Center, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Epe, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Igando Ikotun Primary Health Care Center, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Catholic Action Committee on AIDS Hospitals
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC
Counseling and Testing

Sub-Partner: General Hospital Gbagada, Lagos
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: General Hospital Ikorodu, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Society for Community Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: General Hospital Isolo, Lagos
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Mushin Primary Health Care Clinic, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Catholic Archdiocese of Lagos Health Department, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: TB/HIV

Sub-Partner: Development Initiative and Processes
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Community Health Information Education Forum
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Ummah Support Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Unique AIDS Control Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Women in Media, Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Justice Development and Peace Movement, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hope Worldwide Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: AIDS Alliance Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Diocese of Nnewi, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Anglican Communion, Lagos West Diocese, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Covohotan Organization, Lagos
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Formative Alliance Against AIDS
Planned Funding
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Save the World Organization, Onitsha
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Muslim Action Guide Against AIDS, Poverty, Illiteracy and Conflict
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Owan East Support Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Humane Health Organization, Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Oriaifo Medical Centre Support Group, Uromi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Women and Children of Hope

Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Women's Enhancement Support Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Living Hope Care
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Catholic Archdiocese of Benin Action Committee on AIDS, Benin
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: St. Joseph Hospital Adazi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Sub-Partner: Horizontal Volunteers on AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Initiative for Peoples Good Health (People Arise!)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Catholic Women's Organization of Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Presbyterian Community Services and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Archdiocese of Onitsha
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Lagos State AIDS Control Agency
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: State Action Committee on AIDS Kano
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Treatment: ARV Services
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: State and Local Action Committee on AIDS, Anambra
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: Calabar Archdiocese Action Committee on AIDS, Calabar
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Federal Capital Territory Action Committee on AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: State and Local Action Committee on AIDS, Cross River
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: Integrated Development Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Positive Development Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: State and Local Action Committee on AIDS, Edo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: Council of Positive People Support Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: The Redeemed Evangelical Mission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Voice of the Hopefuls
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hopegivers Organization, Anambra
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Wazobia Support Group

Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Positive Life Organization of Nigeria
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Muslim Sisters Organisation
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Foundation for Women's Health Research and Development
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: National Community of Women Living with HIV/AIDS, Nigeria
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Redeemed Christian Church of God - Lagos, Nigeria
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: Methodist Women's Fellowship
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Network of People Living with HIV/AIDS
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: African Network of Religious Leaders Living with or Personally Affected by HIV
Planned Funding: [redacted box]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: *Islamic Medical Association of Nigeria*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Solidarity Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Nursing and Midwifery Council of Nigeria
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Partners for Development
Planned Funding:
Funding is TO BE DETERMINED: *No*
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Safe Blood for Africa Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Blood Safety

Sub-Partner: *To Be Determined*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Track 1.5

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3690
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Food for the Hungry
New Partner: Yes

Sub-Partner: Christian Reformed World relief Committee
Planned Funding:

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Operation Blessing
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Salvation Army
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2770
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Harvard University School of Public Health
New Partner: No

Sub-Partner: AIDS Alliance Nigeria
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: 68 Military Hospital, Lagos
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Lagos University Teaching Hospital, Lagos
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: National Institute of Medical Research, Lagos
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: Jos University Teaching Hospital, Plateau
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: University College Hospital, Ibandan
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Sub-Partner: University of Maiduguri Teaching Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT
Blood Safety
Other Prevention
Treatment: ARV Services
Laboratory Infrastructure
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
OVC
Counseling and Testing

Mechanism Name: Track 1.5

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3698
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide South Africa
New Partner: Yes

Mechanism Name: Cooperative Agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2774
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: International Foundation for Education and Self-Help
New Partner: No

Mechanism Name: Safe Injections

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3681
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: DELIVER

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2775
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3812
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Ministry of Health, Vietnam
New Partner: No

Mechanism Name: HIV Prevention Project for Vulnerable Youth in Northern Nigeria

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3691
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Adolescent Health and Information Projects
Planned Funding
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3699
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: Track 1.0

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3700
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: CIHPAC

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3682
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Society for Family Health-Nigeria
New Partner: No

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: International Broadcasting Bureau, Voice of America
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other Prevention

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2772
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Internews
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: National Democratic Institute
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Mechanism Name: SCMS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 4043
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Partnership for Supply Chain Management
New Partner: Yes

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2778
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Maryland
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Needed for purchase of ARV drugs due to pipeline procurement timeline.

Early Funding Associated Activities:

Program Area: Treatment: ARV Drugs
Planned Funds:
Activity Narrative: This activity also relates to PMTCT, Orphans/Vulnerable Children, and ARV Treatment. There are seve

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs

Mechanism Name: Measure Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2776
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: USAID Agency Funding

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2780
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: HHS/CDC Agency Funding

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2779
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HHS/CDC Agency Funding

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2783
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: DoD

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2773
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Inter-agency coordinator operations/support

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2786
Planned Funding($):
Agency: HHS/Office of the Secretary
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: U.S. Embassy Staffing

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2782
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Track 2.0

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2767
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Health Organization
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

In 2001, the national PMTCT program was started in the 6 geo-political zones in 6 pilot sites and was expanded to 11 in 2002. Presently about 80 sites offer varying degrees PMTCT services in Nigeria. The goal of the national program is to reduce the proportion of infants infected by HIV from their mothers by 50% and to mitigate the impact of the infection on women and their families by 2010. The goal of the USG support for the national PMTCT program is to reach an estimated 98,800 pregnant women and provide ARV prophylaxis to at least 7,117 of these women. USG support for PMTCT services in COP06 in Nigeria will focus on three critical objectives to accomplish this goal: strengthening and upgrading of laboratories and HMIS systems and VCT services, staff development, and strengthening of community support services and linkages. USG supports PMTCT service delivery in 8 tertiary and 57 secondary facilities in Kano, Anambra, Edo, Lagos, Oyo, Borno, Plateau and Cross River states and FCT. Twelve state of the art laboratories have been established in facilities providing antenatal/PMTCT services. Approximately 865 different cadres of health care providers such as counselors, laboratory technicians, physicians and nurses and social workers will be trained to strengthen services in these facilities. Community based organizations and faith based organizations are providing community and home based care and support services, as well as awareness and demand creation with USG support. These services are closely linked to facility based services in Kano, Anambra, Edo, Cross River, and FCT. In COP05 USG provided technical assistance for the national program to review the national PMTCT guideline to reflect internationally accepted standards, and develop a monitoring system, which feeds into the Nigeria National Response Information Management System (NNRIMS) for HIV/AIDS. UNICEF has been a major stakeholder in the national PMTCT program from inception and has been providing technical and financial support for the development of guidelines, training manuals, and capacity building of staff. UNICEF supported provision of services in 6 of the initial pilot sites and recently increased support to over 60 additional new sites. The Global Fund to Fight AIDS, TB and Malaria, Canadian International Agency (CIDA), and UNFPA are also supporting program scale up and strengthening of the national PMTCT program.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	65
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,117
Number of health workers trained in the provision of PMTCT services according to national or international standards	865
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	98,800

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3227
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Counseling & Testing, and OVC. Six tertiary care teaching hospitals or specialist hospitals will provide a comprehensive prevention of mother to child transmission (PMTCT) program, which will follow the revised WHO recommendations for PMTCT (2005). All six sites are Federal PMTCT sites and have been providing PMTCT services for several years, supported by the FMOH, UNICEF and APIN (Gates Foundation). Four of these hospitals will also serve as the base for an additional 10 satellite hospitals and clinics in Plateau, and Oyo states. Counseling and testing with the "opt out" option will be provided to all pregnant women presenting at antenatal services. HIV infected women will be counseled on risks of HIV transmission and goals of PMTCT program. They will be encouraged to bring partners and other family members for counseling and testing. HIV infected women eligible for ART will be provided with ART following the APIN Plus/PEPFAR protocol, ART will be provided by APIN Plus/PEPFAR ART clinic at the same site. All participating laboratories have capability of laser-based CD4 determination to ascertain ART eligibility by national and international ART criteria. HIV infected women, ineligible for ART will be offered combination of zidovudine from 28 weeks and single dose nevirapine at onset of labor. Women presenting at labor will be offered rapid testing and if HIV infected provided with single dose nevirapine. All infants borne to HIV infected women will be provided with single dose nevirapine at birth and zidovudine for 7 days. Breast feeding education and counseling will begin in the antenatal period encouraging breast milk substitutes and discouraging "mixed feeding" practices. After delivery, mothers and infants will be followed to monitor mother's health determine HIV infection status of the baby and provide nutritional support for both. Infant diagnosis of HIV will be performed at each site by PCR, and if found positive the baby will continue to be monitored for eligibility for ART and per medical indications, be provided with cotrimoxazole prophylaxis. All six primary sites have current capability to perform HIV DNA PCR and CD4 percentages for infant monitoring. Infant ART treatment will be covered through OVC. This funding will go specifically to support the antenatal services, laboratories, ARV intervention to mothers and babies (not HAART) and personnel involved in VCT and obstetrics and gynecologic services at the designated hospitals. Funding will also cover the procurement of prophylactic zidovudine and breast milk substitutes and costs of laboratory tests for diagnosis and monitoring. A regular training program will be established at all sites by our PMTCT coordinator, who also serves on the Nigerian National PMTCT Taskforce. Significant training of all health personnel involved in the PMTCT program will be required at both primary PMTCT sites and satellite sites. Training at satellite sites will be conducted by personnel from our primary tertiary care sites that have functioned as Federal PMTCT centers since the inception of the program. Training of a minimum of 90 health care personnel at primary PMTCT sites and 324 workers at satellite clinics will be conducted. We propose to screen 30,000 pregnant women, provide ARV prophylaxis to 2,900 mother-infant pairs, and provide ART to 1,200 pregnant women through our 16 implementing centers. The establishment of satellite PMTCT clinics will help to develop a network system that will allow for further expansion of the PMTCT program. Local investigators at our current PMTCT sites have taken the principal role in assessing new sites, developing capacity and providing training to establish new PMTCT centers. The network will include secondary and primary medical facilities that in some cases will rely on the laboratory technology at the tertiary care site. Through implementation of the newly revised WHO guidelines for PMTCT Plus - we hope to minimize PMTCT transmission substantially from the current 10-12% transmission with single dose nevirapine. Our protocols and data collection will allow for such a comparison that will inform the Nigerian PMTCT Taskforce on the efficacy of their revised PMTCT

guidelines and program.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	16	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,900	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	414	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,000	☐

Indirect Targets

We have provided training of PMTCT counselors for the Federal PMTCT program and technical assistance for the Federal PMTCT counseling manual.

Target Populations:

Adults

Orphans and vulnerable children

People living with HIV/AIDS ,

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Food

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.01: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3234
Planned Funds:
Activity Narrative: This activity also relates to activities in HVCT, HVTB, MTCT and HTXS.

Prevention of Mother-to-Child Transmission (PMTCT) has four different components: Primary prevention of HIV infection; Prevention of unintended pregnancies among women infected with HIV; Prevention of HIV transmission from women infected with HIV to their infants; and Provision of treatment, care and support to women infected with HIV, their infants and their families. In COP 06, GHAIN will continue to support PMTCT activities in 27 facilities to reach 1,950 pregnant women with antiretroviral prophylaxis. GHAIN will anchor its program around international best practices and PMTCT recommendations as stated in the WHO Guidelines. Project activities will be tailored towards improving quality and use of maternal and child health (MCH) facilities, sensitizing and mobilizing communities to create demand for PMTCT services; ensuring that Counseling and Testing (C&T) is offered to all women presenting in antenatal clinic and in labor & delivery wards, with options to "opt out"; encouraging male involvement; and ensuring that ARV drugs are offered to HIV + pregnant women for PMTCT prophylaxis and/or for their own health, utilizing the WHO guidelines as basis for treatment decisions. Services will also be geared towards ensuring that in labor & delivery rooms, safe obstetrical practices are implemented; routine episiotomies are not allowed; early artificial rupture of the membrane are discouraged and C/S will be encouraged. Counseling (and possibly support) will be offered to women for the most appropriate infant feeding options according to their personal situations; safer infant feeding options will be encouraged and mixed feeding will be discouraged. Per medical indications, cotrimoxazole prophylaxis will be provided for exposed babies GHAIN will establish linkages and referrals with Comprehensive ART/Clinical and Palliative Care programs within and outside the communities so that HIV positive women, their infant and family are offered a continuum of care. GHAIN will also ensure that data for monitoring and evaluation are collected and consistently reported through easy-to-use PMTCT monitoring information systems, and facilities are regularly provided with feedback.

This funding will go specifically to support assessment and planning, infrastructure development, community sensitization and capacity building. Other areas of funding will include provision of ARV drugs, linkages/referrals and quality assurance/management. GHAIN in conjunction with the GON, will also train 150 PMTCT heath workers; provide 32,500 clients with counseling and testing services for PMTCT.
The PMTCT sites located in the seven GHAIN focus States (six current States plus Bauchi) will be appropriately linked to relevant services to promote prevention & treatment of OIs, ARV treatment, palliative care, nutritional support, reproductive health care, psychosocial and community support. The PMTCT points of service will also be linked to the Heart-to-Heart Centers where clients will access high quality HIV counseling and testing and other psychological support services in the community. Clients will also be referred to post-test clubs that are designed to decrease stigma and discrimination experienced by PLWHA. Women who test positive will be linked and referred to support groups. To increase gender equity in HIV/AIDS programs, male involvement in PMTCT will be encouraged. Women will be encouraged to bring their partners/spouse for testing and information sessions. Mechanisms will also be put in place to wrap around the education, food, democracy and governance and microfinance/micro credit activities implemented by other USG partners such as the COMPASS and ENHANSE projects to increase women's rights and increase women's access to income and productive resources. GHAIN will partner directly with Partners For Development to pilot a micro-finance activity.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	27	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,950	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	32,500	☐

Indirect Targets

GHAIN will continue to assist the GON with the development and review of training manuals and national guidelines on PMTCT and therefore contribute to GON's target to reach 250,000 pregnant women with PMTCT services

Target Populations:

Adults

People living with HIV/AIDS

Pregnant women

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Food

Microfinance/Microcredit

Education

Democracy & Government

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Bauchi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: DoD
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3246
Planned Funds:
Activity Narrative: This activity also relates to Counseling and Testing, Orphans and Vulnerable Children, ARV Services, Lab, and Strategic Information.

This activity will support four points of service which were opened in COP05: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Medical Reception Station Mogadishu Barracks (Abuja).

Strengthening of HIV/AIDS prevention and care and treatment programs at military health facilities not only benefits the high-risk, uniformed population but also their dependents and civilians from the surrounding communities. In fact, 60% of the population accessing services from military facilities represent civilians from the surrounding communities who otherwise, would have no access to HIV/AIDS care and treatment services. This activity has will impact a variety of vulnerable populations.

Seroprevalence in the military population range from 4-11% consistent with the current national average of 7%. Overall estimates in the military populations are considered significantly higher, with additional high risk populations surrounding the bases, such as the Barracks and Mammy Markets. These populations contain large concentrations of females of child-bearing age and females approaching that age range making PMTCT interventions especially appropriate.

Comprehensive PMTCT services at these four facilities will be provided to 2000 women, of which 250 are expected to be treated/provided prophylaxis under the FGON national PMTCT guidelines. This care will be comprised of several components: routine counseling and testing of pregnant women; prophylaxis/treatment for HIV+ patients presenting for prenatal care; testing and prophylaxis for HIV+ patients presenting in labor; partners will be referred to confidential VCT and reproductive health services in an attempt to protect transmission between discordant couples and out of relationship sexual transmission; prophylaxis, follow-up and post birth HIV status ascertainment for the infants. WHO Guidelines will be followed. Prophylaxis will be used as available and indicated by providers. Obstetric care providers will have completed ARV training and PTMTC training in conjunction with GHAIN instructors and exchange training using U.S. Military instructors (total of 30 providers).

Testing and laboratory support will be provided by the current four facilities involved with ART and Basic Care activities. CD4 ascertainment will be conducted for determination of ART referral appropriateness. Infant prophylaxis, infant nutritional counseling/support, and infant follow up for diagnosis will also be provided. Infant prophylaxis under WHO 28-29June05 recommendations generally consists of single dose NVP with ZDV for 7 days (modifications in certain cases per). Per medical indications, cotrimoxazole prophylaxis will be provided for the exposed babies. HIV+ women are counseled prenatally regarding exclusive breast feeding, exclusive BMS, or early cessation of breast feeding to exclusive BMS options. A counseling SOP is utilized to assess the ability of each woman opting for exclusive BMS, specifically focusing on disclosure within the household and clean water access. Women opting for BMS will be provided with an infant feeding kit at the time of delivery including BMS and water purification supplies supported by the Emergency Plan. They will return monthly for additional BMS provisions.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	4	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	250	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	30	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	☐

Indirect Targets

DOD will continue to assist the GON with the development and review of training manuals and national guidelines on PMTCT and therefore contribute to GON's target to reach 250,000 pregnant women with PMTCT services

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	International Foundation for Education and Self-Help
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3248
Planned Funds:	
Activity Narrative:	This activity also relates to Prevention of Mother – to- Child Transmission of HIV/AIDS (PMTCT) #0158, Counseling and Testing (#0631), Laboratory Infrastructure strengthening and ARV Prophylaxis for HIV Infected Mothers and newborns.

This activity has several different components which include providing comprehensive counseling for PMTCT, through integrated VCT services within Hospital Antenatal settings. 4 Government Hospitals and 4 Government Health centers will be supported to provide Routine counseling and testing of antenatal women using the "opt out" approach. Hospital and Community outreaches are undertaken for increased uptake of services and to reduce the Stigma (Key Legislative issue) associated with being HIV Positive. This funding will go specifically to support the procurement of test kits, a manual CD4 equipment and kits for one of the hospitals, two (2) kerosene fridges, consumable barrier nursing kits, Breast milk Supplements, Antiretroviral drugs, training of more staff at the hospitals to become counselors, training of community members in Advocacy and mobilization, holding interactive forum for health workers and clients, payment of field/home visit related transport allowance for staff, training of laboratory personnel to provide quality testing. The funding will also cover the cost of linguistically appropriate IEC materials like posters, pamphlets and stickers. The first component of the program will provide support for 2 PMTCT Implementing Sites, and 6 VCT Sites which will provide counseling and refer for testing to the former. This activity will also ensure training of 40 individuals in Counseling and testing, Infant feeding training, ARV Management and Advocacy and Community Mobilization. This component will also provide counseling to 6000 people, testing to about 4,800 people, put 500 mother-infant pairs on ARV Prophylaxis using WHO / National Guidelines. Exposed babies will be tested at 18 months for HIV.

The second component of this activity will focus on building community ownership of the program through building up of existing Community Based Organizations (CBOs) and Faith Based Organizations (FBOs). This will foster acceptance of the program and further reduce the stigma associated with HIV/AIDS. It will also help in the formation of HIV/AIDS Support groups using post-test clubs.

The funding here will go specifically to build the capacity of 4 CBOs and 4 FBOs, establish a post- test club, and carry out community outreach programs with emphasis on young women and girls, because of their susceptibility. In this component 40 people will be trained.

The third component comprises basically referral linkages whereby positive pregnant women from the VCT sites are referred to either of the two PMTCT implementing sites. The women and children who are weaned off the PMTCT Program will be referred to the State ARV Program. This will occur till PMTCT Plus is instituted in all sites. It is hoped that some time in the near future PMTCT Plus will be offered in the two existing PMTCT Sites.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	51 - 100
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	8	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	500	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	80	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,800	☐

Indirect Targets

IFESH will continue to assist the GON with the development and review of training manuals and national guidelines on PMTCT and therefore contribute to GON's target to reach 250,000 pregnant women with PMTCT services.

Target Populations:

Adults

Street youth (Parent: Most at risk populations)

People living with *HIV/AIDS*

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas

Rivers

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UTAP

Prime Partner: University of Maryland

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3257

Planned Funds:

Activity Narrative: This activity also relates to Counseling and Testing, Orphans and Vulnerable Children, ARV Services, Lab, and Strategic Information.

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Hospital and Training Center (FCT).

This activity has several different components with direct and indirect targets including the provision of comprehensive PMTCT services at 7 referral hospitals as well as collaborating with the GON in support of the National PMTCT Scale-Up Plan.

The first component is to continue to routinely offer HIV counseling and testing to all pregnant women at the time of antenatal booking at 7 points of service. An opt out approach during private counseling is used after group pre-test HIV education and counseling. The current rapid testing algorithm (Capillus-GenieII-Determine serial) is utilized with same day results provided in private post-test counseling. This service will be provided to 25,000 women under COP06. Each point of service has a minimum of 4 counselors. The opt out rate at points of service is presently <5%. Seroprevalence ranges from 4-11% consistent with the current national average of 7%. Partner testing is offered as part of counseling through referral to on-site VCT centers and provides an opportunity to interrupt heterosexual transmission. Facility-based community outreach workers will be employed under COP06 to work with site counselors to provide services for all HIV+ women to ensure linkage of family members to VCT, reduce loss to follow-up and link positive women and their partners to HIV care and treatment programs.

A second component of this activity is support of the GON to ensure access and quality of HIV testing at all PMTCT centers to be developed by the end of CY 2006 in accordance with the National PMTCT Scale-Up Plan. These centers include 24 federal medical centers, 15 federal teaching hospitals, and 1 additional hospital in each of the 37 states (76 centers). IHV-N will work with the GON and train a Master Trainer for HIV testing at each of these 76 points of service. Master Trainers, preferably Laboratory Scientists, will be trained using the 5 day National PMTCT Curriculum (adapted based upon the WHO Generic Curriculum) and a 5 day hands-on training at the Asokoro Training Center focusing on good laboratory practice, proper conduct of rapid testing, and effective teaching. They will return to the points of service and ensure high quality HIV testing is available to antenatal clients. In addition, they will train Labor and Delivery staff in the use of a simple rapid screening test such as the Abbott Determine. The testing of unbooked women presenting in labor (approximately 30%) has been a challenge under COP05 due to the test complexity of the current national rapid testing algorithm (both Capillus and GenieII are challenging for non-laboratorians). This is being addressed through formal dialogue on the part of USG with the GON to modify the algorithm and develop an L&D screening test procedure to be followed by appropriate confirmatory testing. In addition to the training of Master Trainers, IHV-N will support the national PMTCT program by providing proficiency testing panels for HIV rapid testing to each of the 76 points of service twice yearly. This proposed component has been developed in collaboration with the FMOH PMTCT and Laboratory focal persons.

A third component is the provision of ARV prophylaxis to HIV+ women and linkage to care. All HIV+ pregnant women will have access to PEPFAR provided laboratory services including CD4 measurement without charge as part of initial evaluation following a positive HIV test result. The National PMTCT Guidelines have recently been updated with the support of IHV-N. The Guidelines provide for the offering of HAART or ZDV from 28 weeks plus NVP intra-partum. Obstetric care providers have

completed ARV training sponsored by IHV-N to facilitate proper care of women offered HAART. With extensive adherence support by counselors trained by IHV-N, ARV prophylaxis will be provided for 847 women (approximately 50% HAART and 50% short course). IHV-N and the USG will continue to dialogue with the GON to refine these recommendations further, perhaps developing a preferred approach based upon CD4 count and WHO stage. Although the % of HIV+ women delivering outside the facilities is low, home outreach services will be added in COP06 to minimize loss to follow-up. Adherence counselors will ensure that HIV+ women are referred to ARV clinic for FU care post-partum. Costs of short course regimens are listed in this program category. HAART costs are listed under the ARV drug program category.

A fourth component is infant prophylaxis, infant nutritional counseling/support, and infant FU for diagnosis. Infant prophylaxis will consist generally of single dose NVP with ZDV for 7 days (modifications in certain cases per WHO 28-29June05 recommendations). These services will be provided for 847 exposed infants. HIV+ women are counseled prenatally regarding exclusive breast feeding, exclusive BMS, or early cessation of breast feeding to exclusive BMS options. A counseling SOP is utilized to assess the ability of each woman opting for exclusive BMS with respect to AFASS principles, specifically focusing on disclosure within the household and clean water access. Women opting for BMS will be provided with an infant feeding kit at the time of delivery including BMS and water purification supplies supported by PEPFAR. They will return monthly for additional BMS provisions. Co-trimoxazole suspension is provided to all exposed infants supported by PEPFAR pending a negative virologic diagnosis. Four regional laboratory centers for DNA PCR (standard of care for infant HIV testing) are currently being established by IHV-N under COP 05. Infant specimens (2 per infant with timing per SOP) will be sent to the regional laboratory for DNA PCR testing to ascertain infection outcome and facilitate expeditious access to HIV care/ARV treatment for infected infants.

The fifth component of this activity is training of HCWs in support of the GON PMTCT scale-up plan. This will include the training of 100 HCWs in PMTCT from new GON PMTCT centers utilizing the national PMTCT training curriculum. This curriculum, based on an adaptation of the WHO generic curriculum, was completed with PEPFAR and Global Fund support under COP05. IHV-N will continue to participate as technical experts in the National PMTCT Task Team. IHV-N will continue to provide support for printing of the revised PMTCT Guidelines and the PMTCT Training Curriculum. To facilitate ongoing PMTCT evaluation, IHV-N will continue to support the national PMTCT HMIS system and conduct a PMTCT HMIS evaluation. These activities are detailed under Strategic Information.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	7	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	847	☐
Number of health workers trained in the provision of PMTCT *services according to national or international standards*	176	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25,000	☐

Indirect Targets

The Master Trainers from 76 points of service will enhance the quality of PMTCT services provided for 152,000 women per year assuming each center serves 2000 women per year. The 100 HCWs trained will enhance the quality of PMTCT services provided for 100,000 women per year assuming each HCW provides services for 1000 women in the course of the year.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.01: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *Prevention of Mother-to-Child Transmission (PMTCT)*
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5348
Planned Funds:
Activity Narrative: This program area relates to activities in Palliative Care (HBHC) and Treatment of HIV/AIDS (HTXD).

The activities in this program area seeks to: increase access to, and utilization of, PMTCT services among HIV+ pregnant women and HIV+ women who desire to become pregnant by building community support of such services and by reducing stigma and discrimination, which act as a barrier to HIV/AIDS prevention and treatment.

A total of 240 parish action volunteers (PAVs), 30 volunteers per diocese, will be mobilized and sensitized on PMTCT and maternal nutrition and infant and young child feeding. The PAVs will be equipped to disseminate correct and appropriate information on PMTCT and nutrition to the target audiences: expectant mothers, expectant positive mothers and their caregivers. The PAVs will be able to make appropriate referrals to PMTCT service outlets. The education of community members will occur during home-based visits and during support group meetings. This will facilitate community mobilization and increase utilization of PMTCT services.

These educational efforts will also help to reduce stigma and discrimination by dispelling myths surrounding HIV/AIDS. The PAVS will be referring mobilized community members through a referral system that will be established in seven dioceses (a referral system already exists in Abuja diocese) to PMTCT services and treatment. In states where Centers of Excellence (COE's) and satellite centers exist, HIV+ pregnant women will be referred to these sites for free/subsidized treatment. In states where these centers do not exist, the administrative costs associated with treatment will be financed (see below). The PAVs, who have been trained in PMTCT counseling, are given the opportunity by parish priests to sensitize parishioners and community members during church services on basic PMTCT education. These sensitization sessions will also serve to reduce stigma and discrimination of PLWAs in the community by providing accurate information on transmission and treatment to dispel myths and fears associated with HIV/AIDS. This component will facilitate the mobilization of 2,000 pregnant women to receive HIV C&T for PMTCT.

The PAVs (as described above) will refer community members for PMTCT services as appropriate. If ARV prophylaxis sites are inaccessible within the community, the PAVs will accompany the clients to the nearest ARV prophylaxis site, and the costs of travel and treatment will be covered by the project. The target populations for these activities are HIV+ pregnant women and HIV+ women desiring to become pregnant. The PAVs will conduct follow-up visits to ensure that clients and infants born to HIV+ women receive treatment. PAVs will continue to conduct support groups among HIV+ pregnant women to provide psychosocial support, infant and young child feeding support, and food supplements. The support groups will also function to provide participants with coping mechanisms for addressing stigma and discrimination and to mobilize PLWAs to confront these issues in the community. This component will enable 470 pregnant women to gain access to ARV prophylaxis.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Health Care Financing	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	0	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	470	☐
Number of health workers trained in the provision of PMTCT *services according to national or international standards*	0	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	☐

Indirect Targets

CRS will continue to assist the GON with the development and review of training manuals and national guidelines on PMTCT and therefore contribute to GON's target to reach 250,000 pregnant women with PMTCT services

Target Populations:

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Benue

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Procurement
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5349
Planned Funds:
Activity Narrative: This activity is a commodity procurement activity by the CDC for supplying HIV test kits for PMTCT programmatic purposes to implementing partners. Crown Agents is the contracted wholesale agent for HIV test kits for the CDC. Implementing partners in the areas of PMTCT will include IFESH, University of Maryland-ACTION, Family Health International-GHAIN, Department of Defense-MoD, Columbia University School of Public Health, Harvard University School of Public Health, Catholic Relief Services-7 Dioceses, and an implementing partner TBD through an RFA with the CDC. Some partners will continue to purchase their own test kits during 2006 as the distribution and warehousing network for points of service as developed.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Logistics	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5350
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one medical officer and one program officer) planned for PMTCT. The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for six weeks of in-country support by PMTCT area specialists. These two staff positions will work in coordination with the USAID staff position which will hold the USG Team Lead for PMTCT and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION, Harvard SPH-APIN, University of Columbia SPH-ICAP, International Foundation for Education and Self-Help (IFESH), and a PMTCT partner to be determined by RFA. HHS/CDC PMTCT staff will also examine potential local partners for capacity development and entry into the PEPFAR PMTCT program in COP07 as well as provide support to the Government of Nigeria at the National and State levels to promote Nigeria National PMTCT guidelines.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5640
Planned Funds: [redacted]
Activity Narrative: Request for Application-2 (RFA-2) is a new solicitation mechanism that will be developed in October 2005 for the solicitation of a new partner in A&B and PMTCT areas. RFA-2 will support be designed to support a Faith Based Organization (FBO) to conduct Abstinence, Be faithful, and Prevention of Mother to Child transmission activities. Furthermore, it will be specifically designed to engage a local FBO with experience in delivering such services in Nigeria. One new award is expected during calendar year 2006, with an estimated total funding amount of [redacted] under the base funding scenario), of which [redacted] is for Abstinence, Be Faithful activities and [redacted] is for PMTCT activities.

The Emergency Plan has given special recognition to Faith Based Organizations because of their longstanding involvement in responding to the pandemic as well as their established points of service for providing health care in focus countries. Their partnership/network under the Emergency Plan in Nigeria is critical because of the close ties between FBO and the Nigerian public. Additionally, clinical points of service established by FBO's in Nigeria often provide health care to populations without access to public sector health care services; thus, providing care to some of the most underserved populations in the country. The strategy of enlisting FBO's in the fight against HIV/AIDS is particularly relevant in Nigeria given their vast networks, access to rural areas, the prominence of religious life in today's society, and the growing role of civil society. This approach is therefore reflected prominently in Nigeria's 5 Year Strategy.

A key tenet of the Emergency Plan is to support and build the capacity of new and existing indigenous partners. RFA-2, therefore, responds to the Emergency Plan's strategy by supporting and strengthening a network of new and existing indigenous partners to strengthen and expand HIV/AIDS prevention, service delivery and effective referral for advanced care people infected and affected by HIV/AIDS. In addition, this approach supports the National HIV/AIDS strategy and contributes to achieving the Emergency Plan prevention and care goals for Nigeria.

RFA-2 seeks applications from a new partner to implement activities in support of the U.S. Emergency Plan for AIDS Relief goals. The main activities that will be supported in the first year of RFA-2 are: Strengthening the capacity of an indigenous FBO in Nigeria through the expansion of PMTCT services within an existing network of care; and, conducting Abstinence and Be Faithful prevention activities within the same FBO network. Additional program areas within RFA-2 will be explored if additional funding becomes available for this activity.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	3	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	200	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	15	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,500	☐

Target Populations:

Adults

People living with HIV/AIDS

Pregnant women

Coverage Areas

Federal Capital Territory (Abuja)

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

Nigeria is a large and diverse country, with a "mixed" epidemic. To address Nigeria's unique and varied prevention needs, the USG continues to integrate the AB approach throughout its prevention portfolio. USG efforts are designed to support the GON National Policy and National Behavior Change Communication (BCC) Strategy, which position AB programs as priority interventions and emphasize improved parent-child communication around life skills and values. In addition to its ongoing collaboration with the GON, coordination and collaboration with other donors and their partners is a key focus of the USG's AB efforts.

The USG's COP06 AB portfolio will build on a solid foundation of existing, successful programs. In COP04/COP05, the USG strengthened the capacity of FBO, community networks and organizations, indigenous non-governmental organizations, and schools to disseminate AB prevention messages. These efforts resulted in the implementation of community-based outreach programs, and the development and integration of standard faith-based training curricula in religious institutions. USG was also successful in utilizing broad-based partnerships with FBOs, the GON, and other donors to promote changing social norms around sexual behavior through the national mass media campaign Zip Up. The campaign's first major evaluation supported anecdotal evidence that the campaign's efforts targeting young people with messages and life skills training to promote abstinence, secondary abstinence, and fidelity are having a positive impact. Efforts for youth were also supported through community mobilization activities for in-school and out-of-school youth. These efforts resulted in 15 youth abstinence campaigns including mass media campaigns, targeted peer education, community events, and music reaching over a million youth nationwide.

A strategic review of these COP04/COP05 efforts was conducted to guide the development of the USG's FY06 prevention portfolio. This review highlighted a number of social and cultural factors to consider in the context of the sexual transmission of HIV and opportunities for improved prevention programming. In Nigeria, there is evidence that multiple sexual partnerships are not uncommon, particularly among sexually active men. Despite these fairly high rates of multiple partnerships, very few Nigerians believe that they are at risk of HIV infection, with 23% believing they are at low risk and 72% believing they are at no risk. Nigerian youth are particularly at risk, with 60% of new infections occurring in Nigerian youth.

To address these factors, the USG will support the continued implementation of quality AB programs that reach expanding numbers of youth and adults through the scale-up of its existing, successful programs. The contributions of the Track 1 ABY partners will be leveraged to expand community-based AB approaches, which will target youth, parents, and community leaders to promote the adaptation of AB at the individual level, and to develop a supportive environment for AB at the community level. A new partner will strengthen the capacities of local Nigerian organizations to prevent HIV infection among adolescent girls and married adolescents in the north who are a large, vulnerable, and neglected category of Nigerian youth. Interventions will prioritize partner reduction with active inclusion of men in planning and implementation..In accordance with the Nigerian Five Year Strategy, DoD efforts will be expanded to include service members' families and communities. AB activities will also be linked, as appropriate, to counseling and testing and treatment services.

Through a strategic combination of expanding successful programs and partnerships and implementing new activities to address key programmatic gaps, the USG is on target to reach its goal of contributing significantly to the aversion of 1,145,595 infections in Nigeria by 2010.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,904,392
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	262,600
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	29,358

Table 3.3.02: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3235
Planned Funds:
Activity Narrative: This activity also relates to activities in HVCT, MTCT and HVOP.

Abstinence/be faithful programming will include activities promoting abstinence, fidelity, delay of sexual activity, partner-reduction messages and related social and community norms. The target population for abstinence and be faithful (AB) messages will include in school youth and out of school youth as well as the general population. This activity will address norms of behavior and inequalities between women and men that increase vulnerability to and the impact of HIV/AIDS. It will also mobilize communities to address norms and behaviors on cross generational and transactional sex and implement school based activities that address violence and sexual coercion by training peer educators to identify, counsel and refer victims of sexual abuse. Furthermore, this activity will support the COMPASS and ENHANSE project initiatives to ensure children and adolescents, especially girls, stay in school and are trained in life and vocational skills.

GHAIN partners (FHI, CEDPA, and ARC/NRCS) will continue work with the GON and other local partners to implement HIV/AIDS prevention interventions. AB activities will be implemented in the six current focus States (Anambra, Kano, Edo, Cross River, Lagos States and the FCT/Abuja) and Bauchi State. PLWHA involvement will be the focus in the design and roll-out of the behavior change communication (BCC) strategies. This activity will work through its national and state-level Strategic Behavior Communication/community mobilization units to intensify and expand community mobilization activities focusing on AB. In addition, GHAIN will continue to implement AB prevention interventions through the current twenty five implementing agencies and expand its AB efforts by working with over twenty five additional NGOs, including some that will focus on men in the general population. The CEDPA Community mobilization officers of GHAIN and its implementing agencies will physically go into the communities, including workplaces, schools, and churches, to mobilize people with messages that abstinence is the surest way for HIV prevention; call on people to be faithful and make referrals to counseling and testing and PMTCT services accordingly. GHAIN will also provide information, counseling skills and referrals to its audiences by working with the NACA/v-mobile toll free telephone lines to implement telephone counseling services in Lagos, Kano and Cross River States. In addition, the AB program will be expanded to include men and women in churches, mosques, and workplaces. CEDPA's prevention activities will include weekly sermons in churches and mosques, intensification of male involvement in prevention activities, community dialogues on abstinence and be faithful, out of school youth rallies, club activities and counseling; community mobilization activities targeting religious leaders, local business men/women, community members and PLWHA. To facilitate this, CEDPA will continue to support 12 sub-grants to FBOs, PLWHAs and women's organizations in Cross River and Bauchi States for community mobilization. Balanced AB messages will be provided during all community mobilization activities, with linkages and referrals made to HVOP programs for people in need of correct and accurate information about condom use. Referrals and linkages will be strengthened with other services, including PMTCT, VCT, and ART to benefit from the demand creation activities of the community mobilization in pursuance of the PEPFAR 2-7-10 goals. Red Cross volunteers will be instrumental in scaling-up youth peer education to older youth (15-19) in high school settings and improve knowledge and understanding of HIV/AIDS and STI. The American Red Cross and Nigerian Red Cross will also be involved in providing skills building training for trainers and youth peer educators, training and on-going support in volunteer management and supervision, and holding community mobilization activities. The Nigerian Red Cross will be providing up to 12% of yearly grant budget in cost share through its volunteer level of effort.

To complement the peer education and community mobilization approaches that will be continued in COP06, GHAIN will work with USG partners SFH and CRS and GON partner NACA to develop and disseminate a comprehensive AB mass media campaign instrument. This campaign will reposition AB as virtues and contribute to changing existing social norms. The campaign will build on the successes achieved by the ZIP UP abstinence campaign that was recently packaged by the SFH. GHAIN will ensure high quality AB data, through a sound information system that precludes double counting and that ensures accountability. GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	775,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	670,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,100	☐

Target Populations:

Adults
Family planning clients
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Bauchi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: 7 Dioceses
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5312
Planned Funds:
Activity Narrative: This activity has several components. One component is to provide support to the Catholic Secretariat of Nigeria (CSN), which has developed a "Facilitators' Guide" for sensitizing Catholic clergy, catechists, religious leaders and laity on HIV/AIDS. After final review and edit, the guide will be published and distributed to all 50 Catholic dioceses in Nigeria. The objective of this component is to support the CSN in providing technical expertise and serving as a training body to conduct sensitization workshops in 8 Arch/dioceses for priests, catechists, religious leaders, and laity. CRS will not be supporting the provision of trainings to all 50 dioceses; however, CSN has already planned for sensitization events in 6 dioceses outside of the Seven Dioceses Project. The funding requested will be used to support the CSN in developing IEC/BCC material for use in the Arch/dioceses, in collaboration with representatives from the Catholic Church, HIV/AIDS specialists and BCC experts with the aim of producing correct, target-specific and "faith sensitive" materials. The materials are not being produced for 50 dioceses. They are being produced for 8 dioceses, however a select percentage of the total material produced will be set aside so that any of the 42 dioceses that require the material may have access to it. This component of the activity will provide support for one service outlet and provide "faith appropriate" IEC materials that can be distributed nationally.

The second component of this activity is to support the implementation of expanded AB prevention strategies in eight Arch/dioceses and their environs. With the support of the CSN, each Arch/diocese will conduct several HIV/AIDS sensitization workshops for clergy, catechists, religious leaders and laity. Emphasis will be placed on ways in which the clergy can contribute to the prevention of HIV through the regular delivery of AB prevention messages from the pulpit and in weekly church bulletins. AB prevention messages, a key component of the HIV/AIDS sensitization workshop curriculum, focuses on being faithful to one partner, partner reduction, the importance of knowing your HIV status, establishment of social/community norms, and honoring faithful male role models and setting them as examples. The funding requested for eight Arch/dioceses will address the following emphasis areas: training to sensitize Catholic clergy, other denominational clergy, catechists, religious leaders, and laity, disseminating information, communication, and educational materials with AB messages, and building local organization capacity development to address the prevention of HIV transmission in a community setting. Parishes are poised to serve as well-organized and well-respected settings for the dissemination of AB prevention messages. Another group that will be sensitized in AB prevention messages is pre-marriage counselors. These counselors prepare couples for married life and are an ideal way to counsel couples on the "be faithful" prevention message. These marriage counselors can also act as role models for the community. Specific target populations of the AB prevention messages include adults, youth, PLHA, HIV/AIDS affected families, and community leaders. This component of the activity will provide support for eight service outlets, sensitize 160 individuals on AB prevention, and provide the delivery of AB prevention messages to an estimated 462,000 individuals. This activity component will also establish youth groups and peer education clubs where A only messages will be delivered to younger youth in the community and at secondary school settings. 15,000 youth will be reached with A only prevention messages through these youth groups and peer education clubs.

The final component of this activity will support eight Arch/dioceses in the provision of AB prevention trainings and community mobilization activities. Direct support to eight service outlets and indirect support to over 300 Parish Action Committees on AIDS (PACAs) will be provided to deliver AB prevention messages. Existing and newly identified PLHA and HBC providers will be trained through their respective Arch/diocese in comprehensive AB prevention methods. The trainings will follow the

ToT model, which will enable PLHA and HBC providers to be advocates of AB prevention through their membership in PACAs and within their communities. By involving PLHA and HBC providers in AB prevention, stigma and discrimination can be reduced because it involves them actively in community work. In addition, over 300 PACA will be supported in the establishment of mobile drama groups and community outreach campaigns aimed at increasing awareness on AB prevention, specifically addressing being faithful to one partner, partner reduction, the importance of knowing your HIV status, delay of sexual debut until marriage, and promoting social norms. Specific target populations of PACA community outreach campaigns include youth, community and religious leaders, adults, PLHA, HIV/AIDS affected families.

Implementation of AB activities will include synergies with other CRS and USG supported programs. Through the training of individuals and mobilization of community members, two-way referrals will be made from one CRS program area to the other. For instance, if an individual who has received AB messages recognizes the significance of knowing his/her status, he/she will be referred for CT. Two way referrals and linkages between program areas is emphasized and an on-going component of all CRS HIV/AIDS activities. In addition, CRS will collaborate with USG partners SFH and FHI/GHAIN and GON partner NACA to develop and disseminate the abstinence-focused mass media campaign "Zip Up."

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	462,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	160	☐

Target Populations:

Adults
Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	*Department of Defense*
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5313
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, Other Prevention, Treatment, PMTCT, OVC.

Through this new activity, DoD will support the implementation of AB activities at a variety of military bases including Nigerian Air Force Base Ikeja, Jos, Calabar; Nigerian Army Base Kaduna, Kano, Calabar, Enugu; and Nigerian Navy Base Ojo, Calabar. At these sites, teams of AB trained counselors will conduct regular interactions at VCT centers, clinical programs in the hospitals, barracks schools, unit (soldier sustainment) training, training of commander and staff (War College, Staff Colleges), intra-deployment activities (when military are at increased risk), military chaplain interactions, marital counseling, and family planning activities, and opportunity training at pre and post deployment activities (contingency). This activity will also build upon the Nigerian military's strong network of peer educators, volunteer and PLWHA groups by enabling these groups to incorporate AB messages into their existing activities.

A major component of this activity will operate within the military units. A hallmark of a military unit is the consistent drilling and training of standard operating procedures, use of equipment, physical conditioning and behavior. The addition of an abstinence and be faithful program is a natural addition to the Nigerian military training schedule. This would include workshops for commanders, staff officers and non-commissioned officers during their formal advance educational courses such as the Command and Staff College in Gajii, the War College in Abuja and other formal training programs. Key messages will include the promotion of "being faithful" for married service members, and abstinence among unmarried service members while deployed from home base or long out of country assignments/ deployments. To assist with fear reduction and destigmatization, an "open door" policy for commanders will be developed where any service member may approach the commander on certain issues without first going through their chain of command (which may be quite intrusive at times) . Mentoring programs will foster desired behavior among subordinates. Peer educators at the unit level will educate the rank and file. Military chaplains will connect the groups through fairs and symposiums to bring entire unit together.

This activity will also outreach to surrounding civilian communities in an attempt to increase trust and understanding between the communities, and break down the "customer- provider" relationship and develop an increasingly community atmosphere among the communities and trust/ familiarity with community leaders and military commanders. Promotion of trust provides an enabling atmosphere and may be empowering among vulnerable groups to seek out community leaders and improve conditions. PLWHAs, in conjunction with the officer wives club, will be supported to outreach to local community leaders with information sessions, town hall meetings, and introductions to military commanders. Adolescents and teens in the barracks and surrounding civilian community will be targeted with age appropriate messages of AB. Educational materials, posters and documentaries support continued exposure to AB messages.

Technical assistance will be utilized through exchange training of US and Nigerian military chaplains, community and religious leaders, and groups providing ongoing activities in Nigeria.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	☐

Target Populations:

Adults

Community leaders

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Cross River

Enugu

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1.5
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: *Abstinence and Be Faithful Programs*
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5314
Planned Funds:
Activity Narrative: Food for the Hungry is one of the two Track 1 Abstinence and Be Faithful for Youth (ABY) partners implementing programs in Nigeria.

This activity has several components. Community participation and involvement is essential to this program's success. Therefore, the first component of this activity will work with community organizations such as churches, schools, and others to build support for and involvement in the program's abstinence and faithfulness activities. This will ensure local ownership and sustainability after the project ends. To achieve this critical community support and involvement, AB awareness meetings will be conducted to learn about what the community knows about HIV and AIDS, their perceptions of ABC, attitudes and practices relating to HIV/AIDS and ABC, and experience with behavior change in the community. Through these meetings, the partners will learn what the community thinks about abstinence and faithfulness and this will give them the opportunity to introduce the project. Representatives from the various focus groups that participated in the meetings will prepare a presentation to give to the community. Through these meetings, interested youth and adults will be identified for training. Three of the four partners work with Christian denominations that are well established in communities in 35 of the 36 states plus Abuja FCT. The partners will work with the denominations to select areas to implement the project's various phases. Promoters and co-promoters will be selected locally. The co-promoters will continue working with the youth after the promoter has completed the training and moved to another area to repeat the process.

The second component of this activity is reaching youth aged 10-24 years through Y2Y (Youth to Youth) groups with the message of abstinence until marriage and faithfulness after marriage. Youth who normally associate together will form groups of 14 youth who will select a youth leader from among themselves. The youth leaders from 14 such groups will form a Y2Y group and meet monthly with a promoter. The role of the promoter is to train the youth leaders in life skills and promotion of abstinence and being faithful and to supervise and guide them as they take the teaching back to the youth who selected them. Meetings with these youth will be informal on a one-to-one or small group basis. The promoter will be assisted by a co-promoter who is from the same community as the youth. The target is to train 40 promoters to guide the Y2Y groups' members and to train co-promoters. The target for the number of youth reached is 69,544. The youth will be accessed through churches, communities and schools to reach both in-school and out-of-school youth. The promoters will be selected in consultation with the church and/or community. The promoters and co-promoters will be trained to work with the youth in the promotion of abstinence and faithfulness. Curricula will be developed and used with the youth. The BEHAVE Framework and Doer/Non-doer Analysis will be used to determine key factors that help or hinder youth and young adults in abstaining or being faithful. These key factors will be addressed in the curricula and activities of the Y2Y groups to help unmarried youth make a decision for abstinence until marriage (either primary or secondary) or faithfulness within marriage. Supervisors will monitor the work of the promoters through Quality Improvement Check Lists. Pre- and post-tests will be used. KPC (Knowledge, Practice, Coverage) surveys will be conducted. Other monitoring tools include Target Coverage Charts, Abstinence Logs, and Y2Y Groups Registers.

The third component of this activity is training 16,449 influential adults such as religious leaders, teachers, parents, and community leaders in HIV/AIDS prevention through the promotion of abstinence and faithfulness. Youth need a supportive environment in which they can develop and make healthy sexual choices. Influential

adults will be trained to create an environment that supports abstinence and faithfulness. This will include examination of existing social norms and interventions that attempt to change harmful behaviors. Primary abstinence, delayed sexual debut, secondary abstinence, partner reduction, and faithfulness in marriage will be encouraged. The needs of girls and young women will be a key focus of this activity, through addressing at the community level the issues of coercive sex, cross-generational sex, and transactional sex. Pastors and other church leaders will be trained in the protection of marriages against HIV/AIDS through the promotion of faithfulness. After this, they will begin couples' workshops and counseling. Teachers and other adults will be trained to identify sexual coercion and abuse and they in turn will train parents on these issues. As the youth leaders are trained, they will be taught to talk to their caregivers and religious and community leaders about the things they are learning and the promotion of abstinence and faithfulness. Curricula addressing these issues will be developed. Monitoring tools as described in the above activity component will also be used.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	77,492	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	7,840	☐

Target Populations:

Community leaders

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Abia

Adamawa

Akwa Ibom

Anambra

Bauchi

Bayelsa

Benue

Borno

Cross River

Delta

Ebonyi

Edo

Ekiti

Enugu

Gombe

Imo

Jigawa

Kaduna

Kano

Katsina

Kebbi

Kogi

Lagos

Nassarawa

Niger

Ogun

Ondo

Osun

Oyo

Plateau

Rivers

Sokoto

Taraba

Yobe

Zamfara

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	*HIV Prevention Project for Vulnerable Youth in Northern Nigeria*
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5315
Planned Funds:	
Activity Narrative:	This project falls under the program area of "Abstinence/Be Faithful" (HVAB) and addresses the HIV risks associated with early marriage and related early sexual initiation, as well as faithfulness within marriage. The activity addresses the emerging evidence of the association between early marriage and HIV infection (Glynn et al, 2001; Clark, 2004), as well as the fact that sexual initiation for most girls in northern Nigeria occurs within the context of early, arranged marriage to a much older, more experienced partner. The project will take place in nine states in three northern geopolitical zones (Niger, FCT, Nasarawa, Plateau, Benue, Bauchi, Adamawa, Borno, and Kano). The primary target groups are men, out of school girls, and discordant couples before marriage. This is a new project, with many of the start-up activities taking place in the first year. A principle objective is to build the capacity of multiplier organizations and local NGOs to plan and implement culturally acceptable HIV/AIDS prevention programs, with the goal of multiplier organizations ultimately managing such programs without external assistance. Three multiplier NGOs located in the north of the country will receive focused capacity building and mentoring. The Population Council is partnering with Adolescent Health and Information Projects (AHIP) and Federation of Muslim Women Associations of Nigeria (FOMWAN), as well as one additional group to be identified through initial needs assessments. Following institutional needs assessments, 60 staff from multiplier organizations will be trained in strategic planning, proposal writing, management information systems, and human resources management. In addition, the Population Council will engage the services of a reputable management and accounting firm to provide ongoing technical assistance to our NGO partners in strengthening financial systems, accountability, and reporting to donors.

In the second component, the Council will work with multiplier NGOs to identify 15 local NGOs for project development related to HIV and married adolescents, premarital VCT, faithfulness, and support to married adolescent girls. Partners will conduct project development and proposal writing workshops with local NGOs which will result in 15 local NGOs receiving small grants to implement activities, to start in the second year. In addition, the Council and multiplier organizations will identify and train 600 religious, women's, and community leaders in the target states.. Religious and women's leaders (target groups: community leaders, religious leaders) will take part in "days of dialogue" to discuss and develop messages and strategies related to child marriage, HIV risk, premarital VCT, domestic violence, and faithfulness. Following the training, religious and women's leaders will reach 225,000 individuals through community outreach (target groups: adults, men, women, out of school youth) with messages to promote delays in marriage and sexual initiation, abstinence, premarital VCT, and mutual faithfulness. Community outreach will focus in rural areas where early marriage is most common. Development of related radio messages will begin at this time, with taping and airing of messages to take place in the second year of the project.

The Council will develop an integrated management information system to track project outputs and activities, as well as to enhance performance and efficiency. As the areas in which the program will be implemented lack the behavioral data necessary to successfully track the program's outputs and activities, a behavioral surveillance survey will be undertaken in intervention and control areas (emphasis area "Strategic information: M&E, IT, reporting"). The program's activities in the first year will prepare it to rapidly scale-up in the second year. In the second year, radio messages will be taped and aired; additional religious leaders will be trained and provide prevention messages; community based and faith based VCT counselors will be trained, especially to promote premarital VCT; referral to existing VCT, care and support services will be made; and support groups for married girls will be initiated.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	*51 - 100*
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	225,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	600	☐

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Discordant couples (Parent: Most at risk populations)

Girls (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Adamawa

Bauchi

Benue

Borno

Federal Capital Territory (Abuja)

Kano

Nassarawa

Niger

Plateau

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5316
Planned Funds:
Activity Narrative: The Society for Family Health is currently implementing the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care (CIHPAC) Project in Nigeria. While this activity is a part of SFH's comprehensive prevention program, this activity will solely support the program's promotion of Abstinence and Be Faithful (AB), with a particular emphasis on abstinence among youths to promote delayed sexual debut. CIHPAC combines targeted behavior change communication activities at the community level (working with CSO/CBO partners) with national level mass media campaigns and product distribution with the objective of achieving sustained health impact. The main goals of the project are to contribute to a reduction in HIV prevalence among youths aged 15-24 years, to reduce the STI/HIV prevalence among Most at Risk Persons (MARPs), to create an enabling environment for behavior change and program sustainability in collaboration with other partners, and to create demand for voluntary counseling and testing. The community level intervention primarily targets in-school youths and MARPs such as out of school youths, transport workers, uniformed servicemen and commercial sex workers (CSW). The program will be expanded in FY06 to include male and female adults in the general population living around the identified sites. CIHPAC leverages funds and commodities from the DFID funded project Promoting Sexual and Reproductive Health for HIV Reduction (PSRHH), which is implemented by SFH, Population Services International and Actionaid International.

The first component of this activity is conducted in collaboration with UNICEF, National Youth Service Corp and MTN Foundation. It is conducted in all states twice a year during the National Youth Service Corp camp activities. Orientation seminars are conducted in all the camps to sensitize youths about HIV & AIDS preventive issues and to encourage counseling and testing for HIV. Volunteer peer educator trainers (PETs) are selected from the National Youth Service Corp and further trained on adolescent reproductive health and HIV & AIDS for a week. These PETs are then deployed to secondary schools to train youth peer educators and assist in the formation of anti-AIDS clubs in the schools. The National Youth Service Corp PETs will reach 35,000 secondary school students with abstinence-focused messages. SFH will ensure that the 640 PETs assigned to SFH's 16 regions provide quality mentoring in the 20 schools per region that SFH shall be overseeing.

The second component of this activity is a follow-on mass media campaign to encourage behavior maintenance of "Zipping Up" among youths. The mass media campaign will be produced in collaboration with USG partners CRS and FHI/GHAIN and GON partner NACA. In collaboration with faith based organizations such as Family Heritage Initiative and the Redeemed Christian Church of God, activities which reinforce the ZIP Up concept will also be supported. These faith based organizations will be assisted to form youth abstinence clubs in churches, mosques and schools where youths aged 15-24 years are given HIV prevention information and skills on how to abstain from premarital sex as a part of the "Zip up with no apologies program." SFH will also support the training of peer educators and counselors within the churches and the mosques to enable them to provide life skills to the youths. This component will be linked to the national system strengthening activities (OHPS) that incorporate HIV& AIDS information in the school curricula.

Evidence from formative research shows that out of school youths (defined as artisans, mechanic apprentices, female food vendors or hawkers) are exposed to high risk activities however most of them are able to abstain from sex. The final component of the program will target out of school youths at the community level through peer facilitation activities that promote delay in sexual debut, reinforce the abstinence campaign, and promote partner reduction for those that are already sexually active. In FY 05, 88 out of school youth communities were identified where

abstinence is promoted as the norm rather than the exception and most of these youth peer facilitators now act as advocates for change in their own communities. These out of school youths are also encouraged to form community based organizations to ensure program sustainability and diffusion of activities into the neighboring communities. An additional 32 out of school youth communities will be reached in FY06 using the peer facilitation model. Special effort will be made to ensure adequate representation of female out of school youths in the peer education program as they are more susceptible to coercive sex in the motor parks.

All of the program's prevention activities will lead to an increased desire for VCT. Linkages will be established with existing USG VCT sites and those of the Government of Nigeria where available. Persons who test positive will be linked to support groups within our sites and referred for treatment at USG collaborating centers where available.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	234,800	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	35,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	7,748	☐

Indirect Targets

The indirect targets include parents of the children that are reached through the peer education programs in the schools and out of schools. Each peer facilitator is expected to share information with at least 3 persons and they in turn should talk about issues discussed with their parents. We expect to reach about 19,200 parents. Mass media reaches a wider audience and we anticipate that if about 50% share the information received with a friend that should increase the number of persons reached by 6 million.

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1.5
Prime Partner:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5343
Planned Funds:	
Activity Narrative:	Hope Worldwide is one of the two Track 1 Abstinence and Be Faithful for Youth (ABY) partners implementing programs in Nigeria.

The first component of this activity will mobilize schools, faith-based organizations and other community structures to create a supportive environment for the adoption of abstinence and be faithful behaviors for youth. Hope Worldwide's existing partnerships with the Council of Churches will be mobilized. In addition, partnerships with the Departments of Education, Social Development and Health have been developed, and will be continuously strengthened throughout the implementation of the program. Through this partnership, a curriculum has been developed to complement existing curriculum of the Department of Education. School authorities, teachers, parents and student governing bodies will be engaged through orientation sessions on the program's AB messages. Community outreach activities will be conducted with schools to create an environment that is supportive of AB. Hope Worldwide's extensive community-based infrastructure will also be utilized to reach youth-out-of-school and youth-out-of-faith-based institutions. Initial HIV/AIDS competency assessments will be done with all institutions to determine their current capacity for implementing HIV/AIDS programs that promote AB, and to develop plans to enable their implementation of such programs. A total of 96 schools and 60 faith based organizations will be reached through these mobilization efforts.

The second component of this activity will target in-school and out-of-school youth and their parents. Youth aged 10-14 will be targeted with abstinence-focused messages, basics of HIV/AIDS, and life skills; youth aged 15-24 will be targeted with AB messages that also include messages about sexual coercion, gender-based violence and HIV/AIDS, cross generational sex and its implication for HIV transmission, and leadership and skills-building to practice secondary abstinence. Young learners will be reached through workshops, seminars and other IEC activities in three local government areas (LGAs) of Lagos State. Parents will be engaged through activities in local faith based institutions in these LGAs to stimulate their understanding of parent-child communication on reproductive health, cross generational sex and ways of reinforcing positive family values in young people. Youth will also be reached by participating in community action teams (CAT). CAT members will undergo training on key issues espoused by the program and will then be constituted as an autonomous group, organizing events and advocating for issues on AB and healthy choices for youth. The CATs will meet monthly under the auspices and close supervision and monitoring of Hope Worldwide.

A special emphasis of this program will be activities aimed at addressing male norms and behaviors and reducing violence and coercion. Workshops will be conducted with young people, parents, and community members to discuss issues contributing to gender-based violence, cross-generational sex and coercion. These workshops will result in the formation of 10 CATs to monitor issues and continue to advocate for reduction in male-motivated violence against women. Child protection and safety issues will also pursued through this component of the program.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,100	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	70,600	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	10,820	☐

Target Populations:

Adults
Faith-based organizations
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
Volunteers
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Lagos

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	5347
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of an expatriate prevention technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on prevention; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5642
Planned Funds:
Activity Narrative: Request for Application-2 (RFA-2) is a new solicitation mechanism that will be developed in October 2005 for the solicitation of a new partner in A&B and PMTCT areas. RFA-2 will support be designed to support a Faith Based Organization (FBO) to conduct Abstinence, Be faithful, and Prevention of Mother to Child transmission activities. Furthermore, it will be specifically designed to engage a local FBO with experience in delivering such services in Nigeria. One new award is expected during calendar year 2006, with an estimated total funding amount of $482,500 (under the base funding scenario), of which $302,500 is for Abstinence, Be Faithful activities and $180,000 is for PMTCT activities.

The Emergency Plan (EP) has given special recognition to Faith Based Organizations because of their longstanding involvement in responding to the pandemic as well as their established points of service for providing health care in focus countries. Their partnership/network under the EP in Nigeria is critical because of the close ties between FBO and the Nigerian public. Additionally, clinical points of service established by FBO's in Nigeria often provide health care to populations without access to public sector health care services; thus, providing care to some of the most underserved populations in the country. The strategy of enlisting FBO's in the fight against HIV/AIDS is particularly relevant in Nigeria given their vast networks, access to rural areas, the prominence of religious life in today's society, and the growing role of civil society. This approach is therefore reflected prominently in Nigeria's 5 Year Strategy.

A key tenet of the EP is to support and build the capacity of new and existing indigenous partners. RFA-2, therefore, responds to the Emergency Plan's strategy by supporting and strengthening a network of new and existing indigenous partners to strengthen and expand HIV/AIDS prevention, service delivery and effective referral for advanced care people infected and affected by HIV/AIDS. In addition, this approach supports the National HIV/AIDS strategy and contributes to achieving the EP prevention and care goals for Nigeria.

RFA-2 seeks applications from a new partner to implement activities in support of the US Emergency Plan for AIDS Relief goals. The main activities that will be supported in the first year of RFA-2 are: Strengthening the capacity of an indigenous FBO in Nigeria through the expansion of PMTCT services within an existing network of care; and, conducting Abstinence and Be Faithful prevention activities within the same FBO network. Additional program areas within RFA-2 will be explored if additional funding becomes available for this activity.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	*10,000*	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐

Target Populations:

Family planning clients

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

The blood supply in Nigeria has been fragmented and inadequate to serve the country's needs. The system is based primarily upon hospital based blood centers with family replacement donors as the major source of the blood and is further complicated by the presence of commercial donor blood banks. Testing of blood for transfusion transmissible diseases is irregular and often incomplete, making transfusion a major source of disease such as HIV/AIDS and Hepatitis (B or C). WHO and other international bodies have identified the safest source of blood to be from voluntary non-remunerated donors. There is an urgent need for a National Blood Transfusion Service with community based blood centers strategically located nationwide. This will ensure a regular supply of safe blood and blood products to meet transfusion needs in the country.

In COP05 the Abuja blood transfusion center demonstration project was established with USG support, and designed to be a model for other such centers in Nigeria. The Abuja Centre is primarily concerned with ensuring that blood is collected from volunteer donors only, and that internationally recognized pre-donation counseling procedures are used. The task of recruiting such donors from the community, even with outreach and mobile teams, constitutes a great challenge because of the expectation of reward by prospective donors. In COP05 the Abuja center has collected and distributed over 700 units of blood to public and private hospitals in the Federal Capital Territory and environs. The USG has also supported the training of 2,830 healthcare workers in blood transfusion and blood banking practices. Over 33,000 rapid test kits for testing of donated blood have also been distributed to neighboring states outside the catchments area of the center to facilitate safe blood transfusion. The Abuja blood transfusion center has received wide acclaim from the GON, and was commissioned by the President, who demonstrated his commitment by donating a unit of blood. The USG has also provided support to the GON for opening of two zonal blood transfusion centers in the North Central (Kaduna) and South East (Owerri) zones of the country. In COP06 the USG will expand its blood safety activities by directing our treatment partners to make provisions for blood testing in their treatment site. Also in COP06 USG support will focus on the following: Provide assistance to the GON to develop policy regulation legislation and guidelines for the practice of blood transfusion; as funding permits expand blood transfusion services to 4 states, Benue, Anambra, Lagos and Cross River states; in collaboration with the GON train 1,000 health workers in blood transfusion and blood banking practices; and continue outreach and community based activities to facilitate donor recruitment.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	32
Number of individuals trained in blood safety	310

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	3258
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing and Lab.

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Hospital and Training Center (FCT), Faith Alive Clinic (Plateau), St. Vincent's Hospital (FCT), Al Nuri Hospital (Kano)

This activity utilizes the laboratory support infrastructure at the IHV-N sites developed under COP05 to continue to promote the provision of safe blood at 7 points of service with services to be developed at the Asokoro Hospital adjacent to the Asokoro Training Center. In addition, services will be provided at 3 CRS AIDSRelief points of service. The first component of this activity is the continued HIV screening of units of 45,000 units of donated blood by site laboratory scientists and staff at sites utilizing rapid testing following strict SOPs developed by IHV-N under COP05 with proper universal precautions utilizing laboratory commodities provided through IHV-N. Refresher training will be conducted at points of service for 40 laboratory scientists. Laboratories have received extensive infrastructure upgrades under COP05 including a dedicated generator to ensure proper storage temperature for reagents and air-conditioning to ensure proper temperature for testing. Presently, the Abbott Determine single test algorithm is used due to its high sensitivity. Units testing reactive are discarded and results reported to the GON surveillance system and the USG country team. In the event that the testing is done with the donor present (such as the case with directed donation), the donor will receive pre-test counseling provided by the in-hospital VCT unit counselors. Those donors with a unit testing reactive will be counseled about this preliminary result and referred to the in-hospital VCT unit for counseling and proper individual testing utilizing the standard serial algorithm (currently Capilus-GenieII confirm-Determine tie break). Patients identified as confirmed positive will be referred to care and treatment. Two IHV-N Laboratory program officers will be dedicated to this program area and support this component by conducting an ongoing QA program. This will involve testing 1% of rapid samples from the sites by standard EIA/WB at the Asokoro Laboratory Facility and providing the site with a panel of unknowns for serologic testing 4 times per year. Laboratory commodities have been challenging under COP 05 as they are presently budgeted for ARV and Care and Support only. Under COP 06, laboratory commodities to ensure lab safety and proper testing will be provided to Blood Banks at points of service as well. This expense and the 2 dedicated program officers account for the costs for this component.

The second component is a collaboration with Safe Blood for Africa in support of the national blood banking strategy. Forty laboratory scientists from points of service to be decided collaboratively with GON will be trained as Blood Bank Master Trainers. The training will include blood bank administration, donor recruitment strategies, and donor risk assessment (to be provided by Safe Blood for Africa) as well as good laboratory practice and HIV rapid testing methods (to be provided by IHV-N. The Asokoro Training Laboratory will be employed as the venue for these 5 day courses and IHV-N will provide travel and per diem support to trainees.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Infrastructure	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	7	☐
Number of individuals trained in blood safety	40	☐

Indirect Targets

The increased effectiveness of the blood screening programs at the seven sites targeted should result in 3,150 additional HIV infections being averted based on prevalence of 7% and 45,000 units screened

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Safe Blood for Africa Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	5387
Planned Funds:	
Activity Narrative:	The Safe Blood for Africa Foundation (SBFAF) project will work with the relevant government ministries, especially the Federal Ministry of Health (FMOH) National Blood Transfusion Service (NBTS), the Futures Group, other US implementing partners and private sector organizations on the establishment of national and zonal blood safety programs including infrastructure development, voluntary non-remunerated donor recruitment, blood collection, distribution, testing, transfusion, policies, equipment and supplies. This also will include training of various medical personnel, and management of systems to ensure that the blood supply to hospitals is adequate safe and effective. A major component of FY06 activities will be to expand the services of the Abuja Safe Blood transfusion center. In FY05, SBFAF in collaboration with the FMOH established the Abuja Safe Blood transfusion center, a community based blood center. The Abuja blood transfusion center has demonstrated that it is possible to recruit voluntary, non-remunerated blood donors, and ensure quality laboratory procedures in line with international standards for testing, storage and distribution of blood in Nigeria. FY 06 funds will focus on increasing blood collection to meet the need in Abuja and environs. The services of the Abuja blood transfusion center will be expanded to include a blood component program. Training of medical personnel of the various hospitals will continue and be expanded to include all facilities where GHAIN is supporting ART services. A fixed site blood donation center will be established in a densely populated area to recruit more blood donors. Additional mobile collection teams will be established in Abuja thereby recruiting more donors. In collaboration with GHAIN and the Society for Family Health a media campaign will be developed to recruit more donors.

The second component of FY06 activities is to upgrade the Lagos Blood transfusion service with a computerized blood safety system, provide blood safety, quality control and donor recruitment training and establishing mobile collection teams to recruit more donors.

SBFAF will work with the Cross River state government to establish a community based blood center in the state to meet 25 -30% of the blood transfusion needs in the state. Activities will include procurement of equipment and supplies, training in blood safety, quality control, donor recruitment and distribution of 150,000 instant HIV tests to hospitals in surrounding areas of Cross River state.

As funding permits Safe blood for Africa Foundation, will also work in Adamawa and Benue states to facilitate the establishment of community based blood centers.

In the third component of FY06 activities, SBFAF, the Futures group and the National Academy of Science will work in collaboration with the FMOH to develop a national blood transfusion policy and establish a national regulatory body to provide technical guidance and monitoring of Blood transfusion activities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	17	☐
Number of individuals trained in blood safety	180	☐

Target Populations:

Adults
Orphans and vulnerable children
Pregnant women
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))

Coverage Areas

Adamawa

Benue

Cross River

Federal Capital Territory (Abuja)

Lagos

Table 3.3.03: Activities by Funding Mechanism

Mechanism: DoD

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GAC (GHAI account)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5388

Planned Funds:

Activity Narrative: This program relates to prevention, counseling and testing, strategic information, policy and laboratory.

The Nigerian Ministry of Defence- U.S. DoD Program will introduce this as a new activity for COP06.

This program will be placed at the four existing sites of NMOD-Emergency Plan involvement- Nigerian Air Force Hospital Ikeja, Defence Headquarters Medical Reception Station- Mogadishu Barracks, 44 Nigerian Army Reference Hospital Kaduna and Navy Hospital Ojo.

The Nigerian military medical force has several missions to perform. In periods of non-deployment, the military medical facilities serve not only the active duty population, but also military beneficiaries such as dependents and retirees and civilians in the surrounding communities. Civilians comprise an estimated 60% of patient load for these facilities. A second mission is to provide medical support to deployed military personnel. Blood safety is a critical portion for both these missions, and become especially critical during deployments and combat. Necessary blood products for transfusions in these emergent situations are drawn from other soldiers-the "walking blood pool"/source population.

Funding for Blood Safety will assist in maintaining a HIV free "walking blood pool"/source population prior to deployment through compulsory HIV testing and counseling, utilizing rapid testing and antigen testing technologies. Laboratory tracking systems are presently being placed in NMOD laboratories and Blood Safety funding will be used to increase the quality of blood testing and tracking (serology results).

The Nigerian Ministry of Defence Program using the Federal Government (FGON) guidelines and technical advice from U.S. Military blood safety experts will create a second generation of Blood Safety guidelines.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	4	☐
Number of individuals trained in blood safety	10	☐

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	5392
Planned Funds:	
Activity Narrative:	AIDsRelief Blood Safety: This activity also relates to activities in HIV/AIDS treatment/ARV services (HTXS) and Laboratory infrastructure (HLAB).

This activity is comprised of several components. The first component is ensuring that all blood for transfusion is screened for HIV. Three hospitals involved in the provision of antiretroviral drugs under the President's Emergency Plan for AIDS Relief (PEPFAR) will be supported in providing HIV screened blood for transfusion. All blood for transfusion will be routinely screened for HIV. One aspect of ensuring safe blood transfusion is to train individuals on its importance. Health care providers (doctors, nurses, laboratory personnel, counselors etc) will recieve this training. The training will include a review accepted international standards for the provision of safe blood, identifying appropriate lower risk donors, the use of appropriate blood transfusions, the safe handling of blood, how to test blood for HIV and universal precautions including the use of gloves and proper disposal of blood contaminated items. This funding will go specifically to support the training of staff at the hospitals in providing safe blood for transfusion, and the training of supervisory staff at the hospital to ensuring adequate policies and procedures are in place to guarantee a safe blood supply for transfusion. Forty individuals will be trained in blood safety.

The second component of this activity is to strengthen the infrastructure and establish mechanisms to ensure an adequate supply of materials needed to ensure that a screened blood supply is available. Laboratories will be renovated to accommodate the refrigeration units that will be needed for storage of blood for transfusion and HIV test kits. Other lab supplies such as needles, blood bags, gauze and HIV test kits will be procured regularly. Stocking and forecasting procedures will be done to ensure adequate supplies are always on hand. This funding will be spent on renovating laboratories, providing needed equipment and supplies needed to provide a screened blood supply for transfusion. Three laboratories will be renovated and equipped with the needed supplies to provide a safe HIV screened blood supply.

The final component of this activity will be donor recruitment activities. Most of this activity will be the development of IEC material to make people aware of the need for blood donation. The IEC materials will include posters, pamphlets, t-shirts, caps etc. The funding will be spent on the development and distribution of this IEC material.

This activity contributes to the USG target of preventing 1,145,545 new infections through prevention of medical transmission of HIV and ensuring a safe, screened blood supply is available for blood transfusions.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	3	☐
Number of individuals trained in blood safety	40	☐

Target Populations:

Adults

Infants

Pregnant women

Children and youth (non-OVC)

Public health care workers

Private health care workers

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Procurement

Prime Partner: Crown Agents

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5393

Planned Funds:

Activity Narrative: This activity is a commodity procurement activity by the CDC for supplying HIV test kits for Blood Safety programmatic purposes to implementing partners. Crown Agents is the contracted wholesale agent for HIV test kits for the CDC. Implementing partners in the areas of Blood Safety will include University of Maryland-ACTION, Family Health International-GHAIN, Harvard University School of Public Health, and Catholic Relief Services-AIDSRelief. Implementing partners will provide training, minimal supplies such as latex gloves, and QA/QC technical assistance for host facility staff for laboratory blood screening programs in those facilities where ART Services are offered. CDC will provide test kits via Crown Agents for blood screening purposes. The emphasis is on capacity development and prevention of HIV spread through blood screening. Directed donors will be given their results where possible and referred to counseling and services if HIV+. It should be noted that during the current year a small portion of test kits intended for C&T were used for this purpose in facilities where local procure of test kits was inadequate, this lead to the COP06 activities in this area. All implementing parters in this activity will coordinate their efforts with Safe Blood for Africa and look for ways to synergize their collective efforts through laboratory linkages (referrals for shortage blood types, QA/QC, and joint training).

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities		☑
Number of individuals trained in blood safety		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Laboratory workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	5395
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has no full time or half time staff positions planned in COP06 for Blood Safety but will provide in-country project oversight to the Track 1 HHS/CDC funding to Safe Blood for Africa and the Nigerian Ministry of Health. Providing this oversight in conjunction with USAID (joint funder of Safe Blood for Africa with Track 2 funds) will be the Associate Director for Laboratory (technical assistance) and the HHS/CDC Nigeria Deputy Director (program/budget monitoring). The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for two weeks of in-country support by HHS/CDC HQ Blood Safety project officers.

The HHS/CDC and USAID/DoD staff will work jointly with the Nigerian Government and Safe Blood for Africa to promote quality Blood Safety standards and guidelines. HHS/CDC staff will also monitor Blood Safety activities by implementing partners in PEPFAR ART facilities as funded in COP06.

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Ministry of Health, Vietnam
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5669
Planned Funds:
Activity Narrative: This activity provides the safe blood activities carried out by the Nigerian Ministrey of Health for establishment of national blood transfusion services. Currently, blood transfusion activity in Nigeria is highly decentralized and ineffective. There are no reliable data that captures the total picture of transfusion activity in the country. What is available is a snapshot based on a survey of hospitals in 2003. However, only 12 hospitals responded, representing a small fraction of activity in the country. Approximately 27,000 donations are accounted for from this survey. Many of the largest hospitals did not respond. Of the units accounted for in this survey, 22.5% were from volunteer (non-renumberated) donors and the remaining 78.5% were paid. It is believed that the contribution of non-renumerated donors is closer to 5-10%.

Based on limited survey information, the infectious disease marker rates for blood donations are: HIV-2.2%; Hepatitis B surface-antigen – 10.7%; Hepatitis C – 0.8%; Syphilus – 0.2%. HIV and hepatitis B are performed routinely only in teaching hospitals. Less than 25% of the blood is tested for hepatitis C and syphilis at teaching hospitals. At non-teaching hospitals hepatitis C and syphilis testing are not performed. Teaching hospitals may account for 60% of the blood currently transfused. The rate of hepatitis C positivity may be higher than 0.2%, from one unpublished study (Gwagwalada) of its replacement fee donors, a rate of 4% was observed.

The assumption is that there are three times as much blood collected and transfused nationwide as is accounted for by this survey – approximately 75,000 units annually on a national basis. As there are no reliable transfusion data for the country, one can only extrapolate as to what is the national transfusion replacement. Based on anecdotal information, it appears many patients die for lack of blood. A conservative estimate of the current national transfusion requirement is 1 million units of red blood cells to meet national demand. Clearly as the population grows and medical interventions become more sophisticated, the need for RBC will increase significantly. Requirements for other blood components such as plasma and platelets are unknown.

Because of the size of the country and conditions of the roads, up to 36 regional collection and testing centers may be needed. Within the scope of this proposal up to 4 regional centers are to be developed, each serving approximately 15-20 million people. Blood safety education is currently delivered at a very basic level. Medical students are exposed to a minimum of transfusion-related material. With the exception of those in hematology training, post graduate students and practioners are not updated on transfusion safety or practice in any methodical way. Blood donation and recruitment are currently built around replacement, thus placing the burden on families of patients needing blood. With the exception of work being done by the Nigerian Red Cross and some non-governmental agencies (NGOs), there is little in the way of a volunteer donor blood culture. Replacement donors are frequently commercial donors who may donate frequently and are not prescreened for medical history. It is worth noting that prior to the AIDS epidemic, volunteer blood donation was more common. Today, two factors – fear of HIV contamination by needles and fear of being informed of HIV positivity work against volunteer blood donation.

The plan under this activity is to support two regional blood centers, one the North at Kaduna and one in the South at Owerri within 2 years. Each center will serve approximately 20 million people. Each center will be self contained, responsible for recruitment, collection, testing, processing and distribution. The five year plan calls

for creation of up to 3 regional centers, each serving, approximately 20 million people. Funding will come from Track 1 funds from HHS/CDC and will amount to [redacted] Funding will support purchase of lab equipment, training of staff, consumables and vehicles for mobile collection services and transport of products. The objective is the test 15,000 units of blood in the first year at Kaduna and 5,000 at Owerri.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	☐
Number of individuals trained in blood safety	40	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Imo

Kaduna

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

Nigeria has not had a dedicated policy on injection safety and health care waste management until recently. The national HIV/AIDS policy stipulated general guidelines for universal precautions for health institutions, however, these are seldom reflected in implementation and practice in many facilities, particularly those at lower levels of healthcare system. 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. In an assessment in 2004 the Federal Ministry of Health found poor injection practices among health workers, patients and communities nationwide. The assessment revealed frequent episodes of unsafe injections, inadequate supply of syringes, injection safety equipment, hygienic waste disposal systems and poor knowledge about the hazards of unsafe injections.
The USG is the predominant partner working in close collaboration with the GON and WHO to support injection safety practices in Nigeria. USG support to improve injection safety in Nigeria started in April, 2004 with a pilot project implemented by Track 1.0 partner, John Snow International (JSI)in four Local Government Areas (LGAs) in Lagos and Kano states and the Federal Capital Territory (FCT). The main focus of the pilot project is to promote behavior change among health workers and patients, promote safe and appropriate management of medical wastes and increase availability of injection safety equipment and supplies. With USG support and facilitation, a National Injection Safety Forum has been established and a draft National Policy on Injection Safety and Health Waste Management developed.
A total of 468 health workers have been trained and injection safety equipment supplied to 241 health facilities in the 2 pilot states and the FCT. Despite the successes in the pilot projects in 4 LGAs, injections safety activities in Nigeria need to be scaled up to achieve meaningful impact. It is anticipated that in COP06 Injection safety activities will be scaled up in phases to include all health facilities and local governments supported by the Emergency Plan. The USG will continue to support the National Injection Safety forum which has the critical role of promoting dialogue among stakeholders and increasing support for implementation of injection safety activities.

Program Area Target:

Number of individuals trained in injection safety	3,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	Safe Injections
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	5292
Planned Funds:	
Activity Narrative:	At the national level, the MMIS (Making Medical Injections Safer) project will continue to work in partnership with the GON and other stakeholders to advocate for safe injection practices, inclusion of safe injection equipment on the essential drug list, improved commodity security, and the development of related policy and guidelines. Capacity building for injection safety and medical waste management will continue at the state and local government levels. The MMIS will continue to support the National Injection Safety Forum to establish standards and guidelines, to provide technical oversight, and to plan, monitor, evaluate, and mobilize resources for medical waste management and injection safety in the country.

In FY05, MMIS was implemented 241 health facilities in 4 Local Government Areas (LGAs) in Lagos and Kano states and the Federal Capital Territory (FCT). In FY06 MMIS will scale up activities from 4 to 21 LGAs and include all LGAs with health facilities in the 6 states supported by the Emergency Plan. In FY06 MMIS will be implemented in at least 200 additional health facilities, 3,000 health workers of different cadres such as doctors, nurses, pharmacists and waste handlers will be trained in Universal precautions including, injection safety and infection prevention and control. Safe injection equipment (syringes with reuse prevention and/or needle stick prevention features, reuse prevention syringes, auto-disable syringes) will be bundled with safety boxes and supplied to all facilities after training. Steering Committees established in individual states will oversee distribution of commodities at local government and health facility levels. Information, education and communication materials will be supplied to all facilities to promote safe injection practices. MMIS will work with states and LGAs to facilitate the development of Waste Management plans. JSI will continue to provide technical assistance for institutionalizing the most effective, practical and safe means of waste disposal in all health care settings. Waste segregation is one of the most important parts of waste management. JSI will provide samples of locally available waste segregation equipment and personal protective gear for waste management in target health facilities.

MMIS will work with the FMOH and stakeholders to develop and implement advocacy and behavior change strategy to reduce the demand for unnecessary injections and promote injection safety. The goal of this activity is to reduce the number of unnecessary injections given in Nigeria. JSI will continue to work with the Injection Safety Forum (NISF) which is led by the Federal Ministry of Health and includes, but is not limited to, Federal and State Ministries of Health and Environment, National Action Committee on AIDS, National Agency on Food and Drug Control, National Programme on Immunization, Professional councils and associations and relevant Non-governmental Associations. Work will also continue with the Technical Working Group (TWG), and Sub-Committees for Capacity building, Behavior Change Communication, Logistics & Supplies and Health Care Waste Management.

Universal Precautions, including safe injection best practices, will be assured in all Emergency Plan sites.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	3,000	☐

Indirect Targets

The indirect targets that will be reached include the populations outside the target states that campaigns or television broadcasts will reach. The Nursing, Medical and Pharmacy Societies and Associations will also be indirect beneficiaries as these groups will be used to convey safe injection messages. The injection safety champion, Professor Dora Akunyili of the National Agency for Food and Drug and Control (NAFDAC), has a grass root campaign to reduce un necessary injections which also received indirect support from the Making Medical Injections Safer Program.

Target Populations:

Business community/private sector
Community leaders
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
Program managers
Volunteers
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Nigeria's "mixed" epidemic has specific implications for other prevention efforts, with research suggesting that the epidemic remains largely focused in specific geographic areas and high-risk groups. The USG supports a comprehensive ABC approach, with its other prevention efforts focusing on the epidemic's major geographic and population hotspots. These USG other prevention efforts are in support of the National Strategy's emphasis on identifying Most at Risk Populations (MARP), and targeting MARP with a comprehensive set of interventions that promotes AIDS awareness, fidelity, secondary abstinence and correct and consistent condom use, STI management, and HIV counseling and testing.

The USG's COP06 other prevention portfolio will build on a solid foundation of existing, successful programs. In COP04/COP05, the USG's efforts focused on increasing access to - and the demand for - HIV/AIDS prevention services for high risk populations. The USG partnered with fellow donors, DfID and the Society for Family Health (SFH), the country's largest indigenous NGO and distributor of over 80% of Nigeria's national condom supply. Through this successful partnership, DfID supplied SFH with funds to purchase condoms, and the USG supported SFH in its condom marketing and distribution efforts. COP6 prevention interventions will prioritize/focus on partner reduction to balance the previous HIV prevention programs that mainly focused on A and C. The USG also supported the establishment of national PLWHA networks and local support groups, and built their capacity to implement successful prevention programs within the support groups and their communities. USG also implemented Nigeria's only prevention activities targeting the extremely high-need military and uniformed services personnel populations.

A strategic review of these COP04/COP05 efforts was conducted to guide the development of the USG's FY06 prevention portfolio. In Nigeria, the epidemic is "concentrated" in some states, fueled by high risk behaviors found along high transit corridors and in prisons, and among sex workers, drug users, MSM, the military and other uniformed personnel. While consistent condom use remains relatively high at 67% with casual partners, only 33% report "always" using a condom with a boyfriend/girlfriend, and only 2% report "always" using a condom with a spouse. Essential priorities for other prevention should therefore focus on the most concentrated areas of the epidemic, targeting MARP, and promote partner reduction and correct and consistent condom use.

The COP06 other prevention portfolio has been refined to align with this strategic review in a number of key ways. Other prevention efforts will be targeted towards MARP, including uniformed services personnel and their dependents, transport workers, female sex workers, drug users, men having sex with men (MSM) and people living with HIV/AIDS (PLWHA). DoD activities will be rapidly expanded to reach increased numbers of uniformed service personnel, their dependents, and the surrounding communities. Activities will support promotion and quality distribution of condoms, community mobilization, production and distribution of IEC materials, referral and linkages to C&T and treatment, and diagnosis and treatment of STI. Information will be disseminated about the correct and consistent use of condoms, coupled with information about abstinence as the only 100 percent effective method of eliminating risk of HIV infection; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	125,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,220
Number of targeted condom service outlets	52

Table 3.3.05: Activities by Funding Mechanism

Mechanism: GHAIN

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3236

Planned Funds:

Activity Narrative: This activity also relates to activities in HVAB, MTCT and HVCT.

This activity includes a range of prevention activities that address and overcome issues of discrimination; activities directed towards the uniformed services; activities directed towards prostitutes and drug users, aimed at eliminating or reducing risky behaviors; expanded access to clinical services for MARPS, including diagnosis and treatment of STI; promotion of correct and consistent use of condoms; and PLWHA prevention services and linkages to HIV treatment and care services, including counseling and testing.

GHAIN will continue to implement other prevention activities targeting 8,000 most-at-risk people (MARPs) including uniformed services personnel and their dependents, transport workers, female sex workers (FSWs,) and other emerging MARPs such as men having sex with men (MSM) and people living with HIV/AIDS (PLWHA). Funding will be specifically directed at promotion and quality distribution of condoms and other risk reduction activities (abstinence and be faithful); community mobilization, production and distribution of IEC materials, referral and linkages, and diagnosis and treatment of STI. Information will be disseminated about the correct and consistent use of condoms, coupled with information about abstinence as the only 100% effective method of eliminating risk of HIV infection; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. FHI and its partners will support access to condoms for those most at risk of transmitting or becoming infected with HIV. The condom use programs will be tailored to promote the understanding that abstaining from sexual activity as well as being faithful to one uninfected partner remain the most effective and only certain ways to avoid HIV infection. The program would also promote the correct and consistent use of condoms, the importance of risk reduction, and strategies for effective personal risk reduction.

GHAIN's strategy will continue to be based on the OGAC ABC guidelines that specify population-specific interventions that emphasize abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults; and correct and consistent use of condoms by those whose behavior places them at risk for transmitting or becoming infected with HIV. FHI will work through its state-level BCC/community mobilization units to intensify and expand community mobilization activities for be faithful, correct and consistent condom use and risk reduction for the MARPS. GHAIN will also work with local NGOs to carry out other prevention activities with MARPS and related segments of the general population. In addition, FHI will continue to work with its current implementing agencies and expand its HVOP efforts by working with additional NGOs including, but not limited to, Community Health Information and Education Forum (CHIEF), Nigeria Union of Road Transport Workers (NURTW) and Life Link Organization (LLO) in Lagos; Society for Women and AIDS in Africa, Nigeria (SWAAN), Nigeria Union of Road Transport Workers (NURTW) and Development Initiative and Progress (DIP) in Anambra State; and Fortress for Women (FFW), Nigeria Union of Road Transport Workers (NURTW), and Youth and Environment Development Association (YEDA) in Kano. In addition, the HVOP program will be expanded to include uniformed services personnel (the police, armed forces and their dependents). This will be made possible by collaborating with the US DoD in the GHAIN focal states as well as working with the Armed Forces Program on AIDS Control (AFPAC) and the Police AIDS Control Committee (PACC). GHAIN will ensure the integration of appropriate reproductive health messages into the "other prevention" programs for the uniformed services and their dependants utilizing the Population Funds. GHAIN will build the capacity of these NGOs and government agencies to carry out HIV prevention activities, including development and dissemination of IEC materials, community mobilization, condom use programs, peer education activities, counseling services, referrals and linkages among others. They

will be linked to CT, ART, PMTCT, TB programs, AB programs, HBHC and other relevant services available in the community. GHAIN will ensure high quality HVOP data, through a sound information system that precludes double counting and that ensures accountability. GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will l

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	80	☐
Number of targeted condom service outlets		☑

Target Populations:

Brothel owners
Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Faith-based organizations
Discordant couples (Parent: Most at risk populations)
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Military personnel (Parent: Most at risk populations)
Mobile populations (Parent: Most at risk populations)
Refugees/internally displaced persons (Parent: Mobile populations)
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Teachers (Parent: Host country government workers)
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rivers

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5362
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, A&B, Treatment, PMTCT, OVC.

Through this continuing activity, DoD will support the rapid expansion of Other Prevention activities at a variety of military bases including Nigerian Air Force Base Ikeja, Jos, Calabar; Nigerian Army Base Kaduna, Kano, Calabar, Enugu; and Nigerian Navy Base Ojo, Calabar. Unique to the military community is the centralization of all services pertaining to daily life. This environment allows for concentrated and multi tiered interventions.

Other Prevention activities will be implemented through VCT centers, clinical programs in the hospitals, barracks schools, unit (soldier sustainment) training, training of commanders and staff (War College, Staff Colleges), intra-deployment activities (when military are at increased risk), military chaplain interactions, marital counseling, and family planning activities, and opportunity training at pre and post deployment activities (contingency). This activity will also build upon the Nigerian military's strong network of peer educators, volunteer and PLWHA groups by enabling these groups to incorporate Other Prevention messages into their existing activities.

A hallmark of the military unit is consistent drilling and training on standard operating procedures, use of equipment, physical conditioning and rules of conduct. The addition of an ABC/STI prevention program is a natural addition to the Nigerian military training schedule. Activities will include workshops for commanders, staff officers and non-commissioned officers during their formal advance educational courses such as those undertaken at the Command and Staff College in Gajil, the War College in Abuja and other formal training programs. Activities will also promote the adoption of prevention behaviors among service members while deployed from home base or on extended out of country assignments or deployments. An "open door" policy for commanders will be developed, which will allow any service member to approach the commander on certain issues without first going through their chain of command (which may be quite intrusive at times) and can assist with fear reduction.

This activity includes a range of prevention activities to address issues of discrimination and stigma. Military and civilians employed by the military, family members, commercial sex workers, barracks dwellers, and civilian community surrounding the military bases will be targeted with activities. Special pre and intra-deployment activities will be developed and implemented as well as a post-deployment focus on prevention, linking to counseling and testing.

Funding will be specifically directed at the promotion and targeted distribution of condoms and other risk reduction activities such as abstinence and be faithful messages. Information will be disseminated about the correct and consistent use of condoms, coupled with information about abstinence as the only 100 percent effective method of eliminating risk of HIV infection; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction. OGAC/FGON directives with respect to this activity focus will be maintained. Other activities will include phased in community mobilization, procurement and distribution of IEC materials, building referral linkages, and the diagnosis and treatment of STIs.

This activity will outreach to surrounding civilian communities in an attempt to increase trust and understanding between the communities, build on the natural relationship between these communities, break down any "customer-provider"

relationship and develop trust and familiarity between community leaders and military commanders. Promotion of trust provides an enabling atmosphere and may be empowering among vulnerable groups to seek out community leaders and even military leaders to access information and services.

Officer wives clubs in conjunction with PLWHA groups can reach out to local community leaders and other groups with informational sessions, town hall meetings, and introductions to military commanders. OGAC ABC guidance will be followed to target adolescents and teens in the barracks, surrounding civilian community members, and local service providers with population-specific messages emphasizing abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults; and correct and consistent use of condoms for those at risk.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	100	☐
Number of targeted condom service outlets	50	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Volunteers

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Partners/clients of CSW (Parent: Most at risk populations)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Other

Coverage Areas

Cross River

Enugu

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5370
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has no full time or half time staff positions planned in COP06 for Other Prevention area activities but will provide in-country project oversight to Africare which was awarded [ ] of Other Prevention funding. Providing this oversight will be various programmatic staff for technical assistance and the HHS/CDC Nigeria Deputy Director (program/budget monitoring). The funds planned in this activity also include HHS/CDC HQ Technical Assistance travel for two weeks of in-country support by HHS/CDC GAP HQ Prevention staff.

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5371
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of a locally-hired prevention technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on prevention; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CIHPAC
Prime Partner:	Society for Family Health-Nigeria
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	*Other Prevention Activities*
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5372
Planned Funds:	
Activity Narrative:	The Society for Family Health is currently implementing the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care (CIHPAC) Project in Nigeria. While this activity is part of SFH's comprehensive prevention program, this activity will solely support ABC CIHPAC combines targeted behavior change communication activities at the community level (working with CSO/CBO partners) with national level mass media campaigns and product distribution with the objective of achieving sustained health impact. The main goals of the project are to contribute to a reduction in HIV prevalence among youths aged 15-24 years, to reduce the STI/HIV prevalence among Most at Risk Persons (MARPs), to create an enabling environment for behavior change and program sustainability in collaboration with other partners, and to create demand for voluntary counseling and testing. The community level intervention primarily targets in-school youths and MARPs such as out of school youths, transport workers, uniformed servicemen and commercial sex workers (CSW). The program will be expanded in FY06 to include male and female adults in the general population living around the identified sites. CIHPAC leverages funds and commodities from the DFID funded project Promoting Sexual and Reproductive Health for HIV Reduction (PSRHH), which is implemented by SFH, Population Services International and Actionaid International.

The first component of this activity targets female sex workers and potential clients of sex workers such as transport workers, uniformed servicemen and other men around the brothel areas. An initial community assessment will be conducted to map out areas of high sexual networking and the presence of brothels. Advocacy will be conducted with the brothel owners and chairladies of these establishments to enable access to the girls and to introduce the health education program. Using a participatory process, peer facilitators are selected from each brothel and are trained to provide HIV prevention messages to their peers on a weekly basis. The key messages are consistent condom use in all sex acts, prompt and complete treatment of STI's and testing for HIV. Advocacy with brothel owners is primarily to support the girls in enforcing a "no condom no sex" policy in their establishments. Other potential client of CSWs around the brothels will be reached through the use of local dramas and singers that are found in the brothel clubs. They will be taught the basics of HIV prevention and encouraged to weave prevention themes into their songs promoting partner reduction and consistent condom use. Peer facilitators are also taught participatory monitoring and evaluation to enable them to monitor their progress against joint objectives. Linkages will be established with health facilities to ensure access to STI treatment and VCT. Girls who test positive will be linked to support services around the sites.

A second component of this activity will target long distance and intercity drivers along the transport corridor from Maiduguri to Port Harcourt. This will be a collaborative effort with the National Union of Road Transport Workers. Forty three truck/bus stops have been identified and will be reached with IEC leaflets and target specific audio dramas. The key messages transport workers and uniformed servicemen will receive are partner reduction, mutual fidelity and know your HIV status.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	965	☐
Number of targeted condom service outlets		☑

Indirect Targets

Indirect targets for CSWs are men and women that may be around the sites during training sessions, an estimated 6720 persons may be reached during these sessions.

Target Populations:

Adults

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Faith-based organizations

Military personnel (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Policy makers (Parent: Host country government workers)

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5375
Planned Funds:	
Activity Narrative:	This activity is related to activities in Counseling and Testing (#0631), TB/HIV(#0724), Other/Policy Analysis and System Strengthening. This activity will be implemented by Internews. A component of this activity will build the capacity of the media through continued training of journalists on HIV/AIDS prevention issues, and provide travel grants to journalists for investigative journalism. This activity will also support the organization of policy tours to allow journalists to follow the implementation and impact of specific policies and laws from the federal level down to the state and community levels to profile successes and challenges as well as initiate bottom-top input to policy formulation and legislation. Thematic training workshops will focus on further building the capacity of journalists to use topical issues in talk shows and media roundtables to upscale public dialogue and understanding of HIV/AIDS prevention issues. Media owners and top executives will further be engaged to provide more enabled environment for journalists' application of new skills. Special activities will focus on media coverage of the activities of the private sector in the national response. This will lead to better private-public and private-private partnerships development. This activity will continue to bring local voices into the media arena – not just "experts/leaders"- through journalists' short site visits to relevant policy generating institutions and actors as well as policy consuming communities and individuals.

Another component of this activity will be a training workshop on effective communications for NGOs working on prevention activities which will result in a core of NGO representatives reaching out to media and having their issues aired. Funding will also be used in collaboration with Internews' Local Voices Project, to provide support to Development Communication Network (DEVCOMS) to establish a radio production studio in Lagos to enable production of long format and feature radio stories. This will ensure that the journalists trained on HIV/AIDS prevention issues will continue to report on issues long after the workshop ends. The need for the establishment of this studio in Lagos is predicated on the fact that over 50% of all print and electronic media organizations are located in Lagos. The studio in Lagos will also allow Lagos-based journalists a laboratory to be able to learn and develop the craft of quality health and education journalism. In addition, by supporting JAAIDS in having an advocacy specialist based in Abuja—the government hub-- it will help ensure that public discussion of HIV/AIDS prevention translates into policy action.

The media in Nigeria has been a major vehicle for policy change in Nigeria and several examples exist where portrayal of issues in the media has resulted in more rapid government response. A minor component of this activity will be focused on achieving such results for HIV/AIDS prevention issues through support of journalists for portrayal of issues in areas that will require government response. Internews will benefit from being a member of the ENHANSE consortium, which is the USG partner responsible for implementing policy interventions, because it will bring them into direct contact with policy makers and program implementers addressing HIV/AIDS prevention issues. Internews will leverage already existing resources within the ENHANSE consortium while at the same time expanding the scope of its work to all segments of the news media (both print and electronic) beyond radio. To be able to demonstrate the impact of investments in this area, baseline and other periodic assessments of media coverage in form, depth and content will be carried out for both print and electronic media including the specific identification of cases where enhanced media coverage of issues have led to specific policy change. Internews will also conduct several key informational surveys of print, radio and television audiences. The surveys would inform efforts to increase audience knowledge on key health and social issues especially as it relates to HIV/AIDS. Evaluation will also be carried out on changes in attitudes by media management/decision-makers toward HIV coverage

(through in-depth interviews), changes in frequency and quality of HIV/AIDS reporting and programming (through media content analysis) and on the impact on listening audience (through random household surveys). The Lagos research firm Research and Marketing Services (RMS) will be contracted to conduct the evaluation research in Nigeria.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that *promotes HIV/AIDS prevention through other behavior change* beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	60	☐
Number of targeted condom service outlets		☑

Indirect Targets

The activities targeting training of journalist and building the capacity of media organizations will lead to the publishing/airing of stories in the print and electronic media from the trainees that will reach at least 40 million Nigerians from all walks of life.

Target Populations:

Community leaders

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: U.S. Embassy Staffing
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5488
Planned Funds:
Activity Narrative: This activity also relates to activities in Counseling & Testing (#0631).

This activity has three components. The first component is to provide support to the National Action Committee on AIDS (NACA) to develop and disseminate its policy messages to stakeholders, staff, and State Action Committees on AIDS (SACAS). Emphasis will be on leadership and coordination of partner organizations and include such policies as stigma and gender policies and male norms and behaviors that would be combined with wraparounds democracy and governance, education, food, and microfinance/microcredit. Targets will consist of the number of individuals trained in HIV-related policy and the number of individuals trained in HIV-related community mobilization for prevention, care/or treatment. Policy messages will be disseminated through the NACA web site, the eForum, and a new NACA newsletter as well as town hall meetings for stakeholders and workshops for journalists. Updating the info packs for S/GAC and other stakeholders is included in this activity.

The second component will work with State Action Committees on AIDS to develop and disseminate policy messages to local government agencies and communities. This activity will mirror the work of NACA but only on the state level. State leadership and coordination with partners such as local departments, Local government authorities, and teachers. The indicators will be on number of individuals trained in HIV-related policy and number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment. At this level, attempts will be made to bring in community leaders, religious leaders, community based organizations, faith-based organizations, and non-governmental organizations. SACAS activities will be linked with the NACA web site and newsletter. Town hall meetings and workshops for journalists will be utilized for mobilization.

The final component will build on lessons learned from previous grants and will support universities and media in the focus states to engage in community mobilization that include activities that create community commitment and involvement such as peer education, education of local media and support groups. Information and education activities will include counseling and testing information to the target groups at the state level.

GHAI funding supports two Foreign Service Nationals in the PAS office since FY05. GHAI funding is required to continue this staff support.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Children and youth (non-OVC)

Religious leaders

Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Anambra

Bauchi

Benue

Borno

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Nassarawa

Oyo

Plateau

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5656
Planned Funds:
Activity Narrative: The activities under this heading are related to Counseling and Testing and Basic Care and Support.

This activity provides the basic care and support services to be provided to 1,500 individuals identified as HIV+ from C&T, delivered through a local NGO in the Lagos or Port Harcourt area, to be determined through a limited competition (local organization) RFA offered by the CDC. The activities will focus on condom use promotion in high risk populations and referral to local PEPFAR network VCT services including 2 sites to be operated under this RFA. Community outreach focused on the target groups of most at risk individuals with the purpose of preventing geographical spread (e.g. targeting young truck drivers and sailors),those at risk for becoming commercials sex workers (street youth), and spread to families through discordant couples.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	15	☐
Number of targeted condom service outlets	2	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

Lagos

Rivers

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

The need for Basic care and support has been recognized and prioritized by the GON. The GON National Target is to ensure that by 2010, 50% of health institutions will be offering effective quality care and management for HIV/AIDS and at least 20% of all local government areas (LGA) will be offering home based care (HBC) services to PLWHA in their communities. Generally, available programs have not yet integrated a full range of HIVAIDS clinical, psychological, and spiritual support services at a level to meet client needs.

In COP04 and COP05, in line with the 5 Year Emergency Plan for Nigeria and the new National Strategic Framework, activities focused on expanding provision of Basic care and support services in the targeted communities, 4 Centers of Excellence sites and 9 satellite clinics and other states designated by FMOH throughout the country. These services are integrated with VCT, PMTCT, prevention and treatment of STI, TB, and ART services. By May 2005, the USG had achieved 76% of trained target, 28% of outlet target, 12%of malaria targets and 6% of its target for clients receiving services. In response to the semi annual findings start up activities were fast tracked at the community level and the USG team is confident that the targets will be met by end of COP05.

In COP06 the USG will support the FMOH to promote a national policy (strategic framework). The USG will also endeavor to establish consensus among stakeholders regarding general definition of HIV palliative care (as described in the USG/WHO policy guidance) and basic set of services (physical, psychological, social, and spiritual) to be provided at the HBC, and clinical facility levels.

The USG team will also work with the GON to expand the capacity to deliver palliative care services in community settings, including: strengthening HBC palliative care capacity within primary health care centers; expansion of the roles of nurses to legalize prescribing medications to treat common HIV/AIDS related symptoms, e.g. the provisions of VCT services; and HCB access to oral morphine. The USG team, through the COP process is addressing the need for standardization of services across partners. The most serious barrier reported regarding the provision of services to clients was the issue of transportation. While the most frequently reported barriers to access palliative care services or sustaining clients' livelihood and quality of life is the current practice of HIV testing prior to employment and limitations on community access to medications to relieve severe pain in managing terminal patients in the home.

In COP06 due to funding constraints the USG will provide a limited package of services to 143,310 HIV+ individuals including general, management of OI's and prophylaxis, Lab services or referrals, and Support Services (psychosocial, bed nets, training, safe water, home based care kits, referral). The targets are for services provided to HIV positive individuals. The USG will support a family-centered approach to delivering palliative care including sufficient HBC services for pediatric clients. Specific effort will be made to link existing USG funded TB sites to HBC programs, ensure sufficient coordination and linkages between HBC, clinical facility sites and with HIV prevention, treatment, and OVC programs to serve diverse and fluctuating needs of adult and pediatric clients. Efforts will be increased to engage and involve HIV infected clients in program planning and service delivery. Links between tertiary care facilities and secondary and HBC providers will be established and strengthened for the purpose of providing ARV and HIV specialty services to community providers. Tertiary services will be engaged in supervisory activities of professional staff at the community level and provide access to necessary medications (such as morphine) within community based programs.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	48
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	148,310
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3237
Planned Funds:
Activity Narrative: This activity has several different components making up a basic set of palliative care services. One component is to provide clinical care services that include management of OI, laboratory services; and support for ART adherence. Others include training in HBC service provision, and retraining of in-service and retired physicians, nurses, midwives, clinical officers, community and volunteer health workers and traditional healers (TBAs, circumcisers etc) to provide clinical and home base care services, as applicable. Howard University will continue to work with the Pharmaceutical Society of Nigeria (PSN) and other professional bodies to build the capacity of their members to improve referral of clients to services and to play a role in community education about HIV/AIDS. Funding will be directed at production of IEC materials, commodity procurement, community mobilization, training, local organizational capacity development, and linkages with other sectors.

The second component is psychological & mental care services. GHAIN will work PLWHA and health facility staff to provide training and services in psychosocial support. The third component, day care services will be provided via pilot models based on WHO standards and other models seen in some of the USG supported sites e.g. Faith Alive in Jos. These models will be based on and adapted to suit specific clients, families and communities, with appropriate plans to expand. The end-of-life care and bereavement support services will be addressed an extension of day care. The fourth component; GHAIN will ensure that community and home based care (C&HBC) providers are retrained with curricula that include spiritual counseling skills while in addition engaging FBOs to work with clergy and clerics, trained with counseling skills to provide spiritual care and support and reduction in stigma, denial and discrimination. The fifth component (social care services) will involve engagement of relevant institutions to ensure social-welfare services are delivered to clients. GHAIN will collaborate with other USG partners to wrap around their services; such as education, food, microcredit, democracy and governance, etc. The sixth component is the pediatric palliative care services. This will cut across all components of palliative care and will be implemented under HKID. GHAIN will collaborate with other USG implementing partners to wrap around services that protect the rights of the child, enhance food supply, improve sanitation in communities, provide clean water and strengthen non-HIV health services, including family planning, child health and nutrition. The next component of palliative care is HBC services. GHAIN will expand the focus of HBC from client oriented to a family centered approach that includes all components of palliative care. There will be active community participation in HBC including male involvement in care initiatives to ensure continuity and sustainability. HBC activities will include home visits by trained volunteers using GHAIN supplied HBC kits. GHAIN supported secondary and primary health care facilities will serve as referral points for HBC services that cater for clients and their families. To ensure effectiveness the program will recruit volunteer outreach workers from the ranks of retired nurses/midwives, CHEWs (Community Health Extension Workers), and community volunteers from the PLWHA, FBOs and CBOs. The American Red Cross (ARC)/Nigerian Red Cross Society (NRCS) volunteers will be instrumental in scaling-up home-based palliative care and in increasing awareness and access through strong linkages with the health facilities. These mechanisms will be strengthened by establishing coordination and program linkages between community-HBC programs, OVC programs and health facilities; thus creating a much needed network that provides an enabling environment for clients and families to uptake an accessible continuum of comprehensive palliative care services. GHAIN will build the capacity of the Referral Coordinators to strengthen the mechanism. An M&E mechanism that ensures quality services will continue to be provided.

GHAIN will collaborate with the GON and other USG-IPs to increase the geographic distribution of HBC & palliative care programs by strengthening the

capacity of existing PHC structures through quality management, training, continuous education and referral systems. GHAIN, in conjunction with the GON, will provide capacity building across board to fill the gap that exists for palliative care in Nigeria. Training curricula will be developed in conjunction with relevant stakeholders such as the GON and PLWHA with technical guidance from GHAIN and professional palliative care experts. GHAIN will develop an exit/sustainability plan both at the national level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks. This activity supports the treatment and care and support targets for the 5-year Emergency Plan in Nigeria and the New National Strategic Framework through training of health care workers to build their capacity to provide care and support to PLWA, the development of linkages to spiritual and psychological support services, and *strengthening the capacity of CSOs to provide C&S in their communities.* This activity will specifically contribute to the target of providing C&S to 1,750,000 HIV-affected individuals through palliative care.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	43,940	☐
Number of HIV+ provided Basic Care and Support	43,940	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Bauchi

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3247
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, Lab, TB/HIV, and ARV Treatment.

Support for four points of service opened in COP05 are planned in COP06: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja) will receive continued development of quality control and quality assurance training.

A basic care package will be made available to all HIV positive patients. This package includes the following services: access to free laboratory monitoring including CD4 measurement, hematology, chemistry, pregnancy testing, malaria smear, TB diagnostics, linkage with GON/MOD sponsored DOTS programs, instruction in appropriate water purification, linkage to psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service, provision of trimethoprim/sulfamethoxazole prophylaxis for all those with CD4 absolute count < 350 cells/ml3 and symptom management.

Team members for Basic care and support will include physicians, nurses, technicians, pharmacists, nutritionists, and administrative staff and will comprise a multidisciplinary team. In addition to care, educational materials, including self care, drug adherence counseling, access to PLWHA groups, and nutritional support (either through direct provision or referral) will be provided. Mosquito nets will be provided to most at risk populations: HIV+ women and children (to 15 years of age). Opportunistic infections will be diagnosed and managed with appropriate medication to include but not limited to anti-parasitic, anti-diarrheal, antibiotics, anti-fungals and symptomatic medications.

In COP06 800 new individuals (total 2000) will be managed, four facilities will be maintained and 20 health care workers trained.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,870	☐
Number of HIV+ provided Basic Care and Support	5,870	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Lagos

Federal Capital Territory (Abuja)

Kaduna

Plateau

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3259
Planned Funds:	
Activity Narrative:	This activity also relates to PMTCT, Lab,TB/HIV, and Counseling and Testing. Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Hospital and Training Center (FCT).

This activity builds upon the extensive capacity and infrastructure development under COP05 at the IHV-N sites to increase the comprehensiveness of HIV care and augments the local care network by adding a community home based care component with a direct linkage to the hospital point of service. Through this activity 32,550 persons will receive services (including 600 family members of PLWHA) across 7 sites. Training will be provided for 270 nurses, counselors, and home based care providers. The activity supports three components.
The first component is provision of a basic care package for 22,482 HIV+ adults at 7 points of service. The basic care package which will be available to all PLWHAs receiving services includes: access to free laboratory monitoring including CD4 measurement, hematology, chemistry, pregnancy testing, and malaria smear regardless of receipt of ARVs, access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, instruction in appropriate water purification, provision of trimethoprim/sulfamethoxazole prophylaxis for all those with CD4 absolute count < 350 cells/ml3, symptom/complication management including provision of loperamide , oral and IV fluconazole, antimalarials, and oral and parenteral antibacterials, access to community home based care services including end of life care closely linked with the hospital –based medical care provider, and linkage with community NGOs and faith based organizations for food and nutrition resource support. In addition, clients are provided with psychosocial support through participation in PLWHA support groups and individual counseling operational at all points of service. Counseling services include prevention, crisis management, spiritual support, bereavement (and of course ARV adherence). Counseling and psychosocial support will be provided to an additional 9,468 HIV- family members. Sites utilize a multidisciplinary team approach consisting of a physician, nurse, and counselor to facilitate comprehensiveness and continuity of care. HIV-infected adults presenting for care have a comprehensive initial visit including complete history and physical examination with the physician and a CD4 count and other indicated labs are obtained. They also have an initial visit with the nurse and counselor. At the return visit, the patient' s CD4 count is available and a decision is made concerning ARV initiation based upon the CD4 results and patient symptoms. Patients have a second session with the nurse and are instructed regarding general health and water purification and the nurse conducts an assessment regarding food security. Those in need of food resources are referred to community resources listed above. Patients also have additional sessions with the counselor as needed. During these sessions, appropriate prevention counseling to reduce risk to partners is provided and an assessment is made regarding other at risk family members who are linked to hospital-based counseling and testing. In addition, patients are encouraged to participate in the PLWHA support group at the site. Those patients not initiating ARV treatment are scheduled for an every 3-4 month follow-up visit.

A second component is community home based care. This will be provided at each site by 3 community home based care nurses and 3 home care aids. Home care aids will be preferentially recruited from the PLWHA support group membership. Home based care kits including thermometer, water purification kit, bedding, dressings and medications for symptom relief will be available at the site level for use by the home based care nurses and aids. The community home based care staff will each be

assigned to one of the multidisciplinary teams and report to the team physician. This will ensure continuity of care for home-based care patients. Home based care will be provided to 100 patients per site for a total of 600 patients served.

The final component is provision of training essential for program success. The primary target group for training is nurses, aids, and counselors at the site level. The training will be overseen by a nursing IHV faculty member with extensive HIV care experience who will be resident full time in Nigeria. She will be assisted by the IHV-N nurse educator and counselor master trainers. Dr. Carla Alexander, an acknowledged world expert on palliative care provides technical assistance in program development, implementation and training materials development. 10 nurses/counselors at each of the 7 sites for a total of 70 nurses/counselors will be trained. An additional 200 people will be trained in basic home based care and peer counseling support from PLWHA support groups at each site and collaborating community based organizations. Thus, the total training target is 270.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	28,000	☐
Number of HIV+ provided Basic Care and Support	22,700	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Caregivers (of OVC and PLWHAs)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5364
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of an expatriate palliative care technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on palliative care; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: *US Centers for Disease Control and Prevention*
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5365
Planned Funds:
Activity Narrative: The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one medical officer and one program officer) planned for Basic Care and Support (HIV). The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for four weeks of in-country support by Basic Care and Support area specialists.

These two staff positions will work in coordination with the USAID staff position which will hold the USG Team Lead for Basic Care and Support and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION, Harvard SPH-APIN, Catholic Relief Services-AIDsRelief and the University of Columbia SPH-ICAP.

HHS/CDC GAP Nigeria Basic Care and Support staff will also examine potential local partners for capacity development and entry into the PEPFAR Basic Care and Support program in COP07 as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria National Basic Care and Support guidelines.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	7 Dioceses
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5366
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Palliative Care: TB/HIV, Orphans and Vulnerable Children; Counseling and Testing.

This activity has several different components. One component is to continue to work with the Catholic church to train and equip HIV/AIDS diocesan staff, Parish Action Committee on AIDS (PACA), and Parish Action Volunteers (PAVs) to provide high quality family-centered home-based care to PLWA and their families. This will be accomplished by strengthening and expanding basic palliative care services at the diocesan level to include clinical as well as lab monitoring of clients. The services provided by the Seven Dioceses Care & Support Project will include building capacity in families and community to care for PLWA, psychosocial support, spiritual support, basic nursing care, clinical monitoring, OI prophylaxis, detecting common OIs and initiating treatment where needed, with referrals for diagnostic tests and treatment of more complicated cases as needed, pain management and treatment of common complaints related to HIV/AIDS, education related to positive living and health maintenance and culturally-appropriate end-of-life care. PAVs and health care providers will build capacity among families to care for PLWAs during home visits. All members of the family will be instructed on care and prevention. Psychosocial support will be provided to care givers to help them avoid "burnout". Education related to positive living and health maintenance will include information on avoiding HIV infection and re-infection, prevention of other infections such as malaria, when to seek health care, basic hygiene including safe water and nutrition. Training will be done through palliative care workshops followed by preceptorships, tutorials, and clinical palliative care updates. All HBC workers will be trained to assist PLWA in accessing needed social services (nutritional support, legal counseling, income-generating activities, etc). All people involved in providing palliative care will be taught to address stigma and discrimination against PLWA. A ToT concept will be integral to all diocesan level trainings under this component. CRS will also provide its partners with standard HBC kits to allow them to meet all the basic needs at the community level, with regular replenishment of the kits. In addition, capacity will be built at each diocese to develop and maintain a complete drug formulary geared toward providing palliative care (including treatment of OIs and pain relief) and on developing a distribution system to ensure access for PLWAs. The cost of drugs for OI prophylaxis and treatment will be subsidized and available at the community level. Where possible, CRS will work with each diocese to develop at least one facility that can be used as a day-hospital to provide short-term care to HIV positive persons and respite care to families. Funds for this component will go toward strengthening the necessary capacity to support the delivery of palliative care, staffing costs, cost for drugs for OI prophylaxis and management, analgesics and other drugs and supplies required to deliver palliative care, cost to purchase and replenish HBC kits, costs of laboratory management, training costs, and other costs related to providing onsite training, mentoring and preceptorship of those involved in providing family centered home based palliative care. This activity will target people living with HIV/AIDS, HIV/AIDS affected families and caregivers. Through its work with 8 Catholic dioceses, CRS will provide palliative care to 9,300 PLWAs.

The second component is strengthening and expanding linkages to ensure continuity of care for all persons accessing palliative care through the Seven Dioceses Care & Support Project. Very strong linkages will be formed with other CRS HIV related activities, especially the SUN OVC Projects. Linkages between the Seven Dioceses Care & Support Project, health care facilities, other community-based groups providing palliative care and social services will be established or strengthened through an improved referral system. Efforts to strengthen links within various sections of the Catholic church, especially with the Justice Development and Peace

Commission department that is also a part of each diocese, will also be undertaken. This linkage will help to address issues of stigma and discrimination and assist in the provision of legal services to deal with such things as inheritance issues. Collaboration between various USG implementing partners can improve the health care provided to PLWAs. Referring people receiving community based care and support with difficult to treat or life-threatening OIs or other HIV related complications to tertiary health facilities and labs increases the quality of care received. Care and Support clients and their families are referred to USG-supported services when necessary, such as free HIV screening, highly subsidized and/or free ART and PMTCT services. Funds for this component will be used to establish and strengthen a referral network between community groups, social service providers, health care facilities and other USG implementing partners and staffing for a care coordinator. This activity will target Adults, Boys, Girls, PLWHA, HIV/AIDS affected families, Faith-Based Organizations, Health Care Worker.

This activity supports the treatment and care and support targets for the 5-year USG plan for AIDS relief in Nigeria through training of health care workers to build their capacity to provide care and support to PLWA, the development of linkages to spiritual and psychological support services, and strengthening the capacity of CSOs to provide C&S in their communities. This activity will specifically contribute to the target of providing C&S to 1,750,000 HIV-affected individuals through palliative care.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,300	☐
Number of HIV+ provided Basic Care and Support	9,300	☐

Target Populations:

Adults

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

able 3.3.06: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5368

Planned Funds:

Activity Narrative: AIDSRelief's Palliative Care: Basic Health Care and Support work relates to activities in Palliative Care: TB/HIV (HVTB), Orphans and Vulnerable Children (HKID); HIV Treatment/ART Services (HTXS); and HIV Treatment/ART Drugs (HTXD).

AIDSRelief provides comprehensive, high-quality palliative care for HIV-infected people by strengthening services at our three existing health facilities (Faith Alive, Al Noury and St. Vincent's Hospital). In addition to its ART targets, AIDSRelief will also provide facility-based palliative care to an additional 12,500 adults/adolescents living with HIV/AIDS. This activity will target all PLWHA and their families, including those on ART. Components of this activity include:
(1) Ensuring the provision of comprehensive clinical care for all PLWHA seen at the AIDSRelief health facilities by building institutional and health worker capacity to diagnose and manage opportunistic infections (OI), to provide comprehensive medical care and to address the social, psychological and spiritual needs of PLWHA.

(2) Developing and strengthening of the linkages between health facilities and their communities to ensure all HIV positive persons have access to basic nursing care, psychosocial and spiritual support at the community-level, and are linked to the necessary social services to ensure optimal quality of life (e.g. access to legal services, clean water supply, basic nutrition and hygiene, income-generating activities).

(3) Engaging in educational activities such as making IEC materials accessible at AIDSRelief health facilities and surrounding communities and taking part in educational sessions conducted at HIV support group meetings and in the community on HIV sensitization, de-stigmatization, and education on HIV care and treatment.

The first component includes continuing to strengthen laboratory capacity at all three facilities to diagnose and manage common OI, CD4 cell monitoring, increasing pharmacy capacity for stocking and dispensing the drugs needed for palliative care, providing training to the relevant cadres of healthcare workers on the detection, diagnosis and treatment of OI, and sensitizing all staff members on the needs of PLWHA and equipping them to provide appropriate psychosocial support and counseling at all levels of care. Particular emphasis will be placed on training nurses, counselors, treatment support specialists and community workers, with specific health care workers being trained as trainers of community members and families. All will be taught to address stigma and discrimination against PLWHA and will be able to assist PLWHA to disclose their status to selected family members and friends who will be able offer social support and later serve as treatment supporters when treatment for OI or ART becomes necessary. Training will be done through onsite tutorials, preceptorships and clinical palliative care updates in home-based care organizations and clinics providing ARV treatment through the AIDSRelief consortium and through the CRS Care and Support Project. A train-the-trainer model will be integral to all activities under this component. Funds for this component will go toward building the necessary laboratory and pharmacy capacity to support the delivery of palliative care, cost for drugs for OI, analgesics and other drugs and medicaments required to deliver palliative care, cost to purchase and replenish HBC kits, and costs related to providing onsite training, mentoring and preceptorship of healthcare workers involved in providing palliative care.

The second component will be implemented through forming linkages with the CRS Care and Support and OVC Projects, USG supported programs and other local community groups and support groups involved in providing community-level HIV care to ensure continuity of care for all persons accessing palliative care through the AIDSRelief. Through its linkage with the local community groups, HBC will be

provided in a family-centered manner including the provision of pediatric services at the community level. AIDSRelief will equip its partners with standard HBC kits to allow them to meet all the basic needs at the community level, with regular replenishment of the kits. Treatment support specialists, community workers and volunteers at the 3 AIDSRelief facilities will be involved in the workshops conducted by the CRS Care and Support and OVC Projects, and in the step-down trainings and onsite mentoring of volunteers led by the clinical team from the Institute of Human Virology. Trainings will include instructions on the use of the HBC kits; detecting common OI and initiating treatment where needed, with referrals for diagnostic tests and treatment of more complicated cases as needed; pain management and treatment of common complaints related to HIV/AIDS. All HBC workers will be trained to assist PLWHA in accessing social services as needed.

The final component involves working with local organizations to develop, print and distribute IEC materials related to HIV/AIDS issues to communities and AIDSRelief facilities, and conducting educational sessions at support groups and other community-based groups. The three AIDSRelief health facilities and surrounding communities will benefit from having IEC materials available and HIV educational sessions conducted. This component of the TB/HIV activity will be conducted in collaboration with the CRS Care and Support project and OVC Projects.

This activity supports the 5-year USG plan in Nigeria to make Care and Support available to HIV-affected individuals through palliative care by strengthening local capacity to deliver high quality care and support for PLWHA, and by developing the necessary linkages between health facilities and their communities to ensure all PLWHA have access to basic nursing care, social, spiritual and psychological support services at the community-level.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,500	☐
Number of HIV+ provided Basic Care and Support	12,500	☐

Indirect Targets

Number of Non- HIV+ clients and family members benefiting from supportive services = currently undocumented but could reach about 20,000.

Target Populations:

Adults

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Other health care workers (*Parent: Public health care workers)*

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5369

Planned Funds:

Activity Narrative: This activity also relates to activities in Palliative Care TB/HIV, ART Services ,OVC and SI.

This activity provides a critical component of the complete HIV related care package offered to HIV-infected patients and screened HIV negative individuals in our program. At the 6 Harvard APIN Plus ARV centers and 4 satellite ARV clinic (Kuramo Village, Lagos, Saki, satellite, Oyo State, STD outpatient clinic and Tudun Wada VCT, Plateau State), HIV-infected ART patients (n=16,000) will be offered co-trimoxazole and fluconazole prophylaxis to prevent important bacterial and fungal co-infections, respectively. In addition, we will provide diagnostic and treatment services for HIV related diseases/conditions including OIs and related malignancies. Treatment will be provided as needed. Diagnostics for common opportunistic infections will performed as clinically indicated and may include: laboratory exams for Candida albicans, protozoal infections, gastrointestinal parasites and other bacterial, viral and fungal infectious agents. Diagnosis of common HIV-related malignancies may include Kaposi Sarcoma and non-Hodgkins lymphomas. Hepatitis B and C infections will be diagnosed by serologic tests at baseline assessment of HIV infected patients and will inform ART regimens for eligible patients and may affect susceptibility to ART toxicity. Two small separately funded NIAID research projects will address the impact of hepatitis co-infection on ART efficacy (SI).

This activity will also support the laboratory monitoring of HIV infected individuals that are not yet eligible for ART treatment. This will include prevention counseling, clinical exams, psychosocial support and CD4 cell counts on a biannual basis or as needed (n=24,000). This is in compliance with both the Nigerian National ART and WHO guidelines. In addition, we will provide PLWHA outreach at each of our sites to HIV-infected and uninfected individuals through VCT advocacy, ART education, stigma reduction, risk reduction and ART adherence (n=40,000). These community outreach groups will assist our ART patients and their families in the many psychosocial issues involved in HIV infection and ART treatment. In addition, we will build the capacity of these groups to develop more innovative means of interacting and supporting HIV infected and affected populations.

Funding will directly support the provision of care and support services to all adult/adolescent HIV+ patients attending our APIN Plus Harvard PEPFAR centers, approximately 1200 pediatric patients are cared for under OVC. Training of 220 health care workers in the diagnosis and treatment of non-HIV but associated infectious disease agents will be supported. These activities will not only strengthen the overall health systems at our individual sites but provide an integrated a comprehensive health care package to our patients that will enhance the efficacy of HIV treatment through ART.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	☐
Number of HIV+ provided Basic Care and Support	40,000	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Food

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5552
Planned Funds:
Activity Narrative: This activity also relates to activities in Palliative Care TB/HIV, ART Services ,OVC and SI.

This activity provides a critical component of the complete HIV related care package offered to HIV-infected patients in our program. At the 2 Columbia-ICAP ARV centers (General Hospital, Kafanchan in Kaduna state and General Hospital, Ogoja in Cross River), HIV-infected ART patients (n=7,500) will be offered co-trimoxazole prophylaxis. In addition, we will provide diagnostic and limited treatment services for HIV related diseases/conditions including OIs and related malignancies. Treatment will be provided as needed and resources allow. Diagnostics for common opportunistic infections will be performed as clinically indicated and may include: laboratory exams for Candida albicans, protozoal infections, gastrointestinal parasites and other bacterial, viral and fungal infectious agents. Diagnosis of common HIV-related malignancies may include Kaposi Sarcoma and non-Hodgkins lymphomas.

This activity will also support the laboratory monitoring of HIV infected individuals that are not yet eligible for ART treatment. This will include prevention counseling, clinical exams, psychosocial support and CD4 cell counts on a biannual basis or as needed (n=4,900). This is in compliance with both the Nigerian National ART and WHO guidelines. In addition, we will provide PLWHA outreach at each of our sites to HIV-infected and uninfected individuals through VCT advocacy, ART education, stigma reduction, risk reduction and ART adherence. These community outreach groups will assist our ART patients and their families in the many psychosocial issues involved in HIV infection and ART treatment. In addition, we will build the capacity of these groups to develop more innovative means of interacting and supporting HIV infected and affected populations.

Funding will directly support the provision of care and support services to all patients attending our treatment centers. Training of 50 health care workers in the diagnosis and treatment of HIV/AIDS associated infectious disease agents will be supported. These activities will not only strengthen the overall health systems at our individual sites but provide an integrated a comprehensive health care package to our patients that will enhance the efficacy of HIV treatment through ART.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,500	☐
Number of HIV+ provided Basic Care and Support	7,500	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Cross River

Kaduna

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5665
Planned Funds: [ ]
Activity Narrative: This activity also relates to activities in Counseling & Testing, and Other Prevention.

This activity provides the basic care and support services to be provided to 1,500 individuals identified as HIV+ from C&T, delivered through a local NGO in the Lagos or Port Harcourt area, to be determined through a limited competition (local organization) RFA offered by the CDC. This activity provides a critical component of the complete HIV related care package by offering initial care and support to HIV-infected patients and screened HIV negative individuals in our program. At the 2 planned sites, HIV-infected clients (n=1,500) will be offered co-trimoxazole prophylaxis to prevent important bacterial co-infections. In addition, psychosocial support and network referral for further diagnostic and treatment services for HIV related diseases/conditions including OIs and related malignancies. In addition, the NGO will provide PLWHA outreach at each of our sites to HIV-infected and uninfected individuals through VCT advocacy, ART education, stigma reduction, and risk reduction through other prevention activities. Funding will directly support the provision of care and support services to clients attending the 2 C&T sites. Training of 10 health care workers in the provision of limited basic care and support services (OI prophylaxis, psychosocial support).

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	☐
Number of HIV+ provided Basic Care and Support	1,200	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Lagos

Rivers

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

Nigeria ranks 4th among the 22 high burden countries for TB worldwide; available data indicate that between 25-50 percent of TB patients in Nigeria also have HIV, but no systematic survey of co-infection rates has been conducted since 2000 (FGON, 2001, WHO 2003). Unfortunately only 10-15% of an estimated 320,000 cases have been detected.

The first committee on TBHIV was formed in 2002 with membership from NASCP and NTLCP, and an implementation plan subsequently developed for 6 states, however prior to USG support in 2005 very little progress was made in implementation of TBHIV activities. Most activities in 2005 have been focused on building a foundation on which to launch TBHIV activities in Nigeria. The USG supported and facilitated a consensus building meeting with all TBHIV stakeholders in the public and private sector. In this meeting National TBHIV coordinating committee was constituted and terms of reference developed. The USG has also supported the development of National guidelines, a 5 year strategic plan and training manuals for TBHIV activities.

As a result of USAID and Canadian International Development Agency (CIDA) funds for DOTS expansion, the TB control program has witnessed rapid expansion since 2003. The number of states providing DOTS services have increased from 21 to 36 and the FCT and from 350 to 505 Local Government Areas (LGAs). DOTS services are available in 1,929 health facilities, case detection rate have increased from 16.1% to 26.7%, and the treatment success rate is about 80%.

The USG has begun integrating TBHIV activities by supporting the establishment of DOTS in health facilities providing ART services nationwide as well as pioneering the establishment of counseling and testing sites in health facilities that provide DOTS services in USG supported states.
A functioning and efficient TB control program continues to be vital to a successful implementation of TBHIV activities in Nigeria.

The TB control program is however, almost totally dependent on external funding which is the limiting factor for continued expansion. Currently, DOTS services are facility based with little or no community linkages and very few linkages to HIV/AIDS services.

Anti-TB drugs are obtained free from the Global Drug Facility, but the lack of an efficient distribution system in the country constitutes a major challenge. Distribution is mostly dependent on the activities of international NGOs and WHO officers providing technical assistance for DOTS expansion in Nigeria. The successes achieved in TBHIV collaboration at the national level has not filtered to the states, LGAs and communities. While the HIV/AIDS programs has had a history of participation of the civil society, and PLHWA, this has not been the case for the TB control program which has been mostly facility based. USG support in COP06 will focus on the following: strengthening and facilitating TBHIV coordination and collaboration at national and sub-national levels; increasing the number of facilities providing counseling and testing services for HIV in DOTS sites; increasing the number of ART facilities that have established DOTS services.; strengthening linkages between civil society organizations providing HIV/AIDS services and TB control services; training health workers in TBHIV service provision; strengthening laboratory capacity for TB diagnosis.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	87
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	993
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	20,923
Number of HIV-infected clients given TB preventive therapy	275

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Track 2.0
Prime Partner:	World Health Organization
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3220
Planned Funds:	

Activity Narrative: The World Health Organization is the main technical partner of the Federal Ministry of Health on health matters. WHO Nigeria is at present providing direct technical support to the National Tuberculosis and Leprosy Control Programme in the area of implementation of the DOTS TB Services, as well as supporting the NASCAP and NTBLCP for the take off of joint TB/HIV collaborative activities in the 6 USAID supported states. (DOTS is the globally accepted strategy for providing effective Tuberculosis services which include the provision of good quality anti-TB drugs (presently supplied nationally free of charge from the WHO Global Drug Facility); standardized diagnosis of Tuberculosis through smear microscopy and strengthening the laboratory network; human resource development and training of general health staff on DOTS).

WHO Nigeria has a decentralized structure with 37 states offices and a Country office in the UN House Abuja. For coordination of Tuberculosis control and implementation of joint TB/HIV collaborative activities, there are 6 WHO Zonal Professional Officers at the geo-political zones and a Central NPO at the WHO Country office. Field implementation of TB DOTS and joint TB/HIV activities are done by government health officers at State, LGA and periphery health facilities. At present DOTS services are available in 1,902 Health facilities in 505 LGAs in the 36 states of the Federation and the FTC, Abuja.

Nigeria adopted the WHO recommended DOTS strategy since 1994. At beginning of 2002, only 19 states out of 36 states and the FCT, Abuja were implementing DOTS. As a result of concerted efforts in DOTS expansion and financial supports from Partners, the services were extended to all States FCT and 505/774 of the LGAs by 1st quarter 2005. This has resulted in smear positive case detection increase from 15% to 26% from end of 2001 to end of 2004. In 2004 alone, 55,765 new TB cases were reported, 33,755 of them pulmonary new smear-positive, 20,134 of them smear-negative and 1,876 extra-pulmonary cases; a reported incidence of smear positive pulmonary TB of 26.6 per 100,000 habitant. The treatment success rate in the DOTS areas is currently 79% for cases enrolled in 2002.

The HIV epidemic is already over-burdening the TB programme. HIV positive rate among TB cases was 26.9% in 2003 representing 69,000 TB case per year dually infected with HIV a0nd needing both TB and ARV treatment (and ART). About 1 million adults have both HIV and TB infection. Effective collaboration for implementing Joint TB HIV activities by the NASCAP and NTBLCP started as far back as 2002. Due to lack of funding, implementing major activities just started in 2004.

Effective TB/HIV collaboration supported by the WHO, NTBLCP, and NASCAP have commenced in 4 USAID supported states, Lagos, FCT, Abuja, Bauchi and Anambra. WHO Nigeria, working with the FMOH (NTBLCP and NASCAP) will utilize the COP06 funding to scale up activities initiated with COP05 funding and to facilitate the expansion of TB/HIV joint activities into 3 new LGAs in 16 states where USAID is supporting DOTS expansion. HIV counseling and testing services will be established in 48 DOT service delivery points providing services to 8,000 TB patients. TB diagnostic network and referrals services will be established where they currently do not exist in 34 ART centers supported by the Emergency Plan and the GON. This will be accomplished through the provision of microscopes, laboratory reagents, laboratory consumables and training on laboratory manpower. It is anticipated that at least 5,000 patients will benefit from these services. WHO will collaborate with other partners to support the finalization, printing and distribution of policy, guidelines, training manuals and reporting formats. 576 health workers of different cadres will be trained in TB/HIV joint activities and DOTS service delivery; WHO will collaborate with

FHI/GHAIN to ensure training and sensitization of PLHWA networks and CBOs active in HIV/AIDS in joint TBHIV activities. COP06 funds will be used to strengthening human resource capacity for effective supervision and monitoring of the program through recruitment of one National Professional Officer for coordination, supervision and monitoring the implementation of joint TB/HIV collaborative activities. WHO will support the functioning of the National TB/HIV working group and promote the quarterly state TB/HIV working group meetings and participation of NTBLCP, NASCAP, WHO national officers at International TB/HIV conferences and DOTS Expansion Working group meetings.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	48	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	480	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

People living with HIV/AIDS

Pregnant women

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: *Palliative Care: TB/HIV*
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3222
Planned Funds:
Activity Narrative: This activity also relates to activities in Palliative – Care & Support, ART Services and OVC.

This activity provides palliative care for HIV and TB infected patients not yet eligible for ART therapy. This includes diagnosis of TB and HIV, pre-assessment for ART and pre-or concurrent treatment for co-infecting TB infection. At the 6 Harvard APIN Plus ARV centers and one satellite ARV clinic (Kuramo Village, Lagos) more than 10000 patients will receive palliative care and support. HIV infected women from our 11 PMTCT sites will be assessed for ART eligibility and diagnosed for TB. The TB clinics at each of our 6 major centers will provide VCT for HIV and HIV infected patients will be referred for ART eligibility. The TB clinics will work closely with the National TB control program to ensure that DOTS services are provided all ART sites according to National guidelines. The National Institute of Medical Research (NIMR) is the National tuberculosis reference laboratory and this will provide an important resource to our other sites in strengthening their capacity for TB diagnosis and cross-training of health care workers in TB and HIV.

HIV-infected patients will be pre-assessed for eligibility for ART according to the National ARV Nigerian guidelines. This will include clinical examination, hematology and chemistries and CD4+ cell count. Patients will be screened for TB infection according to the Nigerian National TB guidelines. Diagnosis and treatment for STIs, opportunistic infections and other co-morbidities will be provided, as well as pap smears for women, multivitamins and cotrimoxazole (Palliative Care & Support). Patients that do not meet eligibility criteria for ART will be re-assessed every 6 months. To date, more than 30% of our clinic attendees present with pulmonary tuberculosis. Depending on clinical status, many patients will be treated for TB prior to receiving ART, following the National Tuberculosis Guidelines. Concurrent ART and TB treatment follows the national guidelines of d4T+3TC+EFV(800mg).

The JUTH site has conducted a study of ART-DOT based on treatment support partners that are also used for TB treatment. High levels of self-reported adherence and clinical efficacy were demonstrated with observed therapy on daily, weekly and even twice weekly frequencies. Treatment support partners are promoted at our centers and within our PLWHA support groups. Not only do these partners encourage and promote adherence but will provide important long term social support to patients. This funding will go specifically to support the clinical services, laboratory tests for HIV and TB. Training of 130 health care workers in both HIV and TB clinical and laboratory settings will be provided in close collaboration with the national TB control program. Investigators from each of our APIN Plus Harvard sites are members of the National Tuberculosis Prevention and Control program and actively promote the integration of TB and HIV in prevention and control programs.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	7	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	140	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Twinning

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	*Family Health International*
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3228
Planned Funds:	
Activity Narrative:	*This activity also relates to activities in counselling and testing (HVCT), TB/HIV,* HTXS, HBHC and PMTCT.

This activity has several components and include TB/HIV (HVTB) exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals); and as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. Other TB programs provided under basic health care and support services such as clinical or psychosocial services will be implemented as described under HBHC. The goal of the tuberculosis (TB) component is to reduce the burden of TB and HIV-related TB. The focus will be on strengthening TB programs in the saturation states. The project will address the interaction between TB and HIV, building on GHAIN partners' experiences introducing TB and HIV services in Lagos, Anambra, Edo and Cross River states. While The German Leprosy and TB Relief Association (GLRA) will be focusing in the aforementioned States, the Netherlands Leprosy and TB Relief Association (NLRA) will be engaged to focus on the northern focus States, including Kano and the FCT. Strengthening of the TB/HIV services will involve the expansion of service delivery points as well as the intensification of case finding, case holding and referrals. This will include the introduction of TB control activities into HIV service points and the establishment or integration of HIV services into TB clinics. During the COP06 period, GHAIN will continue to support the VCT services integrated into GLRA TB clinics, with a view towards establishing additional sites with both GLRA and the NLRA *during the year, eventually building up to 60 cumulative sites with the non-cold chain* dependent HIV testing algorithm. Routine counseling and testing will be advocated in all the TB clinics, with adequate linkages strengthened for referral to other services *such as ART, PMTCT, HBHC.*

The GLRA, NLRA and FHI will train health workers at the newly identified TB clinics on HIV counseling and testing (C&T) and health staff at HIV centers in TB (based on TB/HIV national guidelines and the new TB Program workers manual). Continuous training and retraining of health staff and supervision of TB/HIV activities will be supported through quarterly meetings and refresher courses. A number of lab technicians in new laboratories will be trained according to existing state work plans. The GLRA and NLRA will produce information-education-communication (IEC) materials targeting clients at these clinics as well as the general public. In addition, record-keeping and reporting materials will be made available to all treatment centers and laboratories to collect routine data on a monthly basis. Drug storage and management systems (including security measures) will continue to be strengthened at state and LGA levels through the modification of infrastructure and closer monitoring. In addition, the GLRA and NLRA will continue to provide continuous training to store keepers in drug storage and management through supervisory visits and an annual refresher workshop.

The GLRA and NLRA will provide TB screening services to all HIV positive patients and *HIV screening for all TB patients in the GHAIN supported sites. The funds will* specifically be channelled towards procurement of laboratory consumables, production of IEC materials and renovation of sites to accommodate these activities. It also includes staff training and community mobilization to create demand for TB/HIV services. In carrying out the above activities, Patient Management and Monitoring data collection tool will be utilized to collect data on the number of men and women receiving TB services at the ART sites while the VCT data collection tool will be utilized to collect data on the number of men and women receiving HIV counselling and testing in the selected DOTS sites. Community education to support treatment for women will be carried out. Finally, the TB/HIV working group recently

constituted will be supported to strengthen linkages and coordination of TB and AIDS control programmes in Nigeria. They will be supported through technical assistance in the development of procedures, policies and guidelines. At the state level GHAIN will work with the SMOH to strengthen coordination and collaboration between the between the HIV/AIDS and TB control programs. As needed GHAIN will facilitate the establishment of TBHIV working groups at the state level.

GHAIN will include training on TBHIV collaborative activities in all capacity building activities for all partner CSOs active in community mobilization and care and support, including PLHA networks. Referral linkages with community organizations will be established in all TBHIV service points.

GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. GHAIN may want to consider implementing the exit strategy for all IAs or categorizing them and only focusing on a subset or addressing them in phases. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	150	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,750	☐
Number of HIV-infected clients given TB preventive therapy		☑
HIV+ Screened for TB	24,000	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.07: Activities by Funding Mechanism

Mechanism: DoD
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3240
Planned Funds:
Activity Narrative: This activity also relates to Counseling and Testing, Lab, Basic Care and Support, and ARV Treatment.

The four points of service opened in COP05 are: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja). These sites will receive continued development of quality control and quality assurance training.

Emphasis on internal laboratory mechanisms and standard operating procedures will ensure appropriate standard of care diagnostic and clinical monitoring support for tuberculosis. Implementation of these standards will create referral centers, support the capacity to train laboratory personnel (but not budgeted for formal training in this proposal) and quality assurance facilities for regional military and civilian laboratories.

COP05 will address the problem of relying on acid fast bacilli smears (AFB) and improve detection with introduction of newer qualitative technology. COP06 will increase access to qualitative technology and begin addressing the difficulty with drug resistance and susceptibility. Under COP06, it is anticipated that 2000 patients will receive a sputum stain and 500 patients will have a TB culture, including treatment or prophylaxis for 400 patients.

Linkage of TB and HIV services will be facilitated by introduction of training of DOTS center staff in HIV Counseling and Testing and facilitating HIV testing. This will increase the availability of HIV Counseling and Testing services for all TB-diagnosed patients (HIV serostatus unknown) presenting for care at DOTS centers. FGON standards and activities will be complied with.

COP06 funding will obtain sputum samples from 2000 patients, culture 500, and treatment/prophylaxis for 400 patients, and train 50 providers/laboratorians.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	50	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3254
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, Lab, Basic Care and Support, and ARV Treatment

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Hospital and Training Center (FCT), National TB and Leprosy Training Center (Kaduna), Faith Alive Clinic (Plateau), St. Vincent's Hospital (FCT), Al Nuri Hospital (Kano)

Activity in this program area under COP 05 included developing the capacity for HIV counseling and testing at TB DOTS centers as well as infrastructure upgrades to the National TB and Leprosy Training Center in Zaria (Kaduna). This activity under COP 06 will build upon point of service laboratory capacity development, infrastructure upgrades, and the development of the Asokoro Training Center as a PEPFAR network training and reference laboratory resource with the focus being improvement in the quality of smear microscopy and clinical management at 11 IHV-N and CRS AIDSRelief points of service in support of the national TB control strategy. Through this activity 4,496 patients will be screened for TB with sputum stains, 2,000 patients will require TB culture, 250 patients with CD4 counts < 350 will receive INH preventive therapy (IPT), and 150 patients will receive full course TB therapy. In addition, training will be provided for 83 persons.

The first component, enhancing the quality of smear microscopy, will be conducted in collaboration with the National TB and Leprosy Training Center (NTBLTC). TB labs at all points of service will be provided with equipment upgrades including new microsopes and laboratory commodities for good laboratory practice and safety. Centralized training for site laboratory scientists and technicians will be conducted jointly by IHV-N and the NTBLTC at the Asokoro Training Center in proper smear microscopy methodology. 33 laboratory staff will be trained. An ongoing QA program consisting of quarterly site evaluation, proficiency testing, and blinded rechecking will be conducted at the 11 points of service administered jointly by IHV-N and the NTBLTC. An IHV-N laboratory program officer will be dedicated full-time to this activity component. The IHV-N and AIDSRelief M&E staff will work with sites to ensure that incident TB cases are reported to the National TB and Leprosy Control Program and data captured for reporting to the USG.

The second component will consist of ensuring that TB and HIV care are linked and provide a continuum of care. IHV-N will sponsor joint quarterly TB and HIV case conferences for physicians at the site level to improve clinical management of co-infected patients. Fortunately, TB DOTS and HIV/ARV care services are co-located in the same institution or locale at all points of service except for the Anambra site. However, medical staffing is separate and there is a need to enhance collaboration and linkage. These joint conferences will facilitate collaboration and joint patient management between DOTS and HIV/ARV care programs and enhance the care provided to sputum negative patients who are suspected of HIV/TB co-infection. Conferences will be attended by ex-pat and Nigerian IHV-N infectious disease specialist physicians. 50 physicians will be trained through this case conference methodology. We anticipate 20% of the HIV+ patients receiving C&S services (4,496) will require screening for TB in the course of the year and that 10% (2248) will be diagnosed with TB and be linked to TB DOTS service. To augment resources for TB treatment when necessary, 150 full course TB treatment slots will be available through IHV-N with allocation to be decided collaboratively with the DOTS programs at the points of service.

The third component is the development of TB culture capacity at the Asokoro Training Facility and the NTBLTC in support of national TB program priorities. These 2 culture laboratories will be able to make TB culture available to 4 points of service proximate to these laboratories on a pilot basis and be developed as a resource for future training in TB culture. 2000 TB cultures will be performed under COP06 at these pilot laboratories.

The fourth component is to implement INH prophylaxis at up to 4 selected sites meeting criteria for laboratory capacity/quality and clinical management. These criteria include a consistent excellent record on 2 quarterly smear microscopy QA assessments (including on-site evaluation, proficiency testing, and blinded re-checking) and high quality clinical management based upon regular joint TB/HIV case conferences and the judgment of IHV-N infectious disease specialists who will be providing bedside clinical mentoring at the site level (see ARV program area narrative) and the NTBLTC medical staff who will collaborate with IHV-N in this assessment. INH prophylaxis will be available as part of the basic care package at these selected sites for 250 HIV+ patients with CD4<350 who have no clinical signs or symptoms of active TB and are sputum negative consistent with Nigerian National HIV Guidelines.

The fifth component continues to facilitate linkage of TB and HIV services begun under COP05 by continuing the training of DOTS center staff in HIV Counseling and Testing and HIV rapid testing methodology. This will enhance the availability of HIV Counseling and Testing services for all TB-diagnosed patients presenting for care at DOTS centers. 50 health care workers will be trained from centers selected by the National TB and Leprosy Control Programme.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	83	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,248	☐
Number of HIV-infected clients given TB preventive therapy	250	☐
HIV+ Screened for TB	4,496	☐

Indirect Targets

50 GoN DOTS staff (1 per center) trained by IHV-N to be Master Trainers for HIV C&T and each site will screen approximately 1,000 TB patients per year resulting in 50,000 TB DOTS clients knowing their HIV status, approximately 2,000 of these clients are expected to test positive and be referred to appropriate POS in the network of care.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: *Public health care workers)*

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5399
Planned Funds:	
Activity Narrative:	AIDSRelief Palliative Care for TB/HIV patients also relates to activities in Palliative Care: Basic Care and Support (HBHC), Orphans and Vulnerable Children (HKID), Counseling and Testing (HVCT), HIV Treatment: ARV Services (HTXS), Strategic Information (HVSI) and Laboratory Infrastructure (HLAB). The following populations are targeted: health care providers, faith-based organizations, community-based organizations, and all persons affected by HIV and AIDS. The components of this activity include:

(1) Ensuring that all AIDSRelief health facilities consistently meet Nigerian Government standards for the identification and diagnosis of TB, and for laboratory investigations

(2) Ensuring that patients diagnosed with TB at AIDSRelief facilities have access to quality care, taking into account their HIV status and current medications, including the development of joint adherence strategies for patients on ARV and TB-DOTS therapy

(3) Engaging in educational activities such as making IEC materials accessible at AIDSRelief health facilities and surrounding communities, with the inclusion of information on HIV/TB at educational sessions conducted at HIV support group meetings and in the community

Ensuring that all AIDSRelief health facilities consistently meet Nigerian Government standards for the identification and diagnosis of TB will involve providing routine tuberculosis diagnosis for all patients enrolled for HIV care at the three AIDSRelief health facilities, including building acid-fast bacilli laboratory capacity and providing access to CXR to diagnose sputum-negative cases of TB. All laboratories will be equipped to perform sputum smear to detect acid fast bacilli and will be engaged in quality assurance and quality improvement activities with nearby reference laboratories established by the Nigerian Government or other USG implementing partners. Specifically, funds will be used to upgrade laboratory infrastructure and to provide training and ongoing technical assistance to laboratory staff in sputum diagnosis of TB, training all cadre of staff to identify potential TB cases and to make the diagnosis (counselors, nurses, community health workers, treatment support specialists, etc). It is estimated that a total of 7,500 patients will be diagnosed with TB at AIDSRelief health facilities and will require TB treatment.

Ensuring that patients diagnosed with TB at AIDSRelief facilities have access to quality care involves registering all three AIDSRelief facilities with the Nigerian Government to provide TB DOTS services and by strengthening their capacity to meet the special needs of persons living with HIV/AIDS and TB. Special attention will be placed on patients who are on ARVs and anti-TB treatment simultaneously. Funding for this component will go toward training to all cadres of clinical staff on TB management especially as it relates to the HIV positive patient, establishment of referral linkages for HIV patients diagnosed with TB at AIDSRelief sites on TB DOTS for community-level follow-up for care and support, and developing and implementing joint strategies to assist with patient adherence to ARVs and anti-TB drugs by utilizing community health workers, treatment support specialists and other community support groups. Up to 40 health workers (including 10 doctors and 8 nurses, plus counselors and treatment support specialists) will receive specific training on TB/HIV as it relates to their job responsibilities. It is estimated that a total of 7,500 persons living with HIV/AIDS will be treated for TB under AIDSRelief. All patients who are diagnosed and treated for TB under AIDSRelief will be entered in the Nigerian Government's register with appropriate linkage of medical records

between TB and HIV. Funds under the strategic information activity will be used to implement the use of TB registers in all AIDSRelief facilities, train medical records staff, laboratory staff and clinicians on entering information on suspected cases, TB screening, diagnosis, treatment, and follow-up laboratory tests for patients seen at the health facility.

The education and sensitization component under this activity will include the development of a communication strategy to sensitize the communities served by AIDSRelief on the linkage between TB and HIV. Funds will be directed at working with local organizations to develop, print and distribute IEC materials related to TB/HIV issues to communities and AIDSRelief facilities, conducting educational sessions at AIDSRelief supported support groups and other community-based groups, training VCT and other counselors to provide information on TB/HIV to their clients during counseling sessions. The three AIDSRelief health facilities and surrounding communities will benefit from having IEC materials available. This component of the TB/HIV activity will be conducted in collaboration with the 7-Dioceses Care and Support project, which is also implemented by Catholic Relief Services.

Through this activity, AIDSRelief will help the USG to achieve its 5-year strategy of ensuring quality care is accessible to PLWHAs by strengthening the collaboration between TB and HIV programs in Nigeria and contributing to the referral linkages needed.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Infrastructure	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	40	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,500	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5401
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of an expatriate TB/HIV technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on TB/HIV; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5402
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one medical officer and one program officer) planned for the TB/HIV program area. The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for five weeks of in-country support by TB/HIV program area specialists.

These two staff positions will work in coordination with the USAID Basic Care and Support staff positions but the CDC TB/HIV medical officer will take the USG Team Lead for TB/HIV and directly provide quality assurance and program monitoring to HHS supported implementing partners including: University of Maryland-ACTION, Harvard SPH-APIN, Catholic Relief Services-AIDsRelief and the University of Columbia SPH-ICAP.

HHS/CDC GAP Nigeria TB/HIV staff will also examine potential local partners for capacity development and entry into the PEPFAR TB/HIV program in COP07 as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria National Basic Care and Support guidelines. Specific attention will be paid to developing relationships with the World Health Organization TB Program and providing direct support to the integration of TB/HIV curriculum at the National TB and Leprosy Training Center (NTLTC) at Kaduna State (Zaria). The continued support of TB/HIV training at the NTLTC (amounting to [redacted] of the [redacted] CDC Nigeria TB/HIV budget) and integration of all implementing partner ART sites into the Nigeria National TB surveillance and treatment network will be a high priority for the CDC PEPFAR team in 2006. Treatment partners are to emphasize providing assistance to local TB DOTS locations through joint training, provision of minor equipment such as microscopes, and sharing other resources where possible to promote TB/HIV diagnosis and treatment.

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5551
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, Lab, Basic Care and Support, and ARV Treatment. Points of service at Kaduna (General Hospital, Kafanchan) and Cross River (General Hospital, Ogoja) for ART will provide HIV+'s with TB screening and referral. This activity under COP 06 will build upon point of service laboratory capacity development, infrastructure upgrades, and the use of smear microscopy and clinical management at in support of the national TB control strategy. Through this activity 5,000 patients will be screened for TB with sputum stains, 700 patients will require TB culture (referral to regional labs) and infected patients will be referred to collaborating DOTS sites for treatment of TB as appropriate. A limited number of culture negative but clinically presenting cases will be treated (n=25) at the points of service and a similar number given prophylaxis (n = 25) as appropriate while the sites are assessed for becoming DOTS sites and to receive treatment drugs from the government.

The first component, enhancing the quality of smear microscopy, will be conducted in collaboration with the National TB and Leprosy Training Center (NTBLTC). TB DOTS labs at all points of service will be provided with equipment upgrades as needed including new microsopes and limited laboratory commodities for good laboratory practice and safety. Centralized training for site laboratory scientists and technicians will be conducted jointly at the Asokoro PEPFAR Lab Training Center in proper smear microscopy methodology. An ongoing QA program consisting of quarterly site evaluation, proficiency testing, and blinded rechecking will be conducted at the 2 points of service administered. The Columbia M&E staff will work with sites to ensure that incident TB cases are reported to the National TB and Leprosy Control Program and data captured for reporting to the USG.

The second component will consist of ensuring that TB and HIV care are linked and provide a continuum of care. Columbia-ICAP will co-sponsor joint quarterly TB and HIV case conferences for physicians at the site level to improve clinical management of co-infected patients. These joint conferences will facilitate collaboration and joint patient management between DOTS and HIV/ARV care programs and enhance the care provided to sputum negative patients who are suspected of HIV/TB co-infection. We anticipate 20% of the HIV+ patients receiving C&S services (n=1,300) will require screening for TB in the course of the year and that 10% (n=950) will be diagnosed with TB and be linked to TB DOTS service.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	50	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	25	☐
Number of HIV-infected clients given TB preventive therapy	25	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Cross River

Kaduna

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

There are over 1.8 million children orphaned by AIDS in Nigeria, with a projection of at least 3.4 million OVC by 2015 with significant regional differences in the distribution of orphans due to AIDS as a percentage of all orphans in Nigeria: The highest proportions are in the southeast (25.6%) and the lowest (15.1%) in the northwest (Estimating the number of orphans at the National and State levels in Nigeria 2001-2015. Sengonzi and Moreland, The POLICY project, December, 2003).

A 2002 UNAIDS report shows there were 755,000 children (0-14) living with HIV/AIDS, up from 270,000 in 2001. The consequences of HIV/AIDS and other causes of mortality have resulted in one out of every ten Nigerian households caring for at least one orphan. In communities with a high prevalence of HIV/AIDS, such as Benue state, the average number of orphans being cared for by each family is 3 to 4 children. Families are not infinitely elastic and are becoming overextended and economically burdened, yet, Nigeria is still slow to respond to this crisis. The constraints identified in COP05 attributing the slow Nigerian response to the looming crisis still prevail; GON has been slow to identify and mobilize resources for children in need of care and support. Community organizations still have limited capacity to implement larger scale programs due to organizational weaknesses, lack of support, stigma and denial and existing interventions have not adequately leveraged the potential esources in the private, public and international arenas. The current scale and coverage of existing OVC programs does not match the magnitude and dimension of the OVC challenges in Nigeria. The massive and long-term orphan crisis necessitates a comprehensive response that would focus on strengthening effective, community-driven OVC responses to rapidly scale up sustainable care and support to these children.

The National Action Committee on AIDS (NACA) and the Federal Ministry of Women Affairs (FMoWA) have shown some momentum by inaugurating a national OVC task force, which has USG team, UNICEF, World Bank, Save the Children UK and other local organizations as members, to fast track the development and costing of the national OVC action plan (ONAC), and the national M&E framework for OVC. These will serve as tools for advocacy, resource mobilization, management, targeting and accountability for the next five years, when completed by November 2005. Other national efforts include the establishment of OVC units in all 36 states of Nigeria, and the phased establishment of regional OVC centers in all the six geopolitical zones. With technical assistance from USG and other stakeholders Nigeria submitted an OVC proposal to GFATM Round 5. So far most funding for OVC programs comes from USG, DFID and UNICEF.

Currently OVC is planned to cover traditional interventions outside ART such as a family-centered approach to delivering OVC care and sufficient HBC services for pediatric clients (, nursing, education, counseling, and referrals) and direct linkages to care and support and prevention programs. The USG in close collaboration with other partners will continue to provide technical assistance to the GON OVC policy development, advocacy, frameworks and programming. The USG will ensure that all USG supported OVC programming in Nigeria conforms to the five-year Emergency Plan for Nigeria and the principles and strategies in the Framework for the protection, care and support of OVC by strengthening family capacity to care for OVC; mobilizing and supporting community responses; ensuring access of OVC to essential services and government protection of OVC; as well as raising awareness at all levels through advocacy and social mobilization to create a supportive environment. Referral networks for prevention, treatment, care and other social/legal support will be strengthened for efficiency and effectiveness.

Program Area Target:

Number of OVC served by OVC programs	39,236
Number of providers/caretakers trained in caring for OVC	3,275

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3229
Planned Funds:	
Activity Narrative:	This activity also relates to the program elements HBHC, HVCT and HTXS.

This activity has two main components, capacity building and support for local organization providing care and support for OVC and paediatric care and support for HIV positive children. The first will focus on families (or households) and communities with orphans and vulnerable children. The package of services for children and their families will include education, health care, vocational skills training, food/nutritional counseling, household economic strengthening, psychosocial support and legal services. These services address the four main child rights of survival, development, protection and participation. GHAIN will continue to work with 30 indigenous NGOs (with plans to gradually scale up), including faith based organizations and support groups of people living with HIV/AIDS, to strengthen the capacity of families and communities affected by HIV/AIDS to increase access to sustainable services that mitigate the impact of the epidemic and help prevent further spread of HIV in this vulnerable population. The target groups will continue to include OVC boys, girls, out of school youth, street youth and people living with HIV/AIDS. This funding will go specifically to support trainings, community mobilization and direct service provision to OVC and their households, including increasing access to education and economic strengthening. GHAIN will work with other USG Partners implementing activities relevant to OVCs to effectively mobilize resources and services for the care and support of OVC and their families. All C&T, care and support services for adults described under HVCT, HBHC and HTXS of the COP also provide access to children infected and affected by HIV, providing a portal to OVC support services. Likewise, identifying vulnerable children provides a critical link to reaching adults in need of services. Activities will therefore be based in he same communities as many of the other interventions described, further strengthening the multidirectional referrals within the integrated health network. Other activities will include building the capacity of families and communities to protect and care for orphans and vulnerable children, mobilize and support community-based responses to provide both immediate and long-term support to vulnerable households.

GHAIN will provide considerable technical assistance not only in helping these organizations serve the OVC but in developing their own organizational skills including resource development, strategic planning, financial and programmatic monitoring and reporting. FHI was part of the team that developed "The Framework" for the protection, care and support for OVC. The important document has been distributed to all GHAIN local partners implementing OVC programs and will continue to guide the program. GHAIN will develop a communication strategy to increase awareness on OVC issues, mobilize support for the care and support of OVC and their families to help reduce stigma and discrimination against OVC, their families and PLWHAs. Most of the messages will be integrated into broader prevention, care and support campaigns at all levels but some will be specifically targeted at the community level based on formative research. Care for OVC will be integrated into home based care programs described under HBHC by strengthening caregivers capacity to provide psychosocial support for children of PLWHA, and integrating HBC activities for PLWHAs into OVC programs to prolong the parents' lives; thereby reinforcing the interconnectedness of these components. GHAIN will provide technical assistance in all aspects of OVC programming and work with the Federal Ministry of Women Affairs, ENHANSE, UNICEF and other partners to disseminate information on existing child welfare instruments, and strengthen the national response on OVC issues. GHAIN will liaise with AFPAC for HIV services for the armed forces and PACC for the Police, to develop a comprehensive package of services for OVC within the barrack communities.

GHAIN will also support pediatric ART treatment services at at least two sites, one in Lagos State and one in Kano State. The pediatric basic care and support services will cut across board for all components of care and will be implemented in close ties with the HBHC and HTXS programs. Pediatric ARV will be implemented maintaining the same quality as the adult ARV services and number of service outlets providing pediatric ARV will be expanded in conjunction with the adult ARV within the context of quality service provision. As pediatric ARV services will be at 10% of the adult ARV services provided, GHAIN expects to provide care and support for 664 HIV positive children receiving ART. GHAIN will collaborate with other USG implementing partners and the private sector to wrap around services that protect the rights of the child, enhance food supply, improve sanitation in communities, provide clean water and strengthen non-HIV health services, including family planning, child health and nutrition.

GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	9,336	☐
Number of providers/caretakers trained in caring for OVC	490	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Bauchi

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Mechanism: Track 1.5

Prime Partner: Hope Worldwide South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5405

Planned Funds:

Activity Narrative: This activity also relates to the program elements HBHC, HVCT and HTXS and the Emergency Plan target to care and support 1,750,000 children

Emphasis areas are community mobilization/participation, development of network/linkages/referral systems, local organization capacity development, linkages with other sectors and initiatives, training, information, education and communication, quality assurance and supportive supervision. The intended primary beneficiaries will be OVC in informal settlements and disadvantaged urban and rural areas that are severely affected by HIV/AIDS, families (households) and communities with orphans and vulnerable children. In accordance with the Global Framework for the protection, care and support of orphans and vulnerable children, The 5 year Emergency Plan for Nigeria and the Nigeria National Strategic Framework 2005, HOPE worldwide Nigeria's (HWWN's) program in the three States covered will strengthen the capacity of families to protect and care for orphans and vulnerable children by contributing to prolonging the lives of parents, improving household economic capacity, providing psychosocial support to affected children and their care givers, strengthen and support child-care capacities, support succession planning, strengthen young people's life skills, mobilize and support community-based responses, ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others. The program will also collaborate with other USG partners and the respective State's Action Committee on AIDS (SACA) to ensure that there is improved policy and legislation by Governments at the State and local levels to protect the most vulnerable children and raise awareness at all levels through advocacy and social mobilization thereby creating a supportive environment for children and families affected by HIV/AIDS. HWWN will continue to pursue issues like the elimination of user fees at health centre for OVC, establishment and enforcement of screening procedures to ensure that OVC are placed in institutional care only when no better placement options are possible, and preferably only on an interim basis until a family or community placement can be made. Particular attention will be given to address the special challenges and needs of girls, OVC caregivers, widows/widowers to support themselves and to protect their earnings & resources. Groups operating within the targeted communities, such as faith-based organizations (FBOs) schools, local business community/private sector, non governmental organizations (NGOs) and community-based organizations (CBOs) will be mobilized to engage them and local leaders in responding to the needs of vulnerable community members, promote and support community care for children without family support. HWWN will work closely with the Ministry of Women Affairs, Ministry of Education, Ministry of Health, PSI/SFH and other Local Government structures to ensure an increase in school enrolment and attendance, birth registration for all children, improved access to safe water and sanitation whilst strengthening local planning and action in accord with Article 65 of the declaration of commitment of the UN special session on HIV/AIDS and the core principles of the UN convention of the Rights of the Child such as Non-discrimination, Right to survival, well being and development, respect for the view of the child and overall best interests of the child. Older children and young people will take part in planning activities designed to improve household economic capacity inorder to protect them from harmful child labour and future economic exploitation.

In FY06, a total of 18000 OVC will be reached in the focal sites in three states of Nigeria. Of these, 5,000 kids will be reached in Lagos with $199,690 funding from track 1. These targets will be achieved through the development of 30 Community OVC Support groups, 60 Kids Clubs and training/mentoring of 30 partner organizations to identify and support and life skills for OVC. The project will work synergistically with HWWN's Track 1 ABY program and other USG funded prevention,

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care and support and treatment initiatives within the States to reach and serve OVC. This funding will go specifically to support trainings, community mobilization and direct service provision to OVC and their households, including increasing access to education and economic strengthening. HWWN will work with private sector and other stakeholders to effectively mobilize resources and services for the care and support of OVC and their families. All other HIV/AIDS related services provided by HWWN programs (outside PEPFAR) will also provide access to children infected and affected by HIV, providing a portal to OVC support services and leverage of resources. Likewise, identifying vulnerable children provides a critical link to reaching adults in need of services. Activities will therefore be based in the same communities as many of the other interventions described, further strengthening the referral system within the health network. Care for OVC will be integrated into HWWN home based care programs by strengthening caregivers' capacity to provide psychosocial support for children of PLWHA, and integrating HBC activities for PLWHAs into OVC programs to prolong the parents' lives; thereby reinforcing the interconnectedness of these components and hence, further sustainability of this HWWN initiative.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	18,000	☐
Number of providers/caretakers trained in caring for OVC	1,500	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas

Kaduna

Lagos

Nassarawa

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	OVC
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	*GAC (GHAI account)*
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5407
Planned Funds:	
Activity Narrative:	This program area also relates to activities in palliative care (HBHC), HIV AIDS treatment/ARV drugs (HTXD) and Prevention of Mother To Child Transmission (MTCT)

The program area has several components. One component is to strengthen the capacity of community members to meet the needs of OVC. Through a series of community based rallies and school based events; the community leaders, the general public, teachers, school principals and parents will be sensitized to the needs of OVC. Community health workers (CHW), (arch) diocesan staff, and volunteers (PAV) will be trained to enhance their ability to provide support and care to OVC and their families. The CHW/PAV will conduct the Home Based Care (HBC) visits to OVC and their families. It is anticipated that 2000 OVC and their care givers will benefit from these HBC visits which includes counseling on health, psychosocial counseling, treatment of minor/common ailments and referrals. The PAV will facilitate the formation of support groups of OVC. 1000 OVC less than five years of age will benefit from growth monitoring during these HBC visits. OVC who are identified by the CHW/PAV to be in need of nutritional support will be provided this support. It is anticipated that 3500 OVC households will benefit from food/nutritional support. The PAV are those who currently implement palliative care activities (HBHC) under the Community Based Care and Support (CBCS) project also funded by USAID.

Another component of this program area is to increase access to health care for the OVC. A two-way referral system will be established in project area between the health facilities and the PAVS/CHWs that will be responsible for making the referrals. At the health facilities, the cost of hospital/clinic cards and consultation fees for OVC will be borne by the project. OVC requiring drugs will receive the drugs (excluding ARVs) through a HBHC linkage with the subsidized drug scheme currently in place within the context of the CBCS project being implemented by CRS. OVC households are identified to be in need of ARVs will receive same through a HTXD linkage to AIDSRelief unit in CRS. Additionally, growth monitoring will be conducted monthly for OVC less than 5 years and basic hygiene and health education will be given to OVC and their families during home visits. Female adolescents will receive referrals to gynecologist, food supplements and iron fortification as needed. 1000 OVC households will benefit from increased access to health services and 500 to subsidized drugs.

Increasing access to education for OVC is another component. CHW/PAV, diocesan educational secretaries and community members will identify OVC in need of educational assistance. The educational secretaries are responsible for liaising with school authorities to place the OVC requiring support. The project will support tuition fees, school uniforms and other school supplies as identified per OVC in need. 3000 OVC will receive support to access education. Educational access for girls will be a priority. OVC who are identified to be in need of income generating skills will be supported to acquire these skills (dress making, carpentry, auto mechanic skills etc). 50 OVC will receive support to acquire income-generating skills.

Strengthening the capacity of OVC to make right decisions that reduces their risk of acquiring/transmitting HIV is another component of this area. 200 schoolteachers and 100 school students will be trained as trainers on life skills. (This includes modules on sexuality, value clarification, decision-making, assertiveness and negotiation). The arch/diocesan staff in collaboration with the trained school teachers/students will establish peer-mentoring groups in schools and conduct sports competitions between schools in their locations. At these events, OVC as well as other in-school and out-of-school youths in the communities will receive HIV-prevention messages.

1000 children will receive prevention messages.

Another component of this activity is to increase access to legal aid. 300 selected staff and volunteers of the 'Justice Development and Peace Commission' (JDPC) from 10 arch/dioceses will be sensitized on the 'legal issues faced by OVC' through awareness raising workshops. OVC in need of legal aid will be identified by PAV during their interaction with OVC and their families especially during HBC visits. Those identified will be linked up with a (JDPC) staff. The JDPC staff are responsible for providing legal support to OVC. The legal fees and other ad hoc fees incurred will be borne by the project. 600 OVC households will benefit from legal assistance.

The final activity is partners receiving support to increase their technical, financial and managerial capacity to implement HIV AIDS projects. Partners will receive support to participate in organizational capacity assessments. The Catholic Secretariat of Nigeria (CSN) and other partners will receive training in several areas (as identified in the assessment results) varying from project management to Monitoring and evaluation of projects, finance, administration etc. CRS program managers and capacity building coordinators will organize the training events. Additionally, some staff will receive training on small grant administration and management. It is anticipated that 24 parishes will receive and manage small grants from the arch/dioceses. This small grant management will build the capacity of partners on the management of grants. The CSN will receive support to revise the 'Nigerian Catholic HIV/AIDS policy' to take account of PMTCT (MTCT) and OVC (HKID). This provides linkages to MTCT and HKID because the revised policy will be referred to in all the partner arch/dioceses within the Community Based Care & Support project and the OVC project. The CSN will receive support to strengthen their capacity on direct cash management of USG grants. 294 partner staff will benefit from these trainings.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	711	☐

Indirect Targets

10 000 community members receiving sensitization on the needs of OVC households; 1000 children (not only OVC) in the communities receiving HIV prevention messages; 294 Partner staff with strengthened capacity to respond to OVC needs

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5408
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of an expatriate OVC technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on OVC; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5409
Planned Funds:	
Activity Narrative:	This activity also relates to PMTCT, Basic Care and Support, TB/HIV, Laboratory, and Strategic Information.

The four points of service which opened in COP05 are: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja). These sites will receive continued development of staff to ensure standards of care, referral and linked activities continue to occur.

Physicians and nurses will be trained both inside and outside the country to enhance clinical knowledge. Federal Government of Nigeria standards will be implemented by physicians working within multidisciplinary teams to ensure efficiency, quality, and continuity of care for OVC. This team will also include nutritionists, counselors and administrative staff who will provide education and adherence counseling to OVC seen in a facility based setting. The interdisciplinary team approach will also decrease losses to follow up and integrate prevention within clinic and treatment activities.

Particularly necessary among HIV+ children and adolescents is family education and support. Sites will be encouraged to develop "family" clinics where the entire family can receive care and treatment in a single visit. This strategy cuts down on the need for multiple appointments on different days, improves patient compliance with care, and supports the adherence program.

The bulk of this activity is HIV care and support of HIV-infected children. HIV infected children not served under ARV Services, under OVC, will be provided a basic package of care that includes: no cost laboratory monitoring including CD4 measurement (both absolute count and percentage), hematology, chemistry, and malaria smear regardless of receipt of ARVs, appropriate TB diagnostics and linkage with GON sponsored DOTS programs; opportunistic infection prophylaxis as appropriate; linkage to age appropriate counseling and activities. Under COP05, 120 patients will be treated with ARVs. In COP06 this expands to 165.

U.S. DoD is prohibited from purchasing anti-retroviral (ARVs) drugs for treatment and will seek a purchasing partner for the acquisition of ARV drugs.

Through linkages with community leaders, non-governmental organizations and private volunteer organizations such as the Officer Wives Club day centers for OVC will be created at two sites (expected are Ojo and Mogadishu barracks). These centers will be staffed by trained volunteers and military members and will provide a wide range of services to support OVC, their siblings (who are also at risk) and parents/caregivers.

These centers will also address the needs of OVC by offering developmentally appropriate counseling and linkages to community NGOs and faith based organizations to meet basic needs. Under the supervision of an experienced Pediatric Psychologist Institute for Human Virology/University of Maryland faculty member, site counselors, nurses, and pediatricians will be trained and provide support to children in an age appropriate manner, focusing on issues such as grief and loss, disclosure of HIV status, and dealing with stigma. Basic HIV education will also be provided to extended families to address stigma and review universal precautions and general daily hygiene for all family members.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	300	☐
Number of providers/caretakers trained in caring for OVC	20	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	APS
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5414
Planned Funds:	
Activity Narrative:	This activity relates to activities in A&B and OVC.

This Annual Program Statement (APS) is a very successful solicitation mechanism that will be amended in October 2005 and remain open throughout COP06. This APS for "Support to Civil Society Organizations/Faith Based Organizations Network to Provide HIV/AIDS Prevention, Care and Support Services" has already led to 2 new awards *in FY05 that will continue next year with COP06 funds. Two additional awards to* new partners are expected during calendar year 2005, which will expend the total amount set aside in COP 05. Additional funds will be placed in the APS mechanism in COP 06 with the goal of adding more partners and developing more local capacity.

The Emergency Plan has given special recognition to Civil Society Organizations (CSOs) in its global Five Year HIV/AIDS Strategy, because of their longstanding involvement in responding to the pandemic. Their partnership/network under the Emergency Plan is pivotal given their leadership and legitimacy in communities, their mission to care for the needy and the poor, their healthcare and education infrastructures, as well as their extensive reach. The strategy of enlisting CSOs, especially FBOs, in the fight against AIDS is particularly relevant in Nigeria given their vast networks, access to rural areas, the prominence of religious life in today's society, and the growing role of civil society. This approach is therefore reflected prominently in Nigeria's 5 Year Strategy.

In spite of this vast potential, there are enormous challenges for local CSOs working in HIV/AIDS in Nigeria. For example, a significant number of them are nascent CSOs that are less than 5 years old. CSOs in Nigeria generally have low technical and organizational capacity; have few linkages with other groups and or health care facilities; have low treatment literacy; and have limited capacity for palliative care, home-based care, and orphans and vulnerable children (OVC) care and support in the communities. Although many Christian FBOs have emerged in recent years, there is a dearth of Muslim FBOs that deliver HIV/AIDS related care and support services. This APS was created specifically to address these uniquely Nigerian challenges.

A key tenet of the Emergency Plan is to support and build the capacity of new and existing indigenous partners. The APS therefore, responds to the Emergency Plan's strategy by supporting and strengthening a network of new and existing indigenous partners to strengthen and expand HIV/AIDS prevention, service delivery and effective referral for advanced care, treatment, and support for people infected and affected by HIV/AIDS. In addition, this approach supports the National HIV/AIDS strategy and contributes to achieving the Emergency Plan's prevention and care goals for Nigeria. In this APS, Multiplier Organizations (national/regional-level agencies that have many chapters or branches which disseminate policy and technical expertise to the many local chapters and civil society organizations), and CSOs (indigenous non-governmental, community-based and/or faith-based, voluntary membership organizations) play a key role in building the capacity of indigenous organizations at the community and regional levels.

The APS seeks applications from new partners to implement activities in support of the US Emergency Plan for AIDS Relief goals. The overall two-pronged purpose of the proposed four-year award is to:

1. *Strengthen the capacity and sustainability of indigenous national and regional* multiplier civil society organizations (CSOs) within Nigeria to manage and support their local chapters and other CSOs and initiatives; and, in the process

2. Strengthen and support the capacity of faith-based, community-based organizations and non-governmental organizations (FBOs, CBOs, and NGOs) to design, implement, monitor, evaluate and expand delivery of HIV/AIDS prevention, *care and support services in their communities.*

Four program elements are intended to provide a framework of specific activities for HIV/AIDS prevention, care and support, which include:

1) *Strengthening NGO capacity to respond to HIV/AIDS in their communities*
2) *Preventing HIV transmission, especially among youth*
3) Improving the quality of life of HIV infected individuals and their families
4) Providing quality comprehensive and compassionate care for AIDS Orphans and Vulnerable Children (OVC)

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	3,000	☐
Number of providers/caretakers trained in caring for OVC	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	*Harvard University School of Public Health*
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5415
Planned Funds:	
Activity Narrative:	This activity also relates to activities in PMTCT, Palliative Care non-HIV, Palliative Care TB/HIV, ART Services.

Six tertiary care teaching hospitals or specialist hospitals and 10 satellite clinics will provide comprehensive pediatric HIV services to patients below the age of 14. Active PMTCT programs at 16 sites will identify HIV exposed infants who will require PCR diagnosis and clinical assessment prior to ART treatment. ART provision and monitoring for pediatric patients will follow the 2005 revised Nigerian National ART and WHO guidelines. These pediatric patients have been enrolled in the APIN Plus Harvard PEPFAR program to provide clinical, virologic and immunologic monitoring consistent with the national and international guidelines. In addition, the current government provided drugs are limited to zidovudine, lamivudine, nevirapine and nelfinavir. For pediatric patients requiring other drugs for toxicity or because of weight class, we will provide USG-funded ART drugs. Pediatric patients experiencing virologic, immunologic and clinical failure will be provided with second line ART regimens according to the guidelines. All pediatric drug regimens are consistent with the Nigerian National ARV and WHO Guidelines. 680 eligible pediatric patients will be provided with USG-funded ARVs.

Our PMTCT programs encourage involvement of all family members and many of our current pediatric patients are identified in this manner. HIV infected babies and children will also be referred from our APIN Plus Harvard PEPFAR high risk VCT and satellite centers. Pediatric patients will be assessed for ART eligibility with HIV DNA PCR (under 18 months) or HIV serodiagnosis (>18 months of age), clinical examination, hematology/chemistries and CD4 % or cell count, depending on age.

This activity provides a critical component of the complete HIV related care package offered to HIV-infected patients and screened HIV negative individuals in our program. At the 6 Harvard APIN Plus ARV centers and 4 satellite ARV clinic (Kuramo Village, Lagos, Saki, satellite, Oyo State, STD outpatient clinic and Tudun Wada VCT, Plateau State), HIV-infected ART pediatric patients (n=6,80) will be offered co-trimoxazole and fluconazole prophylaxis to prevent important bacterial and fungal co-infections, respectively. In addition, we will provide diagnostic and treatment services for HIV related diseases/conditions including OIs and related malignancies. Treatment will be provided as needed. Diagnostics for common opportunistic infections will performed as clinically indicated and may include: laboratory exams for Candida albicans, protozoal infections, gastrointestinal parasites and other bacterial, viral and fungal infectious agents. Diagnosis of common HIV-related malignancies may include Kaposi Sarcoma and non-Hodgkins lymphomas. Hepatitis B and C infections will be diagnosed by serologic tests at baseline assessment of HIV infected patients and will inform ART regimens for eligible patients and may affect susceptibility to ART toxicity. Two small separately funded NIAID research projects will address the impact of hepatitis co-infection on ART efficacy (SI).

This activity will also support the laboratory monitoring of HIV infected individuals that are not yet eligible for ART treatment. This will include prevention counseling, clinical exams, psychosocial support and CD4 cell counts on a biannual basis or as needed (n=720). This is in compliance with both the Nigerian National ART and WHO guidelines. These community outreach groups will assist our ART pediatric patient families in the many psychosocial issues involved in HIV infection and ART treatment. In addition, we will build the capacity of these groups to develop more innovative means of interacting and supporting HIV infected and affected populations.

Funding will directly support the provision of care and support services to all adult/adolescent HIV+ patients attending our APIN Plus Harvard PEPFAR centers, approximately 1200 pediatric patients are cared for under OVC. Training of 220 health care workers in the diagnosis and treatment of non-HIV but associated infectious disease agents will be supported. These activities will not only strengthen the overall health systems at our individual sites but provide an integrated a comprehensive health care package to our patients that will enhance the efficacy of HIV treatment through ART.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,200	☐
Number of providers/caretakers trained in caring for OVC	128	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	*GAC (GHAI account)*
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5416
Planned Funds:	
Activity Narrative:	AIDSRelief recognizes children as an important target group and considers them within a family-centered model of care; thus AIDSRelief Pediatric ART work relates to activities in HIV/AIDS Treatment/ART Drugs (HTXD), HIV/AIDS Treatment/ART Services (HTXS), Palliative Care: Basic Health Care and Support (HBHC), Palliative Care: TB/HIV (HVTB), as well as to other OVC programming (HKID).

Providing lab services and care and support to children living with HIV/AIDS involves three components:

1) Ensuring availability of diagnosis and treatment/prophylaxis of opportunistic infections (OI) through direct procurement and logistical support, as well as with capacity building within the AIDSRelief/Nigeria network in the efficient and effective referrals for added diagnostics and treatment as needed.

2) Ensuring accessibility of pediatric-specific laboratory capacity by developing the necessary referral linkages to support the pediatric team in the diagnostic and monitoring evaluations required to adequately treat children living with HIV/AIDS.

3) Providing adequate psychosocial support to parents of HIV+ children not eligible for ART and counseling for prevention of infection for siblings.

AIDSRelief will provide basic care and support for the 400 HIV+ children enrolled for Care and Support under AIDSRelief. Specifically, funds will be spent in the procurement, supply chain logistics, pharmaceutical management and distribution of appropriate OI drugs to participating POS, provision of cotrimaxazole prophylaxis to all children living with HIV/AIDS and treatment of OI. In addition, funds will be used to ensure that the necessary storage conditions, such as refrigeration and air conditioning, are met at all three health facilities for the pediatric suspensions, powders and syrups.

AIDSRelief will ensure high quality lab services for the 400 HIV+ children not on ARV by offering comprehensive care to all identified children both at the health facility and through the home-based care networks. Furthermore, linkages will continue to be strengthened between the AIDSRelief health facilities and managed by Harvard (APIN), IHV (ACTION) and FHI (GHAIN) to ensure that all children have access to all required elements of care and support (e.g. sub specialist care).

At the health facility level, AIDSRelief will provide continued training in the management of pediatric HIV/AIDS, TB/HIV in children and other OI for staff working at its three current sites. These will take the form of onsite training, clinical mentoring and preceptorship at the individual health facility and will center on establishing a longitudinal treatment and care delivery model, and on building an advanced HIV treatment knowledge particularly in the areas of ARV side effects, resistance, and durable treatment response as it relates to pediatric patients. Doctors, nurses, counselors, social workers, treatment support specialists, community workers and volunteers, and pharmacy and laboratory personnel will be targeted for training. Through these trainings, clinicians will gain increased medical technical capacity to confidently treat and manage pediatric HIV+ patients in accordance with current best practices and Nigeria National Guidelines. AIDSRelief will provide technical assistance to 40 Health Care Workers, including 10 physicians and 8 nurses. Specifically, funds will be spent on salary for staff involved in providing pediatric HIV services at AIDSRelief health facilities, continued training of staff on the management of pediatric HIV/AIDS, provision of home-based kits for community health workers, transportation costs for home-based care and community follow-up, and for the

development of the necessary referral linkages.

Through home-based care services, AIDSRelief will offer comprehensive community-level care for children living with HIV/AIDS, training of family members to care for these children, follow-up on adherence and other issues related to ARV, plus providing psychosocial and spiritual support for families caring for these children. The AIDSRelief treatment network will also have access to the necessary referral channels to ensure nutritional support and legal counseling is available for all children and their families. These services will be provided by community health workers, volunteers, and treatment support specialists at the AIDSRelief health facilities, and through linkages to the CRS OVC Project.

Finally, AIDSRelief will ensure the accessibility of pediatric-specific laboratory capacity, for all children treated by AIDSRelief. Referral links will be established with IHV (Asokoro General Hospital and PLASVIREC at Plateau State General Hospital) and Harvard/APIN (Jos University Teaching Hospital) health facilities to provide CD4/CD8 breakdowns, viral loads and PCR for infant HIV diagnosis. Funding for this component will be used to pay for the cost of diagnostic and monitoring tests for all pediatric patients enrolled in the AIDSRelief program, plus cost for transportation and other logistics related to storing and transferring samples between facilities.

AIDSRelief will therefore contribute to the USG Five-Year goals for Nigeria to scale-up access to pediatric HIV/AIDS services and care and support in a manner that is locally appropriate and involves in-built sustainability strategies: building indigenous capacity to deliver high quality care; and integration of services between health facilities and the community.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	800	☐
Number of providers/caretakers trained in caring for OVC	10	☐

Indirect Targets

Number of parents and siblings impacted by OVC care for HIV+ children = 500

Target Populations:

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	*08*
Activity ID:	5417
Planned Funds:	
Activity Narrative:	*This activity also relates to Counseling and Testing, Basic Care and Support, TB/HIV,* PMTCT, and ARV Drugs.

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro *Training Center (FCT).*

The focus of this activity is the provision of comprehensive services for children in HIV-affected families. As in the U.S., the majority of HIV-affected families are first identified through PMTCT testing of the mother during pregnancy or the presentation of a symptomatic HIV-infected child. At the time of identification, families require immediate psychosocial support as well as access to counseling and testing services for other family members at risk, particularly older siblings who were born prior to more widespread access to antenatal HIV testing. At the IHV-N points of service, counselors will meet with the parents of the newly-identified family to offer psychosocial support and identify family members including older siblings in need *of HIV testing. The family will be linked to hospital-based VCT services so that* counseling and testing can be carried out. This component will capitalize upon the extensive PLWHA support group development at sites under COP05 to utilize PLWHAs trained as outreach educators to offer peer support and education to parents and encourage participation in support group activities. Sites are encouraged to develop "family" clinics where the entire family can receive care and treatment at a single visit. This strategy cuts down on the need for multiple appointments on different days, improves patient compliance with care, and supports the adherence program. 1900 HIV-affected families will be offered support and VCT linkage.

Older HIV uninfected siblings in HIV-affected families are at high risk due to orphaning and/or serious parental illness, stigma, and a family with one or more chronically ill members. The second component of this activity will address the needs of these HIV uninfected children by offering developmentally appropriate counseling and linkage to community NGOs and faith based organizations to meet basic needs. Under the supervision of an experienced Pediatric Psychologist IHV faculty member, site counselors, nurses, and pediatricians will be trained and provide support to children in an age appropriate manner, focusing on issues such as grief and loss, *disclosure of the diagnosis, and dealing with stigma. Community home based care* nurses and aids will provide linkages with community resources to assist with basic needs and work with extended family members to facilitate placement for orphaned children. Basic HIV education will be provided to extended families to address stigma and review universal precautions if the child is HIV-infected. 2000 children from HIV-affected families will be served.

The third component of this activity is HIV care and support of HIV-infected children. Due to a higher prevalence of symptoms and more aggressive treatment guidelines *due to the more aggressive tempo of perinatal HIV disease, the vast majority of* HIV-infected children will require ARV treatment. None the less, all HIV-infected children will be offered a basic package of care including: access to free laboratory monitoring including CD4 measurement (both absolute count and percentage), *hematology, chemistry, and malaria smear regardless of receipt of* ARVs, access to appropriate TB diagnostics and linkage with GON sponsored DOTS programs described under TB/HIV, family instruction in appropriate water purification, linkage to age appropriate counseling as described above, provision of trimethoprim/sulfamethoxazole prophylaxis, symptom management including provision

of loperamide, access to community home based care services including end of life care closely linked with the hospital-based pediatric care provider, and linkage with community NGOs and faith based organizations as described above for food and nutrition resource support. After extensive provider training, pediatric ARV care was implemented at the site level under COP05 and this will continue. The first line regimen consists or ZDV and 3TC with either NVP or EFV. Both Kaletra and Nelfinavir are available for second line patients. 1,070 HIV-infected children will be served.

Costs in this category are largely driven by the costs of drug procurement for HIV-infected children. Drug procurement costs for children, currently budgeted at $1,786,566 for one year (excluding commodity management/distribution charges and any other overhead), would decrease significantly if additional generic pediatric formulations are approved for PEPFAR procurement.

The final component of this activity is the essential training of staff. Physicians will be trained centrally in pediatric HIV care and ARV management of children utilizing a curriculum developed by IHV-N under COP05 based upon the Nigerian ARV Guidelines. In addition, experienced pediatric antiretroviral treatment experts will provide on site bedside instruction in pediatric ARV management. Site level trainings will be provided for Nurses, counselors, and community home aids/outreach educators. 200 health care workers will be trained.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	200	☐

Indirect Targets

IHV-N will continue to provide technical expertise in pediatric ARV care to the Nigerian ARV Guideline Committee and is participating in development of a national ARV and HIV care training curriculum which will have a strong pediatric component.

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Procurement
Prime Partner:	Crown Agents
USG Agency:	*HHS/Centers for Disease Control & Prevention*
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5418
Planned Funds:	
Activity Narrative:	This activity is a commodity procurement activity by the CDC for supplying HIV test kits for OVC programmatic purposes to implementing partners. Crown Agents is the contracted wholesale agent for HIV test kits at the CDC. Implementing partners performing HIV rapid test kit testing in the areas of OVC will include University of Maryland-ACTION, Family Health International-GHAIN, Department of Defense-MoD, Columbia University School of Public Health, Harvard University School of Public Health, Catholic Relief Services-7 Dioceses, and an implementing partner TBD through an RFA with the CDC. Some partners will continue to purchase their own test kits during 2006 as the distribution and warehousing network for points of service as developed.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5419
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has no full time or half time staff positions planned in COP06 for OVC specific area activities but will provide in-country project oversight to its four implementing partners that are conducting Pediatric ART that is funded from this program area. Providing this oversight will be various programmatic staff for technical assistance including laboratory staff, medical epidemiologists, and physician specialists in pediatric ART. Budgetary oversight will be provided by the HHS/CDC Nigeria Deputy Director (program/budget monitoring). The funds planned in this activity are specifically for HHS/CDC HQ Technical Assistance travel for five weeks of in-country support by HHS/CDC GAP HQ HIV Treatment/Care and Support staff with focus on Pediatric ART and non-ART OVC program activities.

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Christian Aid
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5430
Planned Funds:	
Activity Narrative:	This is a track 1 partner that will implement OVC activities according to their track 1 award. Due to scale up in other countries that were a part of this multi-country award, they are not expected to start activities or achieve results in Nigeria until 2007. Therefore no activities or results are contained in Nigeria's COP06.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5547

Planned Funds:

Activity Narrative: This activity also relates to activities in PMTCT, Palliative Care non-HIV, Palliative Care TB/HIV, ART Services.

Two general hospitals in Kaduna (Kafanchan) and Cross River (Ogoja) will provide comprehensive pediatric HIV services to patients below the age of 14. This activity will link with USG funded PMTCT programs at both sites to identify HIV exposed infants who will require PCR diagnosis and clinical assessment prior to ART treatment if eligible or basic care and support otherwise. PCR will be done on fee for service through other PEPFAR implementing partners at other facilities. ART provision and monitoring for pediatric patients will follow the 2005 revised Nigerian National ART and WHO guidelines. These pediatric patients will be enrolled in the Columbia ICAP PEPFAR program to provide clinical, virologic and immunologic monitoring consistent with the national and international guidelines for OIs and determining eligibility for ART. 600 HIV+ pediatric patients will be provided with basic care and support including 280 ART eligible pediatric patients to be provided with USG-funded ART and provided with ART monitoring. Those pediatric patients not qualifying for ART or for whom drug resources are not available will be given network referrals or offered basic care and support, including lab monitoring, as appropriate.

Our proposed PMTCT program will encourage involvement of all family members and many of our current pediatric patients are identified in this manner. HIV infected babies and children will also be referred from our VCT sites. Pediatric patients will be assessed for ART eligibility with HIV DNA PCR (done at referral labs for fee for service) or HIV serodiagnosis (>18 months of age), clinical examination, hematology/chemistries and CD4 % or cell count, depending on age. On a monthly basis, pediatric patients and their mothers are seen by a nurse, counselor and pharmacist when they pickup their ART drugs. Scheduled pediatrician visits are also monthly for the first 6 month and every 3 months thereafter unless clinically warranted. At each visit, clinical exams, and lab testing as indicated (CD4 percentage) are performed. Electronic records of all monitoring will be instituted to enhance patient care and provide SI for program monitoring; this is coordinated centrally for SI. Emphasis on ART education and adherence is part of each clinic visit and reinforced with PLWHA support groups (engaging parents) at each clinic site.

This funding will directly procure pediatric OI drugs, provide for diagnostic and monitoring testing and fund basic care and support provision. Training of pediatricians, nurses and counselors in pediatric ART treatment and care will take place at all sites. The integration of pediatric care and support services linked to active PMTCT and adult ART centers will facilitate the development of the overall network of care for HIV infected families and communities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	600	☐
Number of providers/caretakers trained in caring for OVC	16	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Cross River

Kaduna

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Public Private Partnerships
Prime Partner:	To Be Determined
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	5812
Planned Funds:	
Activity Narrative:	This activity also relates to Counseling and Testing, Basic Care and Support, TB/HIV, PMTCT, and ARV Drugs.

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Hospital and Training Center (FCT).

Public Private Partnerships have been vital in the USG Nigeria portfolio and will continue to be in COP06 as a tenant of the Emergency Plan. The team has set-aside $500,000 in the OVC program area. Leveraging the efforts of OGAC and Osagie Imasogie, who has begun discussions with several private entities in Nigeria, the team will work to engage these entities and others in discussion and work toward collaboration which is initially focused on the OVC program area, but which will be expended to other program areas as additional funds become available.

The money will be allocated to HHS/CDC with the Funding Mechanism and Prime Partner to be determined (TBD).

The focus of this activity is the provision of comprehensive services for children in HIV-affected families. Families of HIV infected women and families of symptomatic HIV infected children will be provided services such as immediate psychosocial support as well as access to counseling and testing services.Counselors will meet with the parents of the family to offer psychosocial The family will be linked to hospital-based VCT services. Community home based care nurses and aids will provide linkages with community resources to assist with basic needs and work with extended family members to facilitate placement for orphaned children. Basic HIV education will be provided to extended families to address stigma and review universal precautions if the child is HIV-infected. Pediatric HIV care will be provided and will include the provision of antiretroviral therapy where clinically indicated.

One hundred (100) helth care workers will be trained to care for orphans and vulnerable children through this activity; 2,000 orphans and vulnerable children will be served, and 3,000 family members and other affected persons will be provided services under this activity.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC	100	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)
Private health care workers

Coverage Areas

Gombe

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

During 2003 and 2004 the USG supported the development and production of national CT guidelines and training curriculum which are currently being used for training the counselors. In 2005, the USG supported the GON to establish four CT training centers in different parts of the country to respond to the increasing need for high quality trained personnel in counseling and testing. By August, the USG had achieved 171% of trained target for CT, 60% of its outlet target, and 21% of its target for the number of clients receiving CT. In response to the semi annual evaluation, more user friendly non cold chain dependant algorithms were introduced, and with improved distribution of test kits, the USG team is confident that the targets will be met by end of FY 05.

In June 2005 a USG assessment team visited GON representative and a variety of USG supported CT sites. Findings from the assessment revealed that a remarkable number of Nigerians have already learned their HIV status. In the 2003 Demographic and Health Survey for example, 13.6 percent of men reported having been tested and having received their results while 6.4 percent of women reported having been tested and having received their results. This could indicate that more than 13 million Nigerians already know their status; however the vast majority of these may never have received referrals to care or ART.

Despite an overwhelming preponderance of advertising and marketing in Nigeria, remarkably little has been done to date to promote or generate demand for CT through media campaigns. In general, findings reveal that when CT is promoted Nigerians respond enthusiastically and seek services. In other countries, efforts to generate client demand for HIV CT seem to have helped "normalize" testing, reduced stigma and generated tremendous interest among local organizations to provide the service.

In 2006, the USG will expand services through; the promotion of CT using Public Service Announcements, interviews and the like via the radio, television and others. The USG will also collaborate with GON and other partners to design and implement a national promotional campaign for CT The campaign will begin with mass media and signage, and expand to develop partnerships with journalists and radio and television dramas. The campaign will have a locally vibrant, identifiable brand "Heart to Heart" identity that promotes all CT activities in the country, and not just services provided by specific partners. The USG will take advantage of the large pool of talented and dedicated Nigerian health workers to provide a strong foundation for the expansion of CT, care, treatment and referral in all in clinical units. In non-medical sites the USG will dramatically expand the availability of professional, CT centers in high-traffic settings, such as motor parks and marketplaces. The USG will also expand the provision of mobile CT, at mosques and churches for couples and premarital testing, in hard-to-reach rural settings, at community meetings and to the MARPs. CT is a key to the Emergency Plan's program of prevention, care and treatment interventions.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	131
Number of individuals who received counseling and testing for HIV and received their test results	420,880
Number of individuals trained in counseling and testing according to national or international standards	777

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3230
Planned Funds:	
Activity Narrative:	This activity also relates to activities in HTXS, HTXD, HVTB and PMTCT.

This activity has several different components. One component is to provide comprehensive counselling and testing in integrated health facilities. A total of 71 implementing agencies, composed of faith based, public and private organizations, will continue to be supported to provide CT in the GHAIN focus States. The integrated health facility sites will provide diagnostic counselling and testing in the wards and the OPD, while routine (opt-out approach) counselling and testing will be provided for ANC clients, TB, family planning and STI clients to increase uptake of services and provide an opportunity for those who require ART to have access to them. CT services will also be located within the health facilities for self referrals by the general public, including community outreach. GHAIN will adopt the non-cold chain dependent HIV test algorithm and support the Nursing and Midwifery Council of Nigeria to train counsellors who will also serve as testers. Health care providers (such as Doctors, Nurses, and Laboratory personnel) trained as counsellors will be redeployed to medical wards to do counselling and case-finding for ART; while others (including non health care providers trained as lay counsellors will offer CT services in the VCT centres. Clients offered with routine counselling will be given options to "opt out" of testing (provider initiated). Linkages and referrals will be strengthened to refer clients as appropriate to prevention, PMTCT, ART, and care and support services along the continuum of care. This funding will specifically go for needs assessments, refurbishment/renovation of sites, and procurement of mobile vans. Other activities will include, training of counselors / testers and supervisors to ensure quality services. GHAIN in collaboration with the Government of Nigeria (GoN) identified four schools of nursing to be designated training centers to support training of 252 counselors/testers and supervisors to counsel and test 330,000 individuals.

The second component will be to support the establishment of user-friendly VCT centers (branded as Heart-to-Heart centers), in all the focus States. These centers will be located in each focus state and will aim to provide quality VCT and other psychological support services in the communities to address stigma and discrimination. The Heart-to-Heart centers will provide opportunities for community members to have access to VCT in a place they can feel at home and share their other psycho-social issues with the counselors who are readily available. Additionally, services will be offered in a variety of settings that will include outreach mobile services supported by a community support network that includes FBOs, CBOs, NGOs, and PLWHA. All these community based VCT sites will have trained lay counselors as service providers, with a fewer number of trained health workers serving as counselor supervisors. VCT services will target the general population as well as MARPs that include the military and youth, public/private sector initiatives, and family members of index clients. Other target audiences for these services will include adult males and females, youth (males and females), Orphans and vulnerable children and PLWHA. The Heart-to-Heart centers will also be established in high traffic settings (motor parks, market places), army and police barracks in the focus States, in collaboration with the Armed Forces Program on AIDS Control (AFPAC) and the Police HIV/AIDS Control Committee (PACC). This component will also include support for the establishment of post test clubs positioned strategically around the Heart-to-Heart centers all over the focus States. The HIV positive clients will be linked to other GoN, multilateral and USG supported support groups and wrap around services such as income generating activities/small businesses through micro credit opportunities, education, prevention, women/child rights protection, and support for OVC. The post test clubs will provide opportunities for community members that tested HIV negative to encourage themselves to remain negative while those who

tested positive will prevent re-infection and spread to uninfected people. The clubs will also serve as vanguards for addressing stigma and discrimination issues in the community, Prevention messages for negatives and strong referrals for positives will also be integrated into the activities of the post test clubs.

In order to create demand for CT services, innovative communication and social marketing approaches will include community mobilization and national promotion of the Heart-to-Heart campaign materials through the mass media and post test clubs activities. GHAIN will ensure high quality CT data collection and collation using the National VCT-M&E system GHAIN is designing for GoN. GHAIN will build the capacity of all the organizations providing the CT services for sustainability. An exit/sustainability plan will be developed both at the country program level showing how it will work with the implementing agencies (IAs) as a group to build capacity and at the individual implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	65	☐
Number of individuals who received counseling and testing for HIV and received their test results	305,000	☐
Number of individuals trained in counseling and testing according to national or international standards	252	☐

Target Populations:

Adults
Street youth (Parent: Most at risk populations)
Military personnel (Parent: Most at risk populations)
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3241
Planned Funds:	
Activity Narrative:	This activity also relates to PMTCT, Abstinence/Be Faithful, Medical Transmission/Blood Safety, Basic Care and Support, TB/HIV, Orphans/Vulnerable Children, and Lab.

Four points of service, which were opened in COP05, will be continuously supported through this activity: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja). These sites will receive continued development and training. Activities emphasizing data collection, patient information and education, privacy and confidentiality, and outreach to the surrounding civilian community will be continued.

In COP06, counseling and testing centers and will be expanded at each existing location. Three additional sites will be created: 1) 82 Div Hospital (Enugu) supporting the 82 Division and surrounding units, their family members and local civilians (estimated at 120,000 individuals, HIV prevalence 4.9%, HIV infected 5880, ART eligible 1470, [2004 figures]); 2) Navy Medical Center Calabar, supporting the Western Navy Command and Nigerian Air Force and Army units, as well as family members and local civilians (estimated 30,000 individuals, HIV prevalence 12.0%, HIV infected 3600, ART eligible 900- 2004 figures); 3) 335 Nigerian Air Force Hospital Jos/3 Division Nigerian Army Hospital Jos).

At each VCT site, counseling and testing services will be delivered in a private room designated for counseling, providing confidentiality through trained staff and secure records. Counselors will be specifically trained to counsel clients to include disclosure to spouses and sexual partners and encourage disclosure by the patient while exploring and addressing potential negative consequences. Data collection will include National Standard VCT demographic information and also information of military importance. Numbers of clients tested, based on all facilities being active, should yield 10,000 tested clients. Linkages to PMTCT services are essential for identifying discordant couples and providing a venue for appropriate counseling. Hospital-based VCT services will ensure that services are available to all individuals within the institution and the institution's catchment area. VCT services will be available at TB DOTS points of service and will also be available at general outpatient clinics, where STI patients are seen. VCT staff will round regularly on the wards and identify inpatients in need of HIV testing with the inpatient medical staff.

A unique feature of these VCT centers will be the ability to shift from a confidential unlinked (no identifiers, but linked via PIN) system for voluntary testing to compulsory testing. Compulsory testing is a policy that is increasingly being applied to the Nigeria military forces. Aircrews on flight status receive mandatory HIV screening annually, soldiers preparing for overseas deployment are directed to receive HIV screening, and this is usually accomplished at the Battalion level, but little or no records of counseling, testing or if either actually occurred. By utilizing a confidential link, where the VCT site will draw the blood, link the identifying information with a PIN number, and only the unit commander has access to the individual and serostatus, data will be captured, client confidentiality maintained, QA/QC for both data and results performed, and counseling (pre/post testing) will have been accomplished.

Linkages to laboratory services will maintain high quality control (QC) and quality assurance (QA) of HIV diagnostics. Use of rapid tests alone has been demonstrated to yield false positive results. Therefore, the Nigerian military systems will maintain rigorous QA/QC standards and perform both QA on positive and negative samples.

False non-reactives or false negatives rarely occur among rapid tests and are usually limited to the window period of infection (viral positive, serology non reactive), or to rapid tests with poor quality control. False positive or falsely reactive results have been clearly demonstrated in scientific literature with the use of rapid tests and with rapid tests used in a screening test only algorithm. Informing an individual that they are HIV-1 positive when they are actually negative can be an incredibly damaging event and must be avoided at all costs.

Two facilities per treatment site will be maintained (eight total VCT), 5,000 patients tested, 20 VCT counselors trained.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	5,000	☐
Number of individuals trained in counseling and testing according to national or international standards	20	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Most at risk populations
Military personnel (Parent: Most at risk populations)
Pregnant women
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Cross River

Enugu

Kaduna

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	7 Dioceses
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5422
Planned Funds:	
Activity Narrative:	This activity also related to activities in AB (HVAB), Palliative Care (HBHC), PMTCT (MTCT), HIV/TB (HVTB), and HIV/AIDS treatment/ARV services (HTXS).

This program area provides an opportunity for further prevention awareness creation through counseling of HIV negative individuals but more importantly, it is an avenue for HIV positive individuals to access basic care and support services that are available through USG supported programs. Individuals who test positive are immediately referred to other CRS program areas such as palliative care, ARV treatment, etc., and in areas where CRS is not yet providing ARV treatment, clients are referred to other USG supported sites for such services.

This activity has several components. One component is to provide comprehensive CT, through both stand-alone and integrated CT services within mission hospitals and primary/rural health centers. Mission hospitals will be supported in the provision of CT for diagnostic purposes for high numbers of in-patients and outpatients. Primary/rural health centers will also be supported in the provision of CT for diagnostic purposes for outpatients. Routine CT will be offered in OPD, ANC, STI and TB clinics in the health facilities. VCT centers are being supported at each health facility to promote self-referral for CT by the general population, including community outreach for uptake of services through the work of local Parish Action Committees on AIDS. The funding requested will be used to support distribution and commodities management procurement of associated supplies (i.e. syringes, disposable latex gloves, etc.), the training of staff at the health facilities in providing quality and comprehensive CT, and the training of supervisory staff at the health facilities in ensuring a minimum quality standard for services. Test kits will be procured through a central USG mechanism.

The second component of this activity is support for parish level stand-alone VCT centers. Parish Action Committee on AIDS (PACA) is functional in most parishes within the Catholic structure in Nigeria. PACA is composed of highly motivated and committed volunteers whose backgrounds range from social work and medicine to science. Most PACA are led by Parish Priest and have gained the support of the parish community. Strategically positioned parishes aim to provide high quality VCT services to their surrounding communities (often difficult to reach and underserved); to strengthen testing services and other psychosocial and spiritual support services; to continue to support post-test clubs that have been designed to decrease stigma and discrimination experienced by PLHA; and to refer positive individuals for USG supported and other comprehensive care and support services. The funding requested for 20 parish stand alone VCT centers will address the following emphasis areas: training, sponsorship of public speaking opportunities, network/linkages/referral systems, and outreach. Specific target populations of the 20 parish stand-alone VCT centers include the parish communities: adults, boys and girls, out-of-school youth, OVC, and community workplaces. The parish stand-alone VCT centers are designed as places that would bring all members of the community (including non-Catholics) together in order to provide services to and reduce HIV/AIDS-related stigma in communities that are difficult to reach and underserved. The activities for CT will provide support for 32 service outlets, work to train 205 individuals in CT, and provide CT services to an estimated 15,500 individuals receiving results. Refresher trainings for counselors will be conducted on an annual basis. A counseling of counselors component, which is already in most facility based CT centers, will be expanded to include stand alone VCT centers to ensure counselor burn out is reduced to a minimum.

CRS sub grantees involved in CT will be provided with and briefed on the VCT national guidelines and will assume responsibility for following the guidelines during

their procurement process. In situations where the national guidelines do not correspond with existing challenges (i.e. rural settings, community testing, etc.), sub grantees will be advised to use an alternative algorithm consisting of non-cold chain dependent HIV rapid test kits, which have been approved by both the US FDA and NAFDAC. Lab staff and volunteers will have been fully capacitated to function as certified VCT counselors and will apply all lab support and quality assurance protocols, such as screening 5% of all blood samples at larger laboratories for quality assurance purposes.

The final component is strengthening and expanding linkages to ensure continuity of care for all persons accessing CT through the Seven Dioceses Care & Support Project and other USG supported programs. Strong linkages will be formed with other CRS HIV related activities including AIDSRelief and the SUN OVC Project. Linkages between the Care & Support Project, health care facilities, other CBOs providing palliative care and social services will be strengthened through an improved referral system. Efforts to strengthen links within various sections of the Catholic church, especially with the Justice Development and Peace Commission will also be undertaken. This linkage will help to address issues of stigma and discrimination and assist in the provision of legal services. . Funds for this component will be used to establish and strengthen a referral network between community groups, social service providers, health care facilities and other USG implementing partners and staffing for a care coordinator. This activity will target Adults, Boys, Girls, PLHA, HIV/AIDS affected families, FBOs, and Health Care Workers.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	32	☐
Number of individuals who received counseling and testing for HIV and received their test results	15,500	☐
Number of individuals trained in counseling and testing according to national or international standards	205	☐

Target Populations:

Adults

Business community/private sector

Orphans and vulnerable children

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Edo

Federal Capital Territory (Abuja)

Kaduna

Kogi

Nassarawa

Niger

Plateau

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CIHPAC
Prime Partner:	Society for Family Health-Nigeria
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5423
Planned Funds:	
Activity Narrative:	Every graduate in Nigeria is expected to participate in the national youth service scheme (NYSC) by serving the country for one year. this one year service commences with three weeks camp activities in each state of the Federation.

This activity is a pilot to reach young persons aged 20-35years in friendly environment and to create subsequent demand for VCT outside the camps. This activity is to provide counseling and testing at the National Youth service camps for graduates in 16 states of the country. The camps are run twice a year in September and March with an average of 800 youth corpers per batch per camp. Orientation seminars are conducted in all the camps to sensitize youths about HIV & AIDS preventive issues and to encourage counseling and testing for HIV. This is a comprehensive package that promotes abstinence, mutual fidelity and condom use for those that are already sexually active. It also creates the avenue for dialogue and counseling on reproductive health issues. Persons living with HIV/AIDS are also invited to the camps to give talks on positive living and to encourage disclosure of status.

In addition, volunteer Peer educator trainers (PETs) are selected from among the corpers and further trained on adolescent reproductive health and HIV & AIDS for a week. These PETs are then deployed to secondary schools to train youth peer educator and assist in the formation of anti –AIDS clubs in the schools.

Consequent to the seminars mobile and confidential VCT services will be provided in the 16 designated regional camps using teams of trained counselors to reach the youths on three designated testing days. This activity proposes to use non-cold chain dependent test Kits in the camps and this will allow the training of two counselor testers per camp per batch giving a total of 64 counselors. It is expected that at least 5% of the corp members will consent to VCT reaching a total of 1280 persons. Youths who test positive will referred to other USG partners for confirmatory tests and subsequent follow on care. This project will ensure tracking and confidentiality of records by removing records from the camps at the end of each day. This activity is an entry point to prevention, care and treatment services and will be directly linked to SFH AB (Zip Up campaigns) and ABC activities.

Test kits will be procured through a central USG mechanism but distribution and commodity management will be SFH responsibility.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	*10 - 50*

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	1,280	☐
Number of individuals trained in counseling and testing according to national or international standards	64	☐

Indirect Targets

Our indirect targets include personnel of the NYSC, security staff, petty traders and food vendors who provide services to the corp members for the duration of the camp activities. We expect to reach about 15 per camp = 240 persons

Target Populations:

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5424
Planned Funds:	
Activity Narrative:	*This activity also relates to activities in Palliative Care TB/HIV, ART Services and OVC.*

This activity provides the comprehensive counseling and testing services for 20,000 high risk individuals, delivered through 11 sites. At the 6 Harvard APIN Plus ARV centers and one satellite ARV clinic (Kuramo Village, Lagos), voluntary counseling and services will be provided to patients that enter these facilities and do not yet know their HIV status. *In many instances, these will represent family members of patients currently accessing ART services at these centers. Kuramo Village is a shanty town* community (n=20000) adjoining Kuramo beach where most inhabitants are sex workers and bar workers, this clinic previously established and supported by APIN (Gates Foundation) has found greater than 60% HIV prevalence in this high risk population. HIV infected individuals are referred to Lagos University Teaching Hospital (LUTH) – Harvard PEPFAR for ART access and monitoring.

APIN (Gates Foundation) projects in Plateau and Oyo state have previously developed VCT services to high risk populations. These include: male and female outpatient STD patients (Jos and Ibadan), border traders (Saki), military personnel (Saki), fashion designers (Saki), and motor mechanics (Ibadan). A young male market agent (Ibadan) VCT and prevention program has been established in the Ibadan marketplace and implemented through the Association for Reproductive Family Health (ARFH) NGO. A regular mobile VCT service has been established in Ibadan and Saki that serves these high risk populations and those found to be HIV infected will be referred to the UCH APIN Plus/PEPFAR center for assessment of eligibility for ART services. *VCT services offered to STD patients has been established at JUTH* for the past 2 years and over 55% HIV infection has been found in this high risk population. *HaltAIDS is an NGO in the poor community of Tudun Wada in Jos that* has an established VCT center (previously established by APIN) - currently 150 community members are tested at this VCT site per month. In addition to comprehensive counseling on HIV prevention and risk reduction, HIV-infected individuals identified through this activity will be referred for ART services or Palliative HIV/TB care depending on eligibility for ART.

This funding will go specifically to support counseling and laboratory personnel and their training. Some funding will be required to provide renovation or equipment costs at the Kuramo Village and Tudun Wada satellite sites. This activity will provide support for 11 service outlets, train 140 individuals in counseling and testing, and provide counseling and testing services to an estimated 20,000 individuals. HIV testing at satellite sites will be performed with rapid test assays, immunoblot confirmation will be provided by HIV laboratories at the APIN Plus ARV centers during *assessment for ART. The UCH Virology laboratory will establish and coordinate a* regular quality assurance and quality control program to insure that HIV serologic testing at VCT centers meets national and international standards. This laboratory will also insure coordination of HIV testing SOPs and provide regular training for new laboratory personnel. Test kits, distribution and commodity management will be Harvard responsibility.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	*10 - 50*

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	11	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards	140	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Refugees/internally displaced persons (Parent: Mobile populations)

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5425
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Counseling & Testing, TB/HIV, ARV Services and Palliative Care.

During the first and second project year, AIDSRelief has been offering voluntary confidential counseling and testing (VCT) at all three health facilities involved in providing ART Services (Faith Alive, Al Noury and St. Vincent's Hospitals) at a rate of 3,000 persons per month. This rate of testing will be continued during the third project year during which a total of 36,000 persons should receive VCT services.

There are three main components to this activity:

1) Provision of comprehensive counseling and testing services within hospital settings and in the surrounding communities.
2) Training of staff to provide counseling and testing services
3) The strengthening and expansion of linkages to ensure continuity of care for persons who test HIV positive

The first component of this activity, to provide comprehensive counseling and testing, through integrated VCT services within hospital settings and in the surrounding communities, will involve supporting three hospitals to provide counseling and testing for diagnostic purposes for persons attending for in-patients and out-patient services. Routine counseling and testing will be offered to the following principal target populations: pregnant women, patients diagnosed with Sexually Transmitted Infections (STI) and TB patients, as well as family members of PLWHA and self-referred members of the general public. To enhance patient uptake, VCT services will be offered at community outreach activities in the surrounding communities, and home testing for families of PLWHA. Funding under this activity will go specifically go to support the procurement of test kits, the renovation of the site locations at the hospitals to become VCT centers, and the cost to conduct community-level testing. This component of the activity will provide support for 3 service outlets, hire 6 VCT counselors and care coordinators, provide training to 40 individuals in counseling and testing, conduct and provide counseling and testing services to an estimated 36,000 individuals. Approximately 5,400 HIV positive persons is expected to be identified through VCT services provided by the three AIDSRelief sites during Year 3 of the project.

The second component of this activity is the training of staff at the hospitals to provide counseling and testing, and the training of supervisory staff at the hospital to ensure that minimum quality standard of services are met. Counselors, laboratory staff and VCT counselors will be trained on how to conduct pre-test and post-test counseling, on the correct use of the HIV rapid test kits, on providing full and accurate information on HIV prevention, and also on how to make the appropriate referrals for patients and their families who test either positive or negative. A training of trainer model will be used. AIDSRelief will work to continue to build the capacity of POS, and GON by training staff and volunteers to meet the increasing demand for counseling services in rapidly expanding VCT services. This component of the activity will work to train 40 individuals in counseling and testing.

The final component is strengthening and expanding linkages to ensure continuity of care for all persons accessing CT through AIDSRelief. Strong linkages will be formed with other CRS HIV-related activities including the Care and Support and the SUN OVC Project, as well as with other community groups to ensure social, psychological and legal support is available for all patients test positive, and with other USG implementing partners where specialized care is required. In addition, all persons who

test positive will be enrolled to receive AIDSRelief Palliative Care services and will be connected with a support group through one of the established referral linkages. Funds for this component will be used to establish and strengthen referral networks between community groups and social service providers, as well as with other USG implementing partners. This activity will target Adults, Boys, Girls, PLHA, HIV/AIDS affected families, FBOs, and Health Care Workers.

Through this activity, AIDSRelief plans to continue its support of the USG target by identifying HIV positive individuals in Nigeria who will then be able to access Care and Support or ARV Services. In addition, all patients seen in the VCT centers would have received full and accurate information on HIV prevention.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	36,000	☐
Number of individuals trained in counseling and testing according to national or international standards	40	☐

Target Populations:

Adults

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5426
Planned Funds:	
Activity Narrative:	This activity also relates to PMTCT, Abstinence/Be Faithful, Medical Transmission/Blood Safety, Basic Care and Support, TB/HIV, Orphans/Vulnerable Children, and Lab.

Points of service under ongoing maintenance budget: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Training Center (FCT).

IHV-N will be assuming responsibility for hospital-based counseling and testing established by FHI GHAIN under COP05. Utilizing established VCT SOPs and a standardized training curriculum, it is anticipated that 5 additional counselors at 6 points of service will require training for a total of 30 new counselors completing 2 weeks centralized training. At the site level, counseling and testing services will be delivered in a private room designated for counseling and provide for confidentiality through security of records and training of staff. Generally, counseling staff at the site level provide adherence counseling as part of a team in ARV clinic and also provide VCT services. Counselors are specifically trained to counsel clients concerning disclosure to spouse and sexual partners and encourage disclosure by the patient while exploring and addressing potential negative consequences.

Hospital-based VCT services will ensure that services are available to all high risk individuals within the institution and the institution catchment area. Routine CT services will be available at the TB DOTS point of service and accessible to the general outpatient clinic where STI patients are seen. VCT staff with the inpatient medical staff will identify inpatients on wards in need of HIV testing. Each of the IHV-N referral hospital points of service has a network of affiliated regional primary health centers. VCT services will be offered at these affiliated primary health centers to broaden access to the general population in the catchment area. VCT staff will collaborate with the home based care staff providing services to HIV-affected families and with the blood bank staff testing directed donation donors to link clients in need of VCT services. VCT staff provide on-site services in antenatal clinic to ensure that all pregnant women are offered this essential component of PMTCT services. The dual role of VCT staff as adherence counselors in ARV clinic facilitates linkage to VCT services for spouses of HIV-infected patients and provides continuity for those HIV+ clients in their post diagnosis care and treatment. In addition, VCT staff will collaborate with outreach educators conducting community prevention interventions to offer VCT services in these communities, with an emphasis on community programs targeting populations at increased risk such as motorcycle taxi drivers. Counseling and testing will be provided for 17,100 clients who will receive results.

Counseling and testing will be supported by laboratory staff who will carry out rapid testing using the current Nigerian rapid test algorithm (Capilius- GenieII confirm – Determine tie break) following strict SOPs developed by IHV-N under COP05 with proper universal precautions. Laboratory physical upgrades (including a dedicated generator, refrigerators, and air-conditoning) under COP05 have facilitated proper storage of test kits and conduct of testing at proper ambient temperature. Discussion with the GON utilizing alternative tests which are not cold chain dependent and are simpler to conduct is underway. This change would increase the number of centers able to offer same day results for all VCT, which is presently available to all PMTCT clients. Test kits will continue to be procured through a central USG mechanism but distribution and commodities management will be an IHV-N responsibility. This is presently being accomplished for all other lab reagents and is

the responsibility of the IHV-N central warehouse facility in Abuja.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results	17,100	☐
Number of individuals trained in counseling and testing according to national or international standards	30	☐

Target Populations:

Adults

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Procurement
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5427
Planned Funds:
Activity Narrative: This activity is a commodity procurement activity by the CDC for supplying HIV test kits for Counseling and Testing programmatic purposes to implementing partners. Crown Agents is the contracted wholesale agent for HIV test kits at the CDC. Implementing partners performing HIV rapid test kit testing in the areas of C & T will include University of Maryland-ACTION, Family Health International-GHAIN, Department of Defense-MoD, Columbia University School of Public Health, Harvard University School of Public Health, Catholic Relief Services-7 Dioceses, Catholic Relief Services (AIDSRelief), Department of Defense-MoH, Society for Family Health and an implementing partner TBD through an RFA with the CDC. Some partners will continue to purchase their own rapid test kits during 2006 as the distribution and warehousing network for points of service as developed.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kaduna

Kano

Lagos

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5550

Planned Funds:

Activity Narrative: This activity also relates to activities in Palliative Care TB/HIV, ART Services and OVC.

This activity provides the comprehensive counseling and testing services for 15,000 individuals, delivered through 2 General Hospital sites in Kaduna (Kafachan General Hospital) and Cross River (Ogoja General Hospital) andone outreach site. At these 3 sites voluntary counseling and services will be provided to patients that enter these facilities and do not yet know their HIV status. In many instances, these will represent family members of patients currently accessing ART services at these centers. A VCT service will be established at both sites to provide community outreach and serve high risk populations. Those found to be HIV infected will be referred to the network of PEPFAR or GoN ART facilities for assessment of eligibility for ART services or palliative care including TB screening.

This funding will go specifically to support counseling and laboratory personnel and their training. Some funding will be required to provide renovation or equipment costs at the two testing sites. This activity will provide support for 3 service outlets, train 16 individuals in counseling and testing, and provide counseling and testing services to an estimated 15,000 individuals. HIV testing at hospital and mobile services will be performed with rapid test assays and appropriate confirmation testing by laboratory facilities. The University of Maryland IHV-Nigeria Asokoro training laboratory will establish and coordinate a regular quality assurance and quality control program during the 2006 to insure that HIV serologic testing at VCT centers meets national and international standards. This laboratory will also insure coordination of HIV testing SOPs and provide regular training for new laboratory personnel.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,500	☐
Number of individuals trained in counseling and testing according to national or international standards	16	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

Cross River

Kaduna

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	To Be Determined
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5668
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Palliative Care TB/HIV, ART Services and OVC.

This activity provides the comprehensive counseling and testing services for 6,000 individuals, delivered through a local NGO in the Lagos or Port Harcourt area to be determined through a limited competition (local organization) RFA offered by the CDC. Counseling and testing services will be aimed at high risk individuals such as commercial sex workers, truck drivers who do not yet know their HIV status. Also reached will be family members of those who test positive if accessible and without violating patient confidentiality. Those found to be HIV infected will be offered limited basic care such as psychosocial support and OI prophylaxis and referred to the network of PEPFAR or GoN ART facilities for assessment of eligibility for ART services or palliative care including TB screening.

This funding will go specifically to support of counseling and laboratory personnel and their training. Some funding will be required to provide renovation or equipment costs at the testing sites. This activity will provide support for 2 service outlets, train 8 individuals in counseling and testing, and provide counseling and testing services to an estimated 5,000 individuals. HIV testing at sites will be performed with rapid test assays and appropriate confirmation testing by laboratory facilities at referral facilities. The CDC laboratory staff and Asokoro training laboratory will establish and coordinate a regular quality assurance and quality control program during the 2006 to insure that HIV serologic testing at VCT centers meets national and international standards. This laboratory will also insure coordination of HIV testing SOPs and provide regular training for new laboratory personnel.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	6,000	☐
Number of individuals trained in counseling and testing according to national or international standards	10	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

Lagos

Rivers

Table 3.3.10: Program Planning Overview

Program Area: *HIV/AIDS Treatment/ARV Drugs*
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 76

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The procurement of antiretroviral drugs in Nigeria presents unique challenges. This process involves forecasting, purchase, storage, distribution, and accounting of the antiviral agents. In COP05 the USG team worked closely with the Government of Nigeria to vigorously pursue the registration of generic drugs that had received tentative FDA approval. This has resulted in approval to import generic drugs from Aspen Pharmacare, Ranbaxy Laboratories, and Aurobindo Pharma. Currently, generic drug products from Aspen have been ordered and delivered to Nigeria for use in Emergency Plan activities. A similar request for importation of drugs from Barr Laboratories is pending and approval is expected in October 2005. Implementing partners are incorporating these generics into their procurement plans with the goal of reducing drug costs and maximizing the number placed on therapy with the available funds.

With COP06 funding (Track 1.0 and 2.0 combined), drugs will be purchased to support 40,116 ART patients, inclusive of 3,239 pediatric patients receiving drugs) being cared for at 38 clinical sites under the base funding scenario. This includes ARV Drug program area purchase for the maintenance of 34,897 adult/adolescent patients who will be on therapy by the beginning of the COP06 year and as well as the drugs for 1,990 adult/adolescent patients that will begin therapy during the COP06 program year. Excluded from the budget allocated to ARV drugs are antiretroviral agents for 5,948 adult/adolescent and 500 pediatric patients receiving direct USG support and Government of Nigeria purchased drugs. A portion of the management costs incurred by implementing partners are also represented in this figure because each partner's management budget was distributed proportionally across all program areas. As the proportional use of generics increases, drug cost per patient will decrease significantly, and savings will be used to increase overall treatment targets. This could result in an estimated additional 6,000 to 7,000 patients initiating ARV in the COP06 period (beyond current targets).

Five implementing partners will be providing direct support for HIV/AIDS treatment and will be purchasing drugs for the delivery of these services. These include: Catholic Relief Services/AIDSRelief; Columbia University; Harvard School of Public Health/APIN+; Family Health International/GHAIN; Institute of Human Virology-University of Maryland/ACTION. In addition, the U.S. Department of Defense will be providing treatment services, but will procure their drugs through one of the other treatment partners.

During COP05, drug procurement for 3 partners (FHI, UMD, and DOD) was conducted through an FHI sub-partner. However, in the course of budgetary assessments and partner reports, it was determined that this arrangement incurred costs that could be reduced by decentralizing the procurement process. As such, in COP06, each treatment partner will be responsible for their own drug procurement while the USG team establishes a mechanism for direct procurement, either through the Central Procurement Mechanism (CPM) or establishing a prime mechanism. It is anticipated that this programmatic change will result in a net increase in efficiency and decrease in cost for the procurement of antiretroviral agents. Additionally, it will position USG team to engage the CPM when it comes online during the COP06 program period. This plan has been developed in conjunction with the recommendations of an interagency Procurement Technical Assistance visit, discussions with the core team, and interactions with implementing partners.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	*HIV/AIDS Treatment/ARV Drugs*
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3223
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Palliative Care TB/HIV, ART Services, OVC, and Strategic Information.

In the past 15 months of the APIN Plus Harvard PEPFAR program we have directly purchased ART drugs from drug manufacturers or more recently through different ART purchasing agents including IDA and Crown Agents. All drug regimens are in accordance with the revised Nigerian National ARV and WHO Guidelines. Drugs orders are placed on projections of patient numbers based on a number of factors including but not limited to: rate of patient enrollment, weight class of patients affecting drug dosage, gender, rates of toxicity, and rates of failure. JSI has assisted with current and future year drug projections. In addition, our rates of drug ordering and estimation of buffer stock needs have been informed by our experience with lengthy and variable order to delivery times, global shortages (e.g. BMS and Merck), *splitting of most orders, delays in NFADAC registration and lengthy clearance* of drugs in country, currently > 6 weeks. As a result, our drug orders have been adjusted to accommodate with an increase in buffer stocks.

Capacity building and training for our APIN Plus Harvard PEPFAR central pharmacy at NIMR and individual site pharmacies is ongoing through a subcontract with Crown Agents. Assessments of all facilities to determine infrastructure needs have been conducted twice in the past year and establishment of a supply chain management system established. All site pharmacists have participated in regular training sessions and work with site data managers in providing regular supply chain information to our central pharmacy. The computerized supply chain information system linked to patient clinical records also provides reporting data for M & E at each site. Our long-term goal is to establish a sustainable supply chain management system for ART that is based on existing and bolstered Nigerian institutional structures. The training, infrastructure and capacity building that is ongoing will not only strengthen the pharmacy management for the PEPFAR program but also support the National ART program as well.

This funding will specifically support the procurement of ART drugs, their distribution and storage in a central pharmacy established at NIMR, Lagos State. Funding supports the central pharmacy, security, equipment and two full time pharmacists. Subcontracts to JSI and Crown agents for supply chain management are also included. All drug regimens are consistent with the National ART guidelines for adult and pediatric patients. Our weighted average monthly costs for first line ART drugs is [redacted] per month for adults. Our weighted average monthly costs for second line ART drugs which include boosted protease inhibitors is [redacted] per month for adults. Drug costs in this activity will decrease as the approval of generic drugs and their registration in Nigeria continues Funding in this activity provides for maintenance of 13,750 adult patients and 680 pediatric patients on USG-purchased drugs. The ARV drug budget for adults is [redacted] with [redacted] coming from Track 1.0.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	13,750	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	420	☐
Adult ARV Drug Expansion Targets in COP06	0	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	260	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.10: Activities by Funding Mechanism

Mechanism: GHAIN

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3233

Planned Funds:

Activity Narrative: This program element relates to activities in MTCT; HTXS; and HBHC.

This activity has varied components namely: the procurement of ARV; supply chain management; and quality delivery of required drugs to PLWHA due for ART.

In carrying out its activities, the Axios Foundation will direct its energy towards the following core project areas: training and mentoring activities, forecasting for ARVs, procurement, port clearance, warehousing, and the distribution of ARVs and related commodities to facilities under the project. Axios has developed a functional network providing consistent, secure and high quality ARVs and related commodities in line with USG regulations, including accountability of ARVs delivered to individual facilities.

To effectively manage ARVs and related commodities, including drugs for opportunistic infections (OIs) and HIV rapid test Kits (RTKs), Axios has developed and put in place in most of the facilities a computerized inventory management system that has the potential to be linked to the patient management monitoring system (PMM). In COP06, Axios will ensure that all facilities participating in this project manage their ARVs and related commodities using the system. This will include generation of management reports required for decision making at both facility and Axios/GHAIN level. *To establish a sustainable ARVs supply system in the country,* Axios is collaborating with the FMOH and the FCT Central Medical Stores to improve warehousing and distribution. In COP06, this collaboration foresees the inclusion of more of FMOH Central Medical stores with their proper linkages to individual State medical stores to serve ARVs need of the country. Support will also be proffered to CHAN at the national level and its network of Member Institutions through capacity building to encourage maximum effectiveness of this network in accomplishing common goals. CHAN, a Faith Based Organization will improve in its supply chain management capacity as this will in turn augment government efforts in establishing a sustainable and robust ARV supply system in the country.

Axios will provide technical assistance and training in forecasting for pharmacists and physicians through training and mentoring at health facilities under the project. It will also build CHAN's capacity through training and mentoring to access the distribution of ARVs and related commodities at the central and state levels.

These funds will be specifically used to procure 12 months of antiretroviral agents for 5,976 adult/adolescent patients who will have initiated therapy by the beginning of the program period.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	5,976	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	664	☐
Adult ARV Drug Expansion Targets in COP06	0	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	0	☐

Target Populations:

Doctors (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3242
Planned Funds:	
Activity Narrative:	*This activity also relates to PMTCT, Orphans/Vulnerable Children, and ARV* Treatment.

Points of service opened in COP05 will be maintained in COP06: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Mogadishu Barracks (Abuja).

With the current funding, 1,070 patients will be maintained, and 100 new patients added for COP06 (total 1,170 patients). Provisions for therapy have been calculated on the basis of the costs of COP05 year, at approximately [ ] per patient year. This estimate includes the 1,070 adult patients maintained from COP05 and an additional 100 palliative patients monitored under COP05 that will have met ART enrollment criteria. The remainder of funding [ ] will be applied to infrastructure improvements and additional training/ continuing education for both pharmacists and health care providers on ART. Under COP05, the treated population distribution was calculated utilizing UMD/FHI/Axios estimate as follows: 90% adults and 10% pediatric patients, of which 10% each of the adults and pediatric patients will require second line therapy.

U.S. DoD is prohibited from purchasing anti-retroviral (ARVs) drugs for treatment. DoD will seek a purchasing partner in the acquisition of the drugs and thus DoD ARV drug funding is indicated as Unallocated Treatment funds amounting to [ ] DoD has not yet determined what the mechanism for drug purchase will be in COP06, due to changes in procurement mechanisms in-country that provide several options for drug procurement (several implementing partners will be purchasing drugs, *DOD is currently inquiring which partner can best suit the program needs*).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	1,070	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	120	☐
Adult ARV Drug Expansion Targets in COP06	100	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	45	☐

Target Populations:

Pharmacists (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Kaduna

Cross River

Enugu

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	*U.S. Agency for International Development*
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	5410
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of a commodities logistics technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on commodities logistics; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	5428
Planned Funds:	
Activity Narrative:	*ARV procurement and logistics relates to activities in HIV/ AIDS Treatment Services,* PMTCT (MTCT), and Orphans and Vulnerable Children (HKID).

AIDSRelief will procure quality ARV drugs to treat the 3,420 adults and 380 pediatric patients (costs for pediatric drugs are included in the OVC section) targeted at the 3 health facilities where AIDSRelief is conducting Emergency plan activities (Faith Alive, Al Noury Specialist Hospital and St. Vincent's Hospital in Kubwa). The total budget for adult/adolescent and pediatric ARVs is [ ] with [ ] coming from track 1.0.

The overall objective of the AIDSRelief supply chain for ARVs is to ensure that the necessary infrastructure, systems and skills are in place to ensure the delivery of safe and efficacious ARVs. This supply chain has three primary components: Distribution and supply chain logistics; pharmaceutical management; and the purchase of the ARV drugs.The supply chain is managed by an in-house team along with contractual partners. Globally, the Pharmaceutical Supply Chain Manager leads the Supply Chain Management System for all nine AIDSRelief countries with support from the Technical Drug Selection and Forecasting Working Group based at headquarters. At the local level, the Pharmaceutical Management Specialist manages country operations with support from the Regional Pharmaceutical Advisor and a locally replicated Technical Drug Selection and Forecasting Working Group.

The first component includes the logistics of procurement and establishing and maintaining a supply chain system that will meet the increasing requirements of AIDSRelief in the upcoming years. Procurement will be done through two agents–Phillips Pharmaceuticals Limited (Kenya) and IDA HIV/AIDS Group (Netherlands). They will be responsible for managing all the logistics involved with placing orders with manufacturers, and ensuring timely delivery of drugs into Nigeria. CHAN Pharmaceuticals serves as the AIDSRelief distribution and warehousing agent and will ensure safe custody and delivery of drugs to each health facility according to AIDSRelief plans. Ongoing partnerships with other Emergency plan partners in Nigeria such as the GHAIN and ACTION projects have allowed for information sharing on procurement mechanisms and for sharing of supplies when unanticipated delivery delays occur. These partnerships will be strengthened and expanded to other USG IPs in the upcoming year. To consolidate the procurement process in Nigeria, AIDSRelief is currently exploring faster ways of importing drugs into the country by taking advantage of the local presence of IDA and with better coordination through CDC, the US Embassy and GON. Cost under this component will go toward payment of Phillips Pharmaceuticals and IDA, costs for courier services, contribution to the salaries of the Pharmaceutical Supply Chain Manager, the Regional Pharmaceutical Advisor, and the local Pharmaceutical Management Specialist, and the associated logistics required to establish and maintain an effective and efficient Supply Chain Management System.

The second component under this activity includes strengthening the capacity of local pharmacy staff to accurately forecast drug needs based on current patient maintenance needs, projected patient enrolment on each medication, and allowing for a buffer stock of each drug at the POS level. The capacity of the existing health facilities to store buffer stocks of ARVs under optimal conditions has already been established through training of pharmacy staff and provision of refrigerators and cabinets in secure locations on-site. This capacity will be strengthened in preparation for scale-up. This activity will be implemented through the local Pharmaceutical Management Specialist with support from the Regional Pharmaceutical Advisor. Also, AIDSRelief will continue to explore areas of collaboration with other IPs in building

the in-country supply chain management capacity through joint trainings and sharing of mechanisms and experiences. Funding under this component will include onsite training and mentoring for pharmacy staff, building of storage capacities in the pharmacy (shelves, refrigerators, air-conditioning units), and payment of all staff including the health facility pharmacists.

The final component under this activity involves the cost for the ARV drugs for 3,420 adults/adolescents and 380 pediatric patients. A mix of first and second line regimens will be procured to meet clinical patient requirements composed of both branded and US FDA generic versions. AIDSRelief ARV drug cost per patient per year is expected to reduce over time as AIDSRelief begins to utilize more durable first line options that should lead to delay switching to more expensive second line regimens, and as FDA approved cheaper generics are procured for the project.

By this activity, AIDSRelief will contribute to the 5-year USG strategy to mitigate and reduce the impact of HIV/AIDS in Nigeria through sustainable treatment programs by providing access to high quality, affordable ARV drugs for persons living with HIV/AIDS in a durable and sustainable manner. This will be accomplished by training health facility staff, strengthening drug procurement systems and pharmaceutical management systems, and improving linkages with critical services and stakeholders to strengthen and expand the national C&S services.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	3,420	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	380	☐
Adult ARV Drug Expansion Targets in COP06	0	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	0	☐

Indirect Targets

By focusing most of the activities in country and having an in country based local commodities management specialist, and utilizing local agents, in- country capacity for drug supply chain management is developed and strengthened.

Target Populations:

Doctors (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Medical Record Clerks

Data Managers

Coverage Areas

Kaduna

Plateau

Table 3.3.10: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: *10*
Activity ID: 5429
Planned Funds:
Activity Narrative: This activity also relates to PMTCT, Orphans/Vulnerable Children, and ARV Treatment.

There are seven points of service for purchase of antiretroviral agents: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Training Center (FCT).

The first component of this activity includes forecasting and procurement of ARV drugs. UMD-IHV will provide ARV drugs to 10,041 adult/adolescent patients and 1,070 pediatric patients during the COP06 program year. This includes first and second line regiments for 9,630 patients begun on PEPFAR ARVs in the COP05. It also includes 411 patients from the 4,109 adult ARV patients that are currently receiving first line ARV drugs provided by the Nigerian government and other sources at these program sites. It is estimated that 10% (411) of these patients will require second line treatment.

UMD-IHV will follow Nigerian ARV Guidelines in the provision of ARV regimens. The regimen mix has been chosen balancing best clinical evidence with scale-ability. The *cost of a full year of ARV adult first and second line regimens excluding any* commodity management and distribution or other overhead is budgeted at per patient. This is substantially driven by the cost of branded Nevirapine (per patient per month) and branded Efavirenz per patient per month). Very recently, generic versions of these medications were FDA approved for PEPFAR use, with a substantial decrease in cost. If available for Nigeria, these generic versions will be purchased, thus decreasing the per patient cost. Any cost savings achieved by using these generics will facilitate treatment of significantly more patients with *minimal to no additional cost. For all regimens, a 4 month buffer stock has been* included.

The second component of this activity includes expediting of commodities through the port of entry, storage of commodities, distribution of commodities, and a commodities management system. This includes training and implementation of a drug commodities management at the site level and training of site pharmacists in proper drug storage. These activities will initially be conducted by UMD-IHV, but will be closely coordinated with the USG and other implementing partners as central mechanisms for commodity logistics are established.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	10,041	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	1,070	☐
Adult ARV Drug Expansion Targets in COP06	0	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	0	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5493
Planned Funds:
Activity Narrative: This activity also relates to activities in Counseling and Testing, Palliative Care, PMTCT and HIV/AIDS Treatment/ARV Services

CU will support procurement and distribution of needed ARV drugs using Emergency Plan funds. ARV drugs licensed by the National ARV committee and the Federal Government of Nigeria and approved for purchase with USG funds will be procured and distributed using existing networks for public health facilities. CU will procure ARVs for projected 2520 adult/adolescents and 280 pediatric patients in the General Hospitals, located in Kafanchan and Ogoja.

Columbia University (CU) will support ARV supply chain-related training, logistics and purchase of treatment-related commodities for ART service delivery points. This will include training of pharmacists in ARV stock management, quality assurance and distribution at the drug stores and public ART sites, implementing a state endorsed Pharmacy technician in-service training course, training of key staff on record keeping for drug storage and distribution at the points of service.

This activity will specifically fund the purchase and distribution of ARV drugs for the two central sites in Crossriver and Kaduna States and 2 referral sites for each. CU will initially support a drug procurement and supply chain management system to ensure uninterrupted ARV supply at CU supported sites utilizing one of: IDA currently used by Harvard PEPFAR programming in Nigeria, UNICEF Supply Division which supplying CU sites in other countries, or AXIOS, which supports other USG partners in Nigeria. Customs clearance will follow all Ministry of Public Affairs regulations, and drugs will be sent to sites by bonded delivery agents.

By September 2006 there will be a total of over 630 adult patients initiated on ART. An additional 1890 adults/adolescents and 280 pediatric patients will be initiated on therapy by the end of the program period for a total of 2800 patients initiated on ARV therapy. GoN protocols for first line and second line regimens will be followed. The specific ART regimens will reflect relevant medical conditions (TB, adverse drug reactions) as well as pregnancy status, and are expected to represent 90% first line, based upon ICAP experience. Overall ART costs are based upon current pricing in Nigeria as well as expected pace of enrollment. The average drug cost for patients initiating therapy during this period, excluding distribution and logistics is approximately for this expansion phase.

During the COP06 period, CU will continue to strengthen the ARV drug distribution system by providing technical assistance at designated pharmacy drug stores to coordinate distribution of ARVs with the National and State Ministries of Health, as well as participate in furthering the ARV quality assurances activities initiatives developed by the Department of Health. Specific areas of support include hiring of additional pharmacists and pharmacy assistants in these new ART sites, training of pharmacy staff on ART, and ongoing clinical monitoring at the ART sites. Job Aids and support tools including guidelines and protocols will be developed for use at the centres. Adherence will be strengthened through existing/new community groups and networks. Where practicable, CU will transition procurement and supply chain management to GoN supported structures, if quality and safety of supply can be assured.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Adult ARV Drug Maintenance Targets from COP05	630	☐
Pediatric ART Maintenance Targets from COP05 (drugs budgeted under OVC)	70	☐
Adult ARV Drug Expansion Targets in COP06	1,890	☐
Pediatric ARV Drug Expansion Targets in COP06		☑
Pediatric ARV Drug Expansion Targets in COP06 (drugs budgeted under OVC)	210	☐

Indirect Targets

Drugs will be provided for 2520 adult HIV/AIDS patients

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Coverage Areas

Cross River

Kaduna

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	The Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	6402
Planned Funds:	
Activity Narrative:	This funding will purchase ARV medications for 1300 patients for the COP06 period. This will be inclusive of 1200 patients from COP05 and 100 additional patients for the year. The sites that this activity will take place is 445 Nigerian Air Force Hospital, Ikeja; 44 Nigerian Army Reference Hospital, Kaduna; Nigerian Navy Hospital, Ojo; and Defense Headquarters Medical Receotion Station, Mogadishu Barracks, Abuja.

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Nigeria was the first African country to adopt a national program for antiretroviral treatment (ART) fully funded and managed by the government. Despite this, nearly all health programs, including HIV/AIDS, are limited by system-wide deficiencies in the national health care system, including weak management of the drug supply system, poor or spotty information systems, poor geographic distribution of treatment centers, and limited infrastructure in health care facilities. Stigma and discrimination, particularly among health care providers, continues to constitute major barriers to program success. Other obstacles that restrict access to treatment are the high costs of drugs and diagnostic tests. Within this context, all sectors of Nigeria's health care system are beginning to scale up ART. USG support for the national ART program through the Emergency Plan has built upon the GON framework for and experience in ART by supporting a number of GON sites. In some cases USG-funded partners have provided services excluding ARVs (laboratory monitoring, clinical management) in other cases providing the entire package of ART services including provision of ARVs. Efforts during the initial funding year (COP04) resulted in providing ART for approximately 15,000 persons. By the end of COP05, four traditional partners (Harvard, CRS, FHI, UMD) and DOD will provide ART at 38 sites for approximately 40,835 Adult/Adolescent PLWHA and 3,224 peds patients for a total of 44,059.

During COP06 the USG-Nigeria response will continue to implement the four-pronged approach to scaling up ARV treatment in Nigeria as outlined in the Five Year Strategy. This approach continues to build upon the network referral service model established between USG funded partners, indigenous treatment programs, and the GON during the first two funding years. As per the strategy the USG will continue to: 1) scale up activities in existing points of service and using existing partners to expand services to new sites; 2) adopt new indigenous/local partners in strategically selected high prevalence states; 3) integrate VCT (and possibly integrate ARV services) into selected TB DOTS sites; and 4) enhance access to ARV services in the Nigerian military/uniformed services. Towards this end existing partners are poised to increase patient enrollment and/or their number of service sites. We have expanded activities of a Track 1.0 partner (CRS/AIDS Relief), and taken on an additional partner, Columbia University through rapid expansion funding. Cross-training of DOTS workers to do VCT will occur at the Zaria training center and the DOD will continue to roll out services at military sites. In spite of these successes and the ability to absorb over 120% target growth, only about 2,505 new patients (1,990 adults and 515 pediatric) will be placed on antiretroviral therapy in the COP06 period because of the high number of maintenance patients and budgetary constraints in the base funding scenario. If the anticipated generic drugs become available for use in Nigeria (already approved for import), an additional 6,000 to 7,000 patients will be put on therapy due to drug cost savings. A budgetary note is that ARV Services, ARV Drugs and Basic C&S for all pediatric HIV+ patients are funded in the OVC budget for earmark compliance.

During COP05 the USG focused on strengthening and broadening the network referral model for treatment to increase access to ART. This has resulted in leveraging resources between sites irrespective of implementing partners. Every point of service is viewed as a part of a larger network that is strategically positioned to provide support (e.g., help with complicated clinical cases, laboratory services, training) for a lower-level site, receive support from a higher level site (teaching hospital), or both within its geographical proximity. Partner trainings have likewise been merged to reduce duplication and costs and improve local provider capacity.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	38
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,505
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	46,564
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	46,564
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	467

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3224
Planned Funds:
Activity Narrative: This activity also relates to activities in Palliative Care TB/HIV, ART Services, OVC, Other Prevention, and SI.

Six tertiary care teaching hospitals or specialist hospitals and one satellite center (Kuramo Clinic, Lagos) will provide comprehensive ART program for eligible HIV infected patients. ART provision and monitoring will follow the 2005 revised Nigerian National ART and WHO guidelines. All six primary sites are Federal ART sites and have been providing government ART to 2250 patients since 2002. These patients have been enrolled in the APIN Plus Harvard PEPFAR program in year 1 to provide clinical, laboratory monitoring consistent with the national and international guidelines. Patients experiencing failure based on clinical or laboratory criteria will be provided with second line ART regimens according to the guidelines. In addition, 13,750 eligible adult and 1180 pediatric patients (260 are new expansion patients) will be provided with USG-funded ART and provided with ART monitoring, most of these will be ART naive at the onset of ART. All drug regimens are consistent with the Nigerian National ARV and WHO Guidelines. The total number provided ARV Services is 17,180.

HIV infected individuals identified from associated PMTCT, high risk VCT and satellite centers will be assessed for ART eligibility with HIV serodiagnosis, clinical examination, hematology/chemistries and CD4 cell count. A standardized protocol for ART services is followed at all participating centers with regular assessment site visits. TB diagnosis by pulmonary radiograph and induced sputum for all patients and TB treatment will be provided as needed. Patients initiating ART are provided regular counseling from trained counselors, nurses and pharmacists prior and during ART provision to educate patients on ART and the importance of adherence. On a monthly basis, patients are seen by a nurse, counselor and pharmacist when they pickup their ART drugs. Scheduled physician visits are at 3, 6, and 12 months and every 6 months thereafter unless clinically warranted. At each visit, clinical exams, hematology, chemistry, CD4 enumeration are performed. Rather than routine testing VL will be done for patients based on an algorithmic approach (e.g., for those with stable CD4, but clinical failure) to maximize use of test results. All six primary site laboratories have the capability and trained personnel perform all laboratory assays; rapid test and manual CD4 tests are available at the satellite Kuramo site with referral to LUTH for more specialized monitoring if needed. All six primary sites have current capability and trained personnel to perform HIV DNA PCR and CD4 percentages for pediatric monitoring and a standardized pediatric ART monitoring SOP has been developed; pediatric ART drugs will be covered through OVC. Electronic clinic and lab records has been instituted to enhance patient care and provide data for program monitoring, this is coordinated centrally (SI). Emphasis on ART education and adherence is part of each clinic visit and reinforced with PLWHA support groups at each clinic site (Other Prevention).

This funding will support the personnel, clinic and laboratory services for monitoring of patients on ART. Diagnosis and treatment of co-morbidities is also provided for TB in this activity. Clinical staff meet monthly for clinical updates and training, each site has a clinic coordinator and a central committee determines and approves drug regimen switching. A Harvard-based Clinical Oversight Committee reviews clinical protocols, progress and adverse events on a quarterly basis. QA/QC for major laboratory tests will be coordinated centrally in addition to regular site assessment of laboratories. Significant training of all health personnel (~150) involved in ART services will be conducted at primary and satellite sites on a monthly basis.

The budget for ARV services is $7,404,000 with $3,000,000 funded from Track 1.0.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	260	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	17,180	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	17,180	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	150	☐

Indirect Targets

APIN supported NIMR in the development of the Federal ART training modules for doctors, nurses, counselors and laboratory workers. Training modules were developed and regular training from each Federal ART center has been ongoing for the past 18 months. Global Fund and FMOH funding has supported these training sessions at NIMR for trainees from southern states and JUTH for northern states. As a result of training of doctors, nurses, counselors and laboratory workers involved in ART provision at all Federal ART centers, we report indirect targets of ~14,000 patients on ART.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Medical Record Clerks

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3231
Planned Funds:	
Activity Narrative:	GHAIN will build upon the achievements and experiences from COP 05 to maintain HIV/AIDS comprehensive care to the 10 sites already established. These sites will provide ART to a total of 5,976 adult/adolescent and 664 pediatric PLWHA. This activity is composed of comprehensive AIDS treatment and care (ART services) within secondary and primary health facilities of the Government of Nigeria (GoN) and faith based organizations. ART will be provided with attention to quality of delivery, promotion of adherence/treatment literacy, quality patient monitoring and related laboratory services, and comprehensive care including clinical monitoring and management of opportunistic infections as will be described under palliative care (HBHC and HVTB). The National guidelines for ART will be followed, and a limited number of first line regimens will be used for efficiency of training and ease of implementation.

GHAIN will provide continued therapy for all previously GON supported clients in the focus sites and foster networks of care to represent appropriate levels of care at different service outlets. The number of service outlets providing pediatric ARV will be expanded in conjunction with the adult ARV within the context of quality service provision. Pediatric ARV services will be at 10% of the adult ARV services provided. The facility based treatment services will continue to be linked to community home-based care services with multi-directional referral linkages that will improve psychosocial support, adherence and reduce treatment failure and resistance. ARV and TB clinic linkages will be strengthened and fostered in all focus sites. GHAIN will collaborate with other USG partners such as University of Maryland, Catholic Relief Services, University of Columbia, US Department of Defense, providing comprehensive ART services to achieve the PEPFAR goals. This will enhance the network referral model and allow for a more seamless provision of services to patients both within and across the partners implementing PEPFAR services. The Referral Network Coordinators hired by GHAIN will continue to ensure adequate referral of clients both within GHAIN supported services and between GHAIN and other USG supported services, aimed at obtaining quality care for the client.

Technical assistance will be provided to all facilities by GHAIN. Technical experts will be brought from ART programs both within and outside Nigeria, and mentoring will build upon the health providers' past experiences. GHAIN will put in place mechanisms for reduction of stigma and discrimination both among health workers and the general population, and provide opportunities for increasing gender equity in the ART programs, by mobilizing both males and females to avail themselves of the treatment opportunities. The ARV treatment model is based on a team approach consisting of medical doctors, medical officers, nurses, counselors, pharmacists, laboratory technicians, nutritionists as well as PLWHA peer educators and other auxiliary personnel that will focus on the treatment within the context of care. A strong focus on adherence and follow patient up at the primary health facility and community levels will bolster services. Howard University will focus on building the capacity of pharmacists aimed at strengthening pharmacy systems. FHI will build the capacity of all other care providers on the ART team.

GHAIN will work with government and faith based hospitals at the secondary and primary level to build their capacity in ARV treatment. This program will be built on international best practices in ART, ART experience from all partners within Nigeria including UMD, Harvard, and CRS, and will fully comply with the drug regimens approved by the GON. The treatment protocols will be flexible and continuously evolve based on local and international evidence and research. GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the implementing agencies as a group to build capacity and at the individual

implementing agency level to customize a specific plan and schedule for each organization. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks. To establish a large pool of talented professionals to fill the human resource gap for the HIV/AIDS programs in Nigeria, GHAIN will collaborate with the National Youth Service Corps (NYSC) scheme to recruit young health professionals to work in all GHAIN supported ART sites. This will be aimed towards building their capacity to improve service delivery in those sites, while preparing grounds for them to serve the GoN when USG funding ceases.

This funding will go specifically to support infrastructure improvement, development of networks/linkages/referral systems, IEC, local organization capacity building quality assurance and supportive supervision, training clinicians and other service providers, and needs assessments related to site expansion.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	0	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,640	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,640	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	42	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Bauchi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DoD
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: *HIV/AIDS Treatment/ARV Services*
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3243
Planned Funds:
Activity Narrative: This activity also relates to PMTCT, Basic Care and Support, TB/HIV, Laboratory, and Strategic Information.

Support for four points of service, opened in COP05 are planned in COP06: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Medical Reception Station, Mogadishu Barracks (Abuja). These sites will receive continued development of staff to ensure that standards of care, referral and linked activities continue to occur. Physicians and nurses will be trained to establish a wide variety of educational experiences and enhance clinical knowledge. Federal Government of Nigeria standards will be implemented by physicians working within multidisciplinary teams to ensure efficiency, quality, and continuity of care. This teams will also include nutritionists, counselors *and administrative staff who will provide education, support adherence, decrease* losses to follow up, and integrate prevention within the clinic and treatment activity.

The U.S. DoD will support the Nigerian military to continue care and maintain human capacity improvement at these four facilities through training of new health care providers, data collection and monitoring of treatment. Funding will support initial and refresher training of 30 medical personnel (6 to 8 per site), community *education/mobilization* on *ART and infrastructure improvements in clinics and* laboratories (equipment and consumables). Basic laboratory monitoring of patients will be provided (includes hematology, chemistry testing and CD4 ascertainment); diagnosis and treatment of OIs, and antiretroviral medications (to be purchased *through a combined procurement mechanism*). *It is expected that a total of* 1,180 adult patients (1070 patients enrolled in 2005 and an additional 100 patients (from palliative care enrolled in 2005) and 165 pediatric patients will be served. Program information and data gathered by the Nigerian Military medical facilities through these activities will be consistent with FGON targets and reported to the appropriate Ministry of Health points of contact.

Adherence is critical for prevention of drug resistance and longevity of patient *survival. Adherence will be addressed utilizing established protocols that other* partners have developed with the FGON. Patients will received adherence education and materials, and through support of counselors and activities such as PLWHA support groups developed under COP05 activities. Follow up, monitoring of missed appointments and counseling of HIV+ patients concerning decreasing the risk of HIV transmission to others, particularly spouses and sexual partners will be included in an attempt to reduce stigma and sensitivity that may reduce adherence.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	*51 - 100*
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	4	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	145	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,335	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,335	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Medical Record Clerks

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Lagos

Cross River

Enugu

Kaduna

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3255
Planned Funds:	
Activity Narrative:	Funding will be used to support ART services at 7 sites: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Training Center (FCT).

Physicians at the IHV-N points of service have been trained under COP05 in adult ARV care utilizing a curriculum developed jointly by IHV-N and FHI. An additional centralized training will be held under COP06 and 25 additional physicians will be trained. However, bedside teaching is a fundamental component of ongoing medical education. This is particularly important as site staffs are relatively inexperienced in recognition of first line regimen failure and initiation of second line ARV therapy. Central to this paradigm is the full-time Abuja posting of Board Certified Adult Infectious Disease and HIV treatment specialist. In addition, a "preceptor program" will bring physicians with extensive AIDS treatment experience, including faculty from the University of Maryland and other US and European institutions to be posted at implementation sites for 1-3 months to participate in "on the job" training and establishment of the "case conference" format of instruction. To assure there are adequate Nigerian site physicians to provide high quality care for the large number of ARV patients, a minimum of 4-5 physicians per site are dedicated exclusively to care of ARV patients, such that each team is not responsible for more than 400 patients initially. Through the mentoring program these physicians will become HIV experts, who increasingly will gain specialized expertise in HIV case management, understanding of drug complications, strategies for implementing second line therapy, and management of a full range of opportunistic infections including TB. This cadre of highly trained Nigerian University Teaching Hospital-based physicians is a central lynchpin for developing regional centers of excellence and ensuring the long-range sustainability of the program.

Sites have developed multidisciplinary teams to improve quality and continuity of patient care consisting of a physician, nurse, and counselor. In order to assist with development of the multidisciplinary model and address system issues which impact patient flow and efficiency, a multidisciplinary team from IHV-N consisting of a medical program officer, nurse/counselor, monitoring and evaluation officer, and laboratory scientists is assigned to each site and spends approximately 50% time on ground at the site during the critical months of program implementation.

The role of nurses in Nigeria could be greatly expanded to improve the capacity at the site level to provide ARV care. For example, it may not be necessary for stable ARV follow-up patients to be seen by a physician at each visit. The first step in developing the role of nurses in the ARV program is to improve skills. IHV-N has recruited a nursing faculty member with ARV treatment expertise who will be resident in Nigeria. She will be charged with conducting site level training of nurses focusing on improving fund of HIV knowledge, developing triage / patient assessment skills in the context of chronic HIV care, and improving patient education skills. 60 nurses working primarily in adult ARV care will be trained under COP06.

Adherence is the Achilles heel of ARV management. Under COP05, IHV-N has developed an adherence counseling training curriculum which has been shared with other PEPFAR countries as a model curriculum. Site adherence counselors have been trained using this curriculum, and this curriculum will be utilized to train a minimum of 20 additional counselors under COP06. IHV-N has developed an adherence support SOP for use at the site level modeled on the highly successful Jacques Initiative in Baltimore. After adherence education, patients develop an individual adherence

support plan. Strong PLWHA support groups have been developed at each site under COP05 and are a valuable adherence support strategy. These will continue to be supported and offered IEC materials focusing on adherence and ARV education by site and IHV-N staff. Counselors will utilize community home health aids to outreach to patients who miss appointments and are at risk of loss to follow-up. In addition, counselors have been trained to counsel HIV+ patients concerning decreasing the risk of HIV transmission to others, particularly spouses and sexual partners.

High quality laboratory monitoring is essential for ARV care. Laboratory monitoring will be provided for a total of 13,739 adult ARV patients (including 3,698 receiving ARVS from GON and other sources) and 1,070 pediatric ARV patients for a total of 14,809. IHV-N has provided extensive laboratory staff capacity development, provided automated laboratory instruments for hematology, clinical chemistry, and CD4 measurement, and upgraded laboratory infrastructure including provision of a dedicated generator and air-conditioning. Under current Nigerian ARV Guidelines, ARV patients are monitored with complete blood count, a full chemistry panel of 12 parameters, and CD4 measurement 3 times yearly. The reagent and supply cost for this monitoring [ ] per patient. This cost could be reduced to [ ] per patient if the number of chemistry parameters monitored were reduced to essential assessment of renal and liver function and pancreatic inflammation. In addition to cost savings, this reduced panel that is driven by physician judgment rather than arbitrary formula will also result in substantial increase in efficiency at the sites since many of the currently required tests that could be eliminated take inordinate amounts of laboratory technician time which would be channeled to supporting more patients under the reduced testing scenario. The PEPFAR Technical Working Group has recommended this, and dialogue with the GON is ongoing.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	0	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	14,809	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	14,809	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	105	☐

Indirect Targets

IHV-N ARV experts are members of the National ARV Guideline Committee and recently worked with the ARV Committee to modify ARV Guidelines to allow for additional first and second line options consistent with WHO Guidelines and best clinical evidence. IHV-N ARV experts are members of a task team developing a National HIV and ARV Care Training Curriculum.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Medical Record Clerks

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Anambra

Cross River

Edo

Kano

Federal Capital Territory (Abuja)

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5398
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of a locally-hired ART technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on ART; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5400
Planned Funds:	
Activity Narrative:	This activity supports DoD ARV-Rx involvement within the Emergency Plan.

This activity will support technical assistance to the four Nigerian medical facilities established under COP05 from uniformed and civilian providers from the US Military HIV Research laboratories and clinics in the US, Kenya, Tanzania and Uganda. Physicians, scientists, laboratorians, and technicians (military, government civilians, and contracted civilians) will provide technical assistance on the ground in Nigeria. In addition, this activity will bring Nigerians to the US, Kenya and Tanzania for training and development. This process commenced in 2005, utilizing research funding for Nigerian military officers to visit the Royal Thai Armed Forces Research Institute of Medicine (AFRIMS). AFRIMS' roots are based in USMHRP development of the Thai Military in the latter 1980's/early 1990's, and the vision is to similarly develop the Nigerian Military in the same respect. AFRIMS now supports not only the Thai Military, but serves as a resource for the Ministry of Health and the Kingdom of Thailand as a whole.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5403
Planned Funds:	
Activity Narrative:	AIDSRelief HIV/AIDS Treatment and ARV Services also relate to activities in HIV/AIDS Treatment/ARV Drugs (HTXD); Laboratory Infrastructure (HLAB); and Palliative Care: TB/HIV (HVTB).

AIDSRelief provides patients with high quality comprehensive care that promotes adherence, treatment literacy, quality patient monitoring using a network model of care that ensures ease of use at the appropriate levels of care at AIDSRelief service outlets. The components of this activity are: 1) ensuring access to comprehensive clinical care and treatment for all persons receiving ARVs through AIDSRelief through facility-based treatment centers; 2) ensuring that patients receiving ARVs through AIDSRelief also receive the support needed for rebuilding and maintaining optimal quality of life by establishing linkages between all three health facilities and home-based care (HBC) and other HIV services in the community; and 3) contributing to education on ARVs and treatment adherence by making IEC materials accessible in AIDSRelief health facilities and in surrounding communities and by taking part in educational sessions conducted at HIV support group meetings and in the communities we serve on HIV sensitization, stigma, and on HIV/AIDS care and treatment. Funding will go to providing clinical care and support to the 3,420 adult/adolescent patients and 380 pediatric patients (3800 total) currently on ART through AIDSRelief at the 3 AIDSRelief health facilities, for on-site training and preceptorships for 40 health care workers (including 10 doctors and 10 nurses), and in strengthening these linkages.

The first component, ensuring access to comprehensive clinical care and treatment for all persons receiving ARVs through AIDSRelief, involves providing clinical care, social and psychological support to all 3,800 patients enrolled for treatment at the three AIDSRelief health facilities. During the first two years of the project, AIDSRelief has provided extensive technical assistance in HIV care, particularly in treatment selection, treatment-monitoring techniques, and mechanisms to improve adherence and community mobilization. AIDSRelief has also provided extensive training of physicians, nurses, counselors, treatment support specialists and community health workers. Several of these health workers are actually living successfully with HIV and because of their response to ARV treatment, are now actively engaged in providing care and treatment for other persons living with HIV/AIDS (PLWHA). AIDSRelief has also developed a Network of Care within the vicinity of Jos, Plateau State, which has involved joint trainings and patient referral between the involved health facilities (Our Lady of the Apostles, Evangel Hospital, and Plateau State Hospital). AIDSRelief has also begun to dialogue with other implementing partners (IPs) for close collaboration and extension of this care model to include additional health facilities sharing the same geographic areas with AIDSRelief (Jos, FCT and Kano City). In addition, each AIDSRelief laboratory will be linked to an IHV Nigeria/ACTION reference laboratory for additional testing (including viral load analysis and back-up or overflow testing for monitoring HIV status, opportunistic infections (OI), and ARV drug toxicity).

The second component, ensuring that patients receiving ARVs through AIDSRelief also receive the support needed for rebuilding and maintaining optimal quality of life, involves training and equipping health facility workers to identify and address the social, psychological and spiritual needs of PLWHAs and their families in preparation to commence ARVs and while taking ARVs, developing linkages between AIDSRelief health facilities and groups providing HBC and other community level care and support for persons living with HIV/AIDS (PLWHA). Health care workers will be taught to address stigma and discrimination against PLWHA to assist with disclosure of status to selected family members and friends who will be able offer social support and later serve as treatment coaches when treatment for OI or ART becomes

necessary. Also, treatment education and preparation prior to patients commencing ARVs, identifying and addressing barriers to adherence, planning individual adherence strategies with patients and treatment coaches will be taught in a family-centered manner. Referrals for social support services will also be taught (nutritional support, skills training, legal services, etc). Training will be done through onsite tutorials, preceptorships and clinical palliative care updates. Funding will be used to continue to support the maintenance of these linkages and collaborations to ensure seamless transition of PLWA through out the continuum of care.

The final component, contributing to education on ARVs and treatment adherence, involves working with local organizations to develop, print and distribute IEC materials related to ARV treatment to communities and AIDSRelief facilities, and conducting educational sessions at support groups and other community-based groups. Regular education sessions will be conducted in the waiting rooms of all three AIDSRelief health facilities. Contents of these sessions will include information on living with HIV, ARV drugs and ARV adherence. The three AIDSRelief health facilities and surrounding communities will benefit from these materials and HIV educational sessions. Specifically, funds will be spent on developing, printing and distributing these IEC materials (pamphlets, videos, posters, etc).

By adhering to the Nigerian National guidelines, and by building in a strong community component to the program, AIDSRelief ensures that the USG 2-7-10 and GON goals of expanding ARV care to more persons living with HIV/AIDS is accomplished in a durable and sustainable manner and by strengthening local capacity to deliver high quality care and support for PLWHA.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Training	10 - 50
Human Resources	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,800	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	40	☐

Target Populations:

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Children and youth (non-OVC)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 5404

Planned Funds:

Activity Narrative: This activity also relates to activities in HIV/AIDS Treatment/ARV Drugs, HIV/AIDS Treatment/Labs, and Care and Support.

Emergency Plan funds will continue to support ARV treatment services at 2 service sites, (with expansion to 4 additional associated sites) including recruitment of staff, training, infrastructure development, and information system management. The project is expected to provide ART services for 2520 adults/adolescent and 280 pediatric patients in the Ogoja and Kafachan LGAs of Crossriver and Kaduna states by September 2007. The current participating facilities are composed of 2 General Hospitals, their identified primary care clinics, and local community based partners.

The 5 identified programmatic areas are: 1) Clinical Monitoring: CU will continue to support the management of patients on ART that includes technical assistance in HIV clinical care to health care providers. In 2006, focus will be given to providing ART to eligible adults, infants and children at all supported sites, with an aim of increasing overall ART enrollment. Clinical teams will have access to the ongoing support provided by the ICAP Clinical Unit, including technical updates, newsletters, and answers to frequently asked questions. Programs with internet access will be able to utilize our Internet resources. CU will also provide on-site technical assistance with data management and monitoring and evaluation. Focus areas of CU's facility-level support will include improving access to ART for pregnant HIV-infected women, children, and individuals with TB. Activities include: hiring of Clinical advisors to provide supportive supervision and clinical mentoring activities at sites; hiring of additional staff at the sites to provide clinical care where needed; establish referral linkages in identified entry points into HIV treatment: VCT, pMTCT, TB and STI services; and infrastructure and lab strengthening. 2) Community Based support: Focus will be given to creating a supportive network for patients on ART through community mobilization efforts and the creation of support networks aimed at enhancing community involvement in HIV treatment services., including training of community health workers and peer educators. 3) Training and on-site clinical mentoring: Columbia University will continue to support the training of community health care workers and peer educators to offer ART adherence counseling and support. CU will support didactic training and onsite clinical mentoring of medial doctors and nurses to provide ART services in keeping with national and international guidelines. 4) Information system: CU will continue support the Implementation of a state-wide information system that captures information regarding HIV palliative care and ART. Activities include: implementation of facility based registers that capture both adult and pediatric ART clinical management indicators; training of data management staff for site support. 5) Monitoring and Evaluation: Careful attention will be given to M&E activities in order to meet USG reporting requirements, to assure information for clinical monitoring/quality of care, and for improvement of program management.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,100	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,800	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,800	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Medical Record Clerks

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Other

Coverage Areas

Cross River

Kaduna

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5406
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one medical officer and one program officer) planned for the ART Services program area. The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for five weeks of in-country support by ARV Treatment program area specialists.These two staff positions will work in coordination with the USAID ART staff positions but the CDC ART Medical Officer (USDH) will take the USG Team Lead for ART and directly provide quality assurance and programmatic monitoring to HHS/USAID supported implementing partners including: University of Maryland-ACTION, Family Health International-GHAIN, Harvard SPH-APIN, Catholic Relief Services-AIDsRelief and the University of Columbia SPH-ICAP.HHS/CDC GAP Nigeria ART staff will also examine potential local partners for capacity development and entry into the PEPFAR ART program in COP07 as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria National ART guidelines. Specific attention will be paid to developing good working relationships with NACA, the Ministry of Health, and promoting quality of care while balancing availability of services against resources. The Deputy Director for CDC GAP Nigeria will conduct forensic budgetary reviews of all treatment partners to determine cost effectiveness with the technical leaders both at CDC GAP HQ, CDC GAP Nigeria, USAID Nigeria and DoD Nigeria.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

The focus in this area is establishment of a quality assured network of laboratories based on a tiered-model of services. Our approach supports ongoing Emergency Plan (EP) activities and is consistent with the Nigeria National Laboratory Plan. Critical to this strategy is the promotion of laboratory services to peripheral facilities (e.g., primary care centers), intermediate referral, and tertiary referral institutions.

During the COP05 review, concerns were raised about the perceived lack of a coordinated laboratory strategy to guide the development of laboratory networks for efficient and sustainable services, as well as overall costs. To address these concerns a comprehensive laboratory strategy has been developed that incorporated priorities of the National laboratory referral system and the programmatic needs of the EP. *Early establishment of local referral networks is a critical step towards this goal.* The identification of such networks has an immediate impact on efforts to expand ART programs because local networks act as surrogates for the national program among neighboring facilities and can act jointly to establish common standards of practice. The USG team continues to work with partners to define and expand such networks. Early examples include programs in Plateau and Lagos states where 3 or more implementing partners collaborate in providing services at multiple levels. These successful mechanisms will be duplicated.

In order to provide better overall coordination of laboratory activities, CDC-Nigeria recently recruited an Associate Director for Laboratory Services with experience in laboratory development in resource poor environments including Nigeria. Similarly, DOD has hired a senior laboratory officer to facilitate linkages with the military HIV programs. They will coordinate in forming a technical working group for laboratory issues and establish appropriate program-wide standards, training and quality assurance measures.

The USG team has scrutinized and successfully reduced overall patient laboratory costs by leveraging existing assets, streamlining monitoring protocols, and limiting use of expensive procedures. The *average patient cost for laboratory infrastructure across partners is budgeted at $110 per year for* COP06 (excludes agency lab infrastructure). If generics are available as expected, this will allow 6,000-7,000 more patients to initiate therapy without additional laboratory infrastructure and the incremental cost will drop to $95 per patient.

Finally, our partners are developing program-based education on diagnostics, patient monitoring, specimen tracking, and laboratory data management. The best practices are being standardized across partners. For example: 1) proven equipment and methods for hematology and CD4 monitoring established in Harvard's pre-existing programs are being integrated into newer partner sites; 2) the GON has designated the National Institute for Medical Research, (USG affiliated) to harmonize all national training materials; and 3) the USG supported Asokoro Training facility has been equipped for use by all partners for training of site personnel in best laboratory practices.

In an effort to create a more integrated facility based system and reduce redundancies at the site level, particularly around the number of different partners interacting with the facility management, there have been some changes in management of certain lab facilities. Namely, while FHI is currently receiving laboratory support from UMD, they plan to take over laboratory services at their sites in April 2006.

In summary, and as described above, the following priorities have been established for lab activities in the COP06 program period: continuing services to the 61,360 patients currently in care; expansion of local laboratory networks; and standardizing best practices to provide uniform training; QA measures; utilization of common equipment and supportive maintenance.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	53
Number of individuals trained in the provision of lab-related activities	443
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) *HIV disease monitoring*	357,718

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3225
Planned Funds:	
Activity Narrative:	This activity also relates to activities in PMTCT, Counseling & Testing, Palliative Care TB/HIV, ART Services and OVC.

This activity provides maintenance of 6 major HIV laboratories located at tertiary teaching hospitals or centers. In addition, the support of 10 secondary or satellite clinics was initiated in 05 and further development of these laboratories for HIV diagnostics and clinical monitoring will be continued. All laboratories will provide HIV serodiagnosis through rapid test technologies, with immunoblot confirmation at tertiary center labs. Our six major laboratories have capabilities for hematology, automated chemistry analyzers, and laser-based lymphocyte subset enumeration. Fourr of our 16 laboratories have PCR based DNA diagnosis for infants and viral load determination and this will be expanded to all six laboratories By the beginning of year 06. The 10 satellite laboratories will provide HIV serology, hematology and manual CD4 enumeration assays. This network is an actualization of the tiered laboratory model defined in conjunction with the USG, Nigerian government, and other partners wherein more referral laboratories support satellite labs for more sophisticated laboratory test such as infant diagnosis.

Standardized laboratory protocols have been developed to accompany the Harvard PEPFAR clinical protocol, and computerized records of laboratory results that link with patient records. Annual quality control/assurance assessments have been conducted with protocol development of quality assurance and control policies. These site assessment visits help to inform our quarterly quality control or assurance program. The UCH Virology laboratory will establish and coordinate a regular quality assurance and quality control program to insure that HIV testing at VCT centers meets national and international standards. Regular laboratory training has allowed the development of high quality laboratory standards in our PEPFAR labs and this has been networked to our secondary and satellite laboratories.

This funding will specifically support procurement of laboratory equipment, generators and water purifiers necessary for laboratory work. Maintenance costs will include minimal renovation costs for some laboratories, replacement of small laboratory equipment and training costs for additional personnel. Our six APIN Plus/Harvard PEPFAR sites are tertiary care reference centers for both ART and PMTCT programs. As further networks are developed around these centers of excellence, laboratory and clinical support will be provided to secondary and primary points of service. Such networks will include secondary and primary points of service for other Emergency plan implementing partners as part of the Emergency plan and National laboratory strategies.

In total, the laboratory activities described here will result in continued monitoring of 41,200 PLWHA in care at the 16 points of service included in the Harvard Emergency plan program. Another several thousand beyond this will be screened for HIV and found to be negative. Additionally, 86 laboratory personnel will be trained.

Total funding for lab is $1,595,000 with $200,000 from Track 1.0.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	16	☐
Number of individuals trained in the provision of lab-related activities	86	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	132,000	☐

Indirect Targets

APIN supported the development of the Federal training modules for HIV laboratory workers. Training modules were developed and regular training of laboratory workers from each Federal ART center has been ongoing for the past 18 months. In addition, to the clinical training modules – this would provide indirect ART patients, representing the National ART program at ~14,000.

Number of PLWHA receiving laboratory monitoring as part of continued care= 41,200

Target Populations:

Community-based organizations

Public health care workers

Private health care workers

Key Legislative Issues

Twinning

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.12: Activities by Funding Mechanism

Mechanism: DoD
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3244
Planned Funds:
Activity Narrative: This activity also relates to PMTCT, Medical Transmission/Blood Safety, Basic Care and Support, TB/HIV, Orphans and Vulnerable Children, Counseling and Testing, and ARV Services.

Continued support for four points of service, initiated in COP05, is planned under this activity: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo) and Defense Headquarters-Medical Reception Station, Mogadishu Barracks (Abuja). These sites will receive continued quality control and quality assurance training. Emphasis on internal laboratory mechanisms and standard operating procedures will ensure appropriate standard of care diagnostic and clinical monitoring support for HIV/AIDS activities. Implementation of these standards will create reference centers that will support the ability to train laboratory personnel *(but not budgeted for formal training in this proposal) and quality assurance facilities* for regional military and civilian laboratories.

Under COP05 funding, each point of service laboratory is receiving automated equipment and some infrastructure upgrades to insure stable electricity for proper reagent storage and proper ambient temperature for the conduct of assays. Basic laboratory equipment and automated equipment for hemogram, clinical chemistry, CD4 measurement, cold and frozen storage is being provided. SOPs for every *laboratory procedure are being developed. Laboratory scientists and technicians are* undergoing training by U.S. Military HIV Research Program (USMHRP) staff and planned combined training provided by UMD-IHV at the Asokoro training facility in good laboratory practices and specific assays utilizing developed SOPs.

No new planned activities, facilities or additional equipment are planned with these funds. Funds will be dedicated to providing quality control and quality assurance to each laboratory. HIV-1 serologic diagnosis will be quality controlled through repeat *EIA of all non reactive rapid tested specimens and enzyme immunoassay/ Western* Blot conformation of all positives. CD4 ascertainment will be QA/ QC'd through a FACSCalibur flow cytometer (donated by USMHRP from non-Emergency plan funding). Chemistry and hematology QA/QC will provided through panels and external validation.

A full range of clinical activities is best supported by an appropriately equipped facility with stringent quality control and quality assurance. Clinical care, to include Prevention of Mother to Child Transmission (through pre/antenatal clinics), antiretroviral therapy and basic care and support activities. All clinics that request HIV sero-determination, to include blood banking facilities will be linked. TB/HIV services will also be linked by providing the necessary basic equipment for evaluation of tuberculosis (TB) in all HIV-positive patients with provision of equipment such as microscopes, and referral for TB culture, incubators, and BSC Class II (laminar) flow hoods. TB care-related equipment is at best minimal at each of the main 4 ART facilities mentioned above. Thus, the development of this laboratory infrastructure will result in the provision of improved quality of medical care and reliable patient monitoring and evaluation which is now impossible to attain given lack of such resources.

With this funding, four facilities will receive continued support and six additional lab staff will be trained to support the continued care of 1430 HIV infected individuals.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of lab-related activities	25	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	11,180	☐

Target Populations:

Adults
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
HIV/AIDS-affected families
Infants
Military personnel (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Host country government workers

Coverage Areas

Federal Capital Territory (Abuja)

Kaduna

Lagos

Cross River

Enugu

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Maryland
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3256
Planned Funds:	
Activity Narrative:	This activity also relates to PMTCT, Medical Transmission/Blood Safety, Basic Care and Support, TB/HIV, Orphans and Vulnerable Children, Counseling and Testing, and ARV Services.

Points of Service (POS): National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro General Hospital (FCT), Asokoro Training Center (FCT), PLASVIREC Laboratory (Plateau).

Laboratory support for Emergency Plan activities is multi-faceted and consists of a number of components which facilitate the provision of quality laboratory services. The first component, centralized training of laboratory personnel at the Asokoro Training Laboratory, serves all Emergency Plan implementing partners (IP). The Training Laboratory was developed under Track 1.5 and is located on the grounds of the Asokoro Hospital. The training lab has a central sample collection area; serology, CD4, blood chemistry, and hematology stations; TB room; and a PCR room. The lab instrumentation mirrors that provided to Emergency Plan-POS. A minimum of 60 laboratory scientists from throughout the Emergency Plan network including staff from sites being developed by new IP Columbia University will be trained for HIV care/ARV care monitoring laboratory testing. In addition: 76 Govt of Nigeria (GoN) PMTCT HIV testing Master Trainers, 40 GoN Blood Safety Master Trainers, 33 IHV-N TB smear microscopy, and 50 GoN/WHO HIV C&T for TB DOTS staff (see respective narratives) will be trained in specific area lab skills. Costs of maintaining this facility including dedicated personnel, training reagents, and logistics are $700,000. Thus, over 30 percent of UMD lab costs are used to provide Emergency Plan network-wide lab training.

The second component is maintaining the high quality site lab performance to ensure accurate results for patient care. In addition, IHV-N will assume oversight of HIV testing previously provided by FHI and provide laboratory support for EMERGENCY PLAN programs for 3 CRS POS utilizing the IHV-N PLASVIREC Laboratory in Jos and other IHV-N supported laboratories within the network of care. This will consist of the following elements provided at 8 laboratory POS:

1. Regular equipment maintenance will be carried out utilizing Biotech Engineers who have been trained and certified for each of the instruments in use. Hiring full-time Biotech Engineers constituted a sizable cost savings over individual maintenance contracts.
2. A second element to maintain quality is on-site evaluation and retraining of personnel. On-site evaluation will serve as an important QA component for laboratory activities. During the COP04/05 period, it was noted that sites which demonstrated excellent QA/QC standards were not only highly productive but avoided equipment breakdowns through SOP required preventative maintenance activities. This is an important legacy for ensuring long-term sustainability of the treatment and care program. IHV-N lab program officers serve as members of each site team, devoting up to 50% time on-site working with POS staff. Program officers will ensure that SOPs are adhered to and address throughput challenges so that both high efficiency and quality are maintained. On-site retraining will be provided for 35 laboratory scientists and technicians.
3. Program officers will work with site staff to ensure that the commodity management system is maintained and communicate regularly with the IHV-N central warehouse to maintain adequate reagent stock.
4. Regular proficiency testing and blinded rechecking are essential for providing

quality lab services. This is being implemented under COP05 funding and is based at the Asokoro Training Laboratory. Quality of HIV rapid tests will be assured by re-testing 1% of all samples with EIA/WB (640 samples will be tested). CD4 measurement quality will be assured by retesting 2% of samples utilizing a FACS Caliber cytometer (600 samples will be tested). Sputum microscopy quality will be assured by rechecking 2% of samples per center. Proficiency panels for HIV antibody testing, sputum microscopy, CD4 measurement, hemogram, and clinical chemistry will be sent to sites 4x yearly. IHV-N will work with the USG and GON to develop a national laboratory quality assurance program.

IHV-N lab resources will also be used to support the activities of USG implementing partners APIN+ and AIDSRelief for efficiency, centralization, and quality of laboratory services. We will capitalize upon prior USG investment to utilize the PLASVIREC Laboratory as a regional Emergency Plan Service Laboratory supporting these implementing partners and utilize other existing IHV-N supported laboratories similarly when appropriate as a regional network resource. IHV-N, APIN+, and AIDSRelief have met to discuss enhanced efficiency and collaboration and agreed that PLASVIREC would provide laboratory infant diagnosis services for AIDS Relief points of service at Faith ALIVE hospital, National Hospital Abuja will provide infant diagnosis and adult ARV and HIV care back up/reference laboratory monitoring for St. Vincent's Hospital, and Aminu Kano Teaching Hospital will provide infant diagnosis and adult ARV and HIV care back up/reference laboratory monitoring for Al Nuri Hospital. Specimen transport costs will be budgeted by AIDSRelief/APIN+, but all laboratory equipment, staffing, and reagent costs for supporting these patients has been included in the IHV-N budget under the Laboratory program area.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	8	☐
Number of individuals trained in the provision of lab-related activities	249	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	120,498	☐

Indirect Targets

Development of a national laboratory QA plan will improve the quality of laboratory services to an estimated 50,000 HIV+ patients in Nigeria who will receive services at GON or USG implementing partner facilities. T his will come through the training of IHV staff and 45 staff from other implementing partners.

Number of PLWHA receiving lab services from Univ of Maryland: 22,482

Breakout of test performed as direct targets:
HIV Testing - 88,850
TB Screening-4,496
Syphilus - 3,600
HIV Disease Monitoring - 23,552

Target Populations:

Adults

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5389
Planned Funds:	
Activity Narrative:	This activity supports DoD Laboratory Involvement within the Emergency Plan.

The funds in this program will be utilized for technical assistance from US Military HIV Research laboratories and clinics in the US, Kenya, Tanzania and Uganda, comprised of uniformed and civilian providers directly to the four Nigerian medical facilities established under COP05.

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	HHS/CDC Agency Funding
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5390
Planned Funds:	
Activity Narrative:	The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has five full time staff positions (one US Direct Hire, one FSN senior laboratory scientist and three laboratory technicians) planned for the Laboratory Infrastructure program area. The budget includes one USDH and four FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for six weeks of in-country support by Laboratory program area specialists.

These five staff positions will work in coordination with the USAID ART staff positions but the CDC GAP Nigeria Lab Scientist (USDH) will take the USG Team Lead for Laboratory issues and directly provide quality assurance and programmatic monitoring to HHS/USAID supported implementing partners including: University of Maryland-ACTION, Family Health International-GHAIN, Harvard SPH-APIN, Catholic Relief Services-AIDsRelief and the University of Columbia SPH-ICAP.

HHS/CDC GAP Nigeria Laboratory staff will also examine potential local partners for capacity development and entry into the PEPFAR ART program in COP07 as well as provide support to the Government of Nigeria at the national and state levels to promote Nigeria National ART Laboratory quality assurance guidelines. The CDC Nigeria Laboratory staff will also be significantly involved across the areas of PMTCT, Counseling and Testing, TB/HIV, and Safe Blood where laboratory issues arise.

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	GHAIN
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5420
Planned Funds:	
Activity Narrative:	This activity also relates to activities in Counseling and testing (HVCT), HTXS, HBHC, HVTB, HMBL, HKID and PMTCT.

Meeting specific GHAIN targets depends on a reliable laboratory system which ensures that patients and service providers make informed decisions about HIV/AIDS. For ARV and PMTCT therapy to commence, baseline laboratory parameters including CD 4 enumeration, hematology and biochemistry must be established. The laboratory plays a critical role in HIV/AIDS prevention and control initiatives, The GHAIN laboratory program will provide high quality laboratory support including quality assurance (QA) to the GHAIN project: the goal of this quality assurance/quality control (QA/QC) system will be to ensure the validity/consistency/integrity/timeliness of all laboratory results; it is be based on references (guidelines, Standard Operating Procedures) developed in collaboration with USG and the GON, internal quality controls performed on a regular basis, continuous education, and assessment processes. GHAIN will participate in the implementation of an external biological QA program to be managed by the CDC, as well as any accreditation/certification activities.
A goal of paramount importance for the GON and the USG is to make CT available and accessible to all Nigerians in need. The laboratory therefore, has to clearly re-strategize to achieve this goal through significant strengthening and expansion of services and infrastructure in all GHAIN states. This includes training and retraining of laboratory personnel. The GHAIN laboratory services will collaborate with all stakeholders including other IPs and the GoN to achieve its objectives.The laboratory component also ensures the availability and proper utilization of HIV Rapid Test Kits at all POS to cover the CT, ARV, PMTCT, Blood Safety needs of all GHAIN sites.

GHAIN will continue strengthen laboratory facilities to support HIV/AIDS-related activities including purchase of equipment and commodities, provision of QA/QC, staff training and other technical assistance provided to the laboratory staff. To further strengthen the six laboratories established by the University of Maryland (UMD), for GHAIN and the four additional laboratories established by GHAIN (2 for CHAN sites and 2 pediatric labs using Presidents Initiative funding) to provide care and treatment of PLWHA, GHAIN will maintain the appropriate laboratory environment with conducive temperature, adequate storage capacity for test kits, reagents and tissue/blood samples, and adequate space with clean water and uninterrupted power supply. GHAIN will maintain adequate supply of laboratory consumables and protective gear (coats, gloves, face masks, etc) and continue to collaborate with the UMD, other USG partners and the GON to update SOPs to ensure homogenous provision of quality laboratory services in all USG project sites.

Easy-to-use rapid technology will be put in place where appropriate, with a laboratory information management sub-system that will be easily built into the patient management and monitoring system. The coordination of these efforts will be done by laboratory personnel in the GHAIN focus states who will monitor the day-to-day implementation of laboratory services at the sites. In addition, GHAIN will collaborate with other USG partners such as US DoD, UMD, CRS and others, building on the experience and lessons learned from these partners to rapidly scale up laboratory services. The GHAIN laboratory strategy will link all partners and sites in a comprehensive laboratory network. Laboratories will function as a network with one tertiary referral laboratory servicing a catchment area of lower technology high quality laboratories. GHAIN laboratories at Secondary Sites will be linked to USG supported Centers of Excellence and tertiary facilities where they can refer patients for more complex laboratory services. Infants needing PCR diagnostics will be referred to the closest tertiary site offering this facility. GHAIN will also foster collaborative linkages

between TB and HIV laboratory services and integrate them. Where VCT services are offered within a facility with a main HIV laboratory, the personnel of the HIV laboratory will supervise the testing at the VCT site to maintain quality and eliminate double screening and confirmatory testing.

GHAIN will develop an exit/sustainability plan both at the country program level showing how it will work with the health facilities implementing comprehensive ART programs to build their capacity and to customize a specific plan and schedule for each facility. The plans will include an assessment phase, customized plan for building capacity, a set of clear objectives and indicators for measuring capacity as well as a time line based on key benchmarks.

This activity will support laboratory testing of 59,760 people at risk for HIV; patient laboratory monitoring for 6,640 patients receiving antiretroviral therapy; and 25,000 PLWHA receiving basic care and support laboratory services.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of lab-related activities	50	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	59,760	☐

Target Populations:

Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Education

Democracy & Government

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 1.0

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 5421

Planned Funds: [ ]

Activity Narrative: AIDSRelief support for laboratory infrastructure (HLAB) relates to activities in HIV/AIDS Treatment Services (HTXS); Palliative Care: TB/HIV (HVTB); Counseling and Testing (HVCT); and Orphans and Vunerable Children (OVC).

The overall objective of providing laboratory support is to ensure access to laboratory testing for all patients enrolled for care and support and ARV in the three current AIDSRelief health facilities. This activity will support 3 health facilities (Faith Alive, Al Noury and St. Vincent's Hospitals) to provide services to all 3,800 persons receiving ARV Services and 11,300 patients who will receive care and support under AIDSRelief, and will be able to provide proper diagnosis; staging and monitoring of patients by ensuring high quality laboratory standards are maintained in the provision of services.

There are three main components to this activity: First, ensuring the provision of cost effective and sustainable laboratory equipment that is necessary to support clinical care of patients at each POS. Second, training and retraining of laboratory personnel to ensure high standard of laboratory result, including the strengthening of quality assurance and quality control systems. Third, establishing referral linkages and logistics support for patients to have access to specialty laboratory services not offered at AIDSRelief sites, including quality assurance (QA) and Quality improvement (QI) activities.The first component, the provision of cost effective and sustainable laboratory equipment, is necessary to support clinical care of patients at each POS. By setting up and maintaining Level III-IV laboratories, AIDSRelief will ensure that each POS has the on-site capacity to effectively determine HIV status, clinically monitor disease progression and response to treatment, diagnose opportunistic infections (OIs), and monitor for ARV drug toxicity. For synergy and efficient use of PEPFAR as well as all allocated resources, AIDSRelief will focus on the provision of basic required laboratory capacities for CD4 testing, hematology, pregnancy test, and chemistry including liver enzymes. Laboratory equipment will be procured centrally for the POS while building the capacity of all POS to independently identify and build sustainable channels for procurement of some equipment. Assistance in establishing procurement and distribution plans to meet patient needs, and sourcing for reliable supplies of equipment and reagent will be provided to procurement staff at health facilities. Vendors will include those currently serving AIDSRelief and other PEPFAR Partners. Capacity will be built in recording stocks and making forecasts on projected needs. The laboratory technologist at each facility will be trained and supported in this function. Six POS staff will be trained in laboratory commodities management and procurement procedures as part of this activity. Funds under this component will include the cost of purchasing additional equipment needed to achieve the minimum laboratory capacity needed, cost for servicing and repair of equipment.

Training in-country laboratory personnel is the second component of this activity. AIDSRelief will continue to utilize in-country resources to the greatest extent possible in the training of laboratory personnel, including existing AIDSRelief and other laboratory staff. Standardized training modules and materials will be shared with other partners both for onsite and for centralized group trainings. AIDSRelief will coordinate with UMD/ACTION to organize centralized inter-partner laboratory trainings in which six individuals will be trained or retrained. AIDSRelief also plans to strengthen the capacity of in-country labs to support quality assurance and quality control of services through further training in collaboration with UMD/ACTION and UMD-IHV affiliated PLASVIRIC which is located in close proximity to one AIDSRelief POS. AIDSRelief will then continue to provide onsite technical assistance and mentoring in HIV testing, CD4 tests and the use of cytosphere and other laboratory equipments to the six laboratory staff as well as 12 additional POS medical staff. Specifically, funds will be

used to cover the costs for onsite training of laboratory personnel, and for helping to organize and to plan joint trainings with ACTION (including development of training modules and materials), and to fund the 6 AIDSRelief laboratory staff to participate in joint trainings conducted at the Asokoro laboratory by UMD/ACTION.

The third component of this activity is to establish referral linkages with other implementing partners (Asokoro General Hospital, PLASVIREC, and Aminu Kano Teaching Hospital) for specialty laboratory tests and pediatric diagnosis. This activity will involve supporting the logistical details required as well as establishing a network for QA/QI to be conducted. These linkage arrangements will optimize resources and strengthen the comprehensive networks of care currently being formed by AIDSRelief POS and other partner programs. This should lead to less duplication of effort, and information and resources sharing. AIDSRelief will hire a network coordinator to help facilitate these linkages. This component of the activity will provide support to 3 service outlets. In addition, all reagents used by AIDSRelief health facilities will be subjected to ongoing quality assurance tests at the health facilities and, within the established treatment networks. Specifically, funds under this component will be used for the cost of building linkages with ACTION, including the costs for transportation of samples, cost for the strengthening and maintaining QA/QI activities.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	18	☐
Number of individuals trained in the provision of lab-related activities	3	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	32,680	☐

Indirect Targets

10,000 non-HIV+ persons screened at these facilities will benefit from improved laboratory capacity

The number of PLWHAs benefiting from services 11,300.

Target Populations:

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5544
Planned Funds:	
Activity Narrative:	This activity also relates to activities in ART, Palliative Care, OVC, VCT and PMTCT.

Columbia University was asked by the USG-Nigeria team to initiate activities for the Emergency Plan (EP) response during the last half of the COP05 period (Oct 2005 – Mar 2006) with the goal of adding a treatment partner in Nigeria. Through COP05 funding made available during an August 2005 rebudgeting, laboratory facilities are being strengthened at the General Hospitals in Ogoia (Cross River State) and Kafanchan (Kaduna State). It is anticipated that initial laboratory system strengthening at these sites will be underway by the beginning of the COP06 period, but funds requested here will provide for infrastructure improvements and laboratory equipment necessary to finalize site preparations and to provide EP lab services to PLWHA.

Access to high quality laboratory services is a critical aspect of both patient identification and provision of (EP) services. Equipment not included in COP05 funding but necessary for implementation of EP activities will be purchased. This equipment includes basic and automated equipment for hemogram, clinical chemistry, and CD4 measurement will be provided It is anticipated that a generator and basic infrastructure such as air conditioning for areas where temperature sensitive activities are conducted or commodities are stored will be required at these sites, and a computer will be necessary for the management of laboratory data.

Significant effort will be made to implement good QA/QC standards. This will be achieved through Standard Operating Procedure (SOP) development and implementation, training, identification and reinforcement of best practices. Laboratory SOP will be developed for all laboratory activities. Relevant SOP's developed by other implementing partners already working in Nigeria will be used whenever possible to avoid duplication and to maximize the development of standard practices and laboratory network development. Columbia in-country staff will ensure that SOPs are adhered to at the points of service through routine monitoring and supervisory visits to assist in implementation of new best practices. Columbia will work with CDC to integrate in-country external quality assurance program activities that will include external proficiency assessments and retesting of small proportions of samples to confirm results.

Essential to the provision of services is training of laboratory scientists. As such, 15 laboratory technicians will be trained at the two sites during this period. They will receive training in good laboratory practices, HIV diagnostics, and patient monitoring for both non-ARV and ARV patients. Where appropriate, laboratory personnel will be cross-trained on TB diagnosis. They will receive central training a the Asokoro Training Center (in conjunction with UMD), and will receive onsite training in their laboratories to strengthen their routine laboratory practices. Lab services will be provided by these site staff with close interaction of Columbia staff to ensure that high quality results are achieved. It is anticipated that lab services at these sites will be provided to all individuals receiving HIV treatment and care. In total, the laboratory activities described here will result in the provision of services to over 5,000 individuals of which an estimated 2,500 will be assessed and initiated on HIV therapy. Additionally, 15 laboratory personnel will be trained.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	☐
Number of individuals trained in the provision of lab-related activities	15	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,600	☐

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

Cross River

Kaduna

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

A system to monitor progress towards controlling the HIV/AIDS epidemic is essential. The National Action Committee on AIDS (NACA) has assumed a leadership role in advocating for a strong national M&E framework that will help establish a healthy Strategic Information (SI) environment. During 2005 progress has been made with the support of the USG. The Nigerian National Response Information Management System (NNRIMS), a national-level integrated health and information management system, has been piloted and evaluated in five states. There are plans to harmonize the NNRIMS indicators with international guidelines and to introduce the system in 17 states over the next year. Several national-level surveillance activities were initiated in 2005 with USG support, including antenatal care (ANC) surveillance, the Behavioral Surveillance Survey (BSS), and the National HIV/AIDS and Reproductive Health Survey (NARHS).

Strategies to achieve the Five-Year Plan in Nigeria include development of management information systems for all USG-supported program areas; support for NNRIMS; support for improved surveillance systems; establishment of a skilled pool of SI/M&E professionals; and creation of data quality, demand, and use plans. Several USG-sponsored activities were carried out in COP05 to contribute towards the achievement of these long-term goals. Implementing partners worked closely with NACA and the National AIDS and STI Control Program (NASCP) to develop and begin the implementation of facility-based management information systems for ART and PMTCT programs. Plan for similar paper-based systems for OVC, VCT, and Palliative Care have also been introduced. USG partners provided technical assistance (TA) in the design, piloting and evaluation of NNRIMS. The USG also provided supplies and TA for the 2005 ANC Sentinel Surveillance Survey and the BSS and assisted NACA in a mapping exercise of Points of Service. Other activities focused on human resource capacity building for M&E.

There has been limited support for SI activities from other donors. The Global Fund provided support to NASCP to convene a Training of Trainers on the ART-Patient Management and Monitoring (PMM) system designed by USG implementing partners and will provide ongoing financial support for step-down training and the eventual rollout of the ART-PMM system in non-USG sites nationwide. Other donor support includes TA from UNAIDS to NACA on an ad hoc basis.

Despite this progress and support, significant challenges remain. The lack of a data use culture in Nigeria has been the greatest challenge in carrying out SI activities. Another major challenge in COP05 was the lack of SI staff. The USG SI Liaison came on board in mid-COP05, but technical leads for M&E, HMIS, and Surveillance are not in place yet. Furthermore, the development of a USG internal reporting system was delayed. Finally, more efforts to harmonize HMIS across USG partners and with the National ART Program are planned.

Proposed activities in FY06 will contribute to SI achievements in the following key areas: 1) The USG will provide ongoing support for ANC Sentinel Surveillance activities; 2) An AIDS Indicator Survey is planned to provide population-based data on HIV/AIDS knowledge and behavior as well as on OVC and Care and Support indicators (this is planned to be achieved with Plus-Up funds); 3) Considerable and coordinated efforts by multiple partners will strengthen facility- and community-based HMIS, including IT ; 4) Program-level monitoring and reporting will be strengthened through continued development of a USG internal reporting system and support for expansion of the NNRIMS; 5) Human resource capacity for SI will be strengthened through the addition of USG SI staff and workshops and other training activities; and 6) Ongoing targeted evaluations will provide evidence-based data to improve country programs.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,066
Number of local organizations provided with technical assistance for strategic information activities	184

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3226
Planned Funds:
Activity Narrative: This activity also relates to activities in PMTCT, OVC and ART Services.

SI activities will focus on broad monitoring and evaluation, health management information systems, special operational research studies, and improved data management and maintenance of data quality in all Harvard APIN Plus sites. Funds will also be utilized to build the capacity of site staff and Harvard personnel in all areas identified above and promote greater and efficient use of data to improve services and influence policies in HIV prevention, treatment, care and support. A full time data manager assists our sites with clinical, pharmacy and project reporting data collection. Standard Operating Procedures have been developed for data management to implement the ART treatment and care protocol, and independent refinement of instruments and databases is ongoing to accommodate program reporting requirements from all relevant stakeholders. As services are expanded, more computer hardware support will be provided for collaborating institutions; other equipment supply will include laptop computers, consumables and accessories. Additional software will be purchased and installed to develop more efficient systems of monitoring and analysis. Harvard will develop an annual M & E plan, and sites will develop individual plans and set up site evaluation teams. Harvard will continue to participate in the National Monitoring and Evaluation Technical Working Group and help facilitate its work and activities. It will also collaborate with Monitoring and Evaluation Management Systems (Nigeria MEMS) to take advantage of the services they provide and to share experiences. In this manner, Harvard will develop the capacity for an integrated M & E system that is responsive to the various stakeholders, beneficial to the sustainability of Nigeria's ART program, and harmonized with the national PMM system.

All related activities will be carried out in all sites where hands-on management experience will be developed, but there will also be central data management training for health care facilities medical records staff, data clerks and managers, coordinators and principal investigators. Regular inter-site interactions will be encouraged, facilitated by Harvard personnel in Nigeria and the US.

Special operational research studies have been independently funded by NIAID to answer significant research questions and to provide critical feedback to the program as it is implemented. Two separate studies will evaluate the interaction of HBV and HCV on HIV infection, clinical outcome and susceptibility to ART drugs. These studies will help us deliver high quality ART to populations with high rates of both hepatitis virus infections. A third study is a collaborative study with the GON to evaluate drug resistance in patients on ART. This study is coordinated by the FMOH, and Harvard is one of many partners in a multi-site retrospective study. The results of these studies will provide important information to the Nigerian National ART committee on the levels of drug resistant virus that may require modification of recommended national drug regimens.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications *Infrastructure*	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes *M&E, surveillance, and/or HMIS)*	200	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

People living with HIV/AIDS

Program managers

Public health care workers

Coverage Areas

Borno

Lagos

Oyo

Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAIN
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3232
Planned Funds:
Activity Narrative: SI cuts across all GHAIN project elements, including HVAB, HVOP, PMTCT, HLAB, HVCT, HVTB, HTXS, HTXD, HKID and HBHC.

The SI program area encompasses all M&E components within the GHAIN project. These are Program Monitoring and Evaluation (PME), Patient Management and Monitoring (PMM), Quality Management (QM), and surveillance and special studies. All GHAIN M&E activities are designed and implemented with a strong emphasis on the 'Three Ones' principle, i.e. one agreed country-level M&E system. GHAIN, in close collaboration with USG donors and partners, will continue assisting the GON to develop and implement the National M&E system. The overall strategy is to make relevant GHAIN/USG M&E tools and processes available to the GON for adaptation, harmonization and implementation.

The Program Monitoring and Evaluation component will entail the updating and use of tools (forms, registers, etc.), database and data management processes covering all GHAIN-supported services. The data collected within GHAIN are shared consistently with the GON, USG, points of service (POS) and other partners. Under leadership of the USG SI Group, PME activities also involve provision of technical assistance (TA) to the GON to strengthen the National PME system. GHAIN will continue to provide assistance in the ongoing development and implementation of National PME tools such as ART, OVC, PC, VCT registers and associated data management processes, and other tasks such as the participation in mapping and evaluation exercises. Other activities will involve carrying out regular and standardized monitoring activities in POS and the development of a comprehensive database to ensure the harmonization of all the national sub-databases.

The second component, Patient Management and Monitoring, will strengthen existing GHAIN PMM systems (ART, VCT, OVC, and Palliative Care). GHAIN will ensure the harmonization of community-based PMM systems with facility-based ones. It will also continue to provide ongoing TA in updating and expanding GHAIN PMM Systems which were adopted as the base for the National tools by the GON (PPM-ART, PMM-VCT, etc.) in collaboration with the USG team and other partners.

The QM component will focus on continued development and implementation of reference materials (guidelines, standard operating procedures and flowcharts) as well as other QM tools (monitoring checklists, external/internal assessment strategies) and concepts such as the regular use of standardized qualitative methodologies for service provider assessments. Joint references, developed in collaboration with UMD/ACTION and other Partners, will be updated and broadly disseminated and used. GHAIN expects to participate in the USG QA/QC for laboratories. GHAIN will continue assisting the GON in documenting and updating National references and in providing technical leadership to the QM National Technical Working Group.

Surveillance and special studies will encompass support to National efforts in data collection to be developed and implemented with Partners such as the GON, USG and UN Partners. CDC and GHAIN will continue to provide leadership in the implementation of the National Integrated Behavioral and Biological Survey (IBBS) on High-Risk Groups, and may provide TA to the National Behavioral Surveillance Survey 2007 (BSS) with Society for Family Health. In accordance with GON and USG regulations, and in collaboration with other USG partners, GHAIN will implement targeted evaluations in CT, TB, PMTCT, OVC or other thematic areas such as adherence to treatment. GHAIN expects to participate in the Targeted Evaluation Group, designed in collaboration with ACTION, to assess the effectiveness of GHAIN and GON ART programs.

Building the M&E capacity of the GON and GHAIN partners through trainings and continuous education sessions is of paramount importance in GHAIN's SI strategy. This is key element to ensure the proper implementation and sustainability of all SI activities. Capacity building tools and sessions will continue to be developed and implemented in 2006 in close collaboration with the GON and the USG team. GHAIN-specific as well as national curricula, such as the one developed on QM in 2005, will be updated and broadly used. GHAIN will provide TA in SI to 166 local organizations and build the capacity in SI of a minimum of 300 individuals.

In summary, the following results are expected from implementation of the SI program element: strengthening of national information systems and M&E national capacity; data of high quality available at all levels for program monitoring and management and tracking program achievements; functional feedback measures developed to ensure that results of monitoring activities inform program design and management; capacity built in M&E (at all levels); and QM tools, protocols and reports. Other results shall include improved quality of services being provided by POS, scientific publications (abstracts, posters, presentations at conferences), special studies and surveys, protocols and reports.

We will also participate in two important SI areas: 1) the assessment of treatment failure through the Targeted Evaluation Group (TEG), a more intensive patient monitoring activity that examines virologic and immulogic responses to assess treatment failure, adherence, and 2) the assessment of and capacity building for quality improvement through the HIVQUAL project, a pilot that involves building capacity in facility performance measurement, quality improvement, and infrastructure development. Both projects, albeit through different approaches, seek to improve the quality of USG-sponsored HIV care programs.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐
Number of local organizations provided with technical assistance for strategic information activities	166	☐

Target Populations:

Most at risk populations

People living with HIV/AIDS

Program managers

Host country government workers

Public health care workers

Coverage Areas

Anambra

Bauchi

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Lagos

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	DoD
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3245
Planned Funds:	
Activity Narrative:	This activity also relates to Care and Support, PMTCT, A&B, TB/HIV, C&T, and OVC.

Ongoing support for the following four points of service (POS) opened in COP05 are planned: 445 Nigerian Air Force Hospital (Ikeja), 44 Nigerian Army Reference Hospital (Kaduna), Navy Hospital (Ojo), and Defense Headquarters-Mogadishu Barracks (Abuja).

This activity supports the collection, analysis, and reporting of M&E indicators required under the Emergency Plan. The activity aims to provide effective program monitoring, including data quality and data use for program management for all programmatic areas for the NMOD-DOD HIV Program, while supporting the overall goal for one national M&E system. Patient management and monitoring forms and software developed and harmonized with USG programs and the National ART Program will be utilized.

We will also participate in two important SI areas: 1) the assessment of treatment failure through the Targeted Evaluation Group (TEG), a more intensive patient monitoring activity that examines virologic and immulogic responses to assess treatment failure, adherence, and 2) the assessment of and capacity building for quality improvement through the HIVQUAL project, a pilot that involves building capacity in facility performance measurement, quality improvement, and infrastructure development. Both projects, albeit through different approaches, seek to improve the quality of USG-sponsored HIV care programs.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (Includes M&E, surveillance, and/or HMIS)	25	☐
Number of local organizations provided with technical assistance for strategic information activities	4	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Edo

Kaduna

Lagos

Rivers

Benue

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Measure Evaluation
Prime Partner:	University of North Carolina
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3251
Planned Funds:	
Activity Narrative:	Health Management Information Systems (HMIS) - MEASURE Evaluation will continue to provide technical assistance (TA) to Nigeria's routine health information system for both the multi-sector response to HIV/AIDS through NACA and the health sector response through the FMOH/NASCP. The Nigerian National Response Information Management System (NNRIMS) is Nigeria's primary strategic information platform for monitoring activities for the prevention and treatment of HIV/AIDS. Most components of NNRIMS have been successfully implemented in pilot states. Following the findings of a recent evaluation of the pilot states, MEASURE Evaluation will assist NACA with system improvements and work with partners to improve understanding, reporting, and data use. Some NNRIMS aspects need further implementation, such as incorporating GIS maps for all levels and making the DSS fully functional. MEASURE Evaluation will also work with NACA to scale up NNRIMS implementation to additional states and provide assistance as needed in issues such as data quality and use of NNRIMS by decision makers.

Monitoring, evaluation, or reporting - Human capacity development in strategic information will be enhanced through carefully targeted training. This will include a national M&E capacity building workshop and support for local partners to visit other successful Emergency Plan supported countries to learn first hand about their SI systems. Workshops will also be organized to assist local partners to understand and use Emergency Plan data for monitoring and evaluation as well as planning. In addition, M&E capacity building support for partners will be organized for non-facility based programs.

MEASURE Evaluation will provide support to strengthen capacity to use strategic information to inform policy development and implementation, for strategic planning and resource allocation, for program design and project management, to monitor and evaluate the impacts of the national response (including those supported by the Emergency Plan) and to inform the public, politicians, and other opinion leaders as to the status of the epidemic.

MEASURE Evaluation will assist with the coordination of SI-related activities involving multiple USG partners as well as local national partners. MEASURE will draw on its experience as a global central project to provide TA and guidance on areas such as GIS mapping by facilitating a national GIS coordinating mechanism. It will also draw on its SI experience in working with UNAIDS and the Global Fund as well as in supporting OGAC to provide guidance to the GON and its partners to help in the harmonization of indicators for HIV/AIDS.

USG database and reporting system - MEASURE Evaluation will continue to provide USAID with assistance in the implementation of its internal partner reporting system. Work will also focus on connecting data from NNRIMS to the Emergency Plan reporting system as relevant.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	2	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

USG in-country staff

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of Maryland
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3253
Planned Funds:
Activity Narrative: This activity also relates to HIV/AIDS services (HTXS), PMTCT (MTCT), Basic health care and support (HBHC), TB/HIV (HVTB) counseling and testing (HVCT), orphans and vulnerable children (HKID).

Points of service are: National Hospital Abuja (FCT), Gwagwalada Specialist Hospital (FCT), Aminu Kano Teaching Hospital (Kano), University of Benin Teaching Hospital (Edo), Nnamdi Azikiwe University Teaching Hospital (Anambra), University of Calibar Teaching Hospital (Cross Rivers), Asokoro Training Center (FCT).

This activity supports the collection, analysis, and reporting of M&E indicators required under the Emergency Plan. The activity aims to provide effective program monitoring, including data quality and data use for program management for all programmatic areas for IHV while supporting and strengthening the Government of Nigeria's national M&E system. This activity has several different components.

The first important component is to refine the development of the patient management and monitoring (PMM/HMIS) system from paper-based to automated data capture mechanism at USG-sponsored sites. The PMM was developed in COP05 through IHV-FHI-GON partnership as a comprehensive and longitudinal clinical recording keeping system designed to facilitate evidence-based medicine, patient management and monitoring that enables a continuous quality improvement mechanism at the every level: patient, facility, and program. To accomplish this task and to build on existing capacity, we will: 1) improve the PMM software to enable direct relay of National M&E indicators (NNRIMS) from facilities to GON, 2) support PMM harmonization with implementing partners through two national harmonization/consensus meetings per year, 3) train 150 health care providers to include physicians, nurses, laboratory personnel, pharmacists on the utility of PMM, 4) train 39 existing and new site-based data officers/clerks for data reporting and quality *management, and 5) print and distribute PMM forms to sponsored sites.*

The second component is to establish information technology infrastructure necessary to support routine data collection and use at the facility-level and at the national level. This activity is currently conducted through close coordination with the GON to strengthen timely data reporting, quality data management, and effective use of patient data by clinicians and other health care workers. IT capacity will be targeted in the medical records and in the laboratories. To accomplish this we will: 1) equip additional computers for a total of 3 per USG-sponsored sites, 2) provide PMM software development and maintenance (as outlined in the first component), 3) implement laboratory data management system to track laboratory tests fully functional at the site level by September of 2006, 4) train 52 site-based data entry clerks and laboratory technicians.

The third component is to support the implementation of the PMM as the GON national tool. Activities are underway in COP05 to field-test the PMM at 3 National ART sites not sponsored by USG by June of 2006. The adoption of the PMM by the Government to coordinate and to monitor PMM activities will greatly improve the quality of care and reporting nationally but requires organized training and consistent technical assistance. IHV-N will work with the GON to provide technical assistance and/or training to the 50 individuals in strategic information at 25 existing government sites (includes M&E, PMM/HMIS) in non-USG sponsored facilities by April 2007.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	291	☐
Number of local organizations provided with technical assistance for strategic information activities	7	☐

Indirect Targets

Continued support of the PMM system, conduct of the Targeted Evaluation, and completion of the PMTCT MIS evaluation will impact all patients treated with ARVs and all patients receiving PMTCT services in Nigeria.

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Public health care workers

Coverage Areas

Anambra

Cross River

Edo

Federal Capital Territory (Abuja)

Kano

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CIHPAC
Prime Partner: Society for Family Health-Nigeria
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5355
Planned Funds:
Activity Narrative: SFH carries out monitoring and evaluation activities among target audiences to ensure that interventions are evidence-based and effective.

The Most-at-Risk Community Survey is designed to assess the effectiveness of the community-level component of the Comprehensive Integrated Approach to HIV/AIDS Prevention and Care program. A quantitative survey with an estimated sample size of 5000 is conducted annually, and respondents are selected from the various sites in the 19 SFH states that have benefited from the community-level activities. A qualitative study using focus group discussions will also be conducted concurrently in seven of these 19 regions to contextualize the findings of the survey.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	104	☐
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Adults
Brothel owners
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Faith-based organizations
Military personnel (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5357
Planned Funds:	
Activity Narrative:	This activity represents the full-time, "fully-loaded" costs of an expatriate strategic information technical advisor and the full-time, "fully-loaded" costs of his/her administrative support staff. This advisor's responsibilities include: 1) representing the USG in discussions with the Government of Nigeria on strategic information; 2) overseeing technical aspects of programs, including program management and oversight through working with partners and making field visits; 3) working with other Nigeria USG technical staff in technical work groups; and, 4) interfacing with PEPFAR-HQ Technical Work Groups. This position requires an expatriate because of the lack of availability of adequate technical expertise in this area in country. This advisor spends 100% of his/her time advising in this program area, and does not have any other program responsibilities in any other program areas. None of the costs for this position are captured in any other budget category.

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5358
Planned Funds:
Activity Narrative: The HHS/CDC Global AIDS Program (GAP) Office in Nigeria has two full time staff positions (one FSN medical officer and one program officer) planned for the Strategic Information program area. The budget includes two FSN salaries, ICASS and CSCS charges related to these staff positions, funding for (limited) international and required domestic travel, training funds and allocated minor support costs. The funds planned in this activity also include HHS/CDC GAP HQ Technical Assistance travel for three weeks of in-country support by Strategic Information program area specialists.

These two staff positions will work in coordination with the USAID Strategic Information staff positions who will have the USG Team lead for Strategic Information issues and directly provide joint quality assurance and programmatic monitoring to HHS/USAID supported implementing partners including. HHS/CDC GAP Nigeria Laboratory and Strategic Information staff will also provide technical assistance to the Nigeria Ministry of Health in development of local capacity building for Strategic Information and to plan/conduct the bi-annual AnteNatal Clinic HIV Survey.

In addition, HHS/CDC-Nigeria will coordinate the efforts of all treatment partners to address two important areas: 1) the assessment of treatment failure through the Targeted Evaluation Group (TEG), a more intensive monitoring activity examining virologic and immulogic responses by ARV regimens, adherence, treatment venue, delivery, and demographics; and 2) the assessment of and capacity building for quality improvement through the HIVQUAL project, a pilot (initially 10 - 12 sites) that involves building capacity in performance measurement, quality improvement, and infrastructure development at the facility level. Both projects, albeit through different approaches, seek to improve the quality of USG-sponsored HIV care programs, while ensuring adequate use of resources, reducing harm, and reducing the emergence of resistant strains of HIV that may accompany non-adherence.

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5359
Planned Funds:	
Activity Narrative:	This activity also relates to HIV/AIDS treatment/ARV services (HTXS), Palliative Care TB/HIV (HBHC) and Laboratory Infrastructure (HLAB).

There are several components in SI. The first component is program-level reporting. Using in-country networks and available technology, AIDSRelief is building a strong patient monitoring and management system to collect data and track strategic information from the points of service (POS) to all relevant stakeholders. Capacity has been built through on-site training and technical assistance so that each POS can respond to USG and GON reporting requirements. AIDSRelief will carry out site visits and conduct reviews to ensure data quality and data validation.

The second component focuses on the continued development and harmonization of a Health Management Information System (HMIS). This component has several area:
Paper-based systems: HMIS assists clinicians in providing high quality HIV/AIDS care and treatment, assisting chronic disease management, monitoring viral resistance, and ensuring durable viral suppression. Towards this end, AIDSRelief will continue to provide POS with training and/or technical assistance in the following areas:

1) Training to adapt and harmonize existing paper records to meet the GON standards; 2) Training POS to ensure proper roll-out of revised forms and to assist in POS budget projections; 3) Work sessions to map out paper flow within clinic setting to ensure data flow and efficiency; 4) Provision of technical assistance to follow-up on paper flow; and 5) At least semi-annual site visits for review of the data management system to ensure confidentiality, efficiency, and effectiveness.

Computerized systems: The PMM system CAREWare will continue to be supported, developed and enhanced. This may include modifying data entry screens, developing reports for improved clinical management and programming grant requirements. Technical assistance and training in the areas of data entry, analysis, dissemination and quality assurance to POS staff will be provided.

Under the IT infrastructure emphasis area, maintenance of equipment will be encouraged at all sites. The local area network (LAN) at Faith Alive will be maintained and additional LAN are envisioned for the other existing sites. Providing support in the use of networking infrastructure will require the following: computer hardware; operating system software and applications; networking equipment, such as small hub or routers; cables; training of site staff unfamiliar with general operations of computer technology; use of computer related equipment; uninterruptible power supply or voltage regulators; user system support and training activities; and communications equipment.

Harmonization: AIDSRelief will participate in the harmonization process of the existing CAREWare with a national automated PMM system. From an informatics perspective, this will involve a detailed technical review of the existing CAREWare database structure and tables. This will require a technical review to provide comprehensive data mapping which will ensure consistent data usage between CAREWare and the national system. For areas not collected by the CAREWare database, software modifications will need to be made by U.S.-based programmers so that the data collection needs of the national system will be met. Once the national system is officially selected, it will take at least six months to modify or transition the CAREWare baseline system.

The third component is training. AIDSRelief will continue to build upon existing POS

capacity to ensure effective data use and management. Specific activities will include training in the following areas: data collection and reporting to donors and GON; data entry, clean-up and validation; data analysis using life tables; and other POS developed custom reports designed to provide strategic information for decision makers. With technical support, POS will use data to evaluate their performance using life table analysis, which will enable POS to identify patterns of retention in care and treatment since the initiation of Emergency Plan (EP) support. Feedback to POS regarding trends in retention to care, follow-up appointments, and repeat laboratory studies using compiled data will be provided. This information will be used to develop corrective action plans that would enhance the efficiency and effectiveness of operations and management of the POS.

At least 2-4 M&E/ data entry staff from each of the 3 POS will receive multiple SI trainings during the two semi-annual reporting periods. This totals approximately 24 M&E/data entry staff trained. Additional trainees will include facility administrators and clinicians, government officials, and other decision makers.

Finally, AIDSRelief will use funds to support facility-targeted data collection efforts using an existing Information Gathering Tool (IGT). This information will be used to establish baseline POS capacity. A modified version of the IGT will then be used to survey the POS at 12, 24, and 36 months (depending on when EP support began) to gain a better understanding of increased infrastructure and capacity at POS.

Emphasis Areas	% Of Effort
Facility survey	10 - 50
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐
Number of local organizations provided with technical assistance for strategic information activities	3	☐

Target Populations:

Business community/private sector

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

USG in-country staff

Volunteers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Federal Capital Territory (Abuja)

Kano

Plateau

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Track 1.0
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5541
Planned Funds:
Activity Narrative: The activities under this heading are tightly integrated with the programmatic activities in the Care (Basic C&S, TB/HIV, C&T) and treatment area (ART and Lab Infrastructure). The activities under this heading will include broad monitoring of program activities and progress to targets, health management information system, improved data management and maintenance of data quality in at the 2 Columbia sites of operation being established with COP05 funds. Electronic record keeping is being initiated with the Columbia-ICAP program and designed to regularly provide necessary indicators for program progress required by OGAC and the USG-Nigeria team. Funds will be used to support training for computer entry and data management and a full time data management coordinator to assists sites in electronic data management. Data management planning includes making full use of electronic databases for patient tracking, adherence monitoring, pharmacy and lab consumables logistics and statistical reporting to the USG-Nigeria Team on a monthly basis. As a new treatment partner in Nigeria, Columbia-ICAP will work in close collaboration and consultation with the monitoring and evaluation staff from the USG Team to ensure uniform software and paper documentation compliance as part of the broader Nigeria framework for strategic information (avoid reinventing the wheel).

Funds will also be utilized to build the capacity of site staff and Columbia personnel in all areas identified above and promote greater and efficient use of data to improve services and influence policies in HIV prevention (through possible USAID IMPACT funding), treatment, care and support. As services expand, more computer hardware support will be provided for enhanced communication at and between collaborating institutions and to USG-Nigeria. Other equipment supplies will include additional software, computers and accessories, which will enhance the efficiency of systems for greater productivity.

Columbia ICAP shall develop a semi-annual evaluation plan and the sites will also develop individual plans and set up site evaluation teams. Columbia will participate in the National Monitoring and Evaluation working group and facilitate its work and activities as resources allow. It will also connect to the Nigeria Monitoring and Evaluation Management Services (Nigeria MEMS) to take advantage of the services they provide and for experience sharing. All related activities will be carried out at both sites where hands on management experience will be developed but there will also be central data management training for health care facilities medical records staff, data clerks and managers, coordinators and site principal investigators. Regular inter site interactions will be encouraged and supervision will be provided from in country Columbia coordinators and managers. Information gathered and analyzed will be shared with the sites, other partners, the Nigerian government and the USG.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	16	☐
Number of local organizations provided with technical assistance for strategic information activities	2	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Cross River

Kaduna

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

Nigeria's Five Year Strategic plan identified three Supportive Interventions that would contribute to the achievement of all of Nigeria's HIV/AIDS Prevention, Care, and Treatment goals by addressing the enabling environment. These three interventions are: Engendering Bold Leadership, Achieving Sustainability and Human Capacity Development, and Strengthening Coordination and Collaboration. Taken together, the three programs in Nigeria's Policy/Systems Strengthening portfolio address all three of these strategic interventions.

The three implementing partners within this program area are supported by USAID and a team decision was made to continue to support these partners as USG-wide partners with all activities directed by the entire USG team.

In COP06, the USG will continue to build on its past successful policy programming by advancing the HIV/AIDS policy agenda in Nigeria. This will include printing, dissemination and sensitization of policies that have come into force during COP05 (National ARV Guidelines, National HIV/AIDS Strategic Framework, OVC action plan, HIV/AIDS policies for several religious communities), as well as moving a new policy agenda (Counseling and Testing Guidelines, Blood Safety Policy, National Palliative Care Guidelines, and new customs clearance policy for antiretroviral treatment commodities) forward to a *finalized stage. Closely related to these policy activities are the legislative issues that will be addressed* in COP06. Some crucial pieces of legislation will be coming before lawmakers in the upcoming year, including a bill that will reduce stigma and discrimination against people living with HIV/AIDS and the transformation of the National Action Committee on AIDS into a full-fledged Nigerian Agency. Our partners will act at a variety of levels to influence lawmakers and their constituencies to ensure that the rights and the interests of people living with HIV/AIDS are protected and well-represented.

In addition to the policy agenda, other key systems strengthening activities are strengthening *leadership capacity at the national level and ensuring responsiveness and sustainability of the national* systems. These activities include embedding staff in national programs (monitoring and evaluation, public private partnerships), providing technical assistance to support national activities (strategy development, procurement forecasting), supporting select educational/invitational travel for government counterparts (ART assessment, Emergency Plan annual meeting, program assessments for program planning, M&E regional workshop), and providing training to a variety of our government and civil society counterparts (procurement logistics, advocacy, proposal development, leadership, program management, monitoring and evaluation).

Since this program area assists in the achievement of targets for the other program areas, there are no overall Emergency Plan targets for policy or systems strengthening. Therefore a series of benchmarks have been set for these partners to ensure progress towards program goals. All partners are currently on track to attain these benchmarks according to the five year schedule and will be reviewed by the entire USG team.

In the planning for the COP06 process, a strategic review was undertaken by interagency technical advisors, national and local government counterparts, implementing partners, and program managers from all USG agencies on the ground. The review recommended six activities, two of which are reflected in the COP: consolidating some of the smaller partners under our key policy partner to ensure better efficiency and coordination and expanding the policy agenda to include specific issues. The other recommendations, while receiving broad support from the entire USG team, would require additional levels of funding that are not currently available but could be considered if additional funding became available.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	11
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	59
Number of individuals trained in HIV-related policy development	370
Number of individuals trained in HIV-related institutional capacity building	552
Number of individuals trained in HIV-related stigma and discrimination reduction	340
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,934

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3238
Planned Funds:	
Activity Narrative:	This activity is related to activities in PMTCT, OVC, Palliative Care, C&T, Medical Transmission and Blood Safety, Medical Transmission, HIV/AIDS Treatment &ARV services. This activity is centered on creating and sustaining an enabling environment for implementing the Nigerian Emergency plan for all of the USG partners. This activity has 3 distinct components: 1) strengthening Nigerian national institutions, 2) building implementation capacity of the public sector and civil society, and 3) the development of policy/legislation/guidelines related to HIV/AIDS. This activity supports all 3 strategies (Strengthening Coordination and Collaboration, Achieving Sustainability and HCD, Engendering Bold Leadership) outlined in the "Supportive Interventions" section of Nigeria's Five Year Strategy.

The first component supports Nigerian national institutions, agencies, and multiplier organizations to develop HIV/AIDS policies and related guidelines, as well as strategic and implementation plans, in a broad-based, consultative fashion. Assistance will be given to facilitate the dissemination of these documents to all stakeholders to aid implementation at state and local levels. This activity provides support to: the National Action Committee on AIDS to disseminate the National Strategic Framework on HIV/AIDS, and to review the national HIV/AIDS Policy; the Federal Ministry of Health to disseminate the ARV guidelines; the Federal Ministry of Women Affairs to finalize and disseminate the National OVC action plan; the National Supreme Council of Islamic Affairs to develop an HIV/AIDS Policy; the Federal Ministry of Health to review the Counseling and Testing Guidelines, the Blood Safety Policy, and to finalize the National Palliative Care Guidelines. In addition, the National Agency for Food Drugs and Administration will be supported to facilitate improved customs clearance for ARVs and commodities while the Nigerian Institute for Medical Research will be supported for the standardization of curricula. Funding will go directly to contracting consultants for convening stakeholder and technical working group meetings, printing finalized documents, and facilitating national launches and dissemination meetings. Activities to increase popular support for these national polices will be supported through sensitization of opinion leaders in the nation. The public sector staff involved in these processes will indirectly have their capacity built to participate in policy dialogue and develop appropriate policies. A supporting activity to those mentioned above is the generation of policy relevant data through conduct of situation analysis, support of program review and evaluation, as well as supporting the institution of the National Response Information Management systems.

The second component of this activity is to build the capacity of the public sector, multiplier organizations, faith based groups, and networks of civil society organizations in Nigeria to develop and manage effective implementation of various HIV/AIDS programs which focus on prevention, care and support activities. Funding will be directed to local organization capacity development through training workshops in advocacy, proposal development (including GFATM), leadership, program management, monitoring and evaluation. Funds will also be invested in embedding staff in key national structures like the National Action Committee on AIDS and the *National AIDS and STD control Program; supporting limited study tours for* Government of Nigeria counterparts, and support for invitational travel as requested by any of the USG Agencies. Organizations targeted include key National agencies such as the Network of People Living with HIV/AIDS, Civil Society against HIV/AIDS, and Nigerian Youth Network on HIV/AIDS, amongst others. Other sectors, such as the Armed Forces, other uniformed services (Nigerian Immigration and Prison services), the private sector such as the Nigerian Business Coalition Against AIDS (NIBUCAA) will be supported to develop and implement adequate workplace HIV/AIDS Programs. *Similarly, the capacity of journalists will be built to produce* programs and articles that will generate public dialogue on key HIV/AIDS issues such

as building will also target media houses to reinforce these activities.

The third component of this activity will target legislators to develop and enact legislation favorable to HIV Programming and PLWHAs. The legislature is critical in passing bills that will reduce stigma and discrimination against PLWHA as well as ensuring that PLWHA have access to a wide range of services that enables them live productive and positive lives. Building the capacity of legislators to engage constructively with their constituents on HIV/AIDS related matters will contribute to this goal. Funds will be utilized to facilitate public hearings on bills and legislative reviews (such as those dealing with stigma and discrimination and the transformation of the National and State Action Committees on AIDS into a Federal Agency), supporting legislators to conduct constituency outreaches on HIV/AIDS related issues, and building the capacity of the National Assembly members to understand their roles in responding to issues on HIV/AIDS especially as it relates to OVC and the Child Rights Act. There will also be increased participation of civil society including PLWHAs in advocating for the enactment of laws that will impact favorably on HIV/AIDS programming.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance *for HIV-related policy development*	2	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development	250	☐
Number of individuals trained in HIV-related institutional capacity building	250	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	100	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	☐

Indirect Targets

Being an activity that is implemented at the national level it is expected that the policy and guidelines developed, the work of the individuals trained will impact on the lives of over 60 million Nigerians including the estimated 3.5 million people living with the virus. In addition, the activities targeting training of journalists and building the capacity of media stations will lead to the publishing/airing of stories from the trainees that will reach at least 40 million Nigerians.

Target Populations:

Business community/private sector

Community leaders

Country coordinating mechanisms

International counterpart organizations

Policy makers (Parent: Host country government workers)

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Democracy & Government

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CIHPAC
Prime Partner:	Society for Family Health-Nigeria
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5299
Planned Funds:	
Activity Narrative:	The goal of this component of the program is to create an enabling environment for all of SFH's program activities at national and state levels. Its targets are the policy makers and gatekeepers of SFH's target populations. These include Union leaders (for transport workers), parents (for in-school youth), religious leaders (for all communities), brothel owners (for CSWs), and government legislators who develop and disseminate policy which affects all these groups.

This component of SFH's program specifically supports Leadership Strategy 3.1.3.B in Nigeria's Five Year Strategy: Reaching Out to Civil Society. Assistance to national level Civil Society networks enables them to conduct state level step-down training, and to implement HIV prevention and basic care and support activities in their communities. Specifically, this activity will support the formulation of faith-based policies and the training of religious leaders through the umbrella bodies of the Jama'atul Nasril Islam (JNI), Ansar ud Deen Society of Nigeria (ADSN), Nasrideen Al Fatahi, Federation of Muslim Women Association of Nigeria, Church of Nigeria Anglican Communion, Evangelical Church of West Africa, the Redeemed Evangelical Mission and Redeemed Christian Church of God at the national level. SFH regional offices will engage some of the smaller FBOs or state arms of these large bodies to implement these activities. A pilot intervention with the Islamic group JNI in northern Nigeria commenced with the training of 15 national council members, who were then assisted to train other 115 Imams from four Northern pilot states. A work plan has been developed which includes dissemination and operationalization of these faith-based policies within the context of the National Strategic Framework. Activities will be scaled up in FY06 to cover the remaining northern states through JNI while ADSN covers the southern states. This process will be repeated for all the other Muslim and Christian umbrella bodies mentioned earlier; 15 leaders in each organization will be trained making a total of 120 persons trained in all.

Technical support will be provided as required by SFH regional field teams to enable religious leaders, union leaders, PTA's, legislators, and others to develop tailored messages that provide factual prevention and risk reduction information during the step down sessions at state level. Council member that are trained are expected to train at least 10 persons within their constituencies at state level. This will result in 1200 trained individuals working at the state level. FBO's will also be linked to the State action Committee on AIDS (SACA) so that they may contribute to the state response to HIV prevention. An expected outcome of this activity is the wider understanding of prevention and risk reduction methods, as well as a wider acceptance of the VCT services offered within the communities. SFH will ensure linkages with support services at the state and local levels, and facilitate access to health care for those who may require it.

SFH's highly successful "Road Shows" will also be used to reach these target groups with specifically tailored and targeted messages in an engaging and entertaining dramatic context. SFH will also participate in the dissemination and operationalization of the National Strategic Framework developed in collaboration with NACA. User friendly guides will be developed for use by SACA's, FBO's, CBO's, and other NGO bodies.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	8	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	56	☐
Number of individuals trained in HIV-related policy development	120	☐
Number of individuals trained in HIV-related institutional capacity building	112	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	240	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,834	☐

Indirect Targets

The indirect targets are the people living with HIV/AIDS in the states and the communities where the policymakers and gatekeepers that are being targeted live and work. The changes in policy, and the reduction of stigma that comes with education and awareness-raising will go far to improve the quality of life of people living with HIV/AIDS and their families, whether they have access to treatment services or not.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: DELIVER
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5300
Planned Funds:
Activity Narrative: This submission contains activities planned for DELIVER for the period from October 1, 2006 through March 31, 2007. Activities up until October 1, 2006 will be implemented with remaining COP05 funds, and requested funding is for continuing these activities. They relate to interventions to improve central level (national) staff logistics capacity, provide follow-up reviews of the ARV drug and HIV test kit quantification, and strengthen ARV drug and HIV test kit logistics management at the sites. Although JSI is a USAID partner, it provides these system strengthening activities to the Government of Nigeria on behalf of all the USG partners, and solicits their input at all steps of the process.

The first component will support a semi-annual National Logistics Coordination Committee (LCC) meeting to improve HIV/AIDS commodity security. This component strengthens policy development and analysis by creating a regular mechanism for policy makers to meet, review logistics data, develop best practices, and coordinate activities among various partners. The LCC will be responsible for policy-level issues, such as logistics system integration and resource mobilization; actions on subcommittee requests and recommendations; and development of programmatic best practices. This component will also support a quarterly subcommittee meeting for FMOH technical officers managing HIV and TB commodities. Participants will represent FMOH HIV/AIDS and TB Programs; NACA; UN, IP, donor stakeholders; and NGOs. These meetings will encourage strategy development and planning for vertical logistics system integration that supports comprehensive HIV/AIDS service provision, an objective under the FMOH's Health Sector Reform Initiative.

The second component will extend support to NASCP at central and state levels. Quantification generates data for short- and medium-term commodity requirements adjusted for service provision and logistics capacities and funding availability. There will be a semi-annual review of the ARV drug and HIV test kit quantification conducted in 2005 that takes into consideration ART Program changes since that time. Changes can result from unanticipated increases or decreases in the rate of patient uptake; adoption of new standard treatment guidelines and national testing algorithms; changes in approved first-line and second-line drug regimens; regulatory agency changes; etc.

The third component will strengthen ARV drug and HIV test kit logistics management by developing and printing necessary logistics management forms, supporting supervision and monitoring visits, and training relevant staff on logistics management. FMOH and DELIVER trainers will train the staff at the 20 expansion sites to enable them to undertake inventory control, storage, and record keeping and reporting. The Standard Operating Procedures (SOP) manual, the training curriculum, and materials previously developed in 2005 will be used in this training. ART site pharmacists and storekeepers will be trained, logistics reports reviewed, and supportive supervision conducted.

Under increased funding scenarios, additional system strengthening components could be added, such as: developing and supporting LCC sub-committees and procurement planning workshops, Central Medical Store (CMS) improvement (logistics management information system training, computer training, and computer equipment/supplies) and refresher training for pharmacists in the 25 Phase I GON treatment sites, quantification of TB drugs and a re-design of the TB logistics system, and logistics management training to TB coordinators and service providers in selected states and DOTS centers.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	190	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

DELIVER is responsible for a number of indirect targets that contribute to the achievement of the direct targets shown above. In carrying out the activities presented in the Activity Narrative, DELIVER performs system strengthening and provides technical assistance to partners such as the FMOH who perform the actual implementation.

Semi-annual National Logistics Coordination Committee meetings = 1 semi-annual meeting.
Quarterly logistics subcommittee meetings = 1 quarterly meeting.
Semi-annual review of the ARV drug and HIV test kit quantification = 1 review.
Logistics management training for staff at the 20 ART expansion sites = 20 staff.

Target Populations:

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

In COP05 the USG Nigeria team was understaffed and suffered from significant turnovers in key staff early in the calendar year that included the USAID Mission Director and the CDC Country Director. During COP05 all USG agencies involved with the implementation of the Emergency Plan increased staff commitments to Emergency Plan activities either through staff additions, seconded staff or reassignments.

The USAID HIV/AIDS SO14 team added 5 individuals increasing their team from 4 to 9, HHS/CDC has added 3 USDH positions including a Chief of Party, Deputy Director, and Associate Director for Laboratory Science, and completed hiring of all administrative support staff. DoD has made arrangements for a USDH to post to Nigeria to oversee their programming, PAS has dedicated two media officers to the Emergency Plan and the Executive Office of Embassy Abuja has received an HHS/OGHA detailee to serve as the Emergency Plan Coordinator. The new CDC staff, coupled with turnover in USAID staff and the relocation of a permanent DoD staff member has resulted in a new team that has combined their skills and talents to turnaround a country project that was experiencing significant interagency strife and a failure to execute well. This new M&S team is rapidly increasing the efficiency of implementing partners, resolving logistical bottlenecks, and moving forward USG policies while providing solid technical assistance to the Nigeria government through USG staff or direction of implementing partners.

Through a retreat process the USG team developed an interagency management framework for team communications, tactical decision making, implementing partner coordination and conflict resolution and program execution. Weekly group technical management meetings are held to discuss set agenda items and to hear reports from USG "team leads" in designated program areas that work across agencies and agency implementing partners to present COP progress. The designation of "agency" staff is giving way to a USG PEPFAR Team staff approach and working groups across agencies with each agencies sharing in "team leads" in various programs areas has emerged so that staff are complementing, not competing or redundant. In a program area where agencies have the same staff positions due to the scope of work required to successfully monitor agency implementing partners, the USG team will designate one agency staff member as the lead and that person will coordinate and report across PEPFAR activities.

Strategic policy decisions are made in weekly senior management meeting held with Ambassador Campbell to keep agencies aligned on communications to OGAC and with the Government of Nigeria. Joint technical advisement teams from the HQ staff of agencies are brought in to provide more objective feedback to the team regarding deficiencies or needed areas of improvement and to keep agencies better informed of field activities.

Significant challenges exist for the continued scale up of human resources, including an extraordinarily long lag time between job offer and full time active employment due to the in-country security clearances. Additionally, Nigeria is a "hard to recruit" post, lacking amenities such as recreational opportunities, high rates of crime, limited quality health care facilities, and environmental factors such as malaria and other infectious diseases. The CDC is presently recruiting for a USDH Medical Officer with an infectious disease background and qualifications and has 19 technical program positions vacancies expected to be filled by December 2005. USAID has 5 positions pending security clearance and five remaining to be recruited, DoD has 3 vacant positions expected to be filled by March 2006. See our current organogram in Supplemental Documents for complete listing of positions for the USG Nigeria PEPFAR team.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HHS/CDC Agency Funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Base (GAP account)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3260

Planned Funds:

Activity Narrative: The CDC Global AIDS Program (GAP) Office in Nigeria has a planned for full staffing at 42 positions, out of which 22 positions will be filled as of September 30th 2005. The staffing plan includes 4 USDH which are comprised of the Chief of Party, Deputy Director, Associate Director for Epidemiology & Clinical Programs and an Associate Director for Laboratory Science. A subset of total staff include 19 FSN technical staff that breakdown into specific program areas and are budgeted accordingly into Lab Infrastructure, PMTCT, Basic Care and Support, TB/HIV, etc and 19 support staff including 10 drivers, 2 IT technicians, 3 secretarial/receptionist, and 4 general office management staff that are included under M&S. In the attached supporting documents a full USG PEPFAR Nigeria organizational chart is attached.

M & S cost are inclusive of rent for office and warehouse, utilities, office operational costs, M&S specific equipment, M&S specific staff inclusive of all associated costs, travel for M&S staff, training for M&S staff, general ICASS charges, ICASS and CSCS for M&S staff, relocation costs of 2 USDH M&S positions, residential leases and post allowance for 3 USDH M&S positions, security services for office/warehouse, 3 new vehicles for increased CDC Nigeria technical staffing field support, and communications costs.

The CDC M&S budget in COP06 is supportive of the USG interagency team in process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the second largest PEPFAR country by established 2008 targets. Direct country project officer oversight exists in CDC for four of the six Nigeria ARV treatment partners (Harvard University SPH-APIN, University of Maryland-ACTION, Columbia University-ICAP and Catholic Relief Services-AIDSRelief).

Through an interagency agreement CDC will also take the lead in several program areas including: Procurement, Laboratory Infrastructure & QA, Surveillance, ART Services and TB/HIV. CDC will also hire staff for Strategic Information, PMTCT, and Basic Care and Support but will follow a USAID or DoD team lead in these areas. Staffs across agencies are viewed as USG team staff and the designation of "lead" indicates primary responsibility for coordination and reporting to the joint USG Nigeria PEPFAR management team on the programmatic progress and policy issues in these areas. Decision making for policies and resource allocations are achieved through a weekly interagency PEPFAR technical management meeting, a weekly PEPFAR senior management meeting with the Ambassador, and regularly scheduled meetings with the Ministry of Health and NACA.

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID Agency Funding
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3263
Planned Funds:	

Activity Narrative: This budget allocation represents the fully-loaded costs for all USAID Emergency Plan staff not captured in individual programs areas. The staff reflected in M&S are the technical leadership/management positions, technical advisor/program managers, contracting staff, financial/budget staff and administrative/support staff, as well as the program staff supporting more than 3 areas. None of the costs for these positions are captured in any other budget category.

The breadth and depth of the USAID HIV/AIDS team has increased dramatically in the past year, as it has grown from 4 to 9, with 4 additional individuals awaiting security clearance. The majority of COP05 has been taken up with the lengthy process of recruiting and hiring qualified individuals. The most significant growth has occurred in the technical advisors which now include 1 advisor each for Prevention, Palliative Care, OVC, TB/HIV, Commodities, and Strategic Information. Additional program and administrative staff have joined the team as well.

The wider USAID Mission support positions (drivers, Program officers, Contracts officers, etc.) are also gradually catching up to the needs of the Emergency Plan. Delays getting security clearance for new hires have also slowed the process and have prevented all identified personnel from assuming their full duties. It is anticipated that the entire technical team will finally be in place by the end of calendar year 2005. This will set the stage for a strong contribution to the USG team in COP06. The USG team will be well placed to provide solid and comprehensive technical support to all USG partners. The selection of USAID technical positions has been done in collaboration with the other USG Agencies, so that human resources can be maximized, duplications avoided and broad support provided to all of our partners.

The funds requested under M&S will support 30 full time positions, 11 of which are technical positions, 6 are other Mission support positions (program, finance, contracts), and 12 are administrative and support positions. Currently the team has incumbents for 20 of the positions, with an additional 5 positions with candidates identified and awaiting security clearance. The key position which remains unfilled is the Deputy HIV/AIDS SO14 Team Leader—Program. This position is being actively recruited for, but no potential candidates have yet been identified.

Staffs across agencies are viewed as USG team staff and decision making for policies and resource allocations are achieved through a weekly interagency PEPFAR technical management meeting, a weekly PEPFAR senior management meeting with the Ambassador, and regularly scheduled meetings with the Ministry of Health and NACA.

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism: DoD
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3264
Planned Funds:
Activity Narrative: This activity supports all areas of Department of Defense (DoD) involvement within the President's Emergency Plan for AIDS Relief (PEPFAR).

COP06 will see a fully staffed DoD agency team to support PEPFAR in Nigeria. This activity will support positions at the DoD HIV Program Office, staff training & travel, and office operational costs (located at the new Embassy, to include increased overhead due to the new building and increased security costs associated with Nigeria). Walter Reed Army Institute of Research/ U.S. Military HIV Research Program will assign two uniformed officers and one U.S. government civilian at the U.S. Embassy in Nigeria. The director will be a full time Public Health Service Officer, physician, (assigned to NIH, seconded to the Walter Reed Army Institute of Research). The PHS officer's salary and living costs in Nigeria will be paid by Emergency Plan funds; benefits and retirement costs covered by the U.S. Public Health Service. The U.S. Army clinical laboratory officer (salary and benefits paid centrally by the US Army, assigned to the Walter Reed Army Institute of Research) will be stationed in Nigeria). The U.S. Government civilian is a term hire, will function as the Admin officer/ Program officer. This individual's salary, benefits and living costs will be supported by Emergency Plan funding. Two Foreign Service Nationals (driver and program assistant), and a Henry Jackson Foundation contractor for the office manager, all supported through PEPFAR funds will complete the entire team. No additional positions are anticipated for support of the Nigerian Ministry of Defense (NMOD)-DOD HIV Program.

The DoD team in Nigeria will support all activities involved in the Nigerian Ministry of Defense (NMOD)-U.S. DoD program. The NMOD has responded in COP05 by establishing the Emergency Plan implementation group, led by a new position (General Officer level, directly in the Minister of State for Defense's personal office). This position and office, established in 2005, was not budgeted for in the FY 2005 Nigerian Military budget. The importance of this office was recognized and direct authorization of funding for this office came from the President of Nigeria. This office will mirror the DOD HIV program and develop responsibilities and capabilities over the remainder of the Emergency Plan. The concept of the NMOD-DOD program is to develop the Nigerian Ministry of Defense to take command and control of the program activities ultimately for self sustainability.

These two small teams (the DoD and NMOD Offices) will be supported through the experienced technical assistance of the U.S. Military HIV Research Program. This team includes physicians, scientists, laboratorians, technicians (military, government civilians, and contracted civilians). Technical assistance will be made both through on the ground U.S. Government supported personnel in Nigeria and by bringing a limited number Nigerians to the U.S. for training and development. This processed commenced in 2005, utilizing research funding for Nigerian military officers to visit the Royal Thai Armed Forces Research Institute of Medicine (AFRIMS). AFRIMS' roots are based in USMHRP development of the Thai Military in the latter 1980's/ early 1990's, and the vision is to similarly develop the Nigerian Military in the same respect. AFRIMS supports not only the Thai Military, but serves as a resource for the Ministry of Health and the Kingdom of Thailand as a whole.

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Inter-agency coordinator operations/support
Prime Partner:	US Department of Health and Human Services
USG Agency:	HHS/Office of the Secretary
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5346
Planned Funds:	
Activity Narrative:	HHS/OGHA has detailed through a Temporary Change of Station (TCS) a GS-13 USDH to U.S. Embassy Abuja to serve as the USG Nigeria Emergency Plan Coordinator. The incumbent began serving in Nigeria in April 2005 and as a result of interagency agreement, will continue to April 2007. The Coordinator reports to the Executive Office under Ambassador John Campbell and DCM Tom Furey while on detail. The Coordinator serves as staff to the Executive Office regarding the Emergency Plan, as a liaison to the Office of the Global AIDS Coordinator and Embassy Abuja for the USG team and assists the USG team with consensus building. The funding allocated in COP06 will continue to support all associated costs of having a USDH direct hire at post including, travel, training, general ICASS charges, relocation costs (back to the U.S.), residential leases and post allowance, security services, transportation, communications costs and office supplies. This position requires an expatriate because of the lack of availability of adequate programmatic knowledge and expertise in this area of the country.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	2/28/2007	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	☐ Yes	☑ No
If yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?		
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2006?	☐ Yes	☑ No

Other significant data collection activities

Name:
2005 ANC Sentinel Surveillance

Brief description of the data collection activity:
The 2005 ANC Sentinel Surveillance is presently underway. Data collection will continue through December 2006. The next survey is planned for 2007.

Preliminary data available:
April 01, 2006

Name:
Service Availability Mapping

Brief description of the data collection activity:
The FMOH in coordination with the World Health Organization will carry out a Service Availability Mapping activity to collect information on the distribution of health facilities, available resources and types of services offered according to geographic coordinates. Data collection will occur in September and October, 2005.

Preliminary data available:

Name:
National Census

Brief description of the data collection activity:
The National Population Commission will conduct a national population census. Originally planned for December 2005, activities are now planned to begin in March 2006.

Preliminary data available:

Name:

Integrated Behavioral and Bio Surveillance Study (IBBS)

Brief description of the data collection activity:

USG partners will work in collaboration with NACA and FMOH/NASCP to conduct an IBBS to link behavior with sero-prevalence (and incidence) and STIs among high-risk groups.

Preliminary data available: